West Dunbartonshire Council

NHS Greater Glasgow and Clyde

West Dunbartonshire
Health & Social Care Partnership
Improving Lives with the People of West Dunbartonshire

West Dunbartonshire
Health & Social Care Partnership

Strategic Needs Assessment
June 2022

Adults & Older People

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Welcome to West Dunbartonshire's Health and Social Care Partnership Strategic Needs Assessment which looks at the current and future health and social care needs of our local population. This assessment will inform and guide the planning and commissioning (buying) of health, well-being and social care services across the West Dunbartonshire area.

West Dunbartonshire Health and Social Care Partnership (HSCP) is committed to improving lives with the people of West Dunbartonshire. We have worked closely with internal and external stakeholders to ensure this assessment provides the data, evidence and insight the Partnership needs to develop strong Strategic and Commissioning Plans which will meet local needs in a way that is right for the local population.

As we emerge from the global Covid19 pandemic, it is important that we use data intelligently and this document will support the HSCP to ensure we are delivering the right services, in the right place at the right time.

Beth Culshaw
Chief Officer, West Dunbartonshire HSCP

Acknowledgements
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Thanks, due to Public Health Scotland Local Intelligence Support Team who provided data and information for inclusion.

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Introduction

Strategic Planning

The Public Bodies (Joint Working) (Scotland) Act 2014 established the need for Integration Authorities to set up a Strategic Planning Group for the purpose of developing, finalising and reviewing their strategic plans, in accordance with section 32 (11) of the Act 2014.

Audit Scotland's update on progress of Health and social care integration[1] highlighted strategic planning as central to the role that Integration Authorities have in commissioning and helping redesign local health and care services.

The report recommends strengthening strategic planning processes to support data driven decision-making in collaboration with partners and relevant stakeholders fostering a commitment to new ways of working.

This is even more crucial in the Covid-19 recovery phase and in response to this West Dunbartonshire HSCP (WDHSCP) worked with Healthcare Improvement Scotland[2] to deliver a series of 'Good practice in Strategic Planning' sessions for West Dunbartonshire's Strategic Planning Group.

The good practice framework for strategic planning[3] that underpinned the sessions emphasised the importance of undertaking a Strategic Needs Assessment to better understand population trends, effects of an ageing population, socio-economic impact on health, current lifestyles, impact of the pandemic and future advances in health and social care.

Epidemiological Approach

This Strategic Needs Assessment (SNA) will take a 'population view' by using an epidemiological approach to describe:

- Why some population groups or individuals are at greater risk of disease e.g., socio-economic factors, health behaviors'
- Whether the burden of diseases are similar across the population of West Dunbartonshire
- Health & Care provision in the community, including the patterns of service use across West Dunbartonshire Health & Social Care Partnership (WDHSCP).

Sections are structured around Population View, Individual Behaviours, Burden of Disease and Health & Care provision in the Community.

Trends and projections will be analysed and considerations put forward to provide a broad rationale for planning HSCP services and to anticipate needs for future services.

The findings will therefore contribute to WDHSCP strategic planning processes and the forthcoming new WDHSCP Strategic Plan due to be published April 2023.

NB: This Strategic Needs Assessment includes data for the financial year 2020/21 in which Scotland adopted emergency measures due to Covid-19. The pandemic and its wider impacts caused a large disruption to healthcare services, and had an impact on

individuals' health and their use of healthcare services. Therefore, data from this period should be interpreted taking into consideration this context.

About our Population in West Dunbartonshire

Demographics

Impact of Covid-19 on these figures

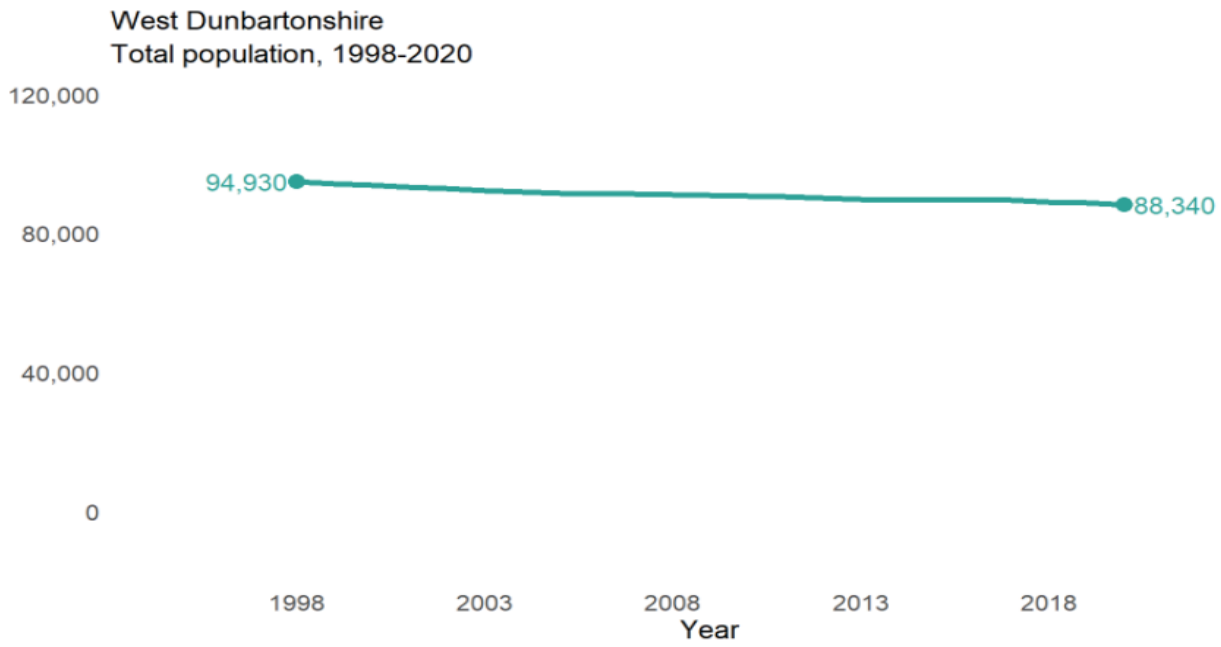
Some of the statistics in this section take account of changes in the population up to 30 June 2020.The pandemic has had an impact on the number of deaths across Scotland and restricted movement across the UK and overseas under the lockdown periods. However, the population estimates do not take account of the impact of events which happened later in the year, for example, Covid-19 related deaths which occurred after 30 June 2020. The Covid-19 pandemic has had an impact on many of the data sources which feed into population estimates. More information about the impact on data sources is available here.[4]

Current Population

West Dunbartonshire is one of Scotland's smallest local authorities and accounts for 1.6% of the Scottish population. Although the population estimate for Scotland reached its highest ever in June 2020 - at 5,466,000 - the population for West Dunbartonshire has been in decline. The population mid-year estimates for 2020 was 88,340.

This is a decline of 590 people or 0.7% on the previous year (88,930 in June 2019). This is the third greatest percentage population decline of all Scottish local authorities. In fact, the picture of declining population in West Dunbartonshire has been a consistent trend over the previous 10 years (a 2.7% decline from 2010-2020) and 20 years (a 6% decline from 2000-2020[56] Additionally in 2020, there were more females (52.2%) than males (47.8%) living in West Dunbartonshire.

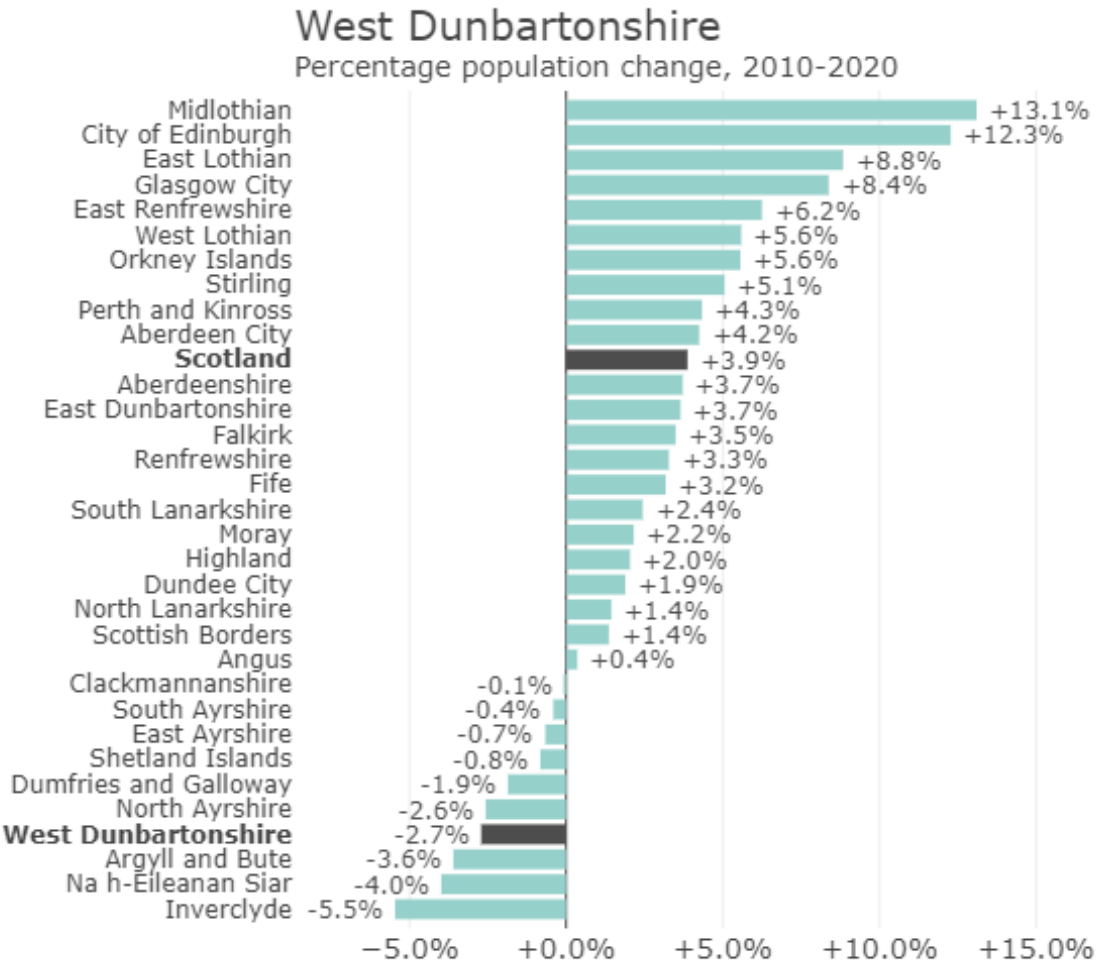
Figure 1: West Dunbartonshire - total population1998 – 2020



Source: National Records of Scotland (2021)

West Dunbartonshire is one of 10 Scottish local authority areas (10 out of 32) to have a declining population in the 10-year period to 2020 in comparison to the majority as illustrated below.

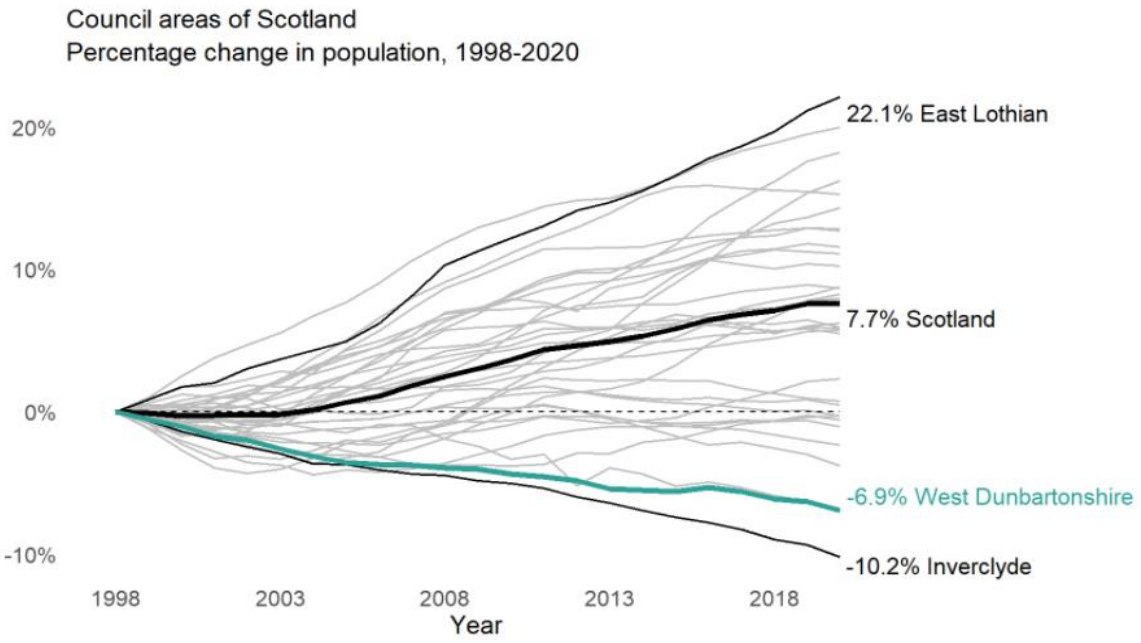
Figure 2: % Change in Population - mid 2010 to 2020



Source: National Records of Scotland (2021)

Between 1998 and 2020, the population of West Dunbartonshire has decreased by 6.9%. This is the second lowest percentage change out of the 32 council areas in Scotland. Over the same period, Scotland's population rose by 7.7%[7].

Figure 3: Council Areas of Scotland: % change in population 1998-2020



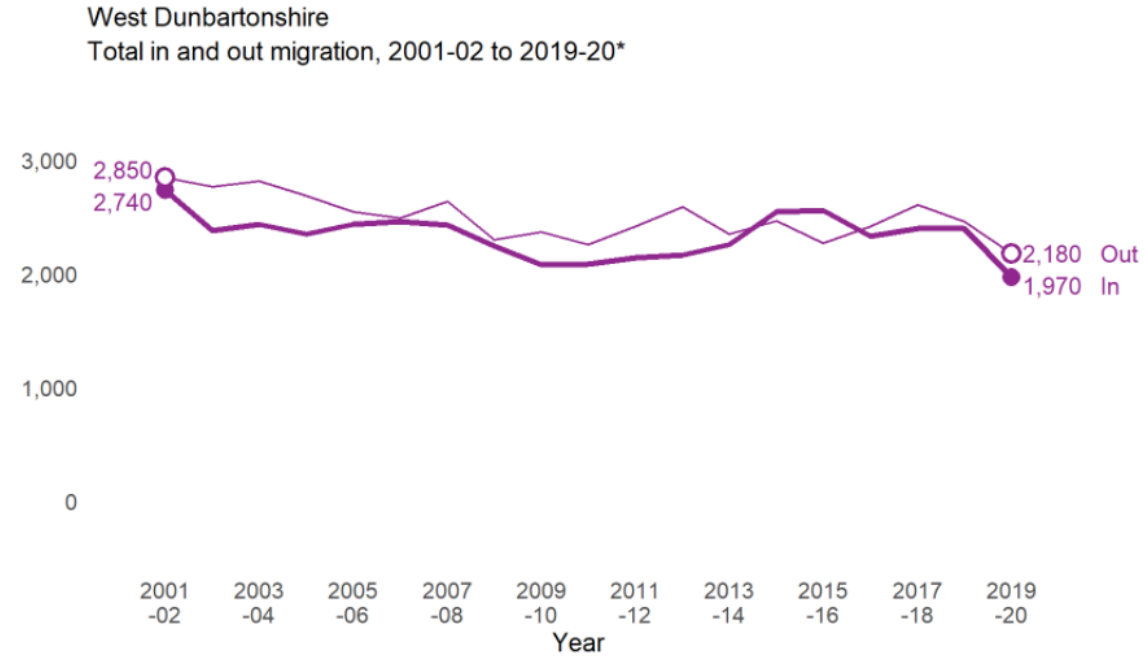
Source: National Records of Scotland (2021)

Migration

Increases or declines in a population are produced by a combination of births, deaths and net migration.[8] . Net migration is the difference between in-migration (those coming into an area) and out-migration (those leaving an area)[9]. Note that all data in this section provided by NRS is rounded to the nearest 10.

In the period 2019-20, the level of in-migration in West Dunbartonshire was 1,970, a 17.9% decrease from 2,400 in the period 2018-19. The level of out-migration in West Dunbartonshire was 2,180, which is an 11.4% decrease from 2,460 in 2018-19[10].

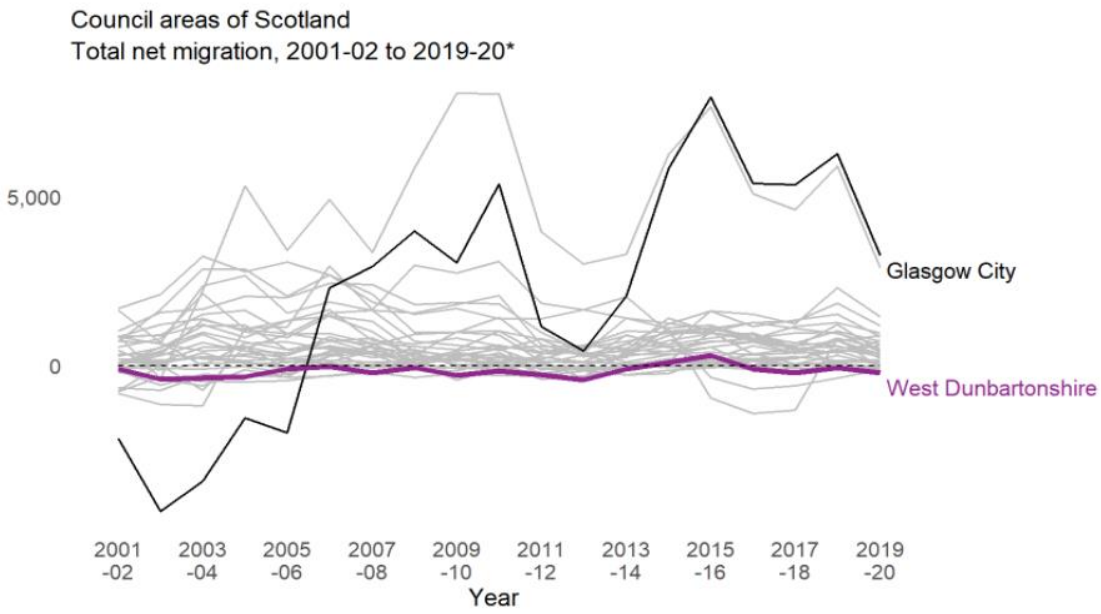
Figure 4: West Dunbartonshire - total in and out migration 2001-02 to 2019-20



Source: National Records of Scotland (2021)

The figure below shows that, in 2019-20, West Dunbartonshire had the lowest level of net migration of the 32 council areas in Scotland, with a net total of minus 210 people. This is a decrease of 150 from minus 60 people in 2018-19[11].

Figure 5: Total net migration 2001/02 – 2019/20, Council areas of Scotland



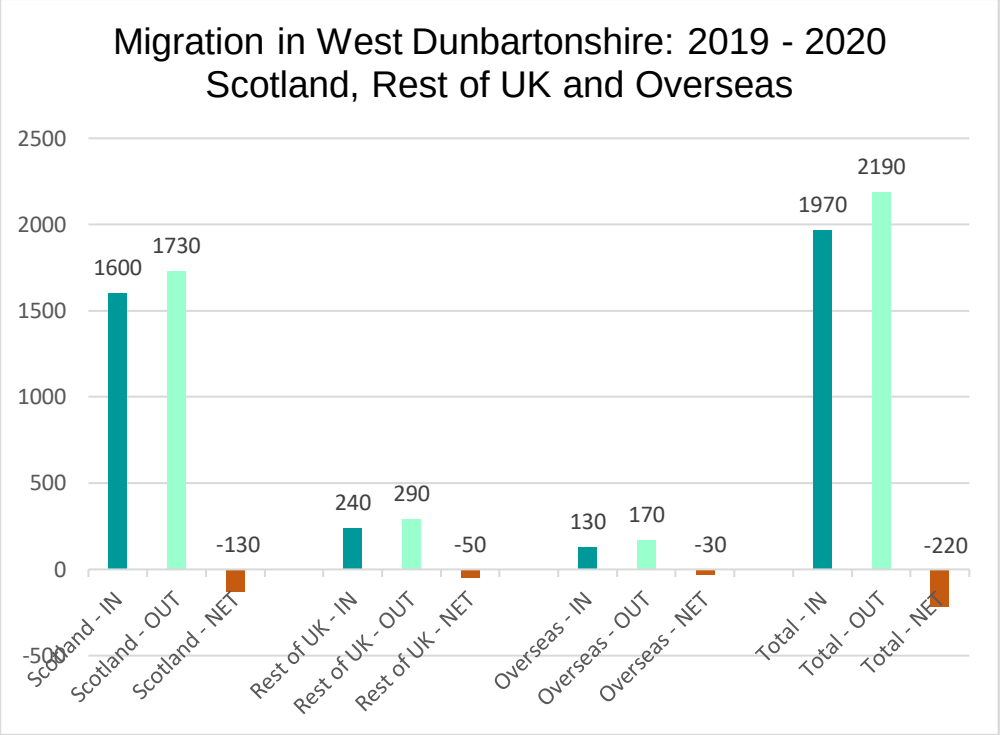
Source: National Records of Scotland (2021)

Migration data shows us where people coming into West Dunbartonshire originate from and where they go when they leave the area. Data from 2019-20 indicates that approximately 1600 people moved into West Dunbartonshire from other Scottish council areas, while 1730 left for other parts of Scotland, a net migration of minus 130. Glasgow City attracts population from near-by local authorities in the Glasgow conurbation (8999 people in 2018-19), of which West Dunbartonshire is one[12].

240 people came to our area from the rest of the UK, while 290 left for other UK nations, a net migration of minus 50. In the same period, 130 people came to West Dunbartonshire from overseas, while 170 left for overseas destinations, a net migration of minus 30[1]. The charts below illustrate in-, out- and net-migration between West Dunbartonshire and the rest of Scotland, the rest of the UK and overseas.

Figure 6: In-migration, out-migration and net-migration between West Dunbartonshire and other Scottish Council areas, the rest of the UK and overseas, 2019-20

[1] Net migration from NRS is calculated using the raw unrounded in- and out-migration figures and is then rounded once calculated. This is why there is a small difference between published net migration figures and calculated net migration from published rounded in- and out-migration.



Sources National Records of Scotland (2021)

In 2019-20, 1600[2] people who moved into West Dunbartonshire came from the rest of Scotland. Most came from Glasgow City (729) followed by Argyll & Bute (184), Renfrewshire (100), and East Dunbartonshire (83) and North Lanarkshire (80).

Approximately 1730 people left West Dunbartonshire for elsewhere in Scotland. The most popular destinations were Glasgow City (520), Renfrewshire (305), Argyll & Bute (183), East Dunbartonshire (115), and South Lanarkshire (95).

The charts below illustrate the origins and destinations (by local authority) of people moving into and leaving West Dunbartonshire to/from the rest for Scotland.

Figure 7: Scottish local authority destinations for people leaving West Dunbartonshire, 2019-20

[2] Rounded to the nearest 10. Moves within Scotland by Scottish council areas IN/OUT totals only migflow-ca-01-latest-tab1.xlsx (accessed 18 Jan 2022)

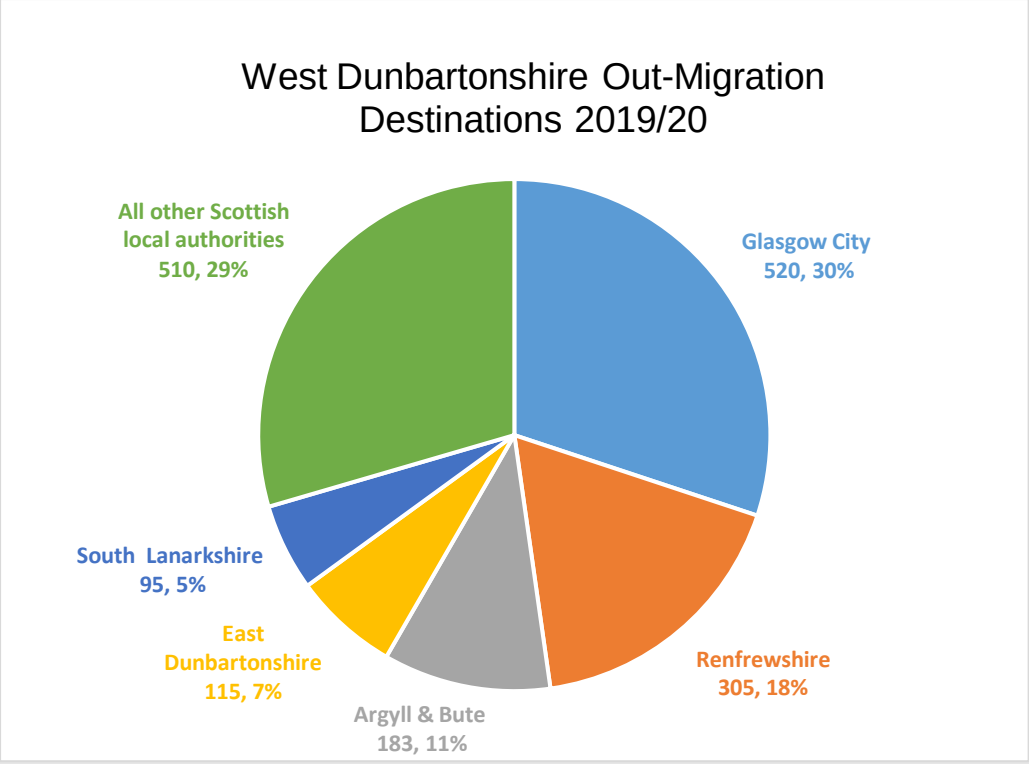
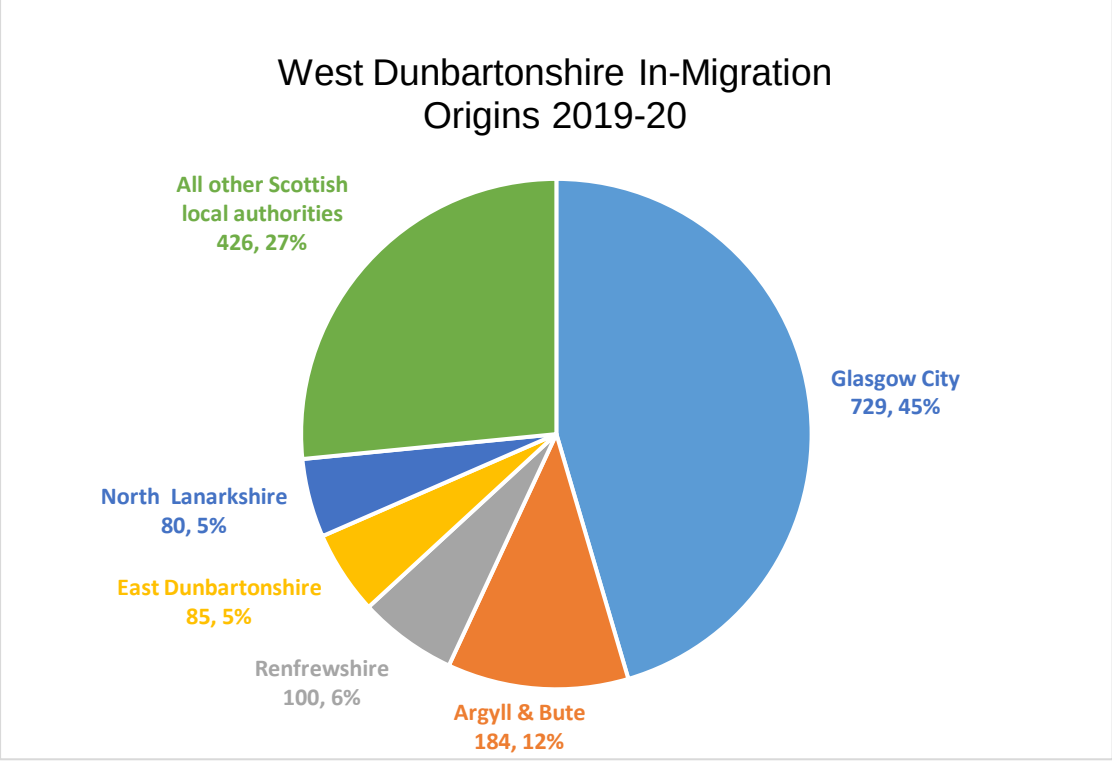
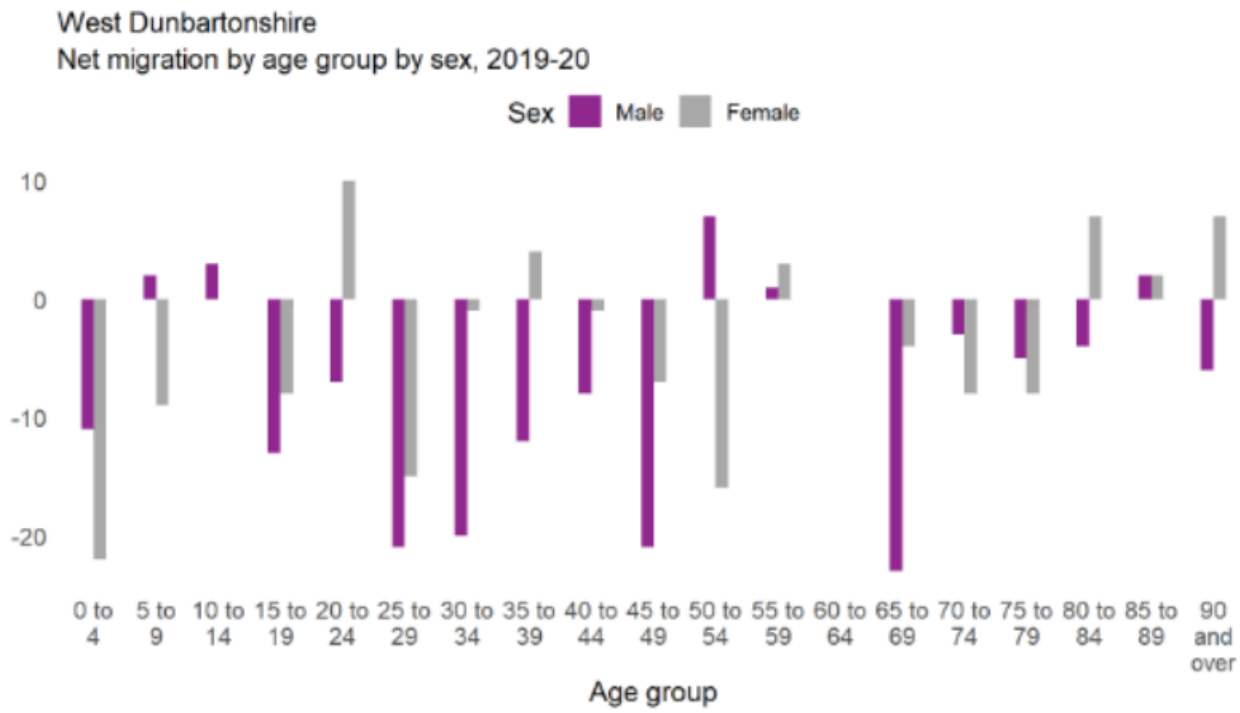


Figure 8: Origin of people moving in from other Scottish local authorities to West Dunbartonshire, 2019-20



Source: National Records of Scotland (2021)

Figure 9: Net Migration by Age group by Sex, 2019-20



Source National Records of Scotland (2022)

In the period 2019-20, net migration in West Dunbartonshire was higher for females (-66) than for males (-139). The age groups with the highest level of total net migration were 55 to 59, 85 to 89 (4). In contrast, the age group with the lowest level of net migration was 25 to 29 (-36).

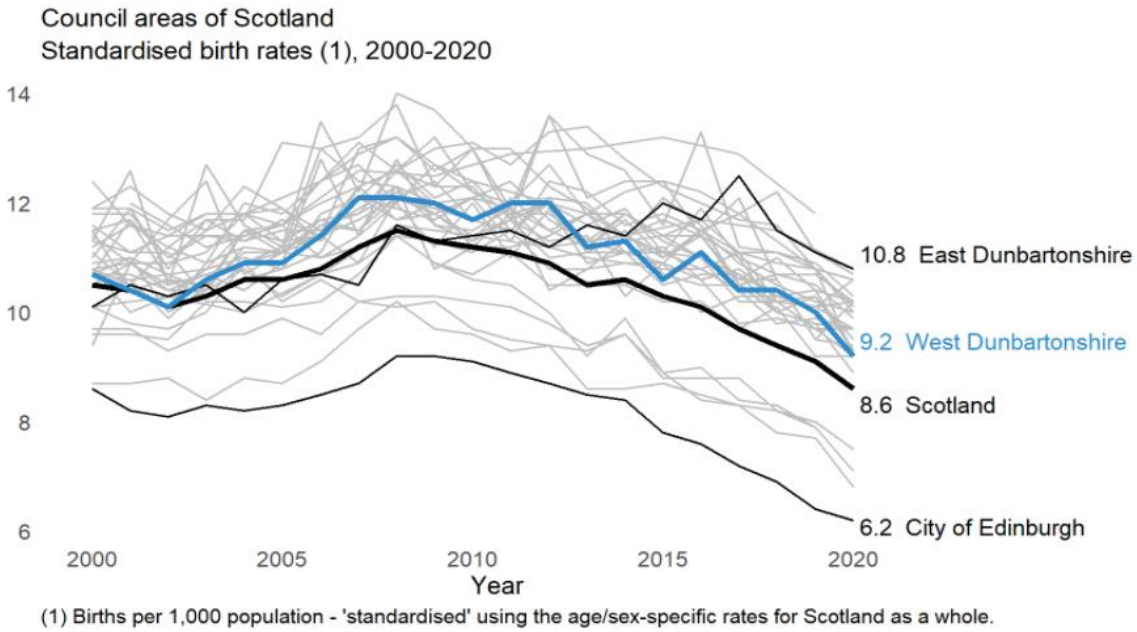
Births

In 2020, there were 770 births in West Dunbartonshire. This is a decrease of 8.9% from 845 births in 2019. Of these 770 births, 371 (48.2%) were female and 399 (51.8%) were male[13]. The pattern for the number of births has remained in 2021 with interim quarterly figures from National Records of Scotland[14] showing that there were 769 births 389 (50.6%) were female and 380 (49.4%) were male National Records of Scotland (2022). The number of 769 live births in 2021 is a decrease of 23.7% of births since 2000.

In West Dunbartonshire, the standardised birth rate[3] decreased from 10.0 per 1,000 population in 2019 to 9.2 in 2020. By comparison, the rate in Scotland decreased overall from 9.1 to 8.6. This decrease is in keeping with most council areas, which saw a fall in birth rate between 2019 and 2020. The figure below demonstrates the long-term trend of decreasing births[15].

Figure 10: Standardised birth rates in West Dunbartonshire compared to other council areas and Scotland as a whole

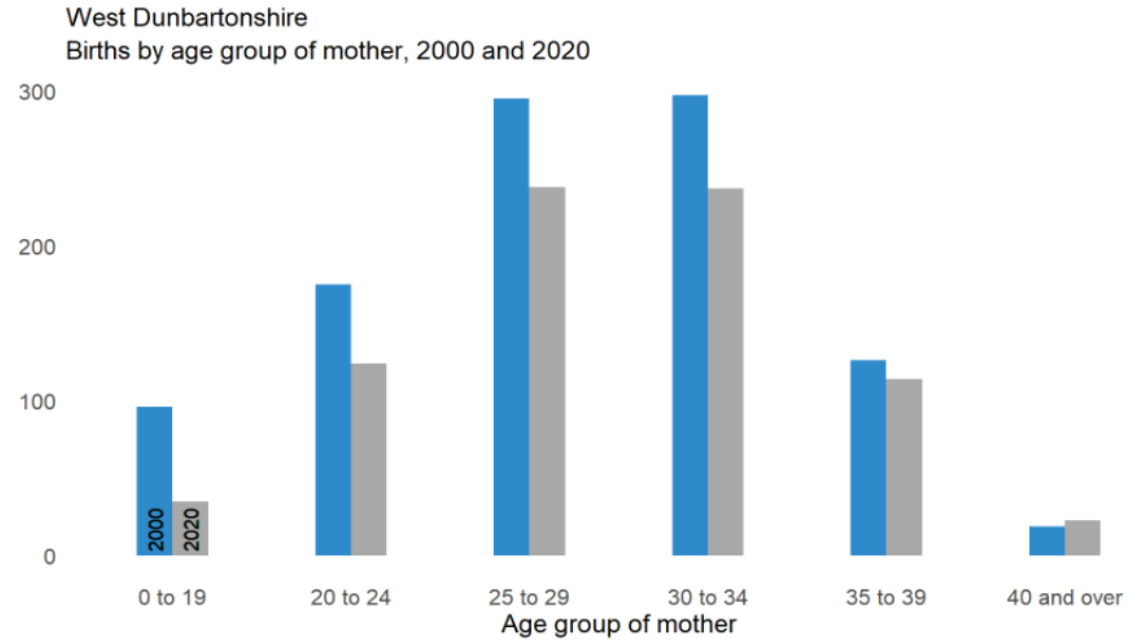
[3] Birth rate is the number of live births per thousand of population per year



Source: National Records of Scotland (2021)

In 2020, the most common age group of mothers in West Dunbartonshire was 25 to 29 (238 births), a change from the 30 to 34 age group in 2000. The least common age group of mothers in West Dunbartonshire was 40 and over (23 births), which is the same as in 2000[16].

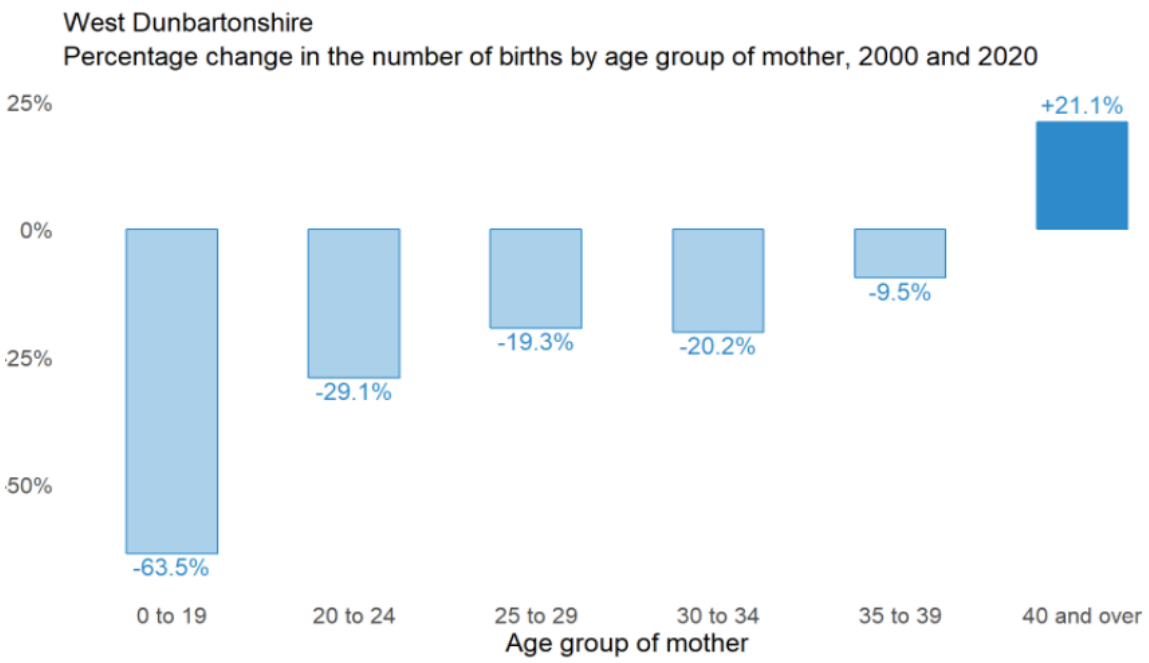
Figure 11: Births by age group of mother, 2000 and 2020



Source: National Records of Scotland (2021)

In terms of the age of mothers, between 2000 and 2020, the 0-19 age group has seen the largest percentage decrease in births (-63.5%) and the 40+ age group has seen the largest percentage increase in births (+21.1%). See the figure below[17].

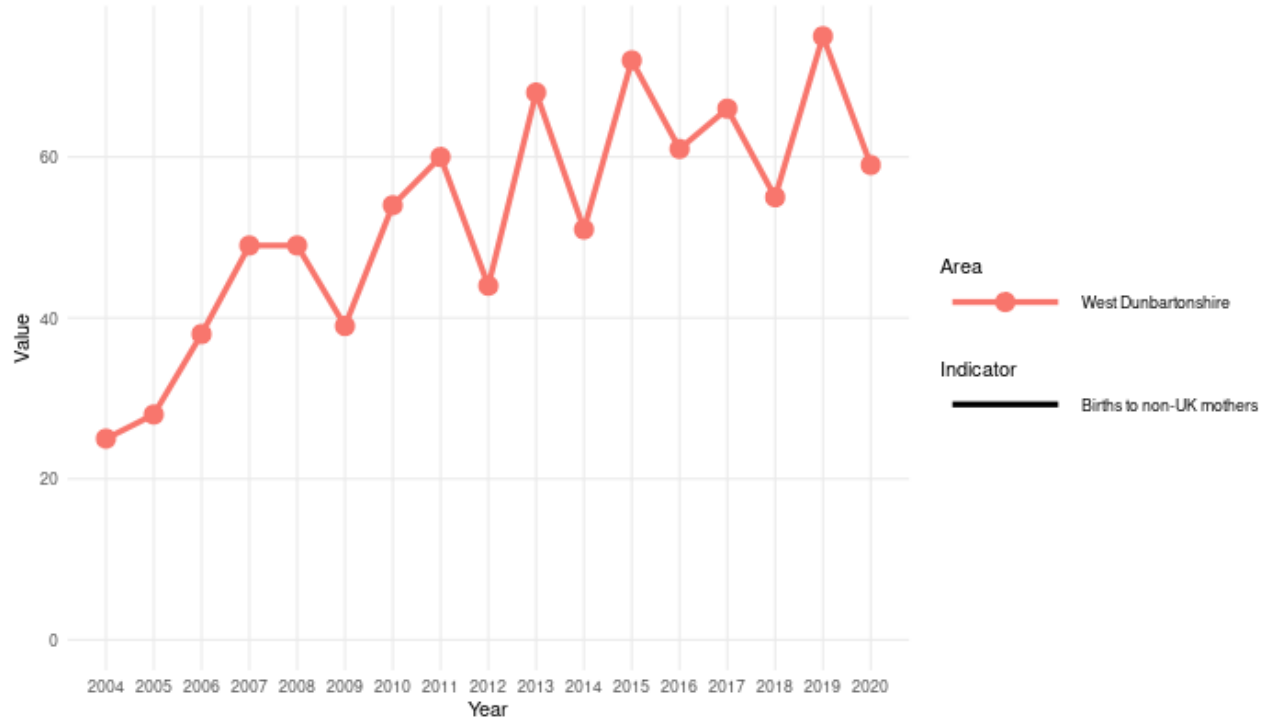
Figure 12: Percentage change in number of births by mothers' age group, 2000-2020



Source: National Records of Scotland (2021)

As can be seen below the number of registered births in West Dunbartonshire to non-UK mothers has been on an increasing trend.

Figure 13 Number of births to non-UK mothers.



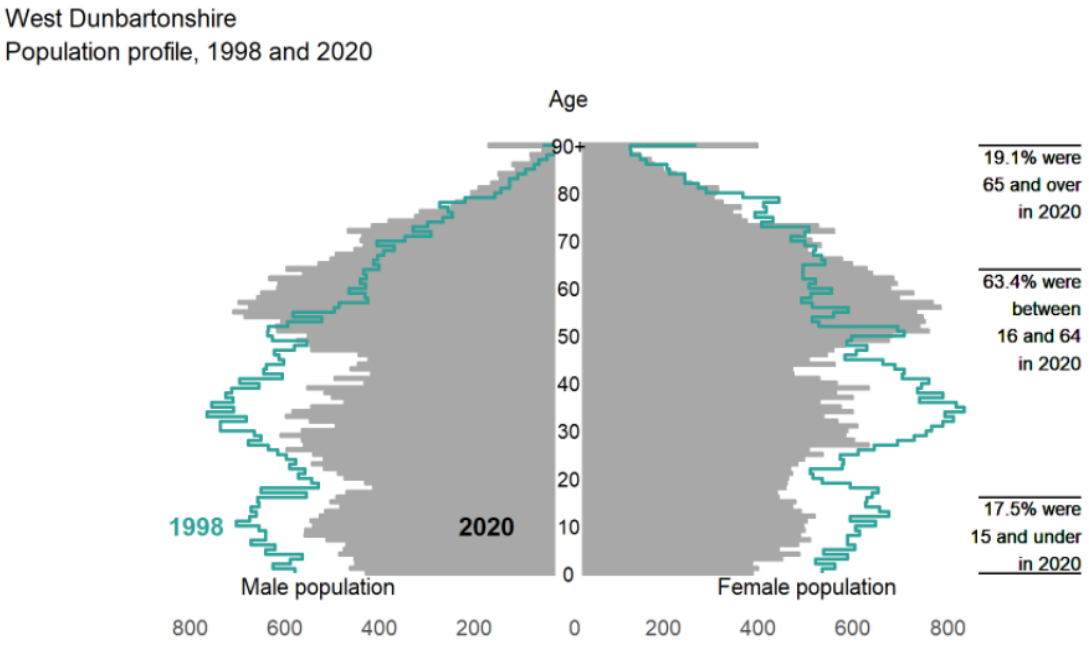
Source National Records of Scotland (2021)

Population Breakdown

In terms of overall size, the 45-64 age group was the largest in 2020, with a population of 25,646 (29%). In contrast, the 75+ age group was the smallest, with a population of 7,115 (8.1%). The table below shows the percentage of the population in each age group National Records of Scotland (2021)

In 2020, more females than males lived in West Dunbartonshire in 4 out of 6 age groups[18]. In fact, as of 2020, the gender split of the population showed more females (52.2%) than males (47.8%) living in West Dunbartonshire. This was similar to the picture for Scotland as a whole - females (51.2%) and males (48.8%)[19].

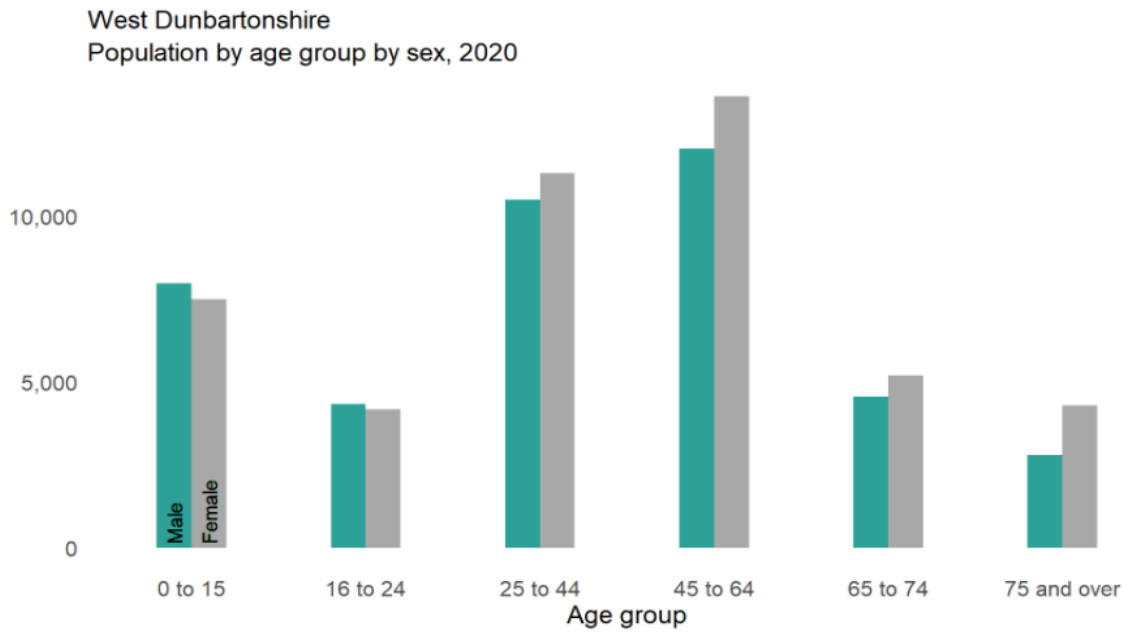
Figure 14: West Dunbartonshire population profile, 1998-2020



Source: National Records of Scotland (2021)

The figure below also illustrates that the gender split begins to widen with increasing age from the 25-44 age group onwards.

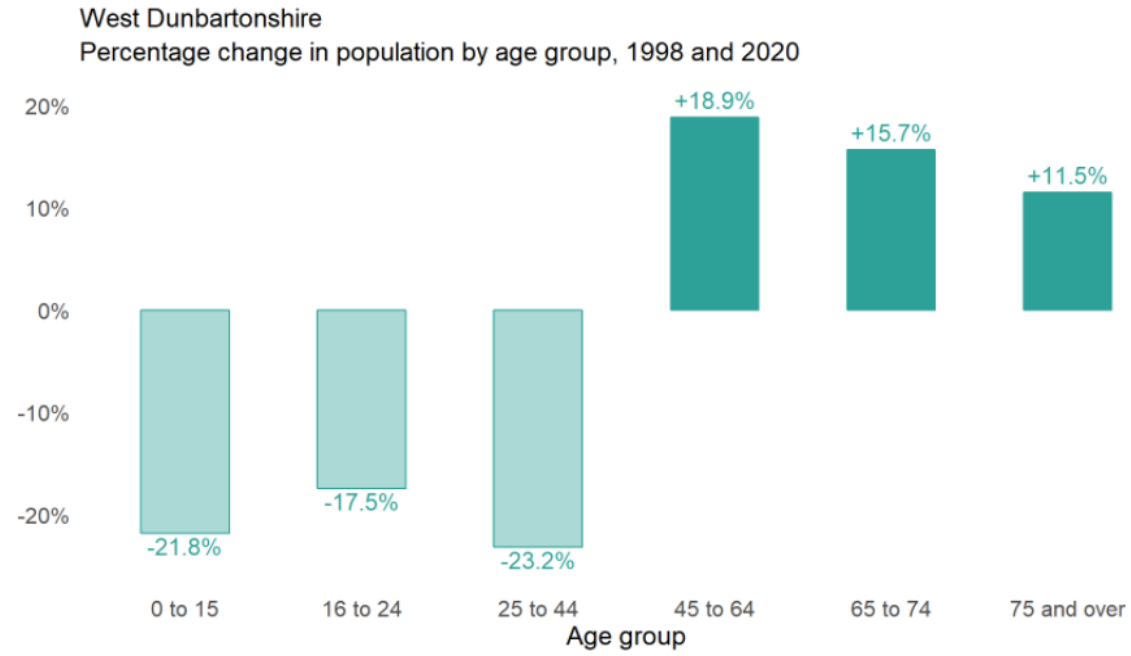
Figure 15: West Dunbartonshire population by age group and sex, 2020



Source: National Records of Scotland (2021).

Between 1998 and 2020, the 25-44 age group saw the largest percentage decrease (23.2%). The 45-64 age group saw the largest percentage increase (+18.9%)[20].

Figure 16: Percentage change in population by age group from 1998 - 2020



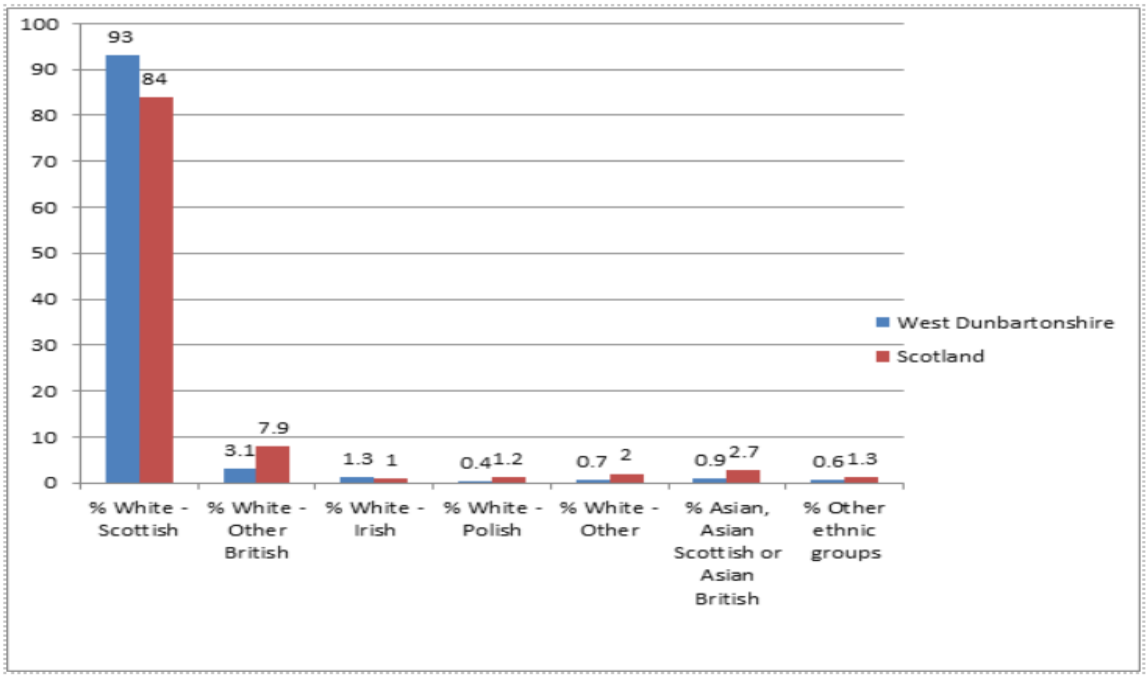
Source: National Records of Scotland (2021)

The majority of residents (93%) of West Dunbartonshire identified as being white Scottish, as illustrated below. This is almost 10% greater than the Scottish figure of 84%. Those identifying as being White other British, White Irish, White Polish, White Other comprise 5.5% of the population (compared to 12% in Scotland as whole) with just 1.5% identifying

as Asian, Asian Scottish or Asian British, or 'other ethnicity', which is lower than Scotland at 4% [21, 22].

It is worth noting that this data is from 2011 and will not be updated until the results of the 2022 Scottish Census are available (expected at the earliest in 2023).

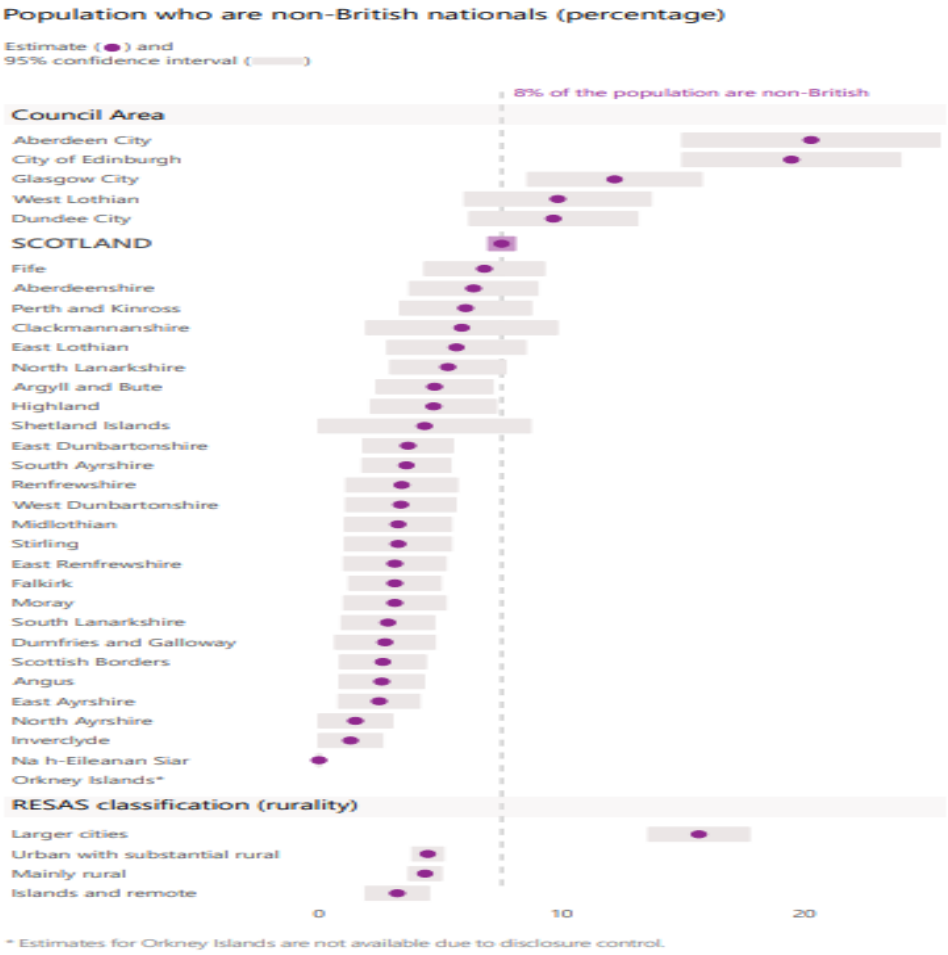
Figure 17: West Dunbartonshire ethnicity breakdown



Source: Scottish Census 2011(2021)

The chart below, shows that the population of non-British nationals varies by local authority. Eight percent of the Scottish population were non-British (in 2020). By comparison, data for West Dunbartonshire estimates that 3.4% of the population were non-British[23]. There is some information on the current ethnic and linguistic makeup of the school population which may provide some indication of the ethnic breakdown of more of the population.

Figure 18: Population who are non-British nationals, by local authority



Source: [National Records of Scotland (2021)]

Key Findings

- West Dunbartonshire's population 88,340 (June 2020), which accounts for 1.6% of the Scottish population.
- In contrast to Scotland as a whole, the population of West Dunbartonshire has been declining steadily (6% since 2000). This is due to fewer babies being born each year and more people moving out of the area than moving in.
- Like most council areas in Scotland, West Dunbartonshire saw a fall in birth rate between 2019 and 2020. There were 770 births, with slightly more boys than girls being born. This is a decrease of 8.9% from 845 births in 2019. 2021 continued the trend with interim figures showing that 769 births were registered.
- In the period 2019-20, net migration in West Dunbartonshire was higher for females (-66) than for males (-139). The age groups with the highest level of total net migration were 55 to 59, 85 to 89 (4). In contrast, the age group with the lowest level of net migration was 25 to 29 (-36).
- In 2020, the most common age group of mothers in West Dunbartonshire was 25 to 29 years. Between 2000 and 2020, the 0-19 age group has seen the largest percentage decrease in births (-63.5%) and the 40+ age group has seen the largest percentage increase in births (+21.1%).
- West Dunbartonshire has an ageing population. In terms of overall size, the 45-64 age group was the largest in 2020, with a population of 25,646 (29%).

- In keeping with the Scottish picture, there are more females (52.2%) than males (47.8%) living in West Dunbartonshire. The gender split begins to widen with increasing age from the 25-44 age group onwards.
- Between 1998 and 2020, the 25-44 age group saw the largest percentage decrease (-23.2%). The 45-64 age group saw the largest percentage increase (+18.9%).
- There is a very small minority ethnic population in West Dunbartonshire. In the 2011 Census, the majority of residents (93%) of West Dunbartonshire identified as being white Scottish, and 1.5% identified as being Asian, Asian Scottish or Asian British, or 'other ethnicity'. This is lower than Scotland which is 4%.
- In terms of nationality, an estimated 3.4% of the local population are non-British, compared to 8% in Scotland.

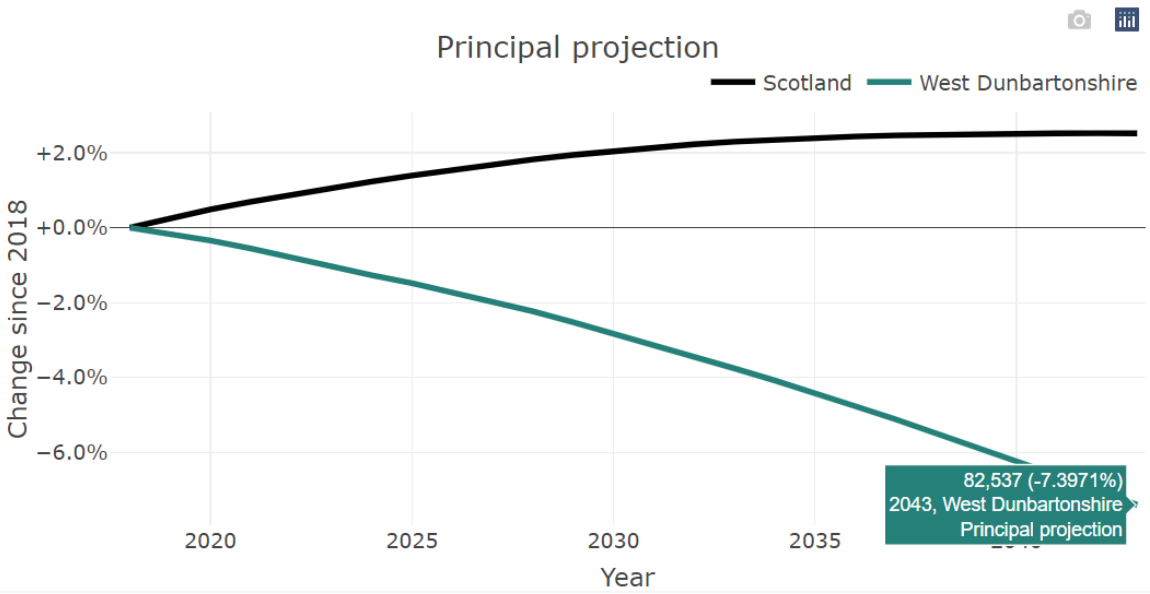
Considerations

- The continuing decline in the numbers of people living in West Dunbartonshire will result in less national and local funding being given as:
    - Approximately half of the funding formula used by the Scottish government to allocate funding to local government is based on population or pupil numbers Local Government Funding Allocations (2021)
    - There will also be a reduction in council income with a greater number of single households attracting one person discounts.
    - The Scottish Government uses the NHS Scotland Resource Allocation Committee (NRAC) formula to assess allocations for each health board considers the demographics of each board area, including population size, deprivation levels and unavoidable geographical variations in the cost of providing services some of which for onward distribution to HSCPs with NHSGGC serving a combination of local authorities with both growing and declining populations.
- West Dunbartonshire HSCP through community planning partners should continue to engage with the Scottish Government Population Taskforce in relation to the future population challenges and make use of the Population Programme dashboard and the first national population strategy to continue to understand the local demographic challenges
- The ageing population will mean more demand for health and social care services as usage increases with age. This, combined with fewer resources, will lead to significant pressure on the system.

Population Projection

Between 2018 and 2028, the population of West Dunbartonshire is projected to decrease from 89,130 to 87,141[24]. A further declining picture projects that the population will be 82,537 by 2043. This is an overall decrease of 7.4%, which compares to a projected increase of 2.5% for Scotland as a whole in the same time period[25].

Figure 19: West Dunbartonshire Projected Population compared to Scotland, 2018-2043

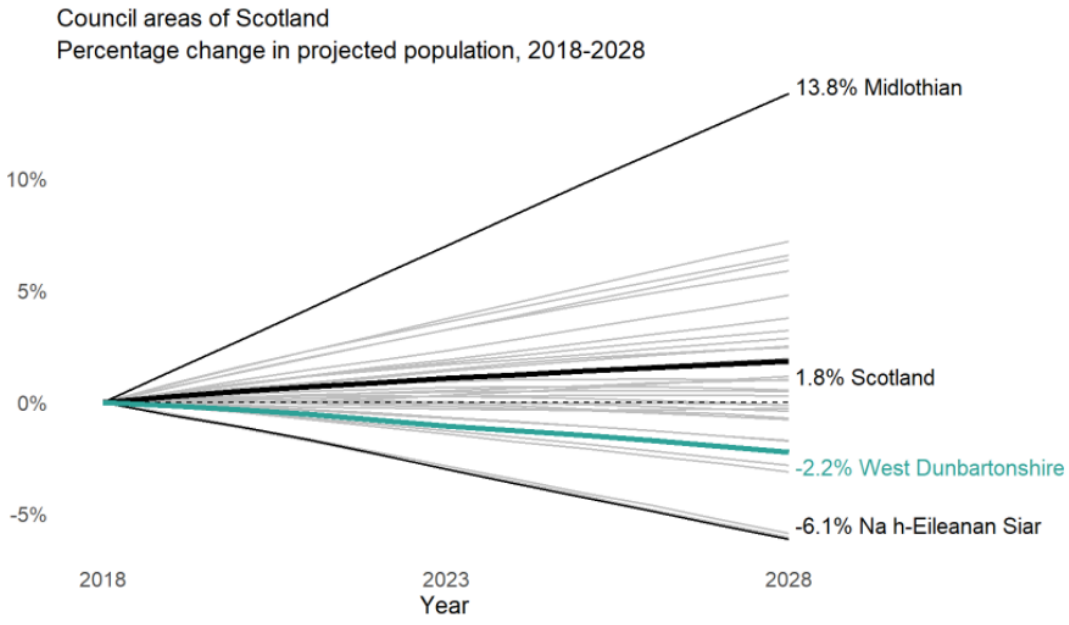


Source: National Records of Scotland (2021)

By 2028, West Dunbartonshire is projected to have the 6th lowest population of Scotland's 32 local authorities. It will one of the 14 councils projected to have a population decrease by 2028; 18 councils are projected to see a population increase[26].

By 2028, West Dunbartonshire's population is projected to shrink by 2.2%. This is the 5th lowest percentage change in population size out of the 32 council areas in Scotland. The population is projected to decrease by 2.9% due to natural change (more deaths than births) but total net migration (from within Scotland, overseas and the rest of the UK) is projected to increase of 0.7% over the same period [27].

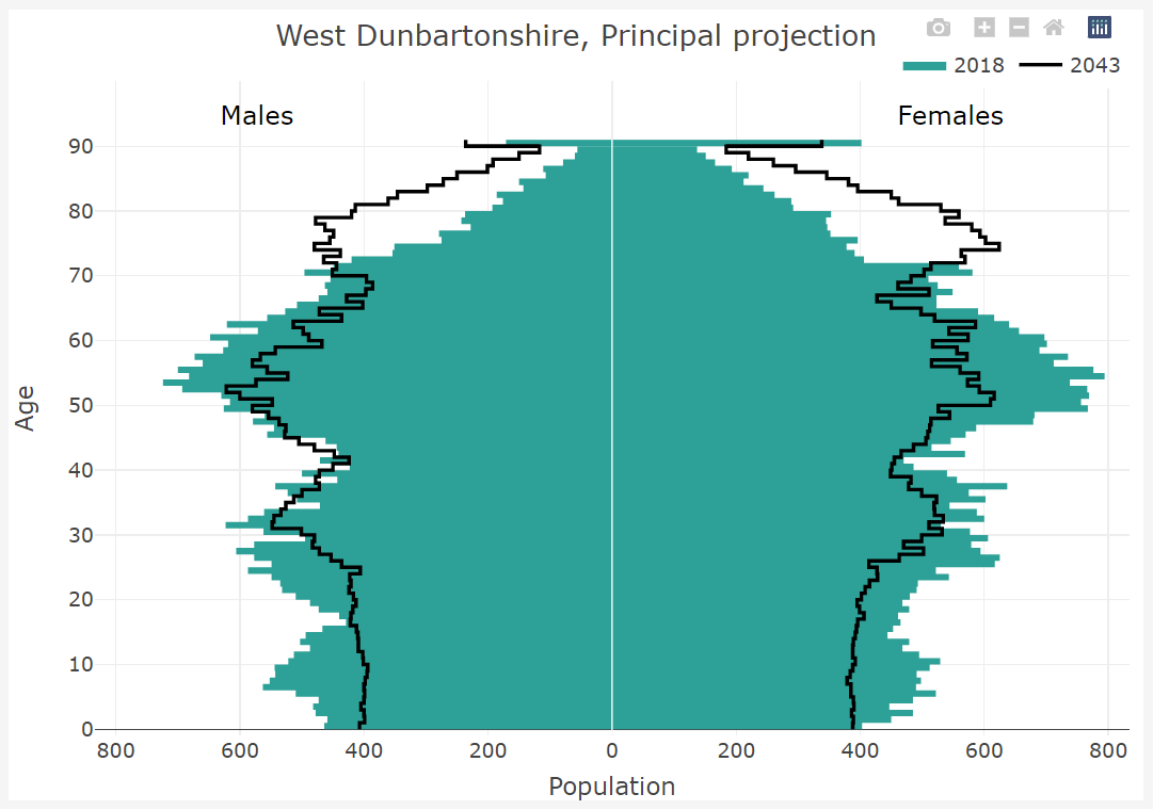
Figure 20: Council areas of Scotland, % change in projected population, 2018-2028



Source: National Records of Scotland (2021)

By 2043, the average age of the population of West Dunbartonshire is projected to increase as the population ages and more people are expected to live longer.

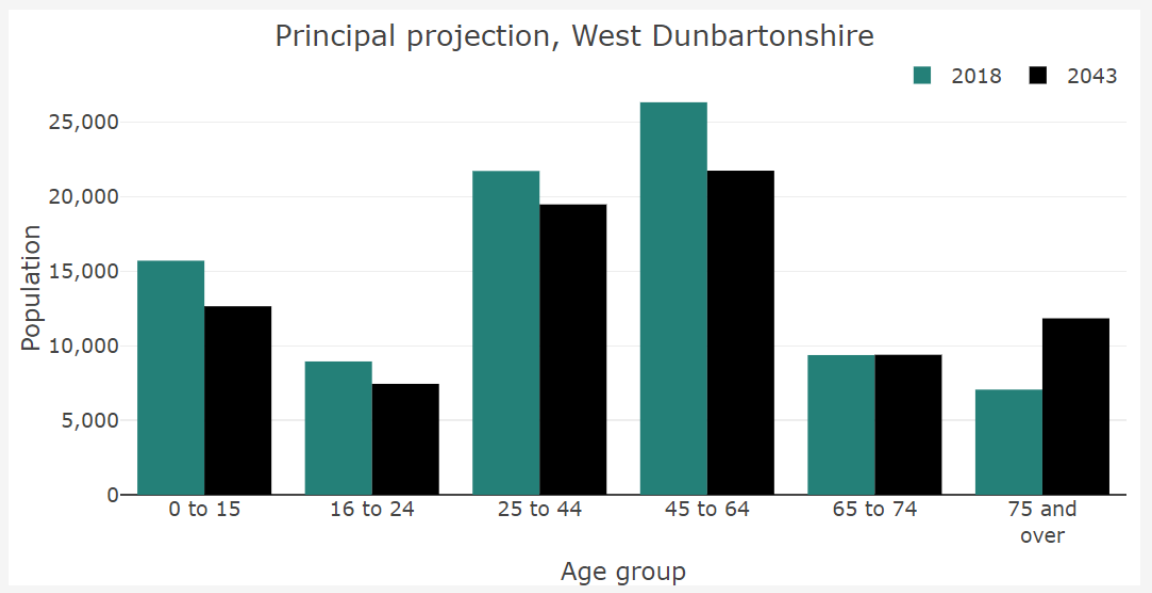
Figure 21: West Dunbartonshire projected population profile, males and females, 2018 and 2043



Source: National Records of Scotland (2021)

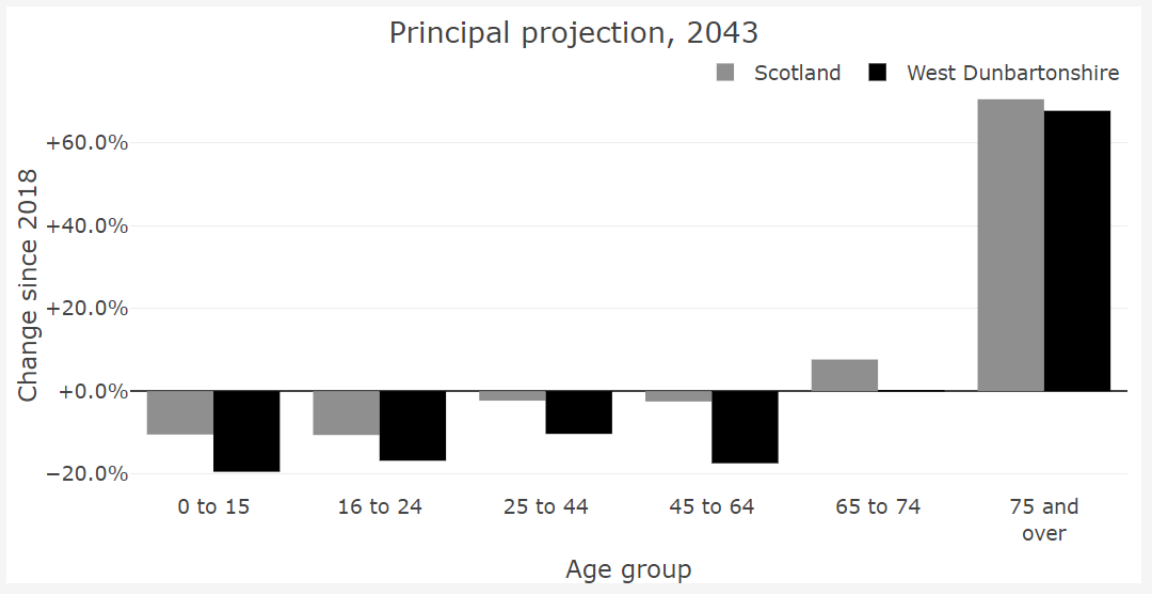
Between 2018 and 2043, the 0-15 age group is projected to see the largest percentage decrease (-19.5%) to a population of 12,646. The working age population will also decrease by 11.4%. The population of pensionable age and over is projected to increase by 17.7%. However, the 75 and over age group is projected to see the largest percentage increase (+67.8%) to 11,836. In terms of size, however, 45 to 64 is projected to remain the largest age group, despite decreasing in size by -17.4% to 21,744 by 2043[28].

Figure 22: West Dunbartonshire projected population by age group, 2018 and 2043



Source: National Records of Scotland (2021)

Figure 23: West Dunbartonshire and Scotland % change in projected population between 2018 and 2043, by age group



Source: National Records of Scotland (2021)

Key Findings

- By 2043, the population of West Dunbartonshire is projected to decrease by 7.4% to 82,537 (from 89,130 in 2018).
- The average age of the population of West Dunbartonshire is projected to increase as more people are expected to live longer.
- The population projections indicate changes to the three key life stages of children, adults and older people. For example, there is to be a decrease in the projected

proportion of children and working age group and a large increase in the proportion of people 75 years and over.

- In terms of size, the 45 - 64 age group is projected to remain the largest age group.

Life Expectancy

Life expectancy is the number of years a person is expected to live from birth. In Scotland, life expectancy has generally improved since 1980, although we still have one of the lowest life expectancies in Europe[29]. However, improvements have been modest in recent years with stalling increases in life expectancy for both males and females[30]. Factors that influence life expectancy include gender, where you live and inequalities in income, education and access to services. Another important measure is healthy life expectancy, which is the number of years a person would expect to live in a 'healthy' state.

Any examination of life expectancy needs to be set it in context of the Covid-19 pandemic. According to National Records of Scotland (NRS), the organisation that monitors life expectancy in Scotland, 'Covid-19 deaths are driving a fall in life expectancy'[31]. Julie Ramsay, Head of Vital Events Statistics at NRS, said:

"*It is clear that the high number of excess deaths in 2020 has led to the fall in life expectancy. Our analysis shows that Covid-19 deaths accounted for the vast majority of the fall in life expectancy for both males and females, with drug-related deaths also having a negative impact on life expectancy for males*."

In Scotland, life expectancy at birth in 2018 to 2020 was estimated to be 76.8 years for males and 81.0 years for females. This is lower than life expectancy for England, Wales and Northern Ireland[32]

Table 1: Life expectancy at birth for UK nations, males and females, 2018-2020

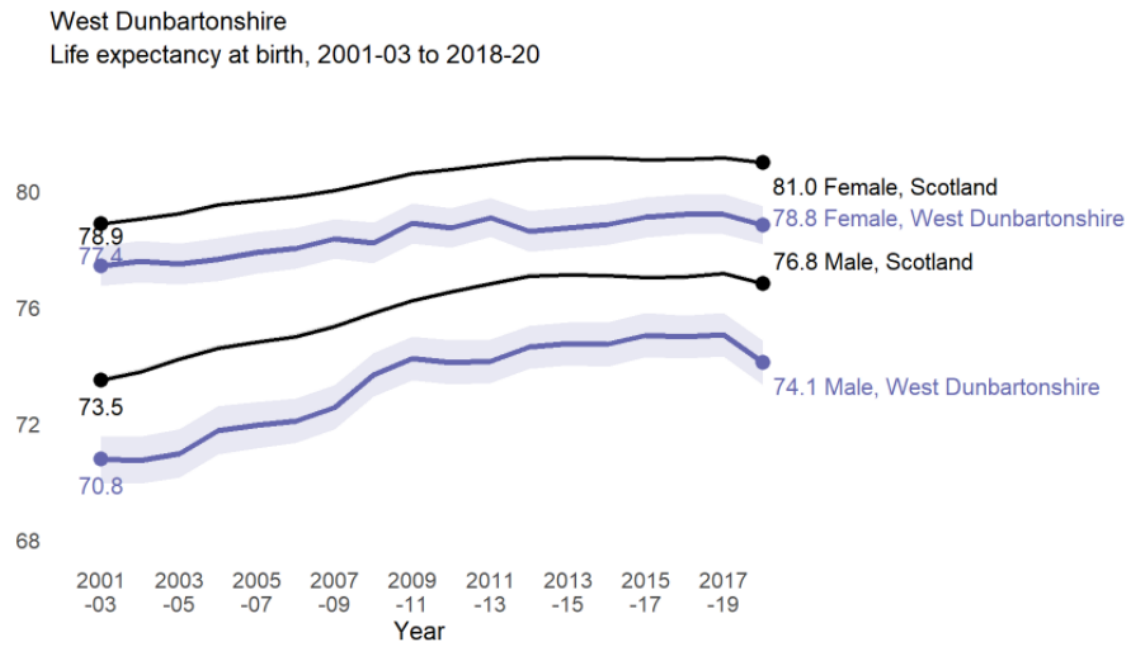
	Scotland	England	Wales	Northern Ireland
Males	76.8	79.3	78.3	78.7
Females	81.0	83.1	82.1	82.4

Source: Office for National Statistics, 2021

in West Dunbartonshire, in 2018-20, life expectancy at birth was higher for females (78.8 years) than males (74.1 years). However, both were lower than for Scotland as a whole (81.0 years for females and 76.8 for males) as illustrated below[33].

Note that the NRS Life Expectancy graphs below correctly show data to 2018-20 although the x-axis stops at 2017-19.

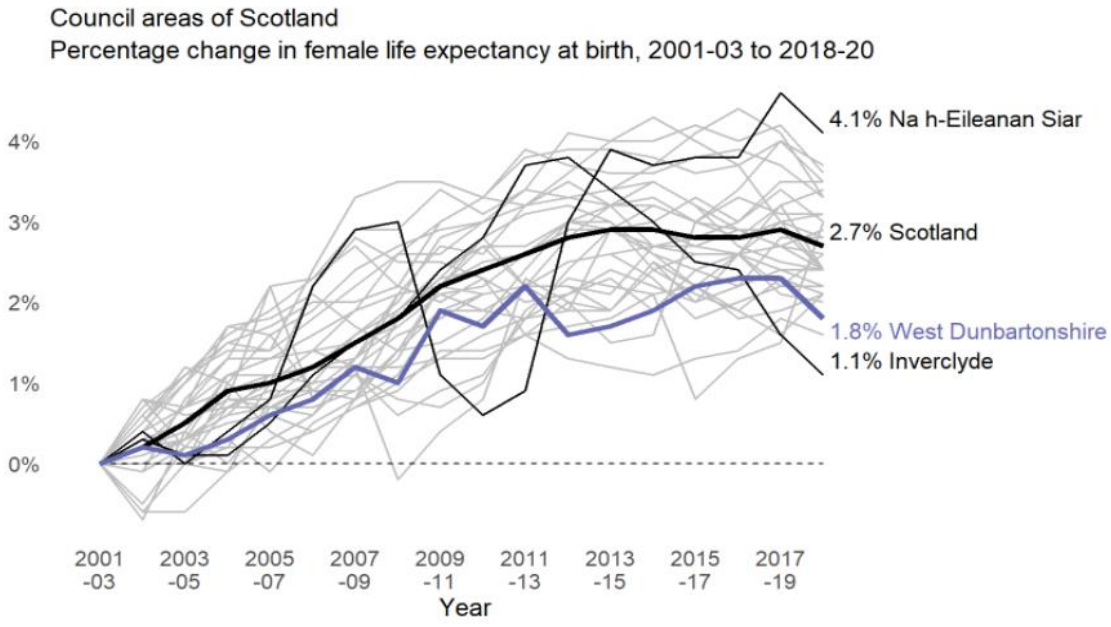
Figure 24: West Dunbartonshire life expectancy at birth, 2001-03 to 2018-20



Source: National Records for Scotland (2021)

Since 2001-03, life expectancy for West Dunbartonshire men improved slightly more than Scotland overall (4.7% increase compared to 4.5% increase). The picture was less positive for West Dunbartonshire women. The increase in life expectancy at birth was 1.8% compared to 2.7% for Scotland. This was the third lowest increase in life expectancy among Scotland's 32 local authorities[34].

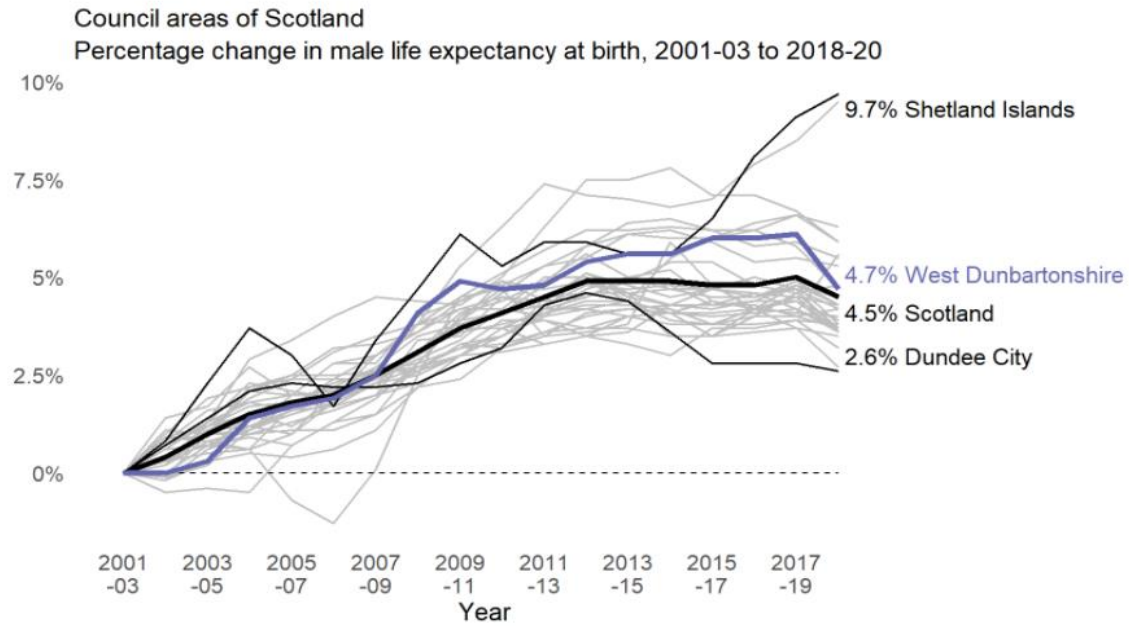
Figure 25: % change in female life expectancy at birth from 2001-03 to 2018-20, by local authority



Source: National Records of Scotland (2021)

Over the period between 2001-03 and 2018-20, male life expectancy at birth in West Dunbartonshire has risen by 4.7%. This is the joint 10th highest percentage change out of all 32 council areas in Scotland and this is higher than the percentage change for Scotland overall (+4.5%) [35].

Figure 26: % Change in male life expectancy at birth from 2001-03 to 2018-20, by local authority



Source: National Records of Scotland (2021)

Table 2: Life Expectancy 2002-04 to 2018-20 and ranking in Scottish local authorities

	West Dunbartonshire				Scotland	
	Male	Rank out of 32 Scottish local authorities	Female	Rank out of 32 Scottish local authorities	Male	Female
Life expectancy 2002-2004 (years)	70.7	3rd lowest	77.6	3rd lowest	73.8	79.0
Life expectancy 2015-2017(years)	75.0	3rd lowest	79.1	2nd lowest	77.0	81.1
Life expectancy 2018-2020 (years)	74.1	3rd lowest	78.8	3rd lowest	76.8	81
% change from 2002/04-2018/20	4.8%		1.5%		4.1%	2.7%

Source: National Records of Scotland (2021)

Projected Life Expectancy

By 2042/43[36], both female and male life expectancy will increase but less than Scotland.

Female life expectancy is expected to increase by 2.0% from 79.7 years in 2018/19 to 81.3 years in 2042/43. In the same period, female life expectancy in Scotland is expected to increase by 2.4% to 83.8 years.

Male life expectancy is expected to increase by 3.4% from 75.9 years in 2018/19 to 78.5 years in 2042/42. In the same period, male life expectancy in Scotland is expected to increase by 3.7% to 80.6 years.

Table 3: Projected Life Expectancy (years) – West Dunbartonshire and Scotland, for Females and Males, 2018/19 to 2042/43

	West Dunbartonshire		Scotland	
	Male	Female	Male	Female
Projected Life expectancy 2018-2019 (years)	75.9	79.7	77.7	81.8
Projected Life expectancy 2042-2043(years)	78.5	81.3	80.	83.8
% Increase	3.4%	2%	3.7%	2.4%

Source: National Records of Scotland (2020)National Records of Scotland (2020)

Health inequalities

The Scottish Government has been monitoring health inequality indictors each year since 1997 in order to track the changing picture of inequality, over the long term. The data in this section is for Scotland, as a whole. Some of the key messages below are from the most recent report issued in March 2022[37].

Healthy Life Expectancy

Healthy life expectancy (HLE) is an estimate of the number of years lived in 'very good' or 'good' general health. It is based on how individuals perceive their state of health at the time of completing Scotland's Annual Population Survey[38].

Healthy life expectancy provides insight into the proportion of life expectancy spent in good health. HLE estimates are important to analyse alongside the life expectancy estimates. This helps us to understand the state of health of the population, as well as their years of life expectancy[39].

The most recently published figures for Healthy Life Expectancy (HLE) 2018 – 2020[40] show the number of years people in Scotland can expect to live in good health has fallen again. In Scotland, there was a statistically significant decrease of more than a year in male HLE at birth between 2015 to 2017 and 2018 to 2020; other constituent countries of the UK saw no significant change.[41]

Between 2018 and 2020, average male Healthy Life Expectancy was 60.9 years while it was 61.8 years for females. Healthy life expectancy has decreased each of the last four years for females and for the last three years for males.

The report also shows that those living in the most deprived communities spend on average 24 years fewer in good health than those living in the least deprived areas. With

those in the most deprived areas also dying younger, they spend more than one third of their lives in poor health, compared to 15% in the least derived areas.

Table 4: Healthy Life Expectancy in 2018-2020 and 2017-2019

West Dunbartonshire	Average Male Healthy Life Expectancy (years)	Ranking in Scottish local authorities	Average Female Healthy Life Expectancy (years)	Ranking in Scottish local authorities
2018-2020	58.1	8th lowest	58.5	5th lowest
2017-2019	59.1	7th lowest	60.6	9th lowest

Source National Records of Scotland (2021) and National Records of Scotland (2022)

Figure 27: Healthy Life Expectancy at Birth in Scotland 2018-2020 by Council area

Healthy Life Expectancy in Scotland, 2018-2020

Source [Healthy Life Expectancy in Scotland, 2018-2020 (2021)]

The figure above shows that healthy life expectancy in West Dunbartonshire has decreased to 58.1 years for males, lower than the Scottish average of 60.9 and is currently the 8th lowest in Scotland and 58.5 for females in West Dunbartonshire, which is lower than the Scottish average of 61.8 years and the 5th lowest in Scotland.

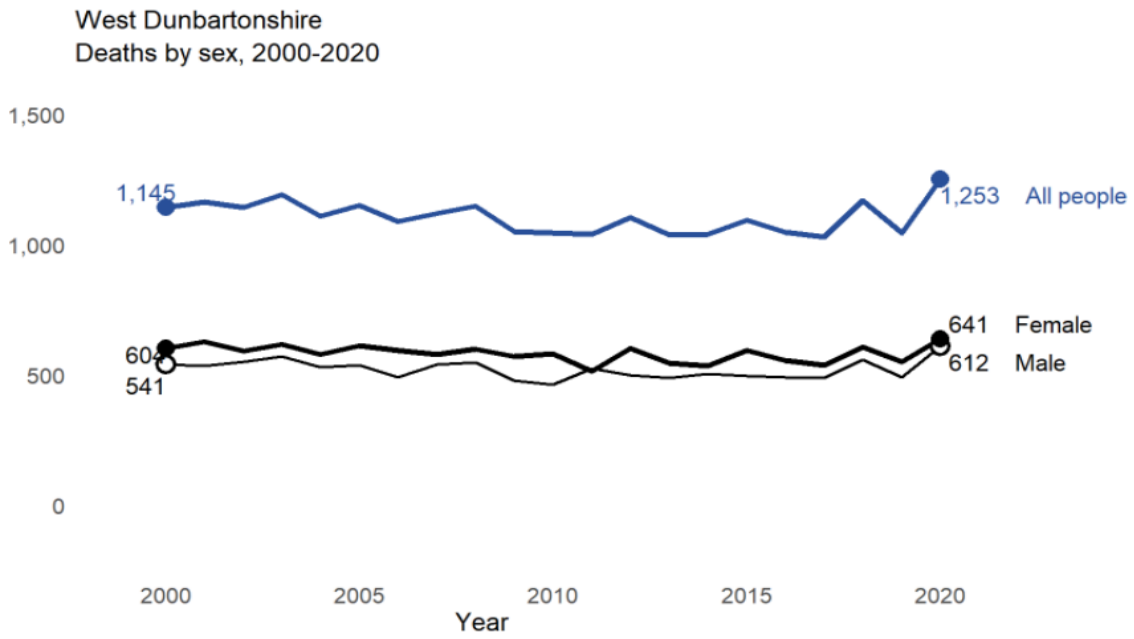
Deaths

How and when people die provides us with an accurate picture of our population's health and how it is changing[42]. Mortality statistics measure the frequency of deaths within a population and can be adjusted to take account of the age and size of the population.

Scotland has one of the highest rates of death (mortality) in Western Europe, which is reflected in the country's comparatively low life expectancy. There are considerable variations or inequalities in mortality rates and trends within Scotland across different geographical and socio-economic groupings. Although death rates for the whole population have steadily decreased over the last few decades, there have been recent adverse mortality trends in Scotland[43].

In 2020, there were 1,253 deaths in West Dunbartonshire. This is a 19.8% increase from 1,046 deaths in 2019. Of these 1,253 deaths, 641 (51.2%) were female and 612 (48.8%) were male[44]. In 2021 the interim figures published by National Records of Scotland show that there were 1,238 deaths which is a slightly lower increase of 18.4% from 2019 compared to the 2020 increase [45] . Of these deaths 630 (50.9% were female and 608 (49.1%) were male.

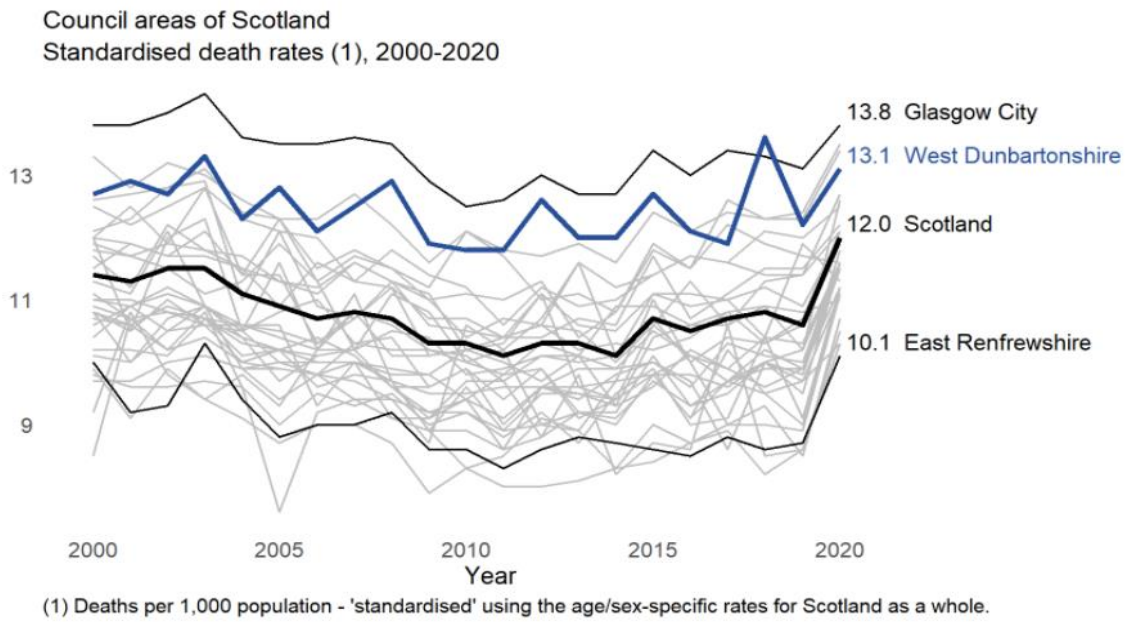
Figure 28: West Dunbartonshire, deaths by sex 2000-2020



Source: [National Records of Scotland (2021)]

In West Dunbartonshire, the standardised death rate increased from 12.2 per 1,000 population in 2019 to 13.1 in 2020. In comparison, the rate in Scotland overall increased from 10.6 to 12.0. West Dunbartonshire was the council area with the fourth highest standardised death rate. Between 2019 and 2020, two councils saw a decrease in standardised death rate and 30 councils saw an increase[46].

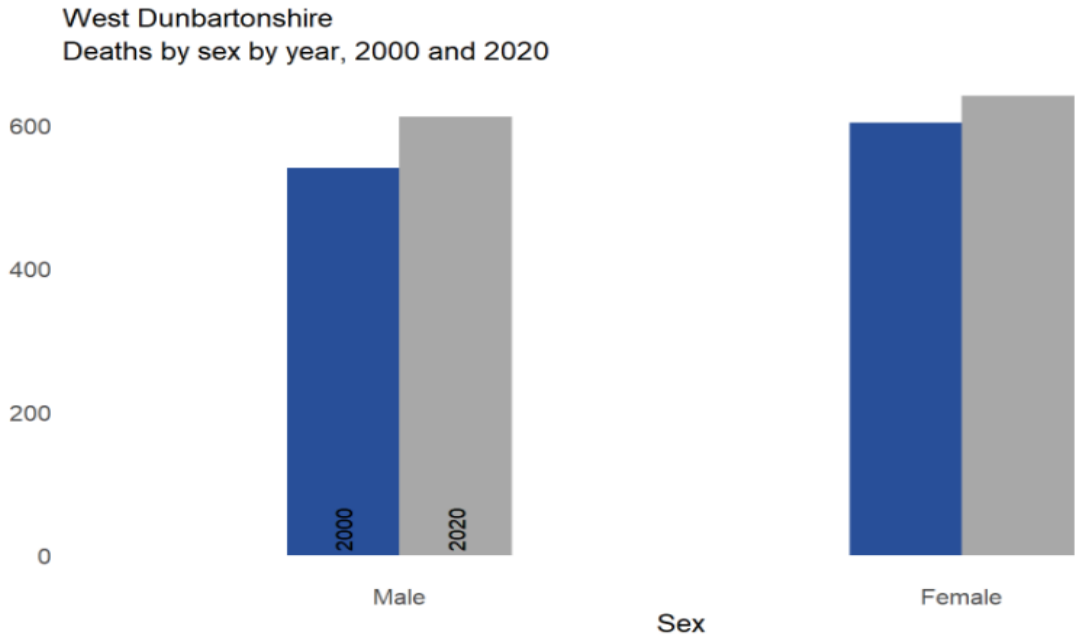
Figure 29: Council areas of Scotland: Standardised death rates, 2000-2021



Source: National Records of Scotland (2021)

Between 2000 and 2020, both female and male deaths registered in West Dunbartonshire have increased in number. In 2020, a higher number of female (641) than male (612) deaths were registered. This is an increase of 6.1% and 13.1% respectively, since 2000. Data for Scotland shows a 5.5% increase in female deaths between 2000 and 2020 and a 16.8% increase in male deaths[47].

Figure 30: West Dunbartonshire Deaths, by sex, by year, 2000 and 2020

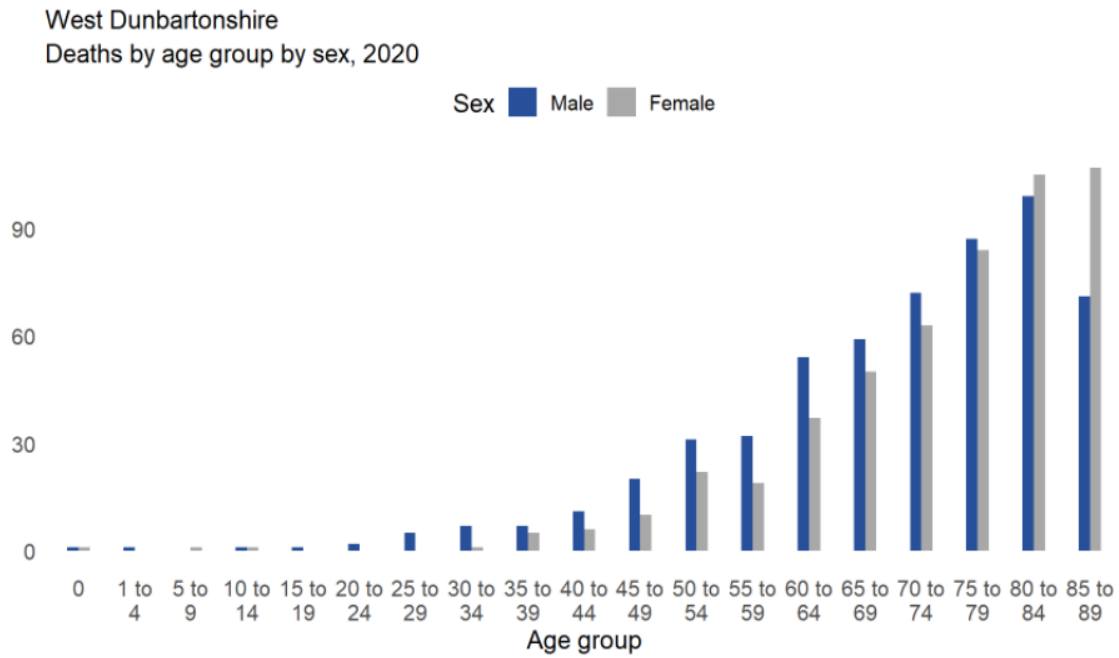


Source: National Records of Scotland (2021)

In 2020, the 80 to 84 age group saw the highest number of total deaths (204) and the 1 to 4, 5 to 9, 15 to 19 age groups saw the fewest (1). For females, the most common age

group was 85 to 89 (107) and for males, the most common age group was 80 to 84 (99)[48].

Figure 31: West Dunbartonshire: deaths by age group, by sex

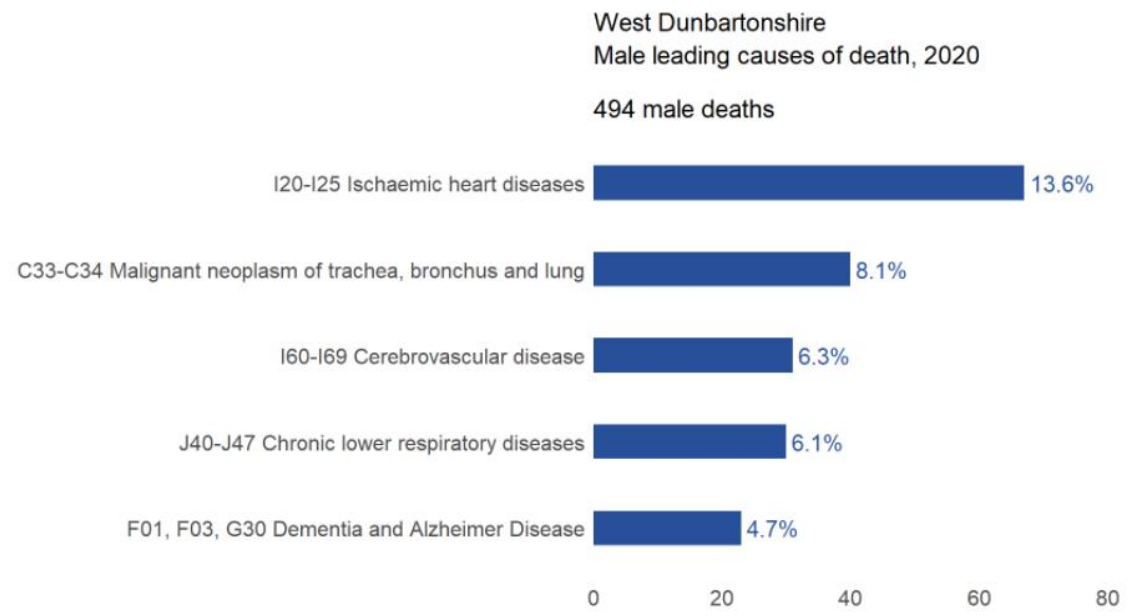


Source: National Records of Scotland (2021)

Analysing causes of deaths is complex. Type of cancer, for example, lung, breast and prostate cancer are all counted as separate causes. If all cancers were grouped together, cancer would be the leading cause of death in West Dunbartonshire and in Scotland[49].

In West Dunbartonshire, the leading cause of death for males in 2020 was ischaemic heart diseases (13.6% of all male deaths), followed by lung cancer (8.1%), as illustrated in the chart below. In Scotland overall, the leading cause of death for males was also ischaemic heart diseases (14.1%), followed by dementia and Alzheimer's disease (7.7%)[50].

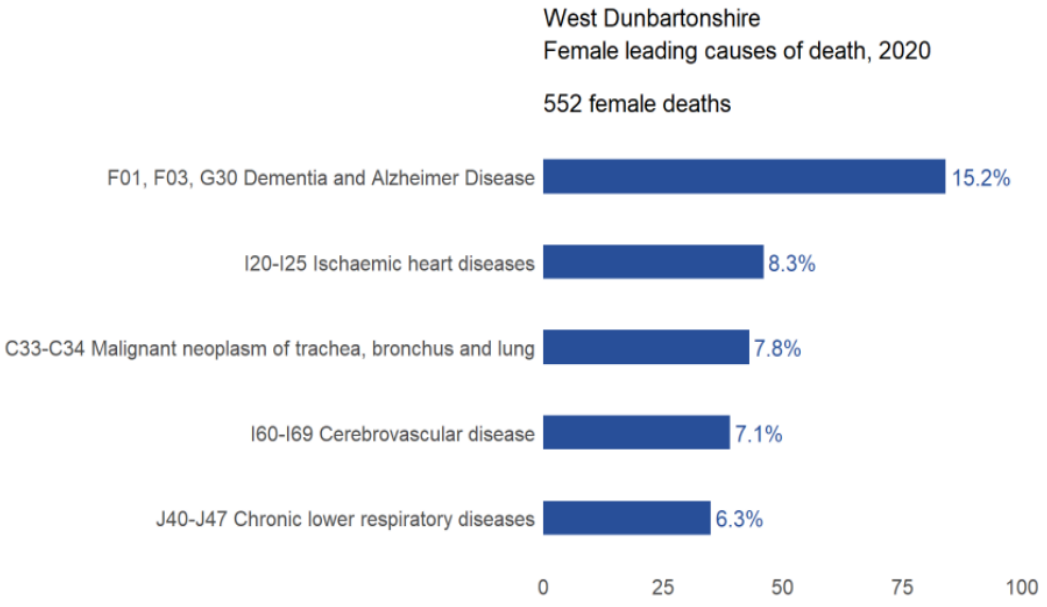
Figure 32: Leading causes of death for males, West Dunbartonshire, 2020



Source: National Records of Scotland (2021)

In West Dunbartonshire, the leading cause of death for females in 2020 was dementia and Alzheimer's disease (15.2% of all female deaths), followed by ischaemic heart diseases (8.3%). In Scotland as a whole, the leading cause of death for females was also dementia and Alzheimer's disease (14.2%), followed by ischaemic heart diseases (8.6%)[51].

Figure 33: Leading causes of death for females, West Dunbartonshire, 2020

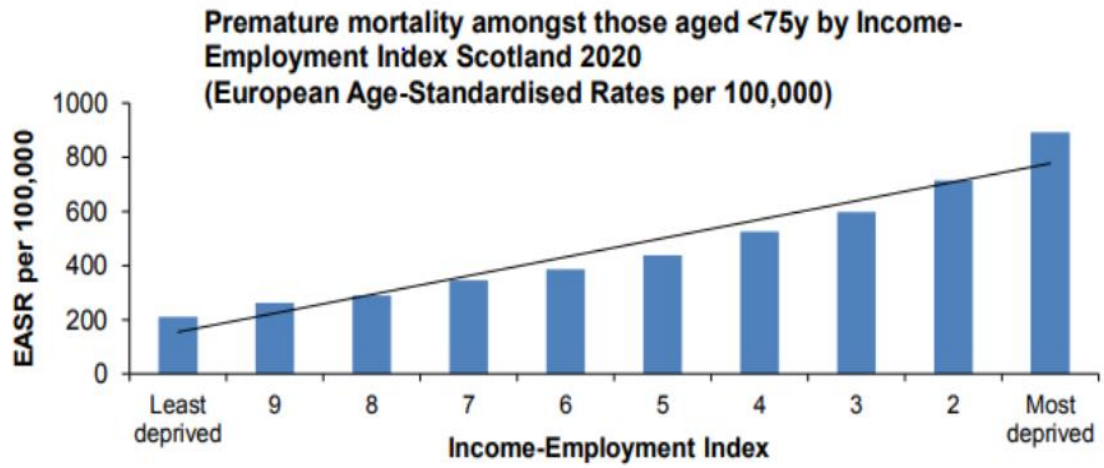


Source: National Records of Scotland (2021)

Premature mortality (deaths under 75 years)

In 2020, the gap in premature mortality rates [4] between the most and least deprived areas increased to its highest point since 2004 (680.4 per 100,000 and 683.2 per 100,000 respectively), and is higher than at the start of the time series (648.7 per 100,000 in 1997). Relative inequalities[5] have widened over the long term and are now at the highest point in the time series (1.52). In 2020, premature mortality rates were 4 times higher in the most deprived areas compared to the least deprived, an increase from 3 times higher in 1997[52].

Figure 34: All-cause mortality amongst those age < 75 years by Income-Employment Index Scotland 2020 (European Age-Standardised Rates per 100,000)



Source: Scottish Government (2022)

Coronary Heart Disease (CHD) - deaths aged 45-74 years

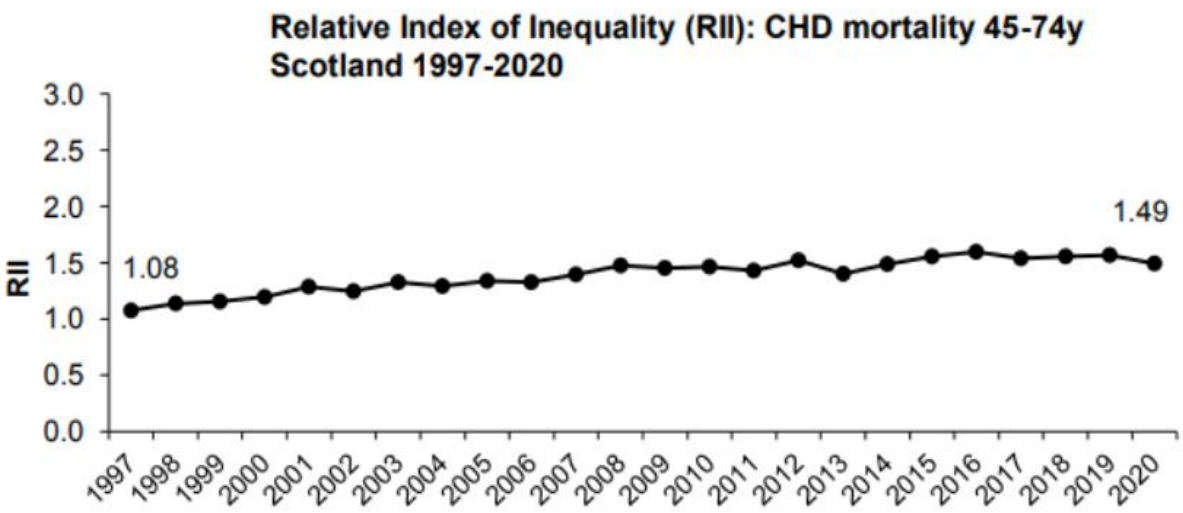
In Scotland in 2020, nearly 2,600 deaths amongst those aged 45-74 years were attributed to CHD. Since 1997, there has been a considerable decrease in CHD deaths amongst the population aged 45-74 years. In 2020, the death rate for this age group was 123.3 per 100,000, less than one third of the rate in 1997.

In 2020, the CHD mortality rate was four times higher in Scotland's most deprived areas compared to the least deprived (247.9 compared to 62.5 deaths per 100,000 population). Relative inequalities in CHD deaths have increased over the longer term[53].

Figure 35: Relative Index of Inequality (RII): CHD Deaths 45-74 years, Scotland 1997-2020

[4] **Premature mortality** is defined as deaths occurring before the age of 75. It is measured for this indicator using the European Age-Standardised mortality rate for people aged under 75. Source: Premature Mortality | National Performance Framework

[5] **Relative index of Inequality (RII)** indicates the extent to which health outcomes are worse in the most deprived areas compared to the average throughout Scotland. It is possible for absolute inequalities to improve, but relative inequalities to worsen.



Source: Scottish Government (2022))

In fact, in the last ten years, CHD mortality rates in Scotland have typically been 4-5 times higher in the most deprived areas compared to the least deprived areas. This is higher than at the start of the times series when CHD mortality rates were typically 3-4 times higher[54].

Key Findings

- In 2018-20, life expectancy at birth in West Dunbartonshire was higher for females (78.8 years) than males (74.1 years). However, both were lower than for Scotland as a whole (81 years for females and 76.8 for males).
- Improvements in life expectancy have been more positive for West Dunbartonshire's men than women.
- Healthy life expectancy has decreased in West Dunbartonshire to 58.1 years for males and 58.5 for females. This is in line with a picture of declining healthy life expectancy for Scotland as a whole.
- People in Scotland's most deprived communities spend on average 24 years less in good health than those in the most affluent communities.
- The standardised death rate in West Dunbartonshire increased from 12.2 per 1,000 population in 2019 to 13.1 in 2020.
- In 2020, there were 1,253 deaths in West Dunbartonshire. This is a 19.8% increase from 2019. Of these, 641 (51.2%) were female and 612 (48.8%) were male. In 2021 there were 1,238 deaths. Of these 630 (50.9% were female and 608 (49.1%) were male.
- In 2020, the 80 to 84 age group saw the highest number of total deaths and the 1 to 4, 5 to 9, 15 to 19 age groups saw the fewest.
- If all cancers were grouped together, cancer would be the leading cause of death in West Dunbartonshire and Scotland.
- In West Dunbartonshire, the leading cause of death for males in 2020 was ischaemic heart diseases (13.6% of all male deaths), followed by lung cancer (8.1%).

- The leading cause of death for females in 2020 was dementia and Alzheimer's disease (15.2% of all female deaths), followed by ischaemic heart disease (8.3%).
- In 2020, in Scotland, the gap in premature mortality rates (under 75 years) between the most and least deprived areas remains high. In 1997, premature mortality rates were 3 times higher in the most deprived areas compared to the least deprived; in 2020, rates were 4 times higher in Scotland's most deprived areas.

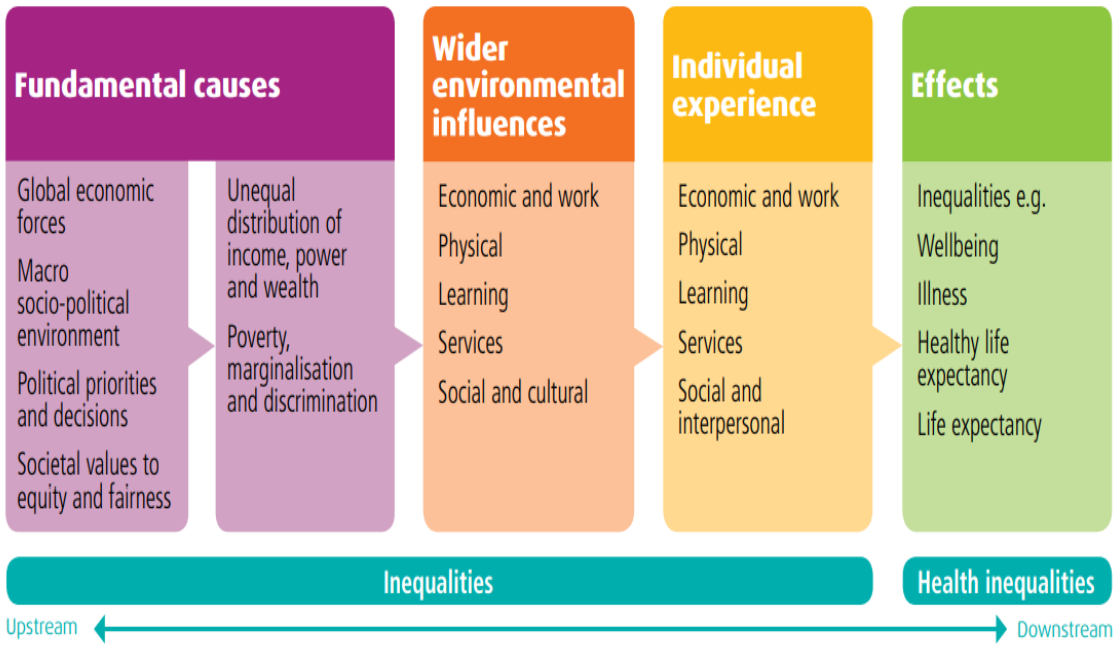
Fairer West Dunbartonshire

Health Inequalities

Health inequalities are the unjust and avoidable differences in people's health across the population and between specific population groups. Health inequalities go against the principles of social justice because they are avoidable. They do not occur randomly or by chance but are socially determined by circumstances largely beyond an individual's control. These circumstances disadvantage people and limit their chance to live longer, healthier lives. Marmot, 2020[55] NHS Health Scotland 2014[56]

The existence of health inequalities in Scotland means that the right of everyone to the highest attainable standard of physical and mental health is not being enjoyed equally across the population. Public Health Scotland, 2021[57]

Figure 36: Health Inequalities Theory of Causation (summary version)



Source: NHS Health Scotland 2014

As shown in the figure above, the fundamental causes of health inequalities are an unequal distribution of income, power and wealth. This can lead to poverty and marginalisation of individuals and groups.

These fundamental causes also affect the distribution of wider environmental influences on health, such as the availability of work, education and good quality housing. They can

also influence access to services and social and cultural opportunities in a local area and in society.

The wider environment in which people live and work then shapes their individual experiences of low income, poor housing, discrimination, access to health services. In turn, this environment then shapes individual experiences across the population and leads to the inequalities in health outcomes.

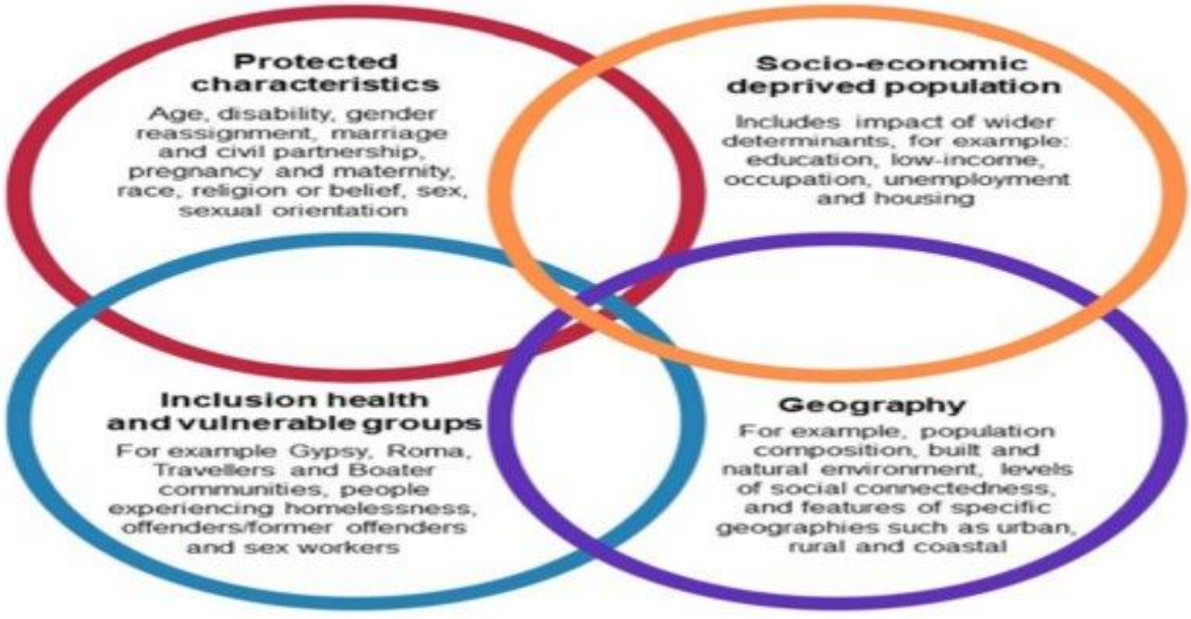
The theory of causation model illustrates the importance at a local level of a focus on the more upstream wider environmental influences, alongside necessary national action to address the more fundamental causes. (NHS Health Scotland, 2014).

Intersectionality

An intersectional approach is a way of thinking about power and inequality in societies[58]. It shows that human lives cannot be fully understood by thinking about single categories, such as gender, race or socio-economic status. Instead, in reality, people's lives are multi-dimensional and complex. Experiences are shaped by different factors and social dynamics operating all at once.

Intersectional analysis is concerned with the structures and systems that drive inequality. It encourages consideration of systems and processes that create and sustain inequality (e.g., racism, classism, ageism, ableism, homophobia, sexism) not separately, but interlinked. It also considers how these systems and processes create and sustain one another and can be best understood as an interlocking system of inequality, not separate layers. This is illustrated below.

Figure 37: Illustration of Intersectionality



Source Public Health England (2020)

Using intersectionality in policymaking *and analysis*

The Scottish Government recently published an evidence synthesis[59] of literature on the concept of intersectionality and how it can be applied to policymaking and analysis.

The key findings were that;

- An intersectional approach does not give higher status to anyone inequality or experience of discrimination.
- Policymakers need to consider power dynamics and their own experiences and influence when making decisions.
- Evidence should be put in context, including the historical and contemporary structures of inequalities in wider society, and within local contexts.
- Currently in Scotland there is a lack of intersectional data on outcomes, and policymaking rarely takes an intersectional approach. Where an intersectional approach has been attempted, this could be developed further.
- A "one size fits all" approach to narrowing inequality leaves people behind, especially where multiple inequalities intersect.
- Too often a dilution or misappropriation of intersectionality is used which attempts to work "for everyone" and as a consequence ignores the specific and nuanced experiences of discriminations at the intersections of inequalities.

There were five conclusions[60] for policy makers to focus on

1. **Contextualisation**: when taking an intersectional approach to policymaking and analysis, alongside taking account of combinations of characteristics that shape experiences, these intersecting identities should be contextualised and understood within the systems and structures of power.
2. **Reflexivity** policymakers and analysts should regularly consider their own membership of interconnected categories and practice reflexivity. This will allow them to better understand how their own power and lived experience impacts the research.
3. **Public involvement**, when used sincerely and applied inclusively, can help to address the power imbalance between decision makers, such as policymakers and analysts, and marginalised groups. Participatory approaches to research ensure that those with lived experience of intersecting identities have a central voice in the development, implementation and evaluation of policies.
4. **Reaching marginalised groups** analysts should ensure that marginalised groups are reached by reducing the barriers to their participation
5. **Statistical approaches**. As no one method fits all analysts should consider a range of options for carrying out intersectional data analysis

Scottish Research on Health and Wellbeing for Marginalised Communities

Voluntary Health Scotland and partners[6] has been undertaking research to deepen the understanding of how Covid19 is impacting on wider aspects of health and wellbeing for marginalised communities. Using a peer research model, this study was delivered in partnership with organisations that support marginalised communities, enabling the research to be co-developed with people with lived experience. This first phase of this research was published in March 2022. The second phase, to be carried out later in 2022, will seek to engage with a wider reach of participants to test and strengthen the findings from phase one.

[6] The Inclusion Health Partnership members include: CLiCK/Encompass Network Health and Social Care Alliance Scotland (the ALLIANCE) Homeless Network Scotland HUG (Action for Mental Health) iHub, Healthcare Improvement Scotland Mental Health Foundation NHS Fife Public Health Scotland University of Strathclyde Voluntary Health Scotland

The research explored the unique needs and circumstances of individuals[7] who are disadvantaged by systems and services. The researchers spoke to refugees and asylum seekers, people with experience of homelessness, people with poor mental health, and people selling or exchanging sex. The 12 research participants had an average age of 45 years. It identified six cross-cutting issues experienced by different marginalised groups, including:

Human rights and health

Many participants were not aware of their right to health. To ensure rights are respected, the need for training of statutory services to provide support in a dignified manner that would allow all service users to be free from stigma and discrimination is suggested.

Impact on mental health and wellbeing

It is important to recognise that for many people with poor mental health, it is difficult to replace high quality face-to-face mental health support

Impact of the pandemic on sense of purpose and control

The pandemic and lockdown measures significantly impacted people's sense of control over their lives and impeded their ability to access support and services as well as having implications on people's financial circumstances.

Access to statutory public services

The research highlights a range of issues around access to statutory public services such as poor communication, lack of follow up from health services and continuity of care.

Access to community, social support and social networks

Those who need support should have access to it in a format they need and when they need it.

Digital access

Digital technology played an important role in relieving loneliness and social isolation during lockdowns which also highlighted the need to ensure all forms of digital exclusion are addressed.

Recommendations

The report provided twelve recommendations covering service design and delivery, workforce development and upholding human rights-based approaches in policy and practice which should be considered in relation to marginalised groups.

Service design and delivery

The lived experience of people from marginalised communities should be proactively sought to inform the design and development of services.to ensure that services meet

[7] The participants were recruited from: • CLiCK, an organisation supporting women who sell or exchange sex • the Mental Health Foundation Refugee programme • CLEAR, a network of peer researchers with experience of homelessness, hosted by Homeless Network Scotland • (HUG) Action for Mental Health – Highlands and Islands, an organisation providing collective advocacy for people with mental illness

their needs and that barriers to access are identified and addressed for those who experience stigma and exclusion.

Services should commit to understanding the communication needs of service users and ensure timely and person-centred responses as appropriate. This may include regular communication, providing a point of contact for service users and follow-up contact as required.

Services should ensure a choice of approaches and methods to communication with all service users to meet their diverse needs

Services must tackle digital exclusion by ensuring individuals have access to data, technology and are able to develop skills to use digital services effectively.

Health or community support professionals should actively seek immediate feedback from service users in an effort to understand if their needs and rights have been met by their engagement.

Services should commit to continuous improvements by consistently and effectively seeking feedback from service users and ensuring clear and accessible complaints procedures.

Workforce development

Training resources should be developed to support services and policy-makers to take a human rights-based approach to developing and delivering services.

Discrimination and stigma must be tackled by considering the knowledge, understanding, training needs and experience of the workforce. Support must be provided for the workforce to build their knowledge and understanding. This should include understanding and addressing attitudes and values as appropriate, and reflecting on opportunities for continuous improvement.

Strategic and organisational leaders need to show commitment and leadership, to ensure trauma-informed services are developed and delivered.

Upholding human rights-based approaches in policy and practice

Duty bearers should ensure that all service users are supported to understand their rights, entitlements and responsibilities when accessing services. This support should be provided across all statutory services at the point of access and during ongoing care and support.

Leaders across the public sector must commit to organisational culture and policies that support the delivery of services that tackle stigma and uphold the right to health for everyone. Tools such as the Availability, Accessibility, Acceptability and Quality (AAAQ) framework and the Participation, Accountability, Non-Discrimination and Equality, Empowerment and Legality (PANEL) principles should be core to service design and delivery.

Public sector organisations must improve partnership working across sectors, including sharing resources, information and intelligence to uphold the rights of marginalised communities.

Consider opportunities to use participatory approaches which involve service users and partner organisations in decisions about the allocation of resources

Fairer Scotland Duty

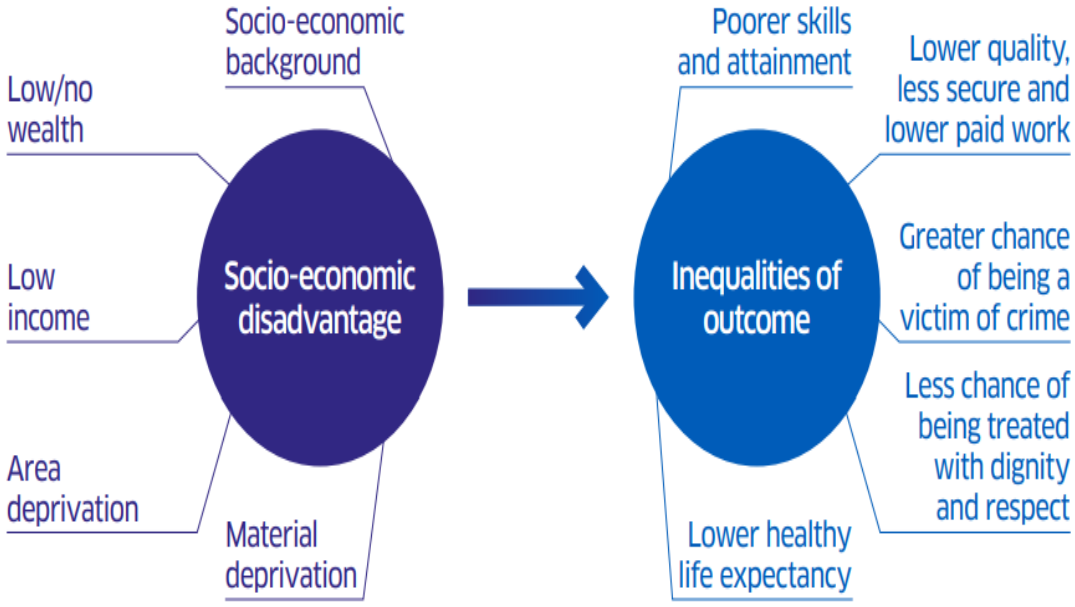
The Fairer Scotland Duty (the Duty) came into force on 1 April 2018 with updated Guidance for Public Bodies[61] published in October 2021. The Duty places a legal responsibility on named public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

The Duty seeks to tackle socio-economic disadvantage and reduce the inequalities that are associated with being disadvantaged. This is a complex, multidimensional problem, closely related to poverty. Having less access to resources can mean that individuals have poorer outcomes including health, housing, education or opportunities to work or train.

Adversity in childhood can have life-long impacts on health (e.g., heart disease, depression) and health-related behaviour (e.g., drug use)62. In Scotland in 2019, just over one in seven adults (15%) reported four or more Adverse Childhood Experiences8 (ACEs). Furthermore, growing up in poverty is associated with poorer educational attainment, employment prospects and health inequalities. Therefore, it is crucial that public bodies consider the impact that their decisions have on socio-economic disadvantage and the inequality of outcome that both adults and children may experience as a result.

Figure 38: Socio-economic disadvantage & inequalities of outcome

[8] The 10 Adverse Childhood Experiences (ACEs) in the original research study are: Abuse (emotional, physical, and sexual), neglect (physical or emotional) and household adversities (exposure to domestic violence, addiction, parental separation, mental illness or household member being in prison).Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study - PubMed (nih.gov)



Source: Fairer Scotland Duty Guidance for Public Bodies (2021)

People in Scotland still experience significant socio-economic disadvantage and resulting inequalities of outcome. Before the pandemic, one in five Scots were living in relative poverty after housing costs, including almost one in four children; and health inequalities and educational attainment gaps are still far too wide. Joseph Rowntree Foundation, 2021[63] . This unfairness is not inevitable and it is possible to reduce poverty and inequalities of outcome.

Scottish Index of Multiple Deprivation (SIMD)

The SIMD 2020 provides an analysis of deprivation based on the 6,976 small area data zones that make up Scotland.

SIMD:

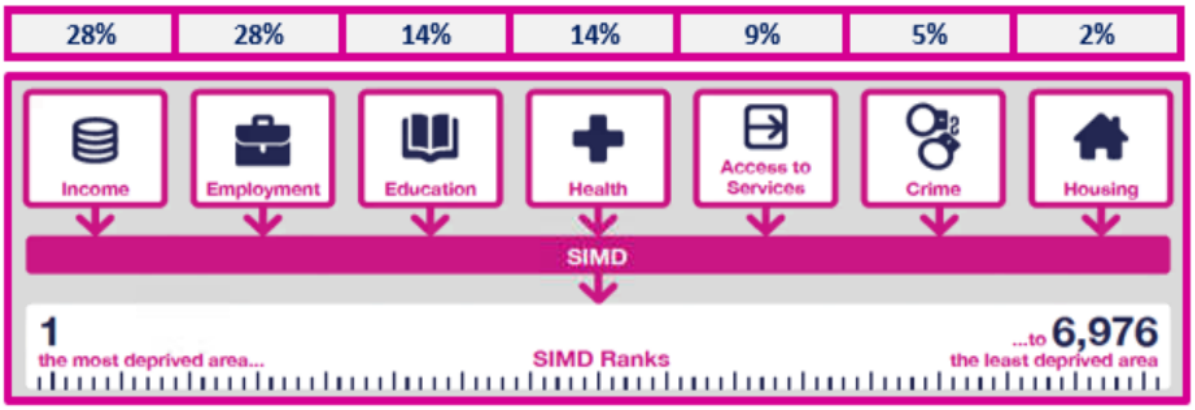
- shows where Scotland's most deprived areas are, so organisations know where their work can have the biggest impact.
- is a relative measure of deprivation across small areas in Scotland therefore changes in SIMD rank for one area may be due to other areas becoming more or less deprived rather than any change in that area itself.
- looks at multiple deprivation. 'Deprived' does not just mean 'poor' or 'low income'. It can also mean people have fewer resources and opportunities, for example in health and education.

SIMD can be used for comparing overall deprivation of small areas, the seven domains of deprivation, or the proportion of small areas in a council that are very deprived. The Index helps to identify areas where many people experience multiple deprivation and find areas that require greater need for support and intervention. This means communities can use SIMD to identify the things that matter to them.

SIMD uses the domains of Income, Employment, Health, Education, Access, Crime and Housing to rank deprivation. Each domain is given a weighting. The weighting is

determined by its contribution to deprivation in Scotland. Being a primary determinant of health, employment and income are given a much higher weighting on overall deprivation as illustrated below.

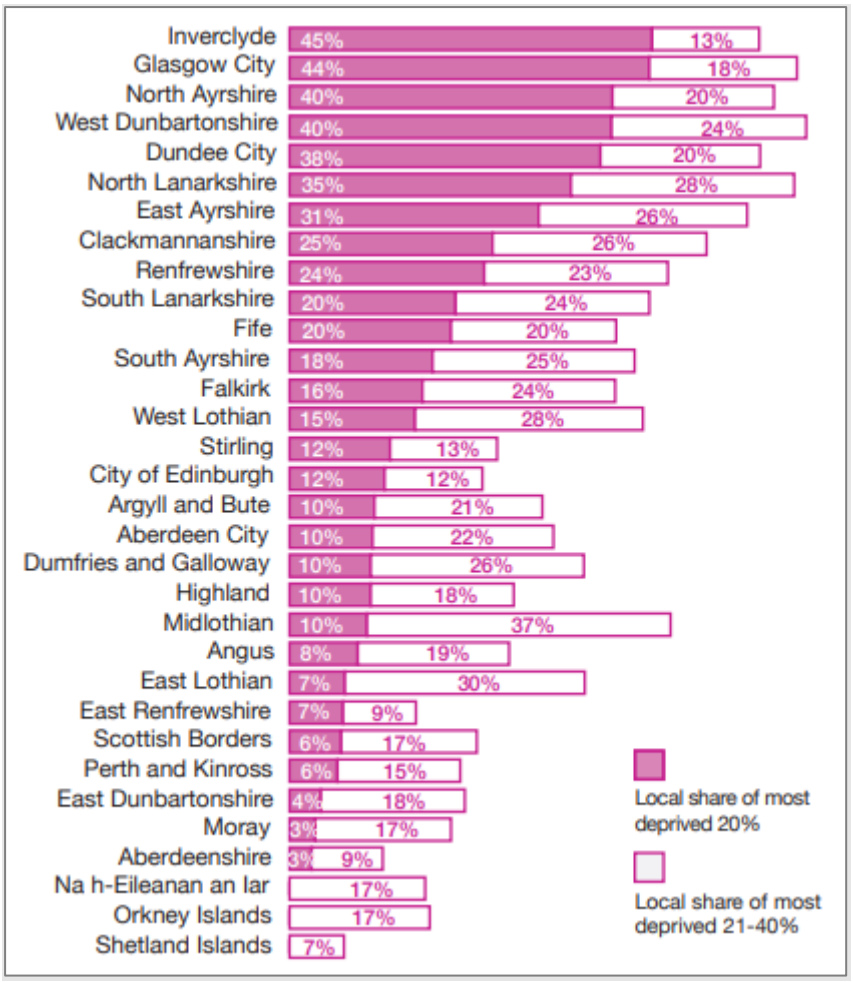
Figure 39: SIMD Domains & Weightings



Source: SIMD 2020

West Dunbartonshire has a total of 121 data zones. The chart below shows the proportion of data zones in each area which are within the most deprived 20%. This local share is calculated by dividing the number of deprived data zones in an area by all data zones in that area. West Dunbartonshire contains the third highest local share of the most deprived data zones overall of all Scottish Local authority areas.

Figure 40: Proportion of data zones among the most deprived 20%



Source: SIMD 2020

West Dunbartonshire has one of the highest local shares of data zones in the 20% most deprived (40%) and one of the lowest share of data zones in the 20% least deprived (5.8%).

Figure 41: Proportion of data zones in 20% most deprived and 20% least deprived areas

Source: SIMD 2020

The table below illustrates the distribution of the 79 data zones in the lowest 40% SIMD areas by multi-member ward area. Additionally, it shows that Clydebank contains a larger share in the lowest 5% SIMD.

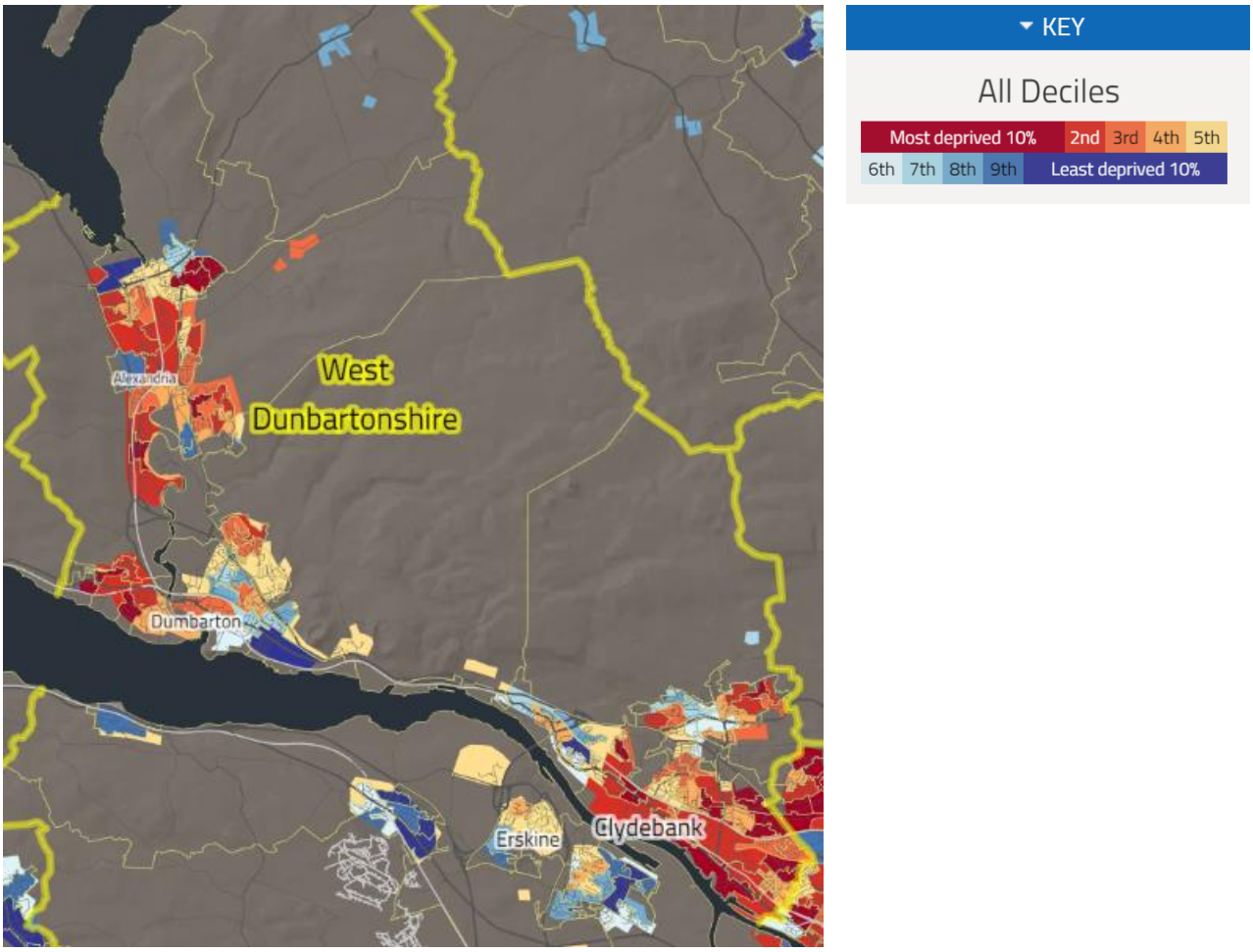
Table 5: Distribution of data zones by ward area

HSCP Locality	Ward Area	Total Number of Data Zones (A)	lowest 5%	lowest 20% (B)	Lowest 21-40% (C)	% of Datazones of ward in lowest 20% (B/A)	% of Datazones of ward in lowest 40% (B+C)/A
Clydebank	Clydebank Waterfront	21	2	11	4	11/21 **= 52.4%**	15/21 **=71.4%**
	Clydebank Central	19	4	9	8	9/19 **=47.4%**	17/19 **=89.4%**
	Kilpatrick	16	0	5	4	5/16 **=31.3%**	9/16 **=56.3%**
Alexandria/ Dumbarton	Lomond	16	1	7	2	7/16 **43.8%**	9/16 =**56.3%**
	Leven	26	0	10	9	10/26 **=38.5%**	19/26 =**73.1%**
	Dumbarton	23	2	6	4	6/23 =**26.1%**	10/23 =**43.5%**
Total		121	9	48	31		

Source: SIMD 2020 and WDC SIMD Summary Report

The map below shows the distribution of datazones across West Dunbartonshire

Figure 42: SIMD Map 2020



Source [Scottish Index of Multiple Deprivation (2021)]

West Dunbartonshire is:

- The third equal highest LA in Scotland with a local share of the data zones in the 20% most deprived data zones in Scotland.
- The fifth highest LA in Scotland with a local share of the data zones in the 20% most income deprived data zones in Scotland.
- The third highest in Scotland with a local share of the data zones in the 20% most employment deprived data zones in Scotland.

Employment

Income and employment are, along with education, key social determinants of population health and health inequalities.

The impact of the Covid-19 pandemic on the economy continues to pose a substantial indirect risk to population health and health inequalities in Scotland through its impact on income and employment. During 2020/21, there were large falls in the number of pay-rolled employees and workforce jobs[64] in Scotland[65], accompanied by rises in the number of people claiming unemployment benefits, linked to the pandemic.

Measures to increase the number of working-age adults employed in good work can contribute to reducing health inequalities, protect working-age adults against physical and mental health problems and reduce the risk of premature mortality.

However, some types of work[66], accompanied by features such as increased physical risk, 'job strain' (low control, high demand), job insecurity or in-work poverty, can be actively harmful to the physical and mental health of workers and their families.

Table 6: Employment and unemployment (Oct 2020-Sep 2021)

All People	West Dunbartonshire (Numbers)	West Dunbartonshire (%)	Scotland (%)
Economically Active numbers are for those aged 16 and over, % are for those aged 16-64	42,900	74.2	76.1
In Employment numbers are for those aged 16 and over, % are for those aged 16-64	40,600	70.0	72.9
Employees numbers are for those aged 16 and over, % are for those aged 16-64	37,500	64.7	65.0
Self Employed numbers are for those aged 16 and over, % are for those aged 16-64	3,200	5.3	7.7
Unemployed numbers and % are for those aged 16 and over. % is a proportion of economically active	2,000	4.7	4.2

Source Nomis

The table above shows that West Dunbartonshire has a slightly lower percentage of the population who are economically active (74.2%) compared to the Scottish average of (76.1%).

77.4% of males were economically active during this time period compared to 71.3% of females. The Scottish equivalent figures were 79.3% for males and 73.1% for females.

From the previous period July 2020 to June 2021 to the latest quarter October 2020 to September 2021 West Dunbartonshire Council (2022)[67]

- The percentage of people who are economically active has decreased from 75.3% to 74.2%
- The percentage of those in employment has decreased from 70.3% to 70%;
- The proportion of those who are employees decreased from 65.6% to 64.7%;
- Self-employment in West Dunbartonshire has increased from 4.7% to 5.3%;
- The percentage of those who are unemployed has decreased from 5.2% to 4.7%

Table 7: Employment Rates from October 2020 - September 2021) by sex and ethnic minority

Equalities Groups	WDC	Scotland	GB
Employment rate - aged 16-64	70.0	72.9	74.6
Employment rate males - aged 16-64	74.2	75.3	78.0
Employment rate females - aged 16-64	66.3	70.6	71.3
aged 16-64 employment rate - ethnic minority	54.1	59.9	66.8

The overall employment rate for those aged 16-64 has decreased 0.3 percentage points from 70.3% (July 2020 - June 2021) to 70% (October 2020) to September 2021;

Scotland and GB rates both increased by 0.7 and 0.2 percentage points respectively in the same period. Whilst the employment rate decreased for females in this age group, the employment rate for males increased. The employment rate for ethnic minority people aged 16-64 decreased from 60.9% (July 2020 - June 2021) to 54.1% (October 2020 to September 2021).

There is a mixed picture in terms of the employment rates for disabled people and those over 50.

Employment rate aged 16-64 - Economically active (EA) core disabled has increased from 36.4% (July 2020 - June 2021) to 39.2% (October 2020 to September 2021). *EA Core disabled includes those who have a long-term disability which substantially limits their day-to-day activities.*

Employment rate - aged 50+ fell from 37.3% (July 2020 - June 2021) to 36.4% (October 2020 to September 2021.

Job Seekers allowance and Universal Credit Claimants In West Dunbartonshire

Table 8: Jobseekers Allowance Claimants by Council Ward as at January 2022

Multi Member Wards – Jobseekers Allowance Claimants

Table 5 (below) illustrates the rate and number of Jobseekers Allowance (JSA) claimants in multi member wards across West Dunbartonshire in January 2022.

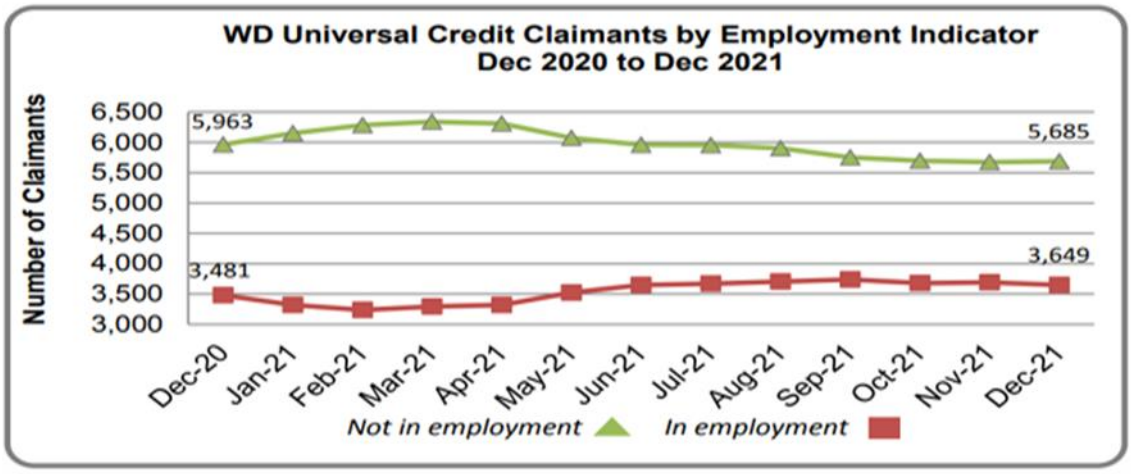
Ward	Male			Female			Total		
	Number	Rate (%)	Direction of Travel (number)	Number	Rate (%)	Direction of Travel (number)	Number	Rate (%)	Direction of Travel (number)
Clydebank Central	71	1.6	↓	22	0.5	↓	93	1.0	↓
Clydebank Waterfront	45	0.9	↑	23	0.4	↑	68	0.6	↑
Dumbarton	34	0.6	↓	20	0.3	↑	54	0.5	↓
Kilpatrick	20	0.5	↑	15	0.3	↓	35	0.4	↓
Leven	35	0.6	↑	18	0.3	↔	53	0.4	↑
Lomond	16	0.5	↔	10	0.3	↑	26	0.4	↑
Column Total	**221**	**0.8**	↓	**108**	**0.4**	↓	**329**	**0.6**	↓

Short term trends: ↑ Increasing, ↓ Decreasing, ↔ No change. I.e. Change in number of people unemployed

- Clydebank Central, Dumbarton and Kilpatrick wards show a decrease in overall number of Jobseekers claimants from December 2021 to January 2022.
- Clydebank Waterfront, Leven and Lomond wards show an overall increase in Jobseekers claimants from December 2021 to January 2022; With a rate of 1%, Clydebank Central continues to have the highest level and the highest number (93 in absolute terms) of people in receipt of Jobseekers Allowance.
- Further analysis shows that Clydebank Central has the highest proportion of the total number of people in receipt of Jobseekers Allowance in West Dunbartonshire at 28%.
- The gender ratio gap of Jobseekers Allowance claimants across West Dunbartonshire in December 2021 was 67% male and 33% female.

Source West Dunbartonshire Council (2022)

Figure 43: West Dunbartonshire Universal Credit Claimants by Employment Indicator December 2020 to December 2021



- The number of those claiming under the 'Not in Employment' indicator has increased from 5,674 in November 2021 to 5,685 in December 2021;
- The number of those claiming under the 'In Employment' indicator has decreased from 3,692 in November 2021 to 3,649 in December 2021.

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Employment by Occupation, Jobs Availability and Earnings

Table 9: Employment by occupation (October 2020-September 2021)

Employment by occupation (October 2020-September 2021) Using the 10 categories entitled Soc 2010 available at https://www.scotlandscensus.gov.uk/metadata/occupation/			
	West Dunbartonshire (Numbers)	West Dunbartonshire (%)	Scotland (%)
Major Group 1-3	14,700	36.3	48.0
1. Managers, Directors and Senior Officials	2,600	6.3	8.5
2. Professional Occupations	5,800	14.3	24.0
3. Associate Professional & Technical	6,300	15.6	15.3
Major Group 4-5	7,200	17.8	18.7
4. Administrative & Secretarial	4,000	9.8	9.6
5. Skilled Trades Occupations	3,200	8.0	9.0
Major Group 6-7	11,300	27.9	17.9

6. Caring, Leisure and Other Service Occupations	7,300	17.9	9.4
7. Sales And Customer Service Occupations	4,000	9.9	8.4
Major Group 8-9	7,300	18.0	15.5
8. Process Plant & Machine Operatives	3,100	7.7	5.2
9. Elementary Occupations	4,200	10.3	9.4

The local occupational mix has had fewer senior and professional jobs and more caring, leisure and elementary occupation with a recognition that the pandemic has highlighted and compounded existing inequalities e.g.the Office for National Statistics identifying that workers who earn more tend to work in jobs with more scope for home working[68] Which jobs can be done from home?

Public Health Scotland published a report in 2017 on [69] health outcomes and determinants by occupation and industry in Scotland that showed that:

- Professionals and managers are, in general, consistently advantaged, along with those in protective service occupations, such as police or prison officers (in the latter case, this is despite high levels of job strain). Those in transport, process, caring, customer service and elementary occupations appear consistently disadvantaged.
- Occupation was independently associated with self-reported general health for both sexes. For men, there was also an association between occupation and possible mental health problems, even after employment status and a range of other factors were taken into account.

Table 10: Employee jobs (2020)

	West Dunbartonshire (Employee Jobs)	West Dunbartonshire (%)	Scotland (%)
Total Employee Jobs	31,000		
Full-Time (approx.7100 public service and 13200 private sector)	20,000	64.5	66.8
Part-Time (approx.4100 public service and 7000 private sector)	11,000	35.5	33.2
Mining And Quarrying	10	0.0	1.2
Manufacturing	2,250	7.3	7.2
B. Electricity, Gas, Steam and Air Conditioning Supply	300	1.0	0.9

C. Water Supply; Sewerage, Waste Management and Remediation Activities	100	0.3	0.7
D. Construction	1,000	3.2	5.1
E. Wholesale And Retail Trade; Repair of Motor Vehicles and Motorcycles	4,500	14.5	13.9
F. Transportation And Storage	1,250	4.0	4.5
G. Accommodation And Food Service Activities	2,000	6.5	7.2
H. Information And Communication	450	1.5	3.7
I. Financial And Insurance Activities	2,000	6.5	3.3
J. Real Estate Activities	350	1.1	1.5
K. Professional, Scientific and Technical Activities	1,000	3.2	7.1
L. Administrative And Support Service Activities	2,000	6.5	8.0
M. Public Administration and Defence; Compulsory Social Security	3,500	11.3	6.5
N. Education	3,000	9.7	8.4
O. Human Health and Social Work Activities	7,000	22.6	16.6
P. Arts, Entertainment and Recreation	700	2.3	2.3
Q. Other Service Activities	450	1.5	1.7

Source NOMIS (2020) and Office for National Statistics 2020 (2021)

The table above shows the number of and types of jobs available in West Dunbartonshire.

West Dunbartonshire has a slightly larger percentage than Scotland of part time jobs compared to full time. In addition, the percentage of social work and public administration jobs are higher than in Scotland as a whole.

Table 11: Earnings by place of residence (2021)

	West Dunbartonshire (Pounds)	Scotland (Pounds)
Gross Weekly Pay		
Full-Time Workers	650.9	622.0
Male Full-Time Workers	732.9	650.4
Female Full-Time Workers	528.1	577.3
Hourly Pay - Excluding Overtime		
Full-Time Workers	16.27	15.93
Male Full-Time Workers	18.46	16.21
Female Full-Time Workers	14.41	15.62

Source: ONS annual survey of hours and earnings - resident analysis Notes: Median earnings in pounds for employees living in the area

The table above shows that West Dunbartonshire weekly pay for full time workers is higher that the Scotland median although the amount for females is lower than the Scottish median amount.

Job Density

The latest Job Density figures for 2020, released January 2022, are shown below. Job density is defined as the ratio between jobs available and the working age population. A job ratio of 1.0 means, in effect there would be, in these circumstances, one job for each person of working age.

The job density figure for West Dunbartonshire has fallen from 0.64 in 2019 to 0.61 in 2020 (61 jobs for every 100 people of working age);
Scotland has also fallen from 0.82 in 2019 to 0.8 in 2020 (80 jobs for every 100 people of working age);

Table 12: Job Density Figures for West Dunbartonshire, Glasgow and Scotland from 2016-2020

	WDC (Jobs)	WDC (Density)	Glasgow (Density)	Scotland (Density)
2020	34,000	0.61	1.02	0.8
2019	36,000	0.64	1.04	0.82
2018	35,000	0.62	1.03	0.82
2017	35,000	0.6	1.06	0.81
2016	32,000	0.55	1.05	0.8

Source West Dunbartonshire Council (2022)

Poverty

Context Poverty and Inflation

Whilst the long-term impact on poverty of Covid-19 is currently unclear, in March 2022 the inflation rate increased to 6.2% which is a thirty-year high. Office for National Statistics (ONS) (March 2022)

The latest Bank of England forecasts suggest that inflation will rise to 10% this year and they have raised interest rates for the 3rd time in four months.

Rising inflation and planned tax increases affects the living standards of the whole population with 2022-23 set to see the largest fall in living standards since Office for National Statistics records began in 1956-57.Office for Budget Responsibility (OBR) (March 2022)

The Resolution Foundation[70] forecasted that a typical household's income will fall by about £1,000 this year or £20 per week once the effect of inflation is accounted for which would be the biggest real-terms fall in incomes since the mid-1970s.

People on fixed and low incomes will be disproportionally affected by inflation.

This is for a number of reasons including:

- the current way [71] that the Office for National Statistics (ONS 2022) calculates inflation using a combination of more basic and luxury items e.g., in supermarkets basic items such rice reported to have almost doubled in price[72] with more luxury items having remained the same price which masks the true cost of inflation on households only buying the most essential items.
- the fact that UK welfare benefits are due to rise only by 3.1% although subject to parliamentary approval, some Scottish Social Security benefits from April 2022 will increase by 6%
- the poorest households, spend a much bigger fraction of their budgets on energy and fuel.

The New Economics Foundation (2022) [73]estimates that in the UK from April 2022 23.4 million people will have incomes below the Minimum income standard (MIS) [9], i.e., having to choose between everyday essentials. This equates to 34.2% of the UK population with the increased cost of living meaning that 48% of children will be living in households unable to provide them an adequate standard of living[10].

For Scotland estimates show that the percent of people living under Minimum income standard (MIS) (After Housing Costs) in April 2022 will increase to 31.1% from 26.2% compared to the average of 2017-2019.This equates to 1,700,000 people with £7,500 the average annual amount required to meet MIS.

In addition, a report commissioned by Save the Children and the Trussell Trust entitled Tackling Child Poverty and Destitution[74] that action was required or the looming cost-of-living increase risks people "**being swept into poverty or pulled deeper underwater"** and that long-term, preventative investment like the Scottish Child Payment as well emergency support will also need to be strengthened to protect people across Scotland from destitution in the months ahead.

The Trussell Trust [75]says new research has revealed the true and devastating consequences of the current cost of living crisis, with hundreds of thousands of families across the country struggling to get by.

One in six people who receive Universal Credit needed to visit a food bank at least once since the start of December, according to new research.

[9] Minimum Income Standard (MIS) is household budgets for different family types are calculated based on what the public thinks is needed for an acceptable standard of living. calculated by Loughborough University's Centre for Research in Social Policy

[10] The right to an adequate standard of living refers to one's entitlement to adequate amounts of food, clothing, and shelter. The fulfilment of this depends on several economic, social, and cultural rights which include the right to employment, the right to own a property, the right to proper education, and the right to have social security. One of the proposed policies that can help guarantee the "right to a basic and adequate standard of living" is by implementing a basic income guarantee which provides all citizens a basic level of free monetary support to supplement daily basic needs like food and shelter. Adequate Standard of Living: Understanding Your Rights (humanrightsnow.org)

Almost 2m people were currently going without food, while others were living in cold conditions as they couldn't afford to power and heat their homes.

A new online YouGov poll of people claiming Universal Credit shows two in five (40%) Brits receiving Universal Credit have been forced into debt this winter just to eat and pay bills.

Fuel Poverty

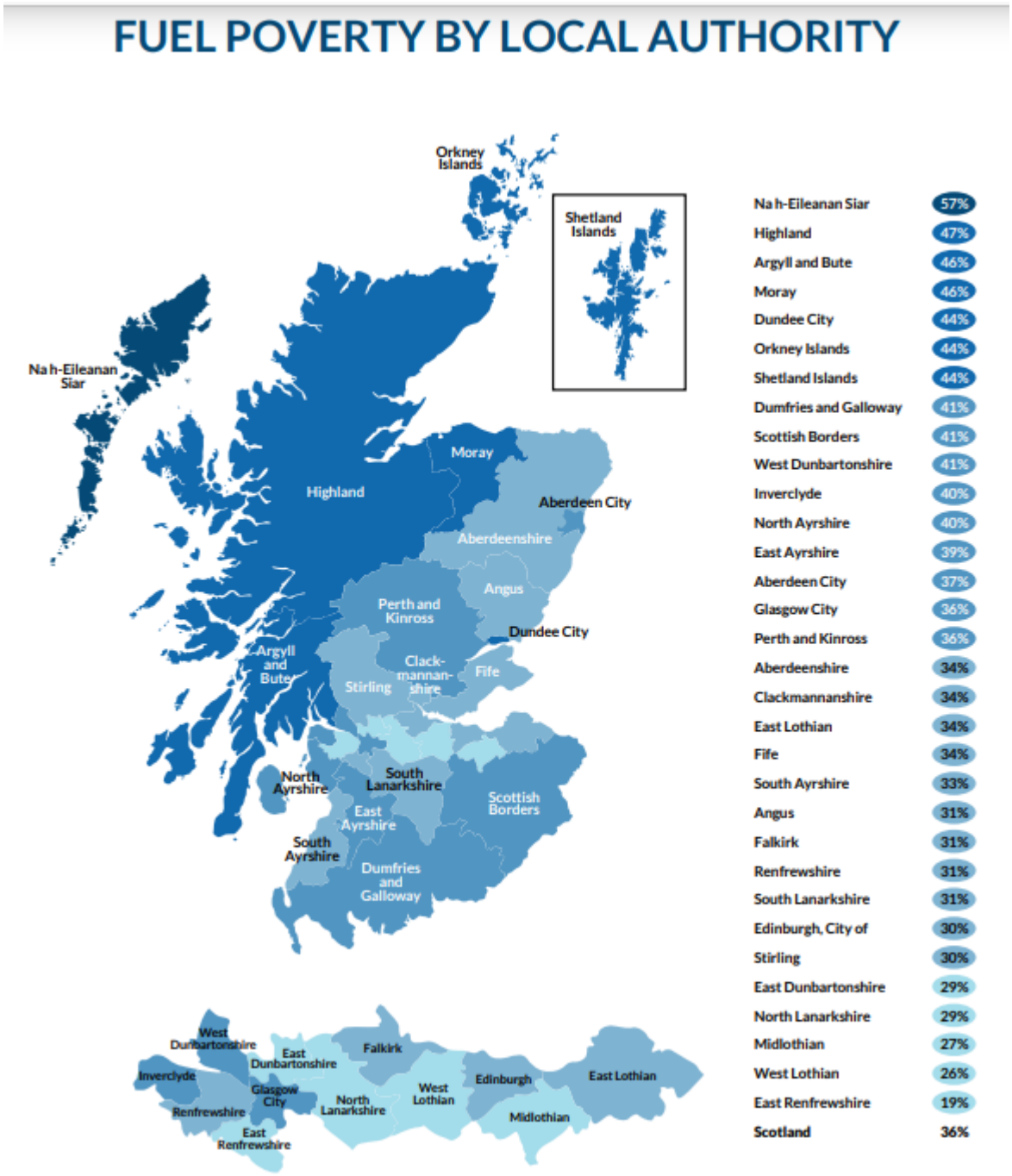
Fuel poverty is defined by the Scottish Government as any household spending more than 10% of their income on energy - after housing costs have been deducted.

The indication from the 2019 Scottish House Condition Survey[76] is that 29% of West Dunbartonshire residents are in fuel poverty compared to the Scottish average of 24%.

To compound this, in April 2022, the energy price cap will rise by 54%. The cap sets a limit on the maximum amount suppliers can charge for each unit of gas and electricity used, and sets a maximum daily standing charge. There is likely to be another energy increase in October 2022.

Modelling done by fuel poverty campaigners Energy Action Scotland estimate that 41% of West Dunbartonshire households will be in fuel poverty with the price increases in April.

Figure 44: Estimated fuel poverty by local authority area after April 2022 price rises.



Source: [Energy Action Scotland (2022)]

Analysis by [JRF] finds that, in England, once the new April 2022 energy price cap kicks in:

Families on low incomes will spend on average 16% of their incomes after housing costs on energy bills. This compares to 5% for middle-income families.

Single adult households on low incomes will spend 43% on average of their income after housing costs on energy bills.

Lone parent families on low incomes will spend 22% on average of their income after housing costs on energy bills.

Some families on low incomes will face annual bills as high as £2,326 from April 2022.

For low-income families with children the measure announced in February 2022 by the UK Government will mitigate just 36% of the increase in their bills on average. This compares to 59% for low-income single-adult households.

Poverty in Scotland – All individuals

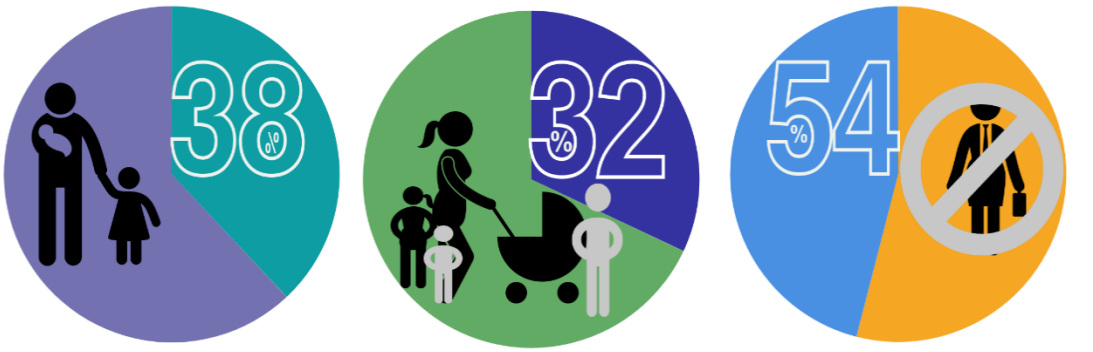
Definition

The UK Child Poverty Action Group describes poverty as:

'Individuals, families and groups in the population can be said to be in poverty when they lack resources to obtain the type of diet, participate in the activities and have the living conditions and amenities which are customary, or at least widely encouraged and approved, in the societies in which they belong.'

Before the Coronavirus pandemic, 1 in 5 people in Scotland were living in poverty. Joseph Rowntree Foundation, 2021[77]. This figure has been rising since 2011–14.

Figure 45: Poverty Rates 2017-2020



Source Joseph Rowntree Foundation , 2020

Source: Joseph Rowntree Foundation (JRF) (2021)

Poverty rates between 2017 and 2020 outlines that single adults (of all ages) and particularly single parent families (at 38%) experience higher levels of poverty than all people. Families with children also live in poverty, in particular almost one in three people in large families (families with three or more children, 32%).

The poverty rate for people in minority ethnic families is more than double that of people in white families. More than two in five people from a minority ethnic background are living in poverty, compared with less than one in five white people.

Fifty-four percent of people who are in families where no one is working are in poverty and full-time work plays an important role in reducing the risk of poverty in Scotland. Poverty rates for people in families that just have part-time work are triple (at 30%) those of people in families where at least one person is in full-time work (at 10%).

The Health Foundation, 2018 [78] highlights the impact that living in poverty has on a person's health. Poverty damages health and poor health increase the risk of poverty. An inadequate income can cause poor health because it is more difficult to:

- Avoid stress and feel in control.
- Access experiences and material resources.
- Adopt and maintain healthy behaviours.
- Feel supported by a financial safety net.

The rest of this section presents national data on poverty that has been taken from the Scottish Government Annual update on Poverty and Income Inequality for Scotland 2017-2079. The data presents three-year averaged estimates of the percentage of people, children, working age adults and pensioners living in low-income households in Scotland.

* *The data included in this report is from the period between April 2017 and March 2020. This was before the first UK-wide lockdown due to the coronavirus (Covid-19) pandemic. Therefore, the statistics that follow do not yet tell us anything about the impact of the pandemic on poverty and income inequality.*

Unless otherwise stated, the following statistics are based on net income and adjusted for household size. Net income is income from earnings, social security payments and other sources, minus taxes. All incomes are in 2019/20 prices (real prices). Estimates in this publication are rounded to the nearest £1 for weekly incomes, £100 for annual incomes, 1% for proportions and ratios, and 10,000 for populations. Poverty is defined at the household level. If the household income is below the poverty threshold, all people within the household are in poverty.

More national poverty data, broken down by protected characteristic[11] including religion, marital status and sex, is available at Scottish Government Annual update on Poverty and Income Inequality for Scotland 2017-20

Relative Poverty

The most commonly used poverty indicator in Scotland is relative poverty after housing costs.

Relative poverty can be defined as –

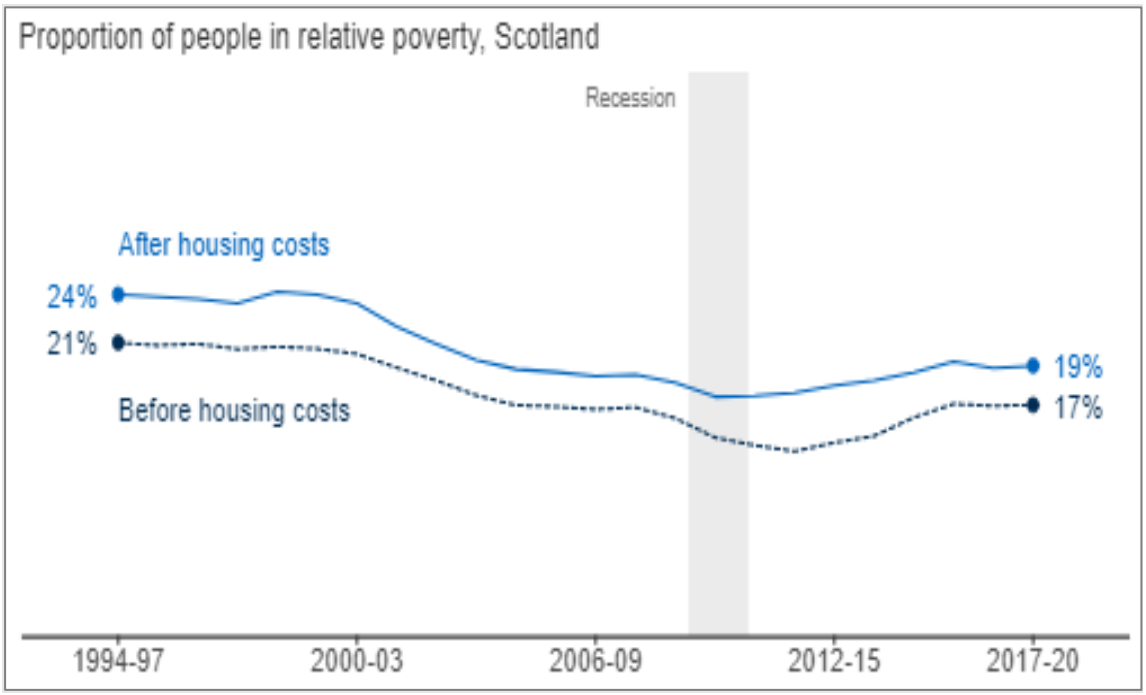
Individuals living in households whose equivalised[12][13] in the same year. This is a measure of whether those in the lowest income households are keeping pace with the growth of incomes in the economy as a whole.

In Scotland, the proportion of people in relative poverty after housing costs had been falling slightly between the late nineties and the lowest point in this time series in 2009-12.

[11] The Equality Act 2010, has nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.
[12] Equivalisation is the process by which household income is adjusted to take into account variations in the size and composition of the households in which individuals live e.g., three adults will need a higher income than a single person living alone. The process of adjusting income in this way is known as equivalisation to make sensible income comparisons between households. Annex B: Definitions - Poverty and Income Inequality in Scotland 2016-19
[13] Median income is the amount that divides the income distribution into two equal groups, half having income above that amount, and half having income below that amount. Mean income (average) is the amount obtained by dividing the total combined income of a group by the number of units in that group.

After that, it started to rise again, up until now, where the increase appears to have levelled off. Before housing costs, poverty looks similar, with the all-time low in 2011-14.

Figure 46: Proportion of people in relative poverty, Scotland



Source Family Resources Survey, 2020

It is estimated that 19% of Scotland's population (1.03 million people each year) were living in relative poverty after housing costs in 2017-20. Before housing costs, 17% of the population (910,000 people) were living in poverty.

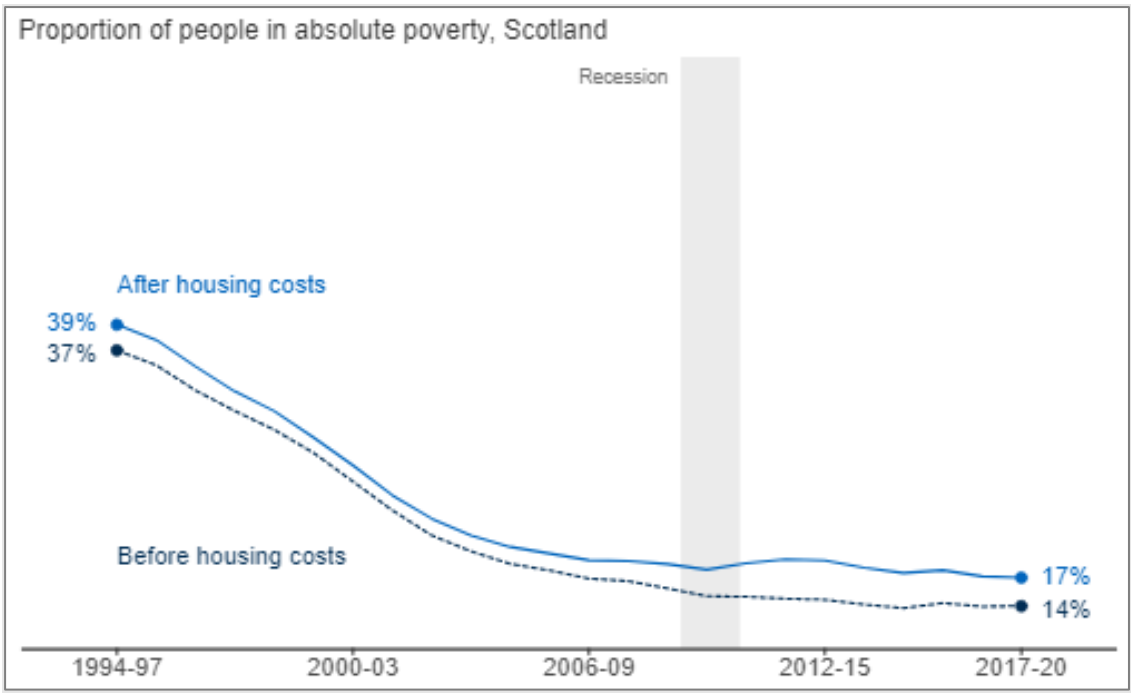
Absolute Poverty

Absolute poverty can be defined as:

Individuals living in households whose equalised income is below 60 percent of inflation-adjusted median income in 2010/11. This is a measure of whether those in the lowest income households are seeing their incomes rise in real terms.

It is estimated that 17% of the Scottish population (900,000 people each year) were living in absolute poverty after housing costs in 2017-20. After a long decline since the beginning of the mid-nineties, absolute poverty rates have stagnated in the last decade.

Figure 47: Proportion of people in absolute poverty, Scotland



Source: Family Resources Survey, 2020

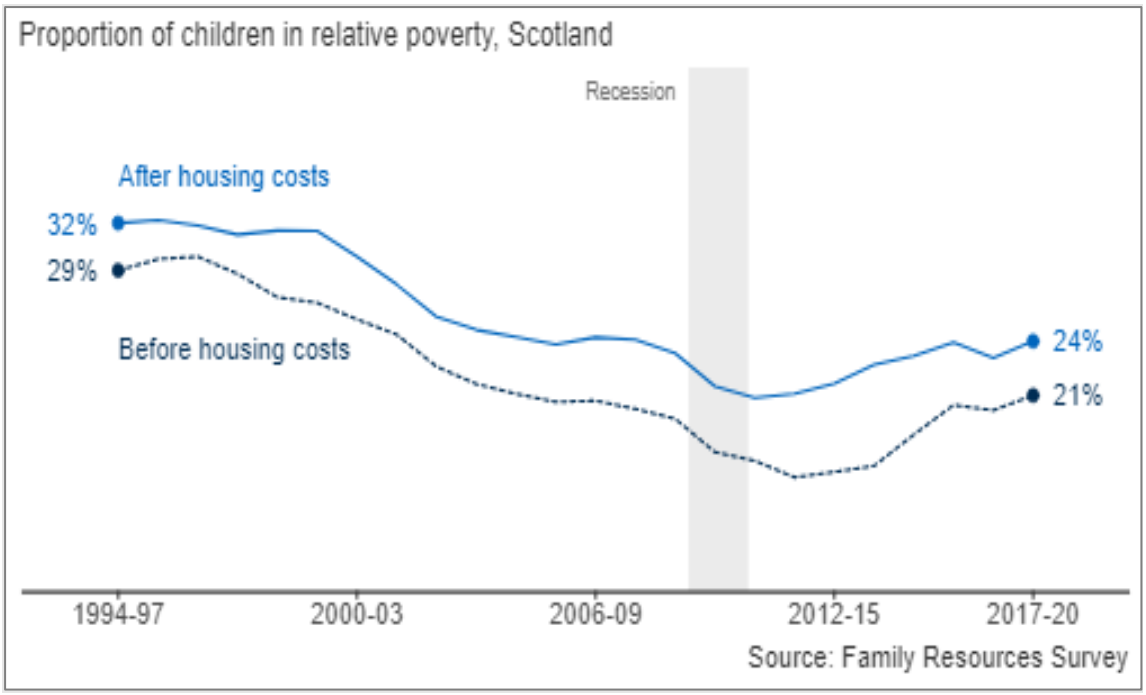
Before housing costs, 14% of the population (770,000 people each year) were in absolute poverty. The trend is similar to the after-housing costs measure, although the downward trend started to level off a few years later.

Child Poverty

As outlined previously, the focus of the information provided in this needs assessment is for adults and older people. However, it is useful to provide information on child poverty rates in parallel to this as they are directly influenced by adult poverty rates. The following data shows three-year averaged estimates, which are better for seeing trends.

Child poverty rates in Scotland are rising. It is estimated that 24% of children (240,000 children each year) were living in relative poverty after housing costs in 2017-20. Before housing costs, it is estimated that 21% of children (210,000 children each year) were in relative poverty. In West Dunbartonshire, the most recent estimates suggest that 26.8% of children are living in poverty End Child Poverty 2019/20 (2021)[80] and more information on the joint council and health board local annual child poverty action report and approach to addressing child poverty is available here. .

Figure 48: Proportion of children in relative poverty, Scotland



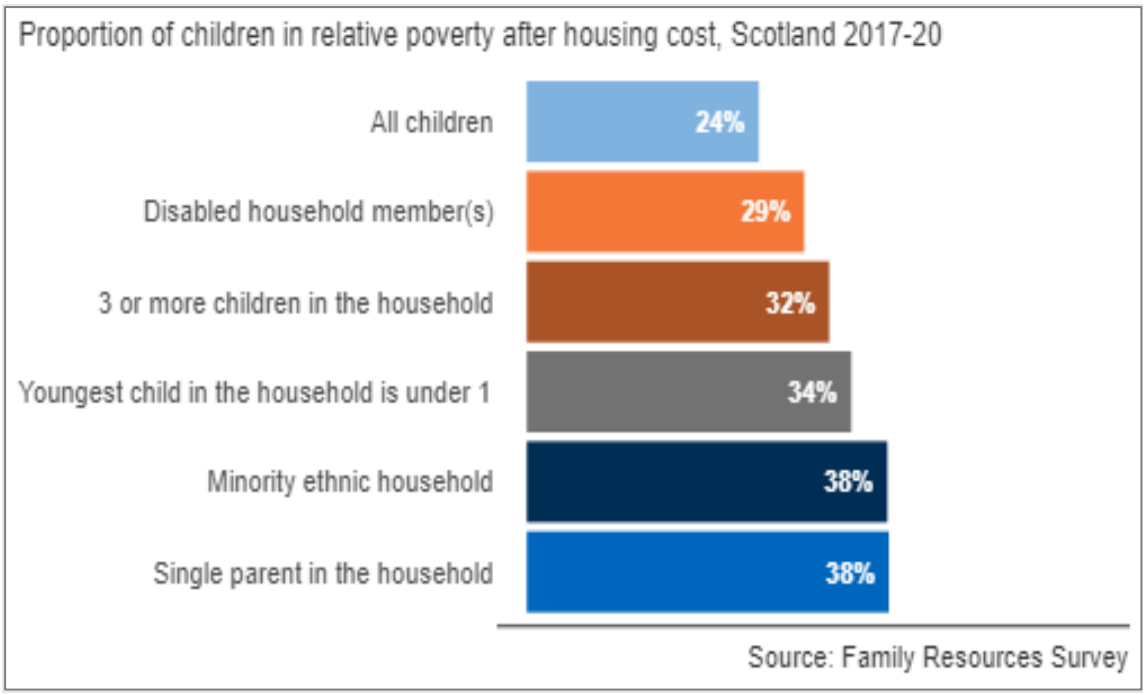
Source: Family Resources Survey, 2020

Priority Groups

Some types of households with children are known to be at a particularly high risk of poverty. These include households with single parents, three or more children, disabled household members, of a minority ethnic background, with a child aged under one, or a mother aged under 25. These groups do not cover everyone at higher risk of poverty but, taken together, they cover the majority of households with children that are in poverty.

Children in the priority groups were more likely to be in relative poverty compared to all children. This was particularly true for those in ethnic minority households, and those with a single parent in the household.

Figure 49: Proportion of children in relative poverty after housing cost, Scotland 2017-20

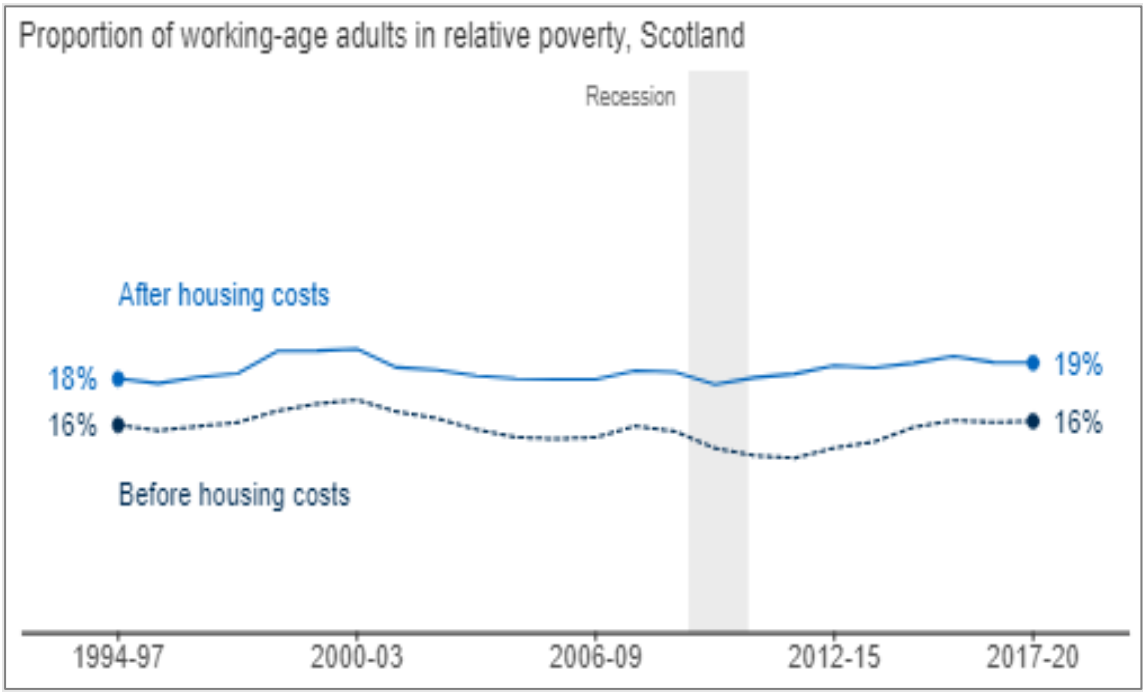


Source: Family Resources Survey, 2020

Working Age Adults in Scotland

Relative poverty for working-age adults has been broadly stable since the nineties, when reporting began. The relative poverty rate in 2017-20 was estimated to be 19% after housing costs, and 16% before housing costs.

Figure 50: Relative poverty rate of working age adults, Scotland

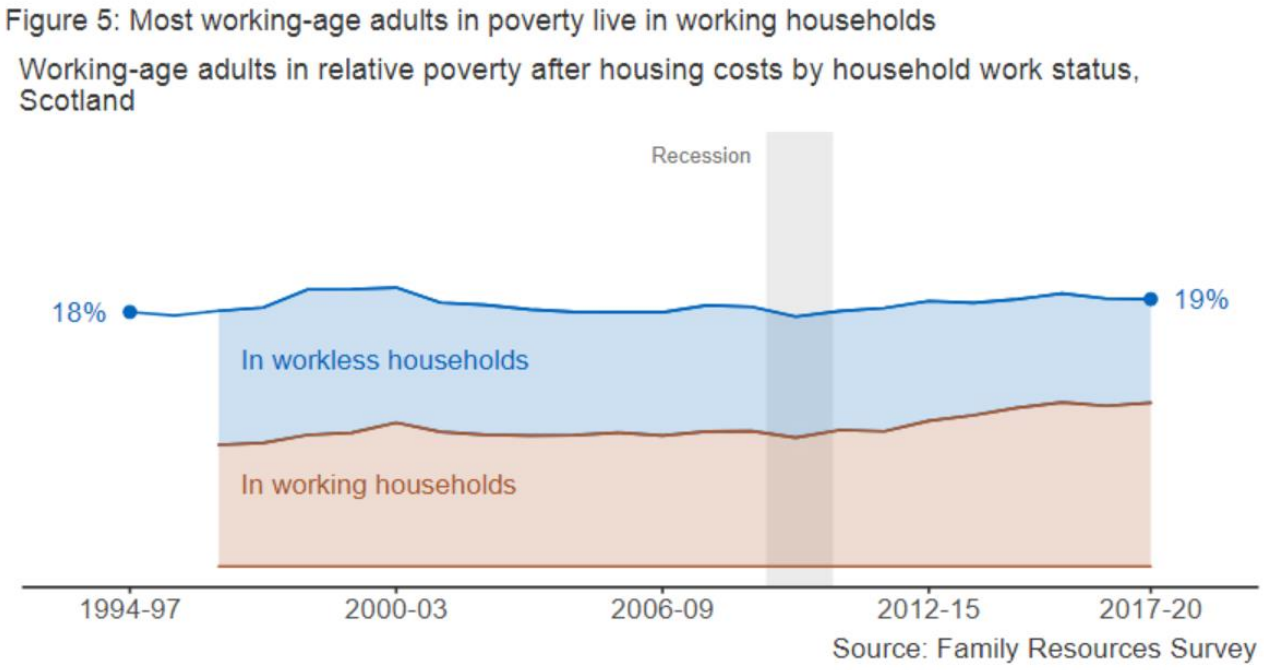


Source: Family Resources Survey, 2020

In 2017-20, there were 650,000 working-age adults in poverty after housing costs, and 530,000 before housing costs.

Most working-age adults and children living in poverty in Scotland live in a household where someone is in paid employment. In 2017-20, more than 6 out of 10 working-age adults (and two-thirds of children) in relative poverty had a working adult in the household

Figure 51: Working Age Adults in relative poverty after housing costs by household work status, Scotland



Source [Scottish Government (2021)]

Older People in Scotland

The relative poverty rate after housing costs for people of pensionable age was 14% in 2017-20, or 150,000 people each year. The poverty rate has been consistently below that for working-age adults (19%) and children (24%).

Figure 52: proportion of people of pensionable age in relative poverty

Source: Family Resources Survey, 2020

Poverty & Age

Poverty is measured at a household level. Everyone in the same household is considered either in poverty or not in poverty. This makes it difficult to measure the poverty rate by age or gender of an individual person if they share the households with others.

The age analysis includes adults in both, single and multi-person households. The trend below shows that youngest adults have the highest poverty rates and this is also the case for single-adult households as well.

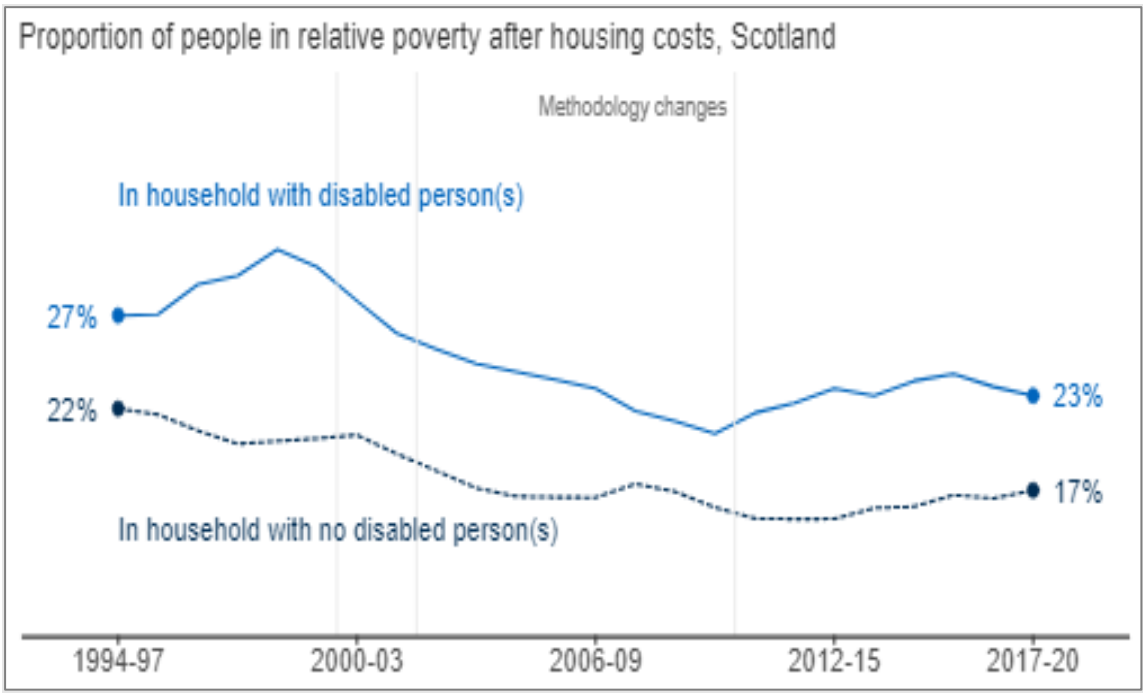
Figure 53: Proportion of adults by age in relative poverty after housing costs, Scotland

Source: Family Resources Survey, 2020

Poverty and Disability

Poverty rates remain higher for households in which somebody is disabled compared to those where no-one is disabled.

Figure 54: Relative Poverty rate with household member is disabled



Source: Family Resources Survey, 2020

The way in which information on disabled people is collected changed several times during this time series. This causes breaks in the time series.

Since 2012/13, disabled people are identified as those who report any physical or mental health condition(s) or illnesses that last or are expected to last 12 months or more, and which limit their ability to carry out day-to-day activities. Due to these changes, care needs to be taken when considering long-term trends.

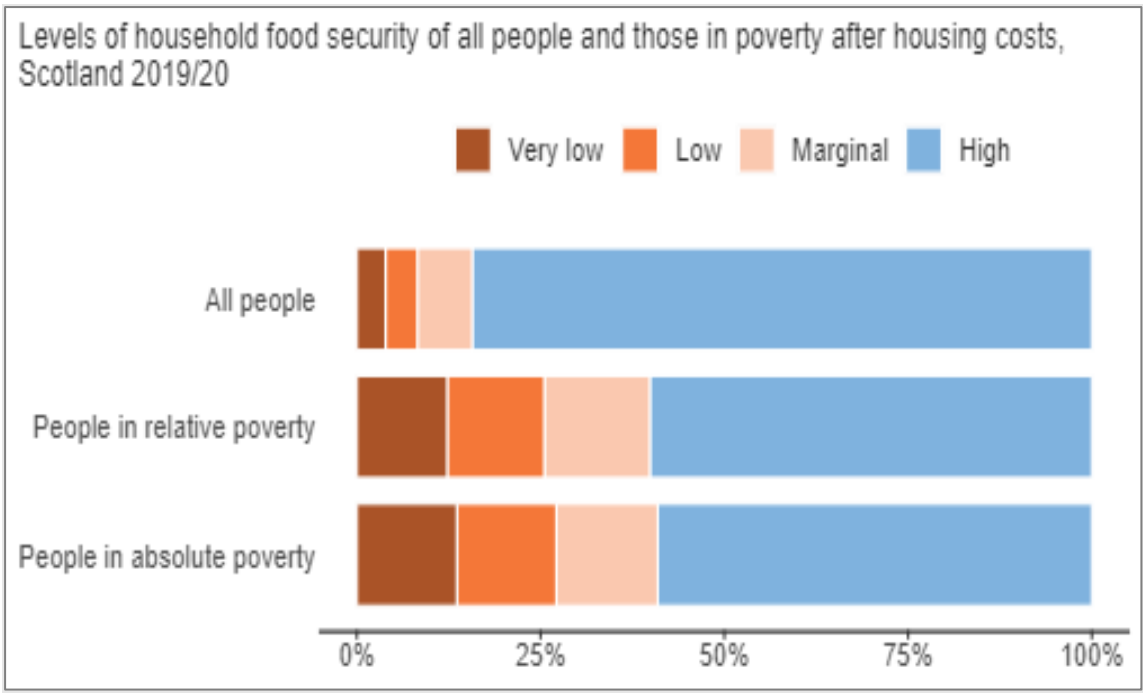
In 2017-20, the poverty rate after housing costs for people in households with a disabled person was 23% (500,000 people each year). This compares with 17% (540,000 people) in a household without disabled household members.

Household Food Security

People in poverty often live in households that lack food security**.**

Household food security questions were newly added to the Family Resources Survey in 2019/20. They ask about whether people were worried about running out of food, had to reduce meal sizes or skip meals.

Figure 55: Levels of household food security of all people and those in poverty after housing costs, Scotland 2019/20



Source: Family Resources Survey, 2020

In 2019/20, 84% of the population lived in households with high food security. This means that 16% of people lived in households with marginal, low or very low food security.

People in poverty were less likely to experience high food security: just 60% of those in relative poverty, and 59% of those in absolute poverty lived in high food security households.

Material Deprivation

Pensioner material deprivation considers low income as well as other barriers to accessing goods and services, such as poor health, disability and social isolation.

In 2017-20, 5% of pensioners (50,000 pensioners each year) were in material deprivation down from 8% in 2009.

Persistent Poverty

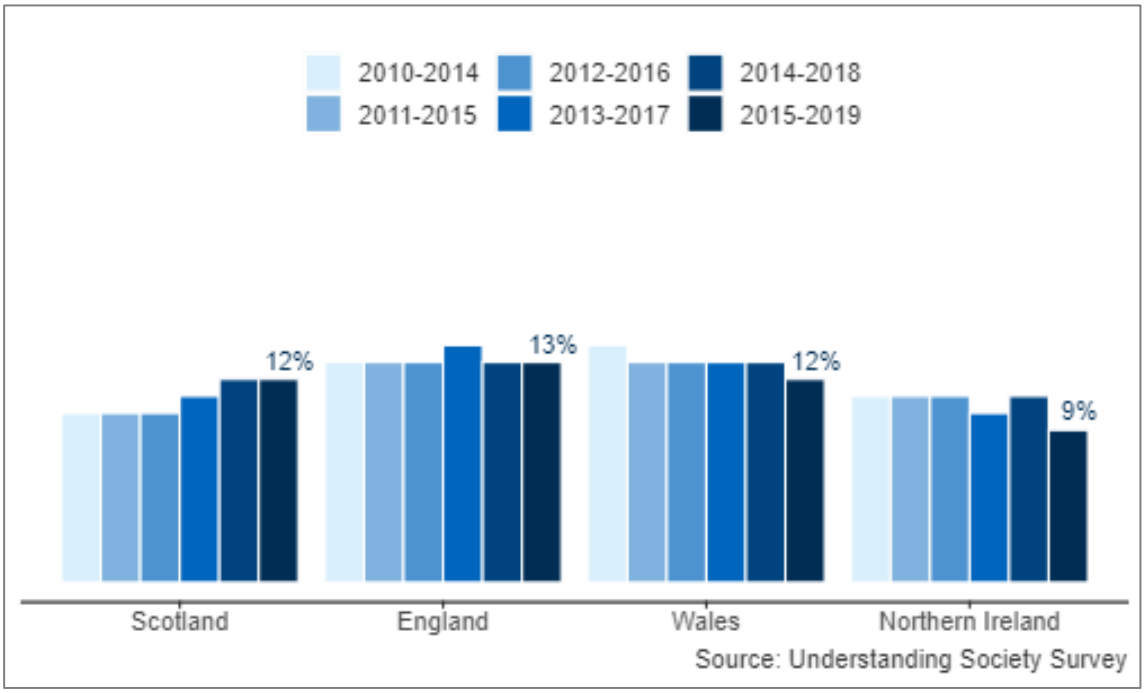
All Individuals

Persistent poverty identifies individuals who have lived in relative poverty for three or more of the last four years.

It therefore identifies people who have been living in poverty for a significant period of time, which is more damaging than brief periods spent with a low income. The impacts can affect an individual throughout their lifetime.

Figure 56: Proportion of people in persistent poverty after housing costs by UK country

Source: Understanding society survey, 2020



Between 2015 and 2019, 12% of people in Scotland were in persistent poverty after housing costs, the same as in the previous period (2014-2018).

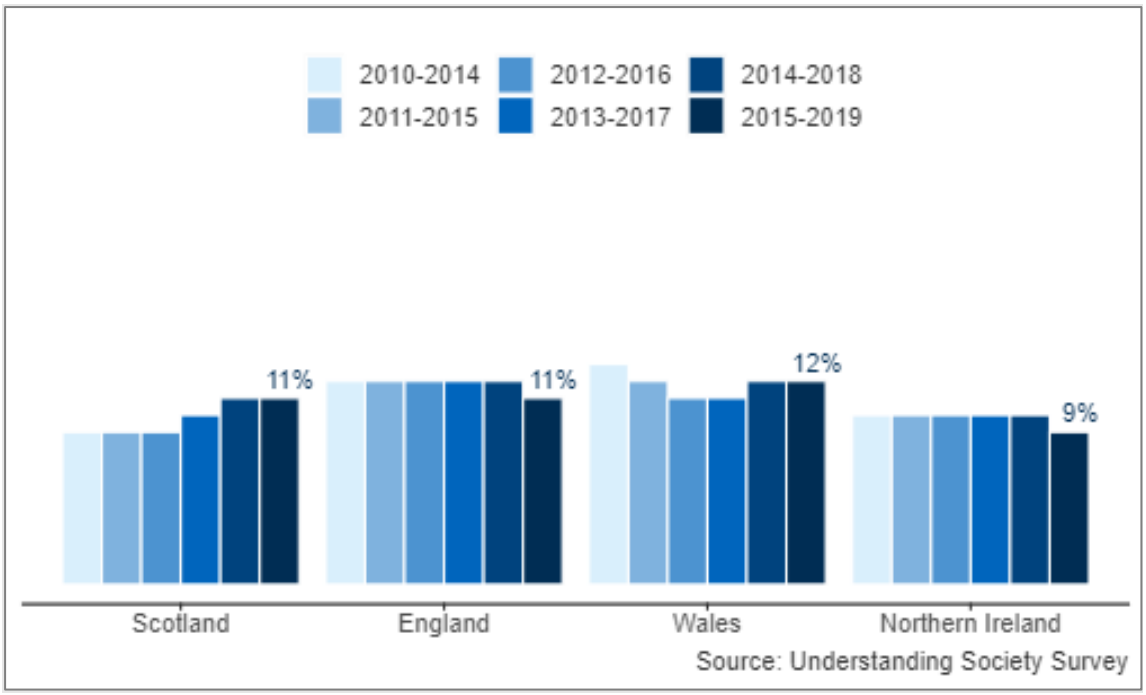
Scotland had levels of persistent poverty after housing costs that were similar to Wales (both 12%) and England (13%), and slightly higher than Northern Ireland (9%).

Working Age Adults

Between 2015 and 2019, 11% of working-age adults in Scotland were in persistent poverty after housing costs, unchanged from the previous period.

Persistent poverty rates for working-age adults were similar (between 9% and 12%) in all countries.

Figure 57: Proportion of working-age adults in persistent poverty after housing costs by UK country

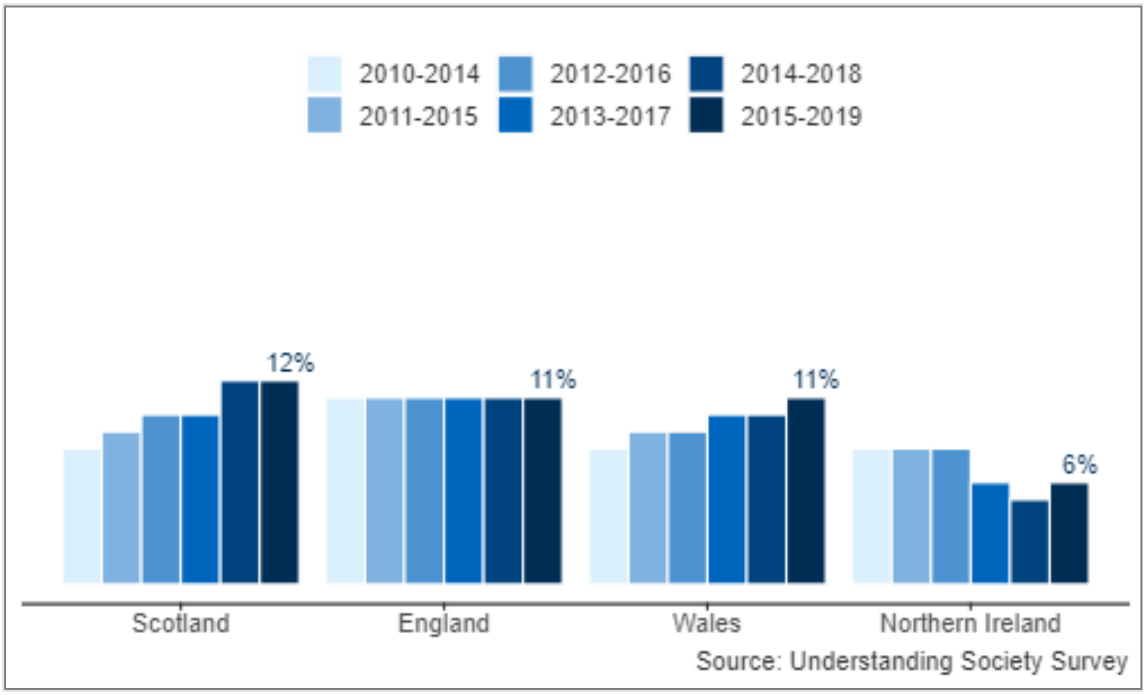


Source: Understanding Society Survey, 2020

Pensioners

Between 2015 and 2019, 12% of pensioners in Scotland were in persistent poverty after housing costs, unchanged from the previous period.

Figure 58: Proportion of pensioners in persistent poverty after housing costs by UK country



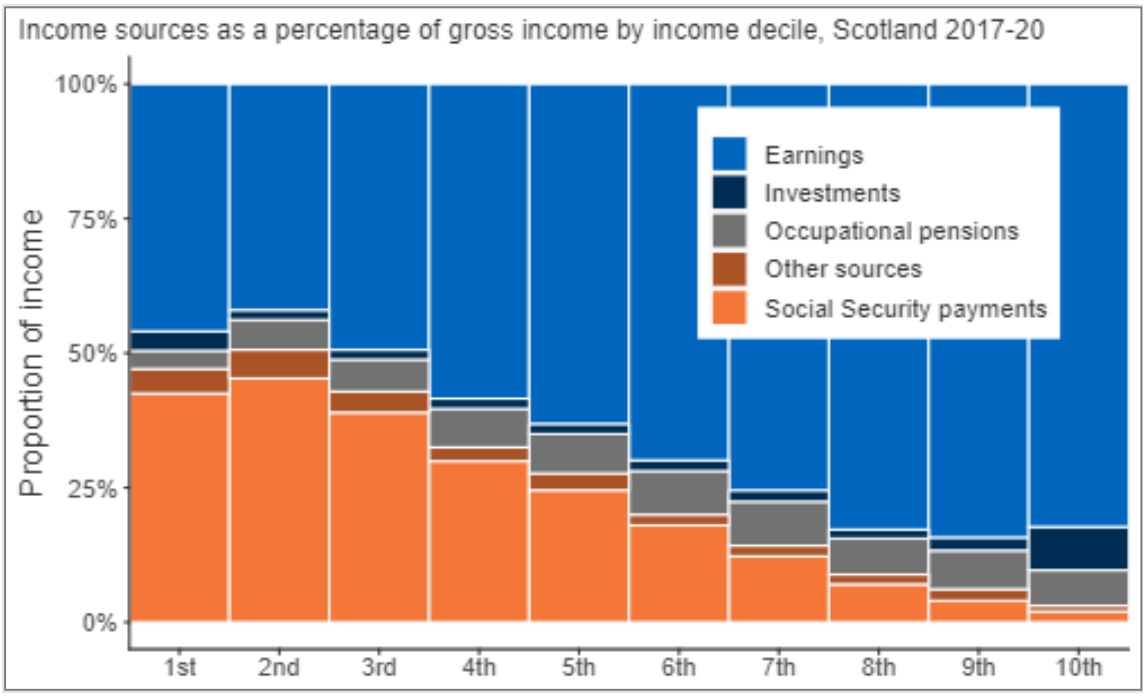
Source: Understanding Society Survey, 2020

Between 2015 and 2019, persistent pensioner poverty levels after housing costs in Scotland (12%) were similar compared to England and Wales (both 11%) and higher than in Northern Ireland (6%).

Income Sources

Higher income households receive a large proportion of their income from earnings, and lower income households receive more of their income from social security payments. Social security payments include the state pension.

Figure 59: Income sources by income decile, Scotland



Source: Family Resources Survey, 2020

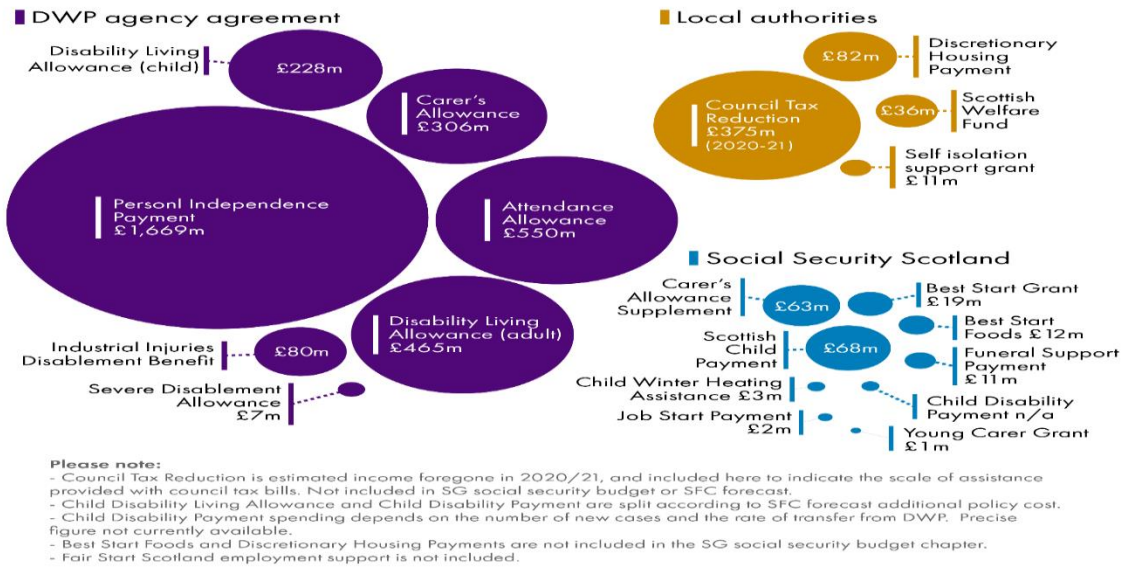
Earnings account for less than half of gross income (before tax and deductions) for those in the first three deciles compared to over 80% for those in the top three deciles.

Welfare Benefit System

Currently benefits and financial assistance are provided by a combination of local authorities, Department of Work and Pension (DWP) and Social Security Scotland. The Scotland Act (2016) gave the Scottish Parliament new powers relating to social security, including responsibility for approximately 15% of benefits. Social Security Scotland was created to administer these newly devolved disability and carer benefits alongside new low-income benefits. It currently administers 11 or 13 grants or benefits depending on whether the three components of the Best Start Grant are counted individually.

The national split between agency is illustrated below with the larger the circle the larger the amount of benefit claimed.

Figure 60: Infographic of Benefit System



Source Audit Scotland (2020)

Social Security Scotland Benefits

Figures show that a total of **£3,473,872** has been claimed by West Dunbartonshire residents from Social Security Scotland including over £1,000,000 in the Scottish child payment.

Table 13: Social Security Scotland Benefits Available in West Dunbartonshire and Amount Generated Since 2018

Social Security Scotland Benefit https://www.mygov.scot/browse/benefits	**Available From**	**Number of West Dunbartonshire Applications Approved**	**Cumulative Amount Generated for West Dunbartonshire Residents**
Carer's Allowance Supplement an extra payment for people in Scotland who get Carer's Allowance on a particular date.14 . Usually twice a year in June and December Payment Is £237.90 for 2022	2018	1770 as of October 2021	N/A Scottish Government 2022
Best Start Grant Pregnancy & Baby Payment one off payment of £303 from 24 weeks in pregnancy until a baby turns 6 months for families who get certain benefits.	10/12/2018	2410 * All applications some may not have been approved	£527,319 to 30/11/2021 Scottish Government (2022)

[14] Scottish Parliament Briefing on Carers Benefits https://digitalpublications.parliament.scot/ResearchBriefings/Report/2021/8/6/5e190ac3-7e5b-497a-acc9-e4d8741cc480

		500 from 01/04/2021-30/11/2021	
Best Start Grant Early Learning Payment one off payment of £252.50 when a child is between two and three years and six months for families who get certain benefits.	29/04/2019	2410 * All applications some may not have been approved 380 from 01/04/2021-30/11/2021	£383,230 to 30/11/2021 Scottish Government (2022)
Best Start Grant School Age Payment one off payment of £252.50 when a child would normally start P1 for families who get certain benefits.	03/06/2019	1930 * All applications some may not have been approved 485 from 01/04/2021-30/11/2021	£346,940 to 30/11//2021 Scottish Government (2022)
Best Start Foods pre-paid card from pregnancy up to when a child turns three for families on certain benefits to help buy healthy food. During Pregnancy £4.50 a week Once child is born, £9.00 a week until they reach the age of one. After this £4.50 a week until child is three.	12/08/2019	3890 915 from 01/04/2021-30/11/2021	£541,781 to 30/11/2021 Scottish Government (2022)
Funeral Support Payment Help with funeral costs for those on low-income benefits.	16/09/2019	355 120 from 01/04/2021-31/12/2021	£565,528, to 31/12/2021 £216,501 from 01/04/2021-31/12/2021 Scottish Government (2022)
Young Carer Grant annual payment of £308.15 for people 16, 17 or 18 who care for people who get a disability benefit from the DWP for an average of 16 hours a week or more.	21/10/2019	80 25 from 01/04/2021-31/10/2021	£23,754 to 31/10/2021 £7075 from 01/04/2021-31/10/2021 Scottish Government (2021)
Job Start Payment £252.50 for 16 to 24 year old's who have been on certain benefits for 6 months or more to help with costs of starting a job.	August 2020	80	£23,397 to 31/12/2021

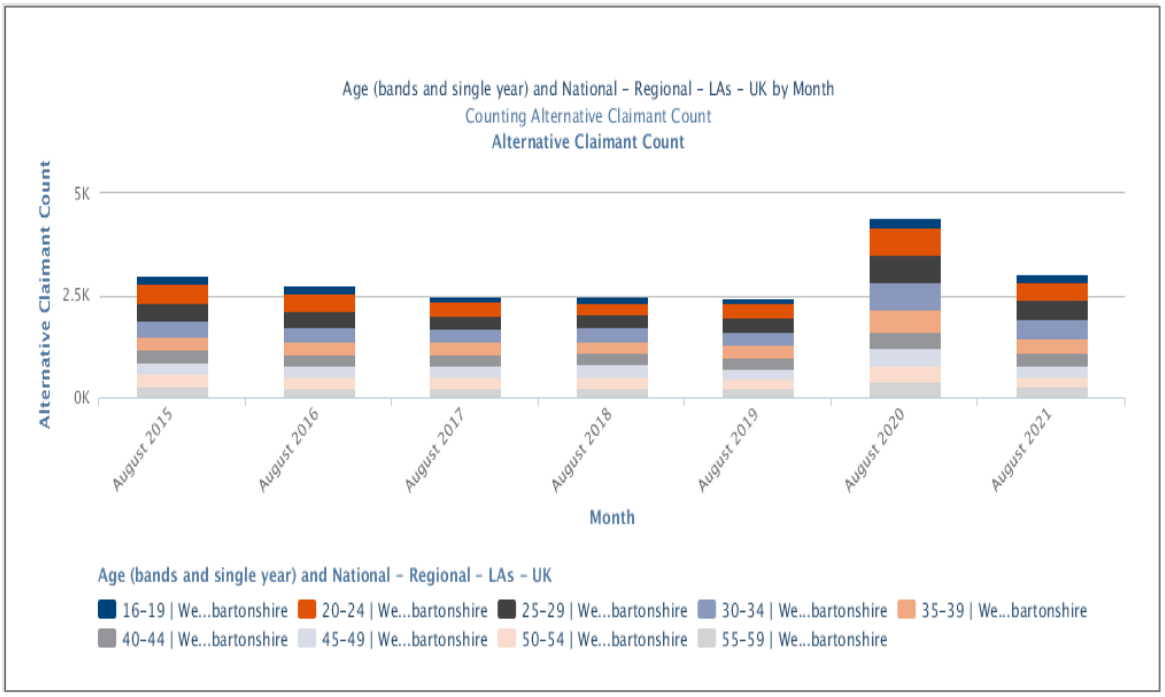
			Scottish Government (2022)
Scottish Child Payment (For families with children under 6 years old) Qualifying parents and carers to £40 every four weeks to help towards the costs of looking after each child under six. This is planned to be doubled to £20 a week in April 2022. This is to be rolled out to children under 16 by end of 2022 and increased to £25 per week	15/02/2021	2795 20685 payments	£1,026,320 to 31/12/2021 Scottish Government (2022)
Child Winter Heating Assistance a new £202 payment to help families of a child on the highest rate care component of Disability Living Allowance for Children to heat their home.	November 2020	295 between November 2020 and 17/03/ 2021	£59,000 Scottish Government (2021)
Child Disability Payment providing extra money to help with the costs of caring for a child with a disability or ill-health condition. It replaces Disability Living Allowance for children in Scotland Lowest weekly rate of £23.70 Middle weekly rate of £60 Highest weekly rate of £89.60	22/11/2021		
Adult Disability Payment can help with the extra costs of living with a disability or health condition. It will replace Personal Independence Payment (PIP) and Disability Living Allowance (DLA) for adults in Scotland Payments are between £23.70 and £152.15 a week	29/08/2022		
Total almost 3.5 million generated for the 11 benefits currently available in West Dunbartonshire from Social Security Scotland			£3,473,872

Out of Work Payments

Under Universal Credit, a broader span of claimants are required to look for work than under Jobseeker's Allowance. To address this, these new Alternative Claimant Count statistics measure the number of people claiming unemployment benefits by modelling what the count would have been if Universal Credit had been in place since 2013 with the broader span of people this covers. The statistics thus provide a consistent measure of local levels of claimant unemployment over time and across areas and a better indication of labour market change.

The figure below shows the number of working age adults claiming unemployment benefits by year. As expected, due to the pandemic, numbers increased following the pandemic specifically for 20–24-year-olds with figures still higher than pre-pandemic figures in August 2021.

Figure 61: Working age population claiming out of work benefits, by age band, West Dunbartonshire



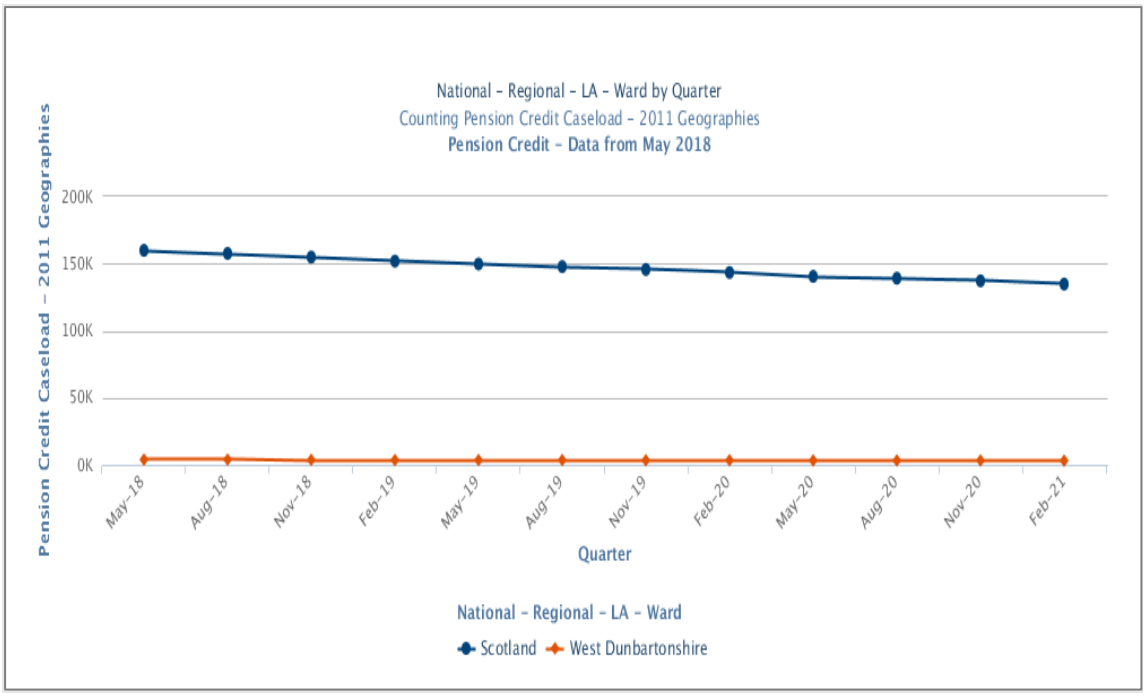
Source: Department for Work and Pensions, (2021)

Pension Credits

Pension Credit is a benefit for people over State Pension age which tops up weekly income to a guaranteed minimum level. There are additional amounts for those who are severely disabled, have caring responsibilities or certain housing costs.

The figure below shows the pension credit caseload in West Dunbartonshire May 2018 to February 2021. The data shows the overall trend continues to decrease for West Dunbartonshire which mirrors the national trend despite an ageing population.

Figure 62: Pension credit count, West Dunbartonshire and Scotland



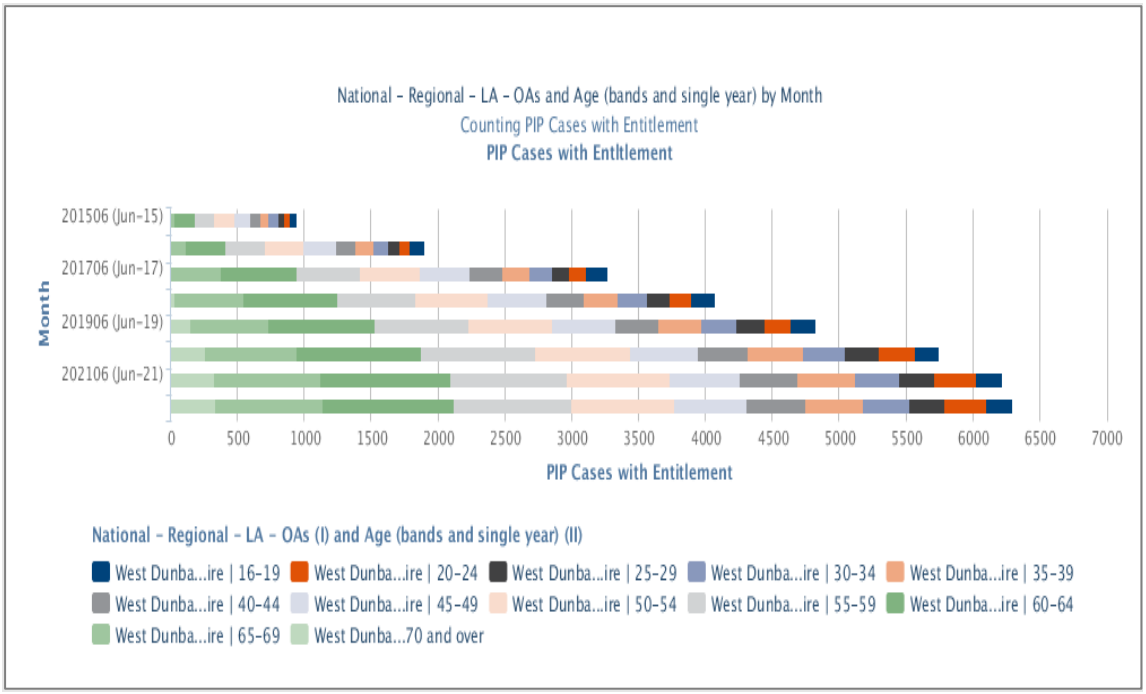
Source: Department for Work and Pensions, (2021)

Personal Independence Payment

Personal Independence Payment (PIP) helps with some of the extra costs caused by long-term ill-health or a disability if you're aged 16 to 64. PIP started to replace Disability Living Allowance (DLA) for people aged 16 to 64 from 8 April 2013.

This payment will be replaced by a new Adult Disability Payment, and will launch in West Dunbartonshire on the 29th of August 2022 after a pilot in spring 2022.

Figure 63: PIP with entitlement case 2015 -2021 by age band



Source: Department for Work & Pensions, (2021)

The figure above shows an increase in the number of personal independent payments overall since 2015. With the biggest increase seen in those aged 60 years and above from under 200 cases in June 2015 to over 2000 cases in June 2021.

The top three reasons for entitlement for personal independent payments as at January 2022 in Scotland is

- Psychiatric disorders 38%
- Musculoskeletal disease (general) 20%
- Neurological disease 13%

Source Scottish Government (2022)

Unclaimed benefits remain a concern with 45% of people never having checked what benefits they are eligible for and more than 7.1 million people are missing out on £15.1bn of benefits, Turn2us(2021). The pandemic has further added to this with a quarter of the country expected to have another year of hardship before their finances recover. Turn2us (2021)

Key Findings

- Health inequalities are the unjust and avoidable differences in people's health across the population which are socially determined. The longstanding impact of poverty, poor employment and multiple deprivation have led to a less healthy population in West Dunbartonshire.
- The Fairer Scotland Duty places a legal responsibility on public bodies to consider how to tackle socio-economic disadvantage and reduce the inequalities that are associated with being disadvantaged.
- Before the pandemic, one in five Scots were living in relative poverty after housing costs, including almost one in four children.
- West Dunbartonshire contains the third equal highest share of the most deprived data zones out of Scotland's 32 local authority areas.
- Scottish Index of Multiple Deprivation (SIMD) data helps to identify local areas that require greater support and intervention. SIMD data shows that two Clydebank wards (Waterfront and Central) are the most deprived areas in West Dunbartonshire and Dumbarton is the least deprived.
- The impact of rising inflation and planned tax increases will affect the living standards of the whole population, however people on fixed and low incomes will be disproportionally affected.
- 41% of households in West Dunbartonshire will be estimated to be in fuel poverty from April 2022.

Considerations

- The HSCP through its Strategic plan must demonstrate how it has considered evidence on deprivation, intersectionality, poverty and employment to take data informed decisions to contribute to measurable outcomes on health inequalities.

- The HSCP should maximise use of national documentation resources e.g. Public Health Scotland -The Role of HSCPs in reducing inequalities to ensure the HSCP does what it can to reduce inequalities
- The HSCP should seek out opportunities to strengthen access to and uptake of benefits, debt advice and grants as it refreshes local strategy, policy and practice guidance in all health and social care services including palliative care, bereavement, disability, autism, dementia, carers, and children's services.
- The HSCP should continue to work closely with the West Dunbartonshire Advice and Information Partnership co-ordinated by West Dunbartonshire Working 4 U via specific projects such as Improving the Cancer Journey, GP practice based welfare advice and health partnerships, Community Link Worker programme as well as general continued joint working to support access to and uptake of the range of grants and benefits.
- The HSCP needs to refresh and reinforce with community planning and national partners the local Community Planning determinants-oriented approach to address the fundamental causes of health inequalities in line with legislation and local plans e.g., the Community Empowerment Strategy and Action Plan and Community Wealth Building.
- The HSCP should continue to work with a range of Community Planning Partners across all five thematic groups to target the root causes of health inequalities and connect this with the three over-arching community planning themes of Sustainability, Wellbeing and Empowered.
- The HSCP should continue to develop new local and national partnerships to address health inequalities such as the NHSGGC/WDC/HSCP Shaping Places for Wellbeing programme in Clydebank.
- The HSCP needs to continue to contribute to local economic development as a local anchor organisation through employment and procurement processes as a partner of the Glasgow City Region.
- Developments driven by the HSCP and Community Planning partners should reflect the distribution of the most deprived SIMD areas within West Dunbartonshire.
- The HSCP must ensure that people from diverse communities are actively involved in the development in the strategic plan and that ongoing involvement is a key feature of the revised participation and involvement strategy.
- The HSCP should use its forthcoming workforce plan and work with the West Dunbartonshire Employability partnership and the NHSGGC Employment and Health Strategic Group to ensure that the additional jobs and skills needed can be accessed by the local population.
- The HSCP should continue to be an exemplar Living Wage Scotland employer and promote to the programme to community planning partners and include as appropriate in HSCP tenders.

Equalities

Introduction

The HSCP as a public sector body has a duty to meet the responsibilities of the Equality Act 2010. The HSCP has to consider the differing needs of people with the nine "protected characteristics" of age; disability; sex; race; religion and belief; sexual orientation; gender reassignment; pregnancy and maternity; and marriage and civil partnership.

The following information will help the HSCP planning to fulfill the general equalities duties of:

- Eliminating discrimination, harassment and victimisation.
- Advancing equality of opportunity between people who share a protected characteristic and those who do not.
- Fostering good relations between people who share a protected characteristic and those who do not.

It is clear from emerging evidence that the impacts of the Covid-19 crisis due to the direct and indirect effects of contracting the illness, as well as lockdown measures put in place to control spread of the virus, are significant and unequal. Emerging evidence suggests that Covid-19 has exacerbated many of these pre-existing inequalities and exposed the vulnerability of some population groups to additional social and economic challenges in the pandemic. Scottish Government 2020 Scottish Parliament 2021 [81][82]

In general terms, there is limited population equalities data broken down at a local authority area and limited data which recognises intersectionality i.e., where multiple protected characteristics combine with other factors related to socio-economic or geographical deprivation, or other vulnerabilities to create multiple disadvantage.

Disabilities

Disability is defined in the Equality Act 2010 as a long-lasting health condition that limits daily activity. This two-stage definition is used in most large-scale surveys in Scotland. In 2017, the Scottish Health Survey estimated that 32% of adults and 10% of children were disabled[83].

At a Scottish level

- Families with at least one disabled member were more likely than families without a disabled member to live in relative poverty after housing costs. If disability benefits are discounted – to allow for the higher living costs for disabled people - this disparity increases (30% compared to 16%).
- Disabled people were significantly more likely to experience food insecurity (18% compared to 5%).
- Rates of material deprivation are higher amongst disabled people.
- Costs of living for disabled people vary considerably making them difficult to measure robustly but are generally higher than for non-disabled people.
- Disabled people have lower average mental wellbeing scores than non-disabled people (45 compared to 52 on a scale of 14 to 72).

- Disabled people are more likely to engage in two or more health risk behaviours such as smoking or harmful drinking than non-disabled people.
- A smaller proportion of disabled people meet physical activity recommendations.
- The older you are the more likely you are to have a disability. It is estimated that, in 2019, over half (51%) of the population aged 75 or over had a disability.
- Disability also varies with socio-economic status. In 2019, 15% of those in the least deprived SIMD quintile report having a disability, compared to 43% of those in the most deprived quintile.
- 29% of working-aged adults with a disability are living in poverty in Scotland and this increases to more than a third of disabled adults (38%) when you exclude disability benefits, for example, benefits provided to cover the additional costs of living with a disability.
- In 2019 the additional monthly living costs faced by disabled people were estimated at £583[84] .
- The employment rate for disabled people aged 16-24 was 35.8% in 2018. At the same time, among the population as a whole, the youth employment rate (population average for 16 to 24-year-olds) was much higher (57.2%), Scottish Government (2019) JRF (2021)

Source Scotland's Wellbeing: national outcomes for disabled people (2019)

Covid-19 and Disabilities

In relation to Covid-19 a micro briefing produced by the Glasgow Centre for Population Health and Policy Scotland[85] on the disproportionate impacts of the Covid-19 pandemic on disabled people established that

- Disabled people are more likely to become seriously ill or die from Covid-19. A variety of mechanisms explain the disproportionate impact of the pandemic among disabled populations. These include: elevated clinical risk; the worsening of existing poverty and inequalities; barriers in accessing vital services including Covid-19 testing; and the disruption of vital health, social care and other supports.
- The unintended impacts of lockdown policy are more acutely felt by disabled people who have higher rates of existing common mental disorders, are more likely to be socially isolated and to be digitally excluded.
- Mainstreaming the sustained involvement of disabled people in designing pandemic recovery policy, practice and research at local and national levels will support the effectiveness of public service responses.

Source Glasgow Centre for Population Health (GCPH)/Policy Scotland 2021

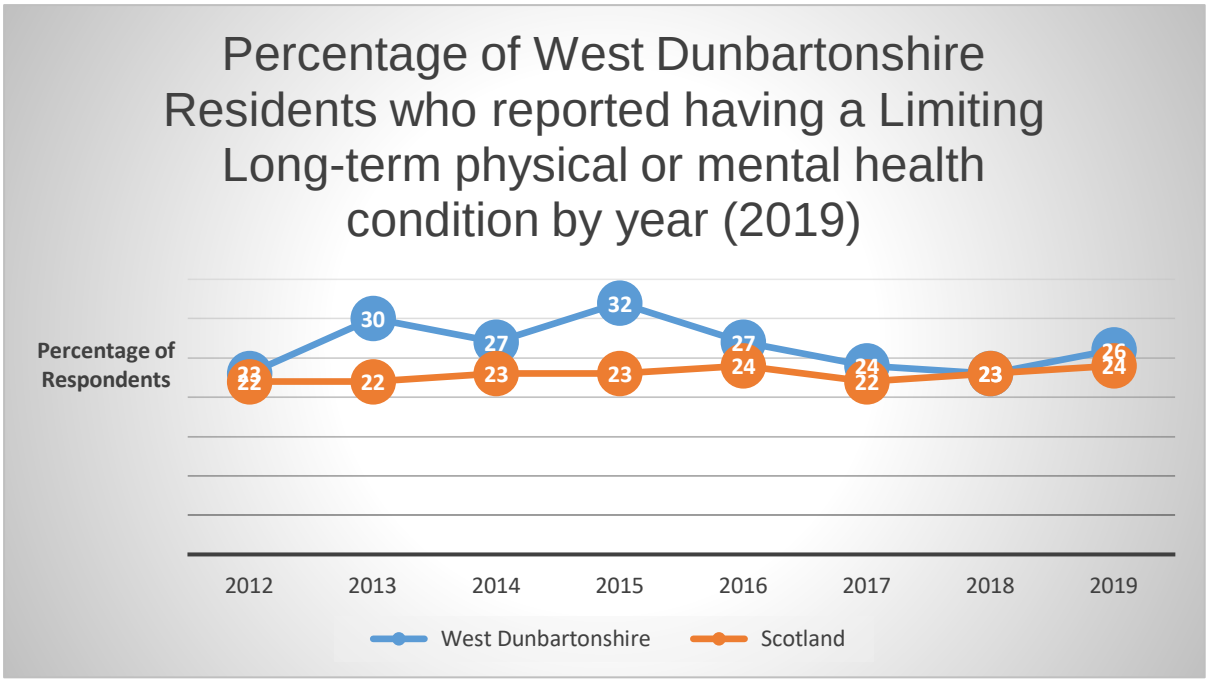
Triple Whammy: Disabled Women's Lived Experiences of Covid-19

A good example of intersectionality comes from a report from Glasgow Disability Alliance[86] This involved extensive engagement of disabled women over the last 2 years via 16 targeted events, tracking 131 specific women over the pandemic and mining data from speaking to thousands more, "Triple Whammy" outlines that Covid-19 has disproportionately impacted on disabled women, in comparison to both their male disabled peers, and non-disabled women. These inequalities have been supercharged during the global pandemic and related crisis, creating a "triple whammy" of barriers arising from being a disabled person, a woman, and facing Covid-19 challenges.

Disabled women's experiences show that:

- women are more likely to be disabled than men.
- disabled women are more likely to live in poverty and have insecure or low paid employment.
- disabled women are at greater risk of violence and abuse compared with both non-disabled people and disabled men.
- disabled women fare less well in education than non-disabled people or disabled men.
- and disabled women struggle more to access the healthcare they need.

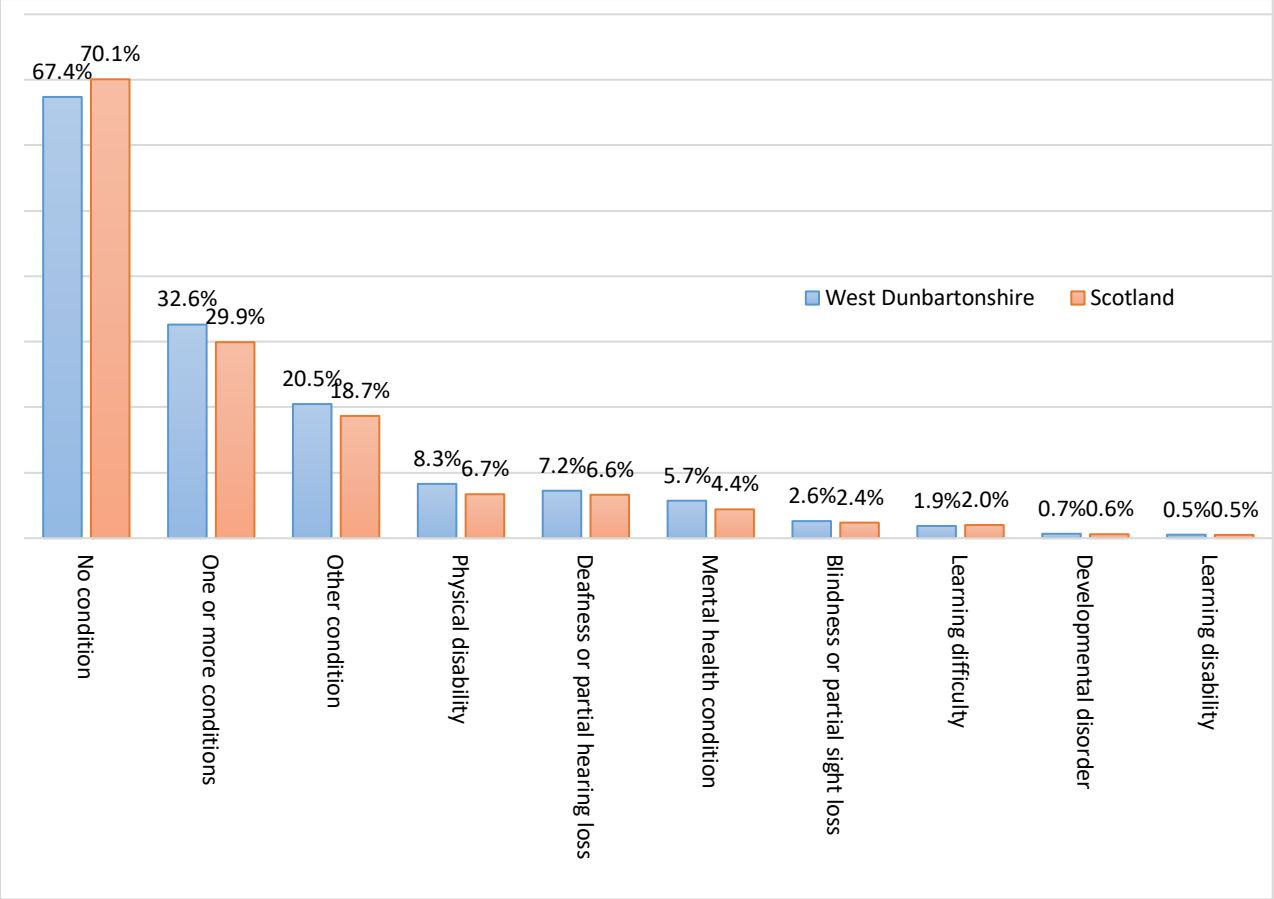
Figure 64: Percentage of West Dunbartonshire residents who reported having a limiting long-term physical or mental health condition (2019)



Source: Scottish Household Survey, 2019

The most recent information from the Scottish Household Survey carried out in 2019 reported that 26% of West Dunbartonshire residents had a lifelong time limiting condition compared to 24% of the Scottish sample.

Figure 65: Percentage of West Dunbartonshire Individuals who have a long-term health condition and type of long-term condition compared to Scotland from Census (2011)



Source: Census 2011

The information from the census shows the pattern of breakdown of types of long-term conditions was similar to Scotland as a whole with the top lifelong limiting condition being "Other condition."

It is worth noting that this data is from 2011 and will not be updated until the results of the 2022 Scottish Census are available (expected at the earliest in 2023).

Sensory Impairment

There are an estimated 850,000 people living with hearing loss in Scotland (one in six of the population), 180,000 people living with significant sight loss (one in 30 of the population) and around 5,000 (one in 1000) people[87].

Demographic changes and an ageing population mean that these figures will continue to rise in the future. Sensory impairment is more prevalent amongst people aged over 60[88].

Visual impairment

Royal National Institute of Blind People (RNIB) national data shows that one in every five people will start to live with sight loss in their lifetime and this is increasing as a result of the ageing population and because of the increase in health conditions associated with visual impairment—such as obesity and diabetes.

The main causes of sight loss are

Uncorrected refracted error (39%)

Age related macular degeneration (23%)

Cataract (19%)

Glaucoma (7%)

Diabetic eye disease (5%)

RNIB UK information suggests that for blind and partially sighted people: and partially sighted people:

- Only one in four in work.
- 40% moderately or completely cut off.
- 17% offered emotional support with sight loss.
- 75% have experienced a deterioration in sight over the last 12 months.

Sight Loss

Royal National Institute of Blind People (RNIB) provides a Sight Loss Data Tool[89] to support population needs assessment. This uses prevalence data applied to local authority population projections to estimate local prevalence and apportion cost out to local authorities using population data. Pezzullo (2017)[90]

This summarises that currently West Dunbartonshire will have:

2,810 people living with sight loss

370 people living with blindness.

2,440 people living with partial sight.

536 registered blind or partially sighted

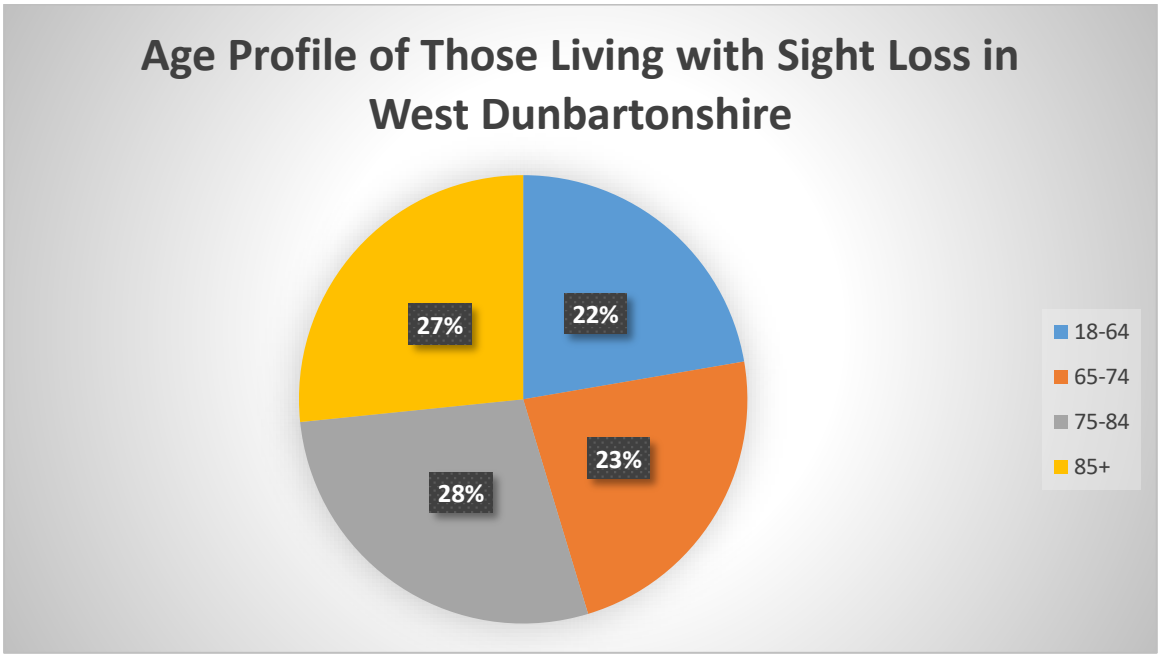
Age profile

A significant proportion of sight loss is related to age; one in eight over-75s and one in three over-90s have serious sight loss.

In terms of the age profile of the people living with sight loss in West Dunbartonshire, it is estimated that:

- 620 are aged 18 to 64 years
- 640 are aged 65 to 74 years
- 780 are aged 75 to 84 years
- 740 are aged 85 years and over

Figure 66: Age Profile of Those Living with Sight Loss in West Dunbartonshire



Source RNIB Sight loss data tool

The care home census from 2016 suggested that In West Dunbartonshire, 14% of older care home residents had a visual impairment. Nationally around 80% of people with a learning disability have some form of sight loss.

The estimated prevalence of sight loss in West Dunbartonshire is similar to the average for Scotland (3.2%, compared to 3.3% nationally). By 2030, there are expected to be 3,230 people in West Dunbartonshire living with sight loss, an increase of 15% from 2021.

In West Dunbartonshire, there were 139 blind and partially sighted people claiming either Personal Independence Payment (PIP) or Disabled Living Allowance (DLA)[91]

Costs of Sight Loss

In West Dunbartonshire, the direct cost of sight loss is estimated to be £4,690,000 each year. When indirect costs are included e.g., costs of informal care or lower employment and the economic impact of the reduction in the quality and length of life, this rises to £38,180,000

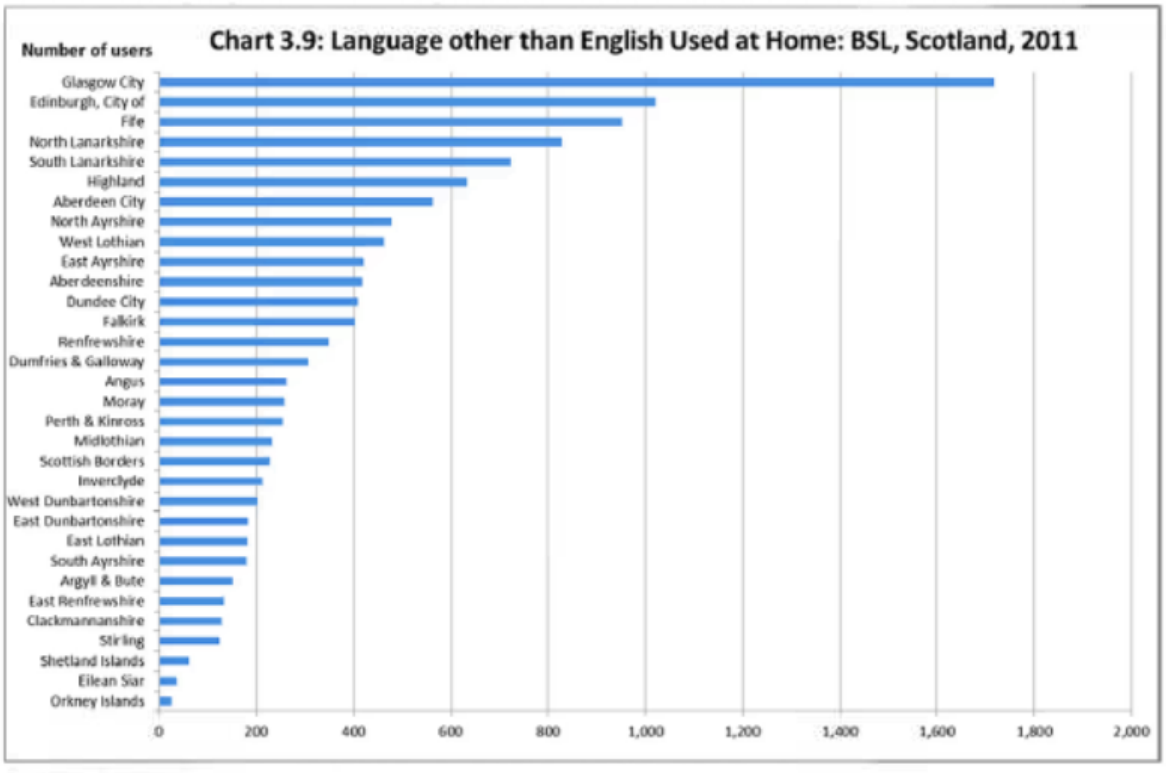
Hearing Impairment

deafscotland use the term the 'four pillars of deafness' to describe Deaf, Deafblind, Deafened and Hard of Hearing as people with different levels of deafness who have different barriers to overcome and have different language and communication support needs.

Deaf, British Sign Language (BSL) Users

People who identify as Deaf, BSL users would have been born deaf or became deaf in early childhood, as a consequence British Sign Language (BSL) is their first language.

Figure 67: Language Other than English Used at Home: BSL, Scotland, 2011



Source Deafness Predicting the future for Scotland The Census and Beyond (2021)

The Census data from 2011 shows that West Dunbartonshire had around 200 BSL users. It is likely that the figure includes people who are not themselves deaf but live with someone who uses BSL as their first language.

People who are Deafblind

There are various types of deafblindness, also termed ‘dual sensory loss’.

Congenital which is a term used to describe: children who born with hearing loss and sight loss or acquire these two conditions prior to language development.

The next type of deafblindness is acquired, people in this category are either:

• born deaf and experience sight loss later;

• born blind who become deaf later in life;

• or those who have lost their sight and hearing later in life.

Deafblind Scotland estimate that there are around 5,000 [92]people in Scotland with a dual sensory impairment. Relatively few people are totally deaf and totally blind many have a little hearing and/or sight left.

People who are deafened

People who are deafened are those who become deaf after learning to speak. Deafness can be the result of an accident or trauma or might be a side-effect of an illness. People can lose their hearing suddenly or over time and are sometimes described as having Acquired Profound Hearing Loss (APHL). Deaf Scotland estimate that there are 57,000 deafened people in Scotland.

People who are Hard of Hearing

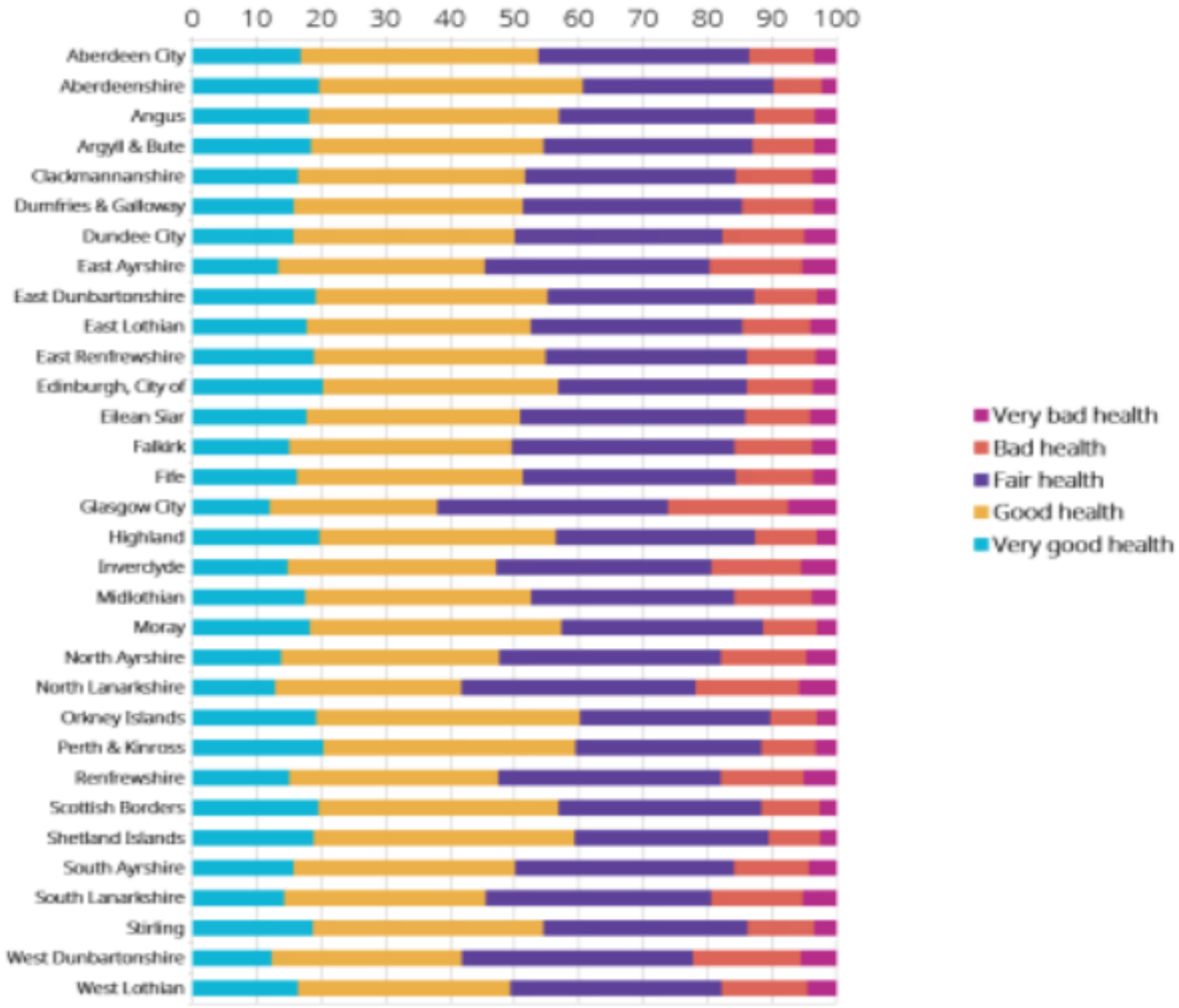
The term ‘hard of hearing’ is used to describe those whose hearing loss is mild to moderate. In general terms those who are hard of hearing lose their hearing gradually over time. The category includes those with age-related hearing loss and, it is the largest of all four Pillars of Deafness.

Figure 68: Councils and Status of Health of people that reported "deafness and partial hearing loss” from Census 2011

Councils	All	Very good health	Good health	Fair health	Bad health	Very bad health
Aberdeen City	12671	2138	4682	4142	1275	434
Aberdeenshire	16129	3180	6609	4772	1216	352
Angus	8701	1582	3377	2644	815	283
Argyll & Bute	6931	1278	2506	2250	662	235
Clackmannanshire	3477	571	1228	1136	417	125
Dumfries & Galloway	12135	1916	4320	4130	1348	421
Dundee City	9864	1553	3392	3180	1258	481
East Ayrshire	8615	1151	2768	3008	1241	447
East Dunbartonshire	6813	1307	2455	2187	660	204
East Lothian	6718	1195	2340	2206	714	263
East Renfrewshire	5614	1060	2023	1756	599	176
Edinburgh, City of	25640	5201	9375	7518	2630	916
Eilean Siar	1961	348	651	686	198	78
Falkirk	9986	1502	3457	3452	1208	367
Fife	26584	4317	9339	8788	3198	942
Glasgow City	36095	4351	9395	12928	6760	2661
Highland	16337	3229	6004	5052	1562	490
Inverclyde	6730	998	2181	2249	942	360
Midlothian	5640	989	1980	1780	682	209
Moray	6503	1189	2542	2037	545	190
North Ayrshire	10070	1390	3415	3466	1340	459
North Lanarkshire	21406	2753	6205	7771	3458	1219
Orkney Islands	1593	307	653	471	115	47
Perth & Kinross	10509	2140	4118	3036	890	325
Renfrewshire	11987	1804	3894	4146	1547	596
Scottish Borders	8528	1671	3182	2689	768	218
Shetland Islands	1492	281	605	450	120	36
South Ayrshire	8279	1305	2851	2815	965	343
South Lanarkshire	21219	3035	6647	7424	3028	1085
Stirling	5965	1117	2136	1894	619	199
West Dunbartonshire	6572	810	1943	2357	1106	356
West Lothian	10190	1672	3364	3345	1362	447
Total	350954	57340	119637	115765	43248	14964

Source Deaf Scotland (2021)

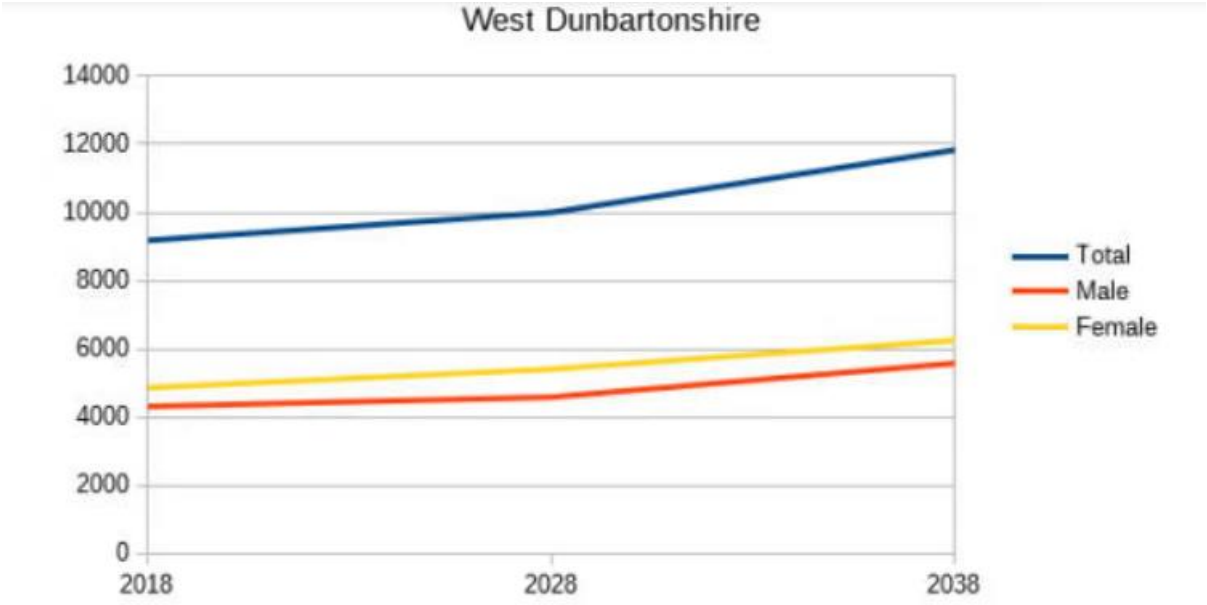
Figure 69: Councils and Status of Health of people that reported "deafness and partial hearing loss by Percentage” from Census 2011



Source Deaf Scotland (2021)

From the Census 2011 6572 people in West Dunbartonshire reported that they had deafness or were hard of hearing. 35% of those reported that they had fair health.

Figure 70: Projected number of people with hearing loss in West Dunbartonshire Council 2018 to 2038.



Source Deaf Scotland (2021)

Figure 71: Numbers based on populations projections by the National Records of Scotland (NRO 2016-base) and hearing loss prevalence rates by Davis (1995) [15]

2018	18-30	31-40	41-50	51-60	61-70	71-80	81 plus	Total
Male	7	88	228	720	1006	1262	1004	4316
Female	43	68	227	393	762	1488	1882	4863
2028	**18-30**	**31-40**	**41-50**	**51-60**	**61-70**	**71-80**	**81 plus**	**Total**
Male	6	94	215	555	807	1572	1337	4587
Female	38	72	204	317	915	1797	2065	5408
2038	**18-30**	**31-40**	**41-50**	**51-60**	**61-70**	**71-80**	**81 plus**	**Total**
Male	6	76	231	536	936	1966	1827	5580
Female	40	59	215	288	742	2233	2671	6249

Source Deafness Predicting the future for Scotland the Census and Beyond (2021) Deaf Scotland

In line with the ageing population, estimates are that the number of the people who are likely to have a hearing loss in West Dunbartonshire will increase to a figure of 11,829 (6,249 female and 5,580 male) by 2038.Whilst the 70 plus age group is projected to have the largest increase in numbers in hearing loss, there will be implications for the different language and communication support needs required across all age groups.

[15] The Medical Research Council's (MRC) "National Study of Hearing" (NSH) developed the Davis analysis framework which is used to determine prevalence and derive population numbers of those affected by different types of hearing impairment

Learning Disabilities

Individuals with learning disabilities have some of the poorest health outcomes of any group in Scotland. In relation to Covid-19 infections, people with learning/intellectual disabilities were twice as likely as those in the general population to become infected with Covid-19 and also twice as likely to experience a severe outcome of Covid-19 infection, resulting in hospitalisation and/or death.[93] Scottish Learning Disability Observatory (2020)

Whilst life expectancy is increasing for people with learning disabilities, it still remains shorter up to 10-20 years lower than the general population[94]. Scottish Learning Disability Observatory (2020)

In addition, national data suggests that:

- People with severe learning disabilities and/or additional comorbidities had the poorest life expectancy.
- Women with learning disabilities have higher standardised mortality rates than men.
- Respiratory disease and circulatory disease were the main underlying causes of death.
- Cancer was a less common underlying cause of death, than in the general population.
- People with learning disabilities were more like to die from causes that were amenable to healthcare intervention.

In 2019 there were 23,584 adults with learning disabilities known to local authorities across Scotland. This equates to 5.2 people with learning disabilities per 1,000 adults (16+) in the general population.

Figure 72: Number of adults with learning disabilities known to local authorities per 1,000 population (2019)

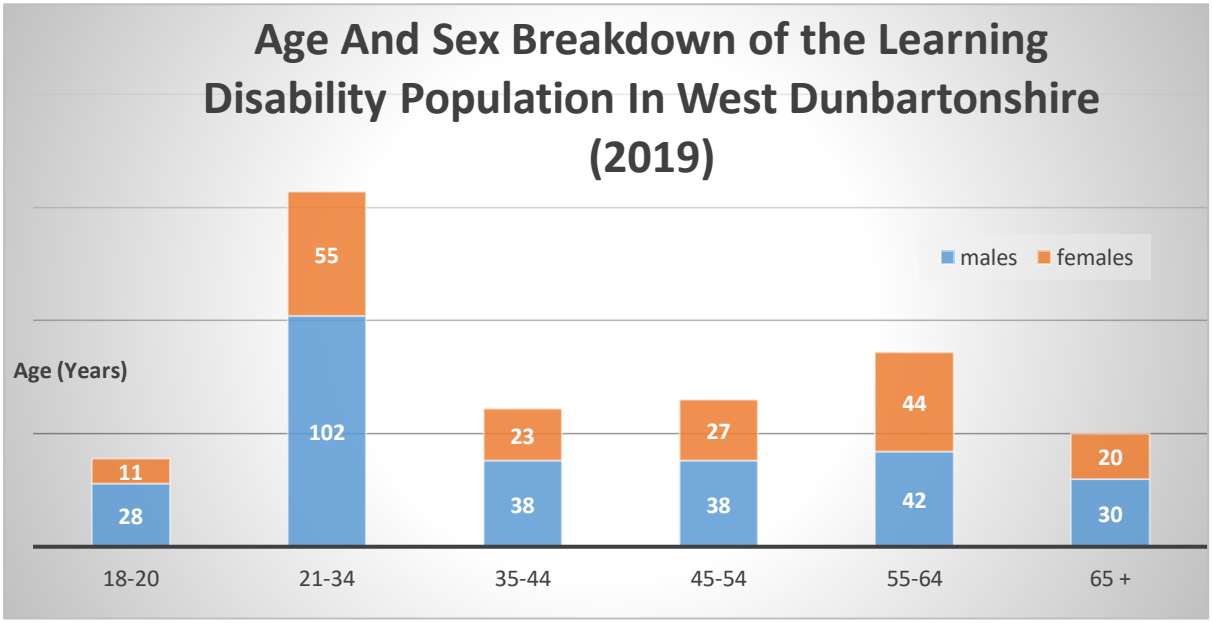
Local authority	Total	Adults known per 1,000 population
Dundee City	1101	8.8
Shetland Islands	164	8.7
Inverclyde	499	7.6
East Lothian	629	7.3
Dumfries & Galloway	900	7.2
Na h-Eileanan Siar	152	6.8
Clackmannanshire	272	6.4
North Lanarkshire	1785	6.4
Midlothian	466	6.3
West Dunbartonshire	458	6.2
Scottish Borders	555	5.8
East Renfrewshire	433	5.7
East Ayrshire	566	5.6
Renfrewshire	826	5.6

Aberdeen City	1056	5.5
Moray	430	5.4
North Ayrshire	605	5.4
East Dunbartonshire	476	5.3
Falkirk	691	5.2
Highland	1028	5.2
Scotland	23584	5.2
Angus	480	5
City of Edinburgh	2184	5
South Ayrshire	470	5
Stirling	396	5
Aberdeenshire	1042	4.9
Orkney Islands	91	4.9
West Lothian	696	4.7
Argyll & Bute	330	4.5
Glasgow City	2171	4.1
South Lanarkshire	1085	4.1
Fife	1114	3.6
Perth & Kinross	433	3.4

Source Scottish Learning Disability Observatory (2020)

In 2019, West Dunbartonshire had a learning disabilities population of 6.2 per 1,000 population which is the above the Scottish average. It is worth noting that the figures relate to only those individuals known to HSCP specialist learning disability services.

Figure 73: Learning Disability Age Breakdown



Source: Scottish Commission for Learning Disabilities (2019)

There are 458 individuals known to HSCP specialist learning disability services with more males than females, with the age 21-34 years being the largest group.

Autism

Autism (also referred to as autism spectrum disorder (ASD) is the term applied to a range of neuro-developmental conditions which all affect how an individual communicates and relates to other people. Research carried out in Scotland[95] (Scottish Government 2018) established a robust national Scottish autism prevalence rate of 1.035% (103.5 per 10,000 therefore there are approximately 44 133 autistic people in Scotland. For West Dunbartonshire based on the population of 88,340 this equates to 914 autistic people.

The challenges faced by autistic people take many forms and can affect an individual's physical and mental health, engagement in education, access to employment and services and participation in social and cultural activities.[96] Evaluation of Scottish Strategy for Autism (2021)

It is estimated that 32.7% of autistic people also have a learning/intellectual disability[97]. Scottish Government (2021)

Figure 74: Adults who are on the autism spectrum in West Dunbartonshire (AS) (2019)

Autism Spectrum (AS) diagnosis				No AS Diagnosis	Not known	AS diagnosis as % of all adults	All adults
Classical Autism	Asperger's Syndrome	Other AS diagnosis	Total with AS diagnosis				
62	19	9	90	368	0	19.7	458
Scotland						18.6	23,584

Source Learning Disability Statistics Scotland (LDSS) 2019

Of the 468 people known to West Dunbartonshire specialist adult learning disability services 19.7% or 90 individuals have an Autism Spectrum diagnosis. This is slightly higher than the proportion in Scotland as a whole which is 18.6%.

Sex

The following is in relation to information from COVID a micro briefing[98] produced by the Glasgow Centre for Population Health, Policy Scotland and Glasgow Women's Voluntary Sector Network and Wise Women on the disproportionate social and economic consequences of the Covid-19 pandemic on women:

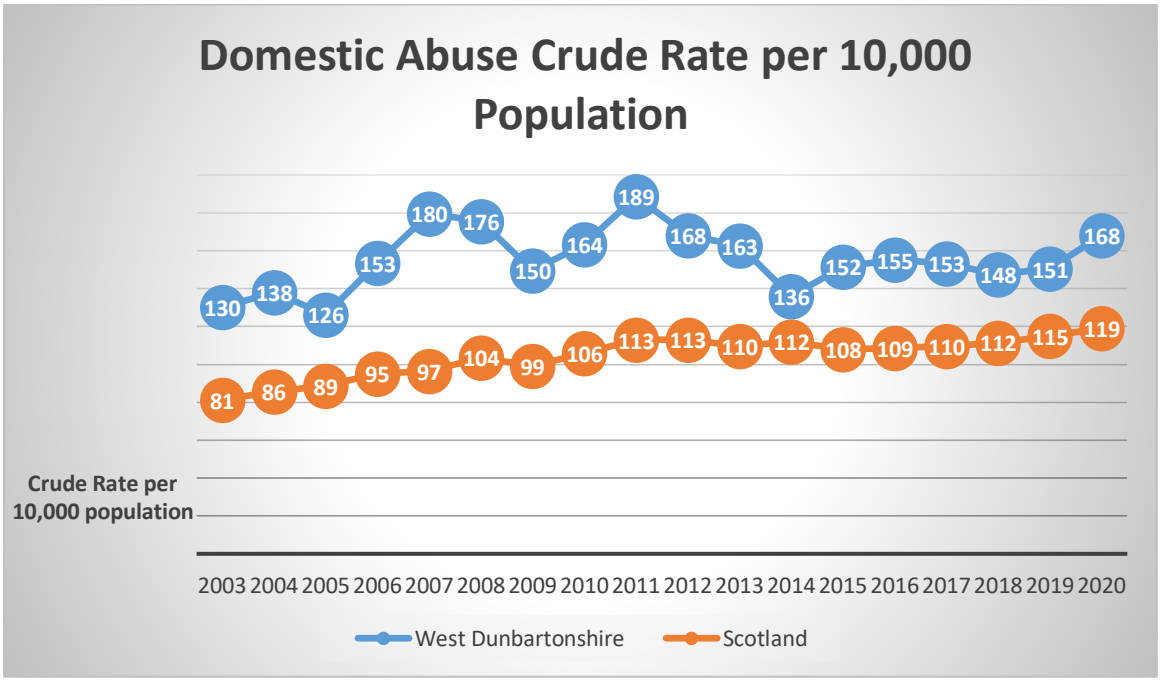
- Evidence suggests that the mental health impacts of the pandemic are worse for women than men. Women are more likely to be essential workers in the health, care, education and retail sectors – facing higher exposure to Covid-19, increased stress and difficulty reconciling work, family life and care responsibilities.
- Lockdowns have enabled increased intimate partner violence against women. Women have also taken on a disproportionate share of additional unpaid care and increased household duties during lockdowns in comparison to men.

- The adverse economic impacts of the pandemic interact with and exacerbate existing gender employment inequalities. Lone mothers and guardians, Black Asian and minority ethnic women and disabled women are experiencing some of the worst social, economic and clinical impacts of the pandemic.
- Women are under-represented in decision-making bodies. Failure to incorporate a gendered perspective within pandemic recovery efforts will deepen existing gender inequalities and worsen outcomes for women.

Domestic Abuse

The reported rates of domestic abuse to the Police in West Dunbartonshire have remained consistently among the highest in Scotland with the latest published information from 2020/21 placing West Dunbartonshire at the second highest in Scotland behind Dundee City[99].

Figure 75: Rates Per 10,000 Population of Domestic Abuse Incidents Reported to the Police in West Dunbartonshire and Scotland.



Source: Scottish Public Health Observatory (ScotPHO) Health and Wellbeing Profiles

To support a broad public health approach to addressing violence against women Public Health Scotland have recently published a series of briefing notes covering Violence against women and girls and the public health priorities[100] and highlighted some key considerations specifically

- The challenges faced by women in Scotland to live in safe places and communities;
- The early years shape attitudes towards violence against women and how the impact of experiencing violence as children can impact on adulthood;

- The challenges faced by women in Scotland to achieve positive mental health;
- The complex relationship with alcohol and drugs;
- The weaker economic position of women in Scotland, relative to men; and
- The barriers to eating well, having a healthy weight and being physically active.

Ethnicity, Migration and Additional Languages

In the 2020 national pupil census[101] a total of 395 pupils in West Dunbartonshire had a main home language which is neither English, Gaelic, Scots, Doric nor sign language with 40 languages excluding English spoken at home. The main three languages after English were Polish, Scots and Arabic. In the 2021 national pupil census [102] this had increased to 411 Pupils with a main home language which was neither English, Gaelic, Scots, Doric nor Sign Language with 41 languages spoken at home. The top five languages spoken at home (excluding English, Gaelic, Scots, Doric and Sign Language) were Polish, Arabic, Urdu, Portuguese and Chinese (Cantonese).

Table 14: Ethnicity Profile in Schools

Pupils in West Dunbartonshire	2019	2020	2021
Total Number of Pupils	12,581	12,560	12,433
Number of White Pupils (British) includes White-Scottish and White - Other British	11,433	11,399	11,256
Number of White Pupils other includes White - Other, White - Gypsy/Traveller, White - Irish, and White - Polish	397	399	363
Number of Minority Ethnic Pupils Includes all other known categories.	434	456	491
Percentage of Minority Ethnic pupils as a proportion of the school population.	3.45%	3.63%	3.95%

Source: Scottish Government (2022)

The table above shows that there is a small increase in the percentage of minority ethnic school population from 3.63% to 3.95% which may be similar for family age groups.

Black and minority ethnic groups and the pandemic

In relation to COVID a micro briefing[103] produced by the Glasgow Centre for Population Health, Policy Scotland and the Coalition for Race Equality and Rights (CRER) on the disproportionate impacts of the Covid-19 pandemic on Black and minority ethnic (BME) groups established that

- BME populations have experienced among the highest Covid-19 infection and death rates alongside other disproportionate social impacts. Global and UK evidence makes clear that the pandemic impacts on BME populations relate

to pre-existing inequalities in health, employment, income, opportunity and access to health services. Much of these pre-existing inequalities are driven by discrimination and racism.

- Within Scotland improvements are needed in ethnicity data quality in order to accurately assess the impacts of Covid-19 on BME populations.
- Dismantling racism is essential to achieving health equity. Racism is a fundamental determinant of health and a systemic problem which demands structural interventions and reforms. Failure to do so will hinder equitable pandemic recovery efforts and will exacerbate the health and social inequalities evidenced among some BME communities.

Refugees and Asylum Seekers

West Dunbartonshire has participated in the UK Government Vulnerable Persons Resettlement Scheme and has resettled 105 people since 2016 to the end of December 2021[104]. Specifically in relation to school aged pupils in 2020[105] there were a total of 5 children who were registered as asylum seekers and 63 as refugees. The figures for 2021[106] were 10 school aged pupils registered as asylum seekers and 61 as refugees.

As at autumn 2021 West Dunbartonshire has made a commitment to participate in the Afghan Relocation and Assistance Scheme. Refugees and asylum seekers can have complex health and social care needs and may require additional support NHS inform Migration Scotland (2022) .

Source: UK Government Resettlement Databases up to the end of December 2021

Gypsy Travellers

Gypsy/Travellers are reported to be worse off than any other community in Scotland. (Scottish Government/COSLA 2019).[107] [108]The high levels of poverty experienced by Gypsy/Travellers is linked to poor health and the lack of employment and integral to all these issues is the provision of sites across the country. The Scottish Human Rights Commission in its evidence to the Equal Opportunities Committee in 2013 described the discrimination towards Gypsy/Travellers as '*the last bastion of respectable racism*'.

West Dunbartonshire has one gypsy traveller site in Dennystoun Forge Dumbarton with 20 pitches all of which are fully let.

Scottish Government data from 2019[109] shows that 17 of the pitches have been let for over two years with three let between six and 24 months. There were also two applications on the waiting list. Given the importance of Dumbarton as a traditional stopping place for many gypsy and travelling families, the local authority has been considering provision of short stay pitches to meet the increasing demand.

Lesbian, Gay, Bisexual, transgender and non-binary gender identity (LGBT+)

Whilst around 95% of the Scottish population self-identified as straight, 3% identified as lesbian, gay, bisexual or other Scottish Surveys Core Questions (2021) it is recognised that health inequalities are compounded by differing experiences based on a person's identity including those characteristics protected under the Equality Act

(2010). This includes those who identify as lesbian, gay, bisexual, those who are transgender and those who have a non-binary gender identity (LGBT+).

NHSGGC and NHS Lothian recognise that there are gaps in knowledge about the health and wellbeing of LGBT+ groups and have recently carried out two Health needs assessments of lesbian, gay, bisexual, transgender and non-binary people.

The first assessment[110] published in late 2019 highlighted ten areas to consider:

1. LGBT+ Spaces for Socialising without a Focus on Alcohol
2. LGBT+ Education in Schools
3. Training for Health and Other Staff
4. Mental Health Waiting Lists and Appropriate Services
5. Improvements to the Gender Identity Service
6. More Services being Visibly LGBT+ Inclusive
7. Support for LGBT+ Victims of Domestic Abuse and Sexual Violence
8. Provision of Inclusive Facilities and Opportunities for Sport and Physical Activity
9. Provision for Asylum Seekers
10. More in-depth qualitative exploration of the experience of LGBT+ elderly people who require care

LGBTQ+ and the Pandemic

A subsequent Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people[111] considered the experiences of LGBT+ people of the COVID19 pandemic and lockdown via focus groups

The report highlighted both negative and positive impacts:

Negative Impacts

- LGBT+ people are more likely to be living alone and less likely to have a close relationship with family members, and may be particularly vulnerable to isolation and loneliness (and consequential mental health problems), particularly if existing connections with the LGBT+ community are no longer available.
- LGBT+ people are more likely to have a history of mental health problems and therefore likely to be more vulnerable at a time of crisis and when existing routines and means of support are suddenly stopped.
- While all those working remotely may feel disconnected from colleagues and have difficulty building relationships of trust when working from home, this will be more acute when LGBT+ people have to consider whether or how to be out with colleagues regarding their identity.
- While many people will miss the opportunity to socialise in bars and clubs, for many LGBT+ people, this was the only way to socialise with other LGBT+ people and the closure of gay bars and LGBT+ venues will be particularly keenly felt and isolating.

- LGBT+ people are more likely to need interventions in order to start a family, and proportionately more likely to be affected when these services are withdrawn.

Positive Impacts

- The use of technology in positive ways to make wider social connections, and build relationships with family members.
- The use of technology for social, work/study and medical interactions being a welcome change for those who have anxiety about interacting physically.
- Better reach and engagement for some LGBT+ organisations by moving online or expanding their online engagement opportunities.
- An improved sense of belonging to local communities.
- More time to devote to a healthier diet and/or physical activity.
- Welcome time out from some of the stresses and demands of 'normal' life.

Transgender

It is difficult to precisely estimate of the number of trans people in Scotland, the most commonly used figure is 0.5% of the population[112], Healthcare Needs Assessment of Gender Identity Services (2018) although there will be more accurate data once the Census 2022 data is published.

It is clear as shown in Trans people in the UK (2018) and NHSGGC: Gender Reassignment and Discrimination that trans people experience discrimination and challenges. Data from the last 12 months show that this is commonly a hate crime or incident because of their gender identity and 25% of trans people had experienced homelessness at some point in their lives. The national LGBT survey found similar results, with 67% of trans respondents saying they had avoided being open about their gender identity for fear of a negative reaction from others.

Key Findings

- In Scotland in 2017 32% of adults and 10% of children were disabled. in 2019, over half (51%) of the population aged 75 or over had a disability.
- In WD, 26% of residents reported having a lifelong time limiting condition (Scotland is 24%).
- Women are more likely to be disabled than men.
- Disabled women at greater risk of violence and abuse compared with both non-disabled people and disabled men.
- Sensory impairment (Scotland, 2014): Hearing loss = 1 in 6; Sig. sight loss = 1 in 30 and Deafblind = 1 in 1000 (n= 5000). figures will rise with demographic changes and ageing population.
- West Dunbartonshire data: 2,810 people living with sight loss; 2,440 people living with partial sight; 370 people living with blindness; 536 registered blind or partially sighted.
- By 2030, expected to be 3,230 people in West Dunbartonshire living with sight loss, an increase of 15% from 2021.

Considerations

- The health impact of Covid-19 was not shared equally with equality groups and those experiencing multiple deprivation were disproportionately affected. Implementing effective interventions to prevent or mitigate health inequalities must be the focus for Strategic Planning to recover and improve population health across all services.
- The HSCP should revise its current Equalities Outcomes as required by the Equalities and Human Rights Commission (EHRC) and integrate these in the development of the three-year strategic plan.
- The HSCP should continue to promote early intervention, prevention and workforce development and concentrate their sensory impairment work with people who are particularly at risk, such as people with dementia and learning disabilities e.g.
  - Promote Eyes.Scot including training for all staff.
  - Promote use of Guidelines e.g. NHSGGC Visual Impairment Guidelines NHSGGC Guidelines for Working with Deaf People and Deafblind People
  - Continue to locally implement the National Learning/intellectual disability and autism: transformation plan 2021 and develop the local autism strategy
  - Ensure contribution to both the NHSGGC: British Sign Language (BSL) National Plan and WDC British Sign Language Action Plan 2018-2024
- HSCP to continue to work with colleagues from WDC Housing and Communities to Improve the Lives of Gypsy/Travellers and continue to participate in the Scottish NHS and HSCP Gypsy/Traveller forum
- Continue to drive forward collaborative action via the Violence Against Women Partnership to address the ingrained cultural issue of high rate of domestic abuse.

Housing Profile (Current and Projected)

Background

The Housing (Scotland) Act 2001 ('the 2001 Act') places a statutory requirement on local authorities to produce a Local Housing Strategy (LHS) that sets out its priorities and plans for the delivery of housing and related services[113].

In West Dunbartonshire, the Housing Contribution Statement (HCS) is an integral part of the most recent housing strategy West Dunbartonshire Council's Local Housing Strategy 2022- 2027[114]. It outlines the key areas of joint working and shared objectives.

The Housing Contribution Statement echoes the current Strategic Plan in highlighting key areas where Housing and HSCP will work together:

- Provide a housing support service enabling long term clients to be supported within West Dunbartonshire.

- Continue to develop plans for new and refurbished housing.
- Develop Services at Points of Transition.
- Provide preventative interventions and supports.
- Ensure rapid access to assessment, and provision of aids and adaptations.
- Seek to develop supported housing solutions for younger adults with complex needs.

Current and Projected Households

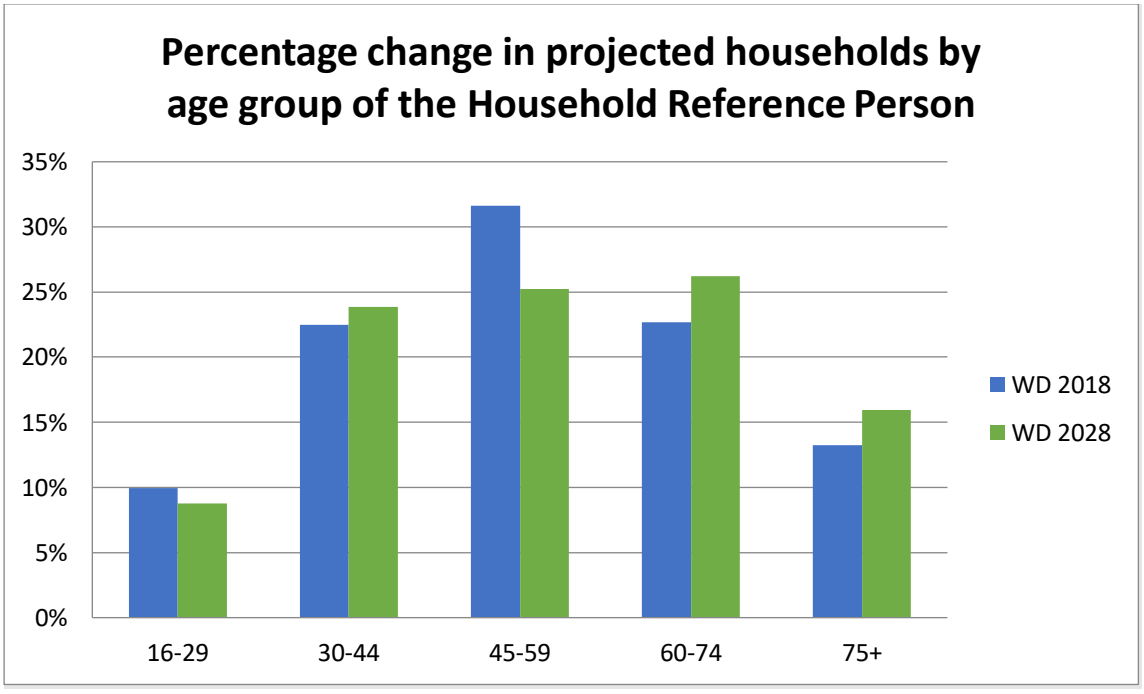
The total number of households in West Dunbartonshire is projected to increase from 42,868 in 2018 to 43,156 in 2028. This is a 0.7% increase, which compares to a projected increase of 4.9% for Scotland as a whole.

After that, the total number of households in West Dunbartonshire is expected to decrease, giving an overall projected decrease of 1% between 2018 and 2043.to approximately 42,495 households. In Scotland, the projected number of households is set to increase by 9.6 % over the same 25-year period.

Between 2018 and 2019 there were 162 new households in West Dunbartonshire, an increase of 0.4% compared with a 0.7% increase for Scotland for the same period.

The average household size has decreased over the last 10 years from 2.14 in 2010 to 2.03 in 2020. This is an overall change of -5.2%, compared to an overall change for Scotland of -2.1%.

Figure 76: Projected percentage of households by age group, 2018 and 2028

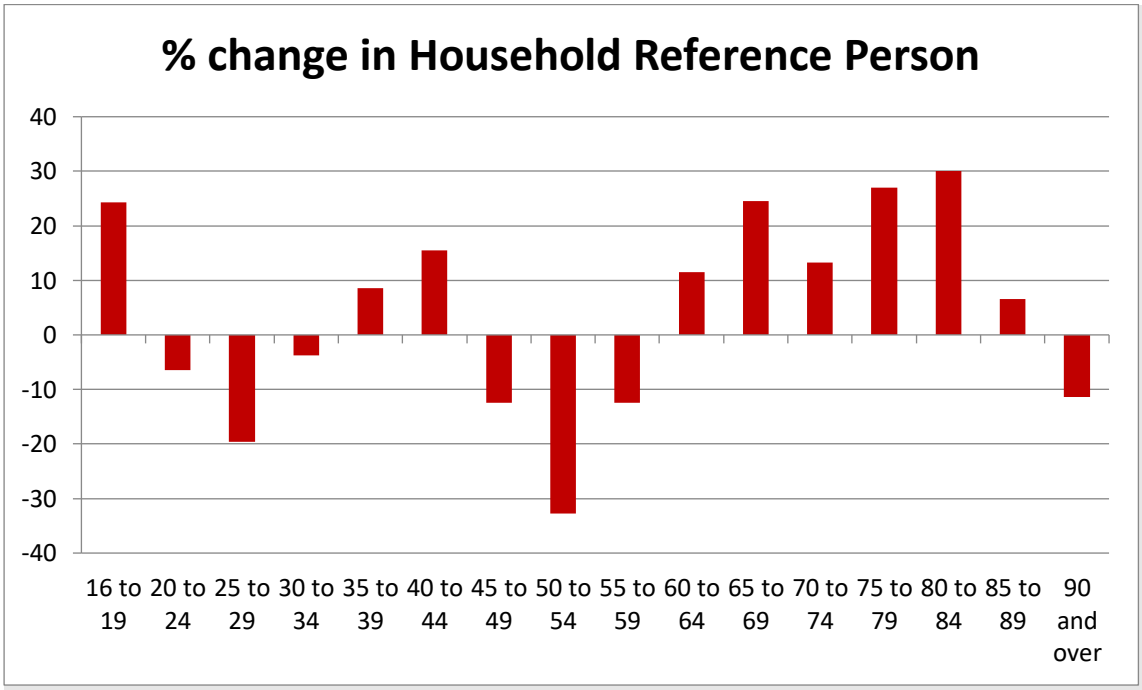


Source: National Records of Scotland Household Projections (2018)

Household Reference Person (HRP) was introduced to replace the traditional concept of the 'head of the household'. HRPs provide an individual person within a household to act as a reference point for producing further derived statistics and for characterising a whole household according to characteristics of the chosen reference person[115].

Between 2018 and 2028, households where the HRP is aged between 50 to 54 years is projected to see the largest percentage decrease (-32.7%). Households where the HRP is aged between 80 to 84 years is projected to see the largest percentage increase (+30.0%). In terms of size, however, 60 to 64 years is projected to become the largest age group of a Household Reference Person (HRP), compared to 50 to 54 years in 2018. By 2028, it is projected that 42% of HRP will be 60+ years. Single person households are on the increase. By 2028, 1 in 2.4 households will have a single adult.

Figure 77: Projected percentage change in households by age group, 2018 and 2028



Source: National Records of Scotland Household Projections (2018)

Dwellings

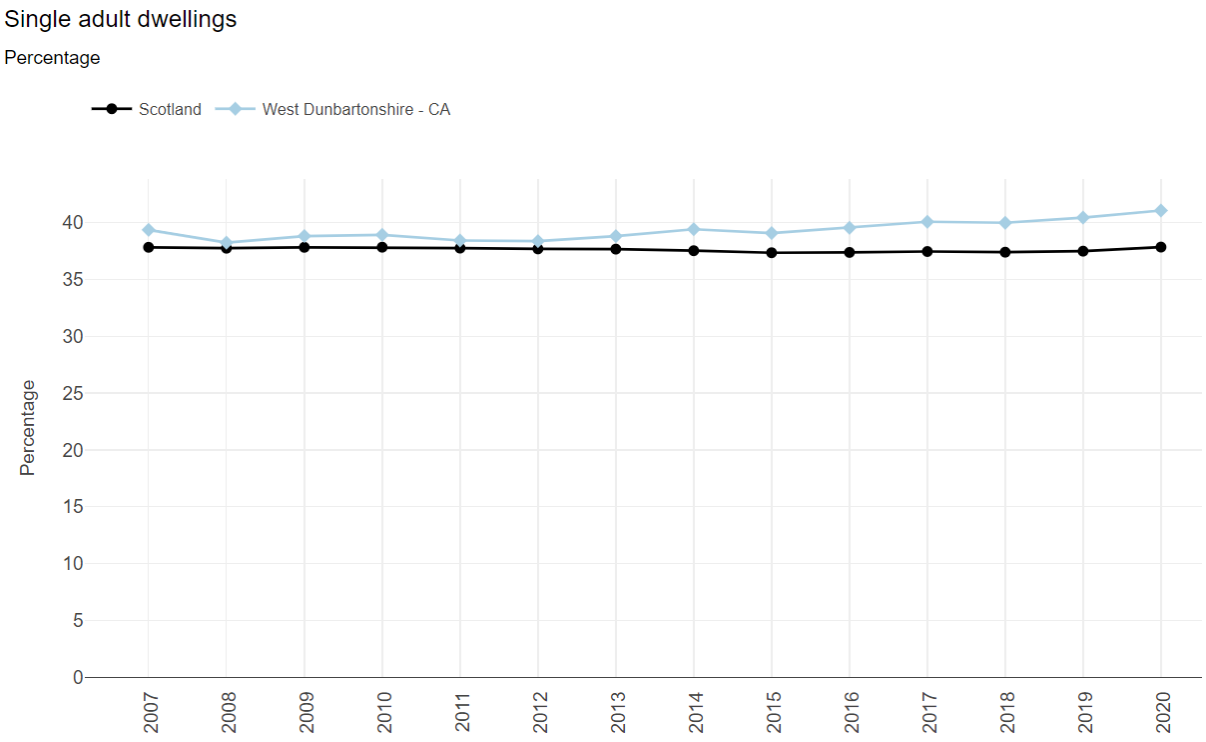
The number of dwellings in West Dunbartonshire has decreased in 2020, although the number of occupied dwellings has increased. Between 2018 and 2020 there was a decrease of 80, which is 0.2% of the total number of dwellings. In 2020, 97.6% of dwellings were occupied, 2.3% were vacant, 1.1 % were occupied with Council Tax exemptions and 41.1% were dwellings with a single person discount. Single adult dwellings have been increasing since 2012 and the West Dunbartonshire average of 41.1% continues to be above the Scottish average of 37.9%.

Table 15: Breakdown of dwellings by year and change

	Total Dwellings	Occupied Dwellings	Vacant Dwellings	Occupied dwellings exempt from paying council tax	Dwellings with a 'single adult' council tax discount
2018	45228	43768	1379	467	18093
2019	45357	43943	1333	482	18345
2020	45148	44070	1030	496	18542
change 2018-2020	-80	302	-349	29	449
% Change	-0.2	0.7	-25.3	6.2	2.5
% Of Total Dwellings 2020	-	97.6%	2.3%	1.1%	41.1%

Source: National Records of Scotland (2021)

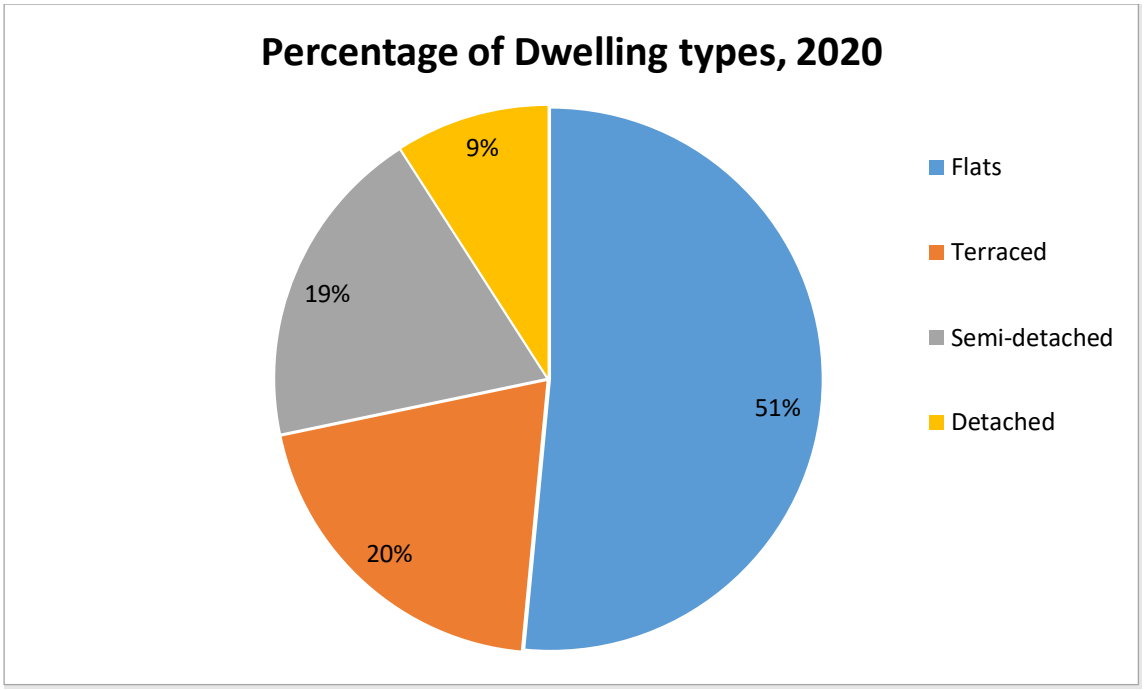
Figure 78: Single adult dwellings West Dunbartonshire and Scotland, 2007-2020



Source: Scottish Public Health Observatory (ScotPHO) Health and Wellbeing Profiles 2020

Dwelling type in 2020 showed 51% of dwellings were flats and 20% terraced houses. Dwellings by council tax band show the greatest proportion of West Dunbartonshire dwellings in the A-C banding: 71%

Figure 79: Dwelling type, West Dunbartonshire, 2020



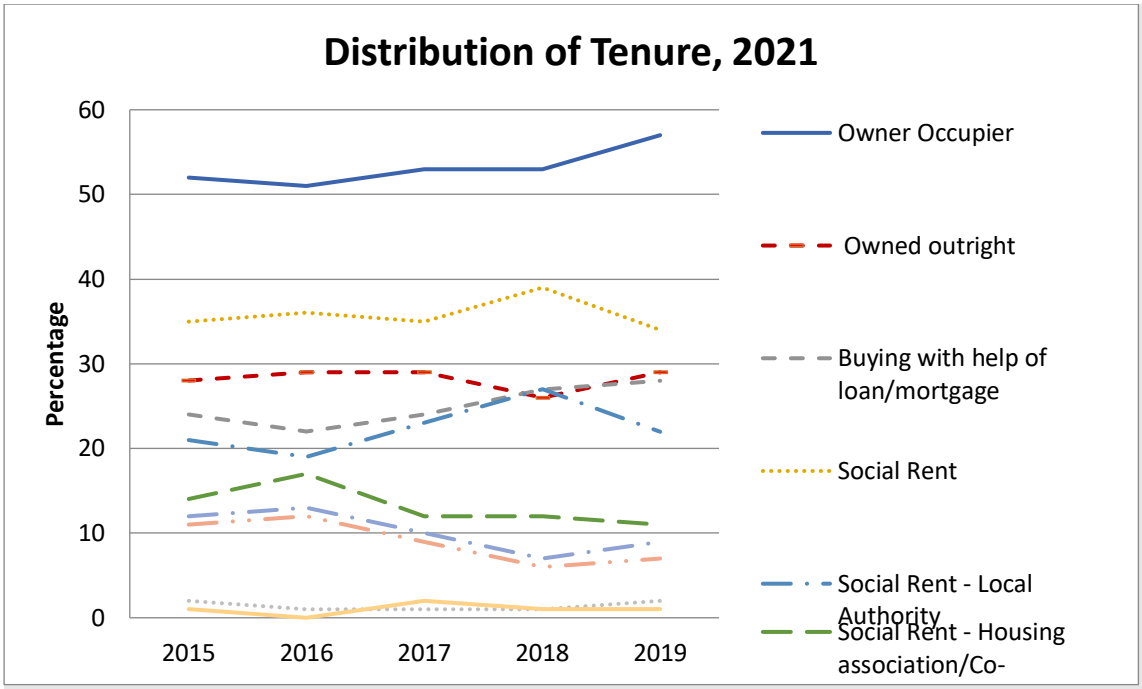
Source: National Records Scotland Household and Dwelling Estimates 2020 (2021)

Figure 80: Dwellings by council tax band, West Dunbartonshire, 2020

Source: National Records of Scotland (2021)

Social rented housing in 2019 is significantly greater than the Scottish figure, 34% compared to 24% nationally. However, local authority social housing has continued to decline since 2013 and represents 22% of the tenure distribution in West Dunbartonshire. The number of homes being bought via loans or mortgages has continued to increase since 2016 but is still lower than the national figure of 29% albeit slightly.

Figure 81: Distribution of tenure



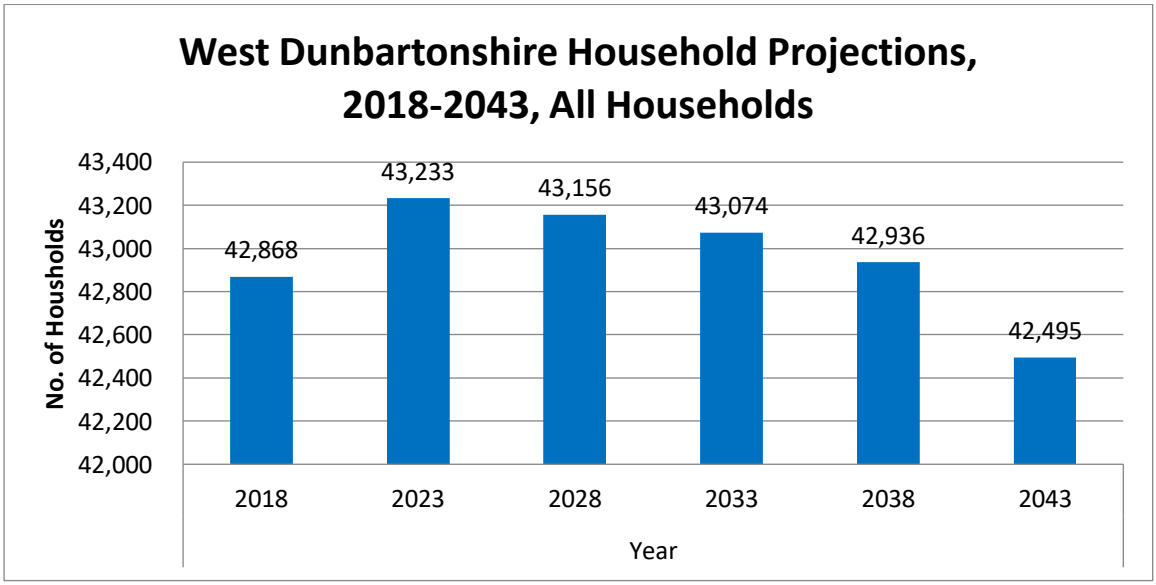
Source: Scottish Household Survey (SHS) Local Authority Tables 2019 (2021)

Note that 'Owner Occupied' is the sum of 'Owned Outright' and 'Buying with help of mortgage'. Also, 'Social Rent' is the sum of 'Social Rent-Local Authority' and 'Social Rent-Housing Association'

Household projections

The number of households is expected to increase up to 2023 after which a decline is estimated. The number of households is estimated to increase from 42,868 in 2018 to 43,233 in 2023 but decrease to 42,495 in 2043, a decrease of 373 households over 25 years.

Figure 82: West Dunbartonshire Household Projections 2018 - 2043, all households



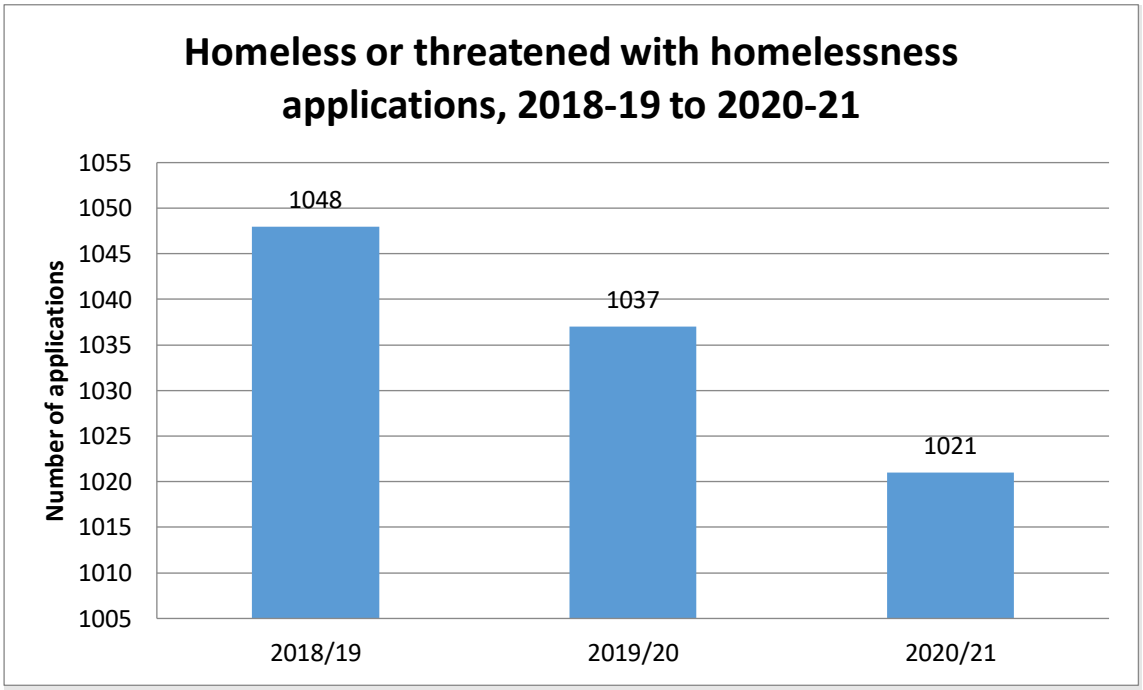
Source: National Records of Scotland Household Projections (2018)

Homelessness

Some of the social causes of homelessness, include a lack of affordable housing, poverty and unemployment. Furthermore, people can be also forced into homelessness when they leave prison or the care system but for many, life events like a relationship breaking down, losing a job, mental or physical health problems, or substance use can put people under considerable strain. Being homeless can, in turn, make many of these problems even harder to resolve. However, in nearly all cases homelessness is preventable and, in every case, it can be ended [116]

The number of applications assessed as homeless or threatened with homelessness in West Dunbartonshire between 2018/19 and 2020/21 is presented in the chart below. Information on the criteria for homeless advice and support is available from West Dunbartonshire Council.

Figure 83: Application assessed as homeless or threatened homelessness



Source: West Dunbartonshire Council Local Housing Strategy (2021)

In 2020/21, there were 1,021 applications under the Homeless Persons Legislation for homelessness for West Dunbartonshire. This was a 2% decrease on the previous year where nationally there was a 9% decrease in applications.

Overcrowding

Information on overcrowding is difficult to source. In a household with more than one family, a concealed family is one that does not include the Household Reference Person (HRP). West Dunbartonshire Council's Local Housing Strategy 2022-2027 uses national statistics to estimate overcrowding levels.

Table 16: Overcrowding and concealed households

Overcrowded Households	Concealed Households	Either concealed or overcrowded as a % of total households
1,028	514	3.6%

Source: West Dunbartonshire Council Local Housing Strategy (2021)

Adaptations and Aids

An adaptation is defined as 'to modify a disabling environment in order to restore or enable independent living, privacy, confidence and dignity for individuals and their families'[117] Equipment and adaptations can help older people and people with a disability to remain living independently in their own homes, and can reduce the need for more costly home care services, or long-term admission to a care home.

Table 17: Housing Adaptations 2019/20 – 2020/21, West Dunbartonshire

Tenure Type	2019/20	2020/21
Council Stock	263	119
Private Housing	80	73

Source: West Dunbartonshire Council Housing Section (2021)

It is worth noting the figures above do not include the provision of aids and equipment by HSCP Occupational Therapists.

Housing Summary

In West Dunbartonshire:

- The total number of households is projected to increase to 2023 but decline thereafter to 2043.
- By 2028, it is projected that 42% of HRP will be 60+ years.
- By 2028, 1 in 2.4 households will have a single adult.
- The number of single adult dwellings has increased since 2012 and the West Dunbartonshire average of 41.1% continues to be above the Scottish average of 37.9%.
- Over half (51%) of dwelling types are flats.
- Percentage of dwellings in A-C Council tax bandings (70.1%) is higher than the Scottish average (59.4%), in 2020.
- There is a higher percentage of social rented housing than the Scottish average (34% compared to 24% nationally).
- Homelessness applications appear to be declining although at a slower rate than the national picture (2% vs. 9% in 2020/21).

Considerations

- The HSCP needs to ensure that they take account of the forthcoming revised Guidance on Providing Community Equipment and Housing Adaptations which is currently out for consultation

- The HSCP needs to ensure that the housing contribution statement is revised to include the relevant joint actions in the local housing strategy 2022/27 in particular around the Supported, Specialist and Particular Needs Housing section.

Individual Behaviours

PLEASE NOTE: National and regional survey postponement due to the Covid-19 pandemic has meant existing pre-pandemic survey data will be used for the purpose of the Individual Behaviour Chapter (individual behaviours can be risk factors associated with disease e.g. smoking, alcohol consumption, poor diet, physical inactivity and mental wellbeing). West Dunbartonshire Health and Social Care Partnership has invested in the NHSGGC Health and Wellbeing Survey, findings will be reported early 2023 and will be considered via strategic planning processes.

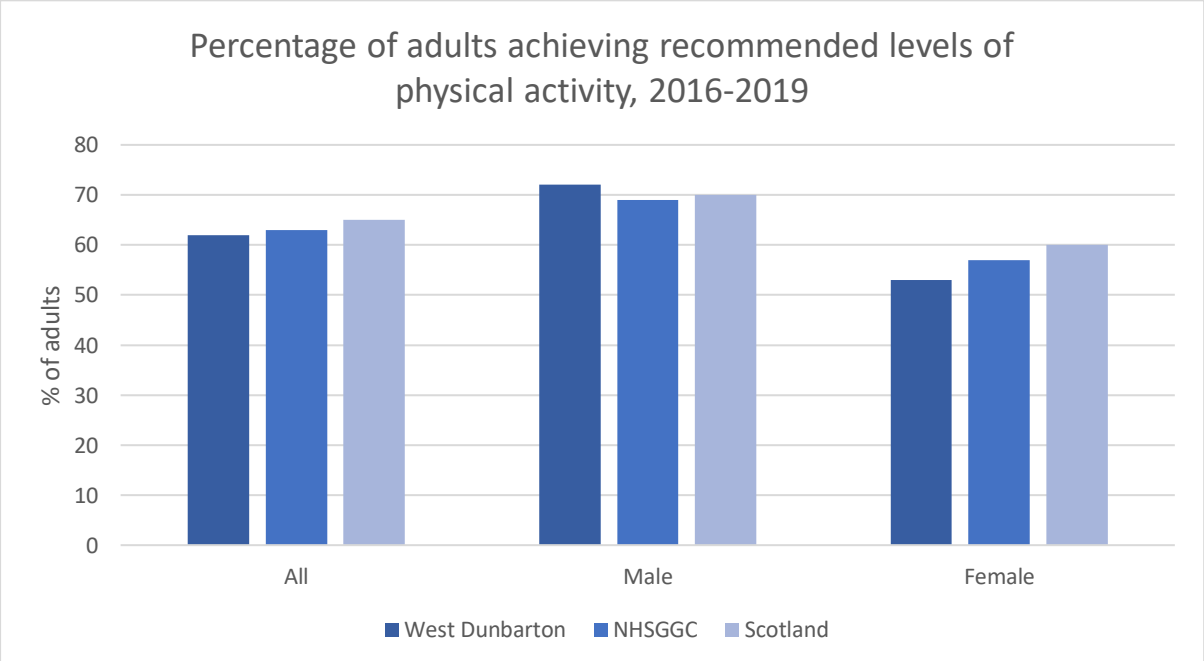
Physical Activity

The health benefits of a physically active lifestyle are well documented and there is evidence that regular activity supports reduced incidence of chronic conditions such as cardiovascular disease, obesity, and type two diabetes.

Physical activity is also associated with better health and cognitive function amongst older people, and can reduce the risk of falls in those with mobility problems. Research also shows that regular physical activity is beneficial in maintaining both physical and mental wellbeing, reducing risk of stress and depression and enhancing mood (WHO, 2020)

Previous generations were generally more active through work and manual labour, however today we must be conscious of including activity into our daily lives as sedentary behaviour such as sitting at a desk or watching TV if done for long periods of time is not good for our health. (Scottish Government, 2018)

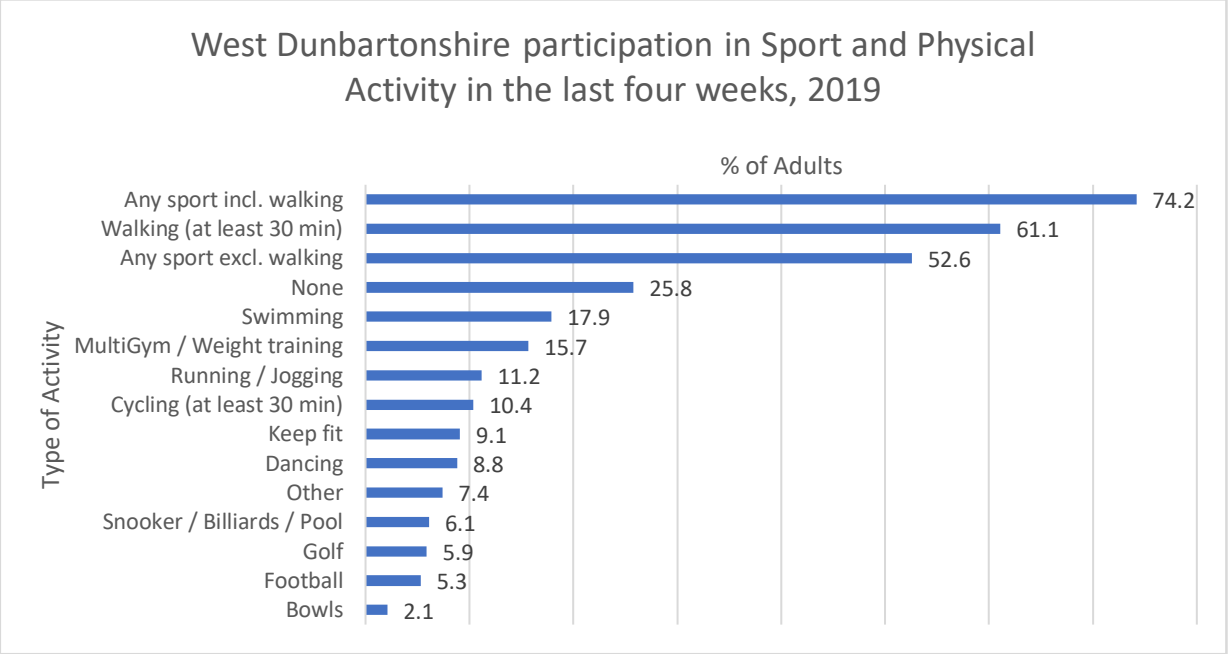
Figure 84: Percentage of adults achieving recommended levels of physical activity, 2016-2019



Source: Scottish Health Survey (2020))

The figure above shows that just under two-thirds (62%) of adults in West Dunbartonshire met the guidelines for moderate or vigorous physical activity (MVPA) of at least 150 minutes of moderate physical activity, 75 minutes of vigorous physical activity, or an equivalent combination of the two levels per week. These levels are similar to those in NHSGGC (63%) and Scotland (65%). A higher proportion of men met the MVPA guidelines for physical activity than women (72% compared with 53%) in West Dunbartonshire.

Figure 85: West Dunbartonshire adult participation in Sport and Physical Activity in the last four weeks.



Source: Scottish Household Survey (SHS) (2019)

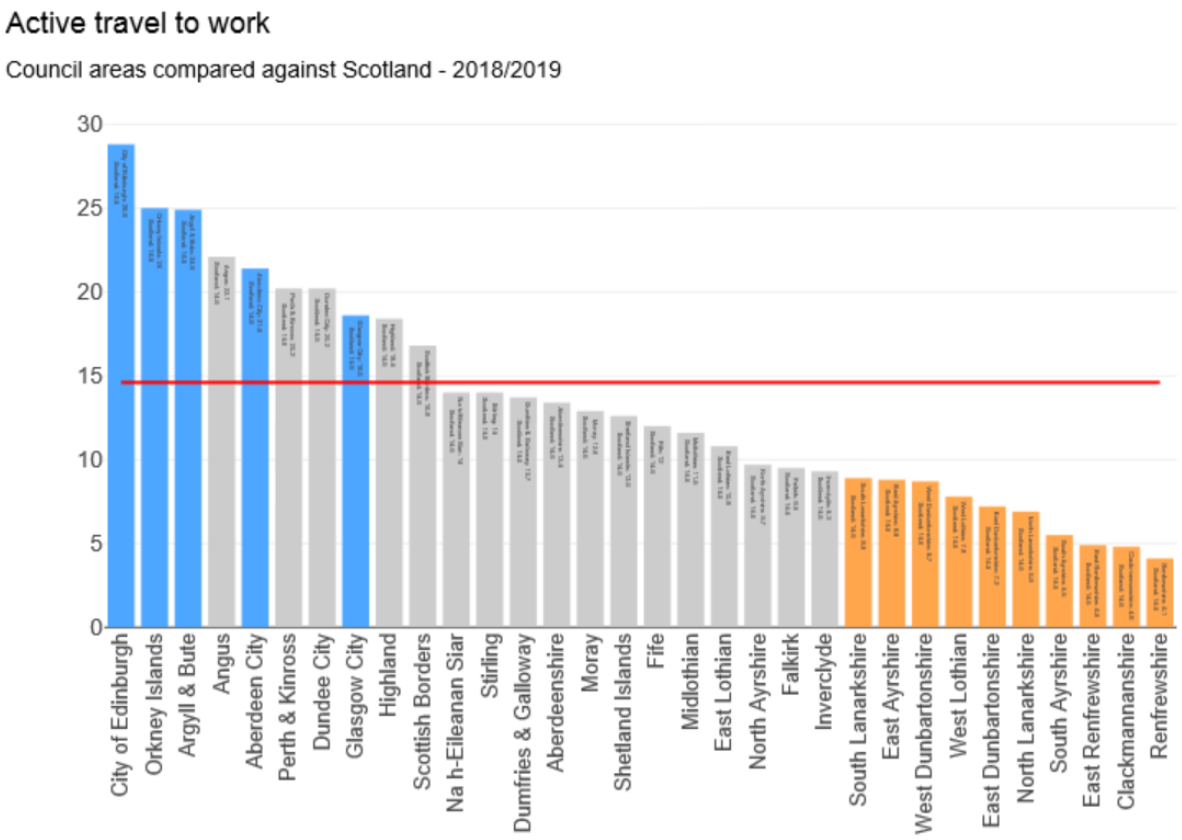
The figure above from the Scottish Household Survey, 2019 highlights the participation in sport and physical activity of West Dunbartonshire residents in the last four weeks.

This data shows that walking is the preferred choice of physical activity with 61.1% of participants walking at least 30 minutes, followed by swimming (17.9%) and multi-gym/weight training (15.7%).

Active Travel

Active travel refers to walking and cycling for transport reasons, for example to get to work, school or the shops.

Figure 86: Active Travel to work in West Dunbartonshire compared to other council areas 2018)



Source: [Scottish Public Health Observatory (2021)]

The figure above shows the proportion of people traveling actively (defined as walking or cycling) within West Dunbartonshire continues to be less than Scotland, 8.7 and 14.6 respectively (2018). Furthermore, West Dunbartonshire has the 8th lowest proportion of active travel to work among the 32 local authorities. The red line across the graph indicates the Scottish average.

Diet and Obesity

National Obesity Statistics

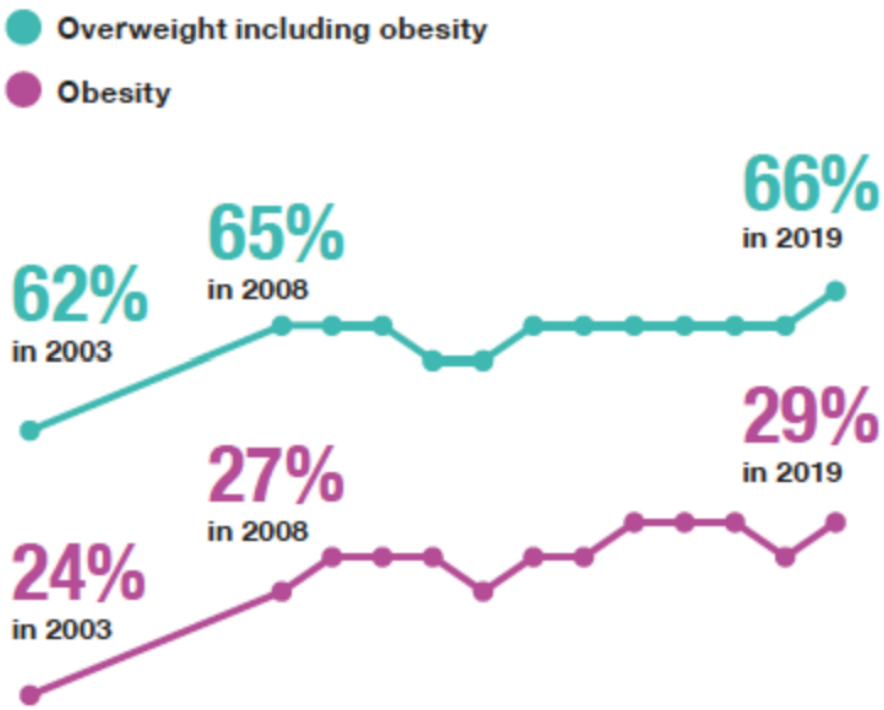
Overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health. Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m2). For adults, WHO defines overweight and obesity as follows: overweight is a BMI greater than or equal to 25; and obesity is a BMI greater than or equal to 30.

Scotland has one of the highest prevalence rates of obesity among developed countries and is a significant public health issue. Obesity is associated with an increased risk of diseases being, but not limited to, thirteen common cancers, cardiovascular disease, type two diabetes, Alzheimer's disease and dementia. The cost of obesity relates not only to health but also indirect economic costs as a result

of loss of productivity associated with impaired quality of life along with increased absenteeism.

Obesity Trends

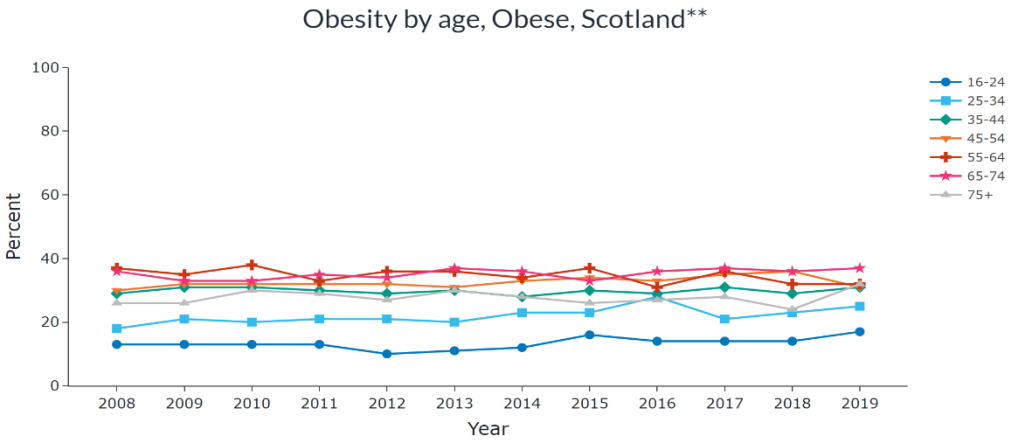
Figure 87: Prevalence of Overweight (BMI 25+) and obesity (BMI 30+) in Scotland, 2003 -2019 (Age 16+)



Source: Scottish Health Survey (2019)

The figure above shows national obesity trends have been steadily increasing between 2003 (24%) and 2019 (29%)

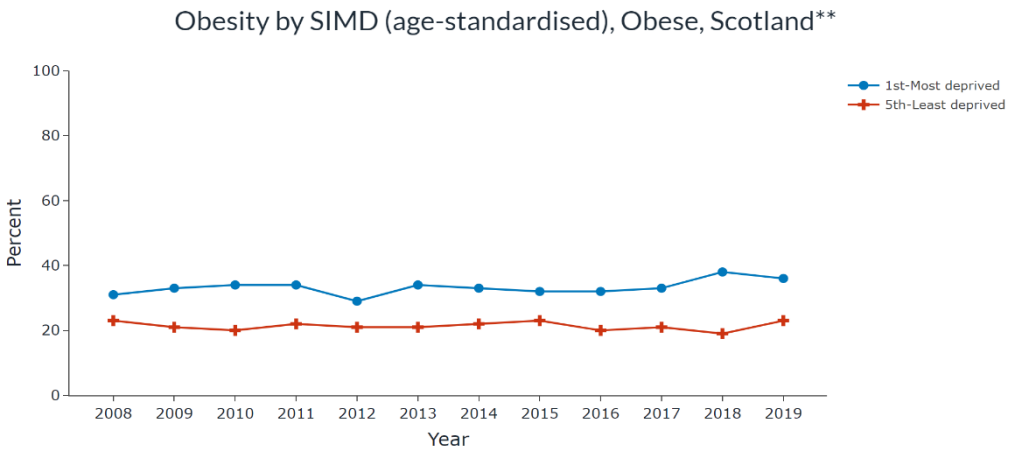
Figure 88: Obesity Prevalance by Age - Scotland



Source: Scottish Health Survey (2020)

The prevalence of obesity by age range has remained relatively stable from 2008 to 2019. Between 2018 and 2019 there have been small increase in the figures for each age group with the exception of 45-54 year olds which has decreased from 36% in 2018 to 31% in 2019.

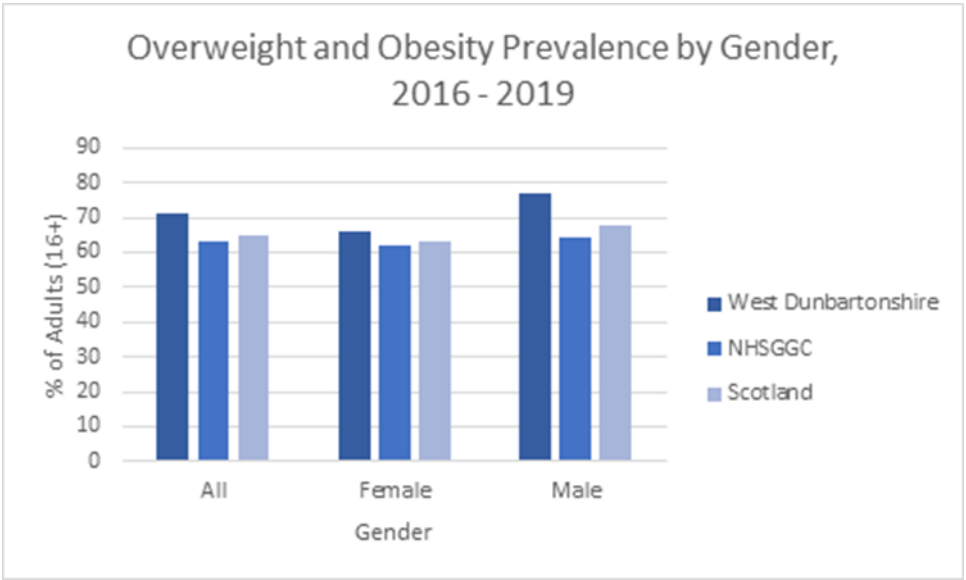
Figure 89: Obesity (BMI 30+), 2008-2019 (age 16+) by SIMD, age standardised - Scotland



Source: Scottish Health Survey (2020)

The figure above demonstrates that over the last 11 years obesity levels have been reasonably stable. With the disparity in obesity rates being particularly higher in areas of greater deprivation. In 2019 the figure for obesity in the most deprived areas was 36% and for the least deprived was 23%.

Figure 90: Overweight and Obesity Prevalence by Gender, 2016 - 2019



Source: Scottish Health Survey (2020)

The figure above shows, in West Dunbartonshire over two thirds (71%) of residents are overweight or obese. This figure is higher than both NHSGGC (63%) and Scotland (65%). Similarly, the proportion of males and females that are overweight or obese is higher than those in NHSGGC and Scotland. Within West Dunbartonshire three quarters of Males (77%) and two thirds of females (66%) are overweight or obese.

Mental Wellbeing

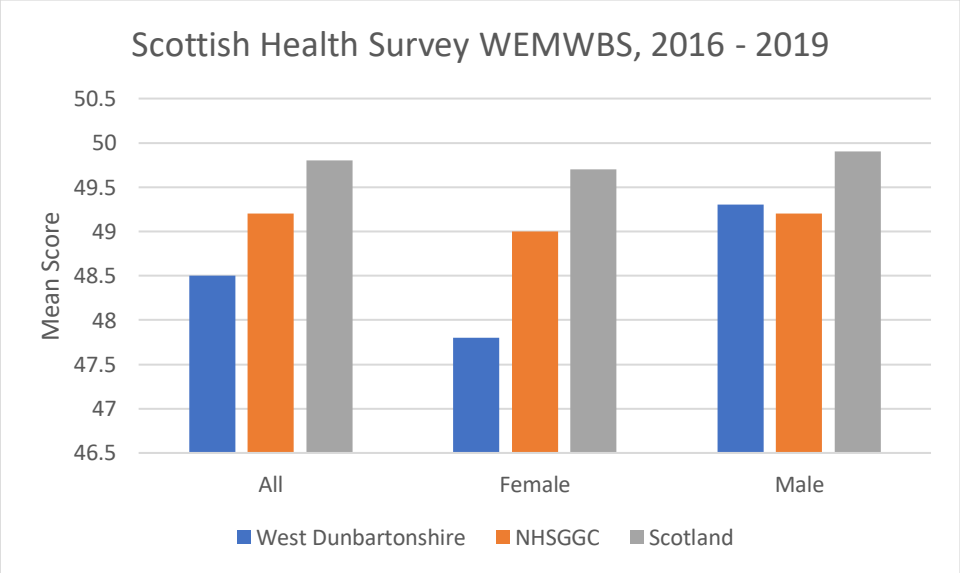
Good mental health is a state of well-being in which an individual realizes his or her own potential, can cope with the everyday stresses of life, can work productively and is able to make a positive contribution to his or her community (World Health Organisation, 2014).[118]

Mental health is a fundamental component of health. The World Health Organisation asserts that: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." An important implication of this definition is that mental health is more than just the absence of mental disorders or disabilities, it is interdependent on physical health.

Wellbeing Scores

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is used to measure mental wellbeing, within the Scottish Health Survey. This mental wellbeing scale was developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing (Warwick Medical School, 2022). [119]

Figure 91: Scottish Health Survey WEMWBS, 2016 - 2019



Source: Scottish Health Survey (2020)

The figure above shows the mean WEMWBS score for adults in West Dunbartonshire (2019) was 48.5, this is less than both NHSGGC (49.2) and Scotland (49.8). When the mean score is analysed by gender females in West Dunbartonshire are lower at 47.8, than NHSGGC (49) and Scotland (49.7). This is different in males with those in West Dunbartonshire (49.3) having similar mean scores with those in NHSGGC (49.2) but less than Scotland (49.9).

NOTE: The following alcohol, tobacco and drug data is based on population prevalence and is yielded from national surveys were participants self-report on lifestyle factors. Please see Burden of Disease chapter for more in-depth data on health-related harm from alcohol, tobacco and drug use.

Alcohol, Smoking, Drugs

Substance use causes significant harm in Scotland, with the majority of harm not due to dependency, addiction or illegal use but due to a large proportion of the population exceeding the alcohol guidelines on a regular basis or through smoking[120].

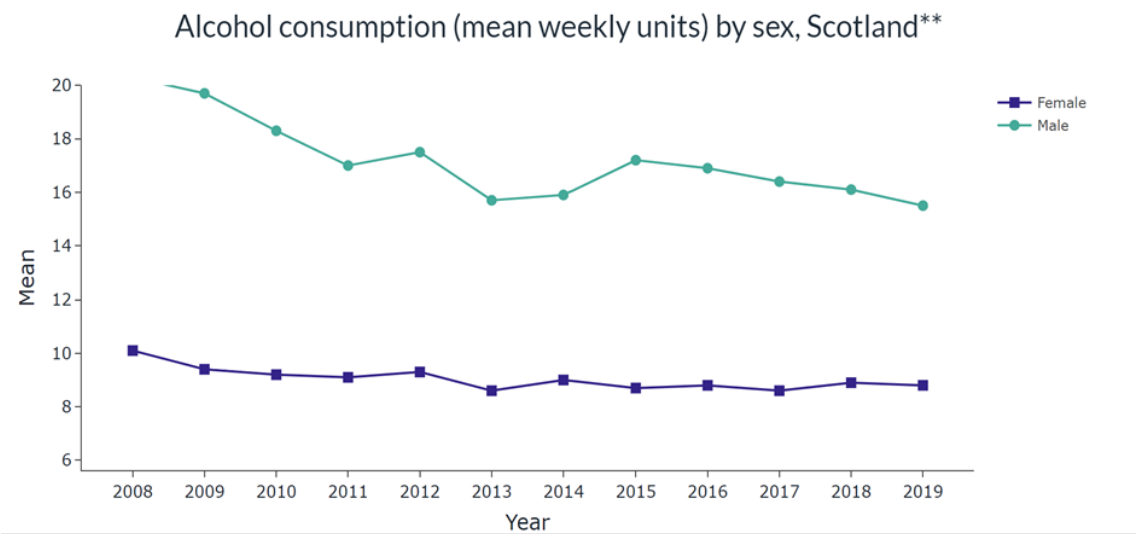
Locally the Community Planning West Dunbartonshire Local Outcome Improvement Plan 2017-27 aspires that *"Residents live in positive, health promoting local environments where the impact of alcohol and drugs is addressed"*[121] by taking a prevention and early intervention approach. This led to the development of the Substance Use Prevention Strategy 2017-27[122] which was an early adopter of a whole system approach to address public health priority 4[123]. The Substance Use Prevention Strategy was later updated to take cognisance of national substance use reduction strategies: Alcohol Framework 2018[124]; Rights, Respect and Recovery[125] and the 2021 National Mission[126] and updated annually in line with the Ministerial Priorities.

Alcohol Consumption

The UK Chief Medical Officers' Low Risk Drinking Guidelines 2016[127] for both men and women advise it is safest not to drink more than 14 units of alcohol per week on a regular basis. In order to keep health risks from alcohol to a low level it is recommended to spread the 14 units over three or more days and have drink free days.

Accurate data on alcohol consumption for West Dunbartonshire is not available. The best proxy indicator is from the Scottish Health Survey 2020[128]. In 2011, Health Scotland[129] highlighted that self-reported alcohol consumption usually shows lower estimates than those implied by alcohol sales data. This can largely be explained by participants' under-reporting of consumption. There is some evidence that survey non-responders are more likely than responders to engage in risky health behaviours, including hazardous alcohol use (Cheung et al, 2017)[130].

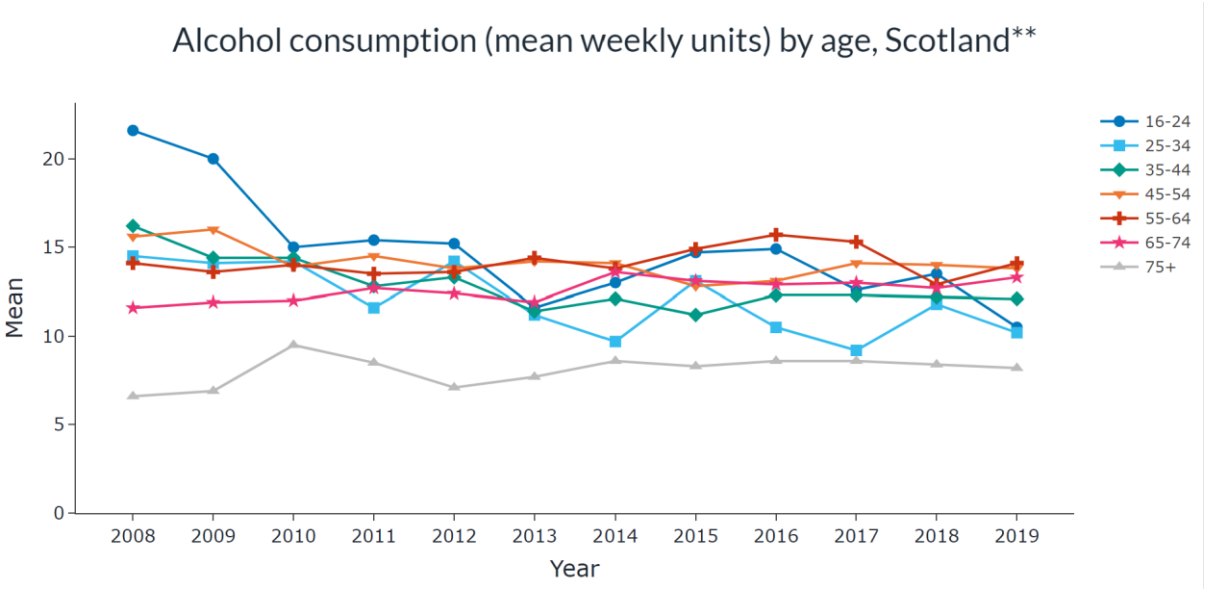
Figure 92: Alcohol Consumption, mean weekly units by sex



Source: Scottish Health Survey (2020)

The graph above shows nationally, since 2008 until 2019 males have consistently consumed more mean weekly units than females. Female consumption has been relatively static throughout the time period whilst male consumption has fallen overall (from a mean of 20 units in 2008, to 16 units in 2019). However, male consumption remains higher than the revised Alcohol Consumption Guidelines of 14 units per week for both males and females.

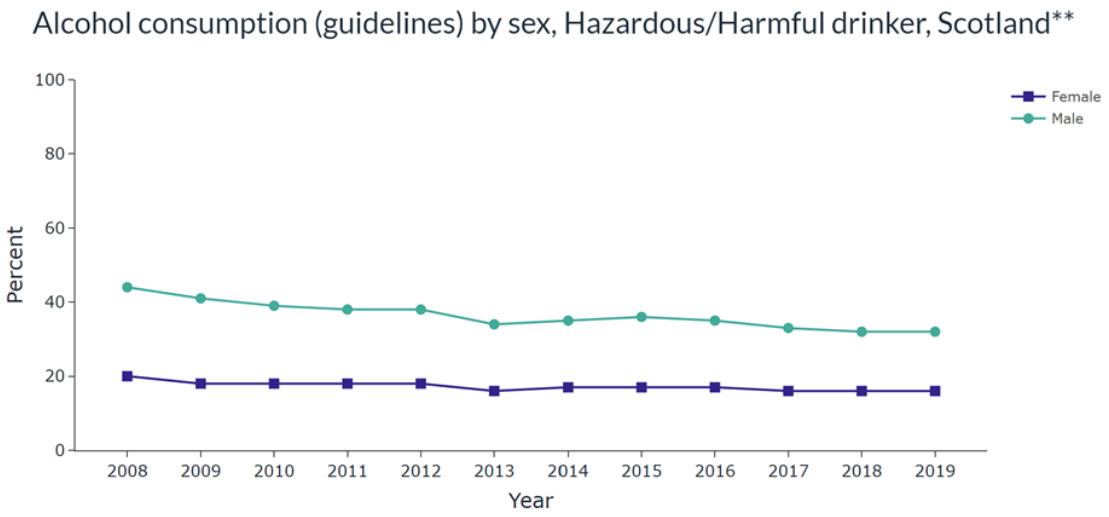
Figure 93: Weekly Units of Alcohol Consumed by Age in Scotland



Source: Scottish Health Survey (2020)

In Scotland, 45-54 (orange line) and 55-64 year olds (red line) are the most likely to exceed the UK drinking guidelines of 14 units per week for both men and women.

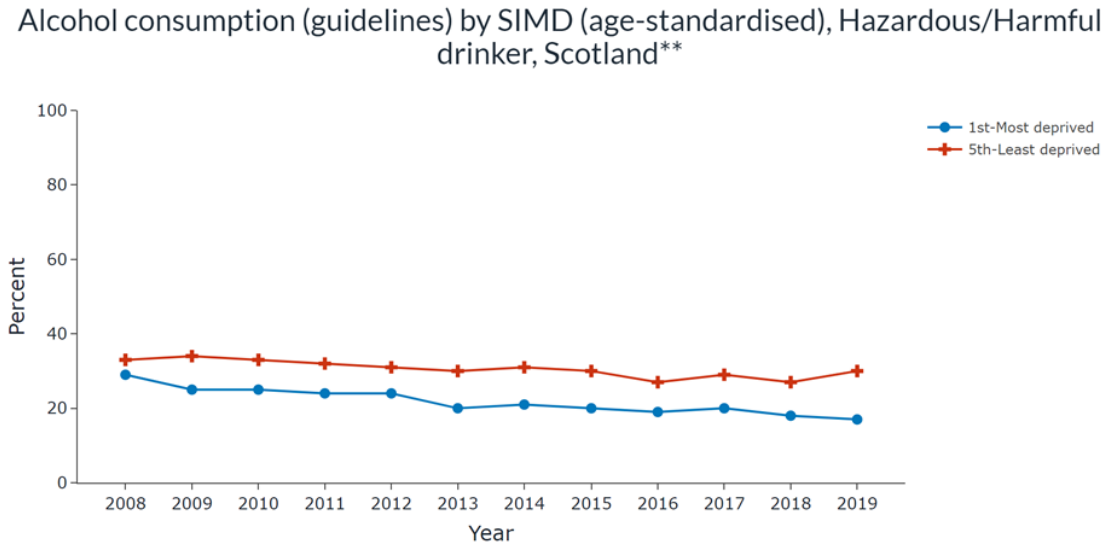
Figure 94: Alcohol Consumption, hazardous/harmful drinker by sex



Source: Scottish Health Survey (2020)

Similar to alcohol consumption by mean weekly units, the graph above shows that nationally, males are more likely than females to consume alcohol at hazardous/harmful levels.

Figure 95: Alcohol Consumption for Hazardous/Harmful Drinkers by SIMD



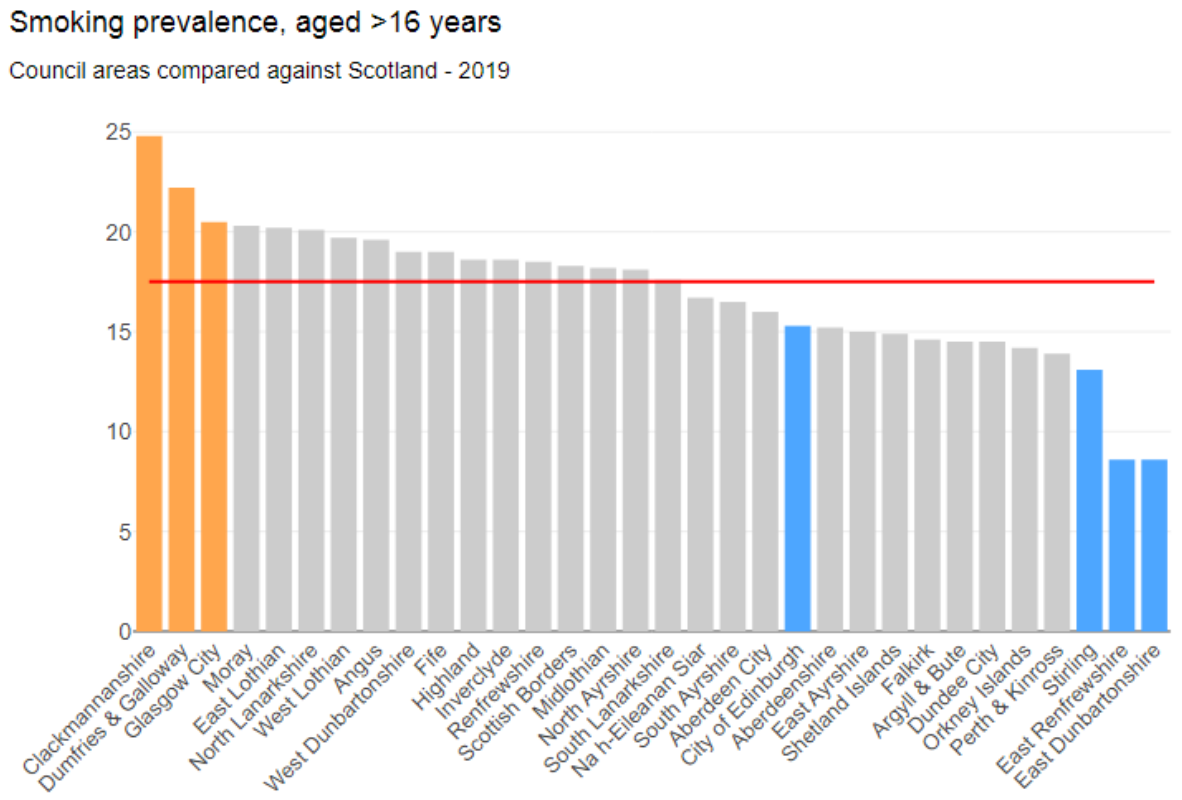
Source: Scottish Health Survey (2020)

Nationally there are higher levels of reported hazardous/harmful drinking among those living in the least deprived quintiles, this is consistent over the available time period (2008-2019). However, Katikireddi et al (2017)[131] highlighted disadvantaged social groups have greater alcohol-attributable harms compared with individuals from advantaged areas even with equal levels of alcohol consumption and after accounting for different drinking patterns, obesity, and smoking status at the individual level. This observation is also known as the Alcohol Harm Paradox (Bloomfield, K 2020)[132]

Smoking Prevalence

Smoking continues to be the greatest threat to public health in Scotland by some margin. Smoking is the cause of around one in five of all deaths and kills two in every three long-term smokers. Smoking remains the most significant cause of preventable cancer and contributes to much of Scotland's cardio-vascular and pulmonary health problems. Smoking not only creates health inequality, but the financial cost to smokers contributes to social and economic inequalities as well. Taking up smoking is likely to be the single biggest risk to most people's health and life-expectancy. Giving up smoking is the most important thing any smoker can do to improve their own and others' health and their life expectancy. (Scottish Government, 2018)[133]

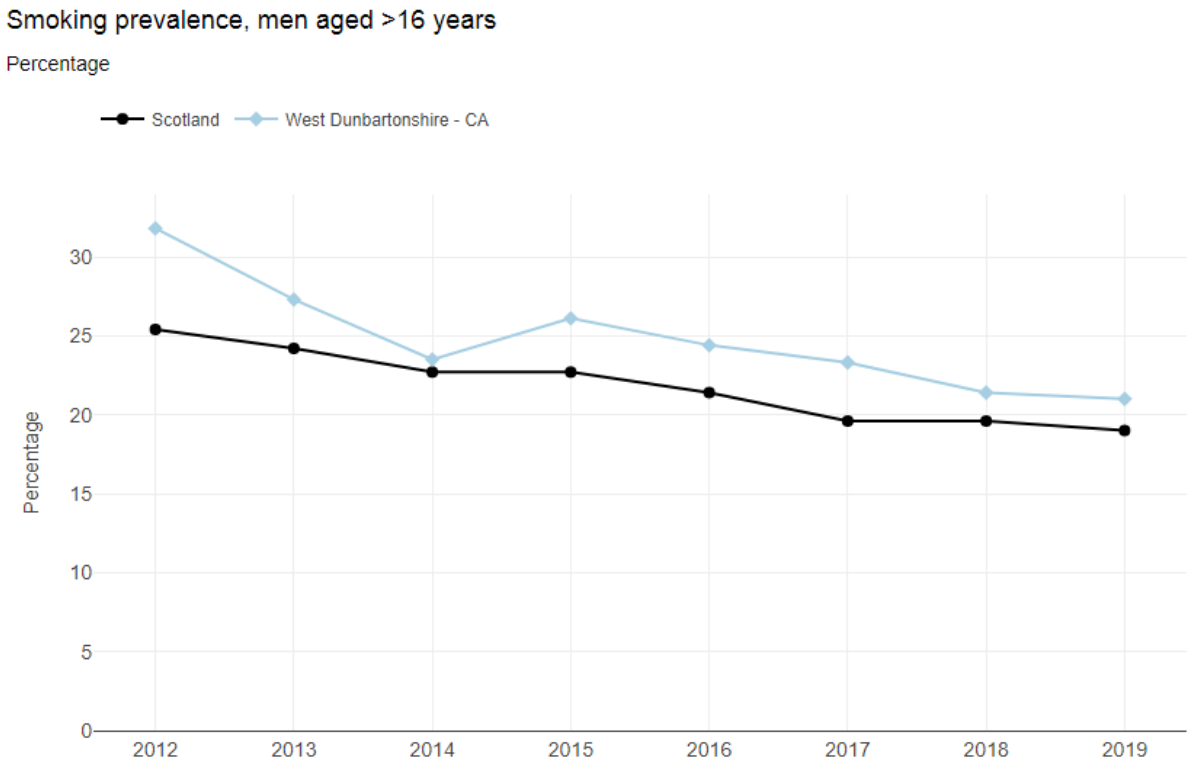
Figure 96: Adult Smoking Prevalence in Scotland by Local Authority (2019)



Source: [Scottish Public Health Observatory (2021)]

The figure above shows that in 2019 West Dunbartonshire Council has an adult (16+) smoking prevalence of 19% and is ranked 9th worst against other local authorities. The highest smoking prevalence being Clackmannanshire (24.8%) and the lowest prevalence being East Dunbartonshire (8.6%). The red line across the graph indicates that the Scottish average prevalence data is 17.5%.

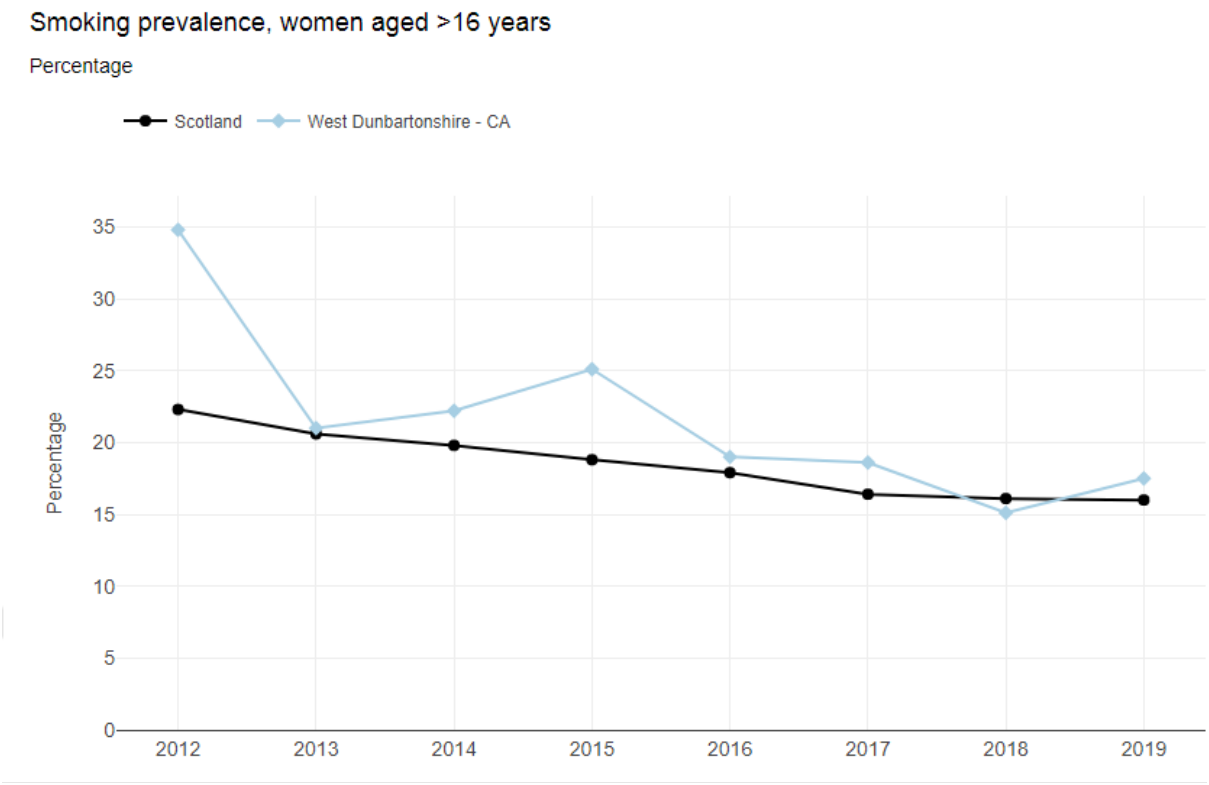
Figure 97: Smoking prevalence for males – West Dunbartonshire (2012 – 2019)



Source: [Scottish Public Health Observatory (2022)]

The figure above states that smoking prevalence for adult males in West Dunbartonshire has decreased from 32% in 2012 to its lowest point of 21% in 2019. In comparison to Scotland (19%), West Dunbartonshire prevalence is 2% higher.

Figure 98: Smoking prevalence females – West Dunbartonshire (2012 – 2019)

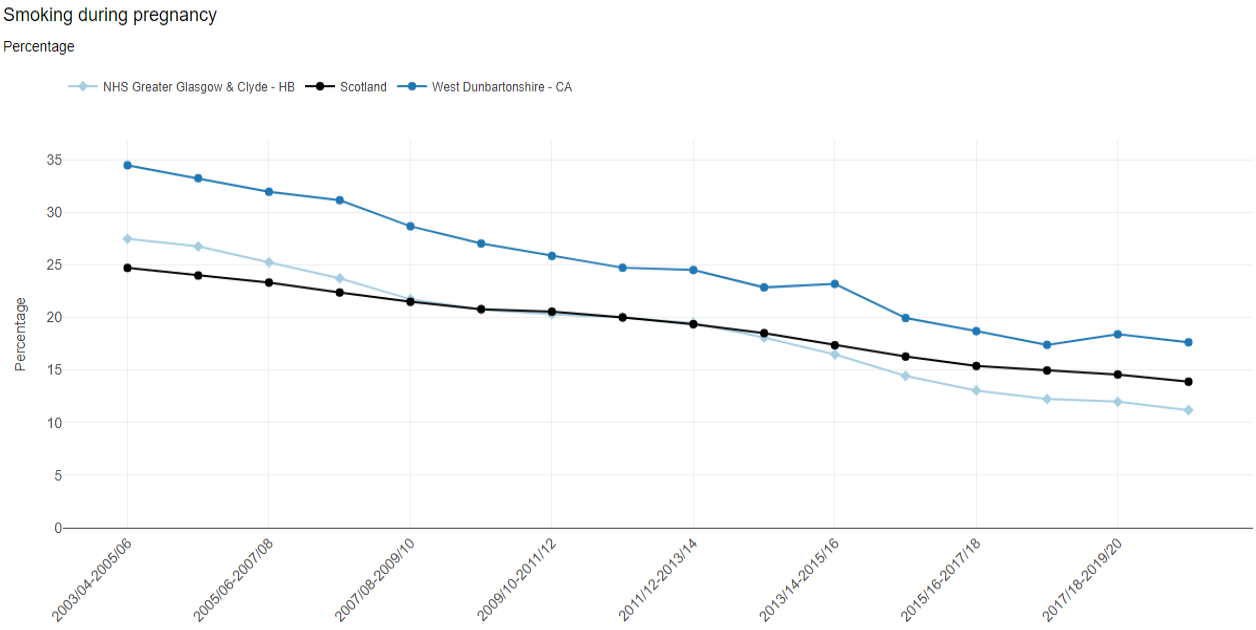


Source: [Scottish Public Health Observatory (2022)]

The figure above states that smoking prevalence for adult females in West Dunbartonshire has decreased from its highest point of 34.8% in 2012 to 17.5% in 2019, however it still remains greater than the Scottish average of 16%.

Smoking during pregnancy

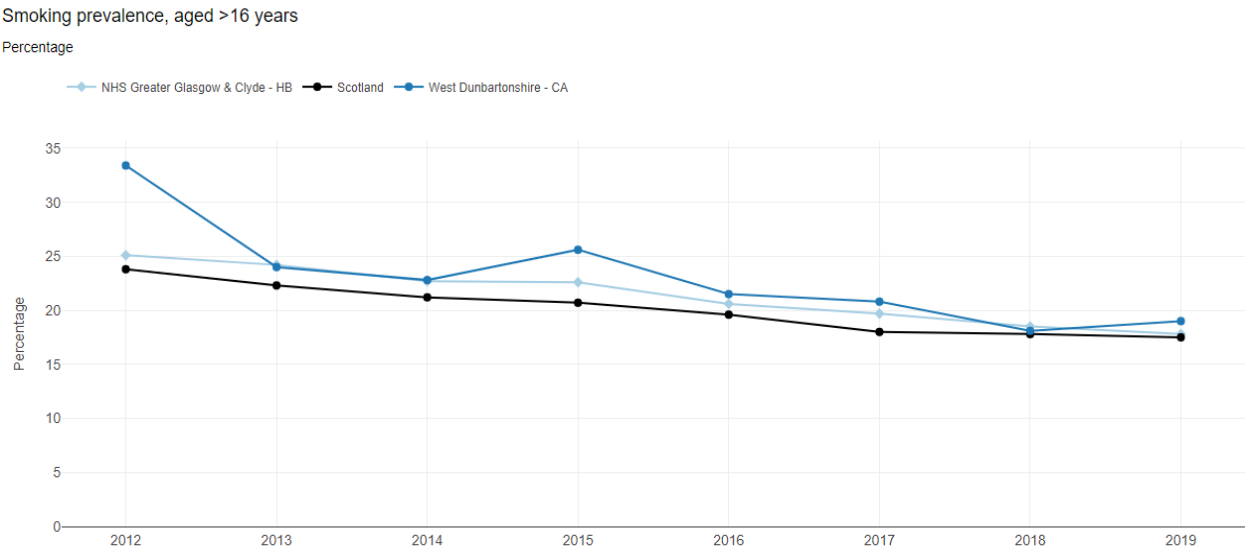
Figure 99: Smoking during pregnancy, 2003/04 – 2019/20



Source: [Scottish Public Health Observatory]

The figure above states that the percentage of women in West Dunbartonshire smoking during pregnancy has fallen from 34% in 2003/04 – 2005/06 to 18.4% in 2017/18 - 2019/20 and then subsequently fallen to 17.6% in 2018/19 – 2020/21. In Scotland the percentage has fallen from 25% to 15% and then to 13.8% over the same time period.

Figure 100: Smoking Prevalence - West Dunbartonshire, NHSGGC and Scotland 2012-2019



Source: Scottish Public Health Observatory

The figure above shows the prevalence of smoking rates was higher in West Dunbartonshire (19%) than NHSGGC (17.8%) and Scotland (17.5%) in 2019 and follow the same pattern of higher rates over time.

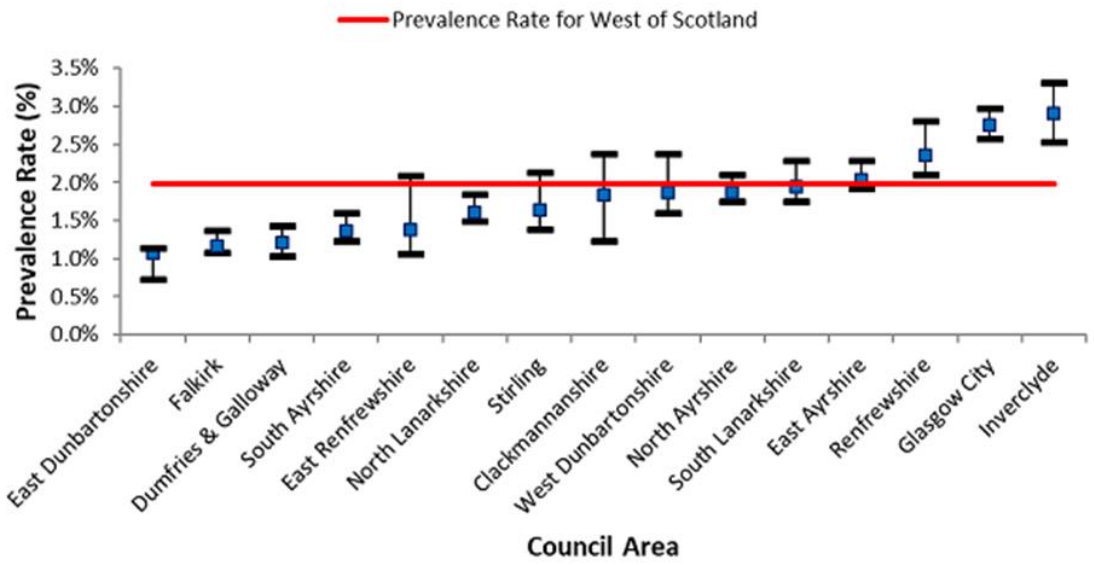
Drug Use Prevalence

There are many possible risks and dangers involved when using drugs. Effects can include changes in wakefulness, blood pressure and mood changes to heart attack, stroke, psychosis, overdose, and even death. Other long-term effects can include heart or lung disease, cancer, mental illness, HIV/AIDS and hepatitis. Also, long-term drug use can lead to addiction. Drug addiction is a brain disorder which changes how certain brain circuits work however not everyone who uses drugs will become addicted National Institute on Drug Abuse.[134]

There are many combining factors which can influence drug harms and they include the type of drug/drugs used; the amount taken; the frequency; the setting; personal factors of the person using and method of use DrugWise.[135]

Reducing drug-related harms and deaths is a key priority for the Scottish Government and this is set out in the National Drugs Mission (2021)[136] and Rights, Respect and Recovery (2018).[137]

Figure 101: Estimated prevalence rates (%) of problem drug use for council areas in the West of Scotland, 2015/2016



Source: Information Services Division (2020)

The figure above states that the prevalence of problem drug use in West Dunbartonshire was similar to the rate for the West of Scotland. Overall, West Dunbartonshire is the 7th worst local authority in the West of Scotland for problem drug use.

Estimated drug use prevalence in West Dunbartonshire was 1.87%. This equates to an approximate 940-1,400 problem drug users. This is higher than 1.62% for Scotland as a whole. The latest national prevalence rate is lower than was observed for 2012/13 Information Services Division.[138] However, due to some changes to the data included for this study and the margin of uncertainty that surrounds the statistical models and assumptions, it is not possible to conclude that a real reduction has occurred.

Key Findings

- The proportion of adults achieving the recommended levels of physical activity are similar in West Dunbartonshire (62%) to NHSGGC (63%) and equal to Scotland (62%).
- West Dunbartonshire is ranked 8th lowest local authority for active travel (cycling/walking) across Scotland.
- The proportion of adults that are overweight (including obese) is higher in West Dunbartonshire (71%) than NHSGGC (63%) and Scotland (65%).
- Mental wellbeing as measured using the WEMWBS tool illustrates a lower score in West Dunbartonshire (48.5) compared to both NHSGGC (49.2) and Scotland (49.8).
- Self-reported alcohol consumption overall (mean weekly units) is lower in West Dunbartonshire (11.7 units) than both NHSGGC (12.4 units) and Scotland (12.5 units). However, male consumption in West Dunbartonshire is

15.2 units which is higher than the Chief Medical Officer low risk guidelines of 14 units.

- Smoking prevalence of smoking rates were higher in West Dunbartonshire (17.5%) than NHSGGC (15.5%) and Scotland (16%).
- Estimated drug use prevalence in West Dunbartonshire was 1.87%. This equates to an approximate 940-1,400 problem drug users. This is higher than 1.62% for Scotland as a whole.

Considerations

- The HSCP must continue to promote across community planning partners positive health behaviour change as an integral part of self-care and self-management e.g., promoting NHS Inform information and support platform, local social prescribing Community Link Worker programme, as well as promoting Mental Health and Wellbeing in Primary Care Services (MHWPCS).
- The HSCP must work with partners to reduce the obesogenic environment; this includes the structural changes that are required to reduce the long-term health inequality disparities of the consequences of obesity and physical inactivity.
- There must be a continued focus on driving forward the Community Planning West Dunbartonshire Substance Use Prevention Strategy now in year 4 of the 10-year lifespan of the strategy.
- The HSCP must continue to lead and co-ordinate with partners the ADP Ministerial priorities as set out in the National Drugs Mission (2021)[139], Alcohol Framework 2018[140] and Rights, Respect and Recovery[141]

Burden of Disease

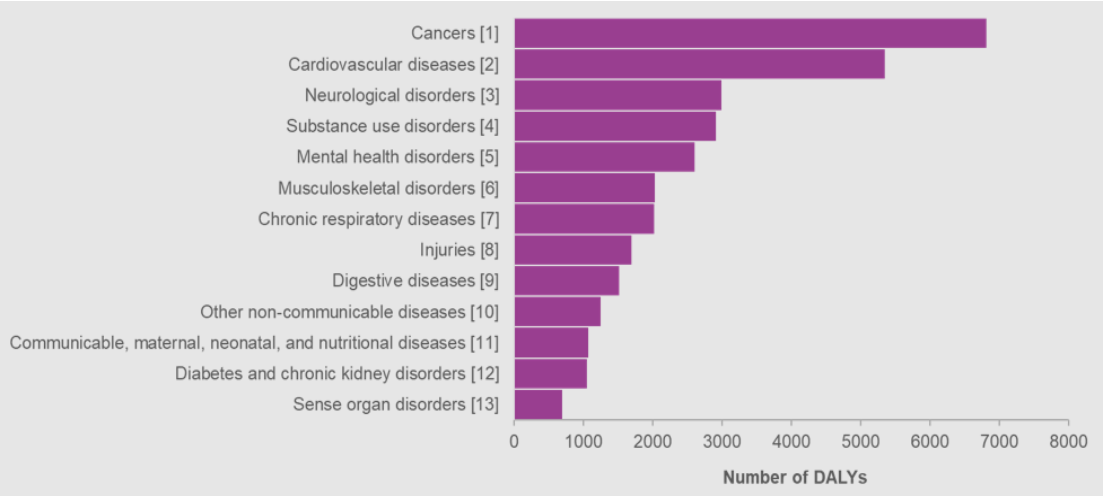
The Scottish Burden of disease epidemiology study is based on an internationally recognised approach to quantify the difference between the ideal of living to old age in good health and the situation where healthy life is shortened by illness, injury, disability and early death. Burden of disease studies use a single composite measure which combines the years lost because of early/premature 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) is simply the addition of YLL and YLD for each disease included in the burden of disease classification.

The estimates provide a consistent and comprehensive framework on how early death and ill health affect the population. The estimates can support planners identify where the largest public health gains can be made such as where prevention and service activity should be focused and demands likely to face services in the future.

To illustrate this, as an example of application of burden of disease data in relation to prevention, West Dunbartonshire HSCP, as one of five pilot areas for the Scottish Burden of Disease 2016 study[142] used the data to support focused work with community planning partners to develop a Community Planning West Dunbartonshire Substance Use Prevention Strategy[143] based on projected substance use burden and harm.

The Scottish Burden of Disease 2019 study[144] the most recently published study (September 2021), assessed how ill-health and premature death, from over 70 diseases and injuries, contributed to disease burden in Scotland and across local areas. The study produced local area estimates and the results for West Dunbartonshire show the three leading group causes of ill-health and early death are **cancers, cardiovascular diseases** and **neurological disorders**. These group causes account for 47% of the total burden of health loss. Overall, the rate of health loss in West Dunbartonshire is 15% higher than the Scottish rate.

Figure 102: Leading grouped causes of ill health and early death



Source: The Scottish Burden of Disease 2019 study

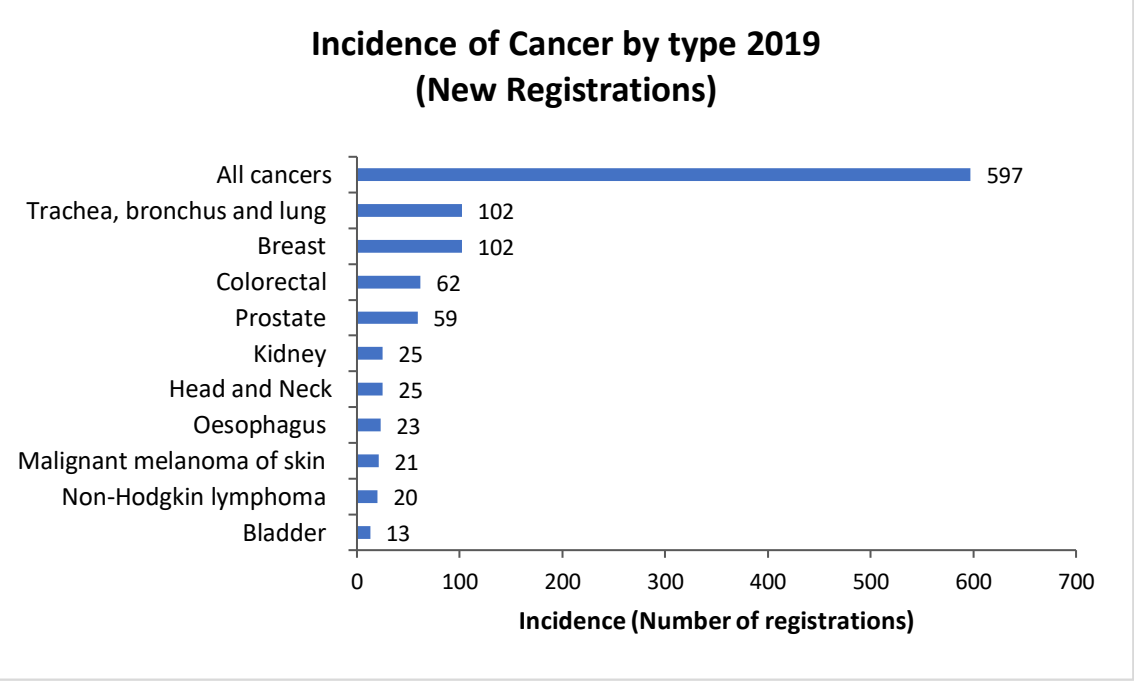
The data produced for the 2019 study is pre Covid-19 pandemic and therefore does not include any estimates of the effect of Covid-19 in the population.

For the purpose of this Strategic Needs Assessment the following section on diseases will be structured under the Burden of Disease categories and ranked according to the overall burden but will also include a separate category on Covid-19.

Cancer

The World Health Organisation define cancer as a generic term for a large group of diseases that can affect any part of the body. One feature specific to cancer is the rapid creation of abnormal cells that grow beyond their usual boundaries, and which can then invade adjoining parts of the body and spread to other organs; the latter process is referred to as metastasis. Widespread metastases are the primary cause of death from cancer. (WHO, 2022)[145]

Figure 103: Incidence of cancer (number of new registrations) in West Dunbartonshire HSCP in 2019, broken down by top 10 most common cancer types in Scotland



Source: Linkage files, Public Health Scotland (2021)

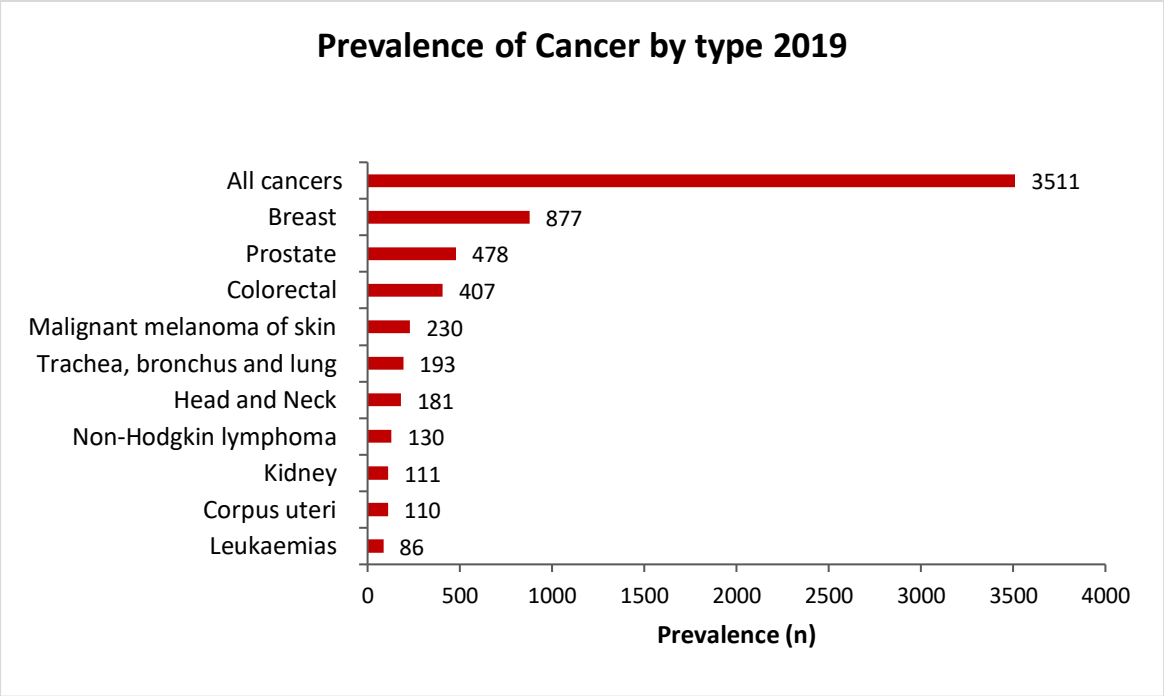
Table 18: Number of new cancer registrations, broken down by top 10 most common cancer types in West Dunbartonshire HSCP in 2019

Cancer site / type (ICD-10)	Number of registrations	Sex
All cancers	597	Persons
Breast	102	Females

Trachea, bronchus and lung	102	Persons
Colorectal	62	Persons
Prostate	59	Males
Head and Neck	25	Persons
Kidney	25	Persons
Oesophagus	23	Persons
Malignant melanoma of skin	21	Persons
Non-Hodgkin lymphoma	20	Persons
Bladder	13	Persons

The chart and table above show new cancer registrations by type. Within West Dunbartonshire in 2019 the top three were Breast (n=102), Trachea, bronchus and lung (n=102) and Colorectal (n=62).

Figure 104: Prevalence of cancer (number of registrations) in West Dunbartonshire in 2019, broken down by top 10 most common cancer types



Source: Linkage files, Public Health Scotland 2021

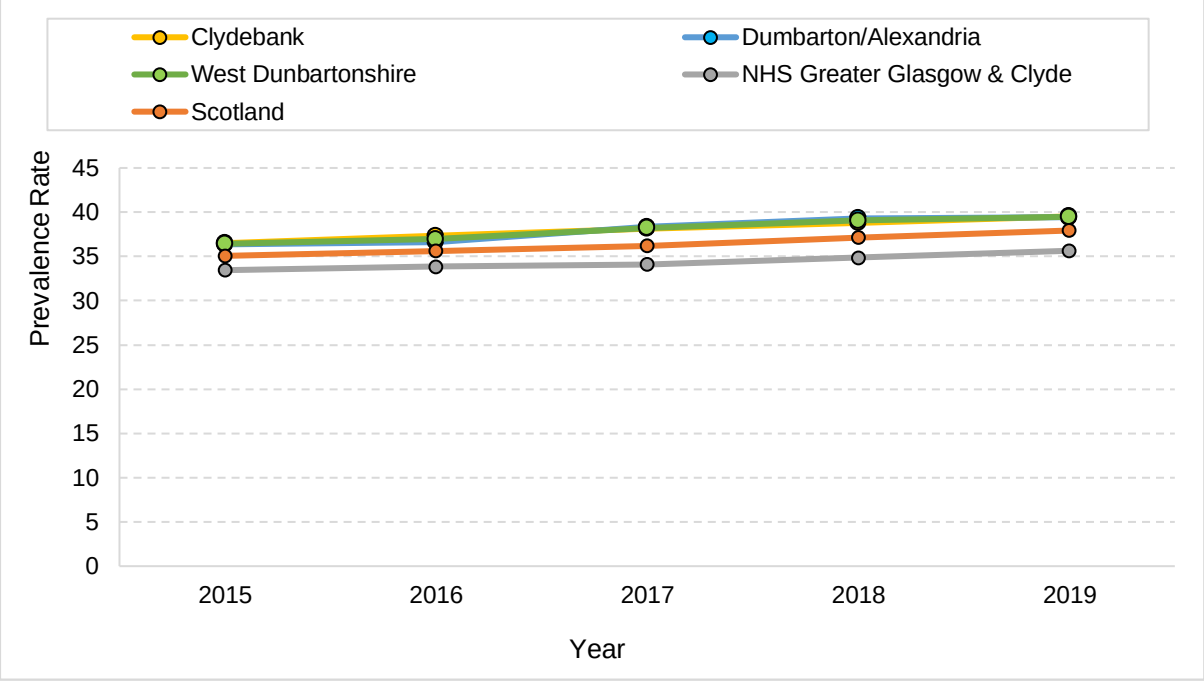
Table 19: Number of new cancer registrations, broken down by top 10 most common cancer types in West Dunbartonshire HSCP in 2019

Cancer site / type (ICD-10)	Prevalence	Sex
All cancers	3511	Persons
Breast	877	Females
Prostate	478	Males
Colorectal	407	Persons
Malignant melanoma of skin	230	Persons

Trachea, bronchus and lung	193	Persons
Head and Neck	181	Persons
Non-Hodgkin lymphoma	130	Persons
Kidney	111	Persons
Corpus uteri	110	Females
Leukaemias	86	Persons

The figure and table above highlight the total cancer prevalence rate as of 2019. It shows a total of 3,511 cancers were registered with highest prevalence rate for Breast (n=877) followed by prostate (n=478) and colorectal (n=407).

Figure 105: Prevalence rate of cancer in residents of West Dunbartonshire HSCP (Clydebank vs. Dumbarton/Alexandria vs. West Dunbartonshire HSCP vs NHSGGC vs Scotland) 2015-2019



Source: Linkage files, Public Health Scotland (2021)

Table 20: Prevalence rate of cancer in residents of West Dunbartonshire HSCP (Clydebank vs. Dumbarton/Alexandria vs. West Dunbartonshire HSCP) 2015-2019

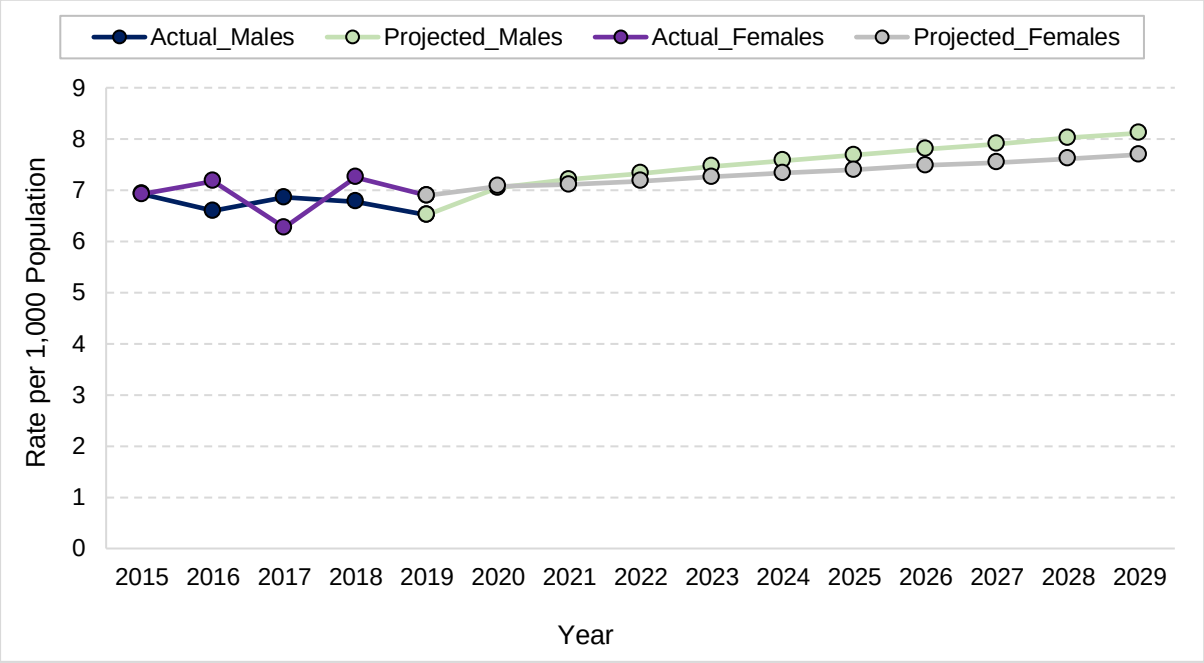
	West Dunbartonshire		Clydebank		Dumbarton/ Alexandria		NHSGGC		Scotland	
Year	Nbr	Rate	Nbr	Rate	Nbr	Rate	Nbr	Rate	Nbr	Rate
2015	3,264	36.43	1,615	36.50	1,649	36.37	38,463	33.4	188,409	35.1
2016	3,323	36.98	1,653	37.32	1,670	36.65	39,298	33.8	192,502	35.6
2017	3,427	38.24	1,678	38.15	1,749	38.33	39,852	34.1	196,430	36.2
2018	3,483	39.08	1,696	38.82	1,787	39.32	40,965	34.9	202,055	37.2

2019	3,511	39.48	1,720	39.52	1,791	39.44	42,168	35.6	207,229	37.9

Source: Linkage files, Public Health Scotland (2021)

The above chart and table show that the prevalence rate of cancer in West Dunbartonshire (39.48) is higher than NHSGGC (35.6) and Scotland (37.9) as a whole. Furthermore, the number and the rate of individuals living with cancer in West Dunbartonshire has increased in the four-year period. The number and rate are similar across Clydebank and Dumbarton/Alexandria.

Figure 106: Projected number of individuals with a new cancer registration (2015 - 2030 calendar year data) for West Dunbartonshire



Source: Linkage files, Public Health Scotland (2021)

The chart above indicates the number of new cancer diagnosis is projected to increase in both males and females. Furthermore, the projections highlight that the rate of newly diagnosed males' cases will overtake females.

Key Findings

- The prevalence rate of cancer in West Dunbartonshire (39.48) is higher than NHSGGC (35.6) and Scotland (37.9) as a whole.
- Cancer is ranked the top burden of disease within the grouped disease estimates for West Dunbartonshire with a projected 23.5% increase in males and 9.1% increase in females by 2030.
- The top three types of cancer prevalent in West Dunbartonshire are breast, prostate and colorectal.

Considerations

- The HSCP should support interventions focused on risk factors for cancer e.g., alcohol and tobacco use, obesity, poor diet and lack of physical activity.
- The HSCP should continue to ensure the uptake of national screening programmes for breast and bowel cancer and continue to raise awareness of the National detecting cancer early programme.
- The HSCP should maximise the benefits of the Improving the Cancer Journey programme co-ordinated locally by WDC Housing and Communities Strategic area to ensure all those living with cancer are holistically supported.
- The HSCP should ensure the future needs of carers are considered reflecting projections and burden of disease estimates.
- The HSCP needs to plan for increased demand on services from individuals with complex health and care needs who may be at varying stages of the disease and consider this within the Primary Care Improvement Plan.

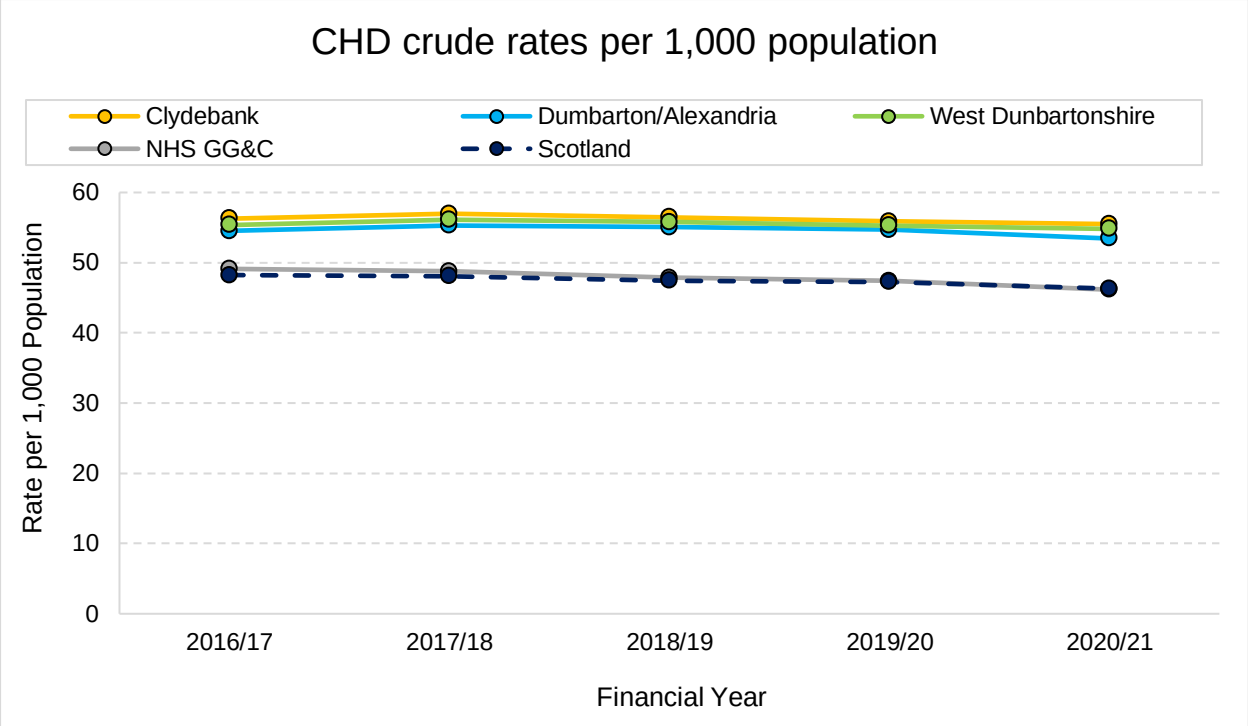
Cardiovascular Disease (CVD)

Cardiovascular disease (CVD) is a general term for conditions affecting the heart or blood vessels. It is usually associated with a build-up of fatty deposits inside the arteries (atherosclerosis) and an increased risk of blood clots. It can also be associated with damage to arteries in organs such as the brain, heart, kidneys and eyes. CVD is one of the main causes of death and disability in the UK, but it can often largely be prevented by leading a healthy lifestyle.[146] NHS UK Government, 2021

Coronary Heart Disease

Heart disease is a broad term for a variety of conditions that affect the structure and function of the heart. The most common type of heart disease is coronary heart disease (CHD) where the blood vessels carrying oxygen-rich blood (coronary arteries) to the heart muscle become narrowed or blocked. If insufficient blood reaches the heart muscle this can cause damage to the heart muscle which is known as a heart attack. Scotland has a high prevalence of the risk factors associated with CHD, such as smoking, poor diet and physical inactivity. Despite a substantial reduction in the rate of death from coronary heart disease (CHD) over the last decade, it remains one of the leading causes of death in Scotland.[147] Public Health Scotland, 2021

Figure 107: Crude rate per 1,000 population of individuals living with CHD (Clydebank vs. Dumbarton/Alexandria vs. West Dunbartonshire HSCP vs. NHSGGC vs. Scotland data for 2016/17 - 2020/21 financial years



Source: Linkage files, Public Health Scotland (2021)

Table 21: Number and crude rate per 1,000 population of individuals living with CHD (Clydebank vs. Dumbarton/Alexandria vs. West Dunbartonshire HSCP vs. NHSGGC vs. Scotland data for 2016/17 - 2020/21 financial years)

	Clydebank		Dumbarton/ Alexandria		West Dunbartonshire		NHSGGC		Scotland	
Financial Year	Nbr	Rate	Nbr	Rate	Nbr	Rate	Nbr	Rate	Nbr	Rate
2016/17	2494	56.31	2484	54.51	4978	55.40	57044	49.12	260731	48.24
2017/18	2506	56.98	2523	55.29	5029	56.12	57039	48.79	260840	48.08
2018/19	2468	56.50	2503	55.08	4971	55.77	56247	47.87	257950	47.43
2019/20	2432	55.89	2484	54.70	4916	55.28	56086	47.41	258221	47.26
2020/21	2415	55.50	2427	53.44	4842	54.81	54703	46.15	253118	46.31

Source: Linkage files, Public Health Scotland 2021

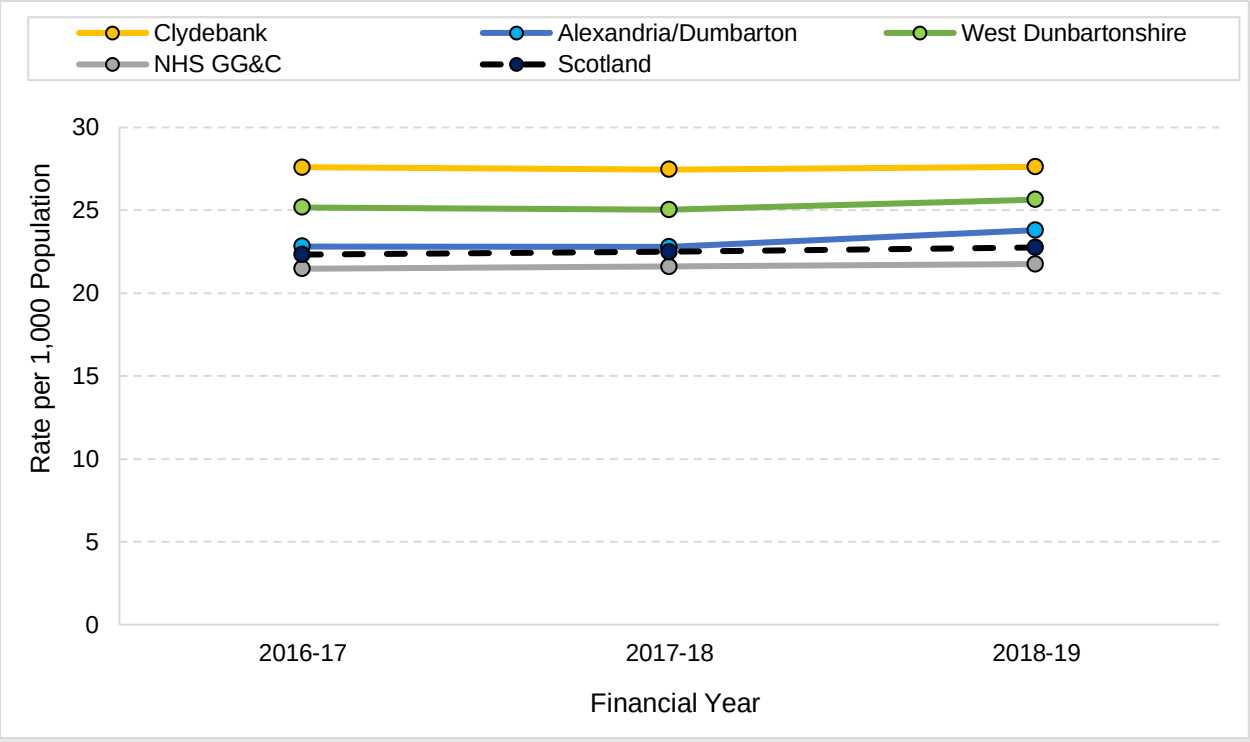
The above chart and table show the number and the rate of individuals living with coronary heart disease in West Dunbartonshire has remained at a constant rate since 2016/17 and has been consistently higher than that of NHS Greater Glasgow and Clyde, and higher than that of Scotland. While the rate in Scotland has fallen slightly in both West Dunbartonshire and Scotland as a whole, the decrease at a national level has been greater.

Stroke

Cerebrovascular disease develops because of problems with the blood vessels supplying oxygen rich blood to the brain. One of the common types of cerebrovascular disease is stroke. A stroke occurs when the blood supply to part of the brain is interrupted, and brain cells are starved of oxygen. This usually occurs because a blood vessel becomes blocked by fatty deposits or a blood clot. Stroke is more common in older people. Scotland has a high prevalence of the risk factors associated with cerebrovascular disease such as smoking and high blood pressure.[148] Public Health Scotland, 2021

Stroke is the third most common cause of death in Scotland and the most common cause of severe physical disability amongst adults. It is estimated that about 15,000 people in Scotland have a stroke each year. Hospital care for these patients accounts for 7% of all NHS beds and 5% of the entire NHS budget.[149] Scottish Stroke Care Audit, 2021

Figure 108: Crude rate per 1,000 population of individuals living with stroke (West Dunbartonshire HSCP vs. NHSGGC vs. Scotland data for 2016/17 - 2018/19 financial years)



Source: Linkage files, Public Health Scotland 2021

Table 22: Number and rate per 1,000 population of individuals living with stroke (West Dun vs. NHSGGC vs. Scotland data for 2016/17 - 2018/19)

	Clydebank		Alexandria/ Dumbarton		West Dunbartonshire		NHS GG&C		Scotland	
Financial Year	Nbr	Rate	Nbr	Rate	Nbr	Rate	Nbr	Rate	Nbr	Rate
2016-17	1277	27.59	1092	22.82	2424	25.19	26808	21.48	120412	22.33

2017-18	1271	27.46	1138	22.80	2409	25.04	27584	21.61	125052	22.50
2018-19	1277	27.63	1188	23.81	2465	25.64	28396	21.76	128050	22.76

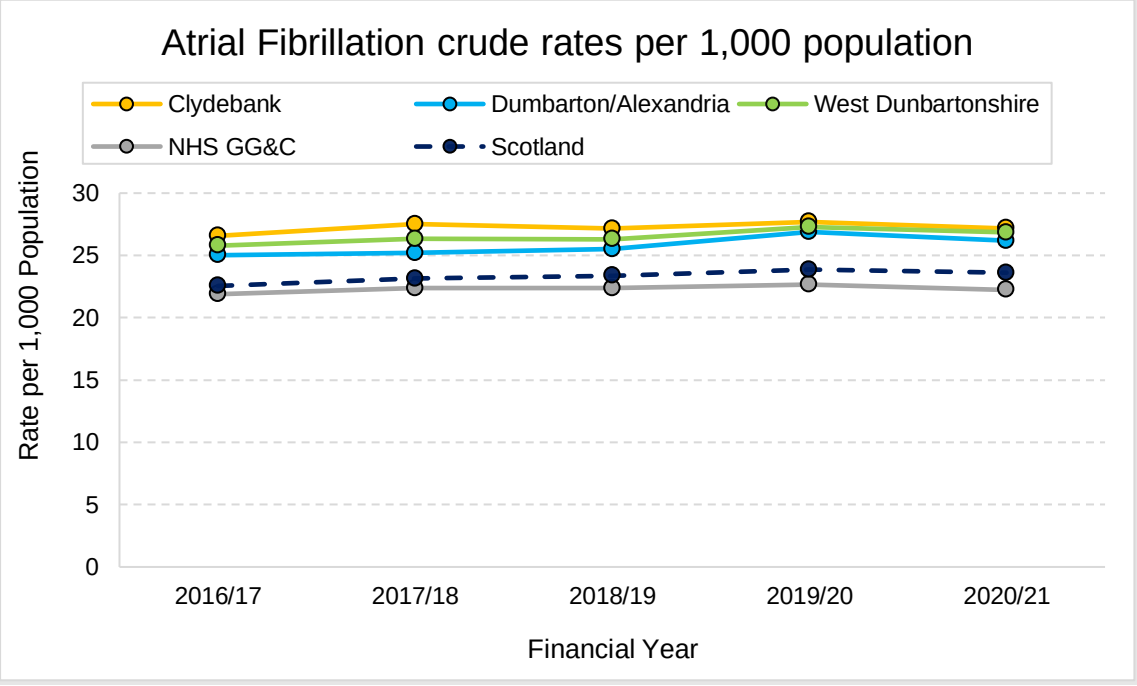
Source: Linkage files, Public Health Scotland (2021)

The above chart and table show the number and the rate of individuals living with a stroke in West Dunbartonshire has remained at a constant rate since 2016/17 and has been consistently higher than that of NHS Greater Glasgow and Clyde, and higher than that of Scotland.

Atrial Fibrillation

In atrial fibrillation, the heart rate is irregular and can sometimes be very fast. This can cause problems including dizziness, shortness of breath and tiredness. Sometimes atrial fibrillation does not cause any symptoms and a person who has it is completely unaware that their heart rate is irregular.[150] NHS UK, UK Government, 2021

Figure 109: Crude rate per 1,000 population of individuals living with Atrial Fibrillation (Clydebank vs. Dumbarton/Alexandria vs. West Dunbartonshire HSCP vs. NHSGGC vs. Scotland data for 2016/17 - 2020/21 financial years)



Source: Linkage Files, Public Health Scotland (2021)

Table 23: Number and crude rate per 1,000 population of individuals living with Atrial Fibrillation (Clydebank vs. Dumbarton/Alexandria vs. West Dunbartonshire HSCP vs. NHSGGC vs. Scotland data for 2016/17 - 2020/21 financial years

	Clydebank	Dumbarton/ Alexandria	West Dunbartonshire	NHSGGC	Scotland

Financial Year	Nbr	Rate	Nbr	Rate	Nbr	Rate	Nbr	Rate	Nbr	Rate
2016/17	1177	26.57	1140	25.02	2317	25.78	25423	21.89	121889	22.55
2017/18	1210	27.51	1150	25.20	2360	26.34	26141	22.36	125587	23.15
2018/19	1186	27.15	1159	25.50	2345	26.31	26273	22.36	127045	23.36
2019/20	1205	27.69	1221	26.89	2426	27.28	26813	22.66	130394	23.87
2020/21	1183	27.18	1189	26.18	2372	26.85	26371	22.25	129058	23.61

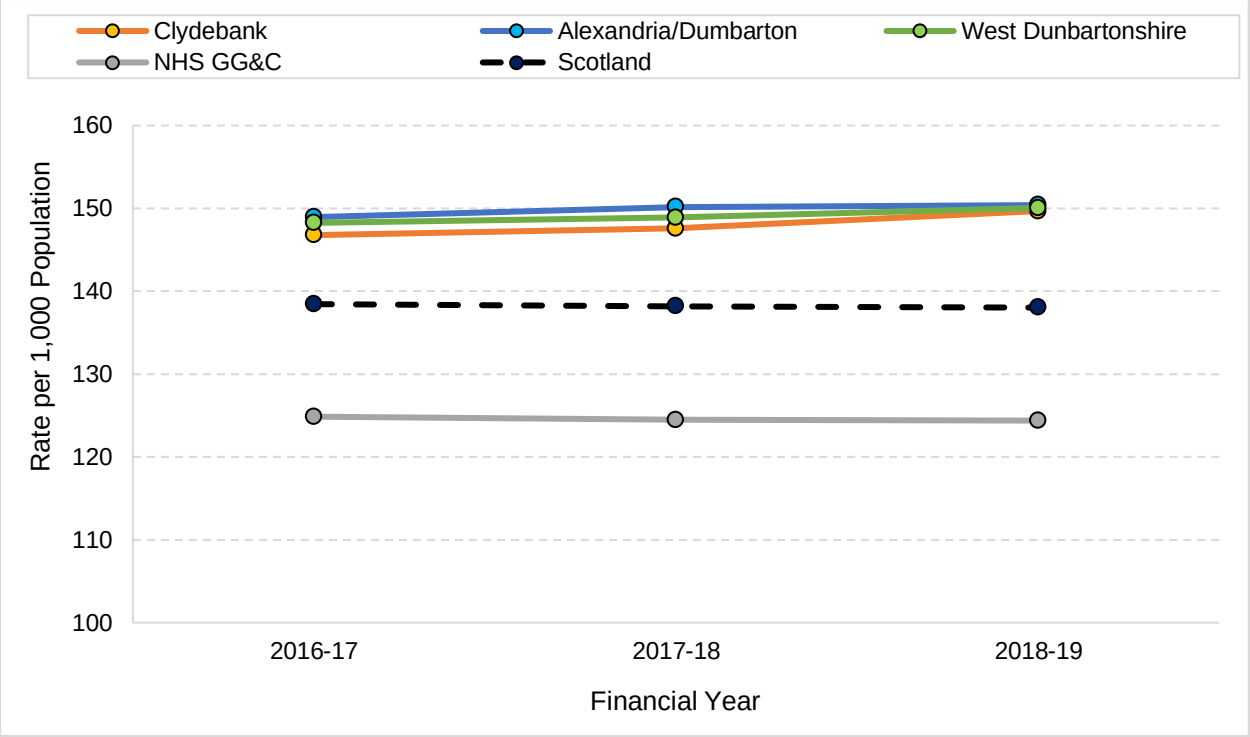
Source: Linkage Files, Public Health Scotland (2021)

The above chart and table show the rate of people diagnosed with atrial fibrillation in West Dunbartonshire has remained constant between 2016/17 and 2020/21 and is higher than that of NHS Greater Glasgow and Clyde, and higher than Scotland as a whole. Clydebank has a higher rate than Dumbarton/Alexandria. The trend shows there has been no change during this period for West Dunbartonshire, NHS Greater Glasgow and Clyde, or Scotland.

Hypertension

High blood pressure is a major risk factor for death, disease and health problems. In 2019 around a quarter of the population of Scotland aged 16 years and over had raised blood pressure. Prevalence increases sharply with age, although the pattern with age differs between men and women. Almost two thirds of those over 75 years have high blood pressure. A large proportion of those with high blood pressure do not attend their GP for treatment of the condition, or attend less frequently than once per year.[151] Scot PHO, 2021

Figure 110: Crude rate per 1,000 population of individuals living with Hypertension (West Dunbartonshire HSCP vs. NHSGGC vs. Scotland data for 2016/17 - 2018/19 financial years)



Source: Linkage files, Public Health Scotland (2021)

Table 24: Number and rate per 1,000 population of individuals on the hypertension register* (West Dun vs. NHSGGC vs. Scotland data for 2016/17 - 2018/19 financial years)

	Clydebank		Alexandria/ Dumbarton		West Dunbartonshire		NHS GG&C		Scotland	
Financial Year	Nbr	Rate	Nbr	Rate	Nbr	Rate	Nbr	Rate	Nbr	Rate
2016-17	6794	146.77	7128	148.94	14267	148.25	155864	124.86	746533	138.44
2017-18	6831	147.57	7496	150.15	14327	148.91	158927	124.48	768310	138.21
2018-19	6919	149.68	7505	150.39	14424	150.05	162325	124.39	776579	138.02

Source: Linkage files, Public Health Scotland (2021)

The above chart and table show the rate of people diagnosed with Hypertension in West Dunbartonshire has increased slightly between 2016/17 and 2018/19 and is higher than that of NHS Greater Glasgow and Clyde, and higher than Scotland as a whole. Furthermore, the data shows Dumbarton/Alexandria has a higher rate than Clydebank. The slight increases in trends across West Dunbartonshire are in contrast to those in NHS Greater Glasgow and Clyde and Scotland which are had small decreases during the same time period.

Peripheral Arterial Disease (PAD)

PAD is caused by atherosclerosis, or plaque build-up, that reduces the flow of blood in peripheral arteries—the blood vessels that carry blood away from the heart to

other parts of the body. It's also known as peripheral vascular disease (PVD). (NHS Inform)[152]

Figure 111: Crude rate per 1,000 population of individuals living with PAD (West Dunbartonshire HSCP vs. NHSGGC vs. Scotland data for 2016/17 - 2018/19 financial years)

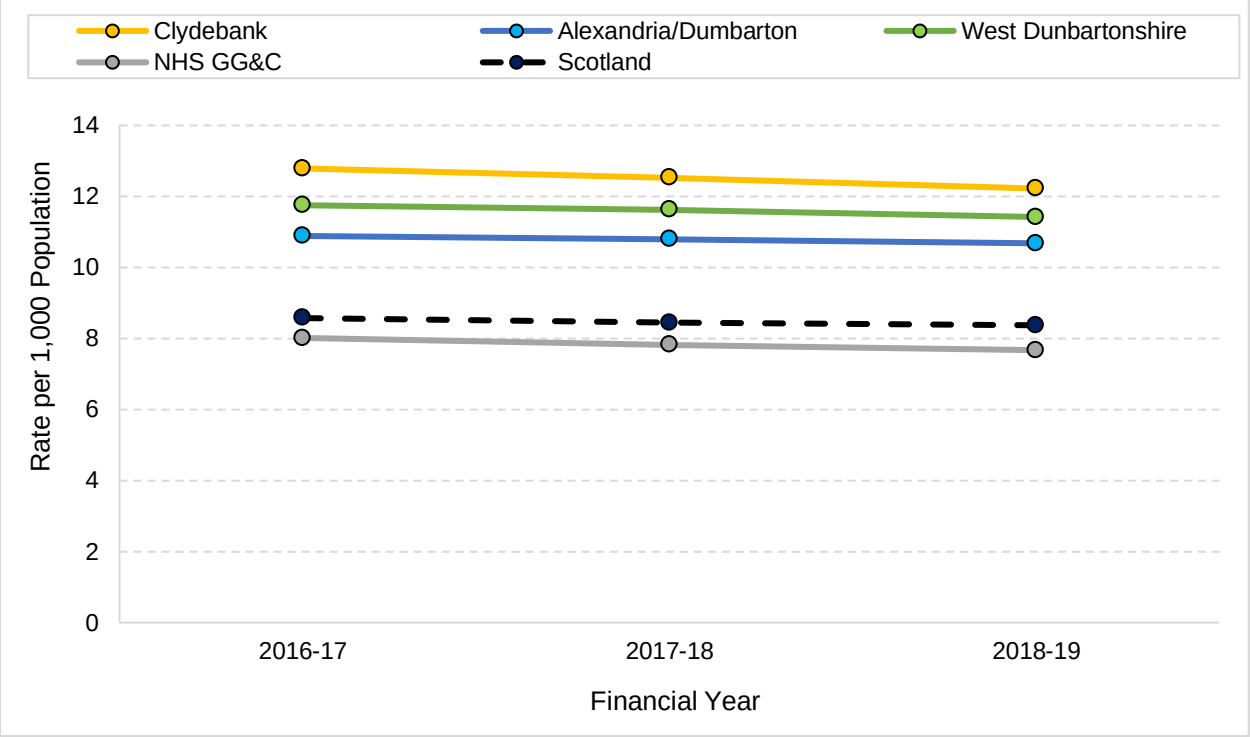


Table 25: Number and rate per 1,000 population of individuals on the Peripheral Arterial Disease register* (West Dun vs. NHSGGC vs. Scotland data for 2016/17 - 2018/19)

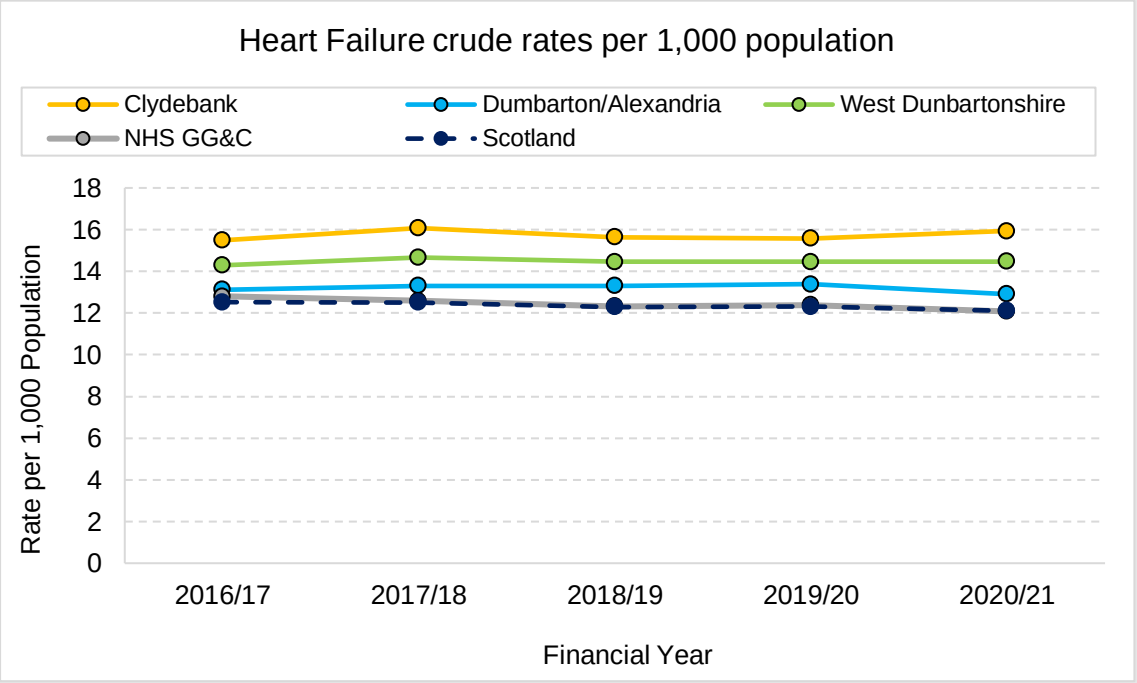
	Clydebank		Alexandria/ Dumbarton		West Dunbartonshire		NHS GG&C		Scotland	
Financial Year	Nbr	Rate	Nbr	Rate	Nbr	Rate	Nbr	Rate	Nbr	Rate
2016-17	592	12.79	521	10.89	1131	11.75	10006	8.016	46240	8.58
2017-18	580	12.53	539	10.80	1119	11.63	9982	7.818	46966	8.45
2018-19	565	12.22	533	10.68	1098	11.42	10012	7.672	47109	8.37

The above chart and table show the rate of individuals living with Peripheral Arterial Disease in West Dunbartonshire has remained relatively constant from 2016/17 to 2019/20, and is higher than the rate for NHSGGC, and higher than the rate of Scotland as a whole. Clydebank has a higher rate than Dumbarton/Alexandria.

Heart Failure

Heart failure means that the heart is unable to pump blood around the body properly. It usually occurs because the heart has become too weak or stiff. It can occur at any age, but is most common in older people. Heart failure is a long-term condition that tends to get gradually worse over time. It cannot usually be cured, but the symptoms can often be controlled for many years.[153] NHS UK Government, 2021

Figure 112: Crude rate per 1,000 population of individuals living with Heart Failure (Clydebank vs. Dumbarton/Alexandria vs. West Dunbartonshire HSCP vs. NHSGGC vs. Scotland data for 2016/17 - 2020/21 financial years)



Source: Linkage Files (Public Health Scotland)

Table 26: Number and crude rate per 1,000 population of individuals living with Heart Failure (Clydebank vs. Dumbarton/Alexandria vs. West Dunbartonshire HSCP vs. NHSGGC vs. Scotland data for 2016/17 - 2020/21 financial years)

	Clydebank		Dumbarton /Alexandria		West Dunbartonshire		NHSGGC		Scotland	
Financial Year	Nbr	Rate	Nbr	Rate	Nbr	Rate	Nbr	Rate	Nbr	Rate
2016/17	686	15.49	598	13.12	1284	14.29	14870	12.80	67680	12.52
2017/18	707	16.08	607	13.30	1314	14.66	14718	12.59	67843	12.51
2018/19	683	15.63	605	13.31	1288	14.45	14485	12.33	66825	12.29

2019/20	678	15.58	608	13.39	1286	14.46	14648	12.38	67227	12.31
2020/21	693	15.92	586	12.90	1279	14.48	14314	12.08	66164	12.10

Source: Linkage Files, Public Health Scotland (2021)

The above chart and table show the rate of individuals living with heart failure in West Dunbartonshire has remained constant from 2016/17 to 2019/20, and is higher than the rate for NHSGGC, and higher than the rate of Scotland as a whole. Clydebank has a higher rate than Dumbarton/Alexandria. There has been no change to the trends over time for West Dunbartonshire, NHSGGC, or Scotland.

Key Findings

- CHD rates in West Dunbartonshire have remained constant since 2016/17 and are higher than both NHSGGC and Scotland.
- The prevalence of Stroke inClydebank (27.6/1000 population) is higher than the Alexandria/Dumbarton rate (23.8/1000 population), and higher than both NHSGGC (21.8/1000 population) and Scotland (22.8/1000 population).
- Hypertension prevalence in West Dunbartonshire is higher in Dumbarton/Alexandria locality than Clydebank.

Considerations

- Without considerable changes in risk factors, such as smoking, diet and physical inactivity, together with the population changes (ageing population) these compounding factors could result in a sizeable increase in cardiovascular disease.

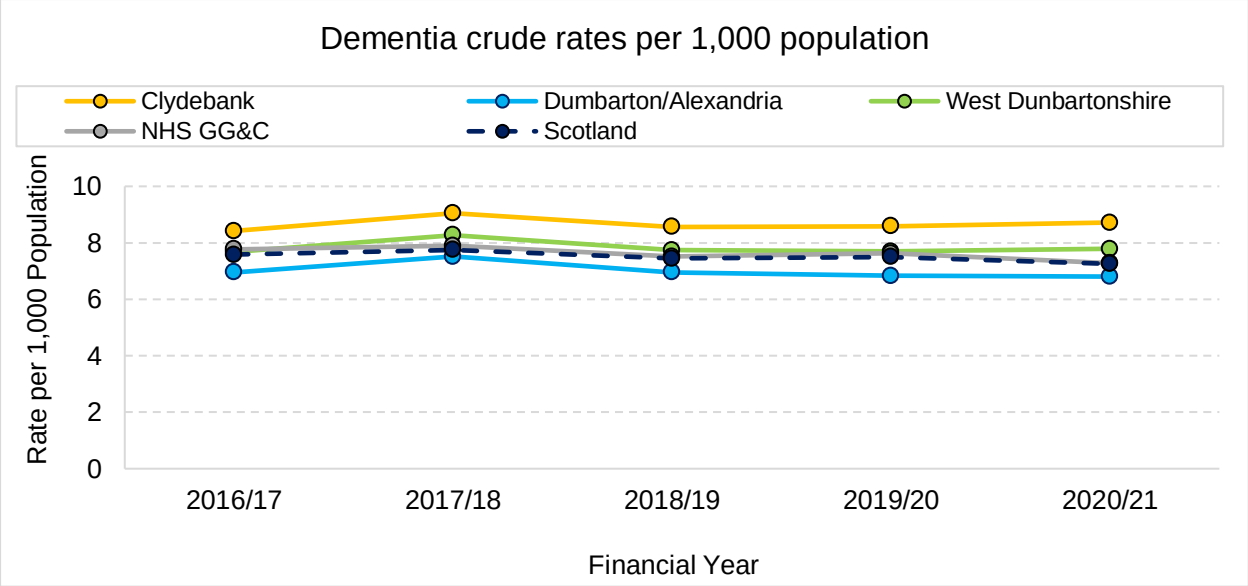
Neurological Disorders

Dementia

Increasing longevity requires services to work well together for people who are living with multiple conditions, complex needs and illnesses such as dementia. An important aspect of this will be ensuring that people's care needs are better anticipated so that fewer people are inappropriately admitted to hospital or long-term social care. National Dementia Strategy, 2017[154]

'Promoting Excellence 2021' is a Scottish Government framework for all health and social services staff working with people with dementia, their families and carers. The Promoting Excellence framework reflects the actions, priorities and commitments of the dementia strategies and on-going national activity on dementia. Dementia - health and social services staff: framework - Promoting Excellence, 2021[155]

Figure 113: Crude rate per 1,000 population of individuals living with Dementia (Clydebank vs. Dumbarton/Alexandria vs. West Dunbartonshire HSCP vs. NHSGGC vs. Scotland data for 2016/17 - 2020/21 financial years)



Source: SOURCE Linkage Files (Public Health Scotland)

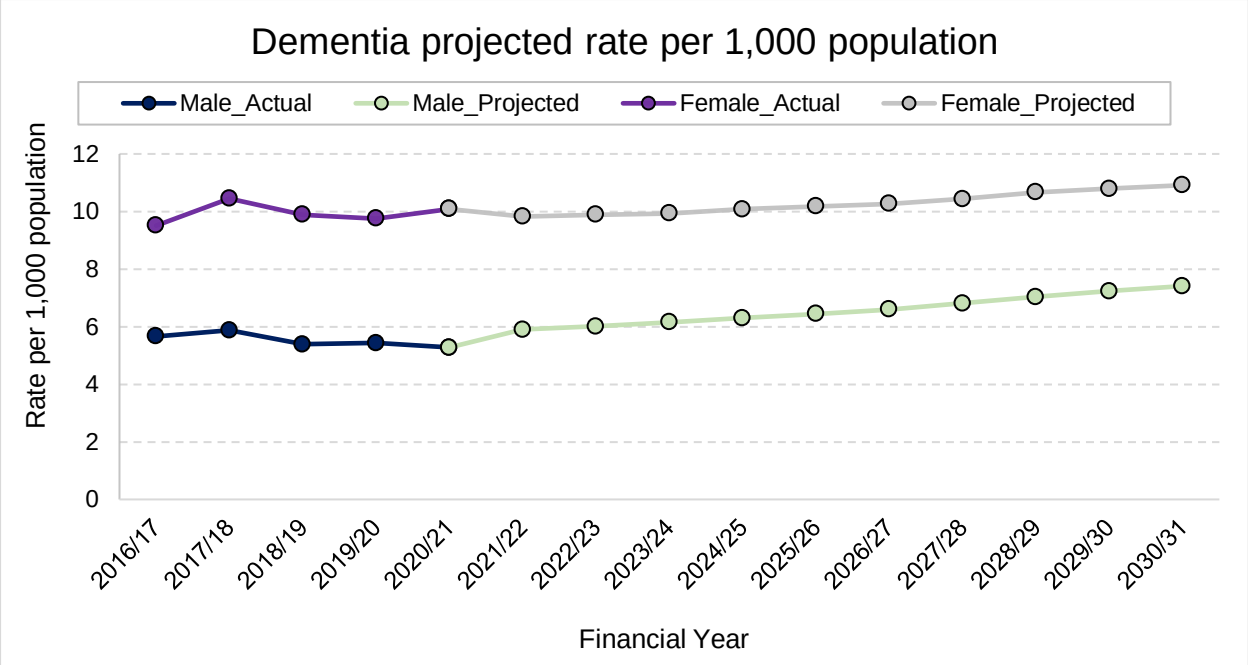
Table 27: Number and crude rate per 1,000 population of individuals living with Dementia (Clydebank vs. Dumbarton/Alexandria vs. West Dunbartonshire HSCP

	Clydebank		Dumbarton/ Alexandria		West Dunbartonshire		NHSGGC		Scotland	
Financial Year	Nbr	Rate	Nbr	Rate	Nbr	Rate	Nbr	Rate	Nbr	Rate
2016/17	373	8.42	317	6.96	690	7.68	9023	7.77	40983	7.58
2017/18	398	9.05	343	7.52	741	8.27	9235	7.90	42020	7.75
2018/19	374	8.56	316	6.95	690	7.74	8822	7.51	40485	7.44
2019/20	374	8.59	310	6.83	684	7.69	9015	7.62	40959	7.50
2020/21	379	8.71	309	6.80	688	7.79	8627	7.28	39652	7.25

Source: Linkage Files (Public Health Scotland)

The above chart and table show the rate of people living with dementia in West Dunbartonshire has remained constant in the years 2016/17 – 2020/21. The rate in Clydebank is higher than that of Dumbarton/Alexandria, and higher than that of NHSGGC and Scotland as a whole, and all areas have remained at a constant rate over this period.

Figure 114: Projected rate per 1,000 population of individuals with a diagnosis of dementia (2016/17 - 2030/31 financial year data for West Dunbartonshire)



Source: linked files, Public Health Scotland (2021)

The above chart shows the projected rate of individuals with a diagnosis of dementia is expected to increase between 2016/17 and 2030/31.

Key Findings

- The prevalence of dementia in West Dunbartonshire is similar to the Scottish rate (7.79/1000 population v 7.25/1000 population).
- Clydebank prevalence (8.71/1000 population) is higher than Dumbarton/Alexandria (6.80/1000 population).
- Within West Dunbartonshire there is projected increase for individuals diagnosed with dementia (16.3% by 2031).

Considerations

- The HSCP must develop strategies that support prevention and delay of dementia within the community, recognising that 40% of dementia can be prevented or delayed.
- The HSCP must ensure that people's dementia care needs are better anticipated, with interventions that support people to continue to live within their communities so that fewer people are inappropriately admitted to hospital or long-term social care.
- The HSCP must support people to have timeous early diagnosis and post diagnosis support that encourages planning for future decision making, including powers of attorney and other legal matters; understanding illness & managing symptoms; supporting community connections; peer support and planning for future care in line with WD Dementia Improvement Plan and Scotland's National Dementia Strategy: 2017-2020[clix.]
- The HSCP must develop a skilled workforce across the network of public and private services through the development of a dementia training plan.

- The HSCP must support a dementia friendly community awareness agenda where people with dementia are understood, respected and supported.
- The HSCP must support and promote best practice in advance care planning, the assessment of capacity to consent to treatment and adherence to proper procedures for making decisions for people with dementia who lack capacity.
- The HSCP needs to reflect the Strategic Needs Assessment findings to address future carers' needs in West Dunbartonshire West Dunbartonshire Local Carer Strategy 2020-2023

Substance Use

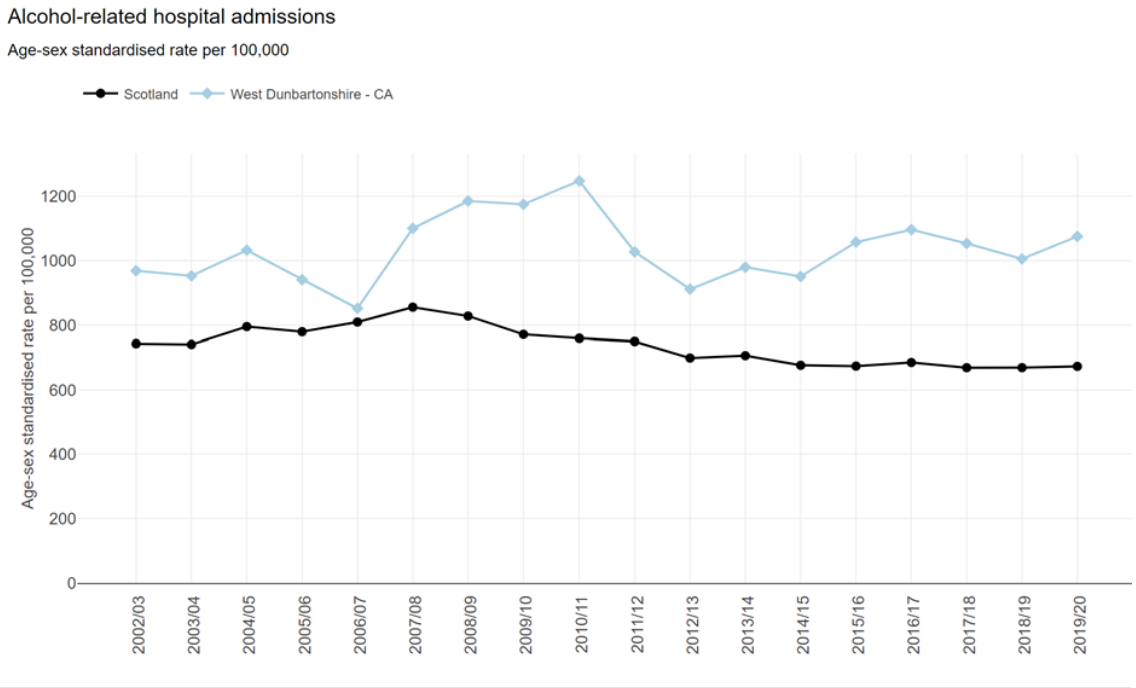
The use of drugs (both legal and illegal drugs) causes significant problems within Scotland as documented by Public Health Scotland[156]. These problems can be social in nature (for example, crime, unemployment, family breakdown and homelessness) or associated with health problems (for example, dependency, overdosing, mental health problems, injecting-related injuries and the transmission of communicable diseases).

The harm caused by substance use is so significant that not only is it a risk factor for a number of non-communicable diseases, it is the 4th highest burden of disease within West Dunbartonshire[157].

Alcohol

Alcohol Hospital Data

Figure 115: Alcohol Related Hospital Admissions (Public Health Scotland, 2020)



Source: Alcohol Related Hospital Statistics

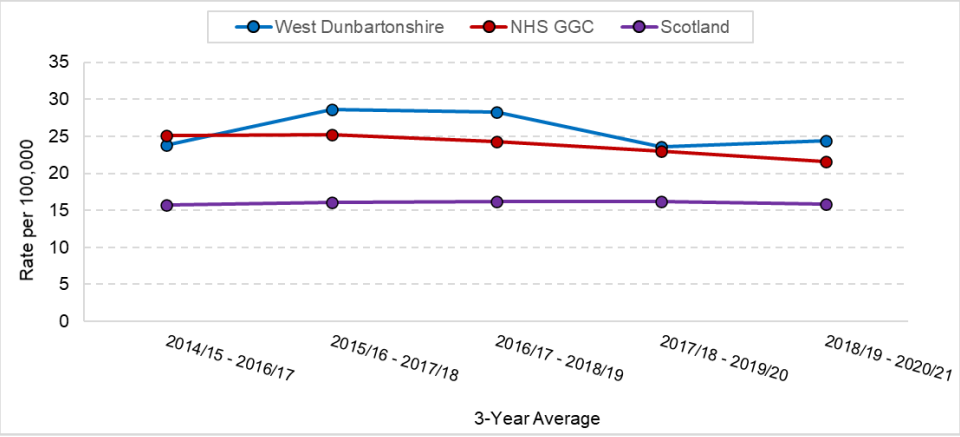
In 2019/20 the rate of Alcohol Related Hospital Admissions[158] in West Dunbartonshire was 1075.35 (per 100,000), compared to the Scottish figure, 673.27 per 100,000 population. This rate is higher than the previous year (1005.56 per 100,000) and it is higher than Scotland as a whole.

There has been a rise in all alcohol related hospital admissions categories (stays, patients, and new patients) since 2018-19 in West Dunbartonshire. The rise in hospital admissions within West Dunbartonshire is contrary to the Scottish figure which has seen a decrease in alcohol related hospital admissions during this period.

Alcohol Related Brain Damage

Alcohol-related brain damage (ARBD) or alcohol related brain injury (ARBI) is an umbrella term for the damage that can happen to the brain as a result of long-term heavy drinking. Heavy drinking over time can change the way the brain works, its physical shape and structure. This can result in changes in personality, as well as problems with thinking, mood, memory and learning. It is difficult to assess ARBD prevalence as the codes included can vary and diagnosis is challenging[159]

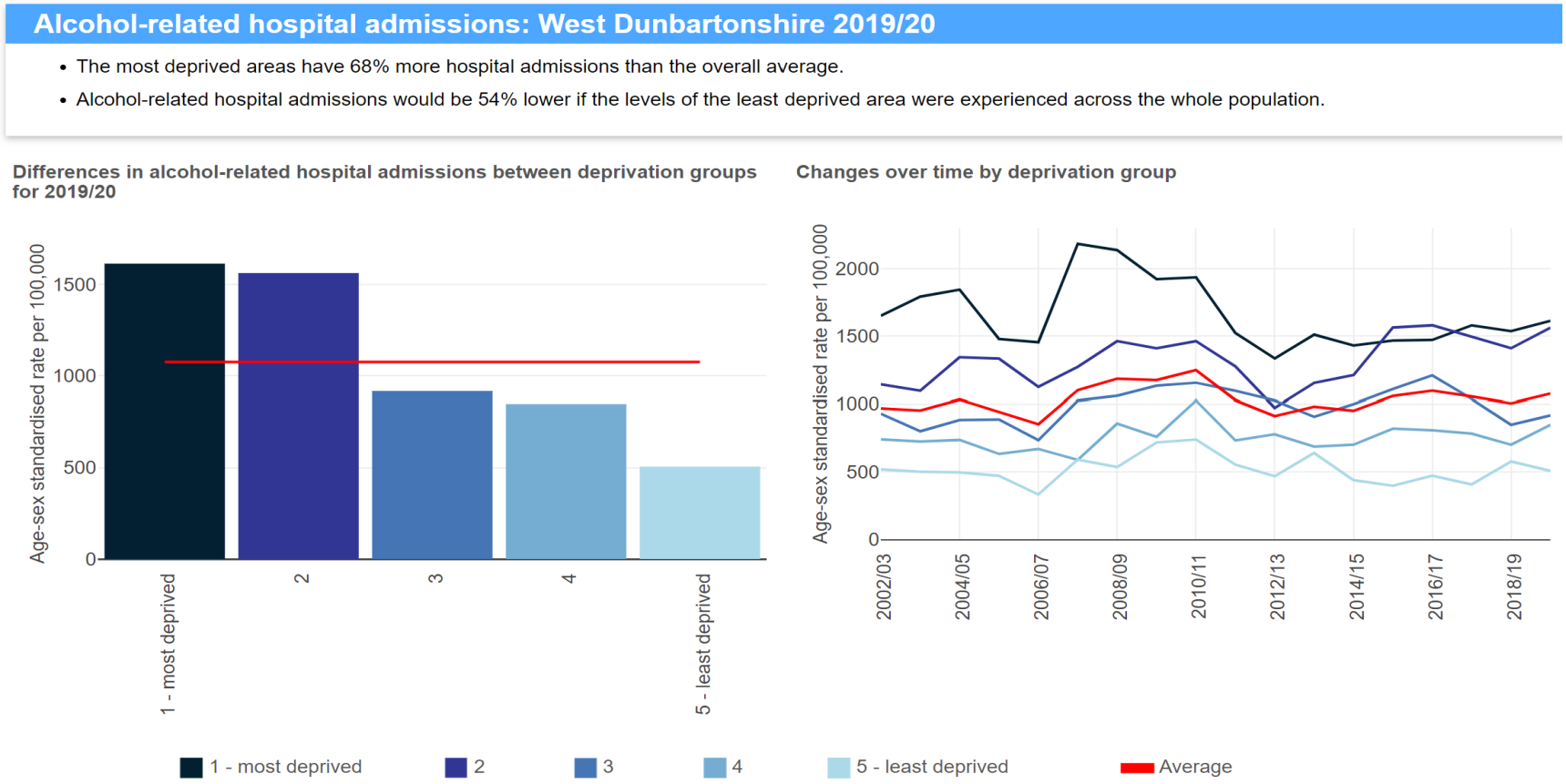
Figure 116: Alcohol related brain damage admissions (West Dunbartonshire vs NHSGGC vs Scotland, 2014/15 - 2020/21)



Source: Linkage files, Public Health Scotland (2021)

West Dunbartonshire ARBD admissions have consistently been higher than the national average reaching its highest over a three-year average in 2015/16-2017/18 (28.62 per 100,000). The most recent data point shows there has been a drop by 4.2 per 100,000 population to 24.40 per 100,000 (2018/19-2020/21) but it still remains higher than NHSGGC and Scotland as a whole.

Figure 117: Alcohol-related hospital admissions by SIMD quintile - West Dunbartonshire, 2019/20



Source: Scottish Public Health Observatory Profile Tool

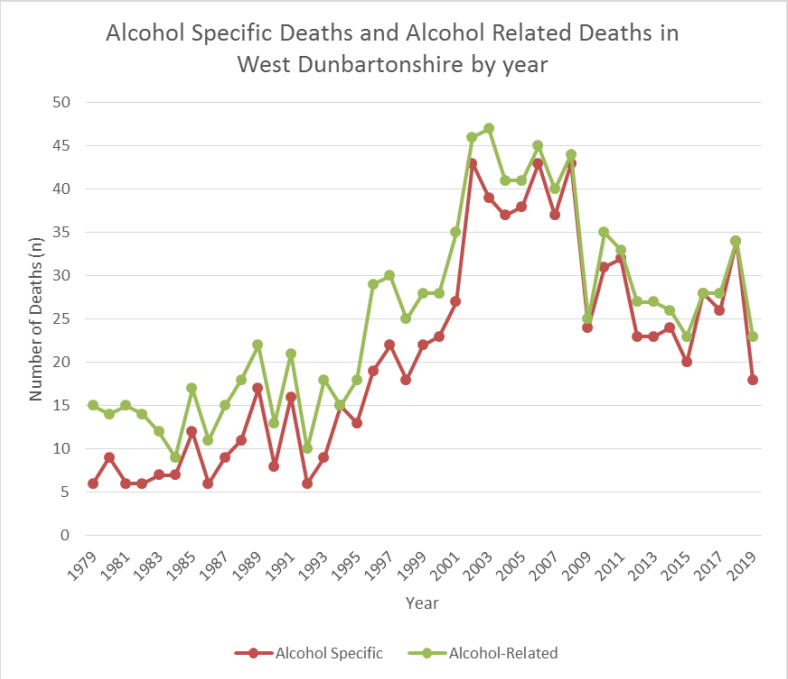
Residents in the most deprived quintile (1613.6 per 100,000 population) and second most deprived quintile (1562.1 per 100,000 population) account for a significant proportion of admissions. The Alcohol Harm Paradox[160] tells us that people living in more deprived areas experience greater alcohol related harm than those in more affluent areas even if the consumption patterns are the same.

Alcohol Deaths

National Records of Scotland [161] describe 'Alcohol-specific' deaths as those which are known to be a direct consequences of alcohol use, meaning they are wholly attributable to alcohol misuse (this is sometimes referred to as the 'new' definition).

'Alcohol-related' deaths are deaths from a selection of causes which are related to alcohol consumption. Most of those causes are wholly attributable to alcohol misuse (i.e. medical conditions for which every death is caused by alcohol), but some are only partially attributable to alcohol misuse (i.e. medical conditions for which only a proportion of deaths are caused by alcohol) (this is sometimes referred to as the old definition).

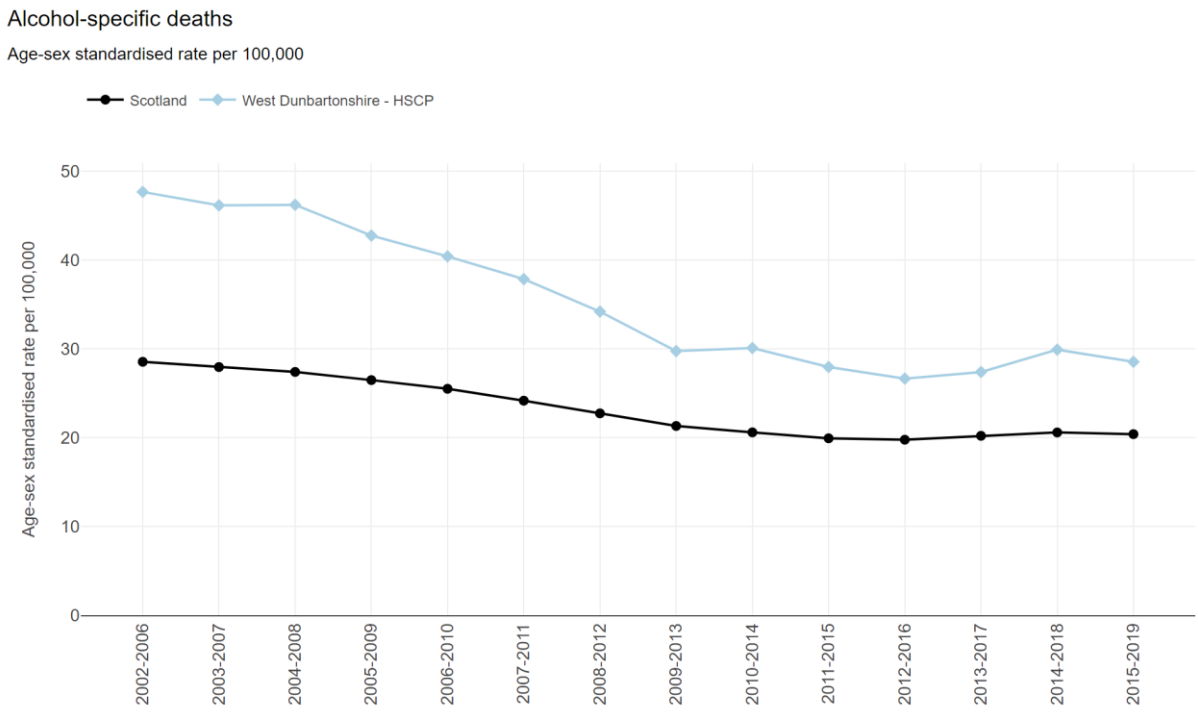
Figure 118: Alcohol Specific and Alcohol Related Deaths in West Dunbartonshire



Source: National Records of Scotland

There are broadly similar patterns of change over the period from 2000 to 2019 for both definitions. From 2010 to 2018, numbers of alcohol deaths slowly decreased then began to rise again. The most recent year data, in 2019 shows alcohol deaths have fallen. It is too early to know if this is a trend. In 2019, there were 18 alcohol-specific deaths in West Dunbartonshire, a decrease of 16 compared to the previous year.

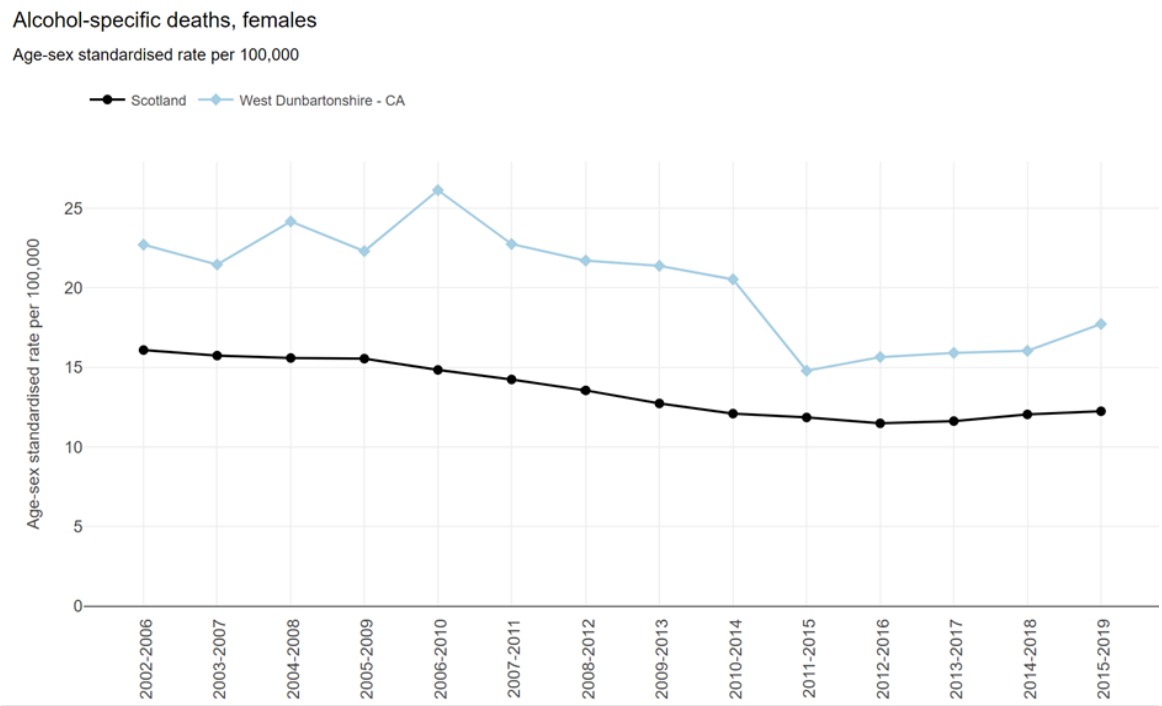
Figure 119: Alcohol Specific Deaths – All in West Dunbartonshire 2002-2019



Source: Scottish Public Health Observatory Profile Tool

West Dunbartonshire has consistently had a higher rate of alcohol specific deaths (28.55 per 100,000 HoP) compared to Scotland (20.4 per 100,000 HoP). However, since 2002/06 the rate overall has been in decline with some slight fluctuation over the most recent time periods.

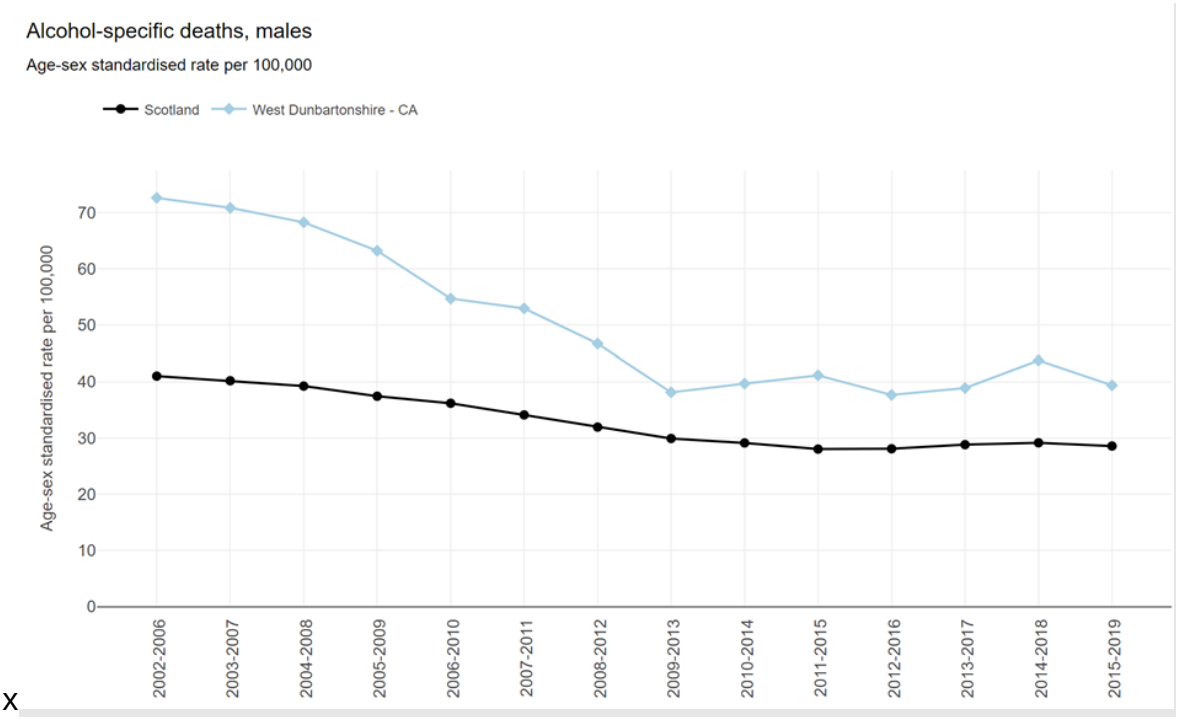
Figure 120: Alcohol Specific Deaths - Females in West Dunbartonshire 2002-2019



Source: [Scottish Public Health Observatory Profile Tool]

Since 2002-2006, the rate of female alcohol specific deaths in West Dunbartonshire has always been consistently higher than the Scottish average. For the period 2015-2019 the rate of female deaths in West Dunbartonshire was 17.73 per 100,000 head of population, whereas the Scottish average was 12.24 per 100,000 head of population. The most recent data points show that the rate is rising.

Figure 121: Alcohol Specific Deaths - Males in West Dunbartonshire 2002-2019



x

Source: Scottish Public Health Observatory Profile Tool

Similar to what is seen with females, since 2002-2006, the rate of male alcohol specific deaths in West Dunbartonshire has always been consistently higher than the Scottish average. For the period 2015-2019 the rate of male deaths in West Dunbartonshire was 39.36 per 100,000 head of population, whereas the Scottish average was 28.56 per 100,000 head of population.

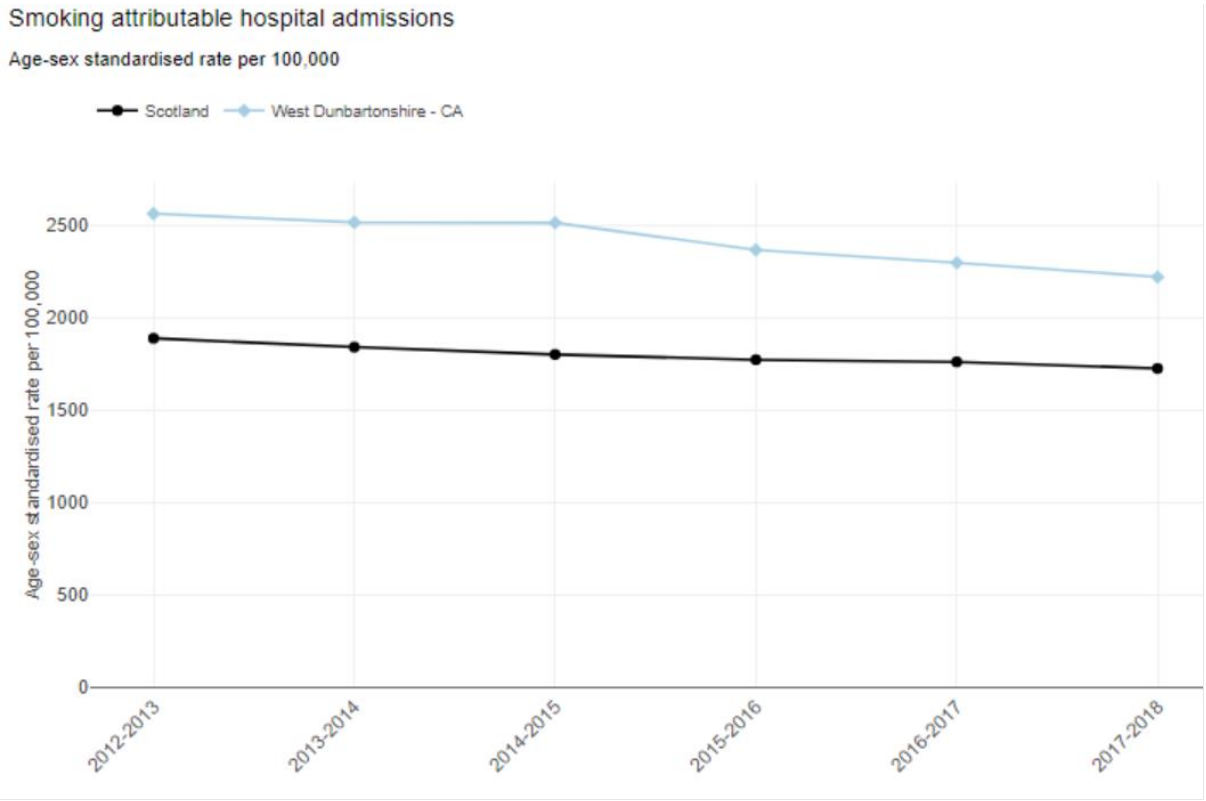
The rate of male alcohol specific deaths (39.36 per 100,000 HoP) is more than double the rate of female deaths (17.73 per 100,000 HoP).

When looking at alcohol specific deaths by gender, West Dunbartonshire has significantly higher levels in both males and females compared to the Scottish figure.

Smoking

Smoking attributable hospital admissions

Figure 122: Smoking Related Attributable Hospital Admissions (2012/13 – 2017/18)



Source: Scottish Public Health Observatory

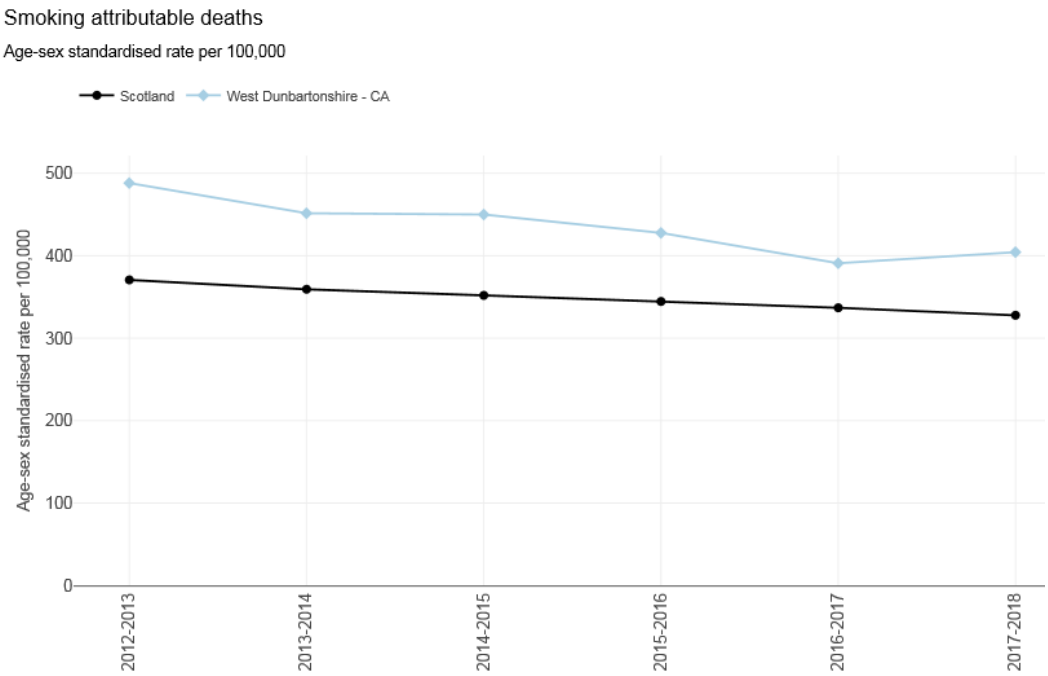
The figure above states that the rate of smoking related hospital admissions for West Dunbartonshire was 2219.15 per 100,000 for 2017-18. This is higher than the Scottish national average of 1723.61 per 100,000 for the same time period. Overall

West Dunbartonshire has consistently been higher than Scotland over the time series in the above graph.

Smoking attributable deaths

Smoking remains a leading cause of preventable disease and premature death. In 2018 smoking accounted for an estimated 9,360 deaths (308 deaths per 100,000 population) in those aged 35 and over in Scotland. In 2018 rates for smoking-attributable deaths in the most deprived areas were four times higher than in the least deprived areas. Smoking-attributable deaths due to Cancer (4,724) accounted for 29% of all cancer deaths in Scotland in 2018. Smoking-attributable deaths due to respiratory disease (2,724) accounted for 29% of smoking attributable deaths and 38% of all deaths attributable to respiratory disease (Scottish Public Health Observatory 2020).[162]

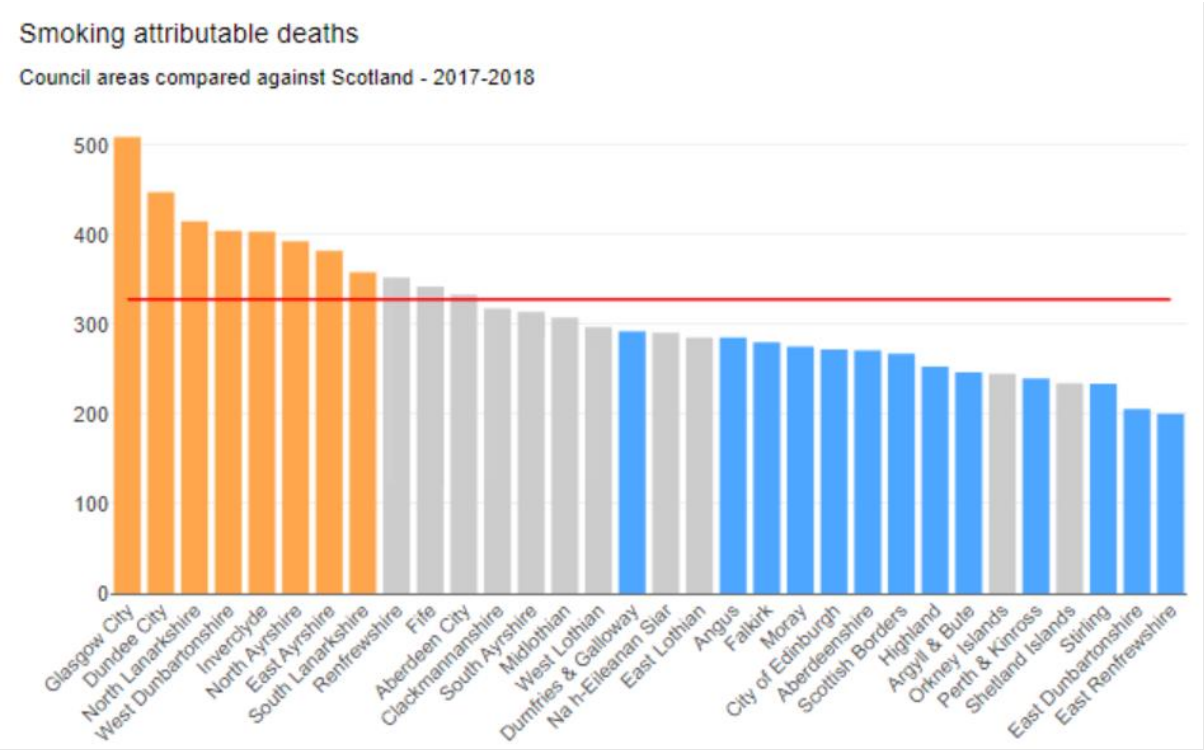
Figure 123: Smoking Attributable Deaths, (2012/13 – 2017/18)



Source: Scottish Public Health Observatory

The figure above shows that for West Dunbartonshire in 2017/2018 the rate of smoking attributable deaths was 404 per 100,000. This is estimated to be 193 people. This is higher than for Scotland as a whole at 328 per 100,000. The trend in attributed deaths in West Dunbartonshire has been consistently higher than Scotland over the time series depicted above in the graph.

Figure 124: Smoking Attributable Deaths by Local Authority (2017-2018)



Source: [Scottish Public Health Observatory]

The figure above states that West Dunbartonshire Council is ranked 4th highest local authority area for smoking attributable deaths (404.4 per 100,000), with Glasgow City (508.8 per 100,000) being the worst in Scotland. The red line across the graph indicates the Scottish average attributable deaths is 327.8 per 100,000.

Drugs

There are many possible risks and dangers involved when using drugs. Effects can include changes in wakefulness, blood pressure and mood changes to heart attack, stroke, psychosis, overdose, and even death. Other long-term effects can include heart or lung disease, cancer, mental illness, HIV/AIDS and hepatitis. Also, long-term drug use can lead to addiction. Drug addiction is a brain disorder which changes how certain brain circuits work however not everyone who uses drugs will become addicted National Institute on Drug Abuse.[163]

There are many combining factors which can influence drug harms and they include the type of drug/drugs used; the amount taken; the frequency; the setting; personal factors of the person using and method of use DrugWise.[164]

Reducing drug-related harms and deaths is a key priority for the Scottish Government and this is set out in the National Drugs Mission (2021)[165] and Rights, Respect and Recovery (2018).[166]

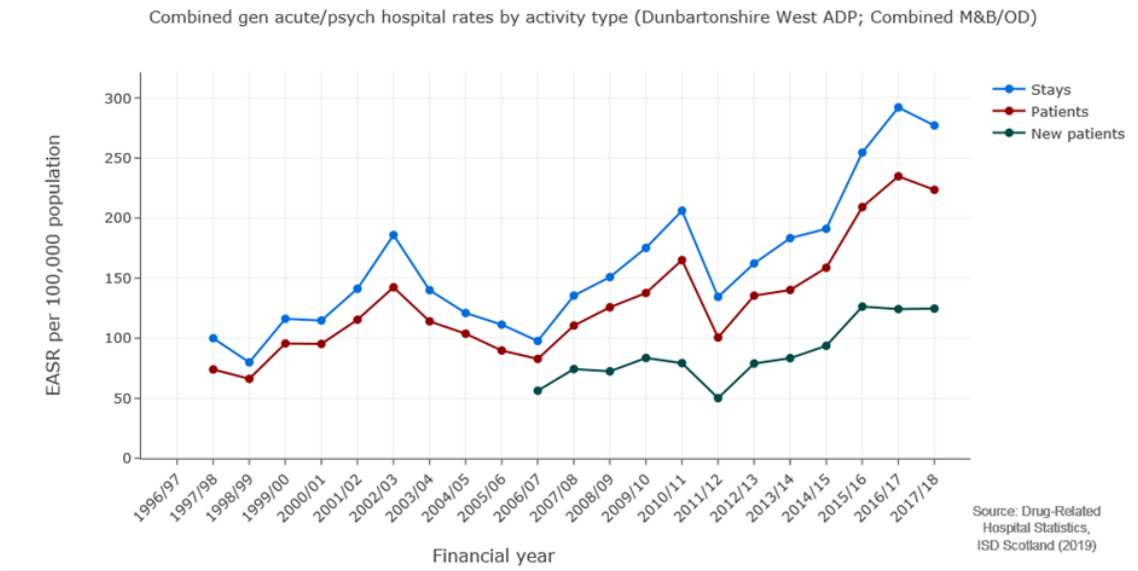
In Scotland in 2020 there were 1,339 drug-related deaths registered. This is an increase of 5% (59 deaths) than in 2019 and the largest number since records began

in 1996. Deaths have increased substantially over the last 20 years – there were 4.6 times as many deaths in 2020 compared with 2000 National Records for Scotland.[167]

Scotland's drug-death rate was over 3½ times that for the UK as a whole, and higher than that of any European country.

Drug-Related Hospital Data

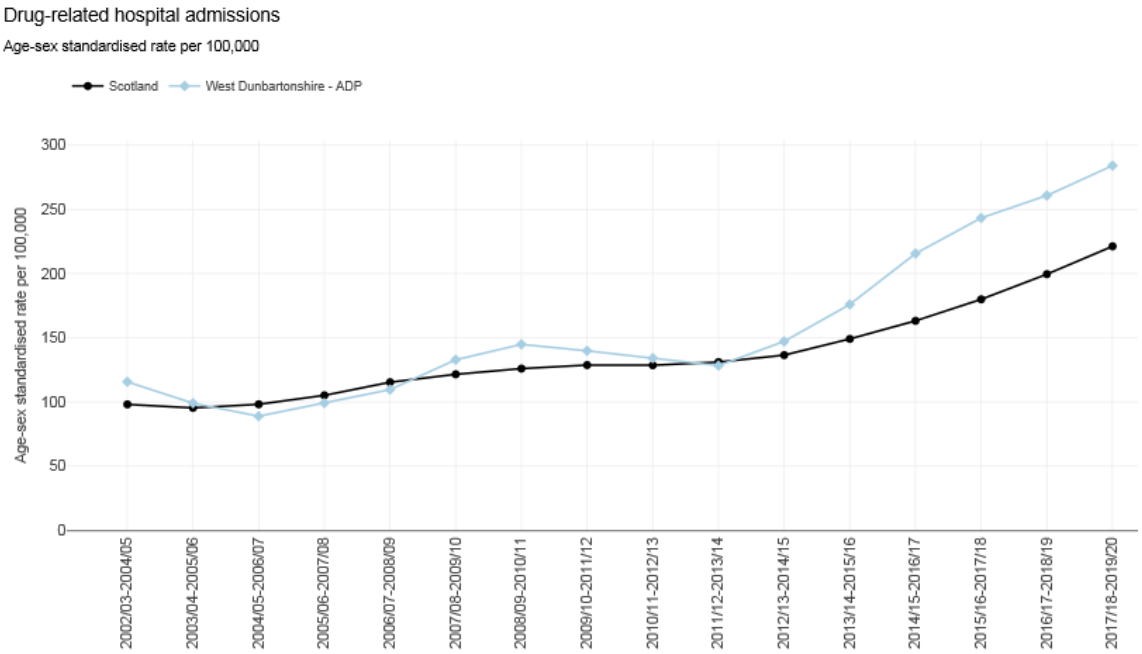
Figure 125: Drug-related Hospital Statistics – rate by activity type (2019)



Source: Information Services Division

The figure above states that the rate of drug-related hospital stays in West Dunbartonshire for 2017/18 was 277.1 per 100,000. This was higher than the Scottish average of 236.5 per 100,000. In West Dunbartonshire figures rose steadily from 2011/12 to a peak of 292.1 per 100,000 2016/17. The number of new patients has risen over time but has remained relatively static from 2015/16 (126.4) to 2017/18 (124.7).

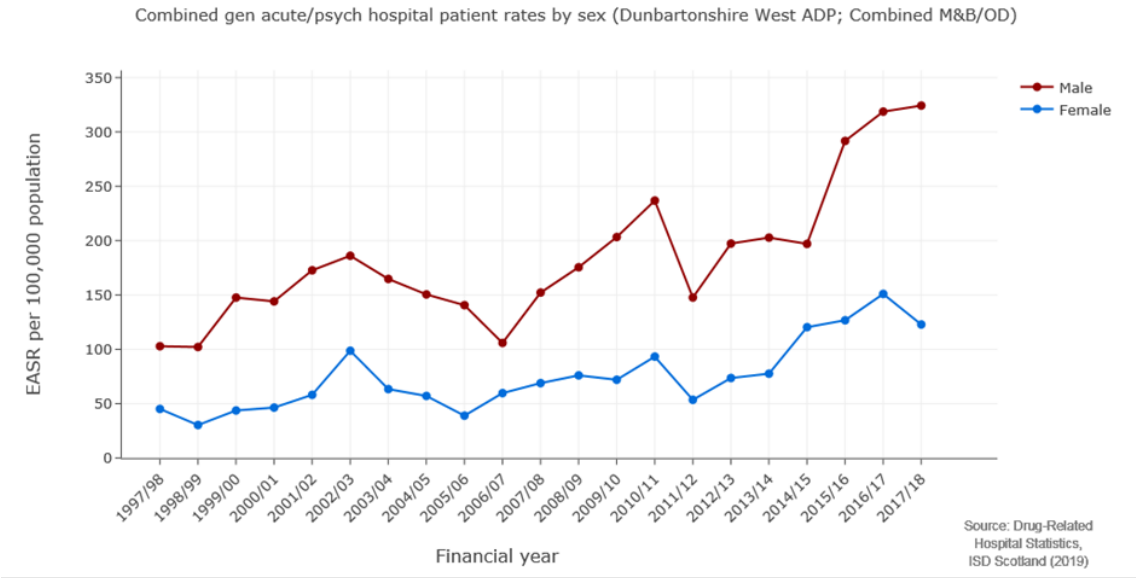
Figure 126: Drug-related Hospital Admissions – West Dunbartonshire Alcohol and Drug Partnership (2002/03 – 2019/20)



Source: [Scottish Public Health Observatory]

The figure above states that the rate of drug related hospital admissions for West Dunbartonshire for 2017/2018 – 2019/2020 was 284.15 per 100,000. This was higher than the national average of 221.26 per 100,000. From 2012/2013 – 2014/2015 the rate has steadily rose year on year.

Figure 127: Drug-related Hospital Statistics – Hospital rate by sex

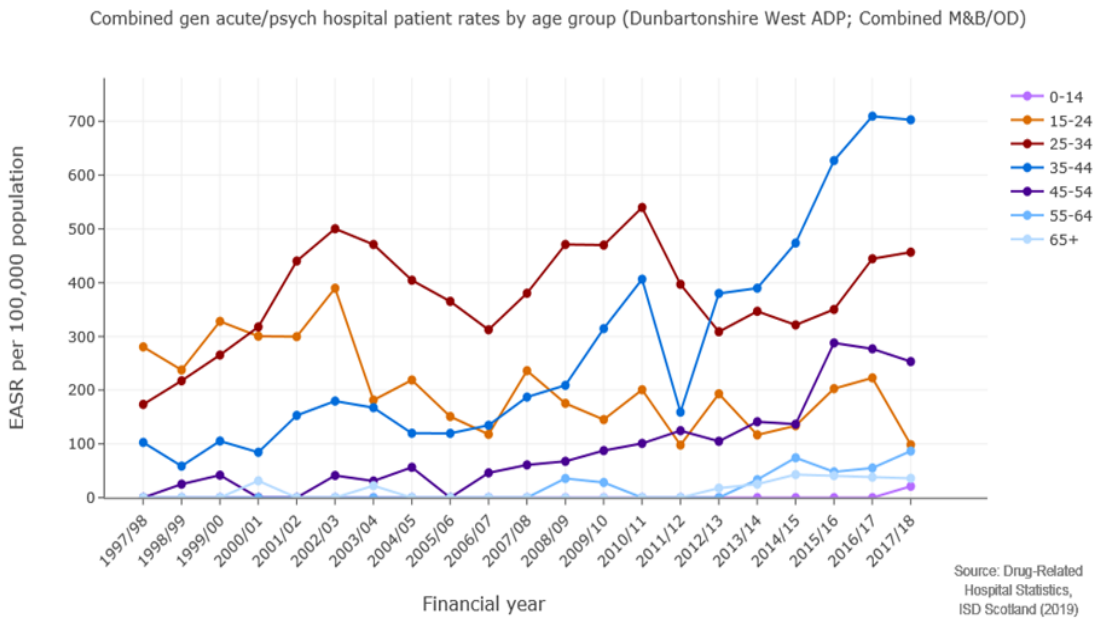


Source: [Information Services Division]

The figure above states that in West Dunbartonshire there was a much higher patient rate amongst males of 324.20 per 100,000 and females 122.87 per 100,000.

It would appear that the rate is on a downward trend for females and upwards for males.

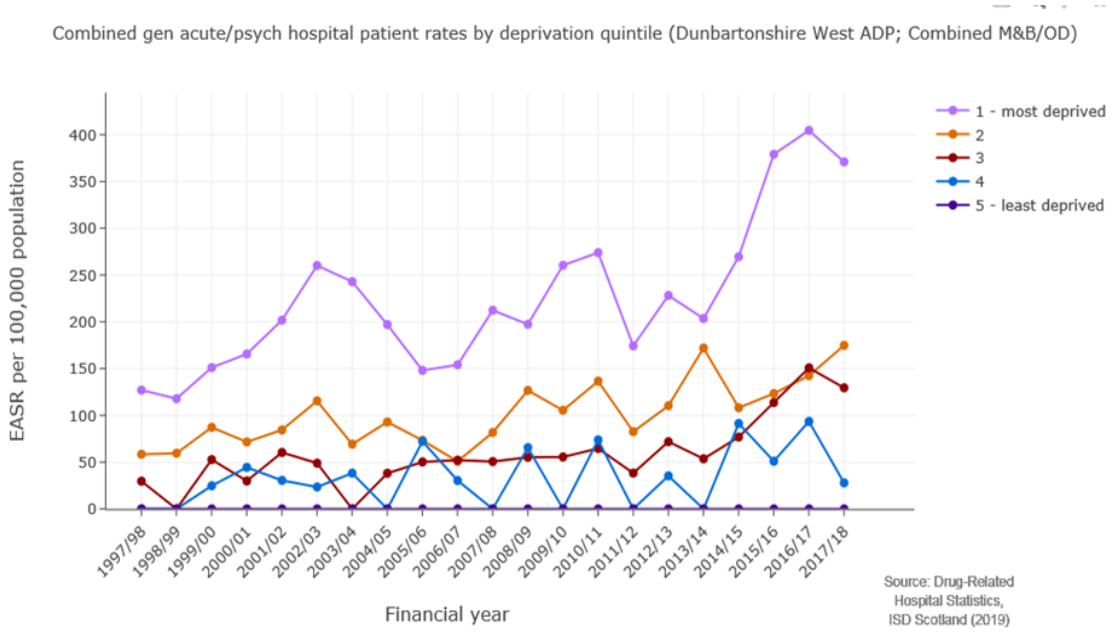
Figure 128: Drug-related Hospital Statistics – hospital rate by age



Source: [Information Services Division]

The figure above states that in West Dunbartonshire the most common age group for drug related hospital patients was the 35-44 years age group at a rate of 703.7 per 100,000 in 2017/2018. This was then followed by individuals in the 25-34 age group with a rate of 456.70 per 100,000 for the same year.

Figure 129: Drug-related Hospital Statistics – hospital rate by deprivation

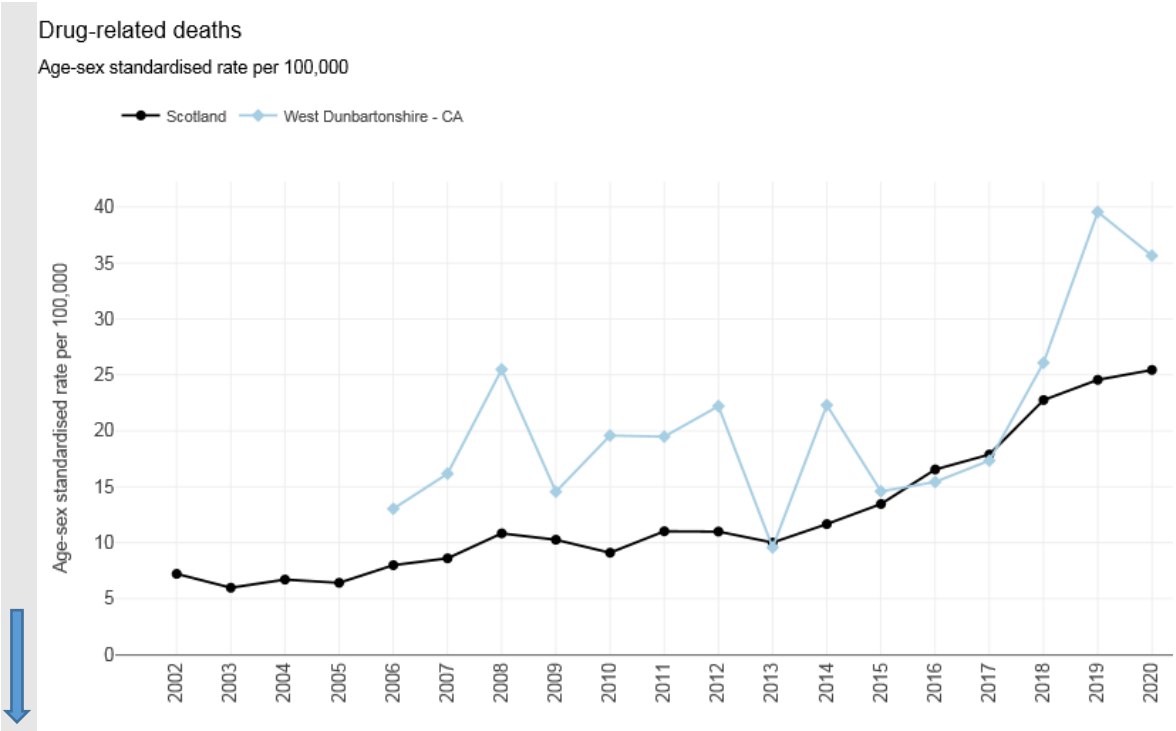


Source: Information Services Division

The figure above states that in West Dunbartonshire the highest hospital rate for drug-related drug stays was for individuals from the most deprived areas at a rate of 370.84 per 100,000 during 2017/2018.

Drug-Related Deaths

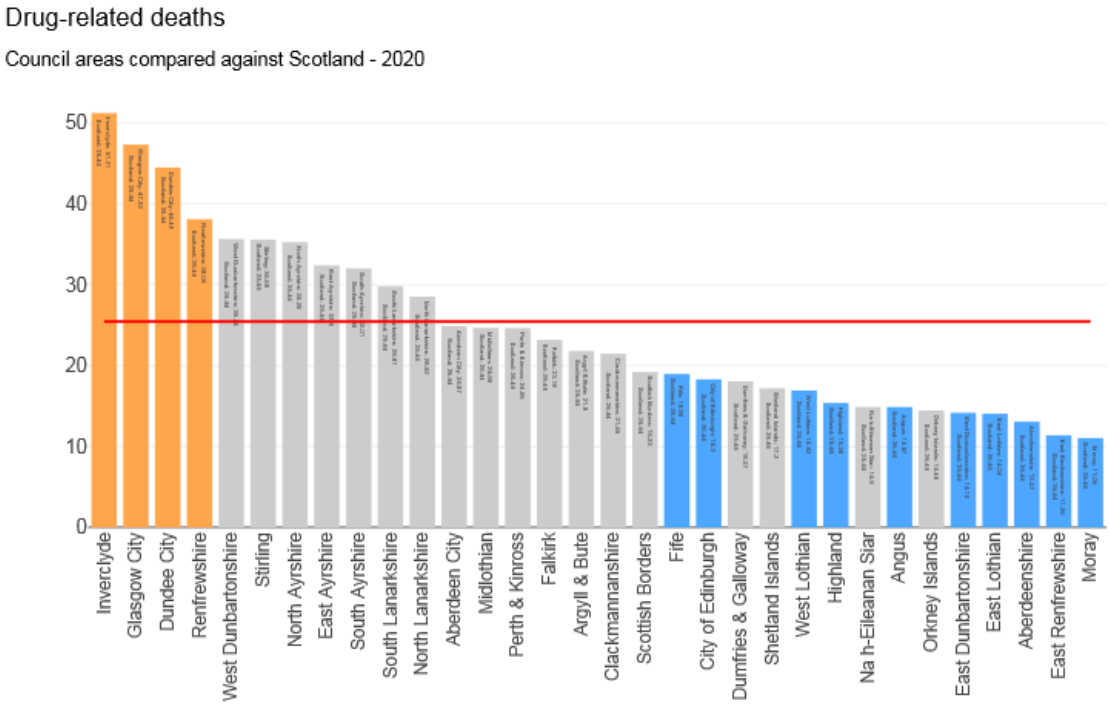
Figure 130: Drug-related Deaths in West Dunbartonshire (2002 – 2020)



Source: Scottish Public Health Observatory

The figure above shows that in 2020, there were 35.66 deaths per 100,000 (29 drug-related deaths) in West Dunbartonshire. This was a 10% decrease on the previous year of 32 deaths (39.57 deaths per 100,000). In comparison for Scotland the rate per 100,000 population was 25.44 (2020) and 24.56 (2019). The figure also illustrates deaths per 100,000 in West Dunbartonshire have increased each year since 2015.

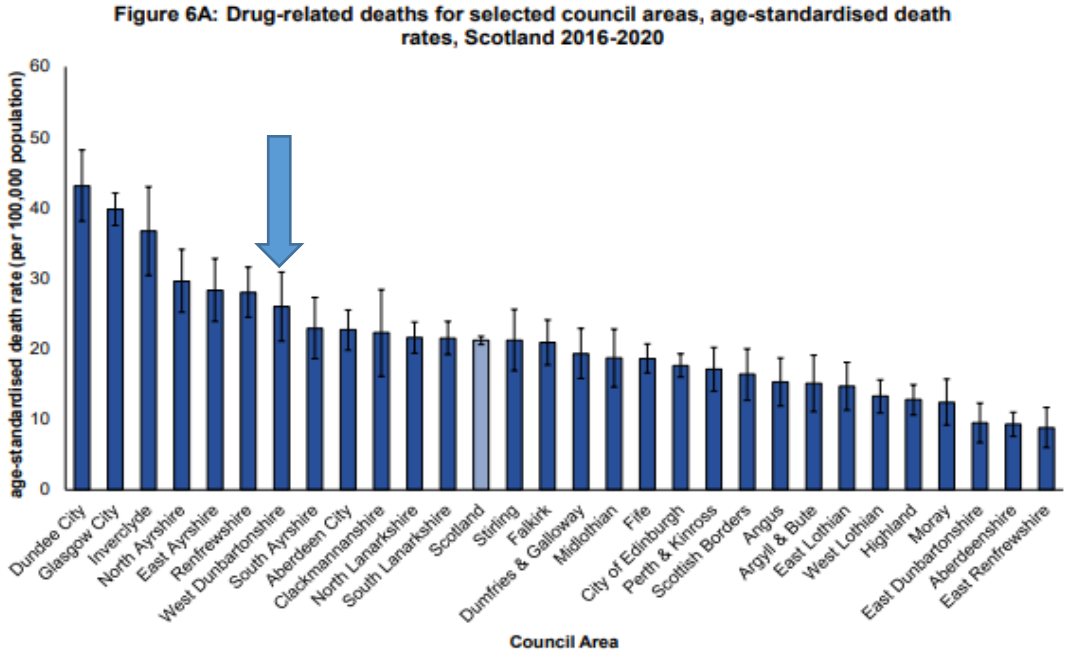
Figure 131: Drug-related Deaths by Council (2020)



Source: [Scottish Public Health Observatory]

The figure above shows that West Dunbartonshire Council is ranked the 5th worst area for drug-related death rate (rate 35.66 per 100,000) with Inverclyde the worst (rate 51.21 per 100,000) compared to the Scottish National average of 25.44 per 100,000 (red line across the graph).

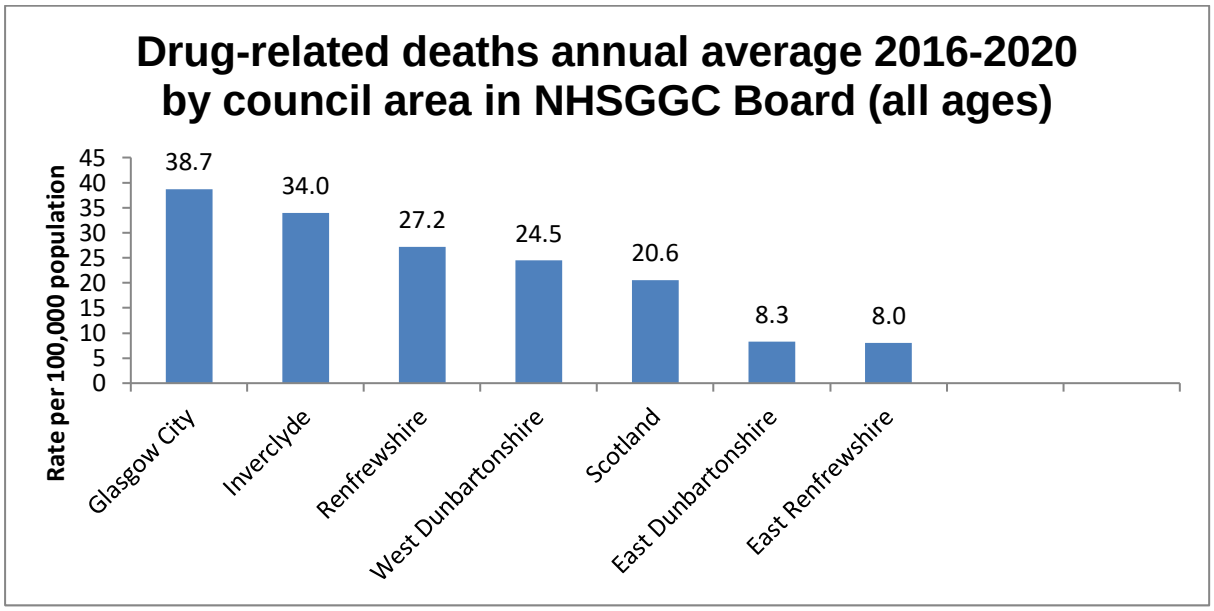
Figure 132: Drug-related Deaths by Council (2016-2020)



Source: National Records of Scotland (2021)

The figure above shows that West Dunbartonshire Council is ranked 7th highest for drug related deaths over the timescale 2016-2020.

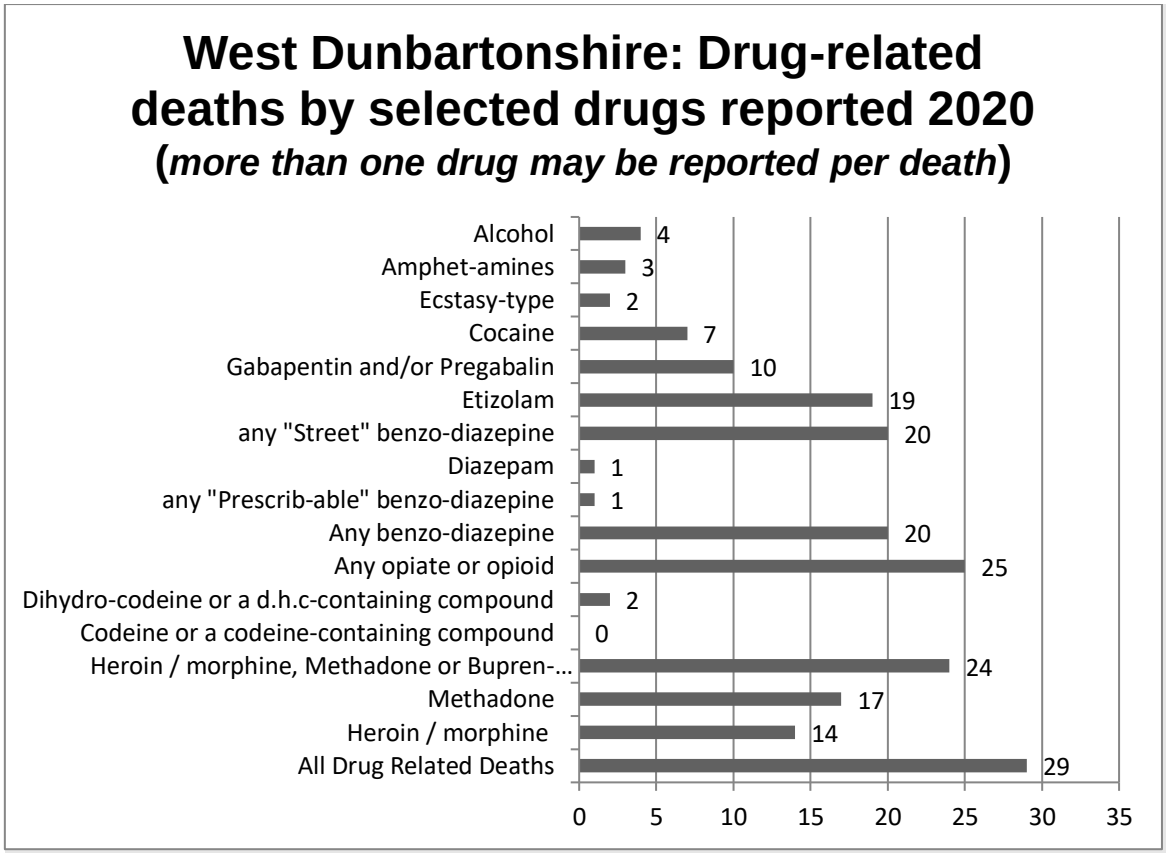
Figure 133: Drug-related Death Rate by NHSGG&C Local Authority Areas (2016-2020)



Source: National Records of Scotland (2021)

The figure above shows that West Dunbartonshire Council area is ranked 4th highest for drug-related death rates per 100,000 in the Health Board area of NHSGGC. This is behind Renfrewshire at 27.2 per 100,000 but higher than Scotland at 20.6 per 100,000.

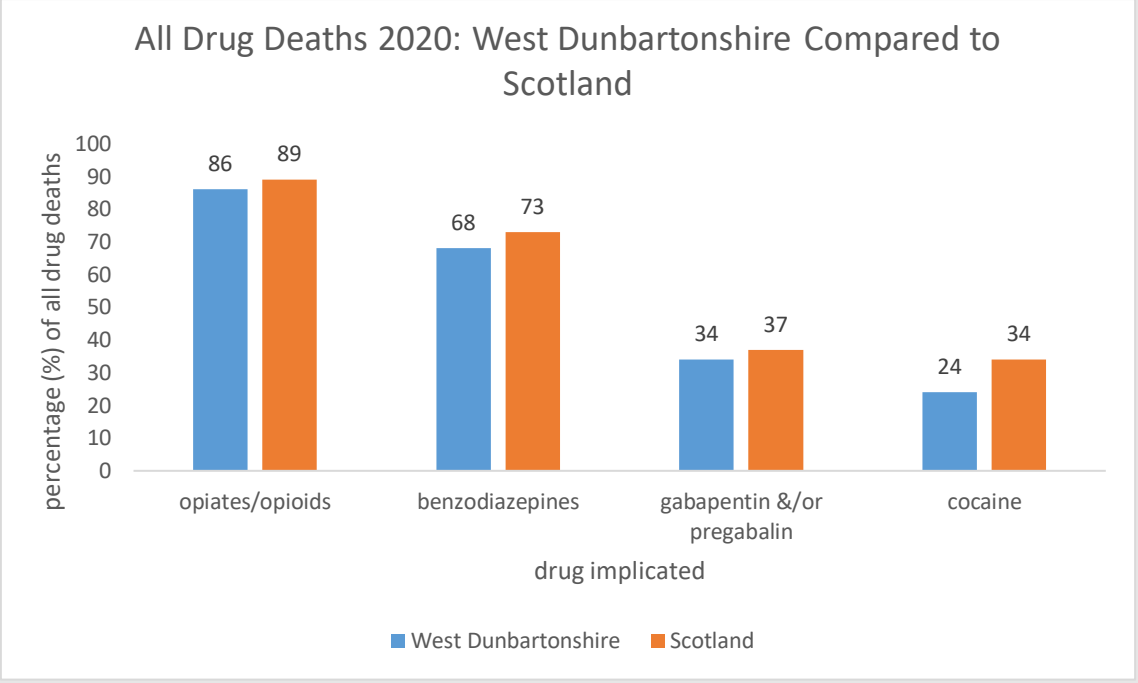
Figure 134: Drug-related Deaths by Drug in West Dunbartonshire (2020)



Source: National Records of Scotland (2021)

The figure above shows the main drugs implicated in the drug-related deaths in West Dunbartonshire in 2020. The most frequently implicated drug is any opiate or opioid, followed by heroin/morphine, methadone or buprenorphine, then any benzo-diazepine, or 'street' benzo-diazepine. For many of the deaths more than one drug had been reported.

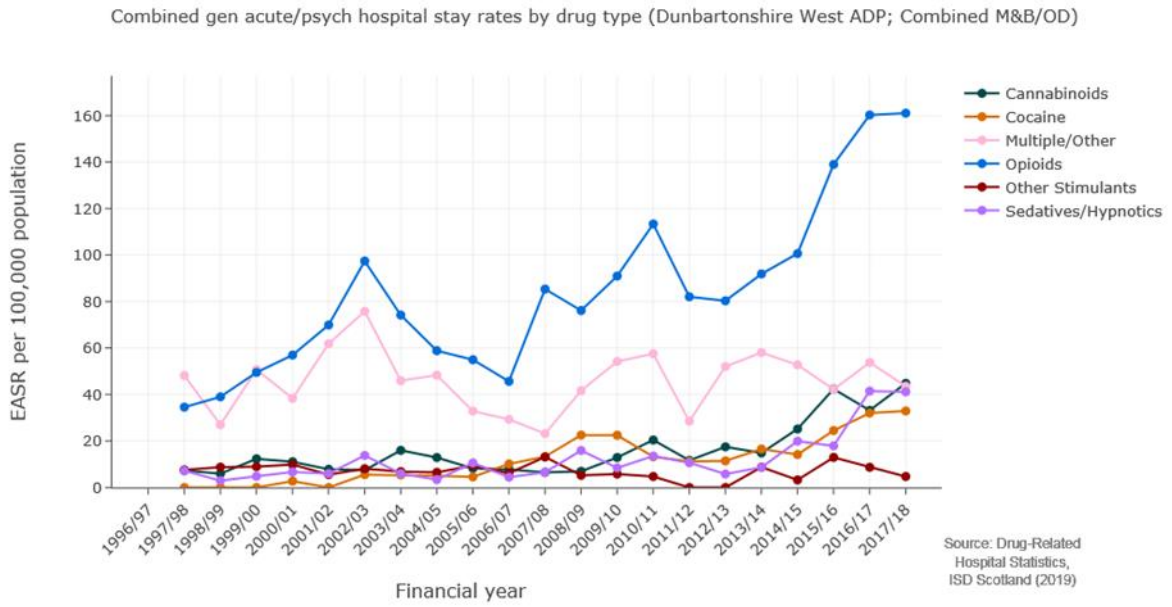
Figure 135: All Drug Deaths 2020: West Dunbartonshire Compared to Scotland by Main Drug Implicated (2020)



Source: National Records of Scotland (2021)

The figure above states that the drugs implicated in all deaths for West Dunbartonshire and Scotland are similar. In West Dunbartonshire 86% of deaths involved opiates/opioids and in Scotland as a whole it was 89% of all deaths. This is very similar for benzodiazepines (68% West Dunbartonshire and 73% Scotland) and 34% and 37% respectively for gabapentin and/or pregabalin. In 93% of all drug-related deaths, more than one drug was found to be present.

Figure 136: Drug-related Hospital Statistics by Drug (2019)



Source: Information Services Division

The figure above states that the main drug implicated in the drug-related hospital stays 2017/2018 for West Dunbartonshire were opioids and there has been a steady increase since 2012/2013.

Key Findings

- Alcohol related hospital admissions for West Dunbartonshire (1,075.35 per 100,000) are higher than the Scottish average (673.27 per 100,000) and increasing. Nationally SIMD one and two experience 68% more admissions.
- Alcohol specific death rates are slowly decreasing in West Dunbartonshire (28.55 per 100,000) however are still higher than the Scottish average (20.4 per 100,000).
- Drug related hospital admissions for West Dunbartonshire (284.15 per 100,000) are higher than the Scottish average (221.26 per 100,000) and rising.
- Drug related deaths are higher for West Dunbartonshire (35.66 per 100,000) than the Scottish average (25.44 per 100,000).

Considerations

- There must be a continued focus on driving forward the Community Planning West Dunbartonshire Substance Use Prevention Strategy now in year 4 of the 10-year lifespan of the strategy.
- The HSCP needs to continue to lead and co-ordinate with partners the ADP Ministerial priorities as set out in the National Drugs Mission (2021)[168] and Rights, Respect and Recovery[169]
- This wider 'population view' Strategic Needs Assessment should inform the ADP Needs Assessment and associated ADP and HSCP Addiction Services delivery plans.

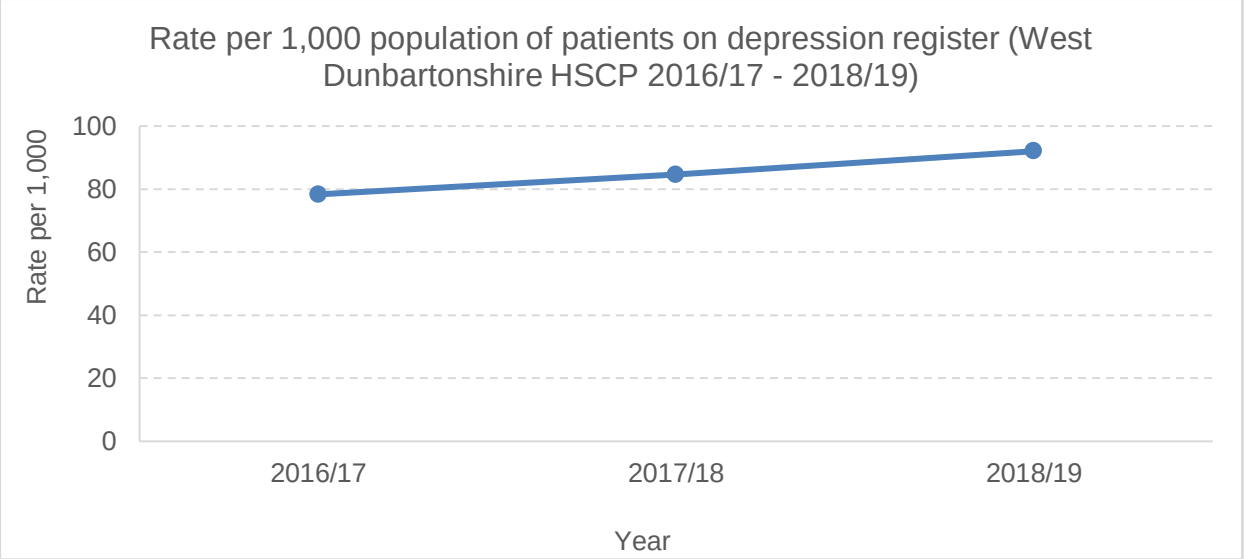
Mental Health

Many mental health problems are preventable, with the majority able to be treated, so people can either fully recover or manage their conditions successfully and live as healthy, happy and productive lives as possible. The guiding ambition, of Scotland's 10 year Mental Health Strategy is to focus on achieving parity of esteem between mental health and physical health. The scale of the challenge is considerable and will involve working to improve prevention and early intervention, access to treatment and supporting the physical wellbeing of people with mental health problems.

Depression

Depression is a common mental disorder, characterised by constant sadness and a lack of interest or pleasure in previously pleasing activities. The effects of depression can be long-lasting or recurrent and can radically affect a person's ability to function and live a life of fulfilment.

Figure 137: Rate per 1,000 population of patients on depression register (West Dunbartonshire HSCP 2016/17 - 2018/19)



Source: SPIRE

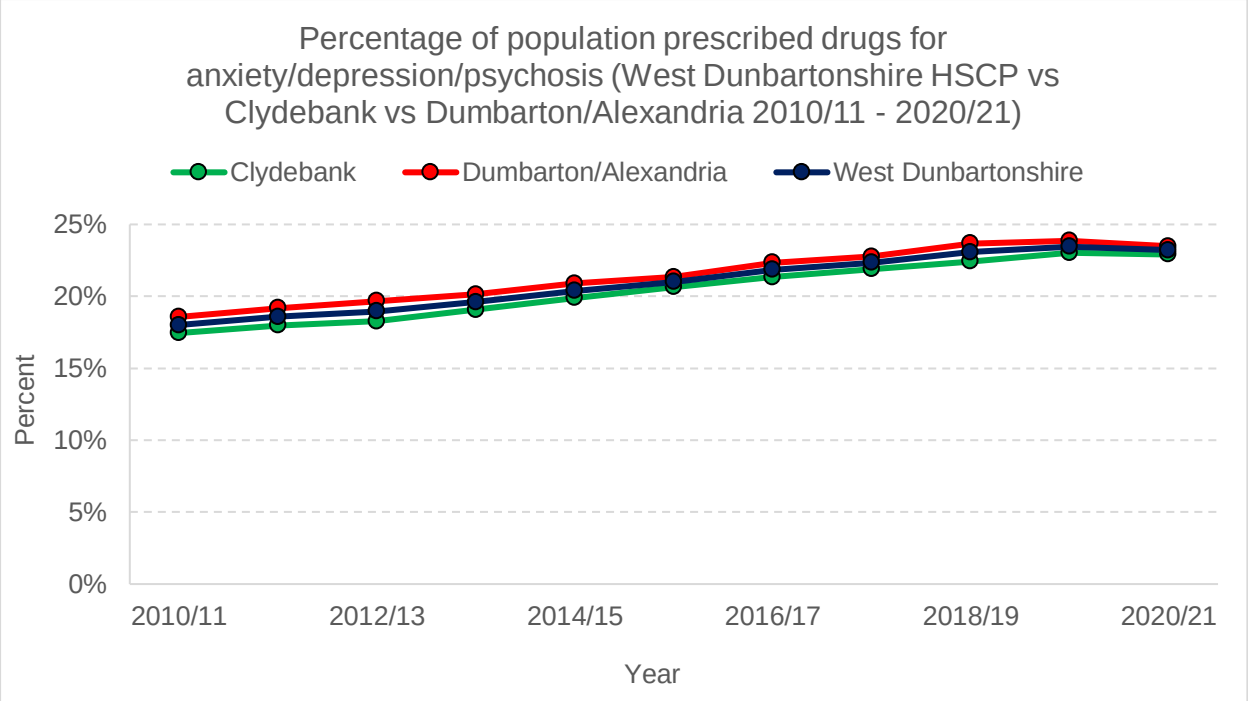
Table 28: Number and rate per 1,000 population of depression of registered patients (West Dunbartonshire 5-year average 2002 - 2019)

Year	Total Population Registered	Depression Register	Rate
2016/17	96,236	7,539	78.34
2017/18	96,212	8,136	84.56
2018/19	96,129	8,846	92.02

Source: SPIRE

The above chart and table show the rate of people registered with depression in West Dunbartonshire has increased between 2016/17 and 2019/20.

Figure 138: Percentage of population prescribed drugs for anxiety/depression/psychosis (West Dunbartonshire HSCP vs Clydebank vs Dumbarton/Alexandria 2010/11 - 2020/21)



Source: Scottish Public Health Observatory (ScotPHO) (2021)

Table 29: Number and percentage of population prescribed drugs for anxiety/depression/psychosis (West Dunbartonshire HSCP vs Clydebank vs Dumbarton/Alexandria 2010/11 - 2020/21)

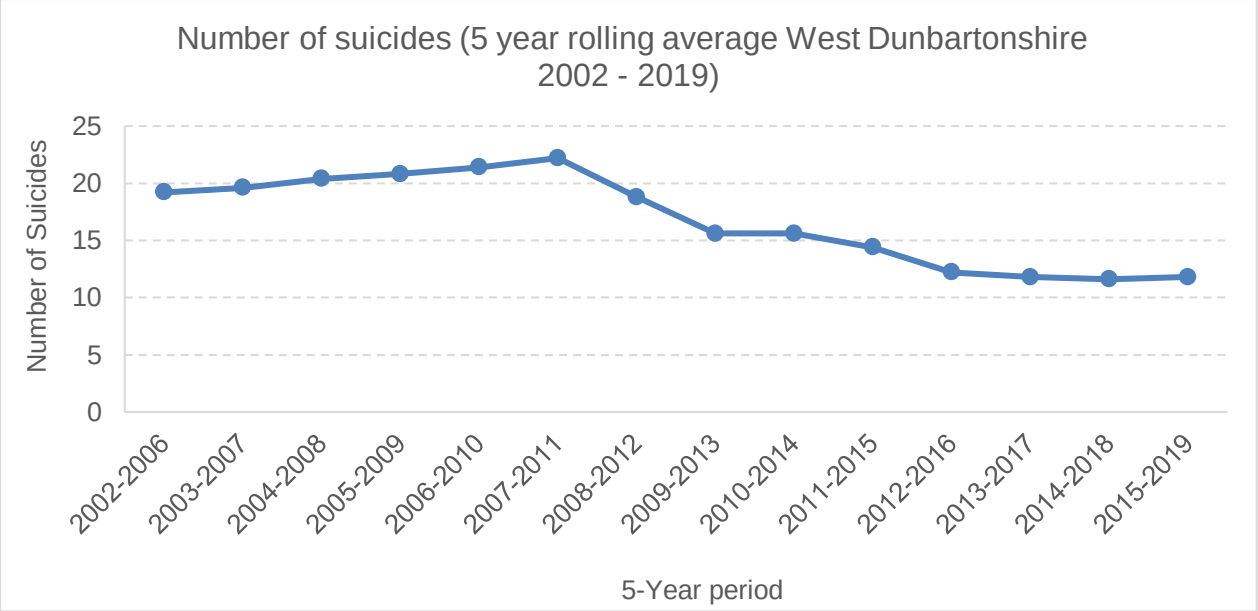
	Clydebank		Dumbarton/Alexandria		West Dunbartonshire	
Year	Nbr	%	Nbr	%	Nbr	%
2010/11	7,925	17.45%	8,428	18.57%	16,353	18.01%
2011/12	8,147	17.97%	8,680	19.17%	16,827	18.57%
2012/13	8,222	18.26%	8,909	19.67%	17,131	18.96%
2013/14	8,512	19.06%	9,089	20.14%	17,601	19.60%
2014/15	8,842	19.89%	9,454	20.89%	18,296	20.39%
2015/16	9,131	20.64%	9,680	21.35%	18,811	21.00%
2016/17	9,457	21.35%	10,173	22.33%	19,630	21.85%
2017/18	9,630	21.90%	10,392	22.77%	20,022	22.34%
2018/19	9,803	22.44%	10,763	23.68%	20,566	23.07%
2019/20	10,021	23.03%	10,835	23.86%	20,856	23.45%
2020/21	9,865	22.91%	10,628	23.48%	20,493	23.20%

Source: Scottish Public Health Observatory (ScotPHO)

The above chart and table shows number and percentage of population prescribed drugs for anxiety/depression/psychosis in West Dunbartonshire has increased between 2010/11 and 2020/21. The rates in West Dunbartonshire, Clydebank and Dumbarton/Alexandria are similar across this period.

Suicide

Figure 139: Number of suicides (5 year rolling average West Dunbartonshire 2002 – 2019)



Source: Scottish Public Health Observatory (ScotPHO)

The above chart and table show the number of completed suicides in West Dunbartonshire has decreased from 24.41 (2007-2011) to 13.24 (2015-20019).

Key Findings

- The rate of patients registered with depression is increasing year on year in West Dunbartonshire.
- Suicide remains a significant issue in West Dunbartonshire.

Considerations

- The HSCP should action the recommendations identified in the Scottish Covid-19 Mental Health Tracker Study Wave 5[170] (Feb 22) which highlight young adults and women (in particular young adults and women with a mental health condition), those with a physical health condition, and those who have unpaid caring responsibilities, for prioritisation when implementing mental health policy and services.
- The HSCP should continue to lead on the development of the Mental Health and Wellbeing in Primary Care Services (MHWPCS), working to support the establishment of multi-disciplinary MHWPCS teams, within GP clusters or localities.
- The HSCP should continue to support and promote suicide prevention and self-harm activities across Community Planning Partnership thematic groups (Safe and Nurtured) to deliver on the Scottish Government's forthcoming new National Suicide Prevention and Self-Harm Action Plans.

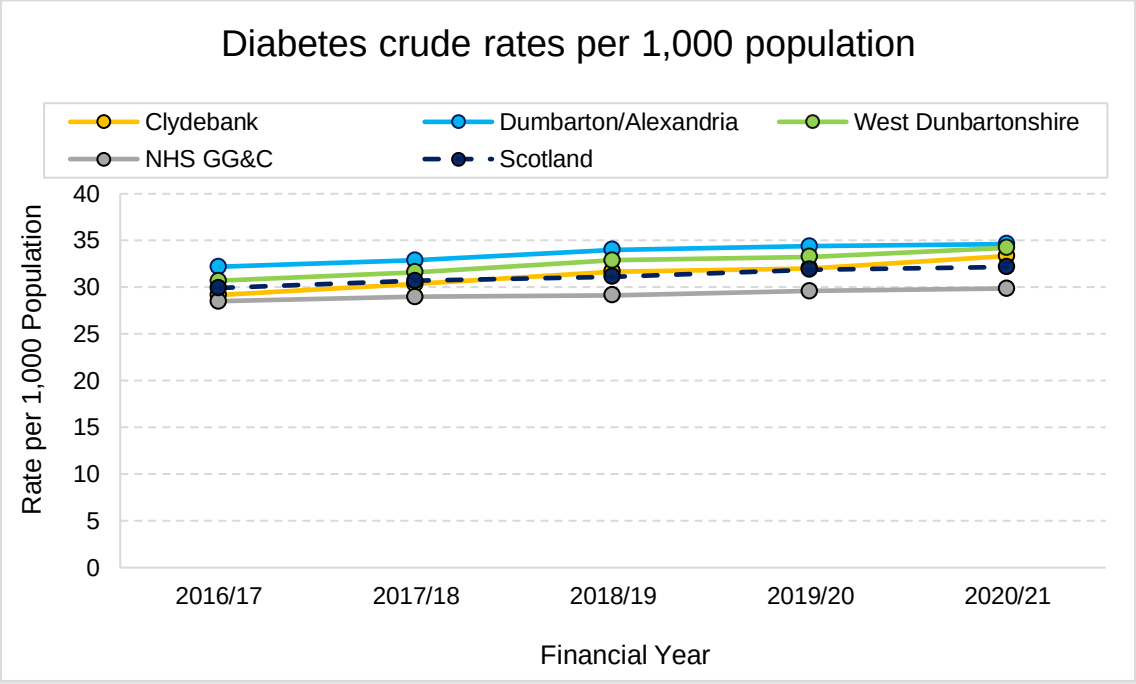
Diabetes

The data source for Diabetes (Source Linkage Files) does not differentiate between type 1 and type 2 diabetes.

The Scottish Diabetes Survey 2019[171] Diabetes in Scotland, 2019 published results relating to the prevalence of type 1 and 2 diabetes for Scotland.

Diabetes is an important cause of disability and increases the risk of coronary heart disease and other health problems. It is more common in deprived areas. The most recent Scottish Diabetes Survey (2019) estimates that there were over 312,000 people with a diagnosis of diabetes in Scotland in 2019, a prevalence of 5.7% (compared to 5.1% in 2013). There were close to 19,500 new cases diagnosed in 2019. In 2019 there were close to 6,400 deaths where diabetes was mentioned among the causes, of which 54% were males. Diabetes in Scotland, 2019

Figure 140: Crude rate per 1,000 population of individuals living with Diabetes (Clydebank vs. Dumbarton/Alexandria vs. West Dunbartonshire HSCP vs. NHSGGC vs. Scotland data for 2016/17 - 2020/21 financial years)



Source: Linkage Files (Public Health Scotland)

Table 30: Number and crude rate per 1,000 population of individuals living with Diabetes (Clydebank vs. Dumbarton/Alexandria vs. West Dunbartonshire HSCP vs. NHSGGC vs. Scotland data for 2016/17 - 2020/21 financial years

	Clydebank		Dumbarton/ Alexandria		West Dunbartonshire		NHSGGC		Scotland	
Financial Year	Nbr	Rate	Nbr	Rate	Nbr	Rate	Nbr	Rate	Nbr	Rate
2016/17	1292	29.17	1467	32.20	2759	30.70	33110	28.51	161710	29.92
2017/18	1334	30.33	1500	32.87	2834	31.63	33878	28.98	166456	30.68
2018/19	1384	31.68	1546	34.02	2930	32.87	34237	29.14	169336	31.14

2019/20	1394	32.03	1562	34.40	2956	33.24	35009	29.59	174134	31.87
2020/21	1451	33.34	1572	34.62	3023	34.22	35403	29.87	175859	32.17

Source: SOURCE Linkage Files (Public Health Scotland)

The above chart and table show the rate of individuals living with diabetes in West Dunbartonshire. NHSGGC, and Scotland has increased between 2016/17 and 2020/21. The rate is higher in West Dunbartonshire than that of NHSGGC and that of Scotland. Dumbarton/Alexandria have a rate higher than Clydebank.

Key Findings

- The prevalence of diabetes (type 1 and 2) is higher in West Dunbartonshire (34.2/1000 population) than the Scottish average (32.1/1000 population).

Considerations

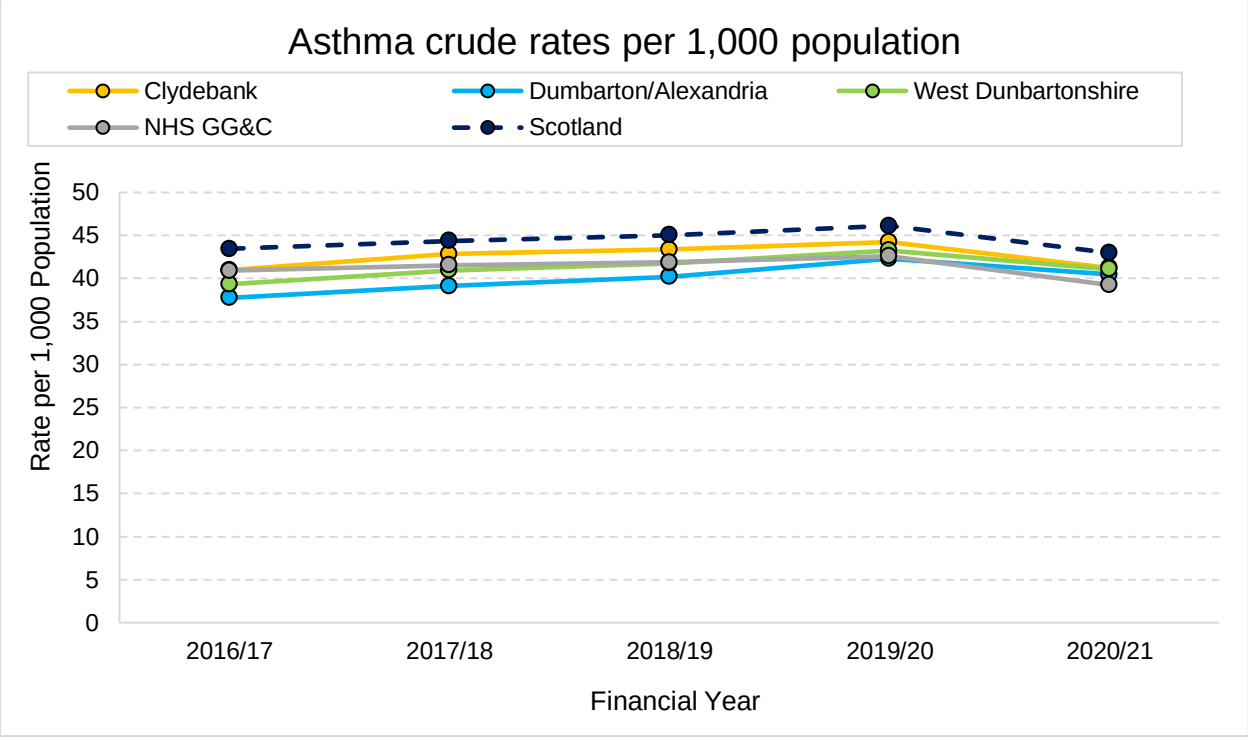
- The HSCP should consider the prevalence of diabetes within the Primary Care Improvement Plan and promote initiatives that support healthy lifestyle choices e.g., Live Active Scheme; evidence shows three in five cases of Type 2 diabetes can be prevented or delayed with healthy lifestyle change, risk factors include: obesity, lack of physical activity, poor diet and stress.

Chronic Respiratory Diseases

Asthma

Asthma is a significant cause of impaired quality of life and hospital admissions in Scotland. In 2019/20, 89 people per 100,000 were hospitalised for asthma at least once during the year, a figure that has been relatively constant over the last 10 years.[172] https://www.scotpho.org.uk/health-wellbeing-and-disease/asthma/key-points/

Figure 141: Crude rate per 1,000 population of individuals living with Asthma (Clydebank vs. Dumbarton/Alexandria vs. West Dunbartonshire HSCP vs. NHSGGC vs. Scotland data for 2016/17 - 2020/21 financial years)



Source: Linkage Files (Public Health Scotland)

Table 31: Number and crude rate per 1,000 population of individuals living with Asthma (Clydebank vs. Dumbarton/Alexandria vs. West Dunbartonshire HSCP vs. NHSGGC vs. Scotland data for 2016/17 - 2020/21 financial years)

	Clydebank		Dumbarton/ Alexandria		West Dunbartonshire		NHSGGC		Scotland	
Financial Year	Nbr	Rate	Nbr	Rate	Nbr	Rate	Nbr	Rate	Nbr	Rate
2016/17	1815	41.0	1720	37.7	3535	39.34	47501	40.90	234681	43.42
2017/18	1884	42.8	1785	39.1	3669	40.94	48568	41.54	240650	44.36
2018/19	1895	43.4	1827	40.2	3722	41.76	49205	41.88	244927	45.04
2019/20	1925	44.2	1921	42.3	3846	43.25	50384	42.59	252042	46.13
2020/21	1795	41.2	1837	40.5	3632	41.11	46515	39.25	234941	42.98

Source: Linkage Files (Public Health Scotland)

The above chart and table shows the rate per 1,000 people living with asthma in West Dunbartonshire is similar to those in NHS Greater Glasgow and Clyde, and is slightly less than the rate for Scotland as a whole. Clydebank has a higher rate than Dumbarton/Alexandria. Between 2019/20 and 2020/21 the rate for West Dunbartonshire, NHSGGC and Scotland have all fallen slightly.

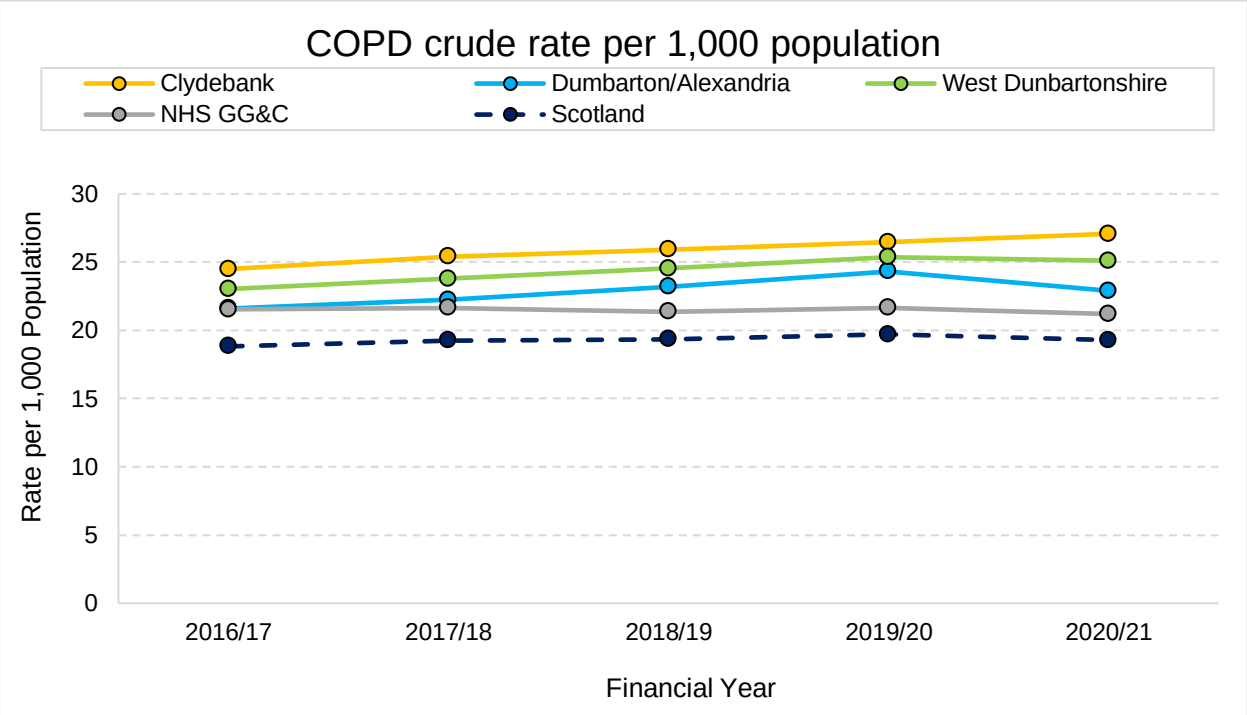
COPD (Chronic Obstructive Pulmonary Disease)

COPD is a long-term lung disease that causes cough and breathlessness. It is a progressive disease that not only affects breathing but also causes weight loss, nutritional disturbances and muscle problems.

The most significant risk factor for COPD is cigarette smoking. Despite a considerable decline in smoking rates over the past 25 years, morbidity and mortality from COPD in Scotland remain high.

The burden of COPD is widely recognised to be underestimated with as many as two thirds of cases undiagnosed.[173] https://www.scotpho.org.uk/health-wellbeing-and-disease/chronic-obstructive-pulmonary-disease-copd/key-points

Figure 142: Crude rate per 1,000 population of individuals living with COPD (Clydebank vs. Dumbarton/Alexandria vs. West Dunbartonshire HSCP vs. NHSGGC vs. Scotland data for 2016/17 - 2020/21 financial years)



Source: Linkage Files (Public Health Scotland)

Table 32: Number and crude rate per 1,000 population of individuals living with COPD (Clydebank vs. Dumbarton/Alexandria vs. West Dunbartonshire HSCP vs. NHSGGC vs. Scotland data for 2016/17 - 2020/21 financial years)

	Clydebank		Dumbarton /Alexandria		West Dunbartonshire		NHSGGC		Scotland	
Financial Year	Nbr	Rate	Nbr	Rate	Nbr	Rate	Nbr	Rate	Nbr	Rate
2016/17	1085	24.50	984	21.60	2069	23.02	24994	21.52	101735	18.82

2017/18	1117	25.40	1015	22.24	2132	23.79	25302	21.64	104452	19.25
2018/19	1132	25.91	1054	23.19	2186	24.53	25106	21.37	105237	19.35
2019/20	1151	26.45	1104	24.31	2255	25.36	25607	21.64	107684	19.71
2020/21	1178	27.07	1039	22.88	2217	25.10	25123	21.20	105351	19.27

Source: Linkage Files (Public Health Scotland)

The above chart and table show the rate of people living with COPD in West Dunbartonshire is significantly higher than that of NHSGGC and that of Scotland. The rate in Clydebank is significantly higher than that of Dumbarton/Alexandria. Between 2016/17 and 2020/21, the rate of COPD in Clydebank has risen from 24.5 to 27.07 per 1,000 whereas the rate in Scotland has risen from 18.82 to 19.27 per 1,000.

Key Findings

- The asthma prevalence rate in West Dunbartonshire (41.11 per 1,000 population) remains lower than the Scottish rate (42.9 per 1,000 population)
- COPD prevalence in West Dunbartonshire (25.10 per 1,000 population) remains above the Scottish rate (19.2 per 1,000 population). Clydebank (27.07 per 1,000 population) prevalence is higher than that of Dumbarton/Alexandria (22.88 per 1,000 population).

Considerations

- The HSCP should continue to commit to the COPD nurse programme as part of the Primary Care Improvement Plan.
- The HSCP should continue to signpost into NHSGGC Smokefree services (Quit Your Way) and the Community Link Worker programme.

Covid-19

In 2019, a coronavirus strain, SARS-2-COV, was identified in Wuhan, China infecting human inhabitants with resultant disease severity ranging from mild to fatal. The subsequent global spread of Covid-19 has been unprecedented in modern times and has resulted in significant morbidity, mortality and burden on health systems worldwide (Bonell et al, 2020)[174]

Dessie and Zewotir (2021)[175] carried out a systematic review to determine the mortality-related risk factors of Covid-19. The review concluded that the following co-morbidities and demographics: COPD, diabetes, hypertension, CVD, cancer, increased D-dimer (protein fragment that's made when a blood clot dissolves in your body), male gender, older age, current smoker, and obesity are clinical risk factors for a fatal outcome associated with coronavirus.

In March 2020, Scottish Public Health Observatory (ScotPho) developed a web-based tool to identify areas which are at greater risk from the impact of the virus to support nationwide and local responses to the Covid-19 pandemic.[176] The tool allocates a community vulnerability measure based on demographic, social and clinical indicators relevant either directly to Covid-19 or to socio-economic factors that are likely to modify the impacts of the pandemic and efforts to delay it. Of the 32 Scottish Local Authority areas, West Dunbartonshire has the 6th highest vulnerability measure.

Table 33: ScotPHO Combined Vulnerability Index by Intermediate Zone (West Dunbartonshire)

Area Name	Combined Vulnerability rank	Weighted Quintile: Combined Vulnerability	2018 Mid Year Population
IZ02-West Dunbartonshire	1,250	1	4,644
IZ08-West Dunbartonshire	1,178	1	5,420
IZ16-West Dunbartonshire	1,156	1	4,115
IZ01-West Dunbartonshire	1,145	1	3,925
IZ03-West Dunbartonshire	1,109	1	5,539
IZ04-West Dunbartonshire	1,064	1	4,517
IZ13-West Dunbartonshire	1,059	1	5,523
IZ17-West Dunbartonshire	966	2	5,958
IZ06-West Dunbartonshire	887	2	5,201
IZ18-West Dunbartonshire	794	2	4,417
IZ15-West Dunbartonshire	755	2	5,785
IZ05-West Dunbartonshire	668	3	3,564
IZ11-West Dunbartonshire	663	3	4,953
IZ10-West Dunbartonshire	648	3	4,263
IZ14-West Dunbartonshire	605	3	4,987

IZ07-West Dunbartonshire	601	3	4,392
IZ12-West Dunbartonshire	579	3	7,054
IZ09-West Dunbartonshire	357	4	4,873

The table above shows that of the 18 intermediate zones within West Dunbartonshire, seven (39%) are included in the most vulnerable quintile. No areas within West Dunbartonshire were ranked in the least vulnerable quintile. Intermediate zone IZ02 has the highest vulnerability ranking followed by IZ08, with IZ09 having the lowest ranking.

Positive Cases

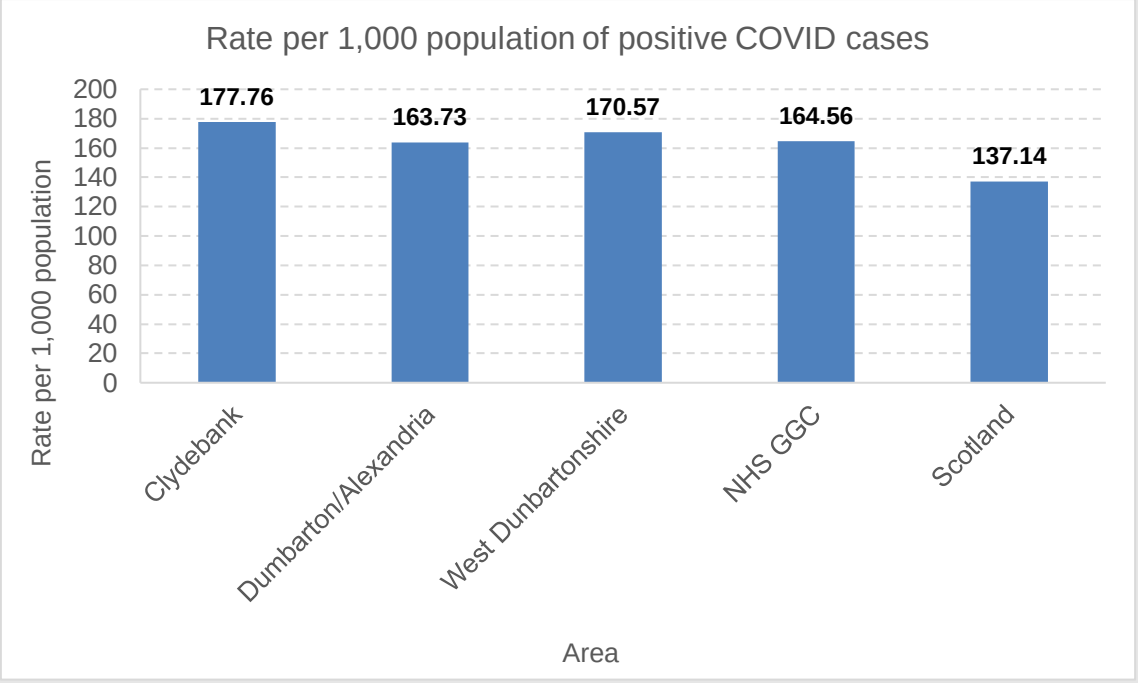
The following data shows the Covid-19 case rate up to and including 5th December 2021.

Table 34: Number and rate per 1,000 population of positive Covid-19 cases (West Dunbartonshire vs NHSGGC, vs Scotland)

Area	Nbr	Rate
Clydebank	7,656	177.76
Dumbarton/Alexandria	7,412	163.73
West Dunbartonshire	15,068	170.57
NHSGGC	195,043	164.56
Scotland	749,620	137.14

Source: CDW (NHS Scotland Corporate Data Warehouse), NHS Scotland, 2021

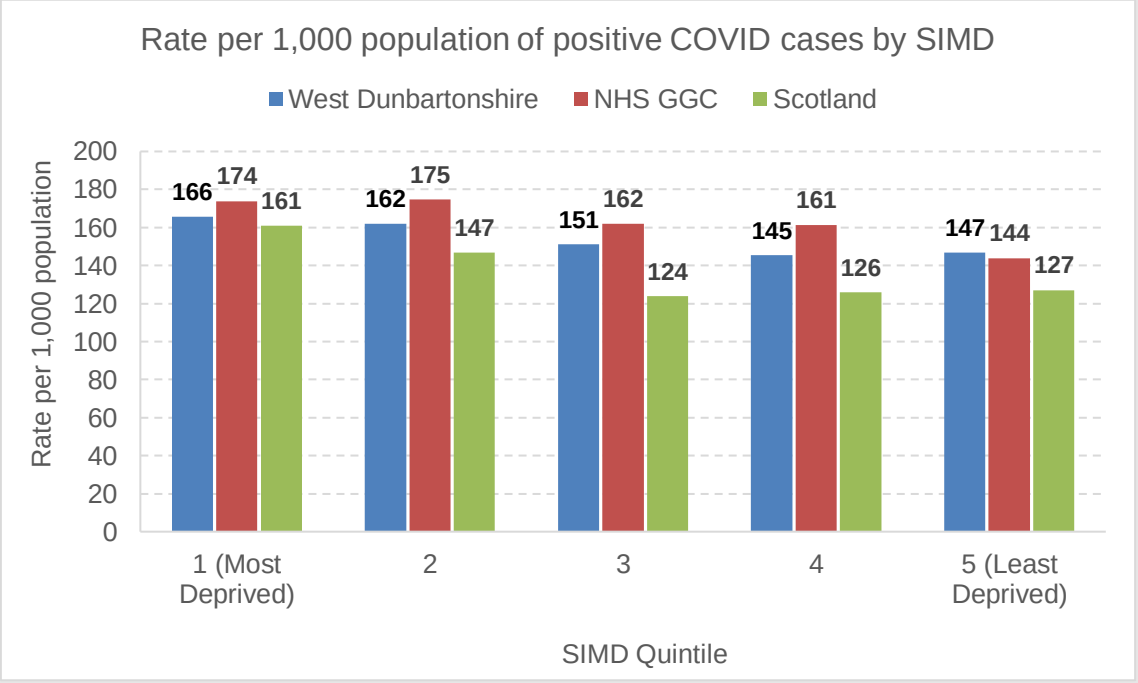
Figure 143: Rate per 1,000 population of positive Covid-19 cases (West Dunbartonshire vs NHSGGC, vs Scotland)



Source: CDW (NHS Scotland Corporate Data Warehouse), NHS Scotland, 2021

The rate of positive cases in West Dunbartonshire was 19.9% higher than that of NHSGGC and 24.3% higher than that of Scotland.

Figure 144: Rate per 1,000 population of positive Covid-19 cases by SIMD (West Dunbartonshire vs NHSGGC, vs Scotland)



Source: CDW (NHS Scotland Corporate Data Warehouse), NHS Scotland, 2021

Table 35: Number and rate per 1,000 population of positive Covid-19 cases by SIMD (West Dunbartonshire data)

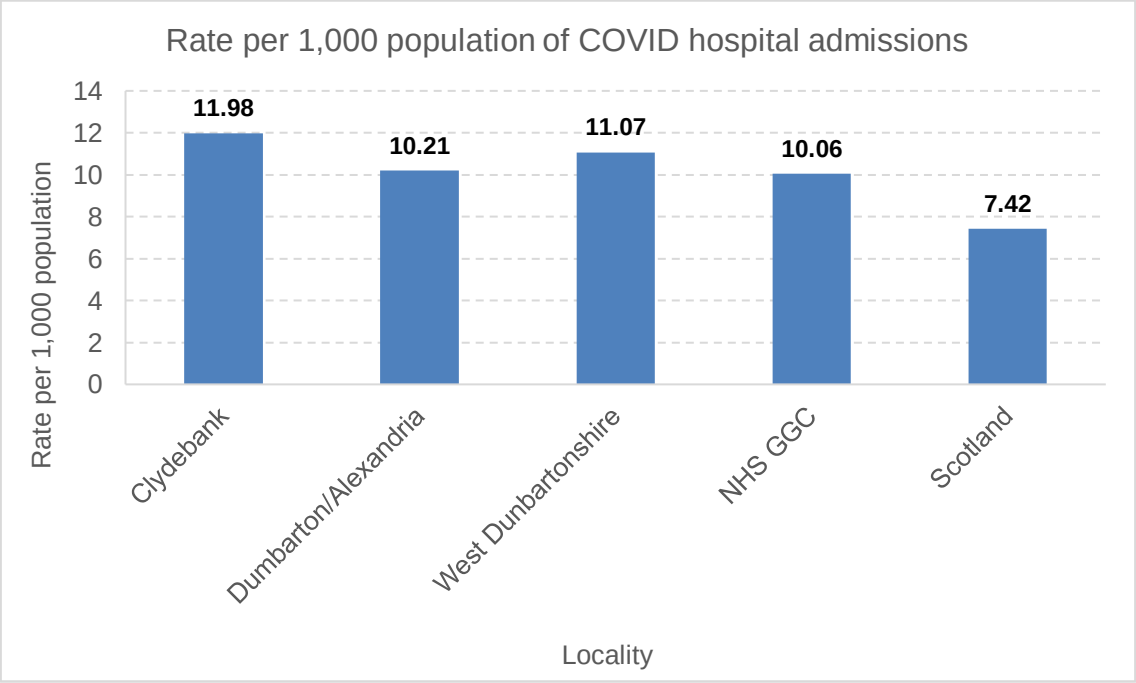
	West Dunbartonshire		NHSGGC		Scotland	
SIMD2020 Quintile	Nbr	Rate	Nbr	Rate	Nbr	Rate
1 (Most Deprived)	5,801	165.50	70,786	173.85	173,193	160.99
2	4,062	161.93	37,072	174.63	158,025	146.82
3	2,306	151.13	25,967	161.96	134,004	123.81
4	1,181	145.35	26,658	161.41	139,041	125.90
5 (Least Deprived)	707	146.65	34,560	143.82	137,422	127.02

West Dunbartonshire had a higher rate of positive Covid-19 cases than Scotland, but a lower rate than NHSGGC for all SIMD areas except for those residing in the least deprived quintile, where West Dunbartonshire had a slightly higher rate than both NHSGGC and Scotland.

Hospital Admissions

The following data shows the rate of Covid-19 hospital admissions up to and including 4th December 2021.

Figure 145: Rate per 1,000 population of Covid-19 hospital admissions (West Dunbartonshire vs NHSGGC vs Scotland)



Source: RAPID (Rapid and preliminary inpatient data), Public Health Scotland, (2021)

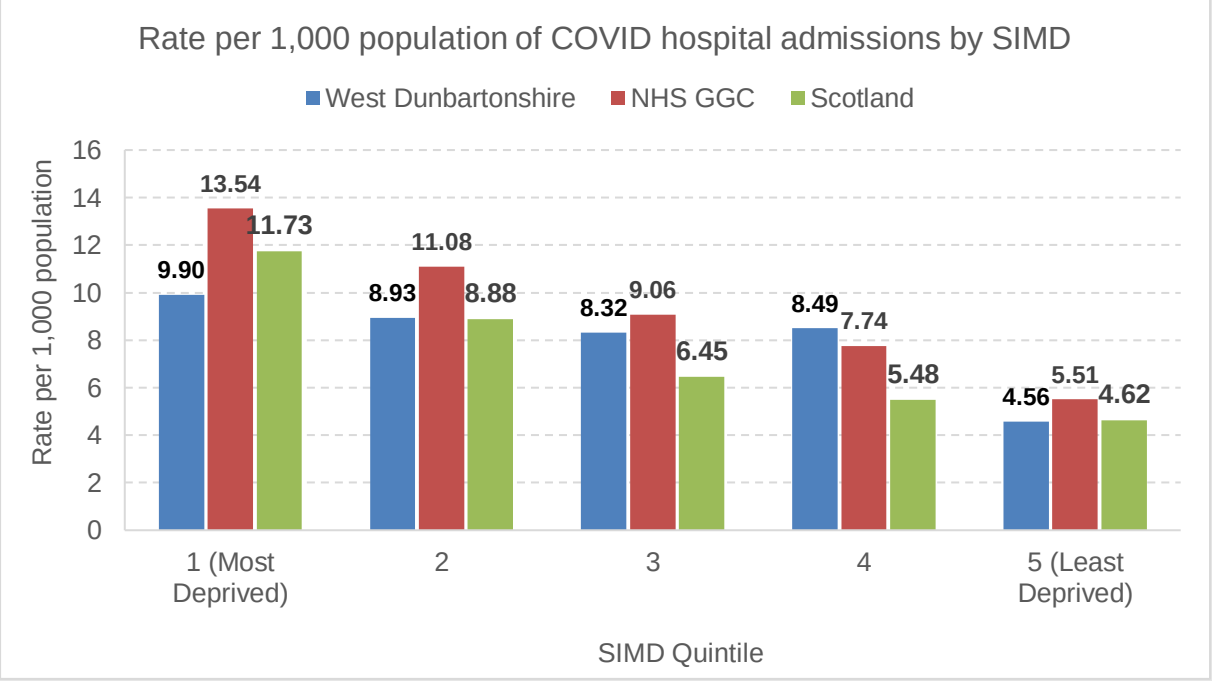
Table 36: Number and rate per 1,000 population of Covid-19 hospital admissions (West Dunbartonshire vs NHSGGC vs Scotland)

	Hospital Admissions	
Area	**Nbr**	**Rate**
West Dunbartonshire	978	11.07
NHSGGC	11,920	10.06
Scotland	40,549	7.42

Source: RAPID, Public Health Scotland (2021)

The chart and table above show that West Dunbartonshire had a hospital admission rate 10.0% higher than NHSGGC, and a rate 49.2% higher than Scotland.

Figure 146: Rate per 1,000 population of Covid-19 hospital admissions by SIMD (West Dunbartonshire vs NHSGGC vs Scotland)



Source: RAPID (Rapid and preliminary inpatient data), Public Health Scotland, 2021

Table 37: Number and rate per 1,000 population of Covid-19 hospital admissions by SIMD (West Dunbartonshire vs NHSGGC vs Scotland)

	West Dunbartonshire		NHSGGC		Scotland*	
SIMD2020 Quintile	**Nbr**	**Rate**	**Nbr**	**Rate**	**Nbr**	**Rate**
1 (Most Deprived)	347	9.90	5513	13.54	12700	11.73
2	224	8.93	2353	11.08	9622	8.88

3	127	8.32	1453	9.06	7044	6.45
4	69	8.49	1278	7.74	6112	5.48
5 (Least Deprived)	22	4.56	1323	5.51	5054	4.62

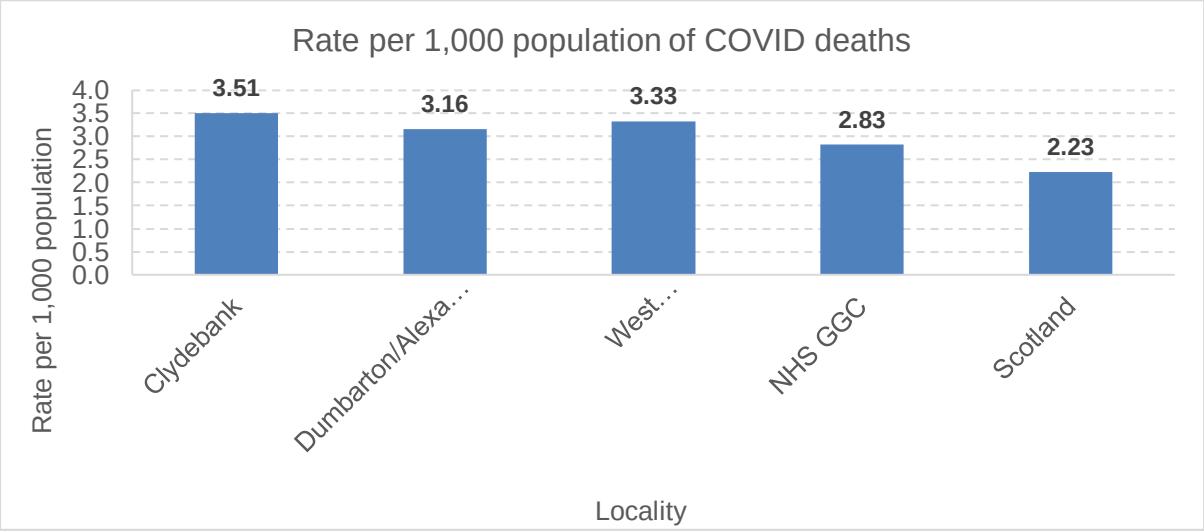
Source: RAPID (Rapid and preliminary inpatient data), Public Health Scotland, 2021

The chart and table above show that those living in the most deprived communities were more likely to be hospitalised for Covid-19 than those living in the least deprived communities.

Deaths

The following data shows the rate of Covid-19 deaths up to and including 5th December 2021.

Figure 147: Rate per 1,000 population of Covid-19 deaths (West Dunbartonshire vs NHSGGC vs Scotland)



Source: National Records Scotland, (2021)

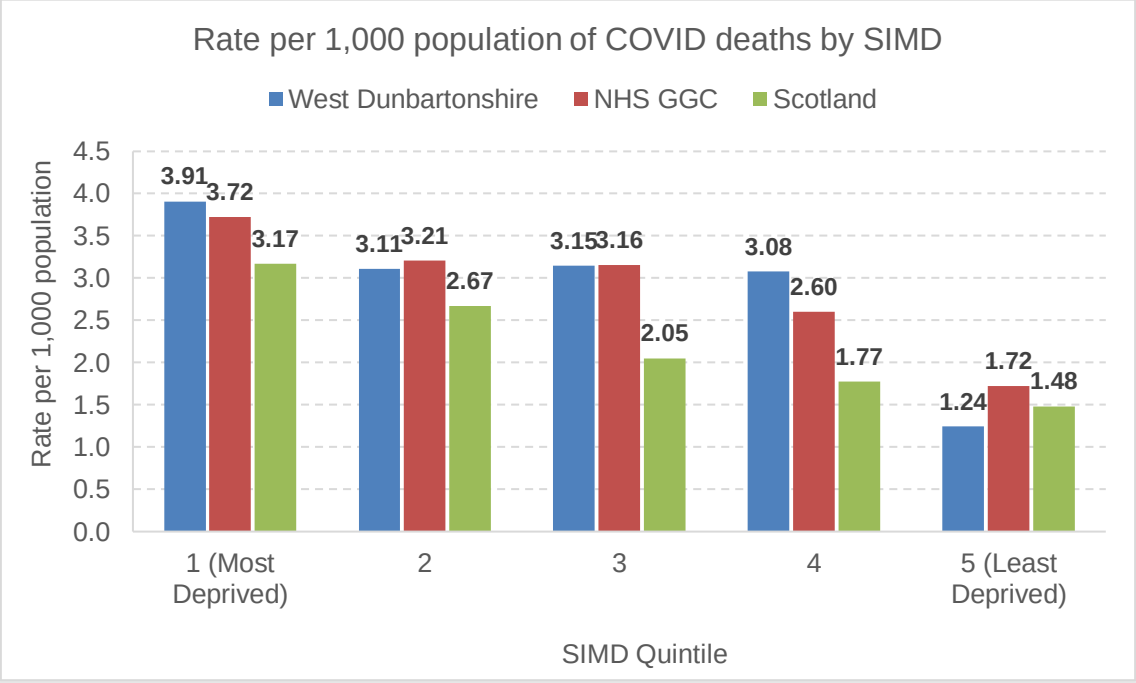
Table 38: Number and rate per 1,000 population of Covid-19 deaths (West Dunbartonshire vs NHSGGC vs Scotland)

Area	Nbr	Rate
Clydebank	151	3.51
Dumbarton/Alexandria	143	3.16
West Dunbartonshire	294	3.33
NHSGGC	3351	2.83
Scotland	12202	2.23

Source: National Records Scotland, (2021)

The above charts and tables show West Dunbartonshire has a higher rate of Covid-19 deaths than NHSGGC and Scotland. The West Dunbartonshire rate is 17.6% higher than that of NHSGGC, and 49.3% higher than that of Scotland. 2.4% of all Covid-19 deaths in Scotland were in West Dunbartonshire.

Figure 148: Rate per 1,000 population of Covid-19 deaths by SIMD (West Dunbartonshire vs NHSGGC vs Scotland)



Source: National Records Scotland, 2021

The chart above shows that those living in the most deprived communities had higher mortality rates for Covid-19 than those living in our least deprived communities across West Dunbartonshire, NHSGGC and Scotland.

Key Findings

- The health impact of Covid-19 was not shared equally and those experiencing multiple deprivation were disproportionately affected.
- ScotPHO tool indicates that West Dunbartonshire has the sixth highest level of vulnerability of all 32 local authorities in Scotland;
- More than one-third of intermediate zones (seven) in West Dunbartonshire are aligned to the most vulnerable quintile and are considered to be at the highest risk from the impact of the virus

Considerations

- Implementing effective interventions to prevent or mitigate health inequalities must be the focus for Strategic Planning to recover and improve population health in line with NHS Recovery Plan 2021 – 2026 and Mental Health – Scotland's Transition and Recovery Plan

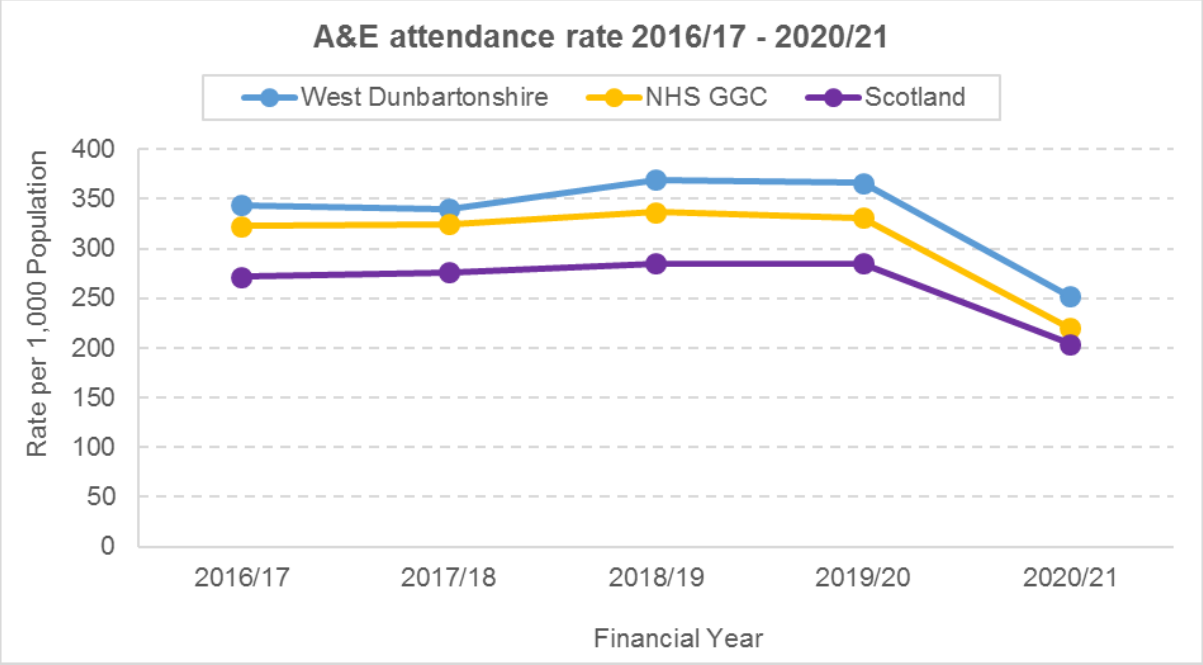
The following information is based on latest available hospital data. It may be affected by data completeness issues and is therefore subject to change.

Please note that this release includes data for the financial year 2020/21 in which Scotland adopted emergency measures due to Covid-19, which have impacted on hospital activity from March 2020. The pandemic and its wider impacts caused a large disruption to healthcare services, and had an impact on individuals' health and their use of healthcare services. Therefore, data from this period should be interpreted taking into consideration this context.

A&E Attendance

A&E attendance is defined as the presence of a patient in an A&E service seeking medical attention. Public Health Scotland – Data & Intelligence 2020 [177]The following figures and tables set out A&E attendance which includes Emergency Departments, Minor Injury Units and other (includes medical assessment units).

Figure 149: Rate per 1,000 population of A&E Attendances (West Dunbartonshire vs NHSGGC vs Scotland data for 2016/17 - 2020/21)



Source: A&E Datamart, Public Health Scotland (2022)

Table 39: Number & Rate per 1000 population of A& E attendances (West Dunbartonshire vs NHSGGC vs Scotland data for 2016/17 - 2020/21

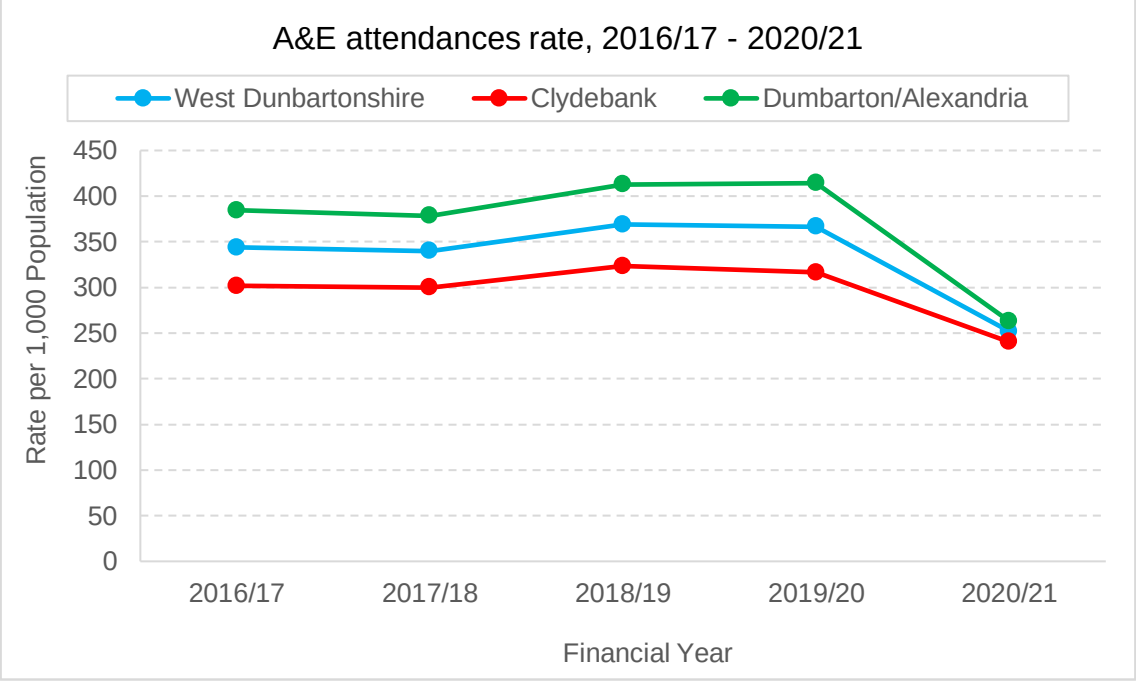
	West Dunbartonshire	NHS GGC	Scotland

Financial Year	Nbr	Rate	Nbr	Rate	Nbr	Rate
2016/17	30,877	343.61	374,864	322.78	1,468,969	271.79
2017/18	30,467	340.00	379,331	324.46	1,499,077	276.34
2018/19	32,890	369.01	395,327	336.45	1,551,222	285.25
2019/20	32,580	366.36	391,278	330.72	1,558,052	285.19
2020/21	22,256	251.94	260,507	219.79	1,115,505	204.08

Source: A&E Datamart, Public Health Scotland (2022)

The above figure shows West Dunbartonshire had a higher attendance rate than NHSGGC and Scotland between 2016/17 and 2019/20.

Figure 150: Rate per 1,000 population of A&E Attendances (West Dunbartonshire data for 2016/17-2020/21)



Source: A&E Datamart, Public Health Scotland (2021)

Table 40: Rate per 1,000 population of A&E Attendances (West Dunbartonshire data for 2016/17-2020/21)

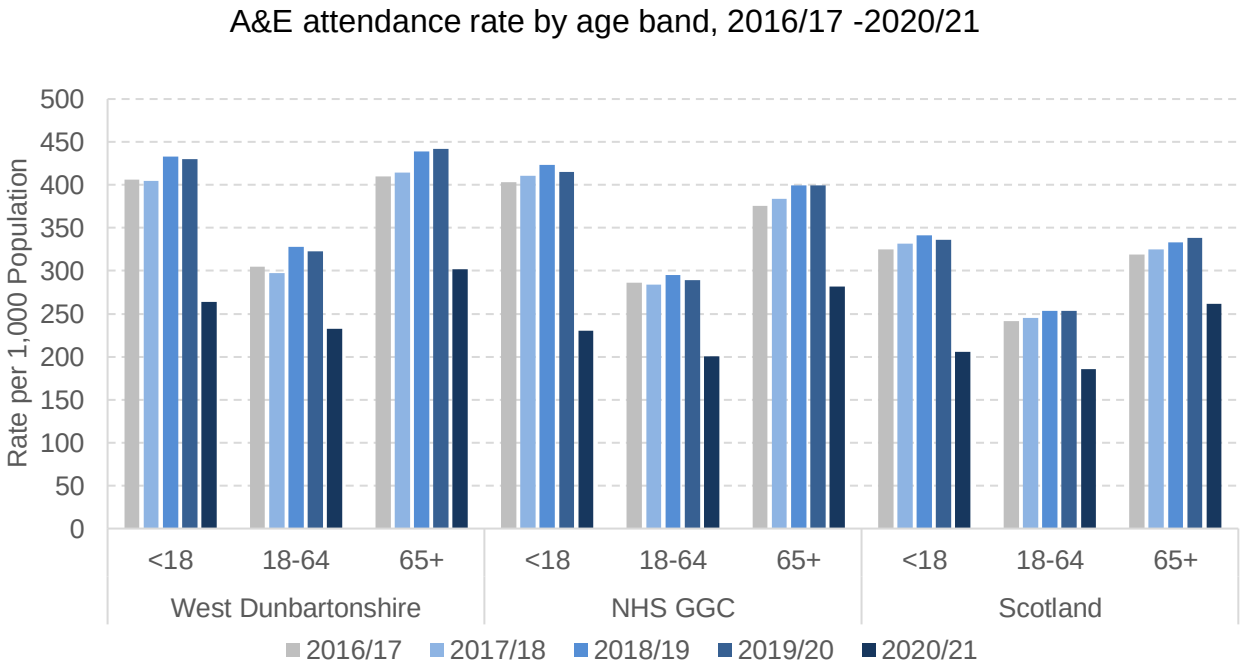
	Clydebank		Dumbarton/Alexandria		West Dunbartonshire	
Financial Year	Nbr	Rate	Nbr	Rate	Nbr	Rate
2016/17	13,367	301.78	17,510	384.28	30,877	343.61
2017/18	13,194	299.99	17,273	378.55	30,467	340.00

2018/19	14,132	323.50	18,758	412.76	32,890	369.01
2019/20	13,769	316.41	18,811	414.22	32,580	366.36
2020/21	10,348	240.27	11,908	263.04	22,256	251.94

Source: A&E Datamart, Public Health Scotland (2022)

The above chart and table show the rate of A&E attendances was consistently higher in Dumbarton/Alexandria than Clydebank and West Dunbartonshire as a whole between 2016/17 and 2020/21.

Figure 151: Rate per 1,000 population of A&E attendances, broken down by age band (West Dunbartonshire vs NHSGGC vs Scotland data 2016/17 - 2020/21)



Source: A&E Datamart, Public Health Scotland (2022)

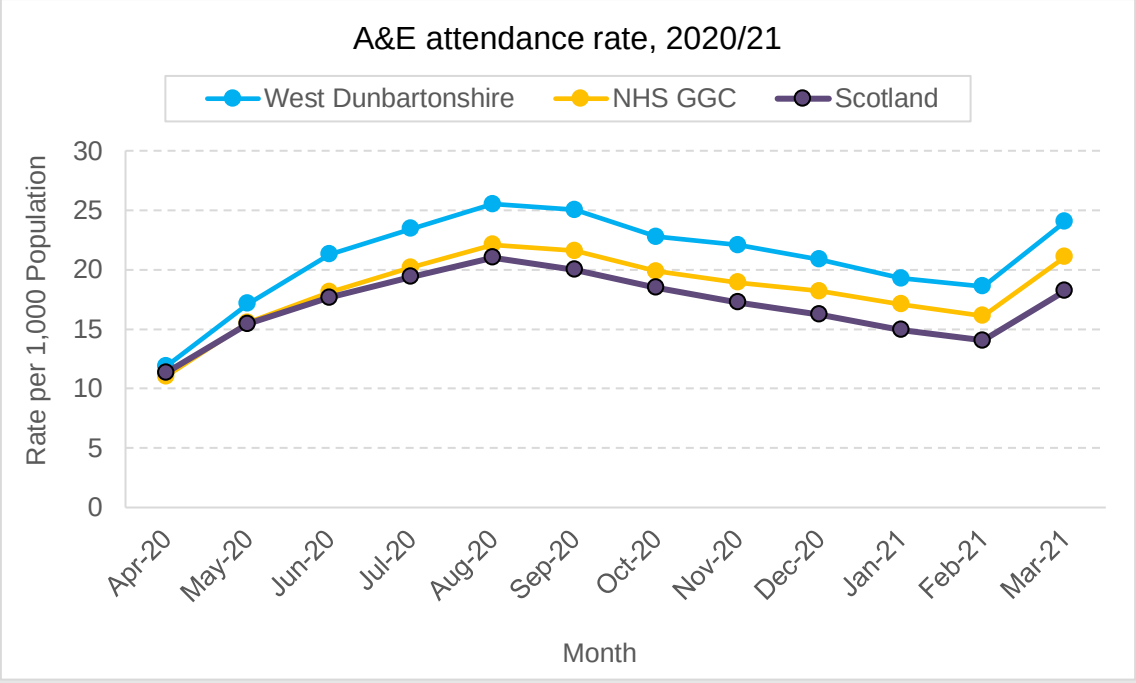
Table 41: Rate per 1,000 population of A&E attendances, broken down by age band (West Dunbartonshire vs NHSGGC vs Scotland data 2016/17 - 2020/21)

	West Dunbartonshire			NHSGGC			Scotland		
Financial Year	<18	18-64	65+	<18	18-64	65+	<18	18-64	65+
2016/17	406.24	304.63	409.80	403.01	286.07	375.43	325.19	241.50	318.97
2017/18	404.96	297.51	414.48	410.79	284.29	384.15	331.32	245.10	324.76
2018/19	432.97	327.92	438.97	423.13	295.34	399.78	341.61	253.48	333.51
2019/20	429.74	322.99	442.11	414.82	289.00	399.21	336.26	253.34	338.24
2020/21	264.09	232.56	301.52	230.56	200.81	281.47	205.35	185.78	261.43

Source: A&E Datamart, Public Health Scotland (2022)

The figure and table above show the rate of A&E attendance is higher for West Dunbartonshire across all age ranges since 2018/19 until 2020/21

Figure 152: Rate per 1,000 population of A&E Attendances (West Dunbartonshire vs NHSGGC vs Scotland data for financial year 2020/21)



Source: A&E Datamart, Public Health Scotland (2021)

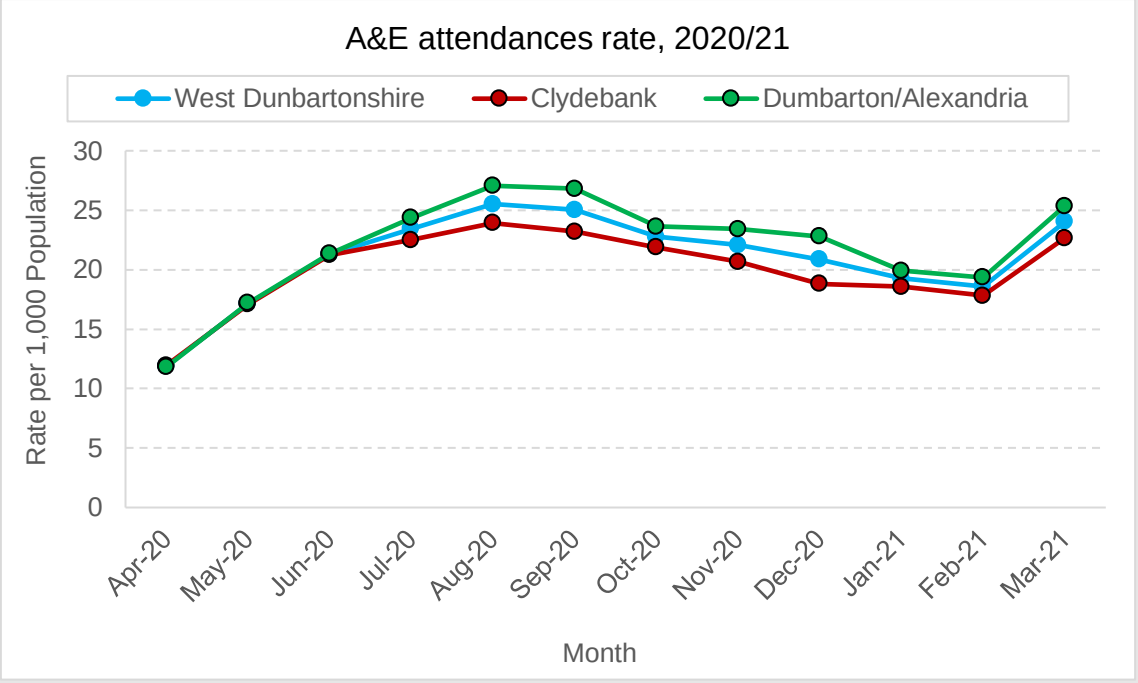
Table 42: Number and Rate per 1,000 population of A&E Attendances (West Dunbartonshire vs NHSGGC vs Scotland data for financial year 2020/21)

	West Dunbartonshire		NHSGGC		Scotland	
Month/Year	Nbr	Rate	Nbr	Rate	Nbr	Rate
Apr-20	1,050	11.89	13,089	11.04	62,021	11.35
May-20	1,514	17.14	18,435	15.55	84,500	15.46
Jun-20	1,880	21.28	21,456	18.10	96,542	17.66
Jul-20	2,072	23.45	23,916	20.18	106,111	19.41
Aug-20	2,255	25.53	26,173	22.08	114,819	21.01
Sep-20	2,212	25.04	25,572	21.58	109,318	20.00
Oct-20	2,012	22.78	23,530	19.85	101,124	18.50
Nov-20	1,950	22.07	22,417	18.91	94,265	17.25
Dec-20	1,842	20.85	21,568	18.20	88,628	16.21
Jan-21	1,702	19.27	20,263	17.10	81,681	14.94
Feb-21	1,643	18.60	19,120	16.13	76,842	14.06
Mar-21	2,124	24.04	24,968	21.07	99,654	18.23

Source: A&E Datamart, Public Health Scotland (2021)

The rate of A&E attendances in 2020/21 was higher in West Dunbartonshire than NHSGGC and Scotland as a whole.

Figure 153: Rate per 1,000 population of A&E Attendances (West Dunbartonshire data for 2020/21)



Source: A&E Datamart, Public Health Scotland (2021)

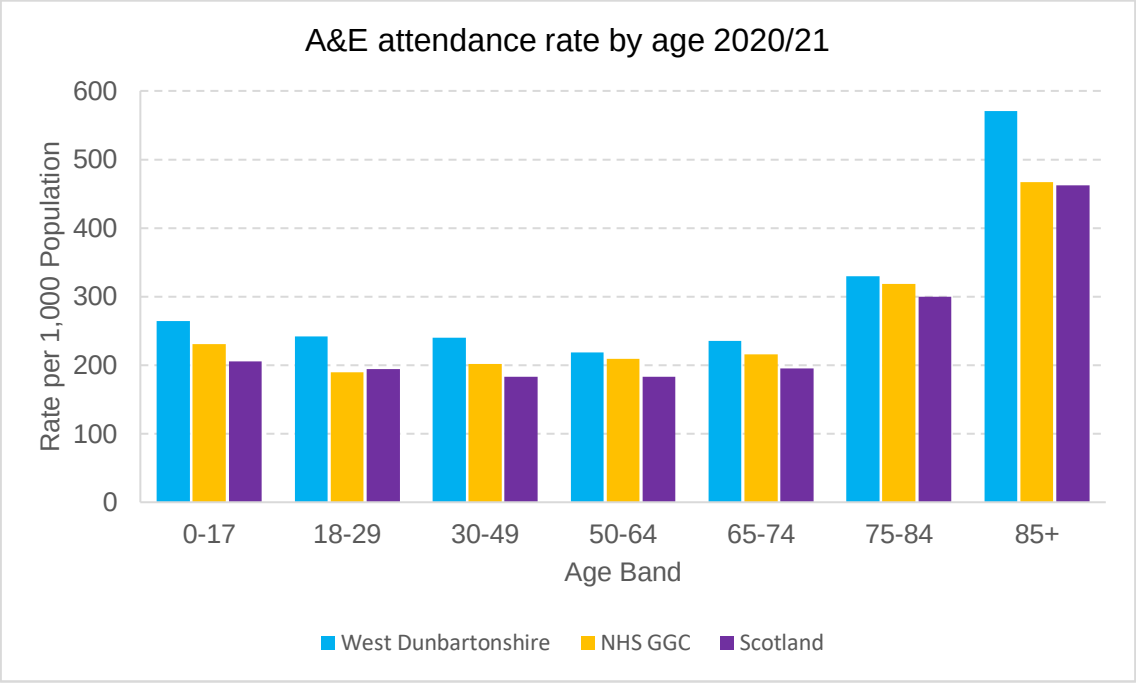
Table 43: Number and Rate per 1,000 population of A&E Attendances (West Dunbartonshire data for 2020/21)

Month/Year	Clydebank		Dumbarton/Alexandria		West Dunbartonshire	
	Nbr	Rate	Nbr	Rate	Nbr	Rate
Apr-20	515	11.96	535	11.82	1,050	11.89
May-20	736	17.09	778	17.19	1,514	17.14
Jun-20	914	21.22	966	21.34	1,880	21.28
Jul-20	969	22.50	1,103	24.36	2,072	23.45
Aug-20	1,030	23.92	1,225	27.06	2,255	25.53
Sep-20	999	23.20	1,213	26.79	2,212	25.04
Oct-20	942	21.87	1,070	23.64	2,012	22.78
Nov-20	890	20.66	1,060	23.41	1,950	22.07
Dec-20	810	18.81	1,032	22.80	1,842	20.85
Jan-21	800	18.57	902	19.92	1,702	19.27
Feb-21	767	17.81	876	19.35	1,643	18.60
Mar-21	976	22.66	1,148	25.36	2,124	24.04

Source: A&E Datamart, Public Health Scotland (2021)

The above figure and table show the number and rate of A&E attendance in West Dunbartonshire in 2020/21. For the majority of the year, A&E attendance was higher for Dumbarton/Alexandria than Clydebank.

Figure 154: Rate per 1,000 population of A&E attendances, broken down by age band (West Dunbartonshire vs NHSGGC vs Scotland data for financial year 2020/21)



Source: A&E Datamart, Public Health Scotland (2021)

The rate of A&E attendances in West Dunbartonshire was higher than NHSGGC and Scotland as a whole for all age groups in 2020/21.

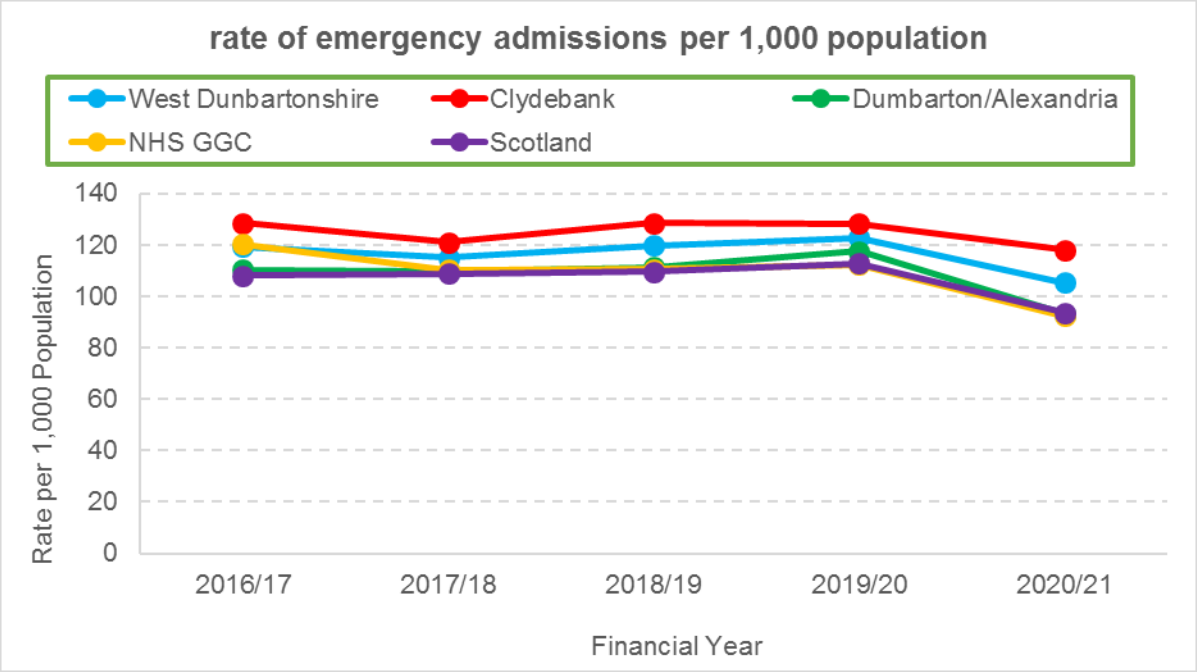
Emergency Admissions

Emergency Admissions

An emergency admission is defined as being a new continuous spell of care in hospital where the patient was admitted as an emergency. Public Health Scotland - Data & Intelligence, 2020 [178]

These statistics are derived from data collected on discharges from non-obstetric and non-psychiatric hospitals (SMR01) in Scotland. Only patients treated as inpatients or day cases are included. The specialty of geriatric long stay is excluded.

Figure 155: Rate per 1,000 population of emergency admissions (Clydebank vs. Dumbarton/Alexandria vs. West Dunbartonshire vs. NHSGGC vs. Scotland data for 2016/17 - 2020/21 financial years)



Source: SMR01, Public Health Scotland (2021)

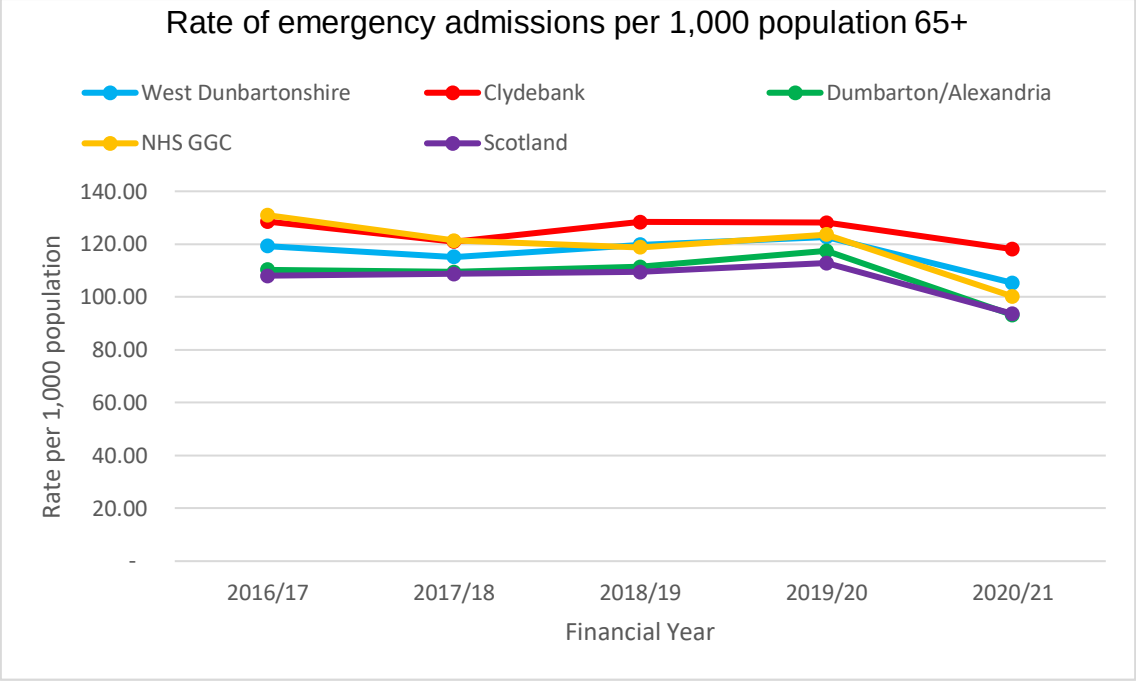
Table 44: Number and rate per 1,000 population of emergency admissions (West Dunbartonshire vs. Clydebank vs. Alexandria/Dumbarton data for 2016/17 - 2020/21 financial years)

	West Dunbartonshire		Clydebank		Dumbarton/ Alexandria		NHSGGC		Scotland	
Year	Nbr	Rate	Nbr	Rate	Nbr	Rate	Nbr	Rate	Nbr	Rate
2016/17	10,592	119.30	5,607	128.53	4,985	110.32	62,804	120.15	575,437	107.97
2017/18	10,311	115.11	5,316	120.92	4,995	109.51	59,173	110.32	588,850	108.72
2018/19	10,670	119.70	5,608	128.37	5,062	111.37	58,025	110.52	594,639	109.50
2019/20	10,904	122.68	5,573	128.13	5,331	117.46	60,631	112.36	614,769	112.84
2020/21	9,479	105.32	5,192	118.09	4,287	93.17	50,042	92.38	516,959	93.61

Source: SMR01, Public Health Scotland (2021)

The above figure and table show the rate for West Dunbartonshire fluctuates between 2016/17 and 2020/21 and is consistently higher than Scotland as a whole. At locality level, the rate in Clydebank for 2017/18 onwards is higher than Dumbarton/Alexandria, the combined West Dunbartonshire rate, NHSGGC and Scotland as a whole.

Figure 156: Rate per 1,000 population of emergency admissions (Clydebank vs. Alexandria/Dumbarton vs. West Dunbartonshire vs. NHSGGC vs. Scotland data for 2016/17 - 2020/21 financial years, 65+ population)



Source: SMR01, Public Health Scotland (2021)

Table 45: Number and rate per 1,000 population of emergency admissions (West Dunbartonshire vs. Clydebank vs. Alexandria/Dumbarton data for 2016/17 - 2020/21 financial years, 65+ population)

	West Dunbartonshire		Clydebank		Dumbarton/ Alexandria		NHSGGC		Scotland	
Year	Nbr	Rate	Nbr	Rate	Nbr	Rate	Nbr	Rate	Nbr	Rate
2016/17	4,395	271.45	2,380	294.12	2,015	248.80	28,553	267.39	248,976	249.26
2017/18	4,642	284.28	2,434	301.46	2,208	267.47	28,440	263.45	259,672	256.45
2018/19	4,738	288.43	2,419	299.20	2,319	277.99	28,115	257.79	260,624	253.99
2019/20	4,780	285.70	2,416	296.15	2,364	275.75	29,386	265.25	269,996	258.58
2020/21	4,236	251.13	2,301	279.48	1,935	224.09	24,810	222.13	234,782	222.31

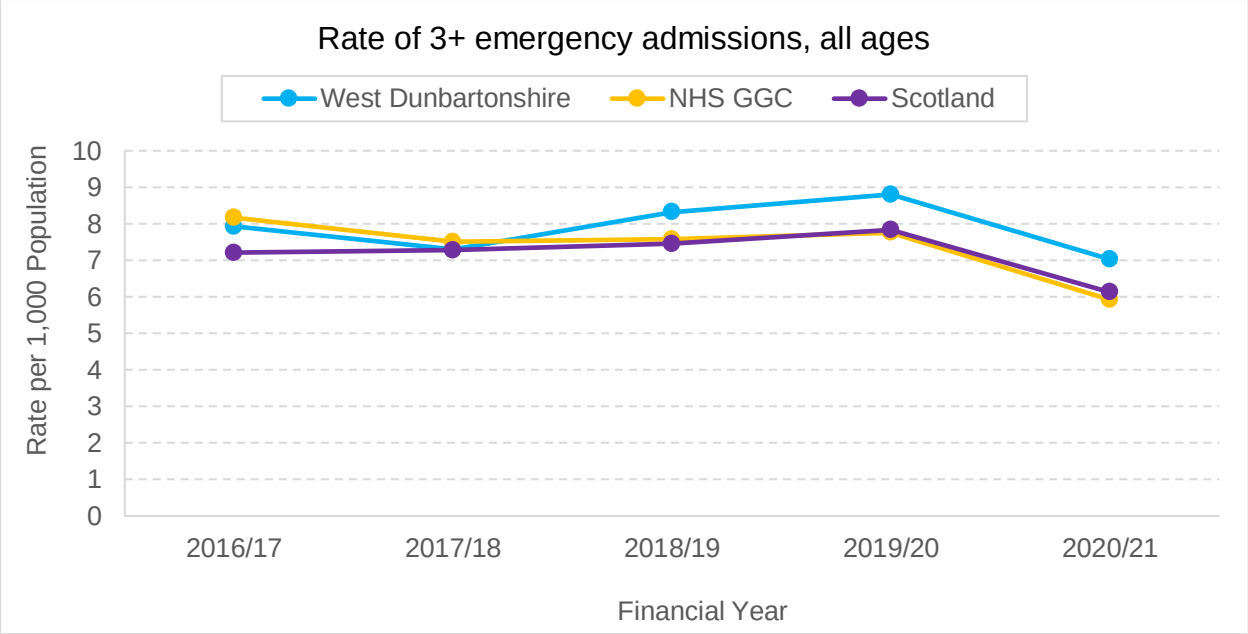
Source: SMR01, Public Health Scotland (2021)

The figure and tables above show two fifths (43%) of emergency admissions in West Dunbartonshire are for 65+. West Dunbartonshire has consistently higher rates than Scotland as a whole.

Multiple Emergency Admissions

If a patient has more than one unplanned continuous spell of treatment in hospital in a year, this is defined as a multiple emergency admission for that patient. Public Health Scotland – Data & Intelligence 2020 [179]

Figure 157: Rate per 1,000 of individuals with 3+ emergency admissions (West Dunbartonshire vs NHSGGC vs Scotland data for 2016/17 - 2020/21 financial years, All population)



Source SMR01, Public Health Scotland, (2021)

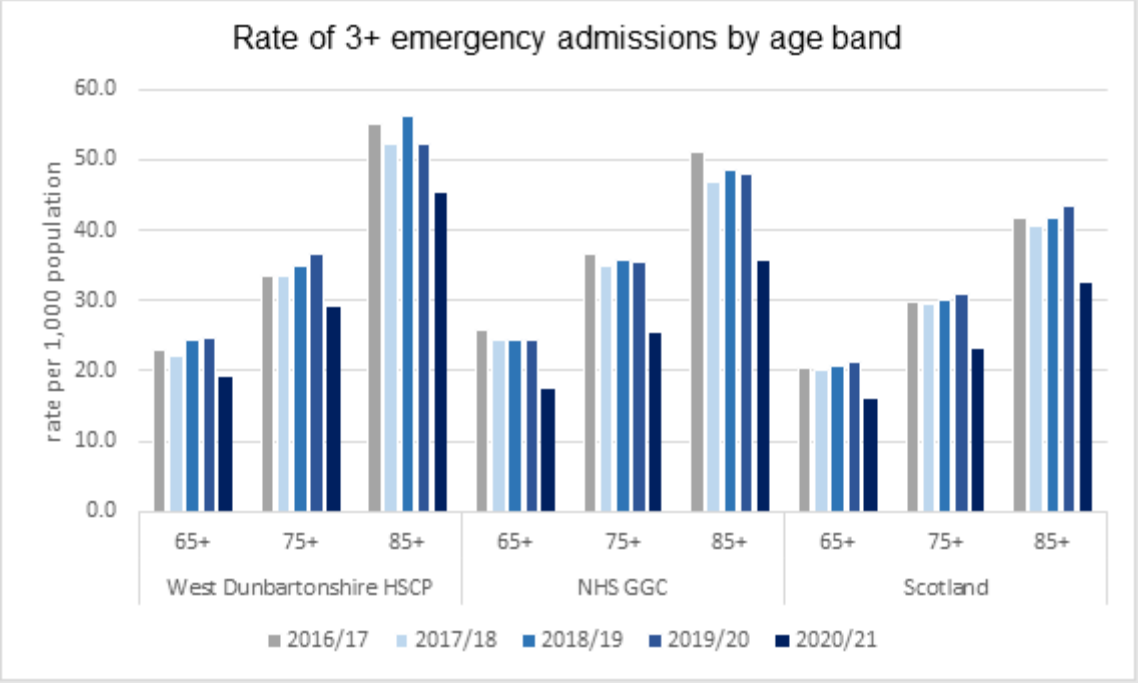
Table 46: Number and Rate per 1,000 of individuals with 3+ emergency admissions (West Dunbartonshire vs NHSGGC vs Scotland data for 2016/17 - 2020/21 financial years, All population)

	West Dunbartonshire		NHSGGC		Scotland	
Year	Nbr	Rate	Nbr	Rate	Nbr	Rate
2016/17	712	7.92	9,486	8.17	38,950	7.21
2017/18	654	7.30	8,778	7.51	39,489	7.28
2018/19	742	8.32	8,900	7.57	40,540	7.45
2019/20	783	8.80	9,185	7.76	42,800	7.83
2020/21	621	7.03	7,019	5.92	33,489	6.13

Source: SMR01, Public Health Scotland (2021)

The rate of multiple emergency admissions for the whole population has remained higher in West Dunbartonshire since 2017/18 than both NHSGGC and Scotland as a whole.

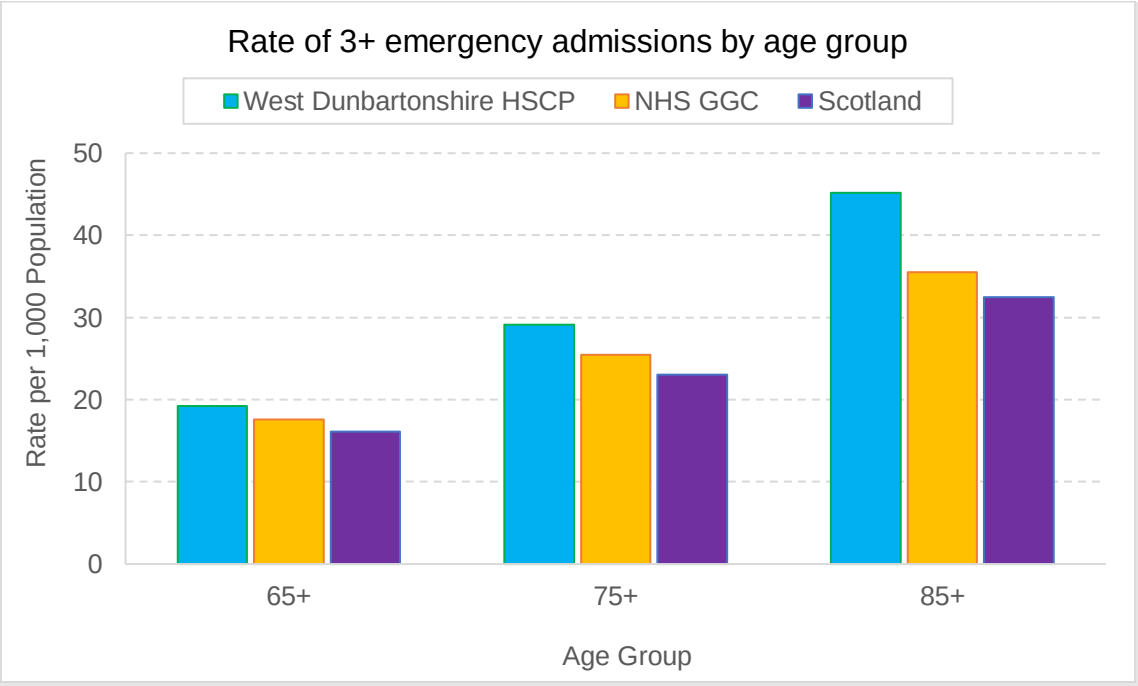
Figure 158: Rate per 1,000 population of 3+ emergency admissions broken down by age band (West Dunbartonshire vs NHS GCC vs Scotland, 2016/17 - 2020/21)



Source: SMR01, Public Health Scotland, 2022

The figure above shows the rate for 85years+ in West Dunbartonshire remains higher than NHSGGC and Scotland as a whole since 2016/17.

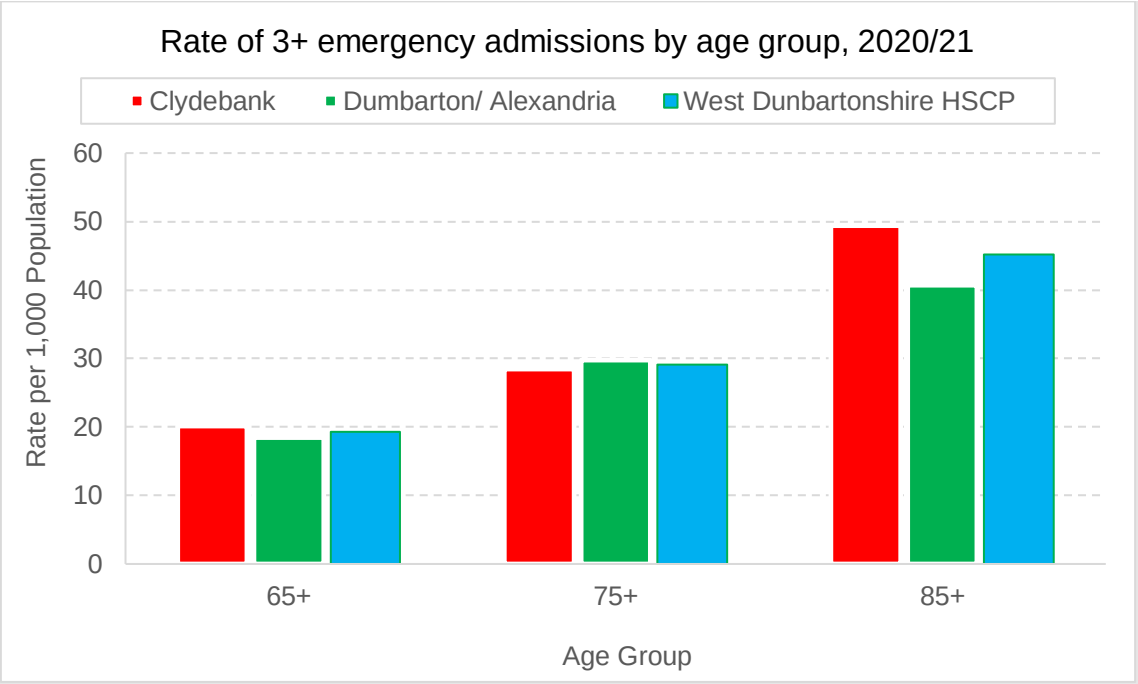
Figure 159: Rate per 1,000 population of 3+ emergency admissions by age group (West Dunbartonshire vs NHSGGC vs Scotland, 2020/21)



Source: SMR01, Public Health Scotland (2022)

The rate of 3+ emergency admissions in 2020/21 was higher in West Dunbartonshire than NHS GGC and Scotland for all age groups.

Figure 160: Rate per 1,000 population of 3+ emergency admissions by age group (Clydebank vs Dumbarton/Alexandria vs West Dunbartonshire, 2020/21 data)



Source: SMR01, Public Health Scotland (2022)

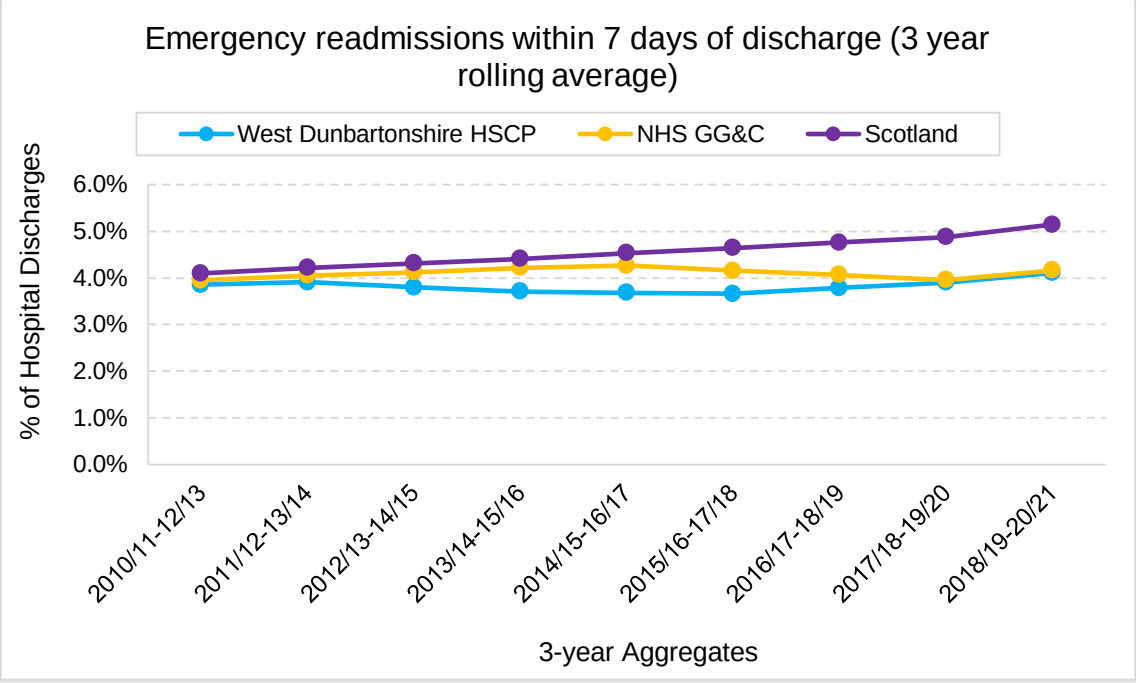
The rate of 3+ emergency admissions in the 65+ and 75+ age groups in Clydebank and Dumbarton/Alexandria were similar in 2020/21. In the 85+ age group the rate in Clydebank was higher than Dumbarton/Alexandria.

Emergency Readmissions

A readmission occurs when a patient is admitted as an inpatient to any specialty in any hospital within a specified time period following discharge from a continuous inpatient stay. Public Health Scotland Data & Intelligence 2020 [180]

Emergency readmissions within 7 days of discharge

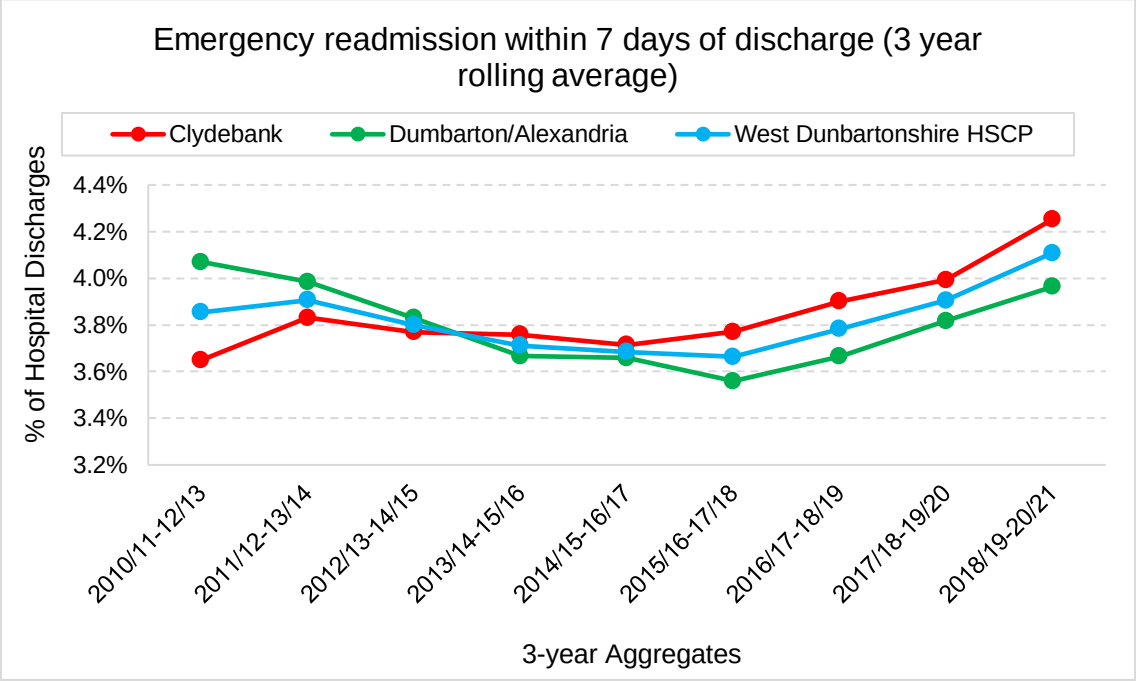
Figure 161: Rate of emergency readmissions within 7 days of discharge (West Dunbartonshire HSCP vs. NHSGGC vs. Scotland data, 3 year rolling average)



Source: SMR01 Public Health Scotland (2021)

The figure above shows the rate of emergency readmissions within seven days of discharge in West Dunbartonshire remains below NHSGGC and Scotland as a whole.

Figure 162: Rate of emergency readmissions within 7 days of discharge (Clydebank vs. Dumbarton/Alexandria vs. West Dunbartonshire HSCP data, 3 year rolling average)



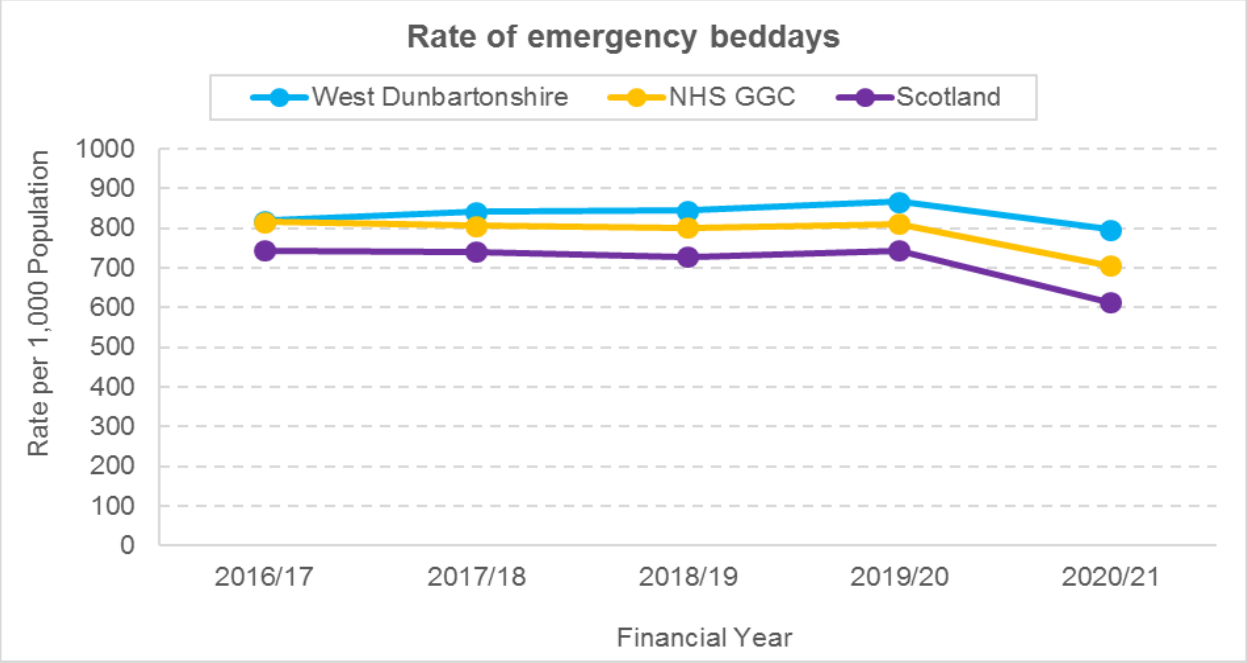
Source: SMR01 Public Health Scotland (2021)

The rate of emergency readmissions within seven days of discharge has been increasing across both locality areas since 2015/16 – 2017/18.

Emergency Beddays

Beddays are calculated by counting the number of days between the date of admission associated with the beginning of a patient's continuous spell of treatment and the date of discharge associated with the end of the same spell of treatment. Public Health Scotland Data & Intelligence 2020 [181]

Figure 163: Rate per 1,000 population of emergency beddays (West Dunbartonshire vs. NHSGGC vs. Scotland data for 2016/17 - 2020/21 financial years)



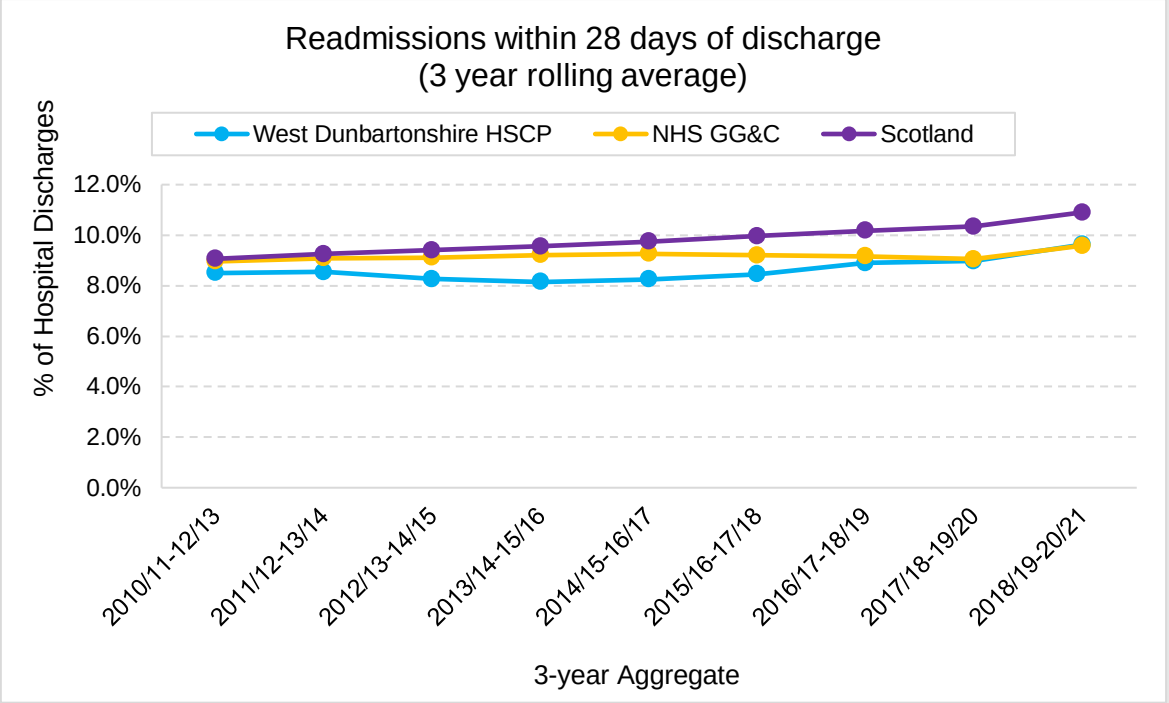
Source: SMR01, Public Health Scotland (2021)

The above figure shows that the rate of emergency beddays in West Dunbartonshire for the period between 2016/17 and 2020/21 was higher than NHSGGC Scotland as a whole.

Readmissions

A readmission occurs when a patient is admitted as an inpatient to any speciality in any hospital within a specified time period following discharge from a continuous inpatient stay. For statistical purposes, the time period conventionally adopted for the calculation of readmission rates is 28 days. Public Health Scotland – Data & Intelligence 2020 [182]

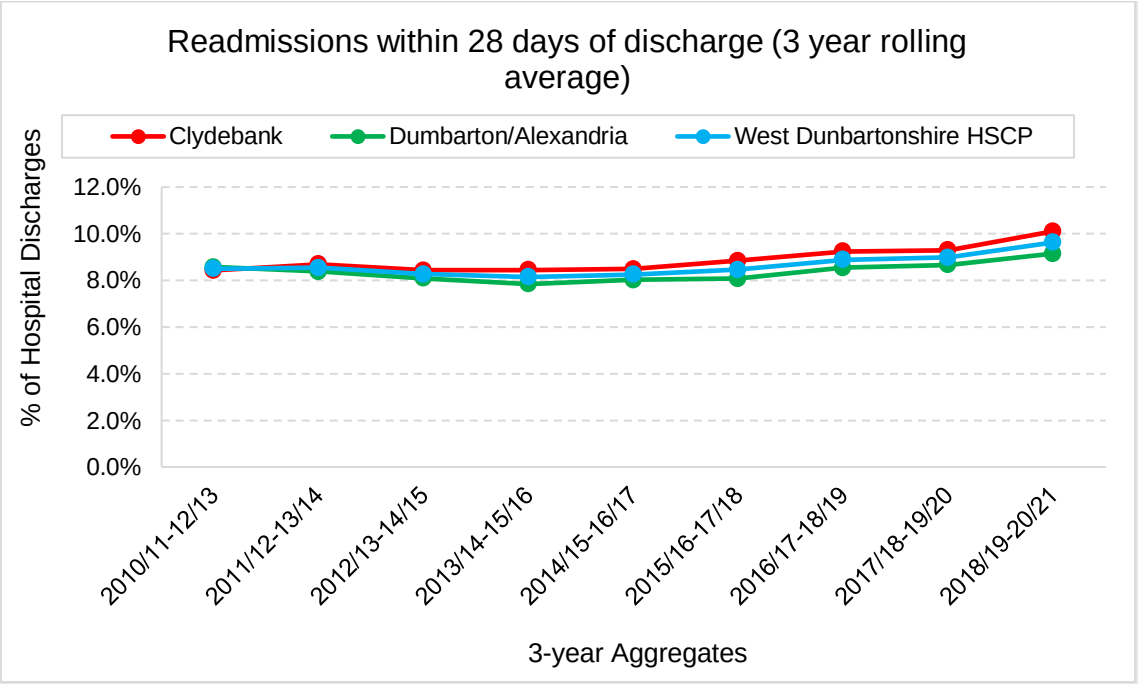
Figure 164: Rate of readmissions within 28 days of discharge (West Dunbartonshire HSCP vs. NHSGGC vs. Scotland data, 3 year rolling average)



Source: SMR01, Public Health Scotland (2021)

From the figure above West Dunbartonshire's rate of readmission is increasing since 2013/14-15/16 and from 2017/18 is in line with NHSGGC rate. West Dunbartonshire remains below Scotland as a whole.

Figure 165: Rate of readmissions within 28 days of discharge (Clydebank vs. Dumbarton/Alexandria vs. West Dunbartonshire HSCP data, 3 year rolling average)



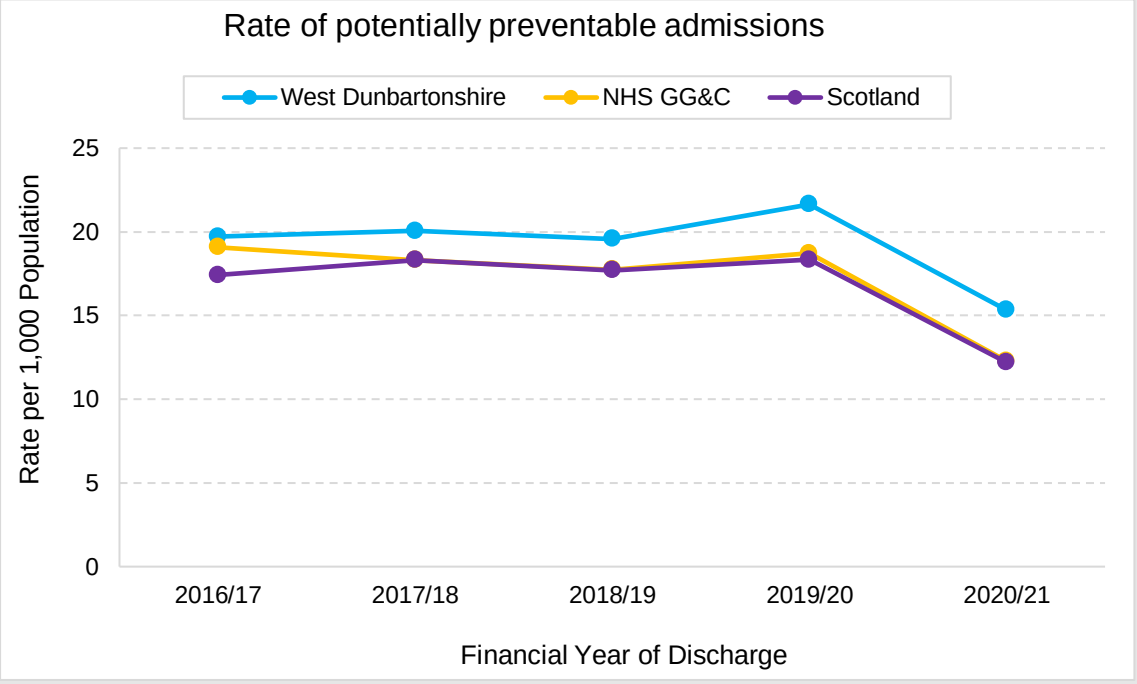
Source: SMR01, Public Health Scotland (2021)

From the figure above the rate of readmission within 28 days of discharge has increased across all locality areas since 2013/14-15/16.

Potentially Preventable Admissions (PPA)

A 'Potentially Preventable Admission' (PPA) is one in which the reason for admission is due to a condition where effective treatment is well-established and can be delivered at Primary Care/Community Care level. Public Health Scotland 2021[183] .

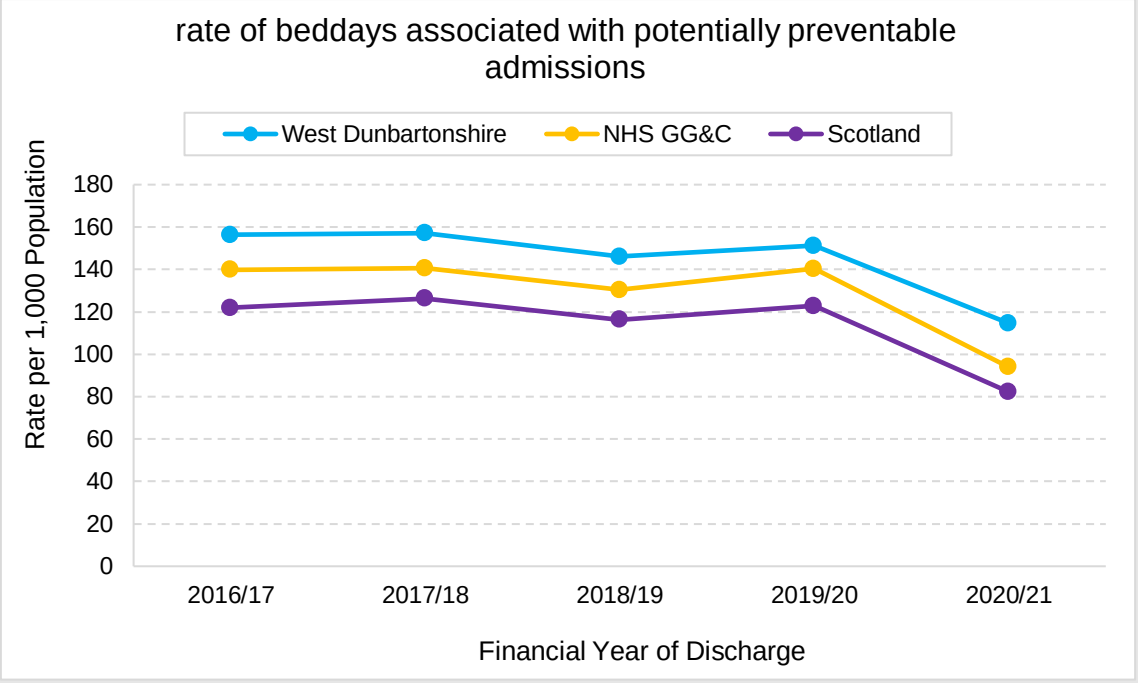
Figure 166: Crude rate per 1,000 population of potentially preventable admissions (West Dunbartonshire HSCP vs. NHSGGC vs. Scotland data)



Source: SMR01, Public Health Scotland (2021)

The above figure shows that potentially preventable admissions in West Dunbartonshire was consistently higher than NHSGGC and Scotland as a whole.

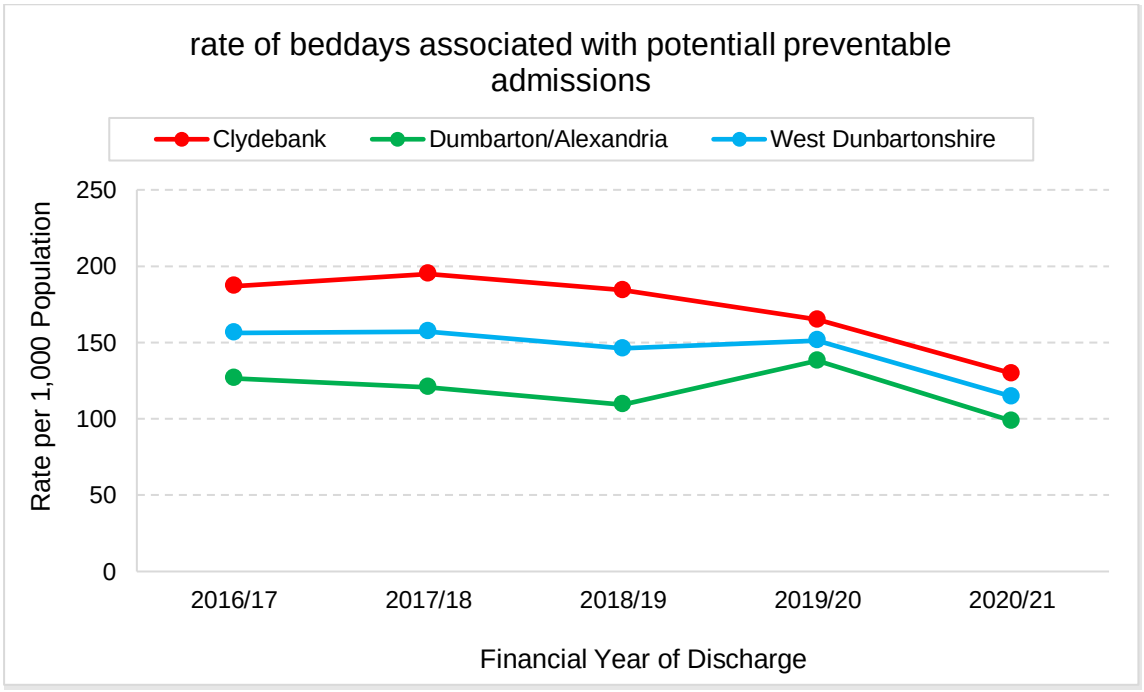
Figure 167: Crude rate per 1,000 population of beddays associated with potentially preventable admissions (West Dunbartonshire HSCP vs. NHSGGC vs. Scotland data)



Source: SMR01, Public Health Scotland (2021)

The above figure shows beddays associated with potentially preventable admissions has been consistently higher in West Dunbartonshire than NHSGGC and Scotland as a whole between 2016/17 and 2020/21.

Figure 168: Crude rate per 1,000 population of beddays associated with potentially preventable admissions (Clydebank vs. Dumbarton/Alexandria vs. West Dunbartonshire HSCP)



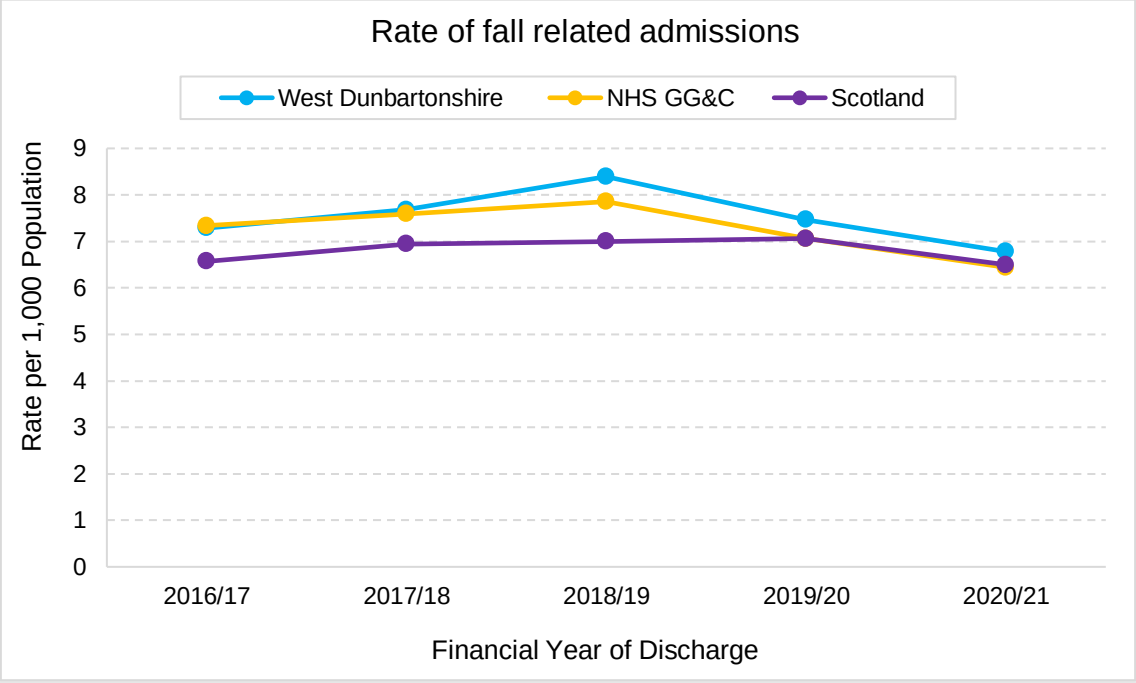
Source: SMR01, Public Health Scotland (2021)

The above figure shows the beddays associated with potentially preventable admissions was consistently higher for Clydebank than Dumbarton/Alexandria and West Dunbartonshire as a whole between 2016/17 and 2020/21.

Falls Related Admissions

Falls are a common reason for admission, particularly amongst the older population. Unintentional injuries among older people, particularly those aged 65 and over, are a major and growing health concern. Falls are of particular interest as they are the cause of such a high proportion of hospital admissions, especially in the older age groups. Public Health Scotland - Data & Intelligence 2020 [184]

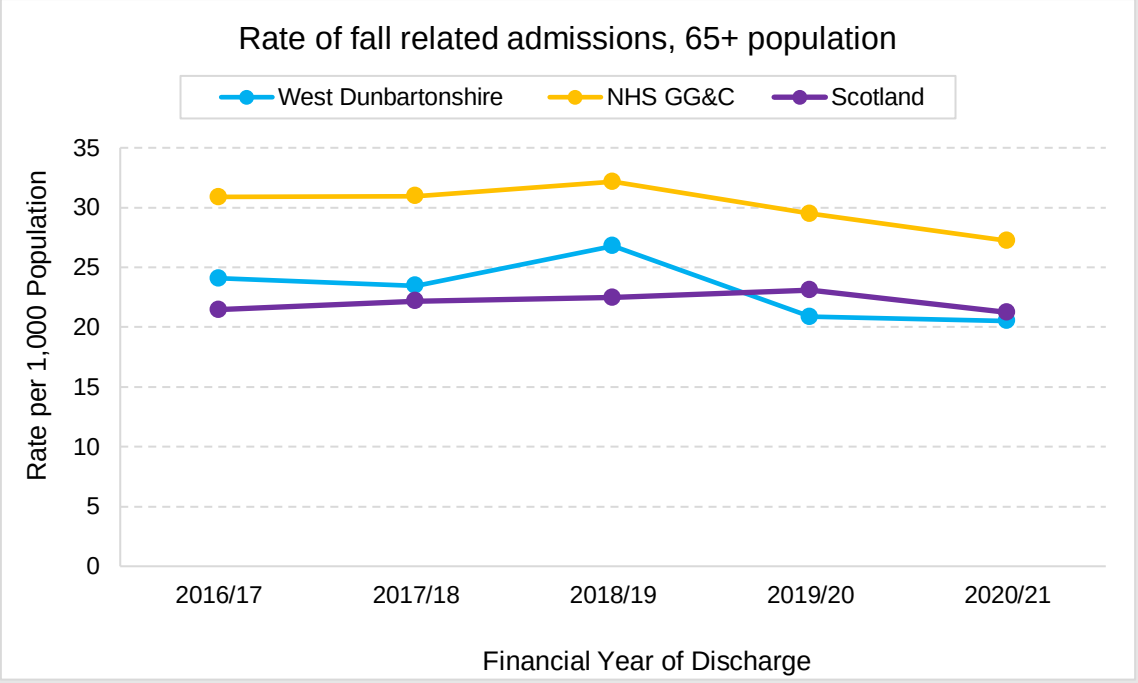
Figure 169: Crude rate per 1,000 population of fall related admissions (West Dunbartonshire HSCP vs. NHSGGC vs. Scotland data)



Source: SMR01, Public Health Scotland (2021)

The above figure shows fall related admissions in West Dunbartonshire was higher than NHSGGC and Scotland as a whole for 2017/18 onwards.

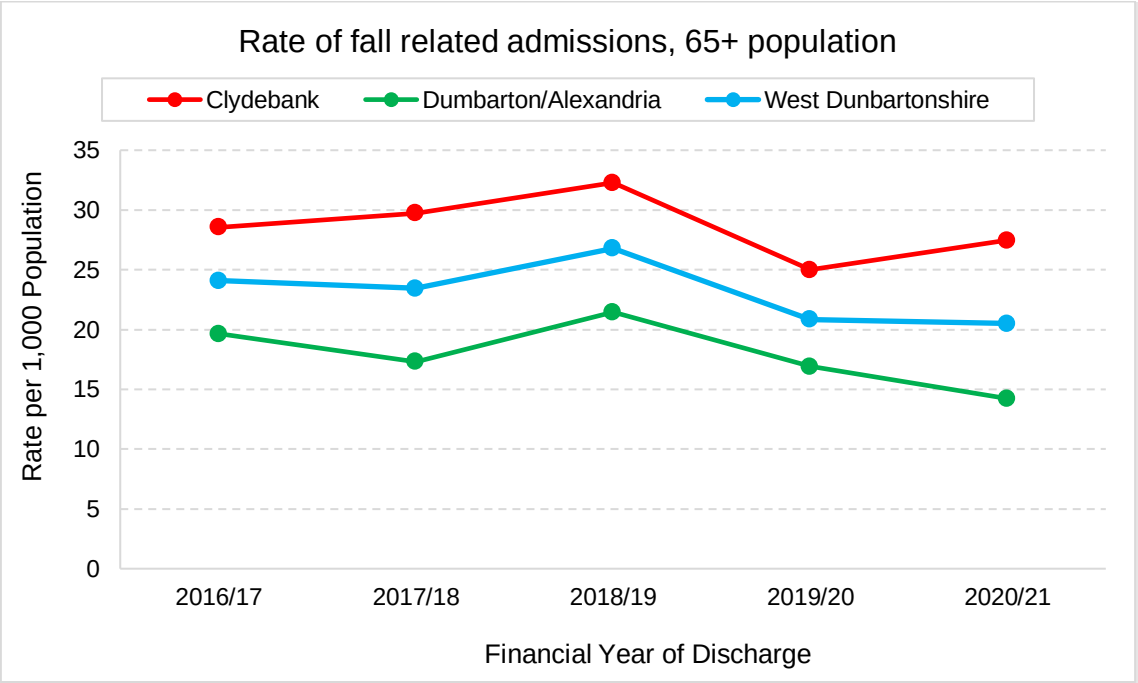
Figure 170: Crude rate per 1,000 population of fall related admissions (West Dunbartonshire HSCP vs. NHSGGC vs. Scotland data, 65+ population only)



Source: SMR01, Public Health Scotland (2021)

The above figure shows age related (65+ population) admission due to falls is higher in NHSGGC than West Dunbartonshire and Scotland as a whole, with West Dunbartonshire being the lowest for 2019/20 and 2020/21.

Figure 171: Crude rate per 1,000 population of fall related admissions (Clydebank vs. Dumbarton/Alexandria vs. West Dunbartonshire HSCP data, 65+



Source: SMR01, Public Health Scotland (2021)

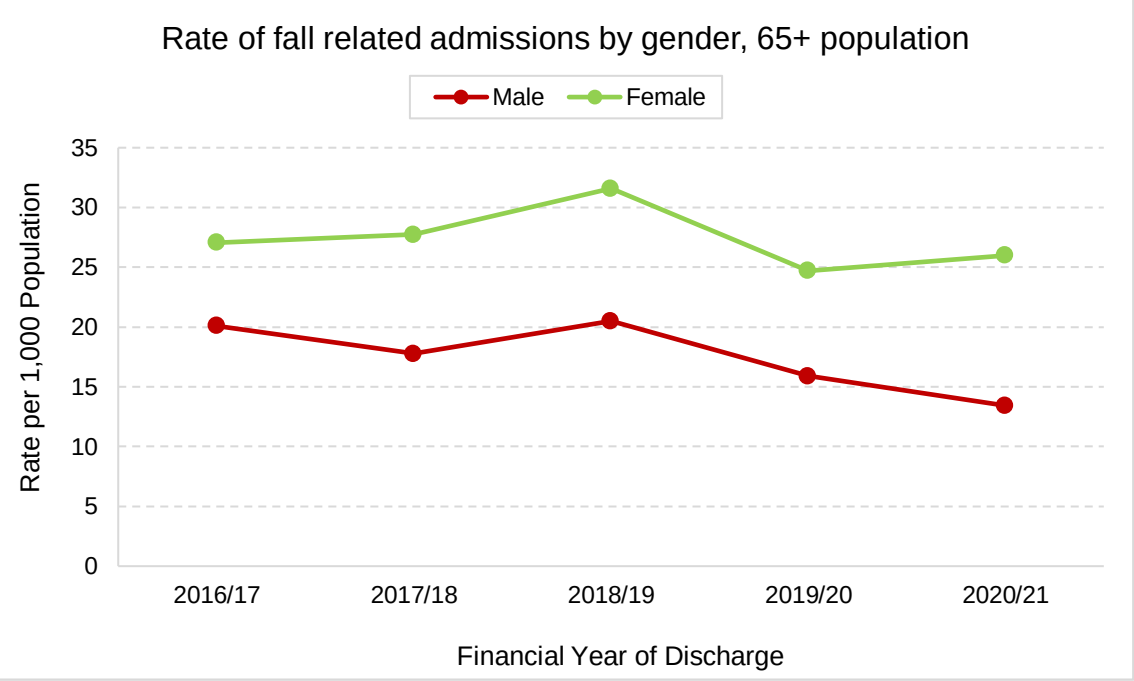
Table 47: Number and crude rate per 1,000 population of fall related admissions (Clydebank vs. Dumbarton/Alexandria vs. West Dunbartonshire HSCP data, 65+

Financial Year of Discharge	Clydebank		Dumbarton/Alexandria		West Dunbartonshire	
	Nbr.	Rate	Nbr.	Rate	Nbr.	Rate
2016/17	231	28.55	159	19.63	390	24.09
2017/18	240	29.73	143	17.32	383	23.46
2018/19	261	32.28	179	21.46	440	26.79
2019/20	204	25.01	145	16.91	349	20.86
2020/21	224	27.46	122	14.23	346	20.51

Source: SMR01, Public Health Scotland (2021)

The above figure shows fall related admissions for age 65+ were consistently higher in Clydebank than Dumbarton/Alexandria between 2016/17 and 2020/21.

Figure 172: Crude rate per 1,000 population of fall related admissions (West Dunbartonshire HSCP data, broken down by gender, 65+ population only)



Source: SMR01, Public Health Scotland (2021)

Table 48: Crude rate & number per 1,000 population of fall related admissions (West Dunbartonshire HSCP data, broken down by gender, 65+ population only)

Financial Year of Discharge	West Dunbartonshire HSCP			
	Male		Female	
	Nbr.	Rate	Nbr.	Rate
2016/17	139	20.11	251	27.05
2017/18	125	17.79	258	27.74
2018/19	146	20.50	294	31.59
2019/20	116	15.90	233	24.70

2020/21	99	13.43	247	26.01

Source: SMR01, Public Health Scotland (2021)

The above figure and table shows the number and rate of fall related admissions in West Dunbartonshire was higher for females than males between 2016/17 and 2020/21.

Hospital Inpatient and Hospital Day Case Activity

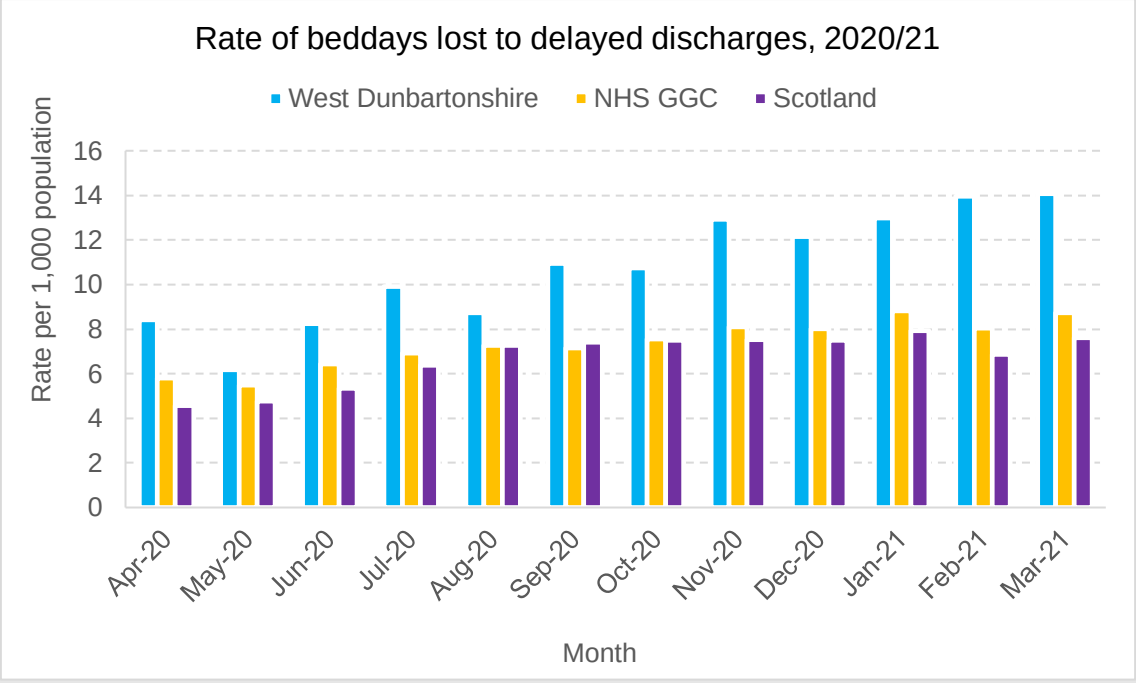
A patient is termed an inpatient when they occupy a staffed bed in a hospital and either remains overnight (whether intended or not), or is expected to remain overnight but is discharged earlier. Public Health Scotland – Data & Intelligence 2020[185]

A day case is when a patient makes a planned attendance for a day to a specialty for clinical care, and requires the use of a bed, or trolley in lieu of a bed. Whilst a day case is usually completed within the same day, the patient may need to be admitted as an inpatient if they are not fit to be discharged. Public Health Scotland - Data & Intelligence 2020[186]

A delayed discharge is experienced by a hospital inpatient who is clinically ready to move on to a more appropriate care setting but is prevented from doing so for various reasons. The next stage of care covers all appropriate destinations within and out-with the NHS (patient's home, nursing home). The date on which the patient is clinically ready to move on to the next stage of care is the ready-for-discharge date which is determined by the consultant/GP responsible for the inpatient care in consultation with all agencies involved in planning the patient's discharge, both NHS and non-NHS (Multi-Disciplinary Team). Thus, the patient is ready-for-discharge, but the discharge is delayed due to social care reasons, Healthcare reasons, and Patient/Carer/Family-related reasons. Public Health Scotland – Data & Intelligence 2020[187]

Beddays lost to delayed discharge 2020/21

Figure 173: Rate per 1,000 population of beddays lost to delayed discharges (West Dunbartonshire vs NHSGGC vs Scotland data 2020/21 financial year)



Source: Delayed Discharges, Public Health Scotland (2021)

Table 49: Rate & Number per 1,000 population of beddays lost to delayed discharges (West Dunbartonshire vs NHSGGC vs Scotland data 2020/21 financial year)

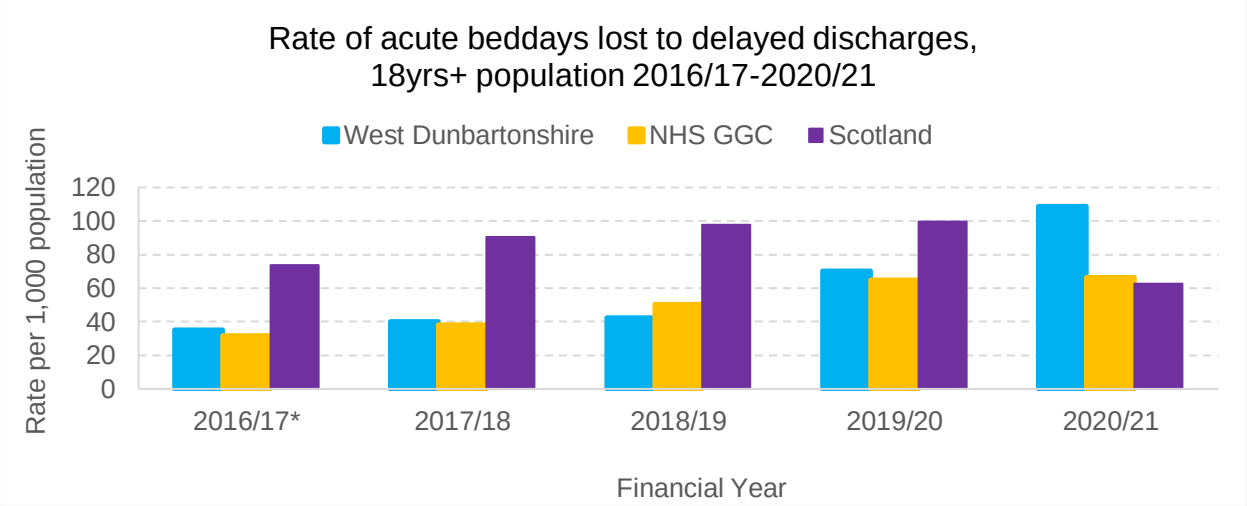
	West Dunbartonshire		NHSGGC		Scotland	
Month/Year	Nbr	Rate	Nbr	Rate	Nbr	Rate
Apr-20	598	8.42	5,607	5.81	20,293	4.57
May-20	438	6.17	5,303	5.50	21,225	4.78
Jun-20	585	8.24	6,208	6.44	23,729	5.35
Jul-20	703	9.90	6,687	6.93	28,377	6.39
Aug-20	620	8.73	7,014	7.27	32,318	7.28
Sep-20	778	10.96	6,904	7.16	32,959	7.42
Oct-20	763	10.75	7,275	7.54	33,256	7.49
Nov-20	917	12.91	7,811	8.10	33,463	7.54
Dec-20	862	12.14	7,731	8.02	33,343	7.51
Jan-21	922	12.98	8,516	8.83	35,173	7.92
Feb-21	992	13.97	7,754	8.04	30,450	6.86
Mar-21	999	14.07	8,429	8.74	33,840	7.62

Source: Delayed Discharges, Public Health Scotland (2021)

The above figure and table show the rate of beddays lost to delayed discharges was higher in West Dunbartonshire than NHSGGC and Scotland as a whole between April 2020 and March 2021. The rate and number for all areas has increased during the same time period.

Acute beddays lost to delayed discharge 18yrs+ population

Figure 174: Rate per 1,000 population of acute beddays lost to delayed discharges (West Dunbartonshire vs NHSGGC vs Scotland data for 2016/17 - 2020/21 financial years 18+ population)



Source: Delayed Discharges, Public Health Scotland (2021)

Table 50: Numbers and rate per 1,000 population of acute beddays lost to delayed discharges (West Dunbartonshire vs NHSGGC vs Scotland data for 2016/17 - 2020/21 financial years 18+ population)

	West Dunbartonshire		NHSGGC		Scotland	
Year	Nbr	Rate	Nbr	Rate	Nbr	Rate
2016/17*	2,539	35.2	30,021	31.9	322,387	73.7
2017/18	2,879	40.0	36,420	38.4	397,878	90.5
2018/19	3,037	42.4	48,010	50.3	430,382	97.6
2019/20	5,027	70.3	62,520	65.0	441,458	99.6
2020/21	7,722	108.7	63,974	66.3	278,776	62.8

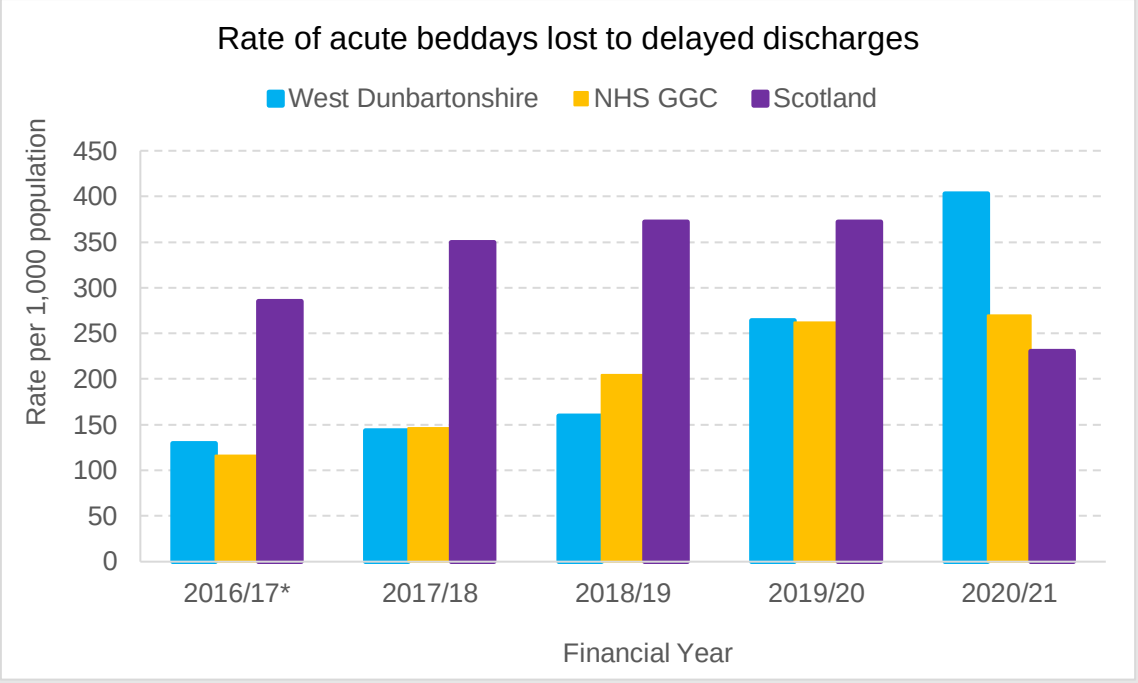
Source: Delayed Discharges, Public Health Scotland (2021)

*figures for 2016/17 are based on July 2016 to March 2017 data only

The figure and table above show the rate in West Dunbartonshire has increased since 2016/17. With the rate in West Dunbartonshire exceeding both NHSGGC and Scotland as a whole in 2020/21.

Acute beddays lost to delayed discharge 65+

Figure 175: Rate per 1,000 population of acute beddays lost to delayed discharges (West Dunbartonshire vs NHSGGC vs Scotland data for 2016/17 - 2020/21 financial years, 65+ population)



Source: Delayed Discharges, Public Health Scotland (2021)

*figures for 2016/17 are based on July 2016 to March 2017 data only

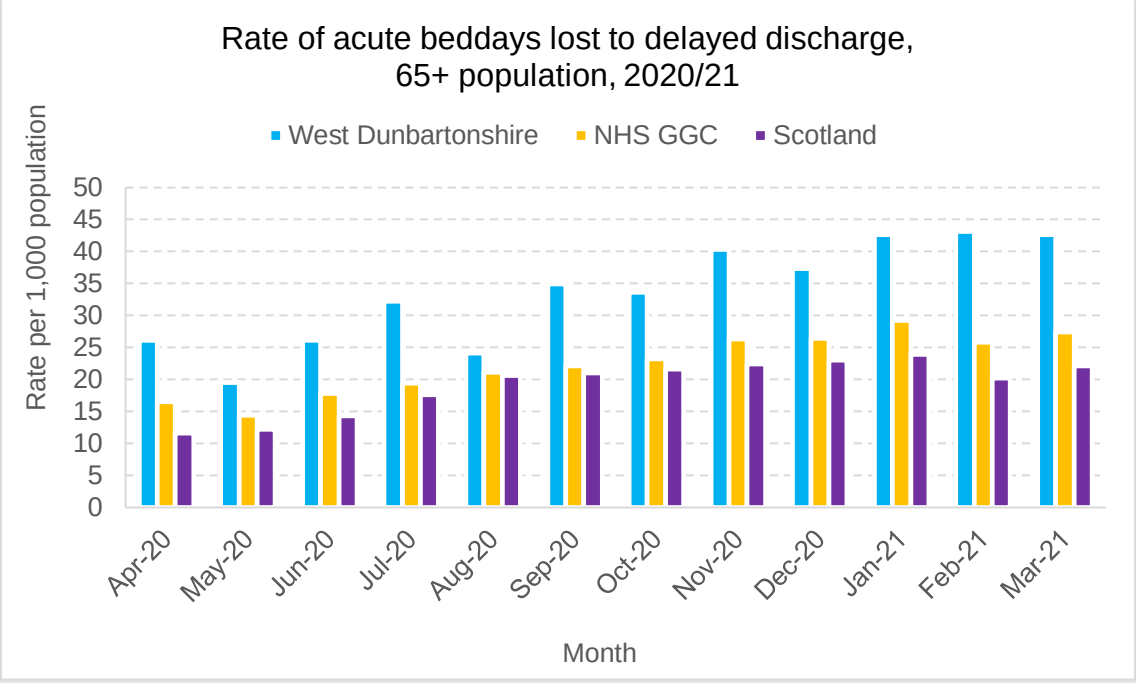
Table 51: Number and rate per 1,000 population of acute beddays lost to delayed discharges (West Dunbartonshire vs NHSGGC vs Scotland data for 2016/17 - 2020/21 financial years, 65+ population)

	West Dunbartonshire		NHSGGC		Scotland	
Year	Nbr	Rate	Nbr	Rate	Nbr	Rate
2016/17*	2,095	129.39	22,110	116.02	285,058	285.3
2017/18	2,342	143.43	28,063	146.22	354,395	350.00
2018/19	2,621	159.55	39,596	204.81	381,964	372.24
2019/20	4,417	264.00	51,334	261.97	388,232	371.82
2020/21	6,795	402.83	53,261	269.93	243,662	230.72

Source: Delayed Discharges, Public Health Scotland (2021)

The above figure and table show the rate of acute beddays lost to delayed discharges in the 65+ population was higher in Scotland than West Dunbartonshire and NHSGGC between 2016/17 and 2019/20. In 2020/21, that rate was higher in West Dunbartonshire than NHSGGC and Scotland as a whole.

Figure 176: Rate per 1,000 population of acute beddays lost to delayed discharges (West Dunbartonshire data for 2020/21 financial year, 65+ population)



Source: Delayed Discharges, Public Health Scotland (2021)

Table 52: Number and rate per 1,000 population of acute beddays lost to delayed discharges (West Dunbartonshire data for 2020/21 financial year, 65+ population)

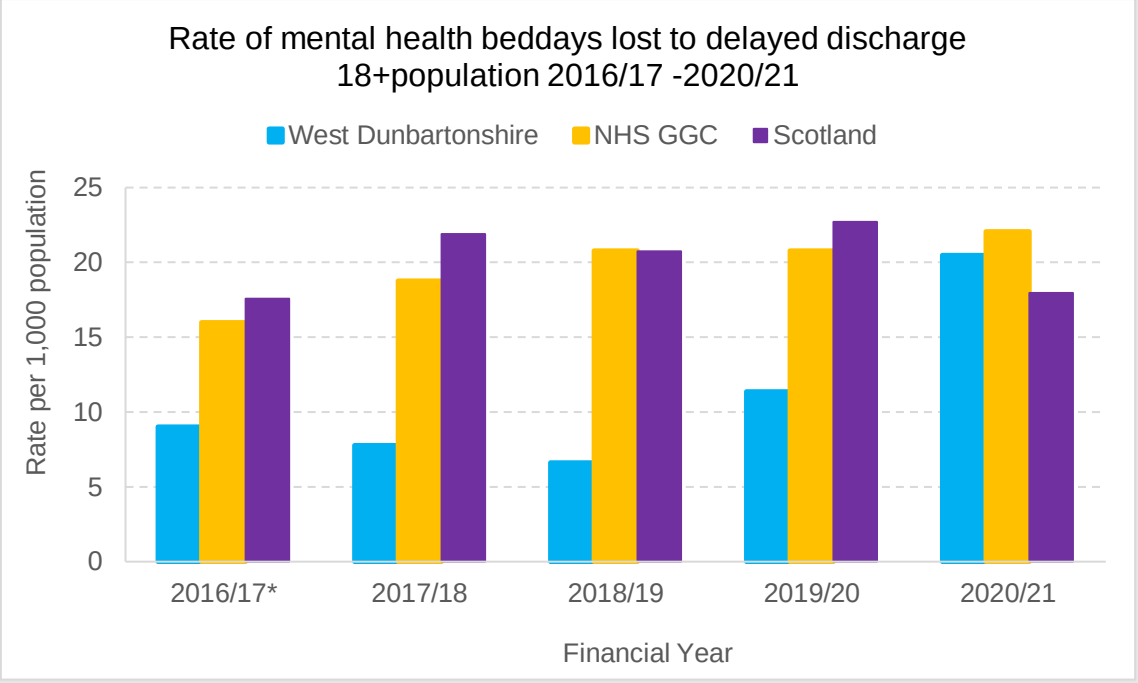
	West Dunbartonshire		NHSGGC		Scotland	
Month/Year	Nbr	Rate	Nbr	Rate	Nbr	Rate
Apr-20	440	26.08	3,269	16.57	12,315	11.66
May-20	329	19.50	2,843	14.41	12,909	12.22
Jun-20	441	26.14	3,516	17.82	15,114	14.31
Jul-20	544	32.25	3,837	19.45	18,577	17.59
Aug-20	407	24.13	4,174	21.15	21,756	20.60
Sep-20	590	34.98	4,363	22.11	22,195	21.02
Oct-20	568	33.67	4,575	23.19	22,807	21.60
Nov-20	681	40.37	5,189	26.30	23,669	22.41
Dec-20	629	37.29	5,216	26.44	24,340	23.05
Jan-21	719	42.63	5,767	29.23	25,234	23.89
Feb-21	727	43.10	5,095	25.82	21,375	20.24
Mar-21	720	42.68	5,417	27.45	23,371	22.13

Source: Delayed Discharges, Public Health Scotland (2021)

The above figure and table show the rate of acute beddays lost to delayed discharge for the 65+ population in 2020/21 was higher in West Dunbartonshire than NHSGGC and Scotland as a whole.

Mental Health Beddays lost to delayed discharge 18+

Figure 177: Rate per 1,000 population of mental health beddays lost to delayed discharges (West Dunbartonshire vs NHSGGC vs Scotland data for 2016/17 - 2020/21 financial years 18+ population)



*Figures for 2016/17 are based on July 2016 to March 2017 data only

Source: Delayed Discharges, Public Health Scotland (2021)

Table 53: Number and rate per 1,000 population of mental health beddays lost to delayed discharges (West Dunbartonshire vs NHSGGC vs Scotland data for 2016/17 - 2020/21 financial years 18+ population)

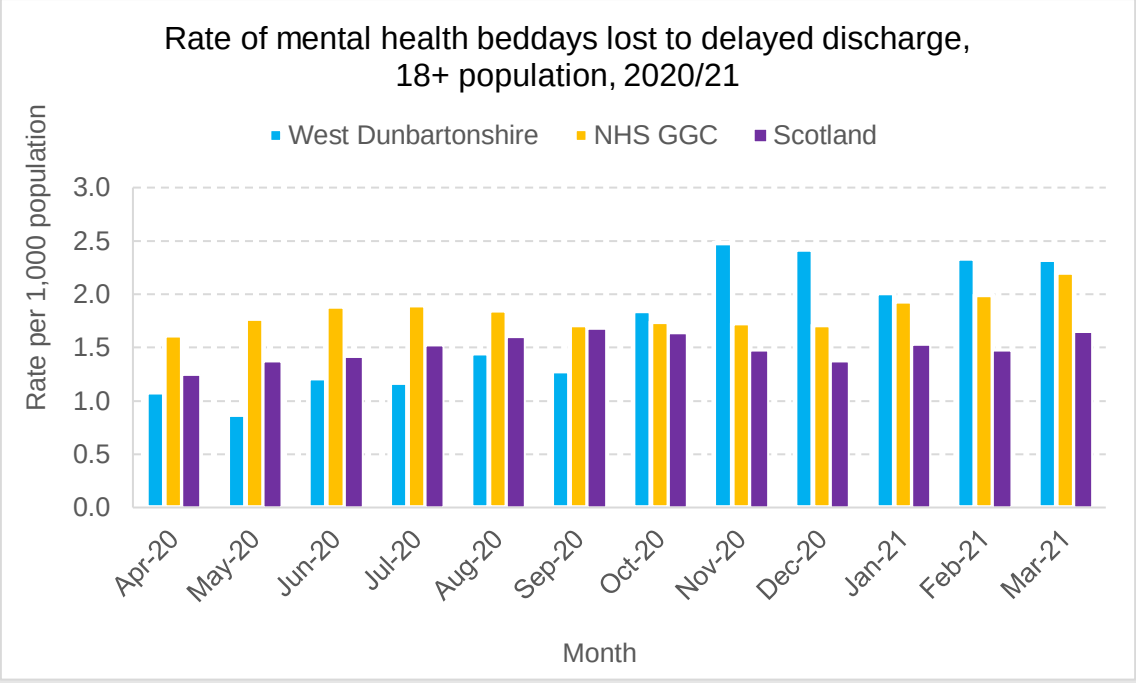
	West Dunbartonshire		NHSGGC		Scotland	
Year	Nbr	Rate	Nbr	Rate	Nbr	Rate
2016/17*	651	9.02	15,063	15.98	76,928	17.59
2017/18	560	7.78	17,841	18.79	96,245	21.90
2018/19	475	6.63	19,842	20.78	91,390	20.73
2019/20	812	11.36	20,020	20.80	100,746	22.72
2020/21	1,455	20.49	21,265	22.05	79,650	17.94

*figures for 2016/17 are based on July 2016 to March 2017 data only

Source: Delayed Discharges, Public Health Scotland (2021)

The above figure and table show the rate of mental health beddays lost to delayed discharges in the 18+ population was higher in Scotland than West Dunbartonshire and NHSGGC between 2016/17 and 2019/20. In 2020/21, the rate was higher in West Dunbartonshire than NHSGGC and Scotland as a whole.

Figure 178: Rate per 1,000 population of mental health beddays lost to delayed discharges (West Dunbartonshire vs NHSGGC, vs Scotland, data for 2020/21 financial year, 18+ population)



Source: Delayed Discharges, Public Health Scotland (2021)

Table 54: Number and rate per 1,000 population of mental health beddays lost to delayed discharges (West Dunbartonshire vs NHSGGC, vs Scotland, data for 2020/21 financial year, 18+ population)

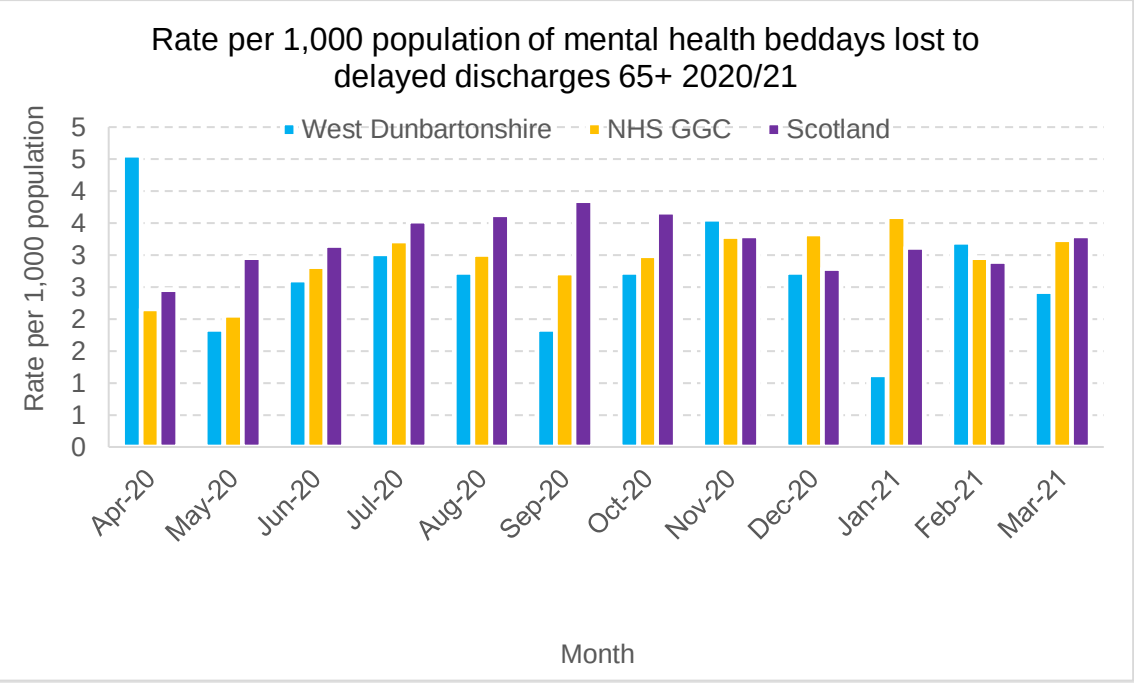
	West Dunbartonshire		NHSGGC		Scotland	
Month/Year	Nbr	Rate	Nbr	Rate	Nbr	Rate
Apr-20	77	1.08	1,559	1.62	5,529	1.25
May-20	62	0.87	1,708	1.77	6,091	1.37
Jun-20	86	1.21	1,820	1.89	6,262	1.41
Jul-20	83	1.17	1,832	1.90	6,759	1.52
Aug-20	103	1.45	1,785	1.85	7,092	1.60
Sep-20	91	1.28	1,649	1.71	7,446	1.68
Oct-20	131	1.84	1,683	1.74	7,253	1.63
Nov-20	176	2.48	1,666	1.73	6,545	1.47
Dec-20	172	2.42	1,649	1.71	6,068	1.37
Jan-21	143	2.01	1,868	1.94	6,786	1.53
Feb-21	166	2.34	1,921	1.99	6,525	1.47
Mar-21	165	2.32	2,125	2.20	7,294	1.64

Source: Delayed Discharges, Public Health Scotland (2021)

The figure and table above show the rate of mental health beddays lost to delayed discharge for the 18+ population was lower in West Dunbartonshire than NHSGGC and Scotland between April 2020 and September 2020. Between October 2020 and March 2021, the rate was higher in West Dunbartonshire than NHSGGC and Scotland as a whole.

Mental Health beddays lost to delayed discharge 65+

Figure 179: Rate per 1,000 population of mental health beddays lost to delayed discharges (West Dunbartonshire data or 2020/21 financial year, 65+ population)



Source: Delayed Discharges, Public Health Scotland (2021)

Table 55: Number and rate per 1,000 population of mental health beddays lost to delayed discharges (West Dunbartonshire data for 2020/21 financial year, 65+ population)

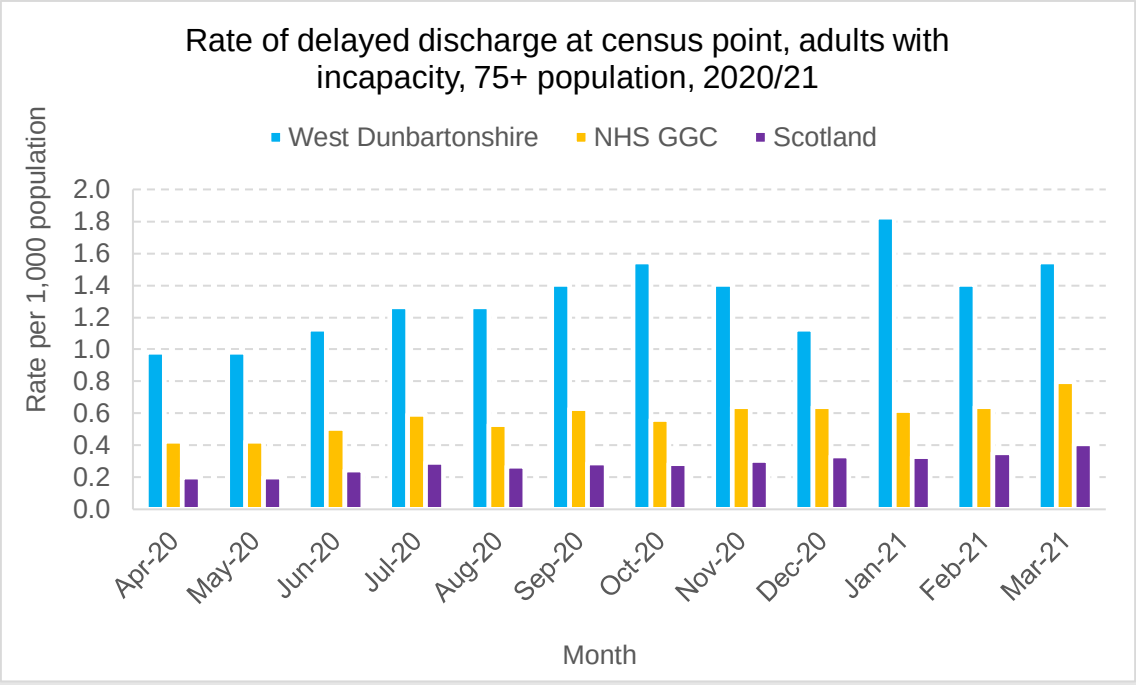
	West Dunbartonshire		NHSGGC		Scotland	
Month/Year	Nbr	Rate	Nbr	Rate	Nbr	Rate
Apr-20	77	4.56	426	2.16	2,599	2.46
May-20	31	1.84	407	2.06	3,123	2.96
Jun-20	44	2.61	557	2.82	3,326	3.15
Jul-20	51	3.02	635	3.22	3,724	3.53
Aug-20	46	2.73	594	3.01	3,833	3.63
Sep-20	31	1.84	536	2.72	4,064	3.85
Oct-20	46	2.73	589	2.99	3,872	3.67
Nov-20	60	3.56	650	3.29	3,487	3.30
Dec-20	46	2.73	656	3.32	2,949	2.79
Jan-21	19	1.13	711	3.60	3,299	3.12
Feb-21	54	3.20	583	2.95	3,062	2.90
Mar-21	41	2.43	640	3.24	3,482	3.30

Source: Delayed Discharges, Public Health Scotland (2021)

The figure and table above show the rate in West Dunbartonshire was on average less than NHSGGC and Scotland as a whole during 2020/21.

Delayed discharge adults with incapacity 75+

Figure 180: Rate per 1,000 population of delays at census point, Adults with Incapacity (West Dunbartonshire vs NHSGGC vs Scotland, data for 2020/21 financial year, 75+ population)



Source: Delayed Discharges, Public Health Scotland (2021)

Table 56: Number and rate per 1,000 population of delays at census point, Adults with Incapacity (West Dunbartonshire vs NHSGGC vs Scotland, data for 2020/21 financial year, 75+ population)

	West Dunbartonshire		NHSGGC		Scotland	
Month/Year	Nbr	Rate	Nbr	Rate	Nbr	Rate
Apr-20	7	0.98	38	0.43	94	0.20
May-20	7	0.98	38	0.43	95	0.20
Jun-20	8	1.12	45	0.51	116	0.25
Jul-20	9	1.26	53	0.60	138	0.29
Aug-20	9	1.26	47	0.53	127	0.27
Sep-20	10	1.41	56	0.63	136	0.29
Oct-20	11	1.55	50	0.56	135	0.29
Nov-20	10	1.41	57	0.64	143	0.30
Dec-20	8	1.12	57	0.64	157	0.33
Jan-21	13	1.83	55	0.62	155	0.33
Feb-21	10	1.41	57	0.64	167	0.36
Mar-21	11	1.55	71	0.80	193	0.41

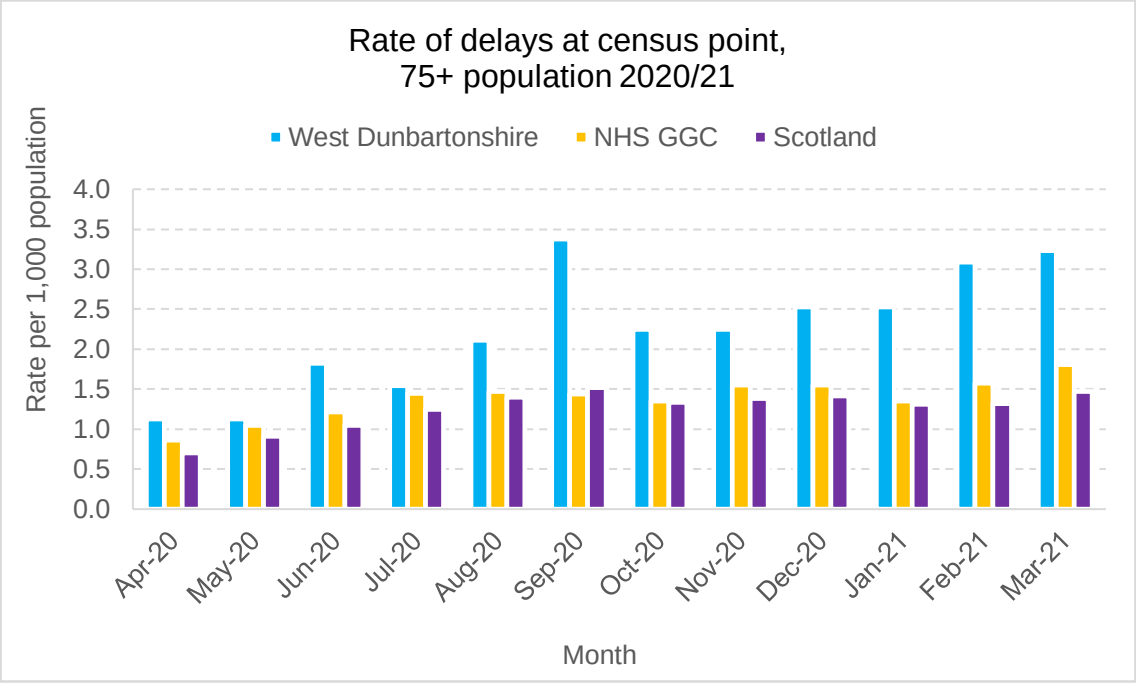
Source: Delayed Discharges, Public Health Scotland (2021)

The above figure and table show the rate of delays at census point for adults with incapacity was consistently higher in West Dunbartonshire than NHSGGC and Scotland as a whole in 2020/21.

Delayed discharge 75+

Census figures report on the number of people experiencing a delay in their discharge from hospital at the last Thursday of the month.

Figure 181: Rate per 1,000 population of delays at census point, all patients (West Dunbartonshire vs NHSGGC vs Scotland, data for 2020/21 financial year, 75+ population)



Source: Delayed Discharges, Public Health Scotland (2021)

Table 57: Number and rate per 1,000 population of delays at census point, all patients (West Dunbartonshire vs NHSGGC vs Scotland, data for 2020/21 financial year, 75+ population)

	West Dunbartonshire		NHSGGC		Scotland	
Month/Year	Nbr	Rate	Nbr	Rate	Nbr	Rate
Apr-20	8	1.12	77	0.87	331	0.70
May-20	8	1.12	93	1.05	429	0.91
Jun-20	13	1.83	108	1.21	490	1.04
Jul-20	11	1.55	129	1.45	587	1.25
Aug-20	15	2.11	131	1.47	659	1.40
Sep-20	24	3.37	128	1.44	713	1.52
Oct-20	16	2.25	120	1.35	627	1.33
Nov-20	16	2.25	138	1.55	651	1.39
Dec-20	18	2.53	138	1.55	666	1.42
Jan-21	18	2.53	120	1.35	615	1.31
Feb-21	22	3.09	140	1.57	618	1.32
Mar-21	23	3.23	161	1.81	690	1.47

Source: Delayed Discharges, Public Health Scotland (2021)

The above figure and table show the rate of delays at census point for 75+ population was higher in West Dunbartonshire than NHSGGC and Scotland as a whole in 2020/21.

Key Findings

- West Dunbartonshire A&E attendance higher for all age ranges compared to NHSGGC and Scotland as a whole.
- Nearly three fifths (average 57%) of emergency admissions were for adults aged under 65 years.
- The rate of emergency readmissions within seven days of discharge is increasing in West Dunbartonshire.
- Bed days associated with potentially preventable admissions have been consistently higher in West Dunbartonshire than NHSGGC and Scotland as a whole between 2016/17 and 2020/21.
- Falls related admissions for 65+ was lowest in 2020/21 since 2016/17.
- In 2020/21, the rate of delayed discharge for adults with incapacity was higher in West Dunbartonshire than NHSGGC and Scotland as a whole.

Considerations

- The HSCP should seek to access improved data to better understand pressures, performance and areas for improvements from across the whole system e.g., acute, primary & community health and social care.
- The HSCP should work together to ensure individuals get the right care at the right time in the right place based on their individual circumstances and needs and that any learning from critical clinical and care incidents are embedded across services.
- The HSCP should work with partners to implement improvements that address the findings of the Joint Inspection of Adult Support and Protection undertaken in West Dunbartonshire in July 2021 so that risk management processes are robust and protect adults at risk of harm or who need additional support.
- The HSCP should ensure prevention is a key component of decision making, and priority is given to early intervention, proactive care and good disease management including anticipatory care planning in order to support individuals to stay healthy, active and independent.
- The HSCP needs to continue to work across Acute Services and Primary Care to effect change in these areas in line with NHS Greater Glasgow and Clyde Unscheduled Care Joint Commissioning Plan: Design & Delivery 2021/22 - 2023/24

Health and Care Service Utilisation

WDHSCP Service Use

This section provides service activity over time with different measures being used depending on the individual service.

Open Cases

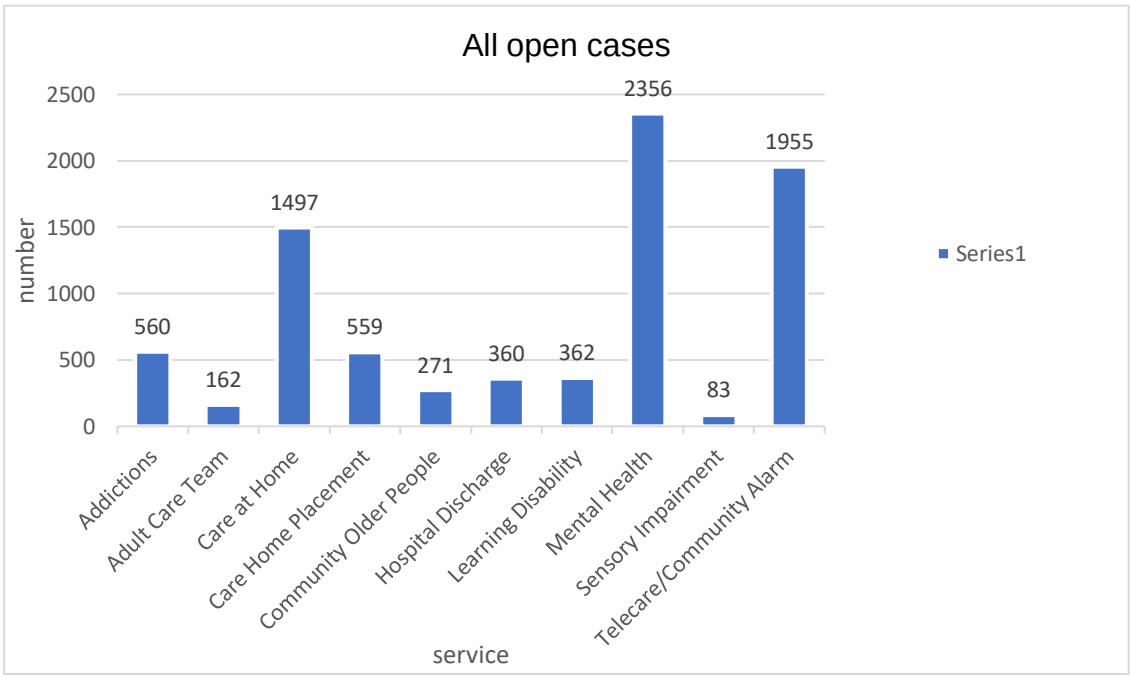
The following data is a snapshot of the open cases of HSCP services as of 17th January 2022.

An open case for the purpose of this strategic needs assessment refers to an individual with whom WDHSCP have an active involvement, either through an assessment of their needs or through the provision of support, or funding for support. It can give a high-level indication of the volume of activity of the HSCP.

The data sources used for this analysis include CareFirst and EMIS which are the case management systems used across the HSCP and CM2000, the homecare scheduling and monitoring system.

Individuals may be receiving a service from more than one team, e.g., Mental Health and Care at Home, therefore aggregating this data would include a significant degree of double counting. To avoid this, caseloads have been analysed by the service area/team.

Figure 182: HSCP Services All Open Cases January 2022



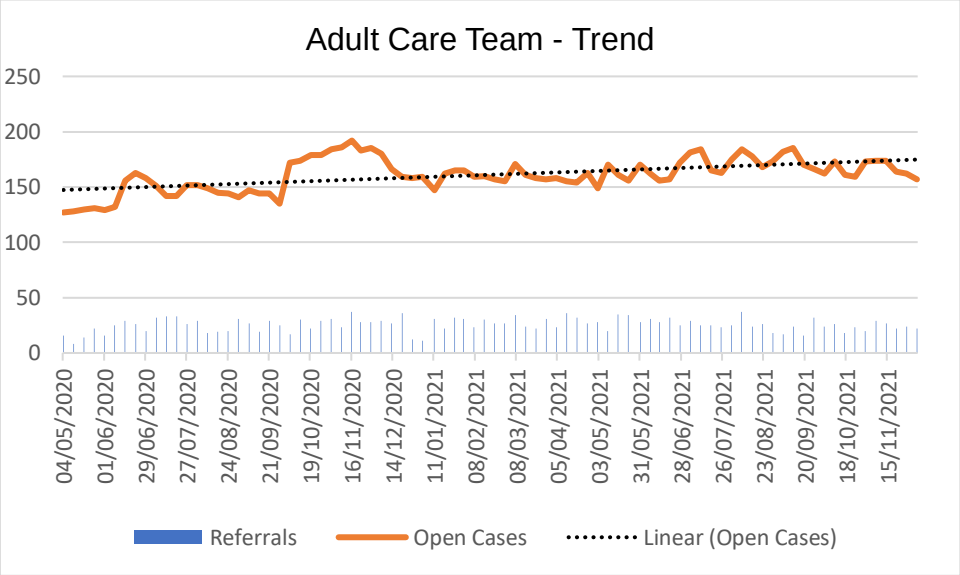
Source: CareFirst (2022)

The figure above provides an overview of service usage across the Health and Social Care Partnership for adults and older people at January 2022.

Adult Care Team

People receiving services from the Adult Care Team may have a physical disability, chronic health or neurological condition.

Figure 183: Adult care team open cases trend 2020 -2021



Source: CareFirst (2022)

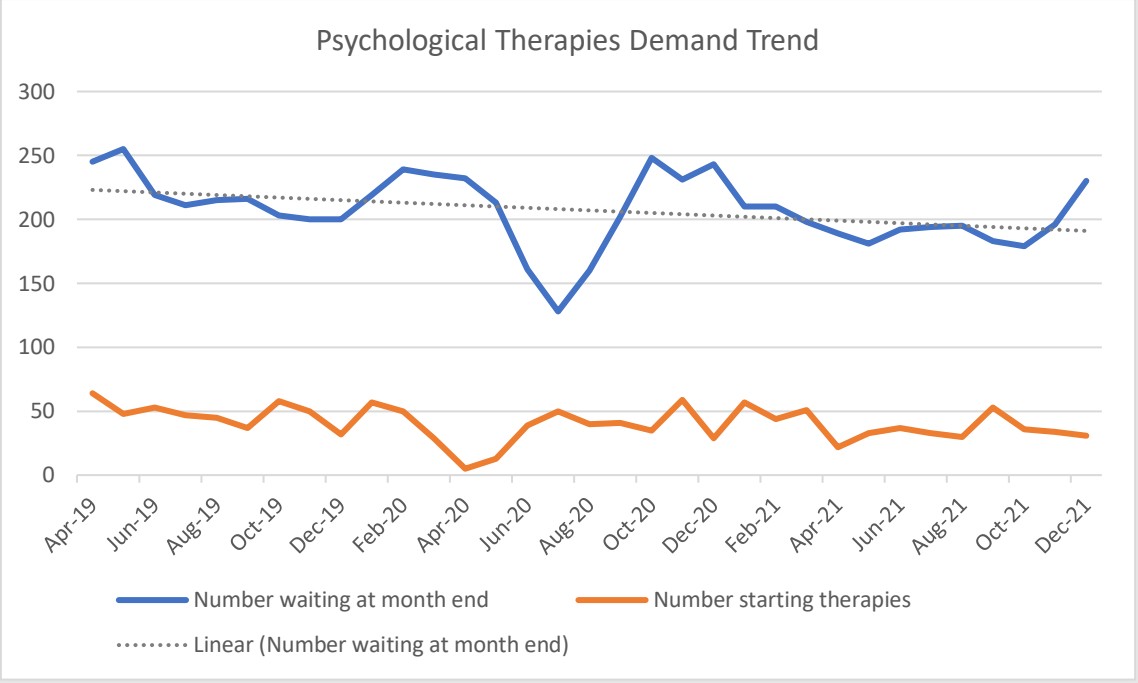
*Only able to report from May 2020 due to staff being on a variety of clipboards. This was resolved in May 2020.

From the figure above shows the number of weekly referrals to the Adult Care Team and number of open cases between May 2020 and November 2021. The trend for open cases has been increasing since May 2020.

Adult and Older Adult Mental Health Services

Community Mental Health Teams support people who suffer significant mental health problems in the local community from 18 years and above. Support is occasionally provided to young people under the age of 18 years who are transitioning from children to adult services.

Figure 184: Psychological therapies Demand Trend 2019/20 –2021/22p



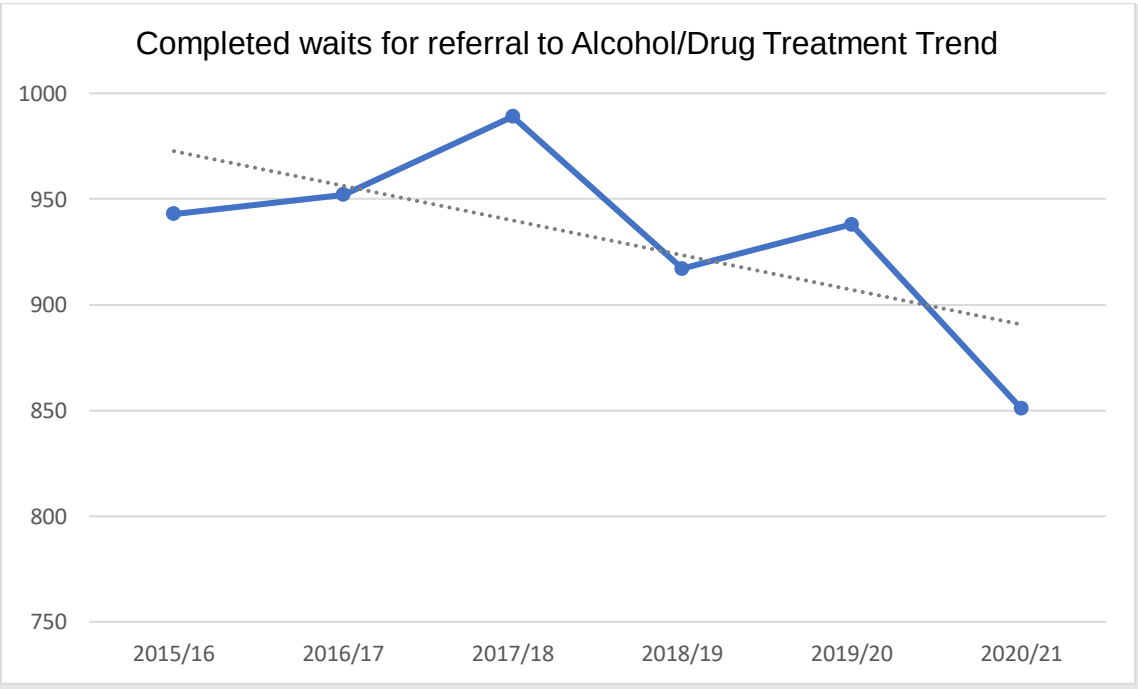
Source: NHS Greater Glasgow and Clyde (2022)

From the figure above the numbers waiting to access psychological therapies is higher than the number accessing psychological therapies each month.

Addiction Services

Addiction Services provide health and social care services for individuals with problems linked to drug and/or alcohol use; physical, medical and social needs of individuals as considered as part of the assessment.

Figure 185: Completed waits for referral to Alcohol/Drug Treatment Trend 2015/16 – 2020/21- West Dunbartonshire



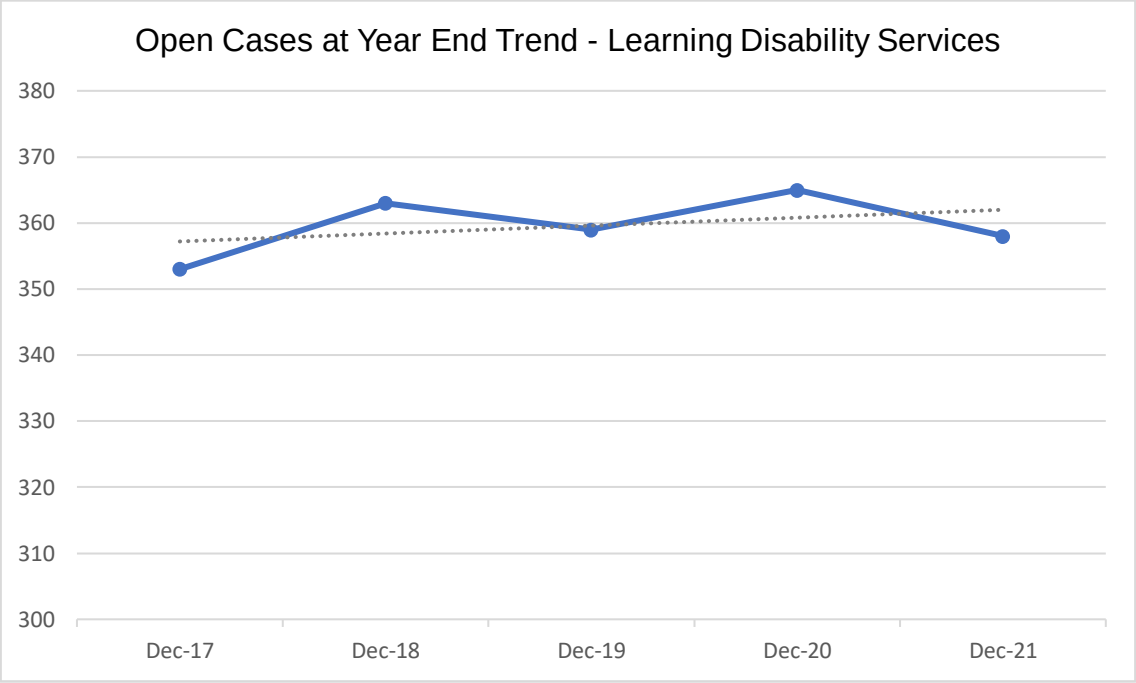
Source: Drug and Alcohol Waiting Times, Public Health Scotland (2022)

For the figure above shows the number of completed waits for referral to treatment. This number peaked in 2017/18 and has fluctuated thereafter. The overall trend for completed waits for referral since 2015/16 is downward.

Learning Disability Services

The Learning Disability service provides access to assessment, advice and assistance to adults who have a learning disability.

Figure 186: Learning Disability Services year end open cases – Trend 2017-2021



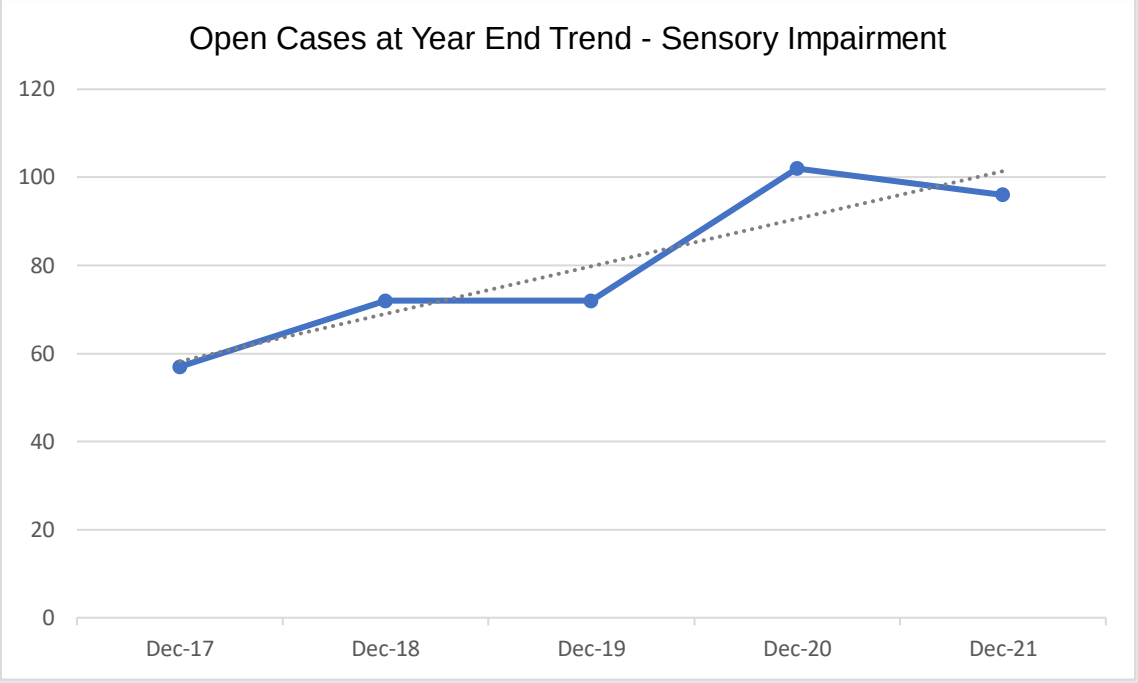
Source: CareFirst (2022)

From the figure above between December 2017 and December 2021 the number of people being supported by Learning Disability Services has remained fairly consistent.

Sensory Impairment

The Sensory Impairment Team provide assessment, equipment and rehabilitation to people with a visual and/or hearing impairment.

Figure 187: Sensory Impairment Year End Open Cases – Trend 2017 -2021



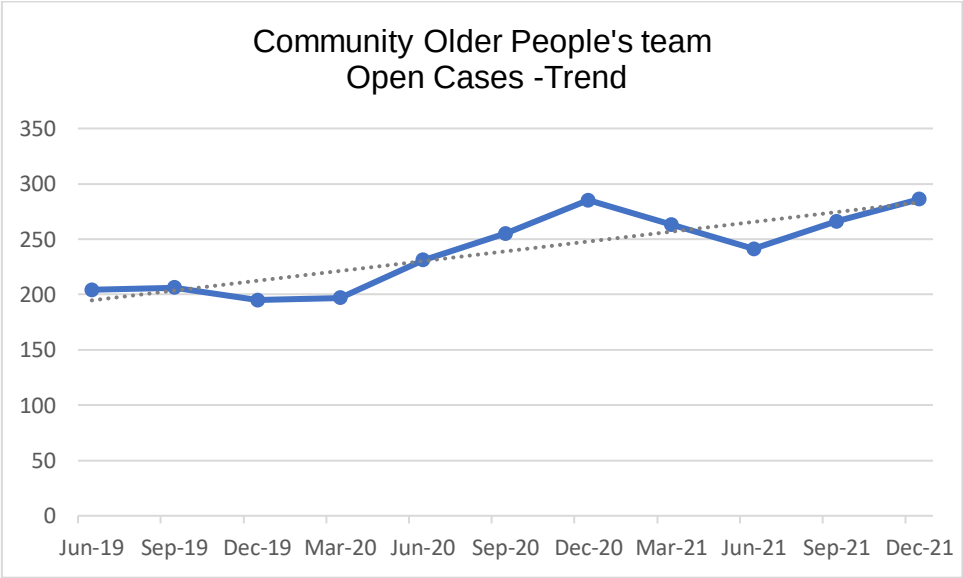
Source: CareFirst (2022)

The figure above shows an upward trend in the number of open cases at year end between December 2017 and 2021.

Community Older People's Team

The Community Older People's Team assess people aged 65 and over in the community for a range of services including homecare; community alarm/telecare; equipment, aids and adaptations; physiotherapy; dietician input; and admission from home to residential or nursing care where a person is no longer able to live at home with support.

Figure 188: Community Older People's Team open cases trend June 2019- Dec 2021



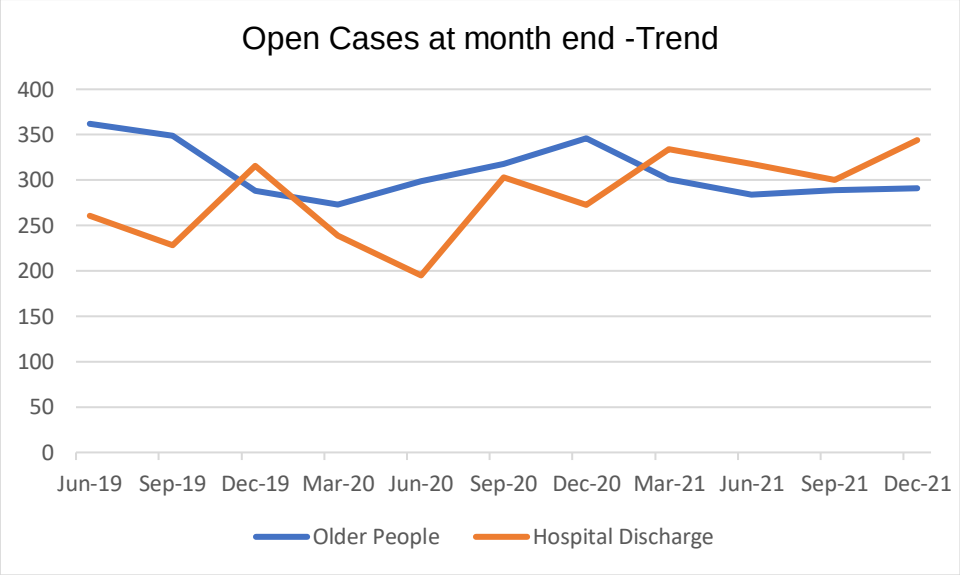
Source: CareFirst (2022)

The figure above shows there has been an upward trend in the number of open cases within the Community Older People's Team since June 2019 to December 2021.

Hospital Discharge

The Hospital Discharge Team assess people who have been admitted to hospital and who will require input from HSCP services to return home, and people who will require admission from hospital to a residential or nursing care home as they are no longer able to live at home.

Figure 189: Older People's Team Open Case Trend 2019-2021



Source: CareFirst (2022)

From the figure above showing Older People Team and Hospital Discharge caseloads the number of open cases for the Hospital Discharge team have increase since June 2020. The number of open cases for the community older people's team have remained within a small range since June 2019.

Care at Home

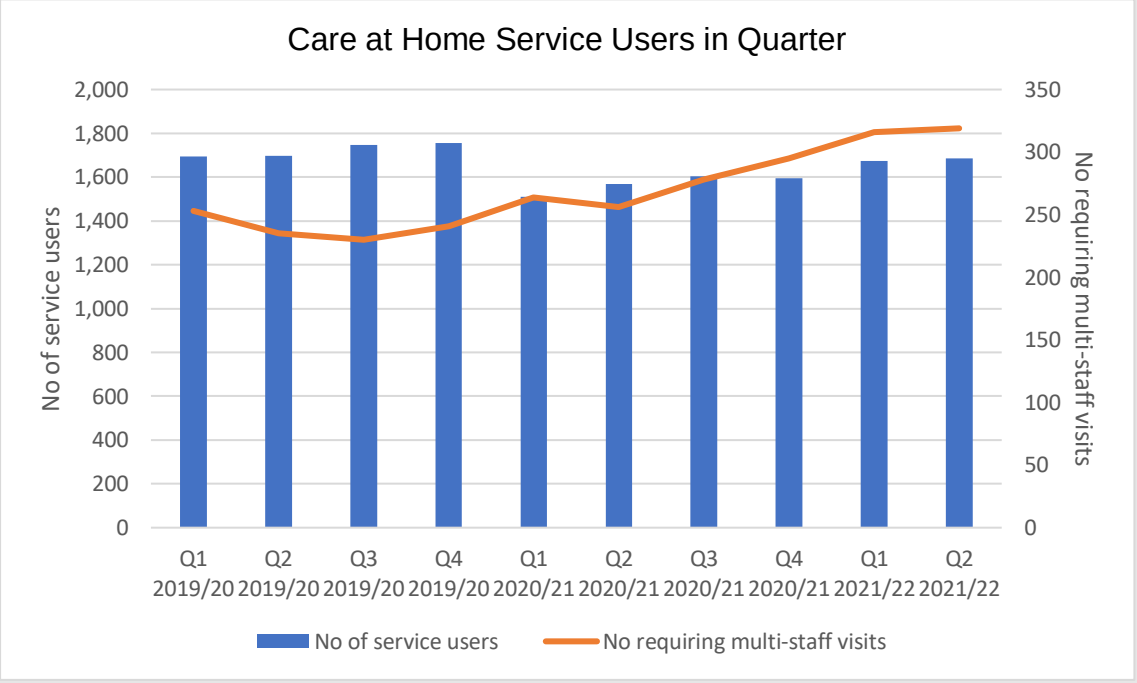
Care at Home services are often put in place to support people who have been discharged from hospital. Sometimes this support will be short term until they regain the ability to carry out their daily tasks without the need for support. Other people may require support longer term.

Care at home can range from assistance with daily tasks such as preparing a meal and assisting with medication through to personal care which can mean assistance to wash and dress and care such as continence and catheter care.

The Covid-19 (Coronavirus) pandemic has made looking at trend data for Care at Home problematic as urgent and critical care were prioritised at the onset of the pandemic and low level supports reduced or suspended in consultation with service

users and their families. This dip in service levels and then gradual recovery as the pandemic progressed can be seen below.

Figure 190: Number of Care at Home Service User by quarter



Source: CM2000 (2021)

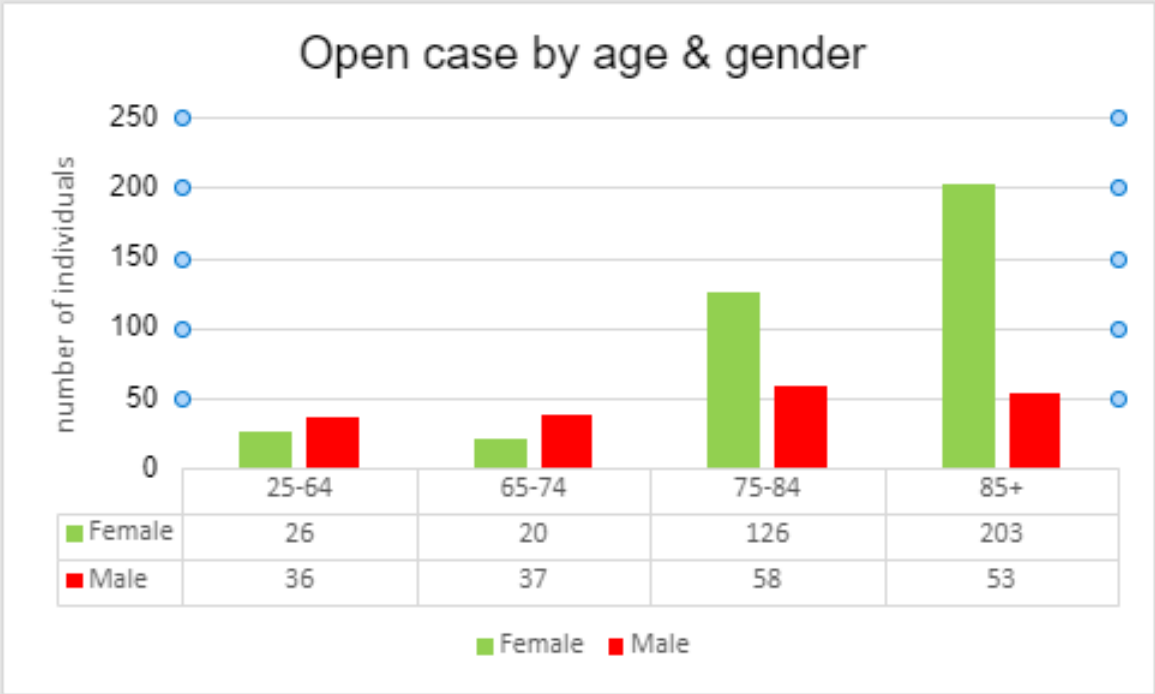
From the figure above increasing numbers of people requiring more than one carer (multi staff visits) illustrates the increasing frailty and complex needs of people requiring Care at Home services. This trend is likely to continue as the proportion of West Dunbartonshire's older population increases.

Care Home Placements

In line with the National Health and Wellbeing Outcomes it is the HSCP's aim that people are able to live safely and independently in their own home for as long as possible. However, the complexity of people's needs sometimes mean that they require to move into residential or nursing care homes.

Within West Dunbartonshire a total of 559 people were in residential or nursing care home placements. (Snapshot September 2021)

Figure 191: Care Home Placements open cases by age & gender

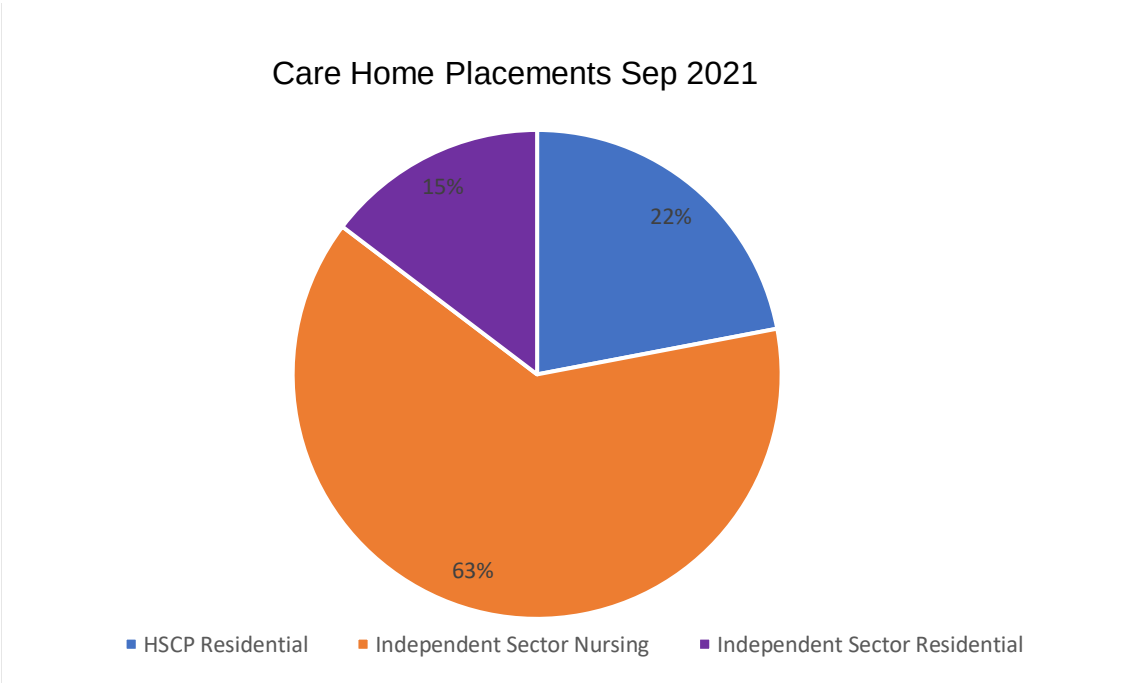


Source: CareFirst (2021)

From the figure above, 67% (n=375) of all people in care home placements were female. 79% (n=330) were aged 75 and over and 46% (n= 256) of all people in care home placements are 85 years or over.

The HSCP has 2 new purpose-built residential homes in West Dunbartonshire: Crosslet House in Dumbarton opened in 2017 and Queens Quay which opened in December 2020.

Figure 192: Care Home Placements Sep 2021



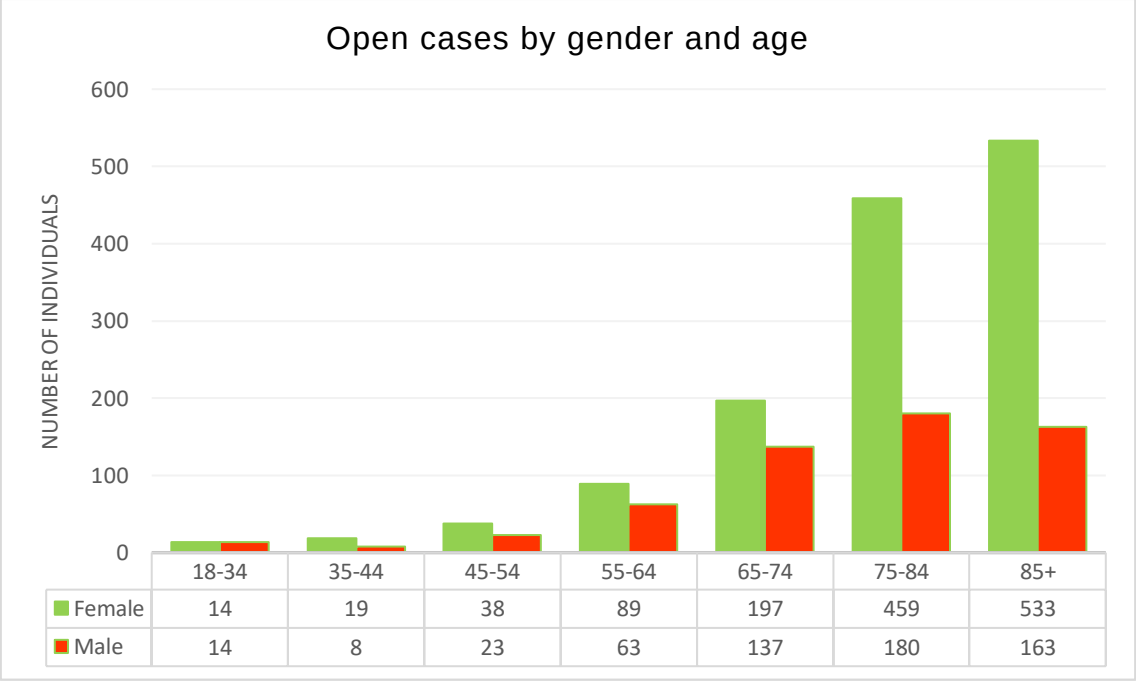
Source: CareFirst (2021)

Not all care home placements funded by West Dunbartonshire HSCP are within West Dunbartonshire dependent on people's choice of placement, to be closer to family or friends, availability and the facilities offered by the care home, particularly where people have very complex needs.

Telecare/Community Alarms

Telecare and community alarms help support people to live at home independently with access to emergency support where required from a team of staff who attend when their alarm or telecare sensor is activated. Many people who use the service do not receive Care at Home services or any other HSCP service and this is therefore a lower level, early intervention to help prevent vulnerable people from admission to hospital or deterioration in their health and ability to remain safely at home.

Figure 193: Community alarms



	18-34	35-44	45-54	55-64	65-74	75-84	85+
Female	14	19	38	89	197	459	533
Male	14	8	23	63	137	180	163

Source: CareFirst (2022)

From the figure above at the end of September 2021, there is a total of 1,937 adult Telecare/Community Alarm service users and 70% of these were female. 69% of people using the service are aged 75 and over and 74% of these people are female.

Key Findings

- The Adult Care Team has been experiencing an upward trend in open cases since 2020.
- High demand for access to psychological therapies in Adult Mental Health Service.
- The overall trend for completed waits for referral to addiction services since 2015/16 is downward.

- Sensory Impairment Services seeing an increase in numbers requiring support.
- Community Older People Team showing an upward trend in open cases.
- Care at Home services have increasing numbers of people requiring more than one carer (multi staff visits) illustrating the increasing frailty and complex needs of people requiring services.

Considerations

- In order to address the extremely challenging position as reported in West Dunbartonshire Health & Social Care Partnership Medium Term Financial Plan 2022/23 - 2026/27 the HSCP will need to balance increasing service demands and associated costs, driven by both the demography of the local population and the effects of the pandemic, against rising inflation and short-term funding settlements from the Scottish Government. As West Dunbartonshire's older population increases overall population growth is lower than many other local authority areas which is likely to generate continued reductions in Scottish Government funding.
- This will require the HSCP to continuously review existing and revised service delivery arrangements to determine if they are effective, efficient and sustainable, consider alternative methods of service delivery where appropriate (including further pandemic limitations) to proactively identify opportunities to secure efficiencies or reduce service provision.
- The HSCP should drive forward service redesign projects such as the Care at Home Service Redesign Project and improve internal data collection systems to support and strengthen analysis of service activity.

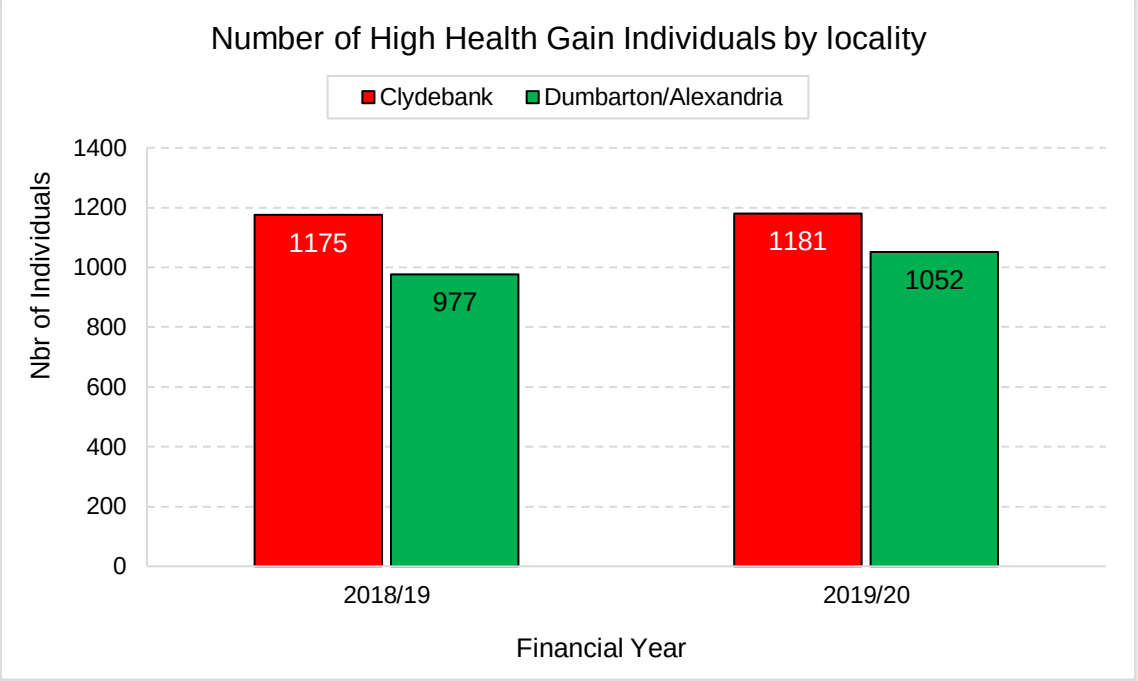
High Health Gain

It is estimated that 5-6% of the population have a complexity of need where they would benefit from a supported anticipatory care planning approach to ensure optimal personal outcomes and quality of life. Public Health Scotland 2020 [188]

This group of "High Health Gain" people is diverse and includes frail elderly, those with palliative care needs, younger people with complex physical and/or mental health problems and a significant number of individuals with chaotic life styles.

High Health Gain Individuals in West Dunbartonshire.

Figure 194: Number of High Health Gain Individuals (2018/19 vs. 2019/20 financial year data for West Dunbartonshire, broken down by Locality)



Source: Linkage Files, Public Health Scotland (2021)

Table 58: Number of High Health Gain Individuals (2018/19 vs. 2019/20 financial year data for West Dunbartonshire, broken down by Locality)

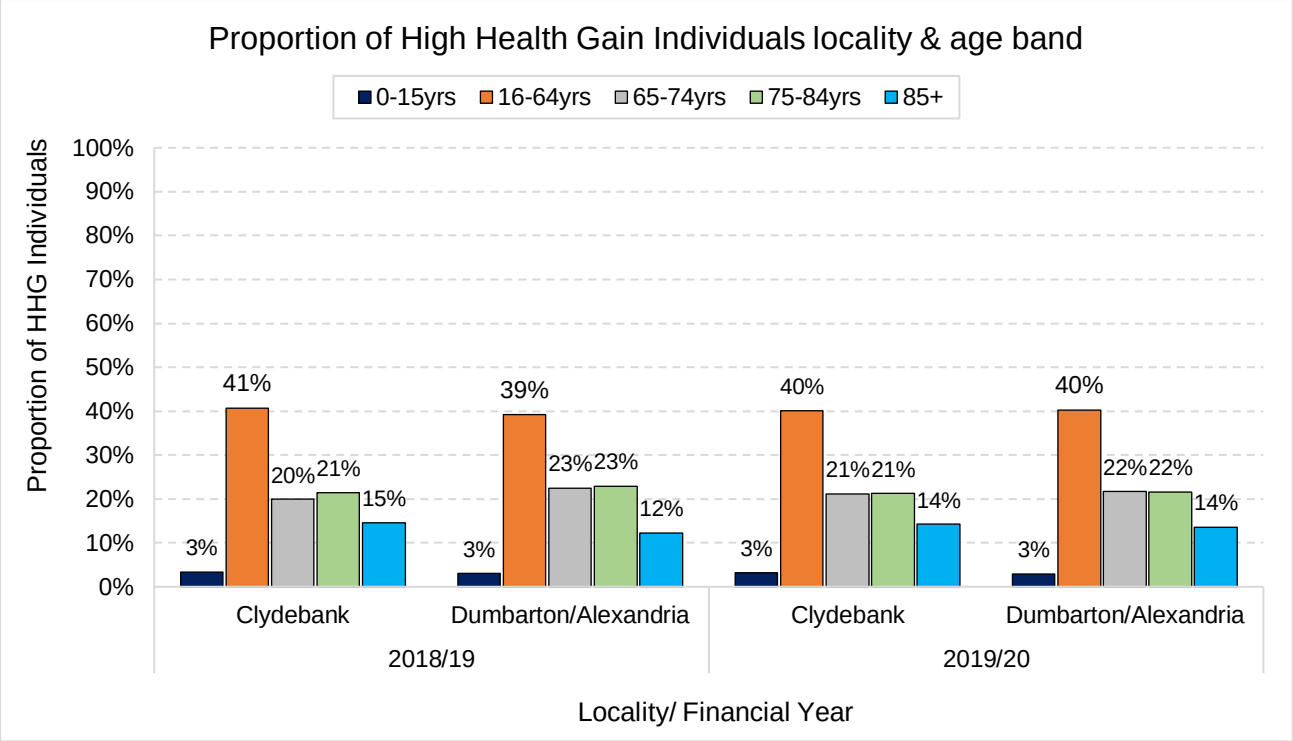
Financial Year	Clydebank	Dumbarton/Alexandria	West Dunbartonshire
2018/19	1175	977	2152
2019/20	1181	1052	2233

Source: Linkage Files, Public Health Scotland (2021)

The figure above shows the distribution of HHG individuals is slightly higher in Clydebank compared with Dumbarton/Alexandria locality for both years. Both areas saw a slight increase in the overall number of HHG individuals.

HHG Individuals make up 2.5% of the whole population of West Dunbartonshire based on Mid-year Population Estimates, 2020: Report (nrscotland.gov.uk) [189]

Figure 195: Proportion of High Health Gain Individuals (2018/19 vs. 2019/20 financial year data for West Dunbartonshire, broken down by Locality and age band)



Source: Linkage Files, Public Health Scotland (2021)

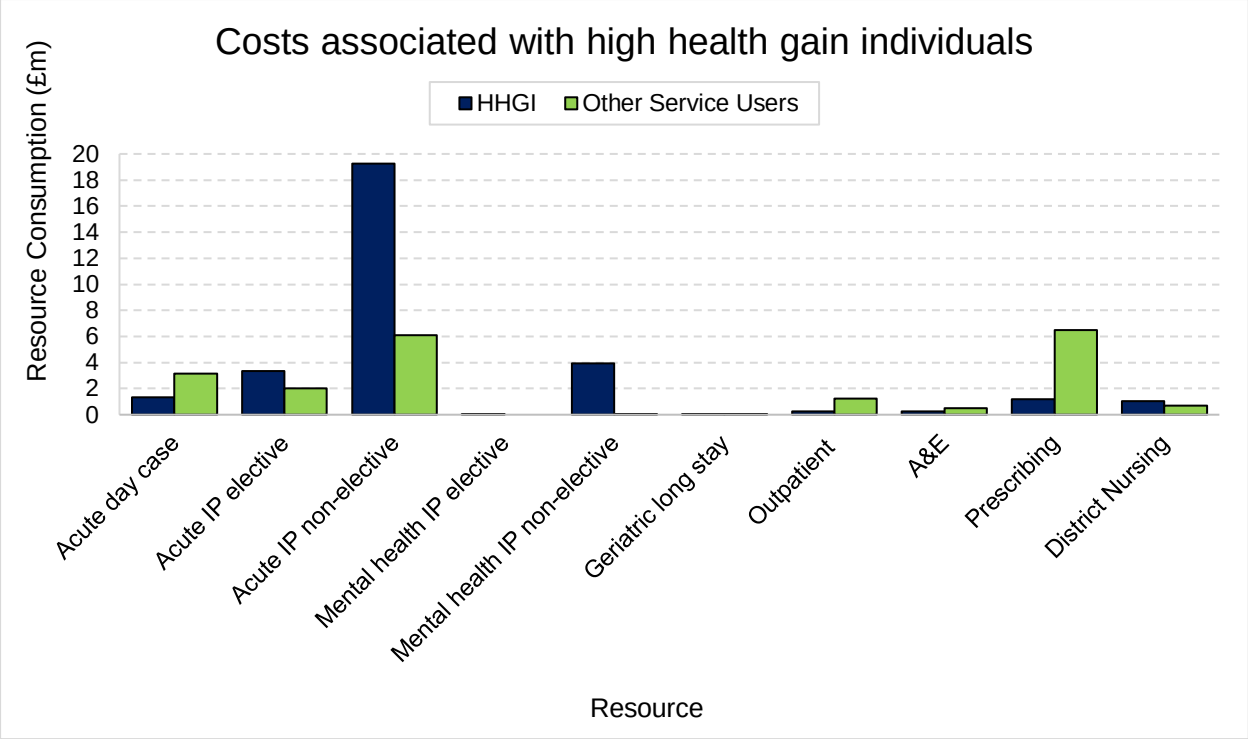
Table 59: Proportion of High Health Gain Individuals (2018/19 vs. 2019/20 financial year data for West Dunbartonshire, broken down by Locality and age band)

	2018/19				2019/20			
	Clydebank		Dumbarton/ Alexandria		Clydebank		Dumbarton/ Alexandria	
Age Band	Nbr	%	Nbr	%	Nbr	%	Nbr	%
0-15yrs	40	3.4%	30	3.1%	38	3.2%	31	2.9%
16-64yrs	478	40.7%	383	39.2%	474	40.1%	423	40.2%
65-74yrs	234	19.9%	220	22.5%	250	21.2%	228	21.7%
75-84yrs	251	21.4%	224	22.9%	251	21.3%	227	21.6%
85+	172	14.6%	120	12.3%	168	14.2%	143	13.6%
Total	1175	100.0%	977	100.0%	1181	100.0%	1052	100.0%

Source: Linkage Files, Public Health Scotland (2021)

For the figure above, both Clydebank and Alexandria/Dumbarton localities have similar number of HHG individuals with both areas seeing a very slight increase in the total number since of individuals in 2019/20 compared to 2018/19.

Figure 196: Costs associated with high health gain individuals, broken down by resource (2018/19 financial year data for West Dunbartonshire, 65+ residents only)



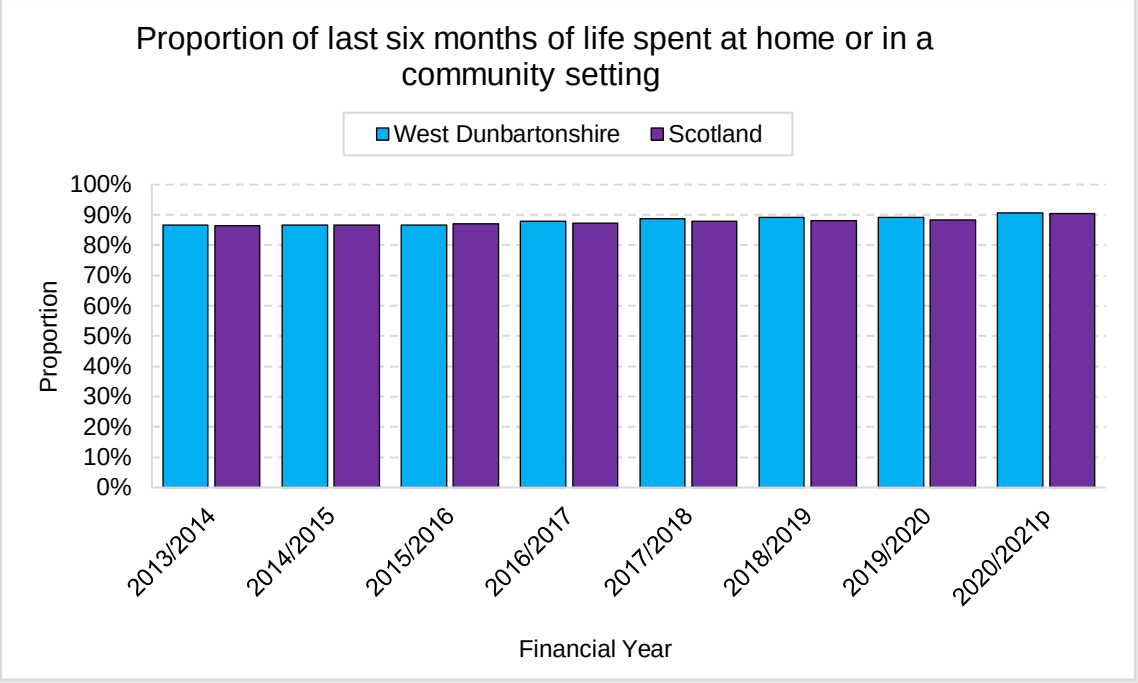
Source: Linkage Files, Public Health Scotland (2021)

From the figure above the highest resource consumption is generated by high health gain individuals in acute in patient non elective services.

End of Life Care

End of life care (palliative care) is an important, integral aspect of the Health and Social Care provided to those living with and dying from any advanced or progressive and life-threatening condition. It is now possible to predict the progress of many of these conditions, enabling a planned approach to end of life care in ways which reflect, as far as possible, the needs and wishes of patients, carers and their families. Scottish Government 2018 [190]

Figure 197: Proportion of those receiving palliative care spending the last six months of life at home or in a community setting (West Dunbartonshire vs. Scotland data for 2013/14 -2020/21p financial years)



Source: SOURCE Linkage Files, Public Health Scotland (2021)

Table 60: Percentage of last 6 months of life spent at home or in a community setting (West Dunbartonshire vs. Scotland data for 2013/14 -2020/21p financial years)

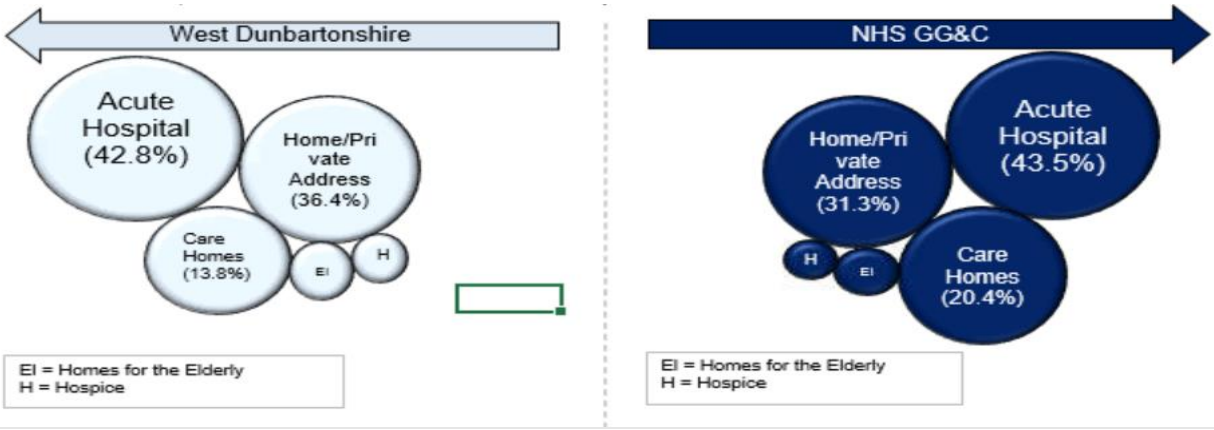
Financial Year	West Dunbartonshire	Scotland
2013/2014	86.5%	86.4%
2014/2015	86.6%	86.6%
2015/2016	86.7%	87.0%
2016/2017	87.9%	87.3%
2017/2018	88.8%	88.0%
2018/2019	89.1%	88.0%
2019/2020	89.3%	88.4%
2020/2021[p]	90.6%	90.5%

Source: Linkage Files, Public Health Scotland (2021)

2020/21p is a part year

The above figure shows the proportion of those receiving palliative care spending their last six months of life in a community setting is in line with Scotland as a whole.

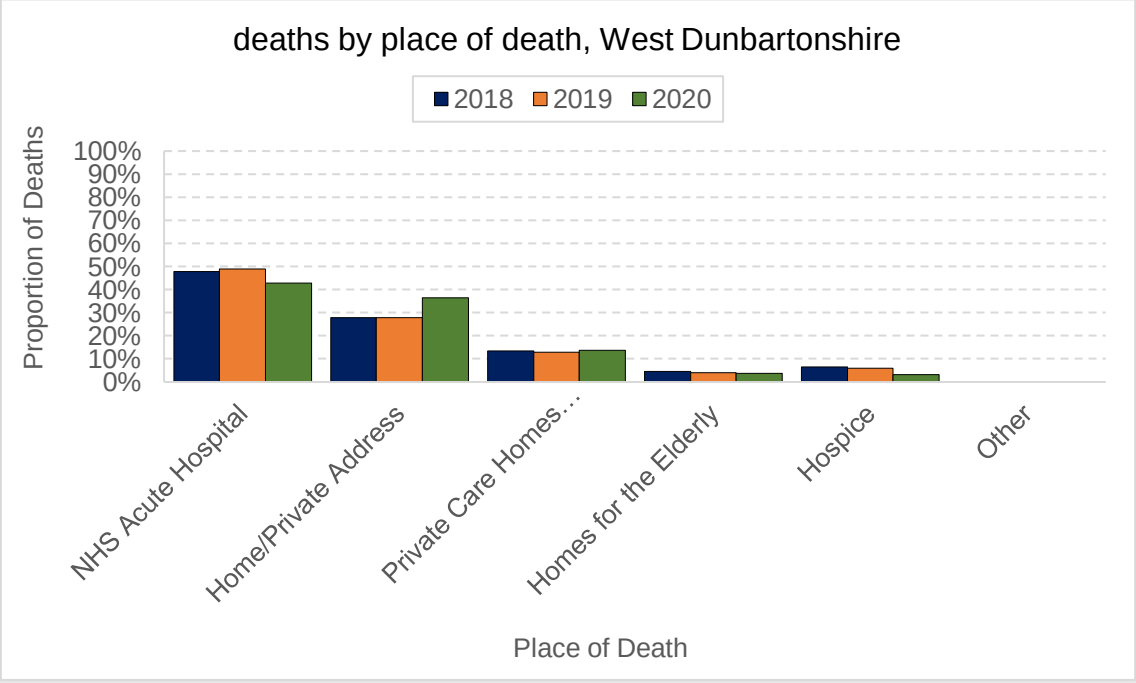
Figure 198: Proportion of deaths, broken down by place in which death occurred (2020 data excluding deaths from external causes, West Dunbartonshire vs. NHSGGC)



Source: SMR01 Public Health Scotland (2021)

From the figure above over 40% of people are dying in NHS Acute hospital in both NHSGGC and West Dunbartonshire. A higher proportion of people are dying at home or private address in West Dunbartonshire than in NHSGGC.

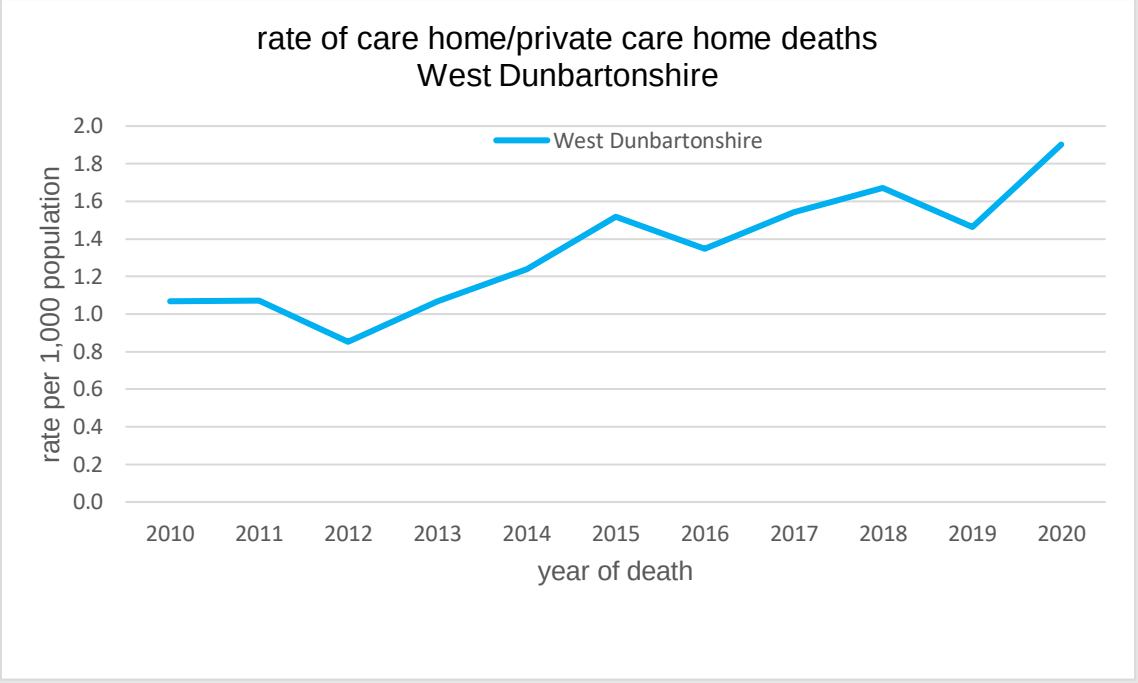
Figure 199: Proportion of deaths broken down by place in which death occurred (2018 vs. 2019 vs. 2020 data for West Dunbartonshire)



Source: SMR01 Public Health Scotland (2021)

For the figure above the proportion of deaths in West Dunbartonshire occurring at home or private address increased between 2018 and 2019.

Figure 200: rate per 1,000 population of deaths in care home/private care home West Dunbartonshire 2010-2020



Source: SMR01 Public Health Scotland (2021)

The figure above shows the rate of death in care home and private care home has increased since 2012.

Key Findings

- Acute non elective in-patient activity results in the highest costs for high health gain individuals 65yrs +.
- Almost 90% of people receiving end of life care in West Dunbartonshire spend their last six months of life in a community setting.

Considerations

- The HSCP should use integrated care planning for high resource patients.
- The HSCP needs to continue to understand the complexities around this and continue to use all available data sources e.g., Public Health Scotland, Local Intelligence Support Team (LIST).
- The HSCP should work with general practice and acute services to identify patients who require end of life care as early as possible to ensure that their individual needs can be met.
- The HSCP should ensure that the capacity of palliative care community services is resourced appropriately to meet the expected increased demand and also meet the needs of end-of-life care patients.

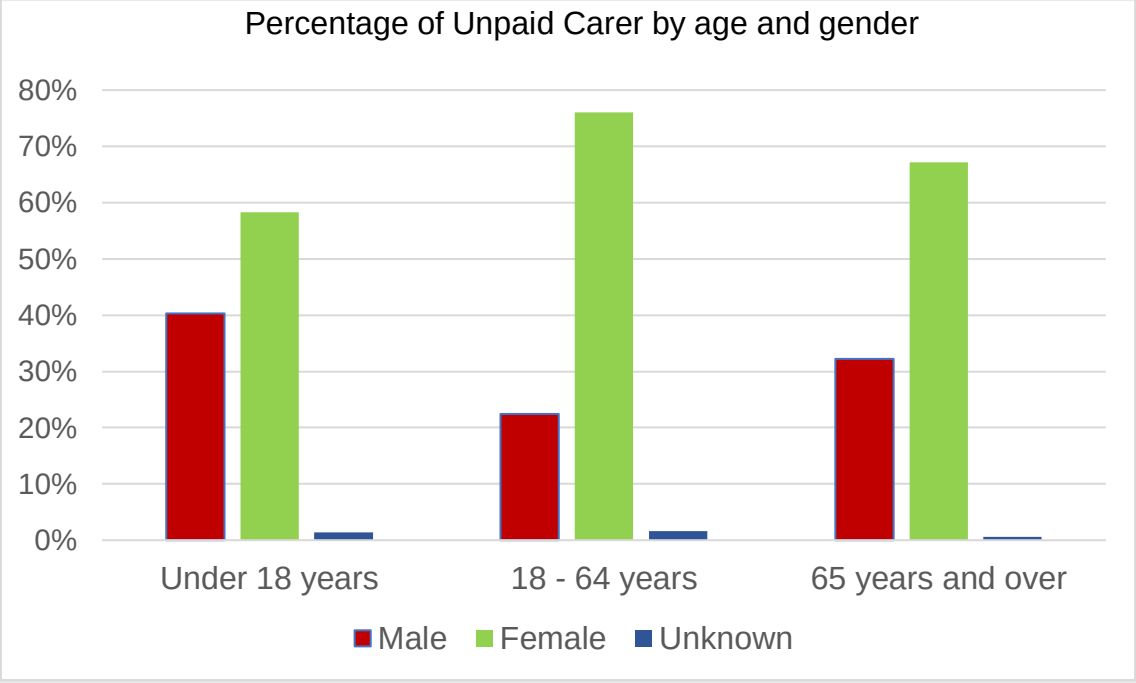
Carers in Scotland

The following data comes from the second Carers Census, Scotland 2019/20 & 2020/21 [191]. The census collects a variety of information on unpaid carers being supported by Local Authorities and Carer Centres across Scotland. This information is being collected in part to help monitor the implementation of the Carers (Scotland) Act 2016, which came into force on 1st April 2018.

The following data covers years two and three after the Act was implemented. However, as this is still a relatively new collection much of the data is still incomplete. Therefore, it is being published as ‘Data under Development’. Care should be taken when interpreting the results.

Carer demographics

Figure 201: Percentage of unpaid carers by age and gender

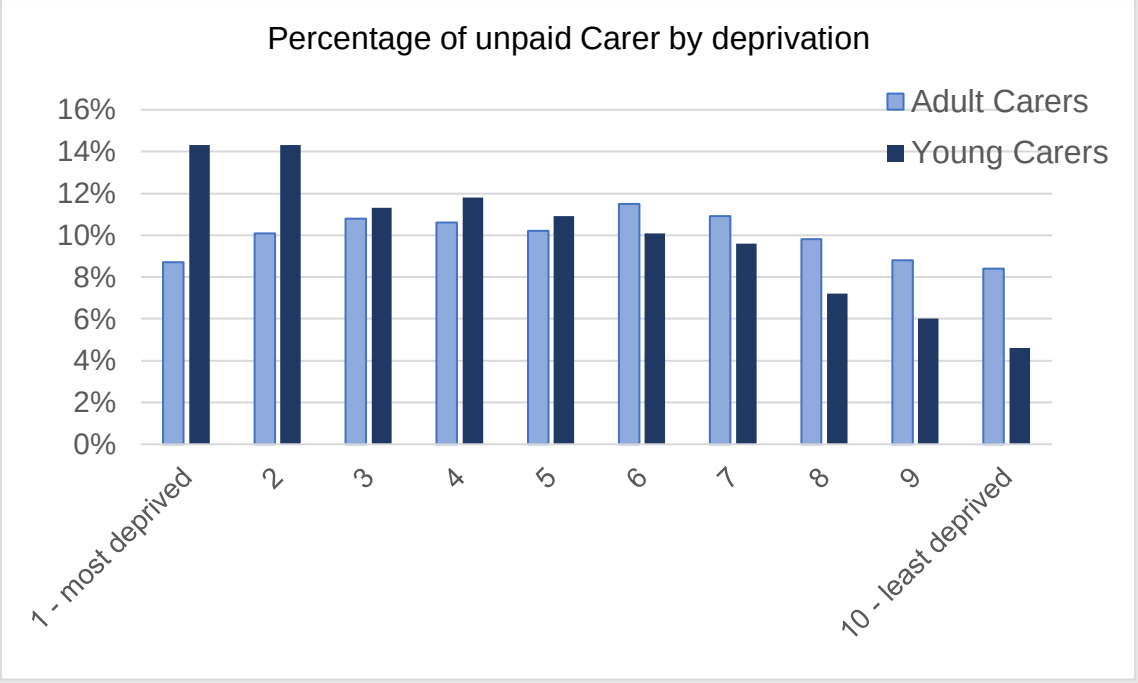


Source: Carers Census, Scotland 2019-20 and 2020-21 (2021)

Notes on data - The 'All ages' group includes a small number of carers who could not be assigned to an age group.

The figure above shows female carers account for three quarters of working age carers in 2021.

Figure 202: Percentage of Unpaid Carers by Deprivation, 2020-21



Source: Carers Census, Scotland, 2019-20 and 2020-21 (2021)

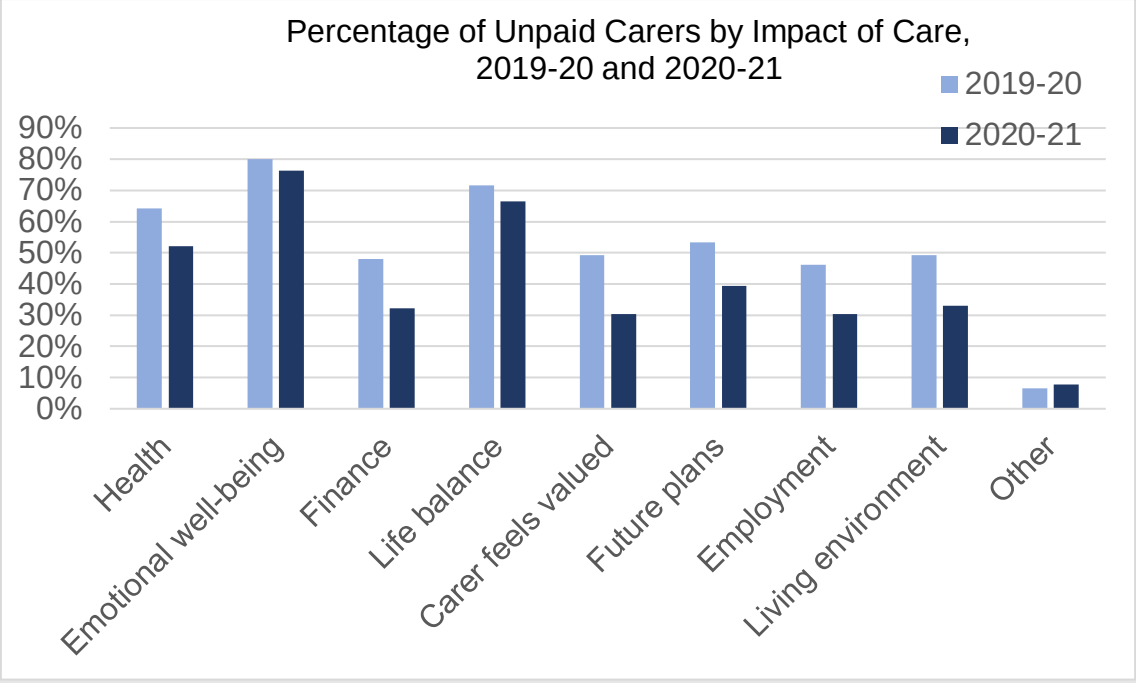
Notes on data - Percentages based on un-rounded figures. Percentages may not sum to 100% due to rounding. The 'All carers' group includes a small number of carers who could not be classed as an adult carer or a young carer.

The figure above illustrates Young Carers were more likely to live in the most deprived SIMD deciles in 2020-21.

Impact on Carer

Unpaid carers (all) reported the most common impacts experienced due to their caring role were on their emotional well-being and life balance.

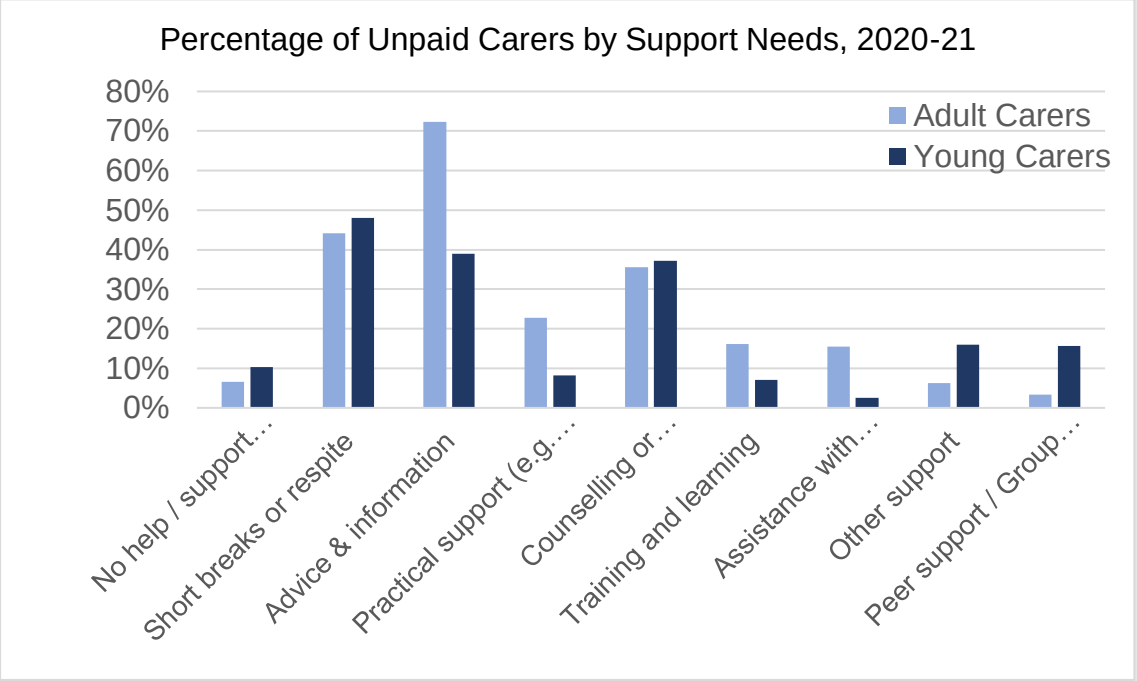
Figure 203: Unpaid Carers by Impact of Care, 2019-20 and 2020-21



Source: Carers Census, Scotland, 2019-20 and 2020-21 (2021)

Notes on data - Percentages based on un-rounded figures. Percentages may not sum to 100% due to rounding. Based on 13,650 records from 2019-20 and 11,490 records from 2020-21. Carers can experience multiple impacts of caring, so percentages may not sum exactly.

Figure 204: Unpaid Carers by Support Needs, 2020-21

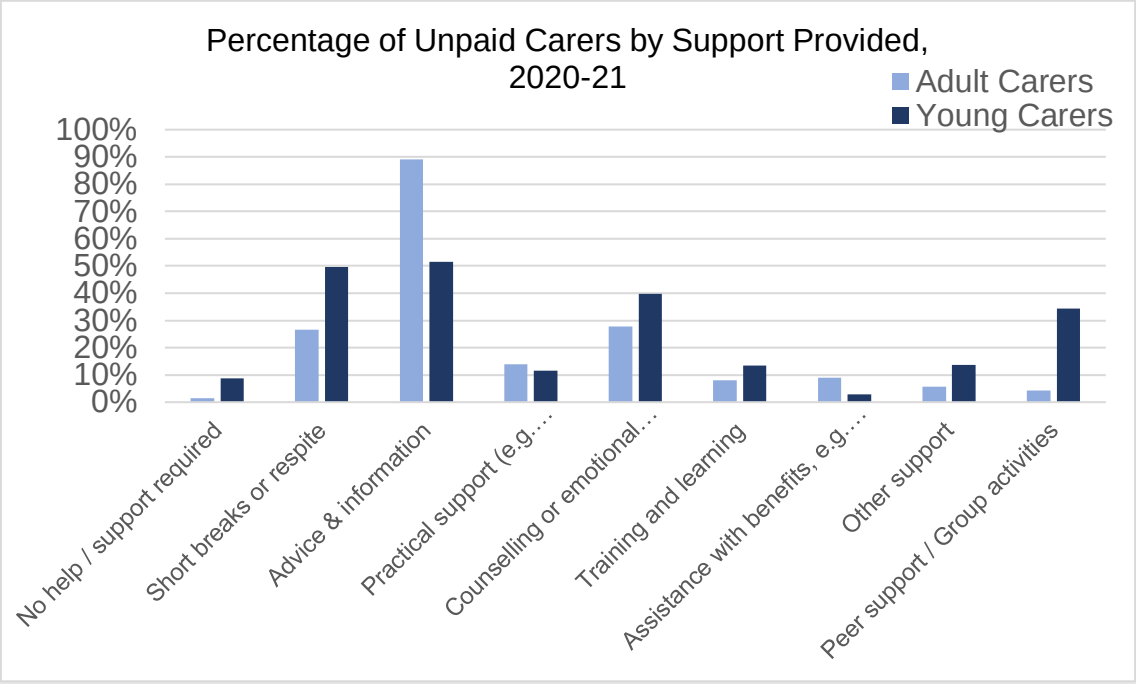


Source: Carers Census, Scotland, 2019-20 and 2020-21 (2021)

Notes on data - Percentages based on un-rounded figures. Percentages may not sum to 100% due to rounding. The 'All carers' group includes a small number of carers who could not be classed as an adult carer or a young carer. Based on 9,090 records with information on carer support needs. Carers can have multiple support needs, so percentages will not sum exactly.

72% of adult carers have identified information and advice as a support need. The support need identified by young carers are more evenly spread across short breaks and respite 48%, advice and information 39% and counselling and emotional support 37%.

Figure 205: Percentage of Unpaid Carers by Support Provided, 2020-21



Source: Carers Census, Scotland, 2019-20 and 2020-21 (2021)

Notes on data - Percentages based on un-rounded figures. Percentages may not sum to 100% due to rounding. The 'All Carers' group includes a small number of carers who could not be classed as an adult carer or a young carer. Based on 18,320 records with information on type of support provided. Carers can be provided with more than one kind of support, so percentages will not sum exactly.

The figure above illustrates the uptake of support offered for adult and young carers.

Adult Carers in West Dunbartonshire

The Carers (Scotland) Act 2016 [192]seeks to give adult carers and young carers new rights, whilst bringing together the rights carers held through previous legislation.

The Act brings changes to how carers can access assessment and support through Adult Carer Support Plans (ACSP's) and Young Carer Statements (YCS). All carers are entitled to an ACSP or YCS but not all carers report needing one.

Therefore, the number of ACSPs reported by HSCP or Carer organisations will provide an underestimate of the total number of unpaid carers in West Dunbartonshire.

Carers of West Dunbartonshire

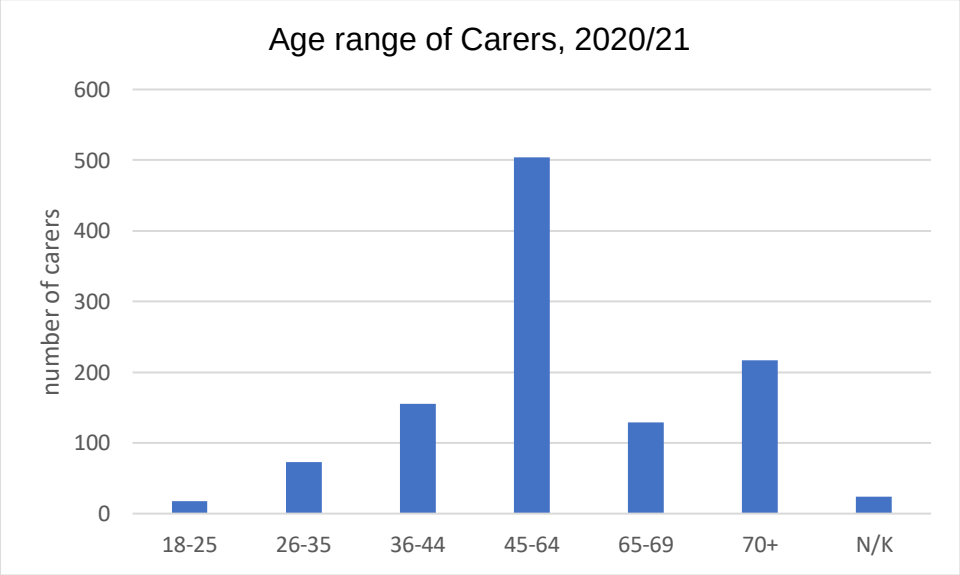
Carers of West Dunbartonshire (CWD) is the organisation commissioned by the HSCP to work alongside other partners to support carers. The following data has been taken from CWD annual report for 2020/21.

In 2020/21:

- 1,250 carers supported by Carers of West Dunbartonshire.
- 263 new carers were identified and supported by the service.

The number of ACSPs or impact of caring conversations undertaken by carers of West Dunbartonshire was 300 in 2020/21

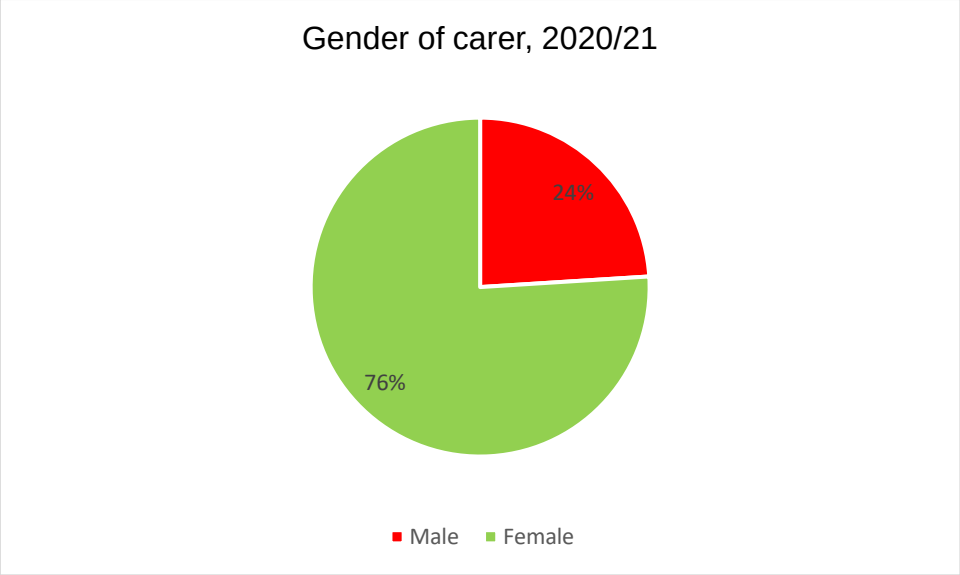
Figure 206: Age of Carers 2020/21



Source: Carers of West Dunbartonshire (2021)

Over 500 carers supported by Carers of West Dunbartonshire are aged 45-64 years.

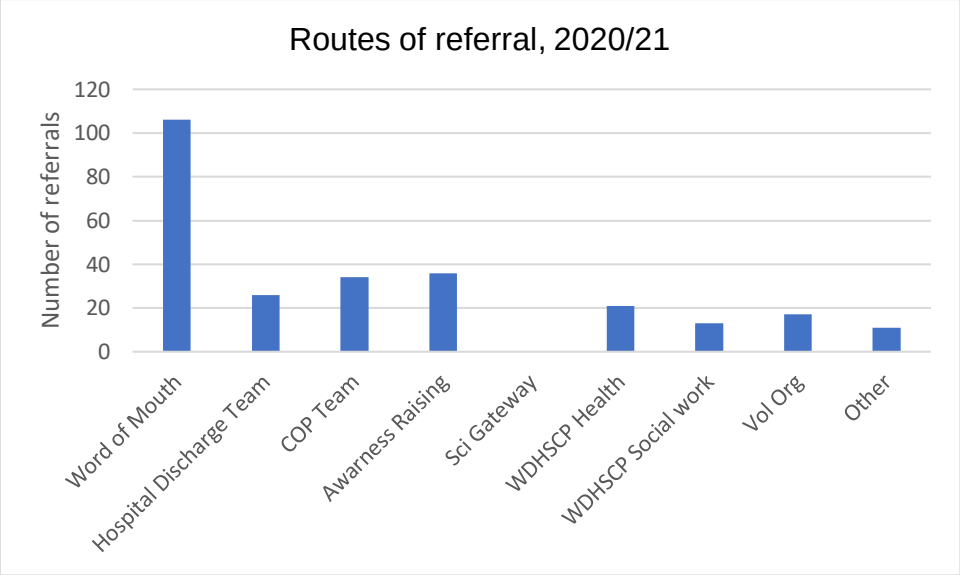
Figure 207: Gender of Carers 2020/21



Source: Carers of West Dunbartonshire (2021)

76% of all carers in contact with Carers of West Dunbartonshire are female.

Figure 208: Referral routes for new carers 2020/21

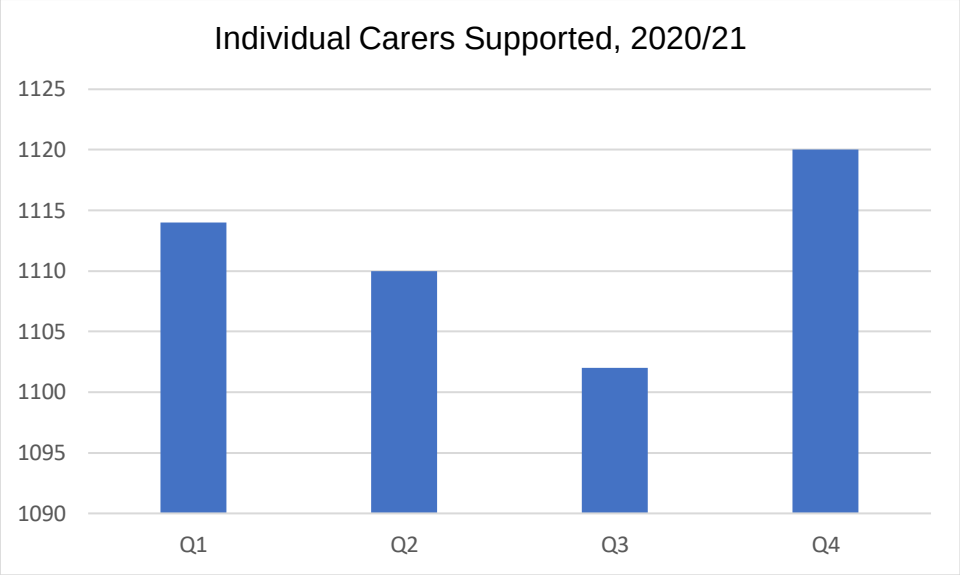


Source: Carers of West Dunbartonshire (2021)

The figure above shows the referral routes for new carers in 2020/21 with word of mouth resulting in the highest number of referrals.

The Community Older People Team was the highest referring team within the HSCP. No referrals were received via Sci Gateway in 2020/21.

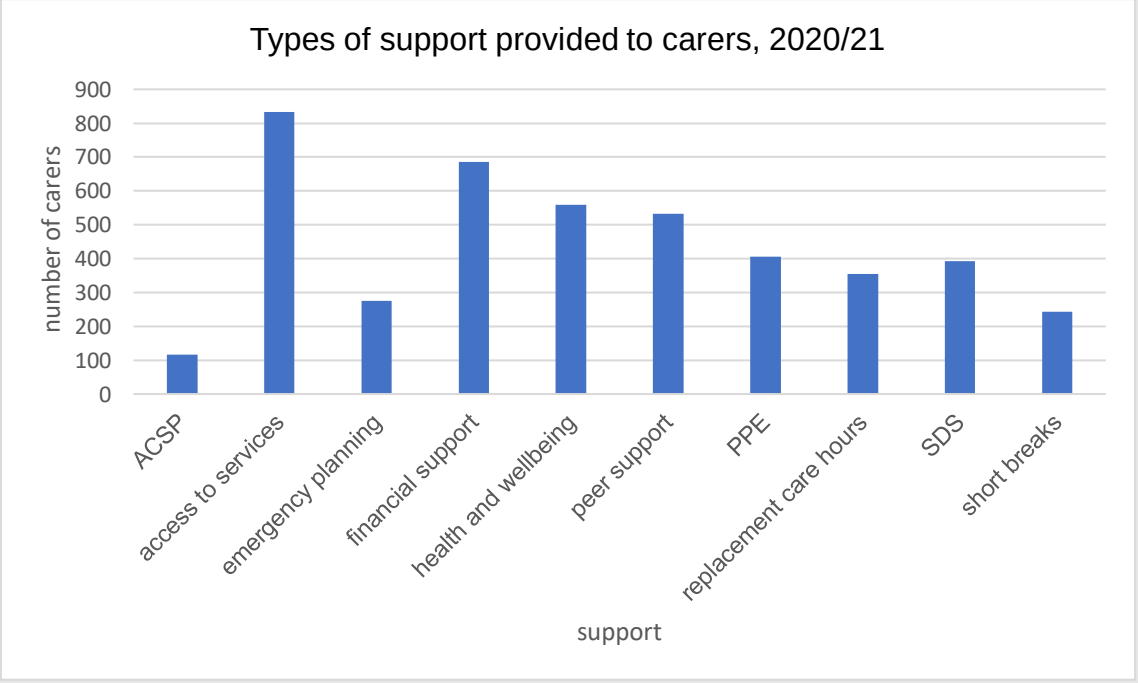
Figure 209: Number of individual carers supported per quarter in 2020/21



Source: Carers of West Dunbartonshire (2021)

The figure above shows over 1,000 carers are supported each quarter.

Figure 210: Support provided to carers 2020/21



Source: Carers of West Dunbartonshire (2021)

From the figure above the types of support sought by carers from Carers of West Dunbartonshire were access to services, financial support, and support for health and wellbeing.

Young Carers in West Dunbartonshire

The term 'young carer' refers to children and young people aged 4-15 years. The term 'young adult carers' refers to people aged 16-24 years. Carer's (Scotland) Act 2016.

Many young and young adult carers are juggling their caring roles alongside school, college, university or work. Maintaining friendships is a challenge for young carers with many unable to stay in touch with friends. This contributes to many feeling lonely and isolated. Alongside concerns about friendships, a significant number of young and young adult carers describe feeling disconnected and lonely.

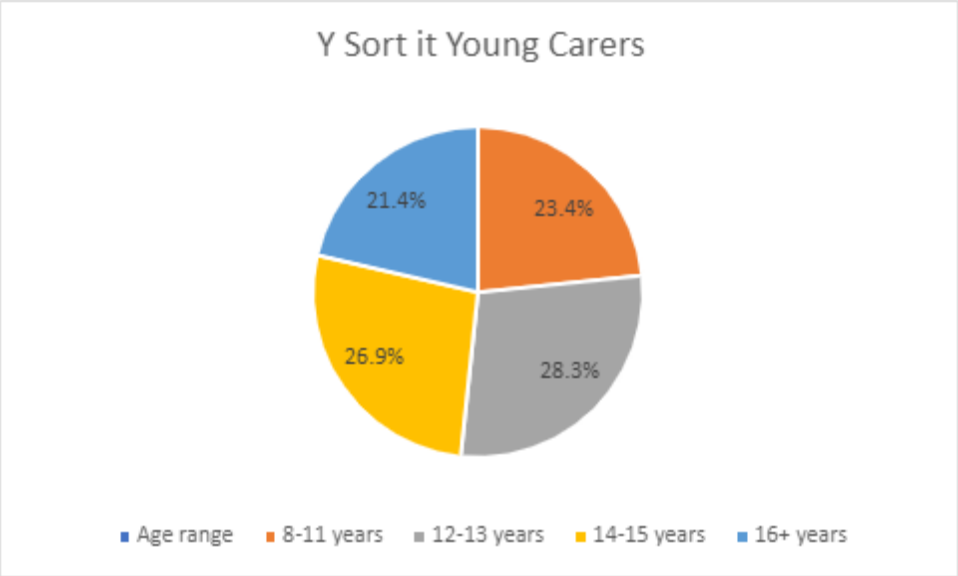
Y Sort it

Y-Sort-It is a third sector organisation who provides specialist support to young and young adult carers in West Dunbartonshire.

The following data is a snapshot from February 2022 of the number of young carers known to Y sort it. For noting not all young carers will take up the offer of support from the service.

As of February 2022, 145 young and young adult carers are being supported by Y Sort It.

Figure 211: Age of young carers



Source: Y sort it (2022)

The figure above shows of those young carers known to the service 23.4% are aged 8-11 years and over half are aged 14 years or above.

HSCP Carer Census

The following data is provided as part of the local return for Carers Census, Scotland, 2019-20 and 2020-21.

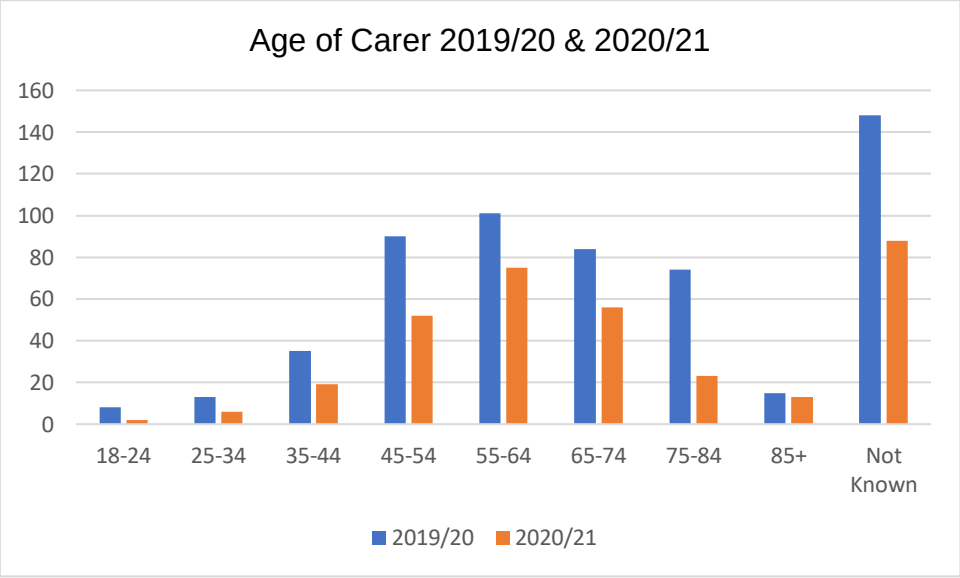
As of April 2022, during a My Life Assessment (MLA) and where an HSCP worker identifies a carer provides unpaid care for the cared for person, they will record the carers details in the MLA and establish a relationship on CareFirst. The worker will explain to the carer that have the option to begin an Adult Carer Assessment and Support Plan (ACASP) online which, along with guidance on how to complete it, is available on the HSCP and Carers of West Dunbartonshire websites. Upon completion of the ACASP the carer is directed online to return the ACASP to Carers of West Dunbartonshire. If the carer would prefer support to complete the ACASP, the HSCP worker will refer the carer to Carers of West Dunbartonshire.

This approach sees Carers of West Dunbartonshire acting as the front door to carer support in West Dunbartonshire. Carers of West Dunbartonshire can assist with the completion of the ACASP as well as directly provide or link the carer to a host of services and supports. This ensures early support is provided timeously. Where the carer has been assessed as meeting the HSCP eligibility criteria, Carers of West Dunbartonshire will refer the carer and arrangements will be made for the carer, the worker from Carers of West Dunbartonshire and the HSCP worker to collaborate on developing an ACASP that helps meet the carers outcomes.

Limitations: The data reported in this SNA relies on a previous process and it is unclear if the information is obtained by a conversation directly with the carer or by other means such staff member completing details on behalf of carer.

Information when interpreting results -The census return includes anyone who had an Adult Carer Support Plan (ACSP) or carer conversation as part of the cared for person's assessment in the reporting year – so this data is likely to be an underestimate.

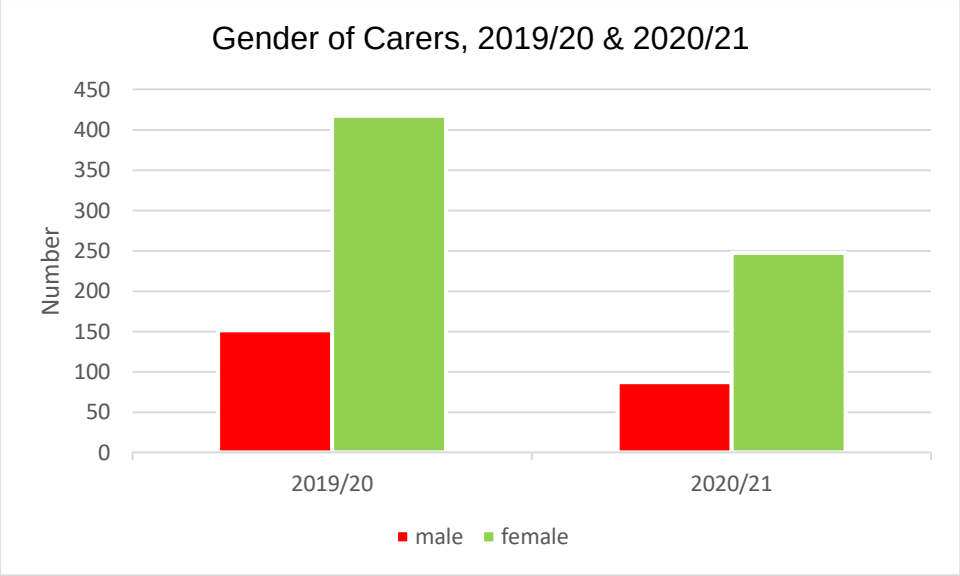
Figure 212: Number of Carers by age 2019/20 - 2020/21 Carer Census, Scotland return



Source: CareFirst (2021)

The figure above shows the highest proportion of carers were aged 55-64 years. In 2019/20, 31% (n=148) the age of the carer was unknown and in 2020/21 this was 29% (n =88).

Figure 213: Gender of Carer 2019/20 & 2020/21



Source: CareFirst (2021)

The figure above shows in 2019/20, 88% (n = 417) of known unpaid carers were female and in 2020/21 this was 81% (n=247).

Key Findings

- Across Scotland, young carers were more likely to live in the most deprived SIMD deciles.
- In West Dunbartonshire:
  - the majority of known adult unpaid carers are most likely to be female.
  - adult unpaid carers are most likely to be aged between 45-64 years.
  - reported adult carers needs include support to access services, financial and health and wellbeing support.
- During 2020/21, Carers of West Dunbartonshire supported 1,250 different carers and identified 263 new carers.
- 23.4% of the 145 young carers known to Y Sort It are aged 8-11 years.

Considerations

- The HSCP needs to consider the mental health and wellbeing of carers in line with the Mental Health: Scotland's Transition & Recovery Plan that recognises the additional pressures the impact of COVID 19 has had and continues to have on unpaid carers.
- The HSCP via the Carers Development Group to reflect the Strategic Needs Assessment findings to address future needs of carers when overseeing the implementation and delivery of the Local Carers Strategy

- The HSCP via the Carers Development Group requires to refine and develop its performance framework in relation to implementation of the Local Carers Strategy Action Plan
- The HSCP via the Carers Development Group requires to monitor and evaluate the implementation of the new strengths and rights based and outcome focused Adult Carer Assessment and Support Plan
- The HSCP via the Carers Development Group requires to monitor the implementation of eligibility criteria for adult carers designed to enable more carers to access Self-Directed Support in their own right

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