

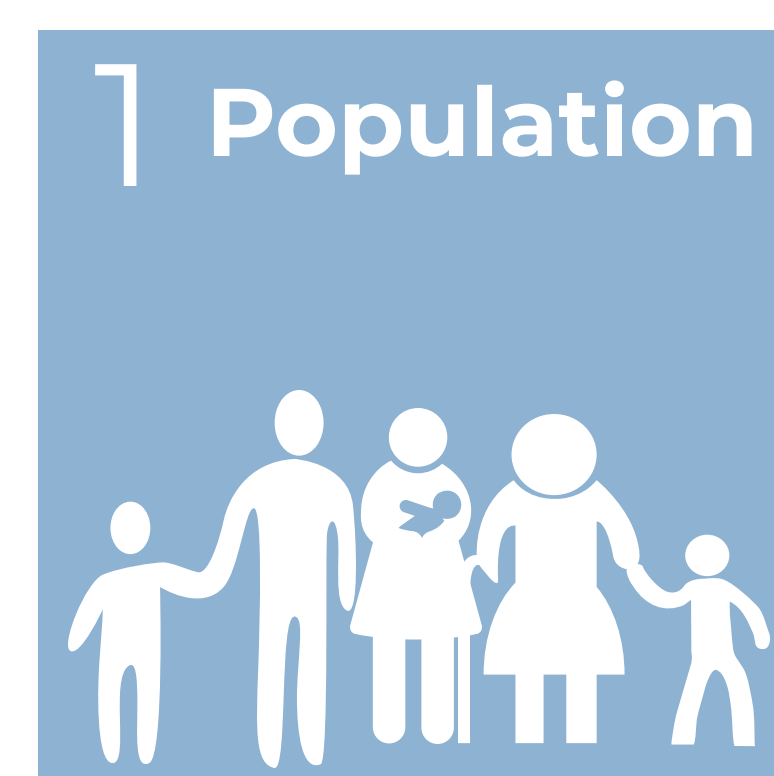
Executive summary report

West Dunbartonshire strategic needs assessment of adults and older people 2022



Content

Introduction	3
Population: Chapter Summary	4
Current Population	5
Projected Population	6
Life Expectancy	7
Fairer West Dunbartonshire	8
Equalities	9
Housing Profile	10
Individual Behaviours: Chapter Summary	11
Physical Activity, Diet and Obesity	12
Mental Wellbeing	13
Alcohol, Tobacco and Drugs	14
Burden of Disease: Chapter Summary	15
Cancer	16
Cardiovascular Diseases	17
Neurological Disorders	18
Substance Use	19
Mental Health	20
Covid-19	21
Health and Social Care in the Community:	
Chapter Summary	22
Unscheduled Care	23
Hospital Inpatient and Day Case Activity	24
High Health Gain	25
Carers	26



Introduction

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

For more information on the strategic needs assessment please see the HSCP website www.wdhscp.org.uk

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](#) 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 informed decision-making in collaboration with partners and relevant stakeholders fostering a commitment to new ways of working.

It is evident that this is even more crucial due to the impact of the pandemic and in response to this during the Coronavirus (COVID-19) recovery phase West Dunbartonshire HSCP (WDHSCP) worked with [Healthcare Improvement Scotland](#) 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](#) 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 behaviours**
- **Whether the burden of diseases are similar across the population of West Dunbartonshire**
- **Health & Social Care provision in the community.**

Sections are structured around:




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

NB: that 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.



Population View: Chapter Summary

Current and projected population




88,340 people live in West Dunbartonshire


The population of West Dunbartonshire is **1.6%** of the total population of Scotland

West Dunbartonshire has a **decreasing and aging** population

West Dunbartonshire has the lowest net migration level in Scotland

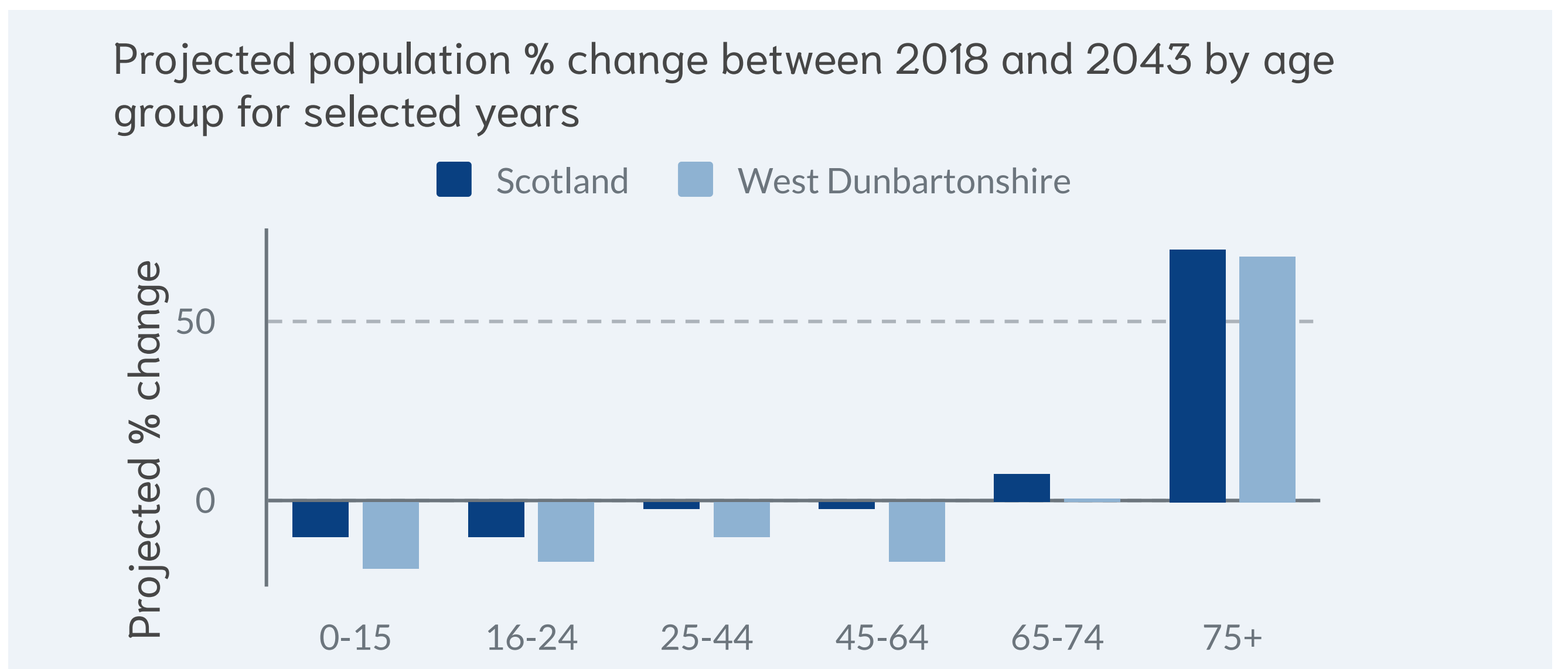


Population change by 2043



Scotland: +2.5%

West Dunbartonshire: -7.2%




Life expectancy

Life expectancy at birth in 2018–2020 in West Dunbartonshire:


78.8 years for females

74.1 years for males




Life expectancy is lower than the Scottish average

Inequalities




West Dunbartonshire contains the 3rd= highest share of the most deprived datazones in Scotland.

41% in fuel poverty from April 2022



Housing Profile



51% of dwellings are flats




34% social rented housing

29% of West Dunbartonshire adults had a limiting long-term physical or mental health condition in 2019



42% of household heads will be **60+** by 2028



70.1% of dwellings in Council Tax band A-C

Current Population



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](#).



The population of West Dunbartonshire is **1.6%** of the total population of Scotland

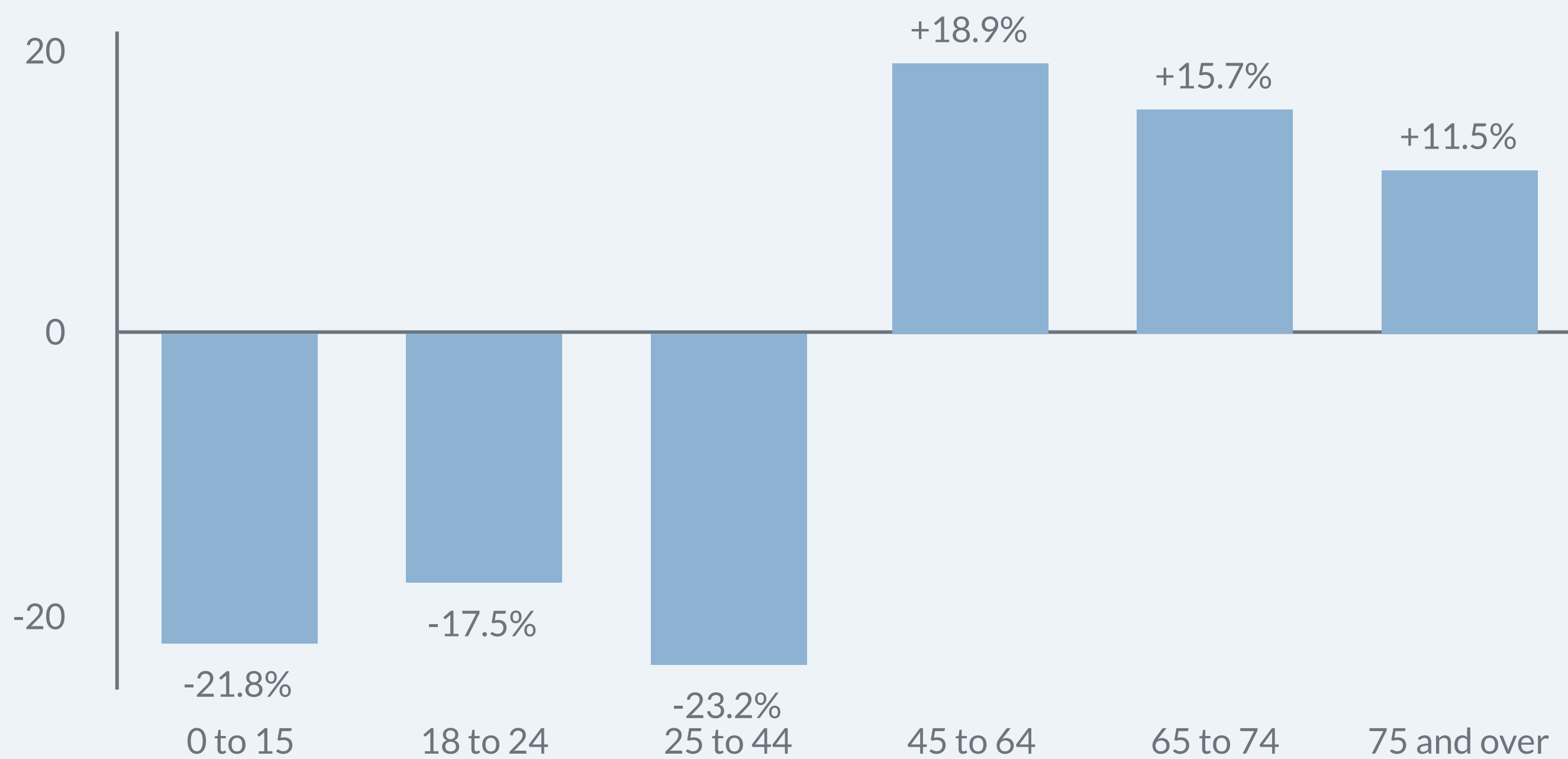
West Dunbartonshire has a decreasing and aging population

An estimated

88,340

people live in West Dunbartonshire

Population change by age group (1998–2020)



Between 1998–2020 there was a

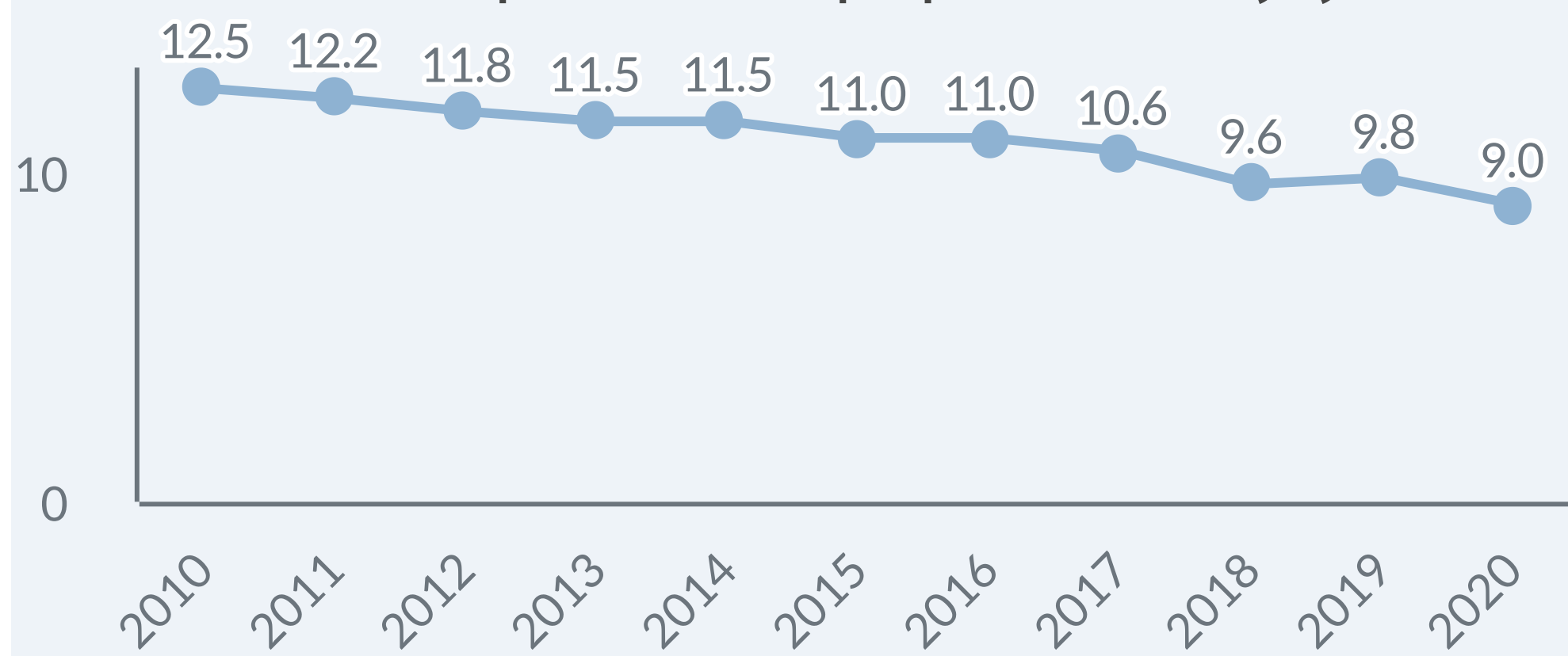
6.9% decrease

overall in the population (compared to a 7.7% increase nationally).

Younger age groups decreased but older age groups increased.

Population decline is due to a decreasing birth rate and net migration away from West Dunbartonshire.

Birth rate per 1,000 population by year



In 2020 the birth rate was

9 births per 1,000 population

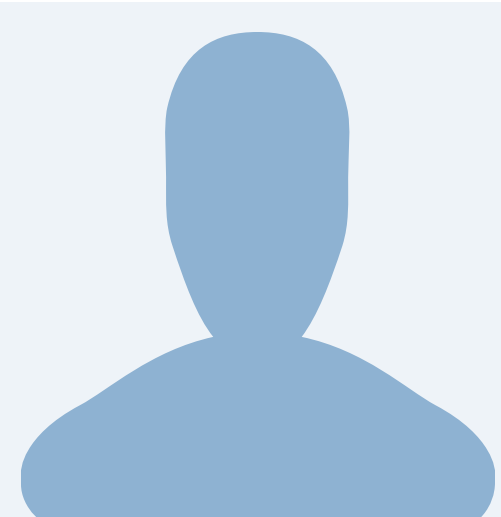
There has been a consistent decline in the birth rate in West Dunbartonshire over the last 10 years.

West Dunbartonshire has the lowest net migration level in Scotland



In 2019–2020, 1,970 people moved into West Dunbartonshire and 2,190 moved out – giving a net migration of -220. (Females: -69; Males: -139)

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%).



93% identify as White Scottish compared to 84% in Scotland as a whole
5.5% identify as other White compared to 12% in Scotland as a whole
1.5% identify as Asian compared to 4% in Scotland as a whole

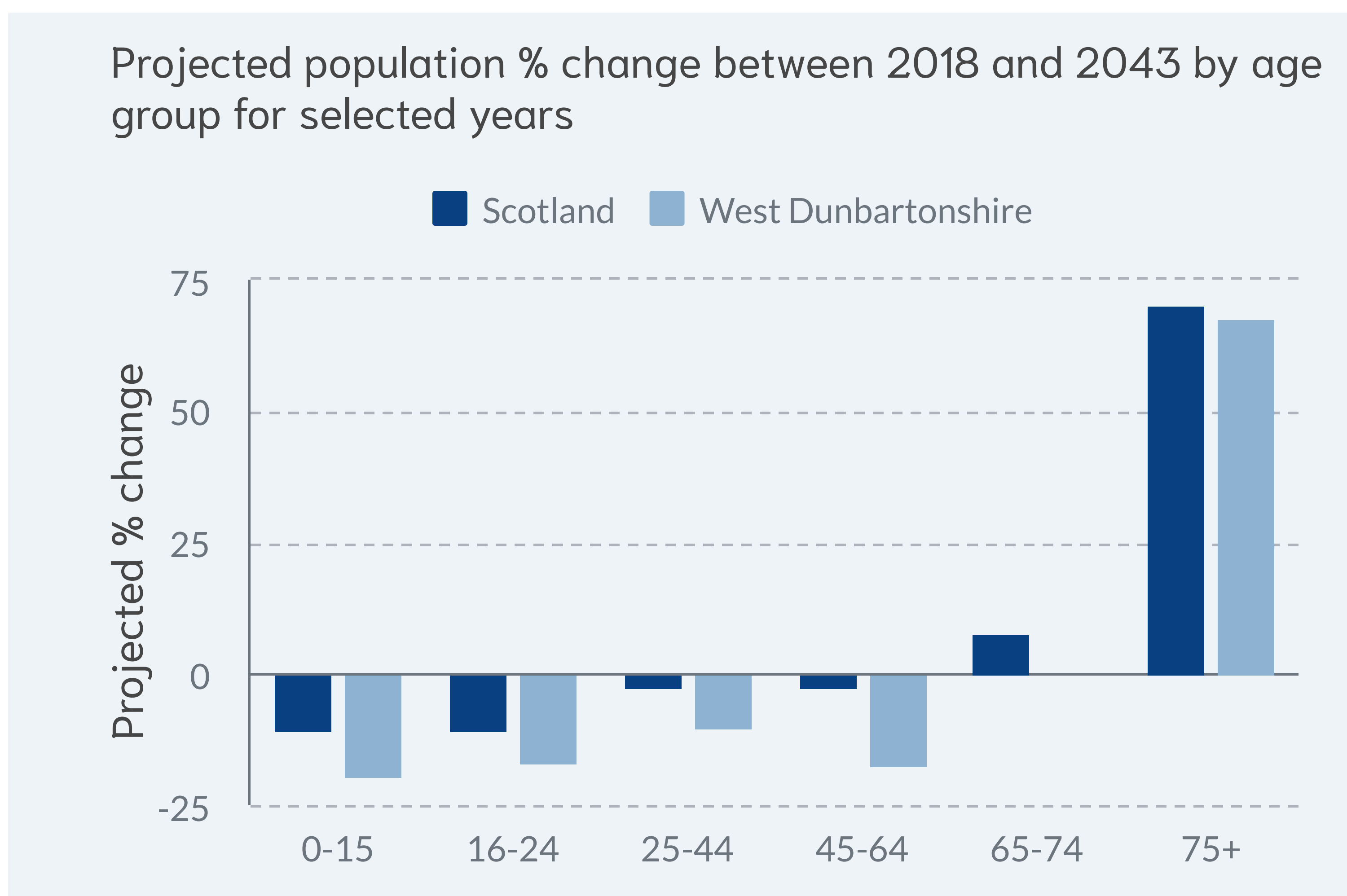
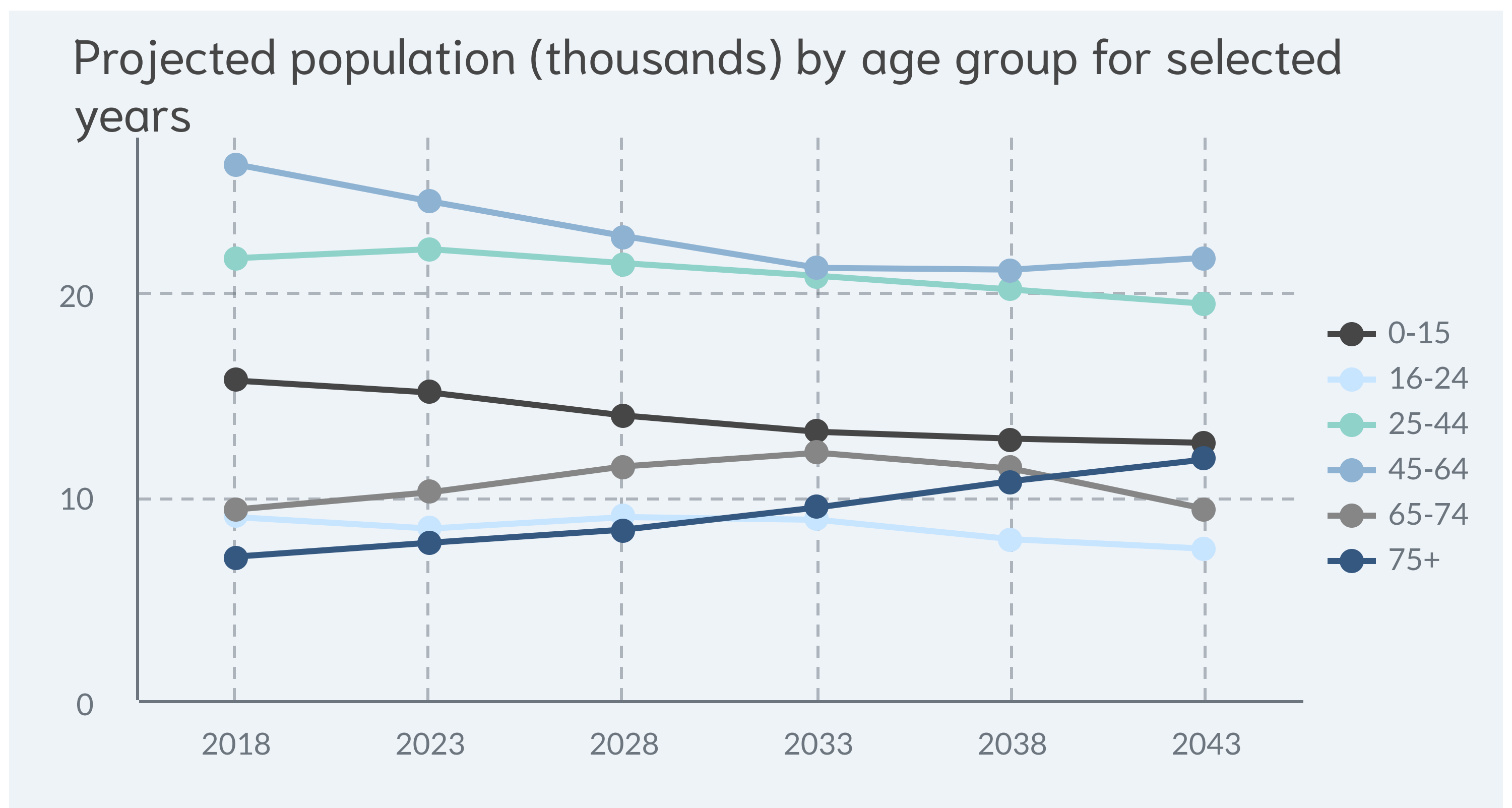
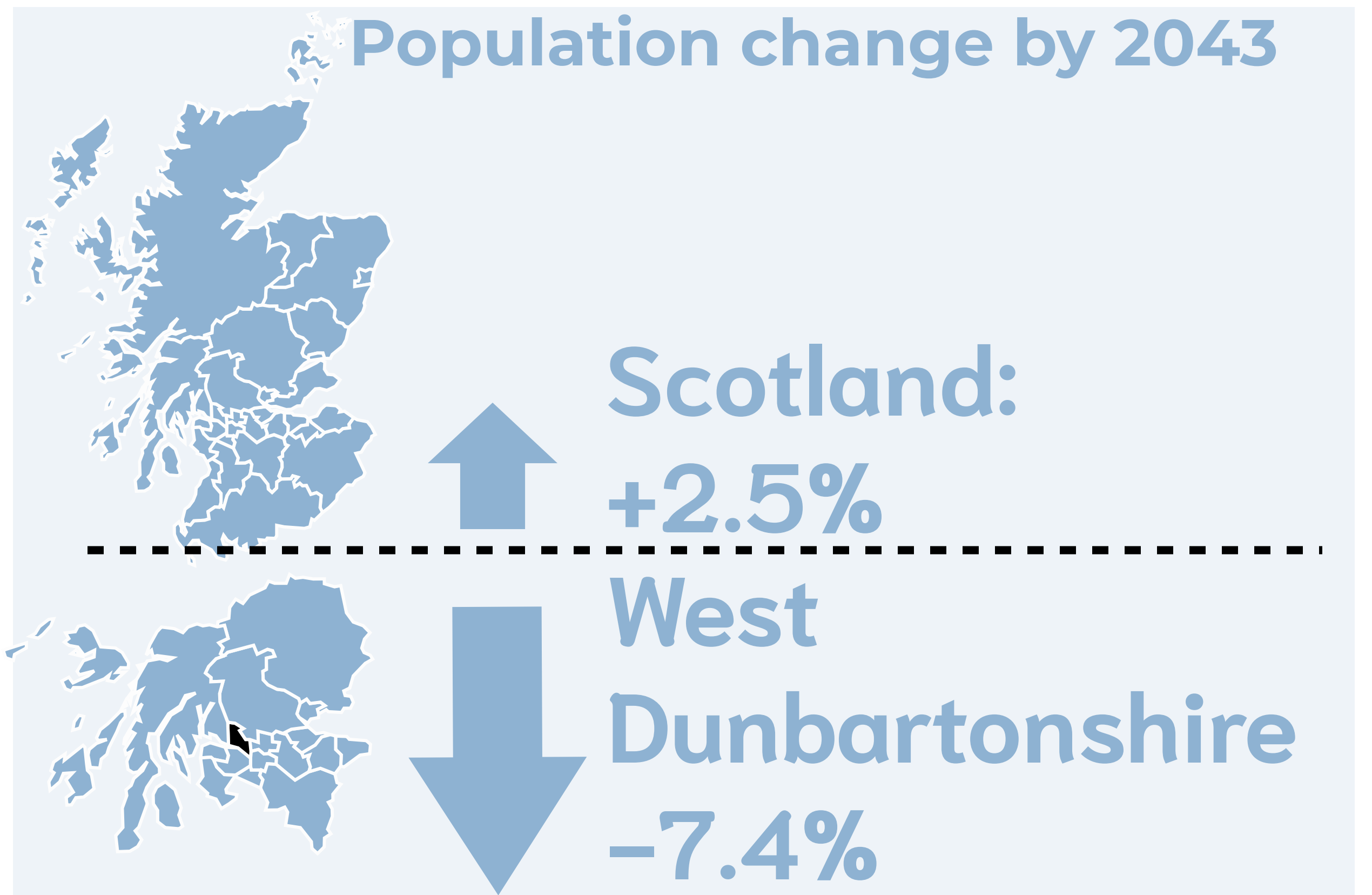
Based on 2011 Census data



Projected Population

Between 2018 and 2028, the population of West Dunbartonshire is projected to decrease from 89,130 to 87,141. A further decrease is projected, with the population at 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.

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%. 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.



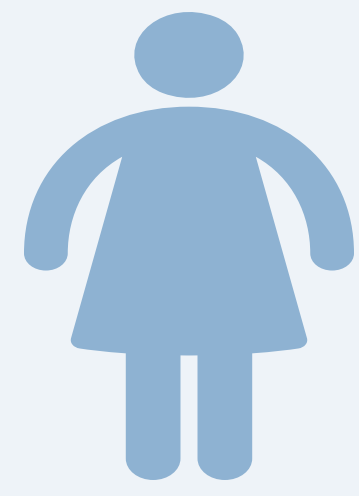
Life Expectancy



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. Improvements have been modest in recent years with stalling increases in life expectancy for both males and females. 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.

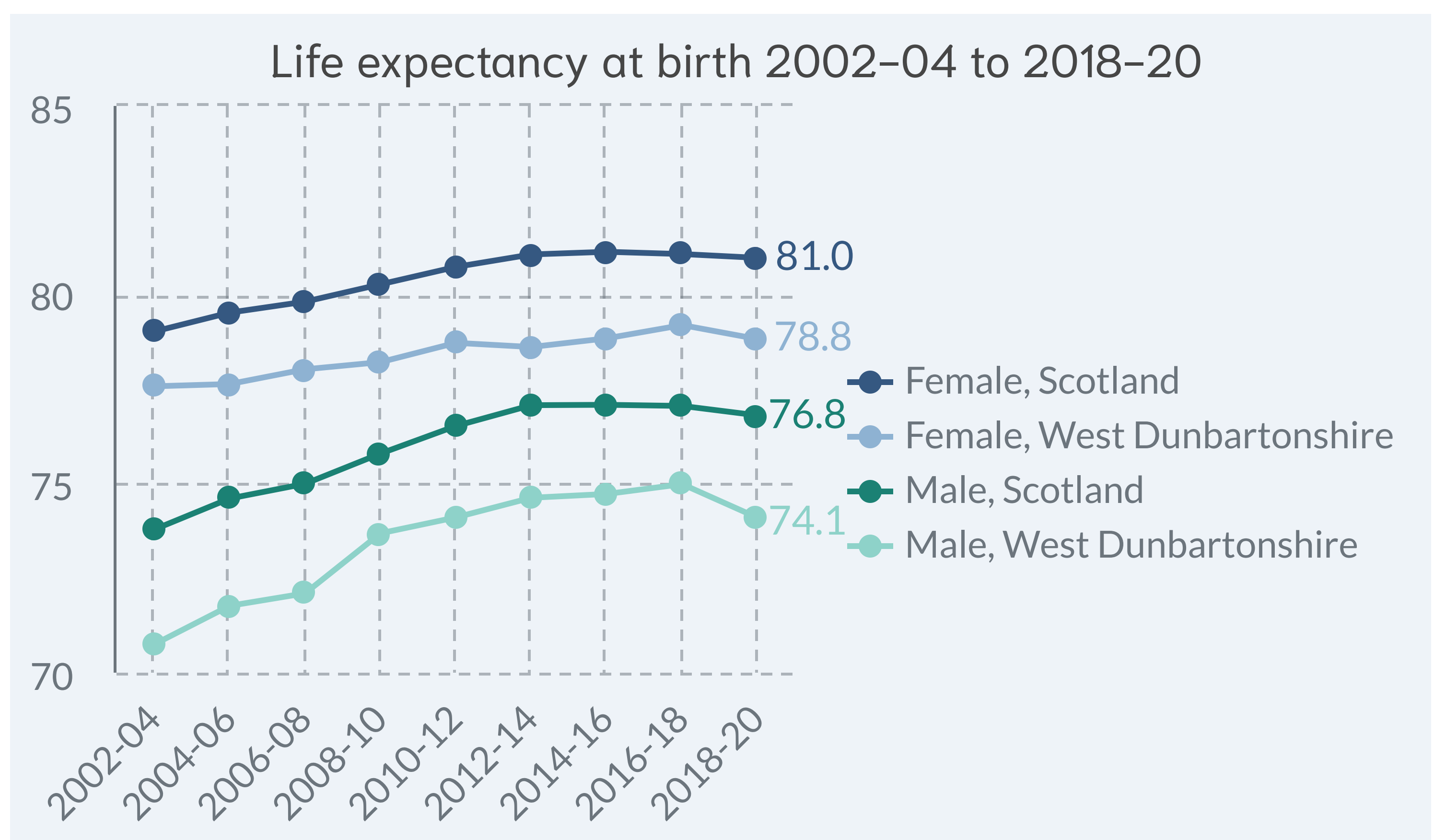
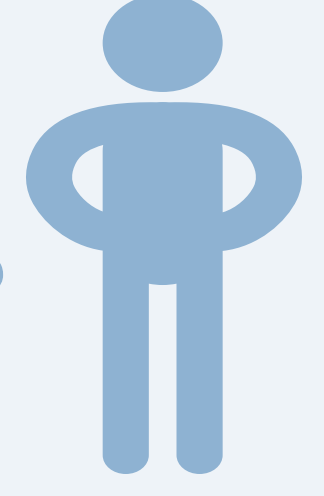
Any examination of life expectancy needs to be set in context of the COVID-19 pandemic. According to National Records of Scotland (NRS), the organisation that monitors life expectancy in Scotland, 'COVID-19 deaths are driving a fall in life expectancy'. Julie Ramsay, Head of Vital Events Statistics at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

Life expectancy at birth in 2018–2020 in West Dunbartonshire:

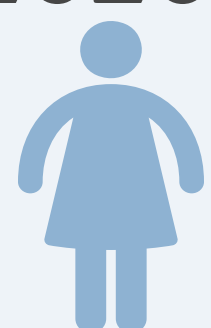


78.8 years
for females

74.1 years
for males



Healthy life expectancy 2018–2020 in West Dunbartonshire:



58.5 years
for females

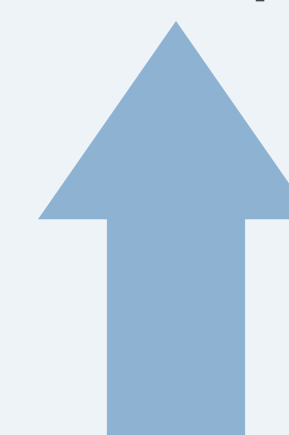


58.1 years
for males

Standardised death rate in West Dunbartonshire

13.1

per 1,000 population in 2020

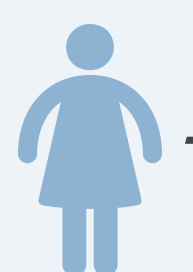


an increase from **12.2** in 2019

In line with a picture of declining healthy life expectancy in Scotland as whole, West Dunbartonshire has seen a decrease since 2015. West Dunbartonshire has the 5th lowest healthy life expectancy in Scotland. There is a clear link between deprivation and healthy life expectancy.

In 2020, there were 1,253 deaths in West Dunbartonshire. This is a 20% increase from 1,046 in 2019. The number of deaths in 2021 was similar to 2020 at 1,238.

Leading causes of deaths in West Dunbartonshire:



for females

dementia/Alzheimers
(15.2%)
ischaemic heart disease
(8.3%)

for males



ischaemic heart disease
(13.6%)
lung cancer
(8.1%)

If all cancers were grouped together, cancer would be the leading cause of death.

Rates of premature death (age <75)

4x

higher

for the **most deprived** than the least deprived areas in Scotland



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.

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.

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.

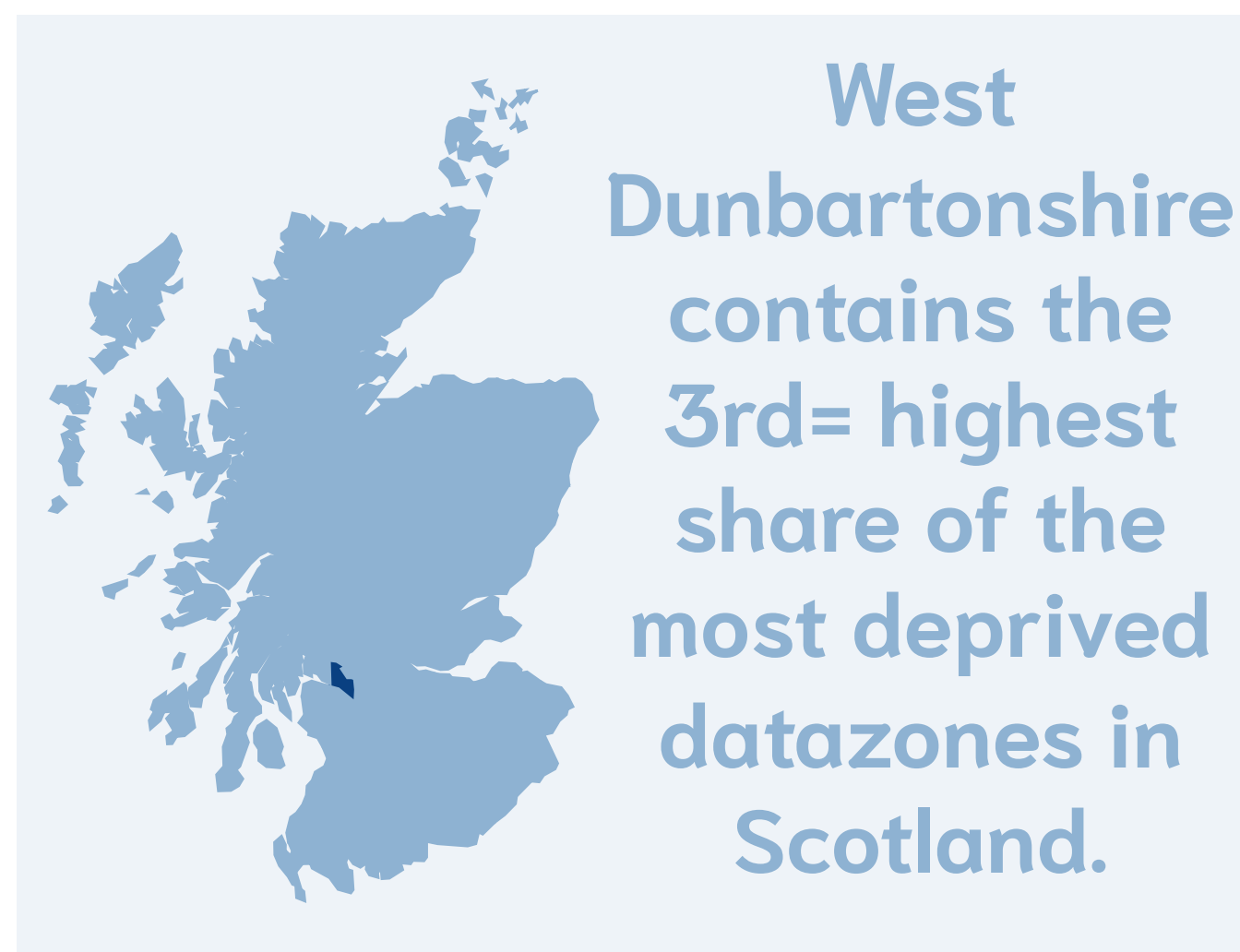
The longstanding impacts of

poverty, poor employment and multiple deprivation

have led to a less healthy population in West Dunbartonshire.



Prior to the pandemic
1 in 5 Scots were living in relative poverty
including almost 1 in 4 children



Food Insecurity



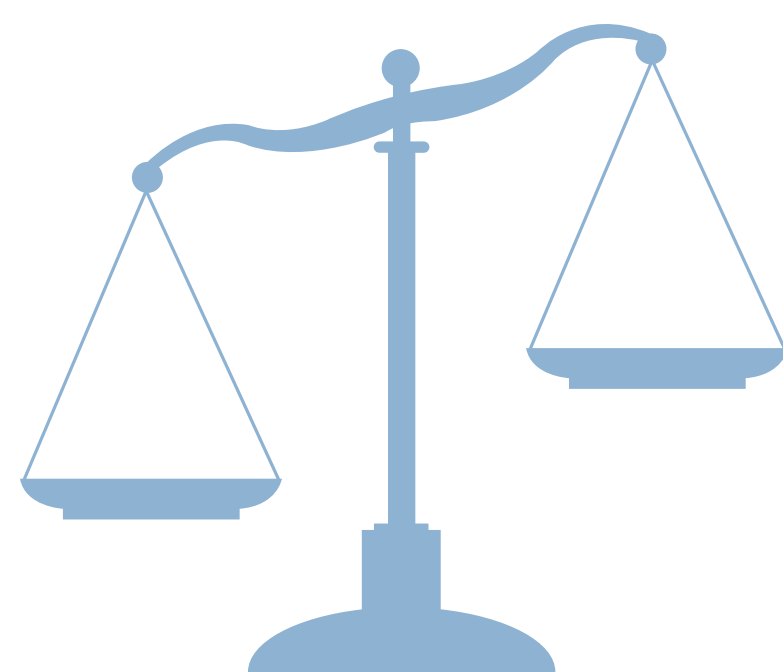
Of people in Scotland live in households with marginal, low or very low food security



Of those in relative poverty have marginal, low or very low food security

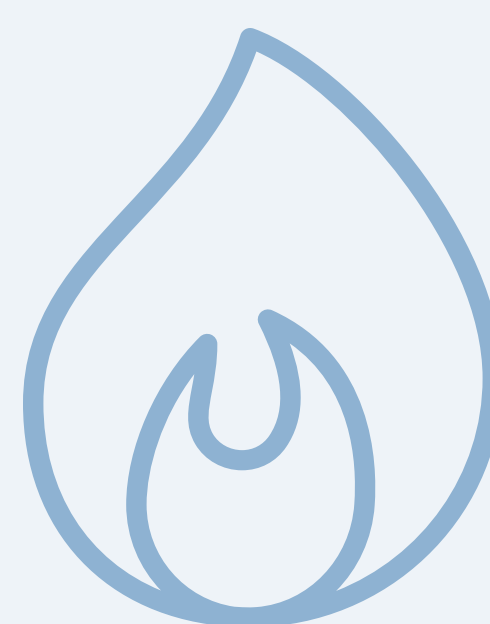
Scottish Index of Multiple Deprivation (SIMD) data help to identify local areas that require greater support and intervention. SIMD data show that two Clydebank wards (Waterfront and Central) are the most deprived in West Dunbartonshire and Dumbarton is the least.

The impact of rising inflation and planned tax increases will affect the living standards of the whole population. People on fixed and low incomes will be disproportionately affected.



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.



29% of West Dunbartonshire residents were in fuel poverty in **2019**

It is estimated this will rise to:
41% from April 2022

Equalities



Equalities

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.

Disability



29% of West Dunbartonshire adults had a **limiting long-term physical or mental health condition** in 2019

Nationally:

- **32% of adults and 10% of children are disabled**
- **Women are more likely to be disabled than men**
- **Disabled women are at greater risk of violence and abuse**

Learning Disabilities

458

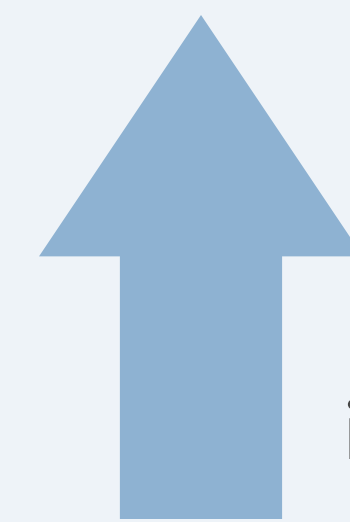
individuals in West Dunbartonshire with a learning disability are known to HSCP learning disability services.

Learning disability rates are above the Scottish average. Individuals with learning disabilities have some of the poorest health outcomes of any group in Scotland.

Sensory Impairment

2,810 people

in West Dunbartonshire are living with **sight loss**
2,440 have partial sight and 370 are blind.



15%

increase is expected in the population with sight loss by

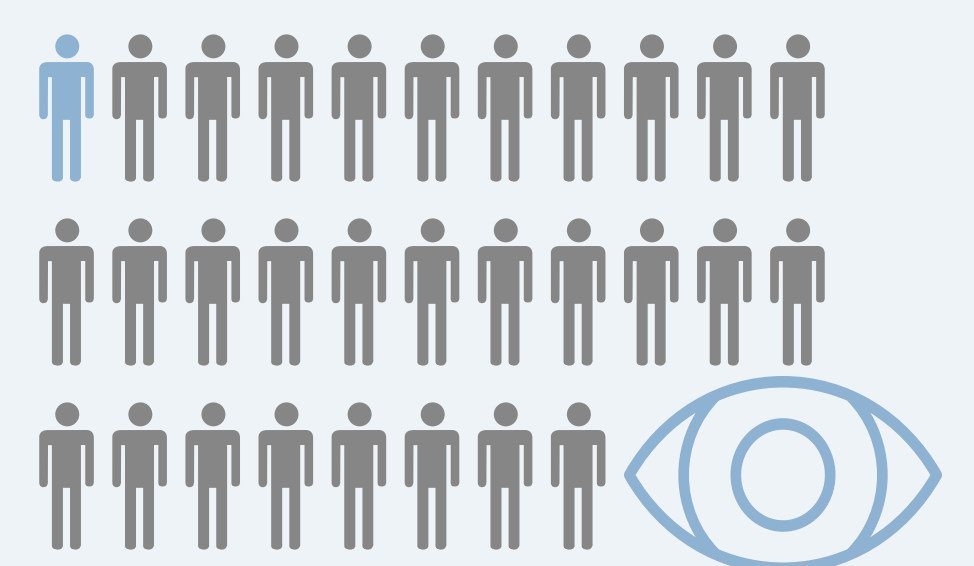
2030

Nationally:



1 in 6

have hearing loss



1 in 30

have sight loss

Figures will rise with demographic changes and an aging population.

Domestic Abuse

rates in West Dunbartonshire are the **2nd highest in Scotland** at **168 per 1,000 population** incidents reported to the police



Ethnicity

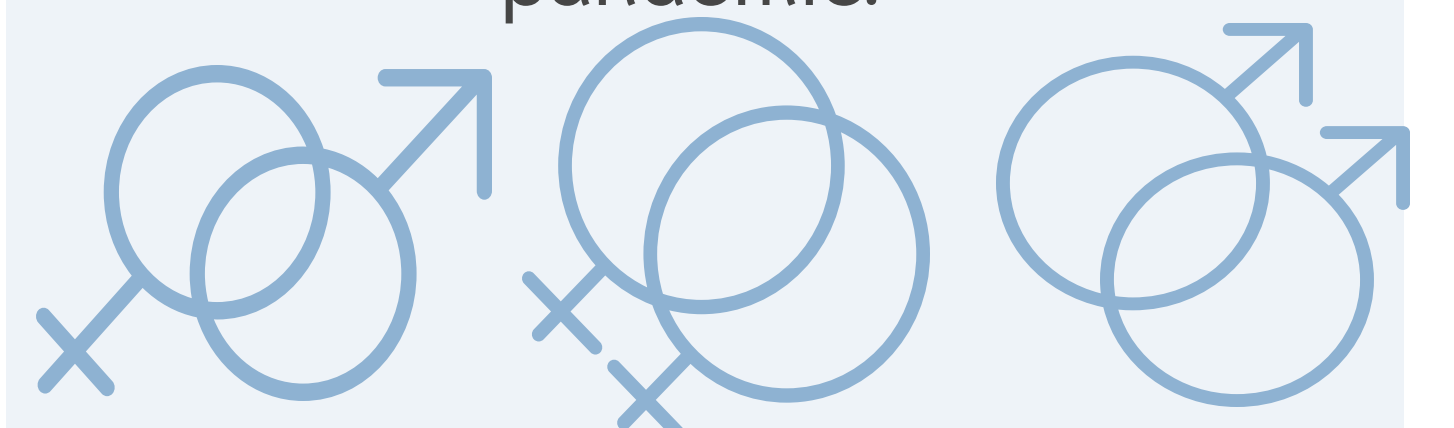
BME populations have been disproportionately impacted by the pandemic

Gypsy/Travellers

are reported to be worse off than any other community in Scotland. West Dunbartonshire has one Gypsy/Traveller site.

LGBT+

identities are associated with poorer health and wellbeing and LGBT+ individuals have been disproportionately affected by the pandemic.



Housing Profile



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.

Projected figures show that 42% of household heads will be 60+ in 2028.

Flats account for 51% of dwellings.

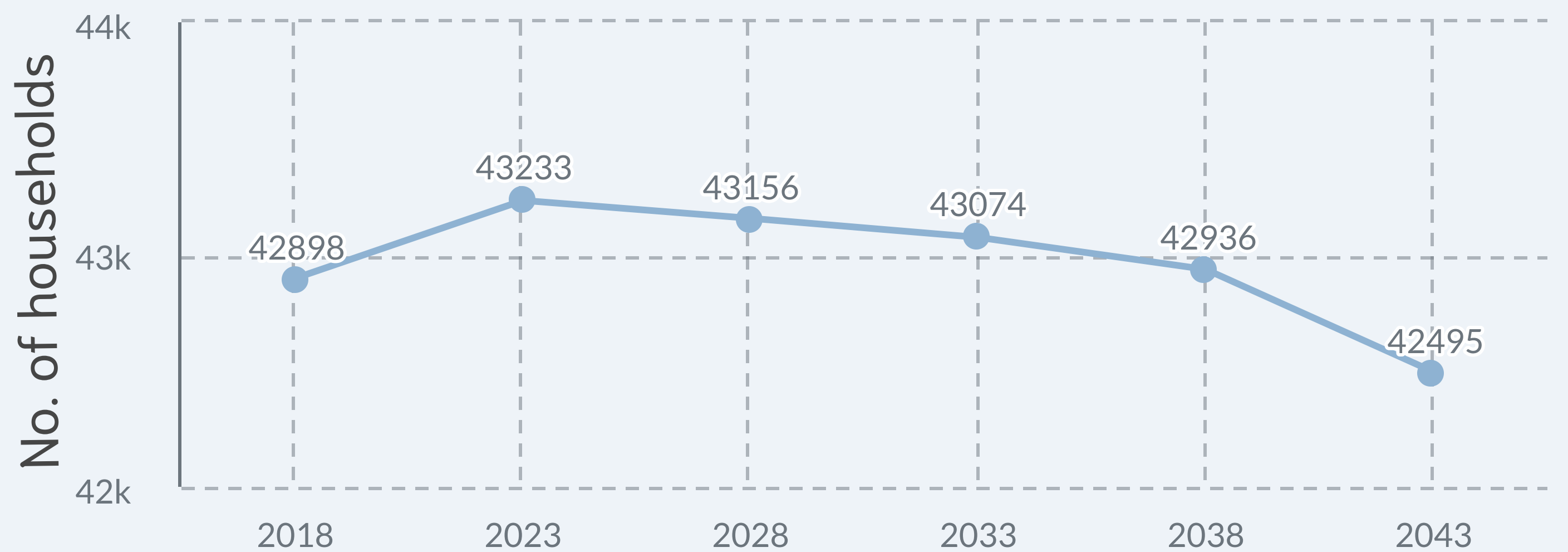
The proportion of dwellings in A=C Council tax bandings (70.1%) is higher than the Scottish average of 59.4% in 2020.

There is a higher percentage of social rented housing than the Scottish average (34% compared to 24% nationally).

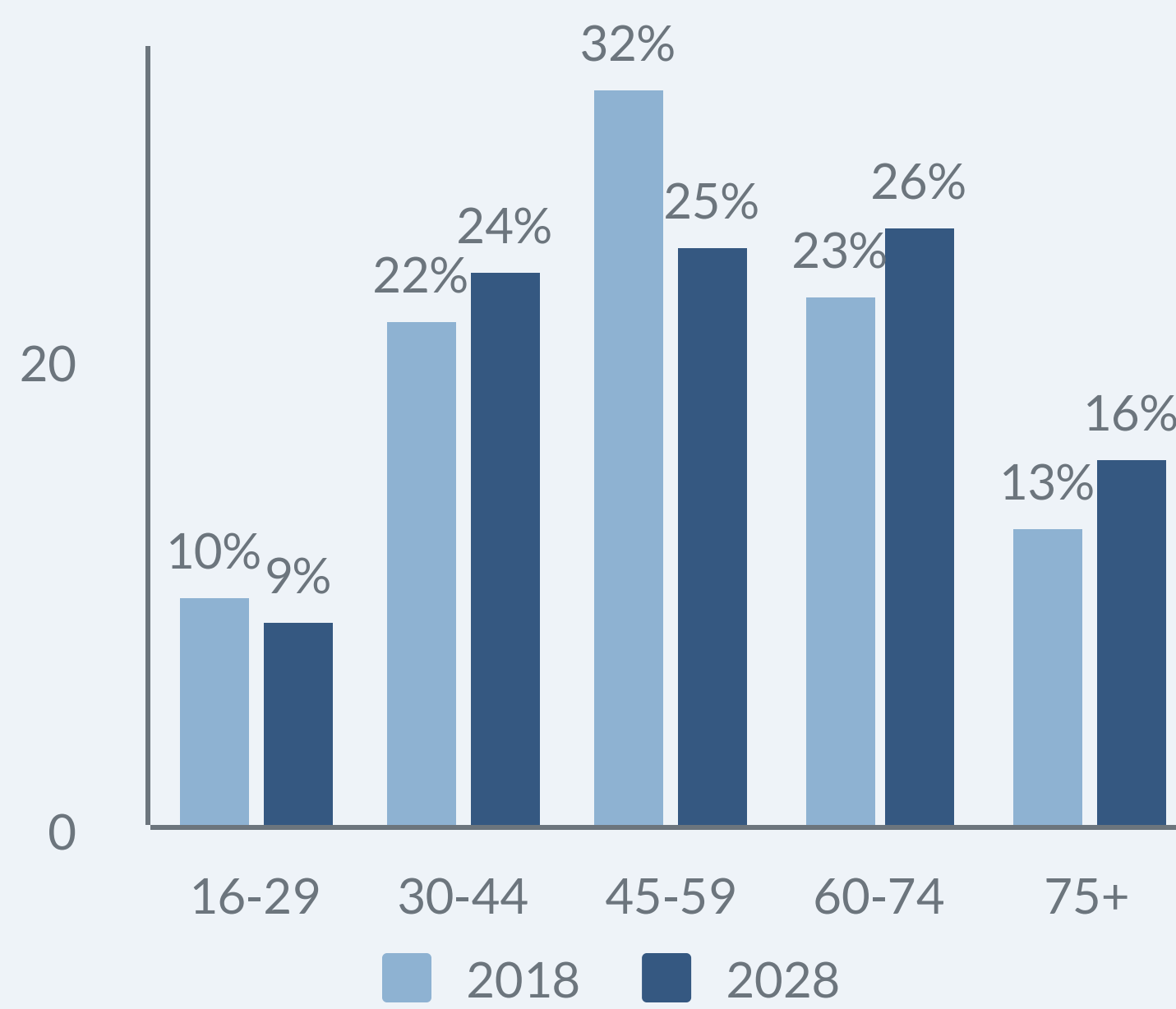
Homelessness applications appear to be declining, although at a slower rate than the national picture (2% vs 9% in 2020/21).

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. Using national statistics to estimate overcrowding estimates, there are an estimated 1,028 overcrowded households and 514 concealed households in West Dunbartonshire (3.6% of households).

West Dunbartonshire Household Projections 2018-2043

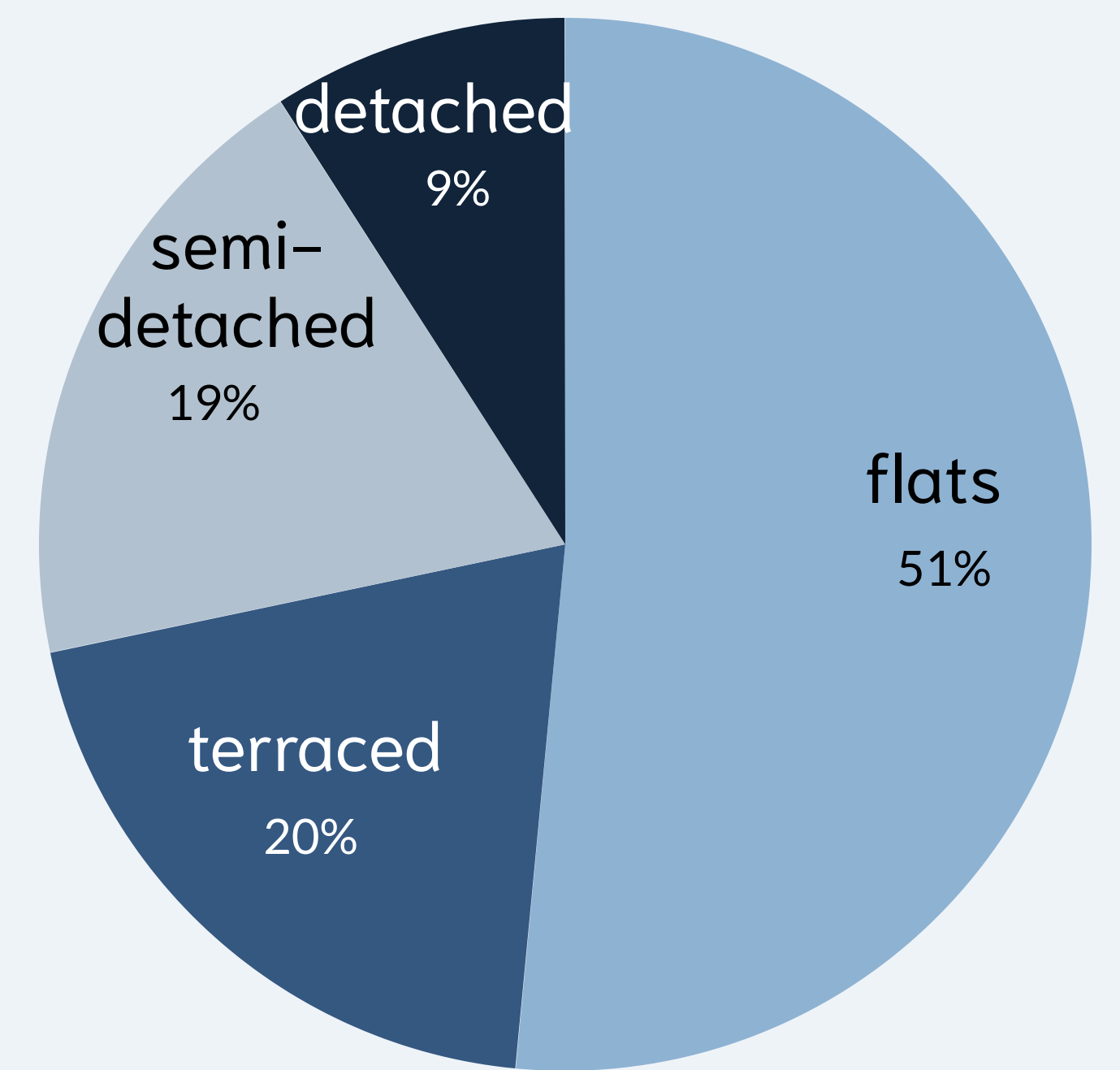


% households by age of household reference person: 2018 and projections for 2028



42% of household heads will be 60+ by 2028

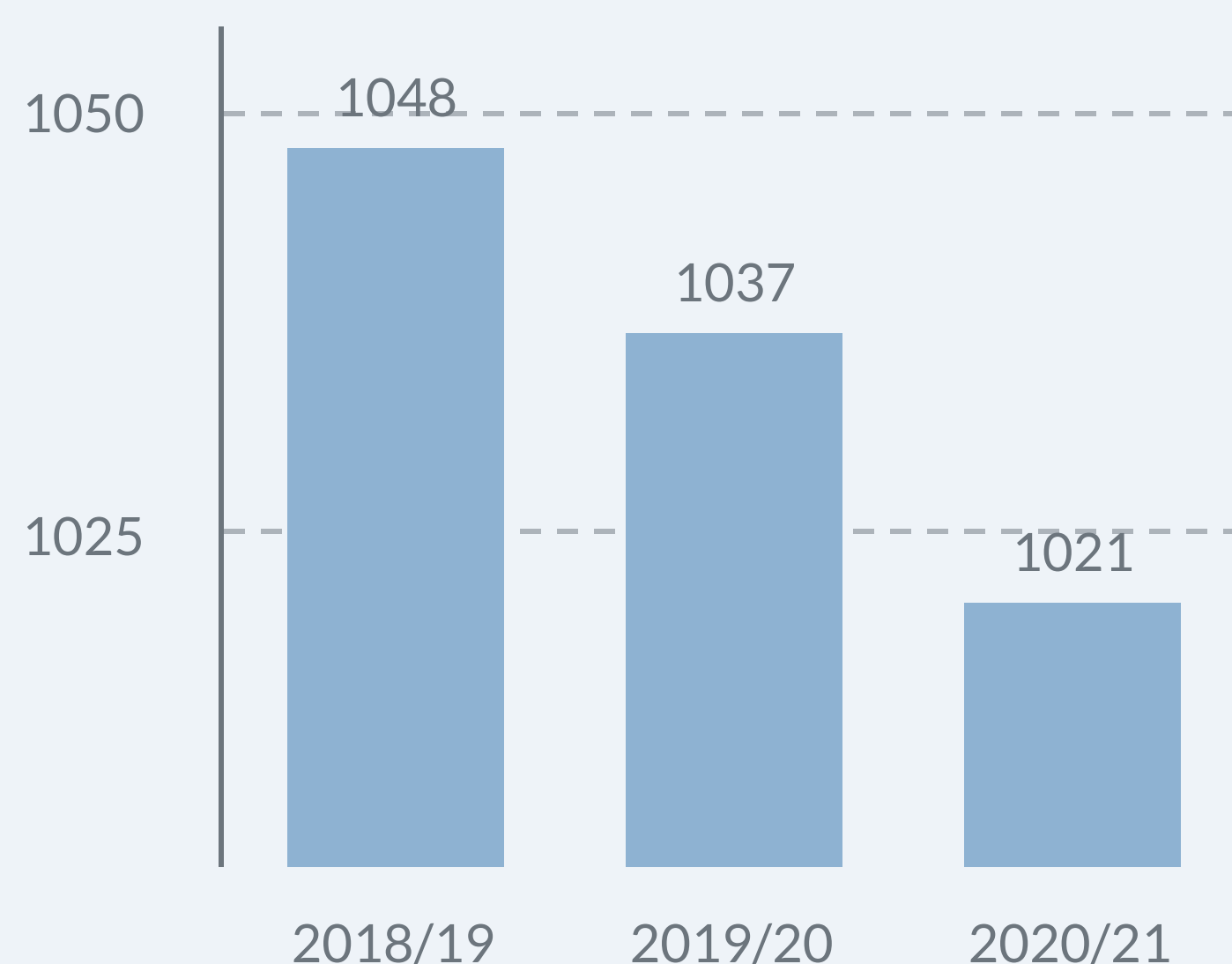
% of dwelling types, 2020



70.1% of dwellings in Council Tax band A-C

34% social rented housing

Homeless or threatened homelessness applications, 2018/19 to 2020/21



3.6% estimated level of overcrowded or concealed households

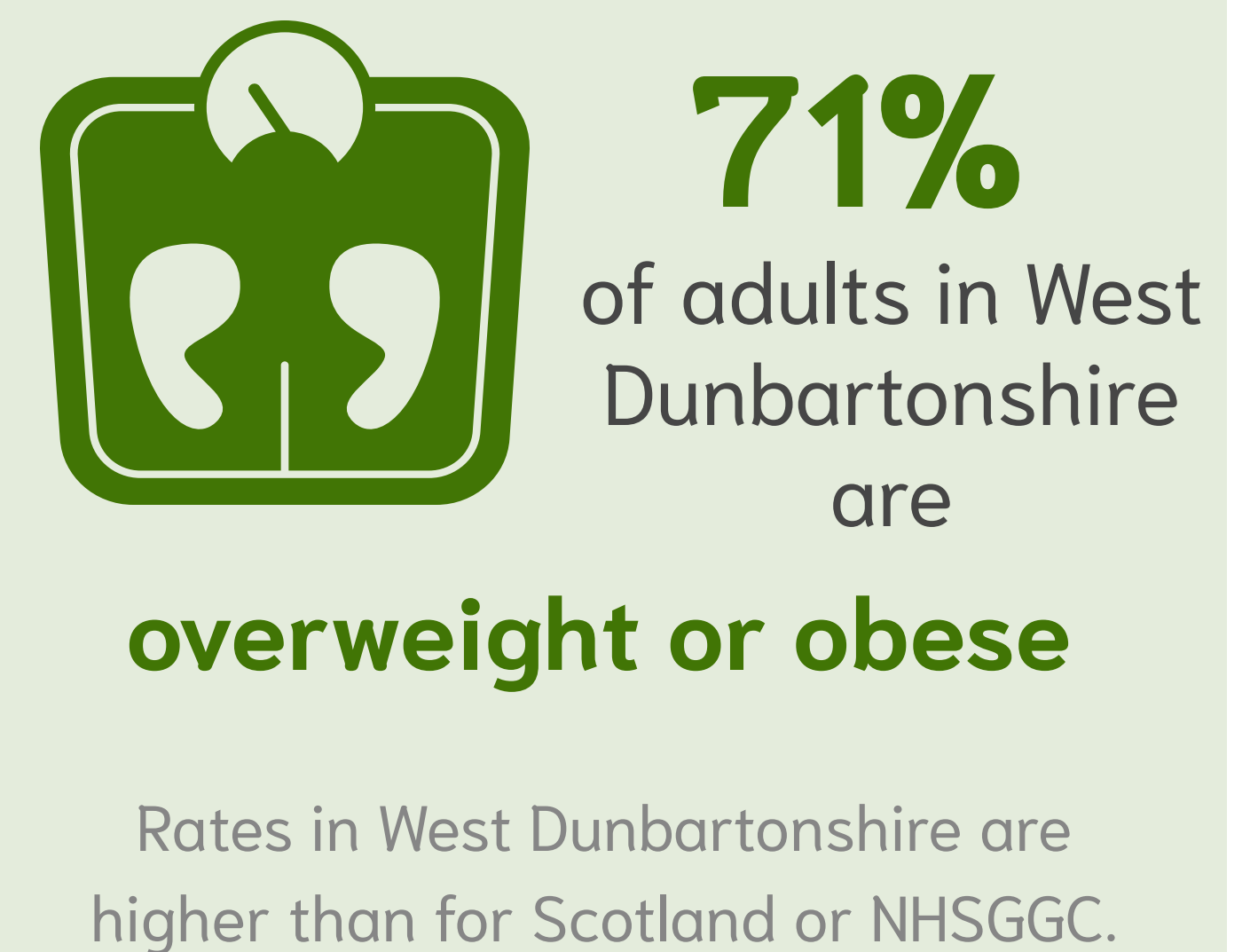
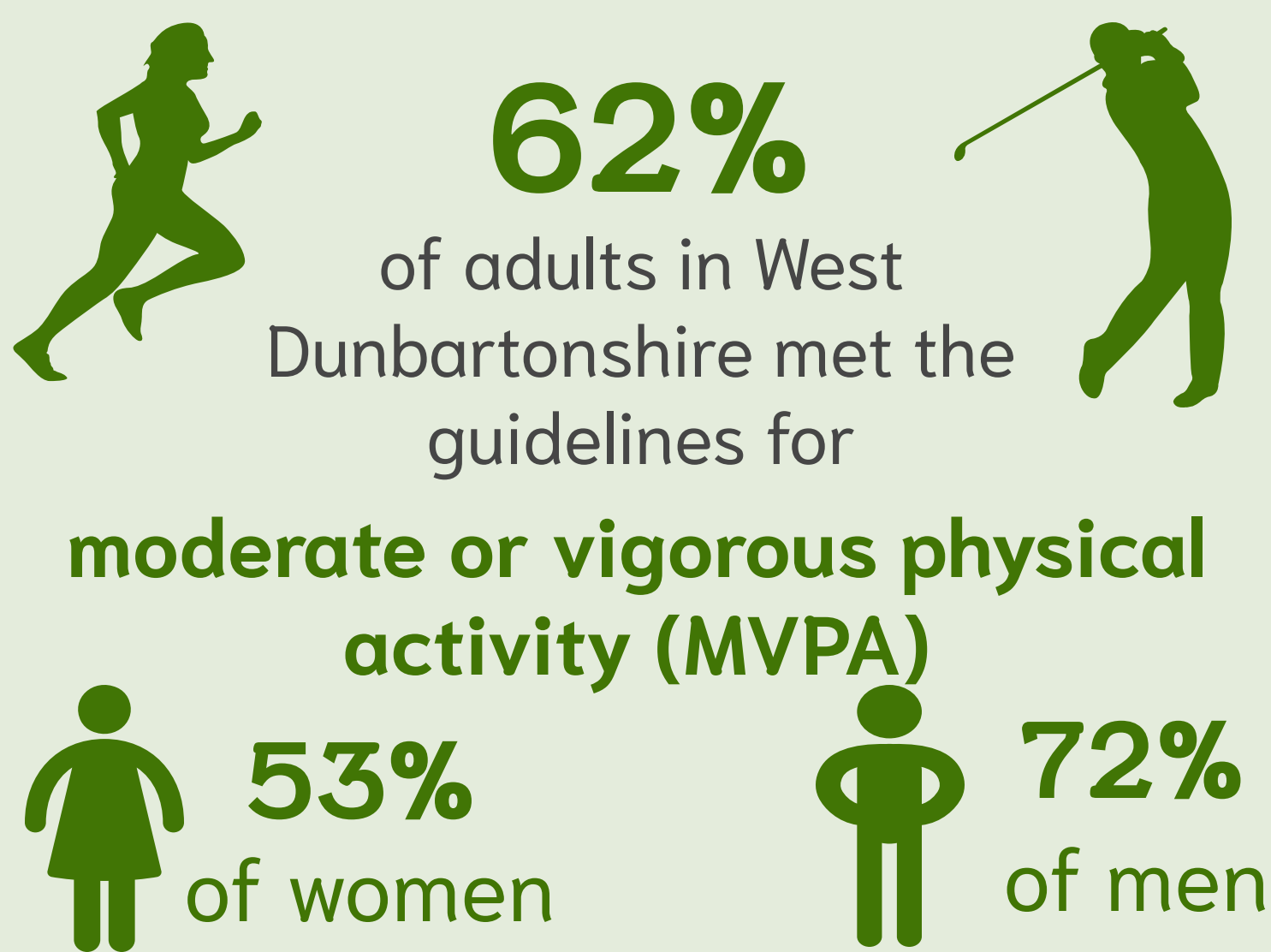
2 Individual behaviours



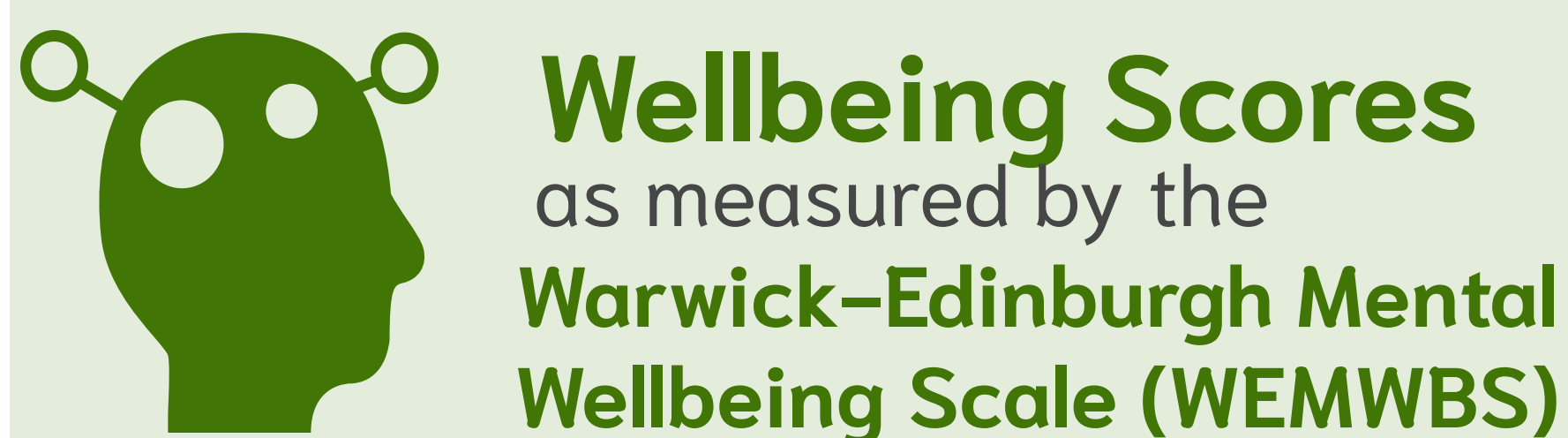
Individual Behaviours: Chapter Summary

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).

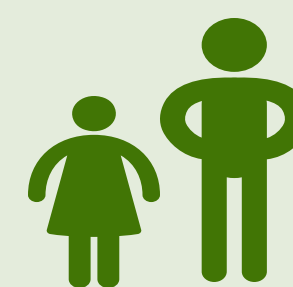
Physical Activity, Diet and Obesity



Mental Wellbeing



In West Dunbartonshire, females have lower mental wellbeing than males



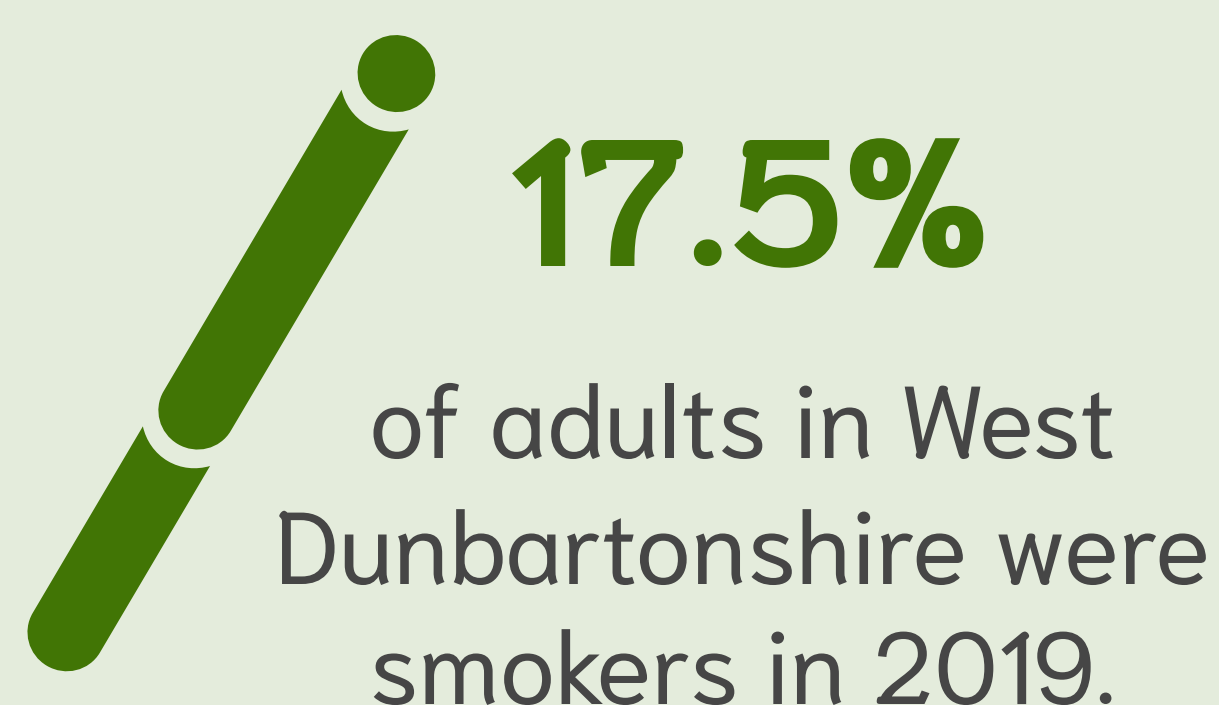
mental wellbeing scores are lower in West Dunbartonshire than for Scotland

Alcohol, Tobacco and Drug Use

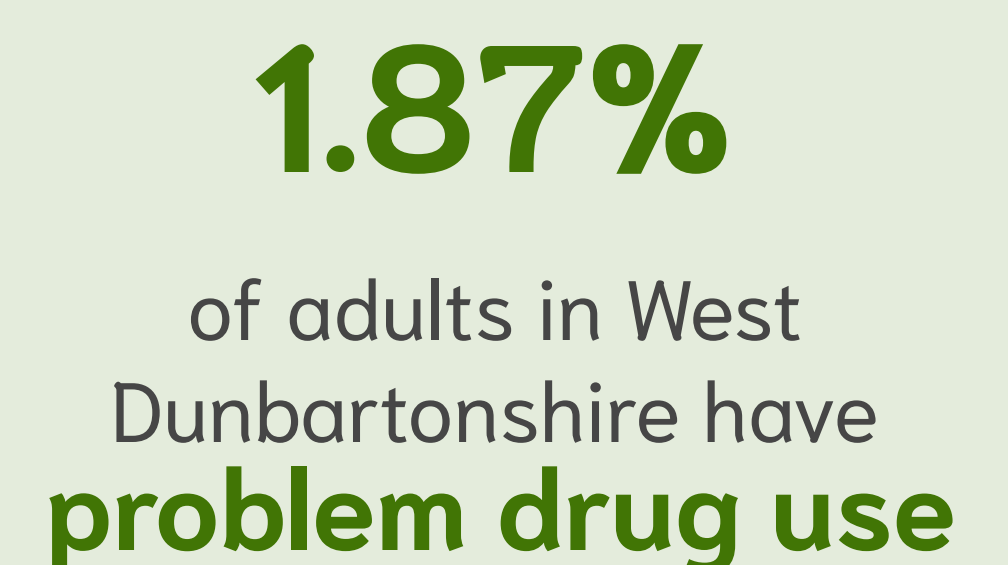
Scottish average weekly units of alcohol



the recommended limit is 14 units per week



The smoking rate in West Dunbartonshire is higher than for Scotland or NHSGCC.



2 Individual behaviours

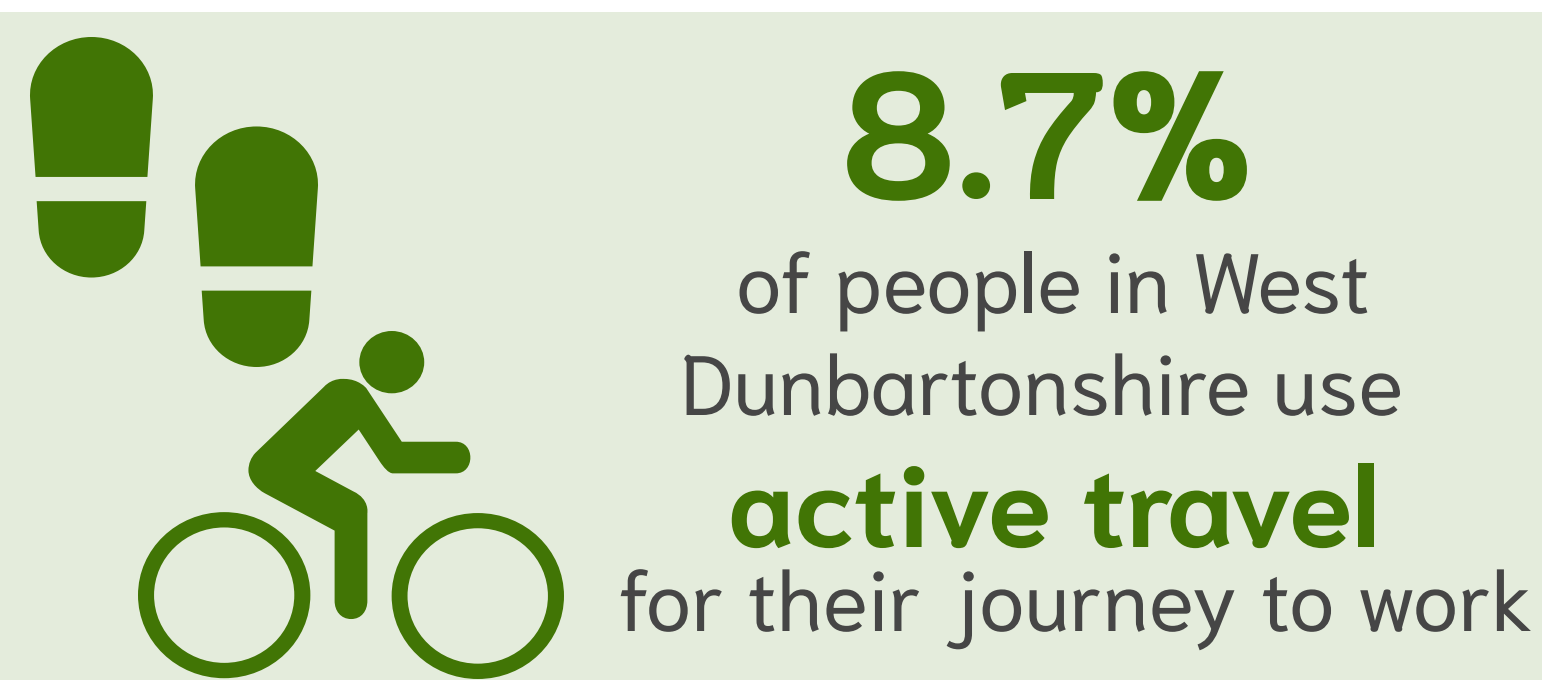
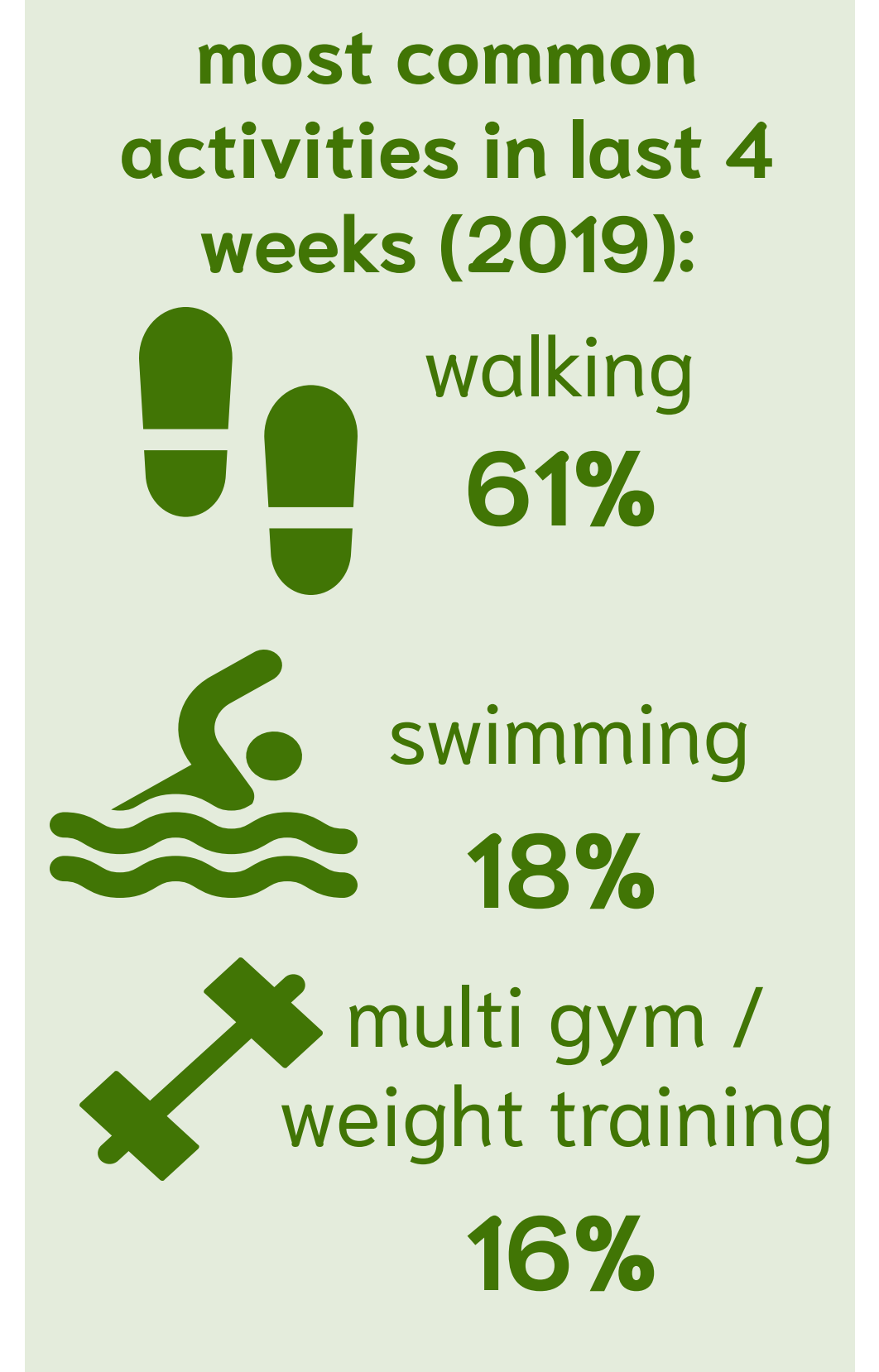
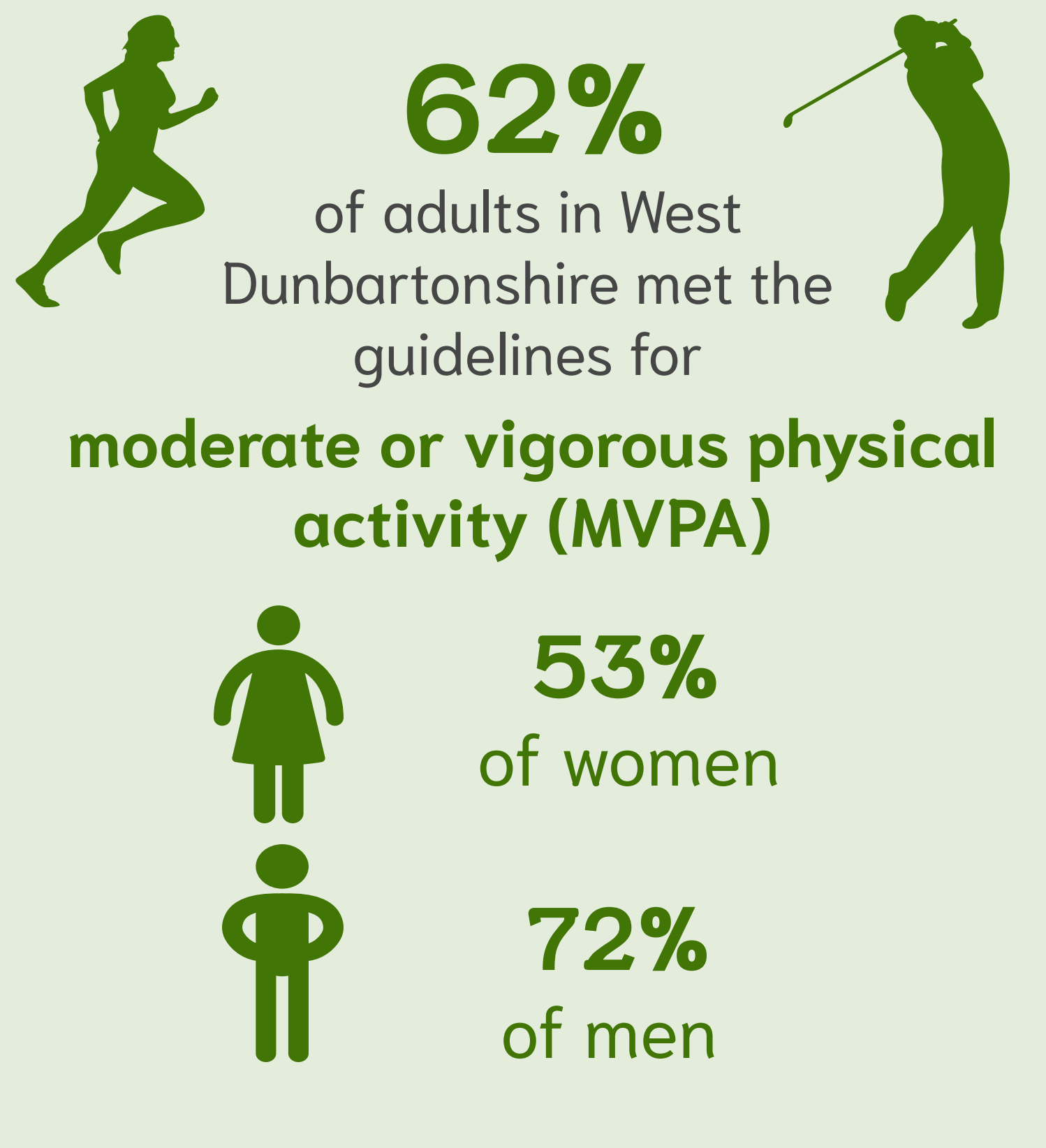


Physical Activity, Diet and Obesity

Physical Activity

Regular activity supports reduced incidence of chronic conditions such as cardiovascular disease, obesity, and type 2 diabetes. Physical activity is also associated with better health and cognitive function among older people, and can reduce the risk of falls in those with mobility problems. Regular physical activity is beneficial in maintaining both physical and mental wellbeing, reducing risk of stress and depression and enhancing mood.

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%).



The proportion using active travel (walking or cycling) is lower than the Scottish average (14.6%). West Dunbartonshire has the 8th lowest proportion of active travel to work of the 32 Scottish local authorities.

Diet and Obesity

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 their 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.

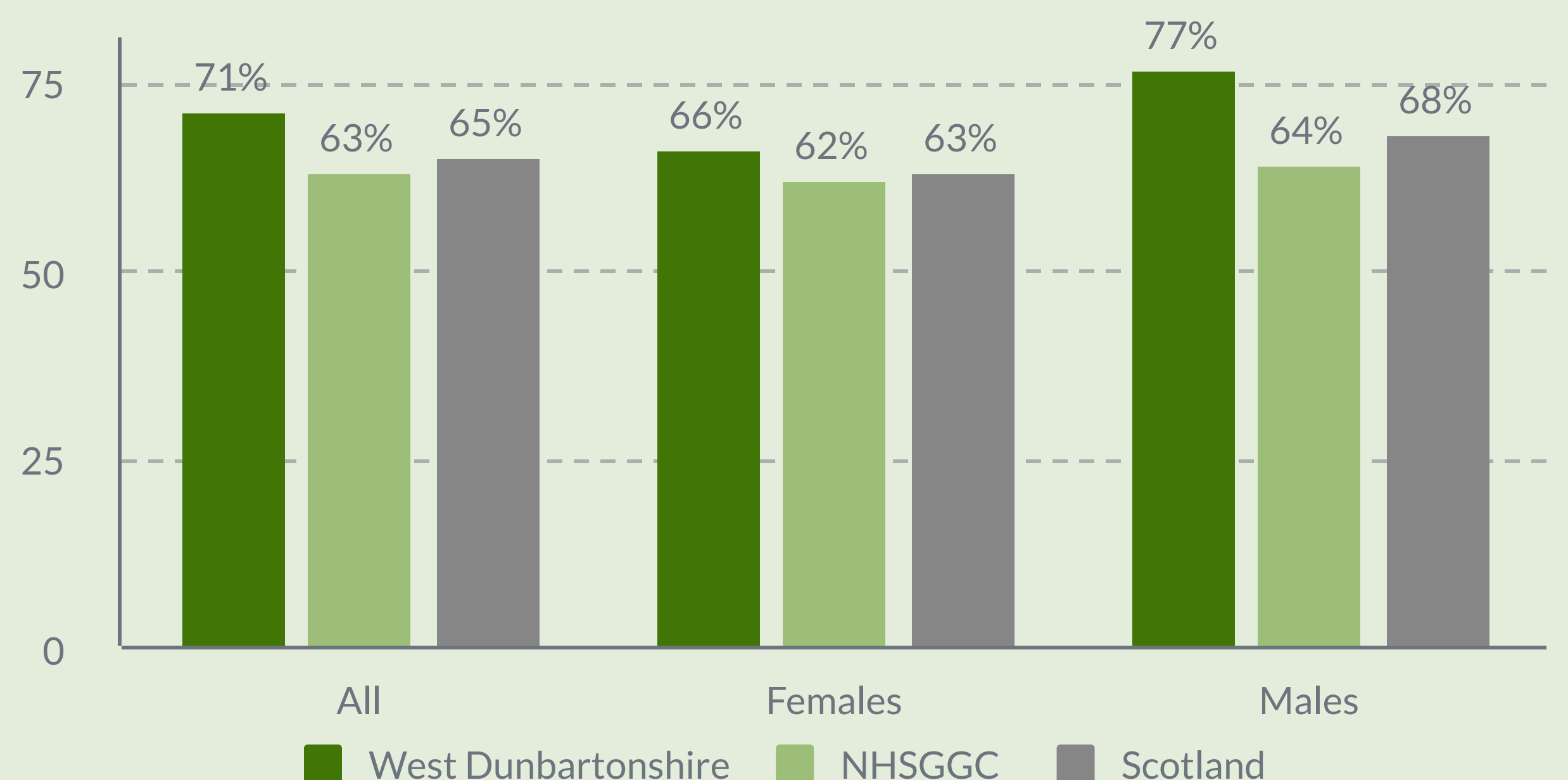
Scotland has one of the highest prevalence rates of obesity among developed countries and is a significant public health issue. Obesity is associated with an increased risk of diseases including thirteen common cancers, cardiovascular disease, type 2 diabetes, Alzheimer's disease and dementia. The cost 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.



71% of adults in West Dunbartonshire are **overweight or obese**

Rates of overweight/obesity are higher for men than women. Rates in West Dunbartonshire are higher than for Scotland or NHSGGC.

Overweight and obesity prevalence by Gender 2016–2019: West Dunbartonshire, NHSGGC and Scotland



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.

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

as measured by the **Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)**

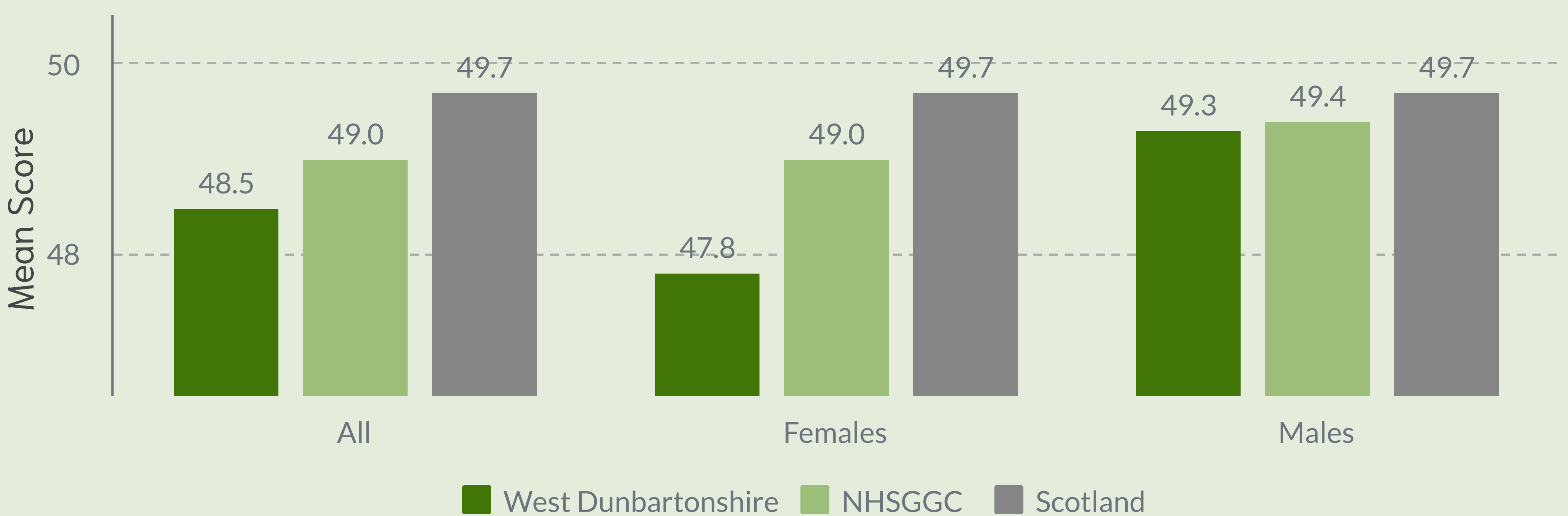
show that

In West Dunbartonshire, females have lower mental wellbeing than males

mental wellbeing scores are lower in West Dunbartonshire than for Scotland

females had notably lower scores in West Dunbartonshire than NHSGGC or Scotland

Scottish Health Survey WEMWBS Scores 2016-2019



2 Individual behaviours

Alcohol, Tobacco and Drugs



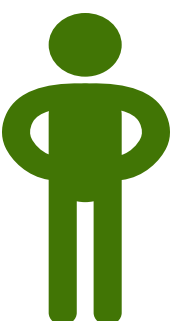
NOTE: The following alcohol, tobacco and drug data are based on population prevalence and is yielded from national surveys where participants self-report on lifestyle factors. Please see Burden of Disease chapter for more in-depth data on health-related harm from alcohol, tobacco and drug use.


Alcohol Consumption

UK guidelines for both men and women advise it is safest not to drink more than 14 units of alcohol per week on a regular basis, and it is recommended to spread the 14 units over three or more days and have drink free days. Accurate data on alcohol consumption in West Dunbartonshire is not available. The best proxy indicator is from the Scottish Health Survey 2020. In 2011, Health Scotland highlighted that self-reported alcohol consumption usually shows lower estimates than those implied by alcohol sales data.



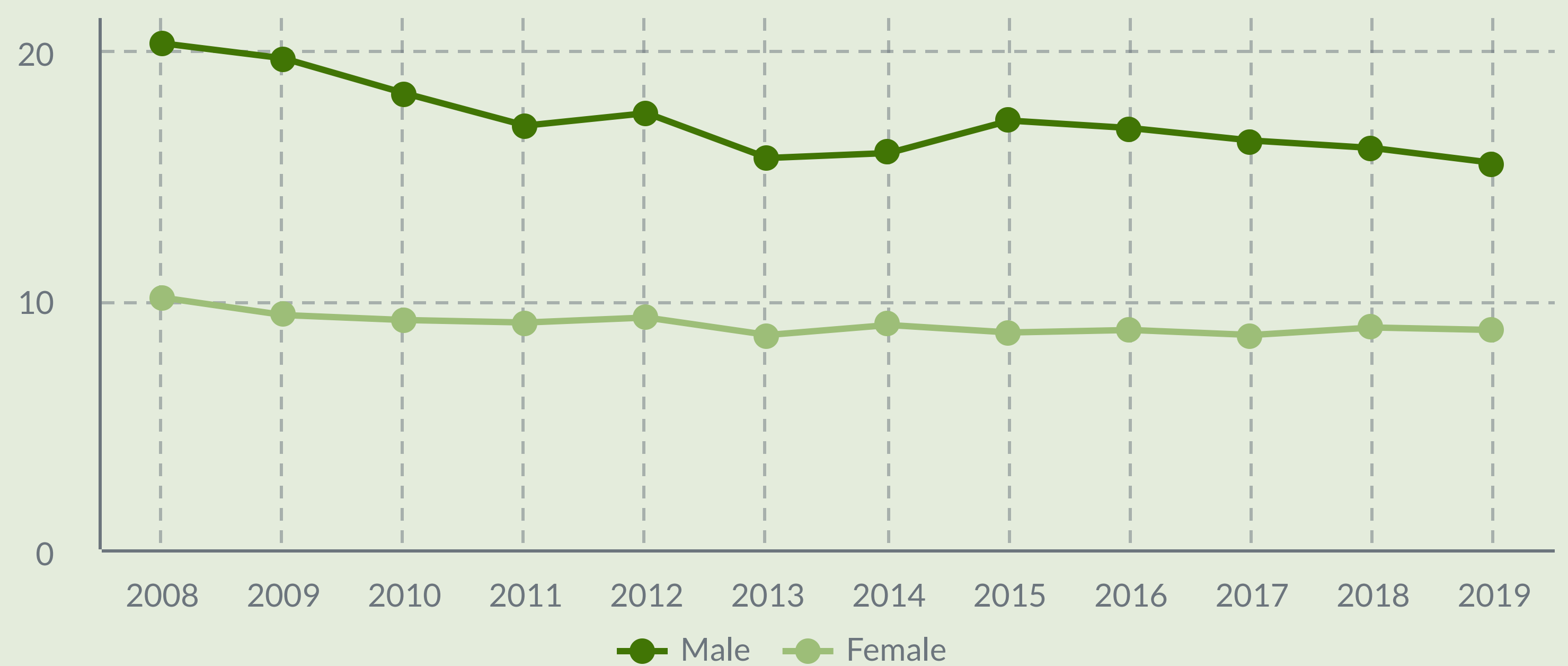
Scottish
average weekly units of alcohol consumed are

15.5  for males

8.8  for females

Female alcohol consumption has been relatively static since 2008, while male average consumption has fallen from 20.3 to 15.5 units per week, but remains above the recommended limit.

Alcohol consumption (mean weekly units) by Gender



17.5%
of adults in West Dunbartonshire were smokers in 2019.

The smoking rate has fallen considerably over the last 5 years, but remains higher than the Scottish rate (16%) and NHSGGC (15.5%),

Smoking

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.

Drug Use

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.



1.87%
of adults in West Dunbartonshire have
problem drug use

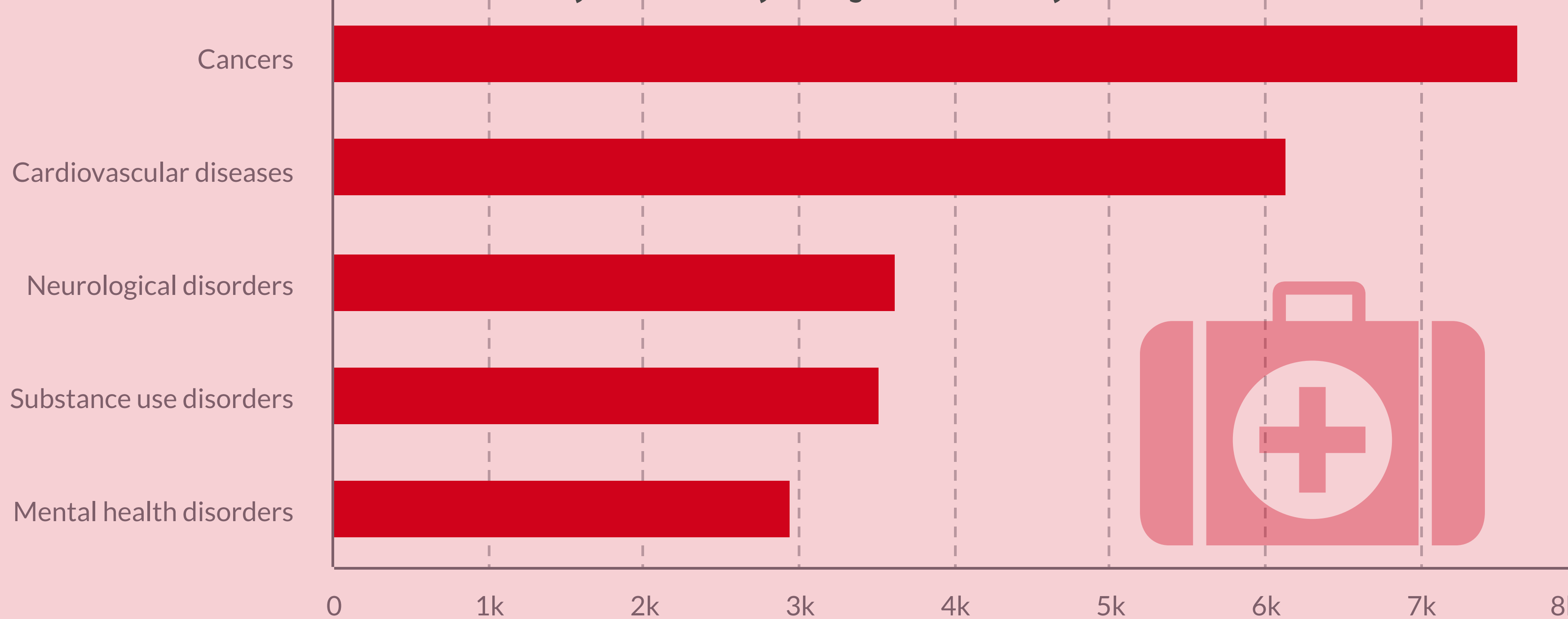
West Dunbartonshire is the **7th worst local authority in Scotland** for problem drug use rates

Estimated problematic drug use prevalence in West Dunbartonshire was 1.87%. This equates to an approximate 940-1400 problem drug users. This is higher than 1.62% for Scotland as a whole.



Burden of Disease: Chapter Summary

Leading five grouped causes of ill health and early death in West Dunbartonshire as measured by disability-adjusted life year (DALY)



The Burden of Disease Chapter presented here is structured under the leading five Burden of Disease categories (ranked according to the overall burden) and also includes a separate section on COVID-19

Cancer is the top burden of disease.

3,511
people in West Dunbartonshire had cancer in 2019

Prevalence rate
39.48 per 1,000

Most common cancers:

Breast
Prostate
Colorectal

projected **increase** in new cancer registrations by **2030**:

23.5% increase for males

9.1% increase for females

Cardiovascular Disease is the 2nd highest burden of disease.



Coronary Heart Disease
54.81 per 1,000

Stroke
25.64 per 1,000

Hypertension
150.05 per 1,000

Rates of Coronary Heart Disease, Stroke and Hypertension are higher in West Dunbartonshire than in NHSGGC or Scotland

Neurological Disorders are the 3rd highest burden of disease.

688
people in West Dunbartonshire are living with dementia



projected **increase** in dementia by **2030/31**:

16.3%

Substance Use Disorders are the 4th highest burden of disease.

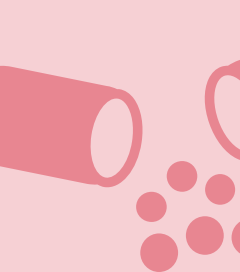
Deaths per 100,000 population



Alcohol specific
28.51



Smoking specific
404



Drugs specific
35.66

Rates are higher in West Dunbartonshire than NHSGGC or Scotland

Mental Health Disorders are the 5th highest burden of disease.



23.2% of the population are **prescribed** drugs for anxiety, depression or psychosis



on average there are **11.8 suicides per year**

3 Burden of disease



Cancer

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 Scottish Burden of Disease 2019 study showed that for West Dunbartonshire, the rate of health loss is 15% higher than the Scottish rate.

Cancer is ranked the highest burden of disease.

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.

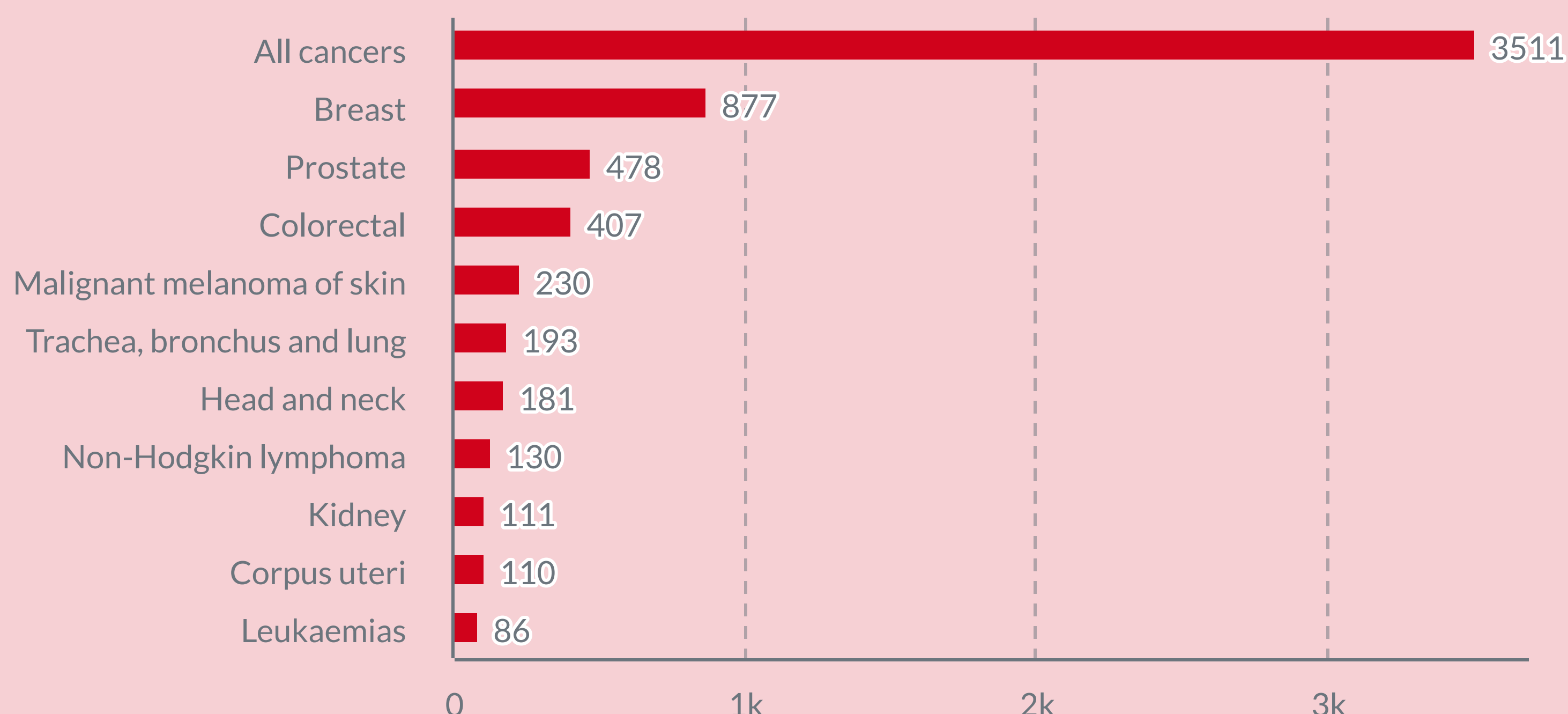
Widespread metastases are the primary cause of death from cancer.

A total of 3,511 cancers were registered at 2019, with prevalence highest for breast cancer (877), followed by prostate (478) and colorectal (407).

The prevalence rate of cancer in West Dunbartonshire (39.48 per 1,000 population) 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 each year between 2015 and 2019.

New cancer diagnosis are projected to increase by 2030, with newly diagnosed males' cases overtaking females.

Prevalence of Cancer in West Dunbartonshire by type (2019)



3,511

people in West Dunbartonshire had cancer in 2019

Prevalence rate

39.48 per 1,000

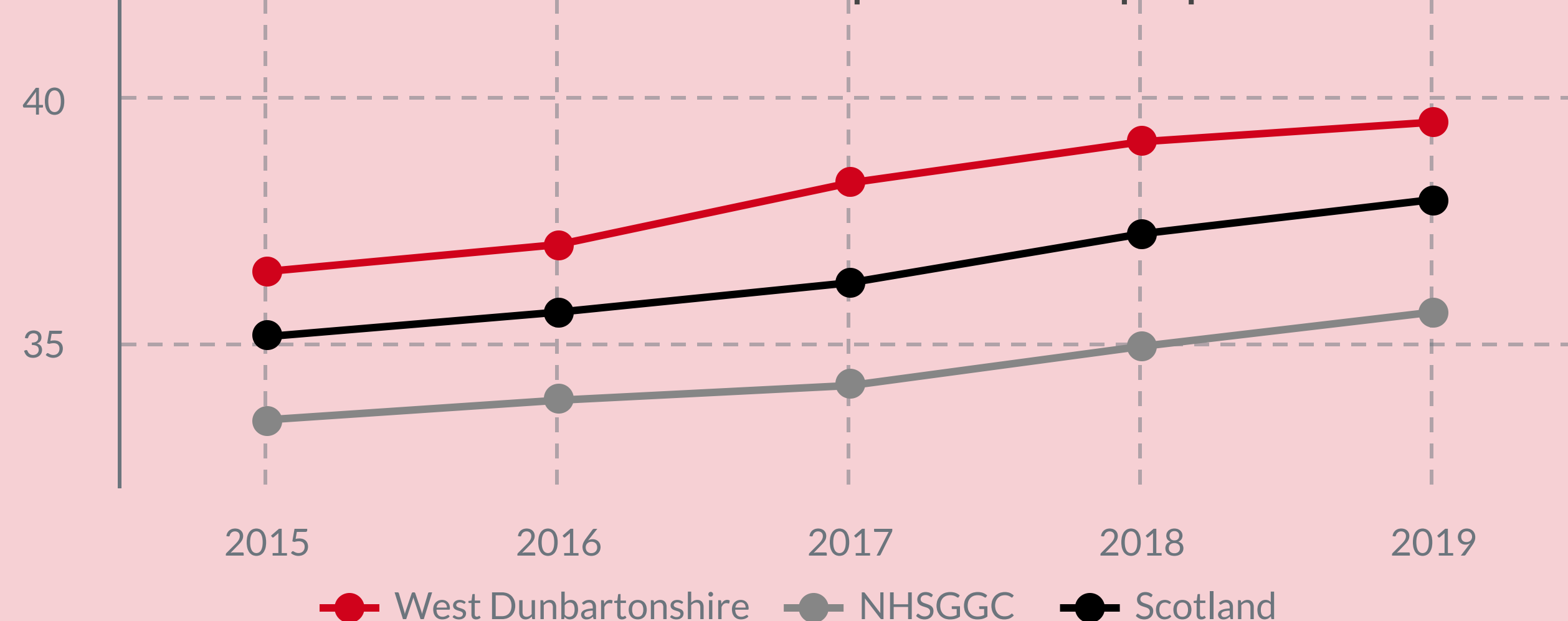
projected **increase** in new cancer registrations by 2030:



23.5% increase for males

9.1% increase for females

Prevalence rate of cancer (rate per 1,000 population)





Cardiovascular Diseases

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.

CVD is ranked the 2nd highest burden of disease.



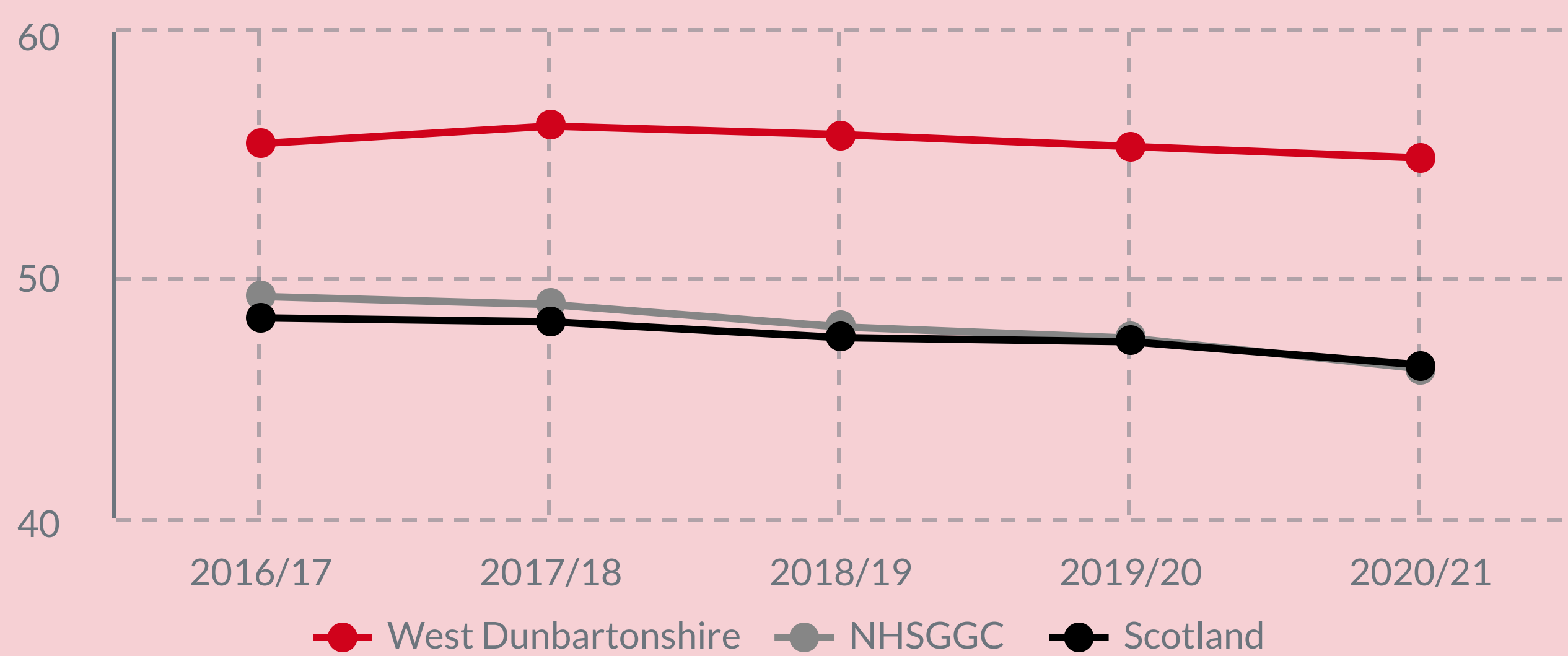
in West Dunbartonshire in 2020/21

Prevalence rate of

Coronary Heart Disease

54.81 per 1,000

Prevalence rate of Coronary Heart Disease (rate per 1,000 population)



The rate of individuals living with coronary heart disease in West Dunbartonshire has remained at a fairly constant rate since 2016/17 and has been consistently higher than that of NHSGGC and 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.

2,465

individuals in West Dunbartonshire were living with

Stroke

in 2018/19

a prevalence of

25.64 per 1,000

Rates were higher in Clydebank than in Alexandria/Dumbarton. Overall, West Dunbartonshire had higher rates of stroke than NHSGGC or Scotland as a whole.

Prevalence rate of Population Living with Stroke (rate per 1,000 population) 2018/19



14,424

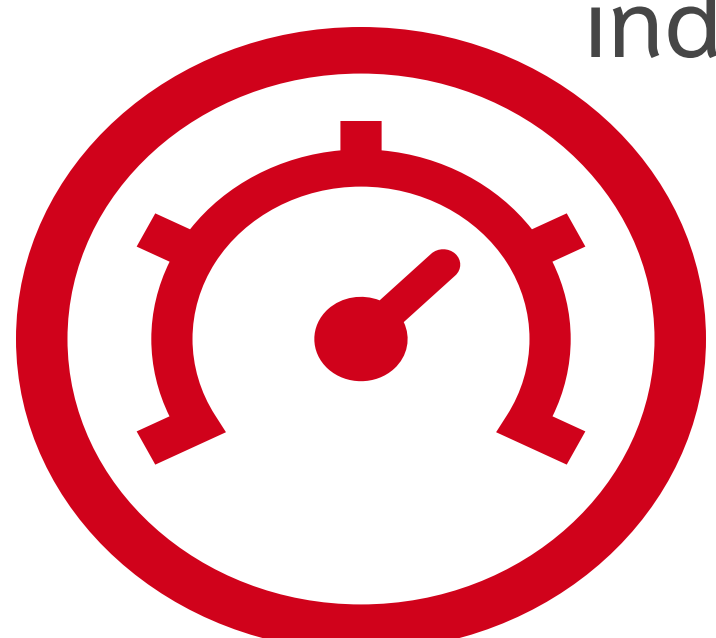
individuals in West Dunbartonshire were living with

Hypertension

in 2018/19

a prevalence of

150.05 per 1,000



The rates of people diagnosed with hypertension is higher in West Dunbartonshire than in NHSGGC or Scotland as a whole.

Prevalence rate of Population Living with Hypertension (rate per 1,000 population) 2018/19



3 Burden of disease



Neurological Disorders

Neurological Disorders are ranked the 3rd highest burden of disease.

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.

688
individuals in West Dunbartonshire were living with
Dementia
in 2020/21
a prevalence of
7.79 per 1,000



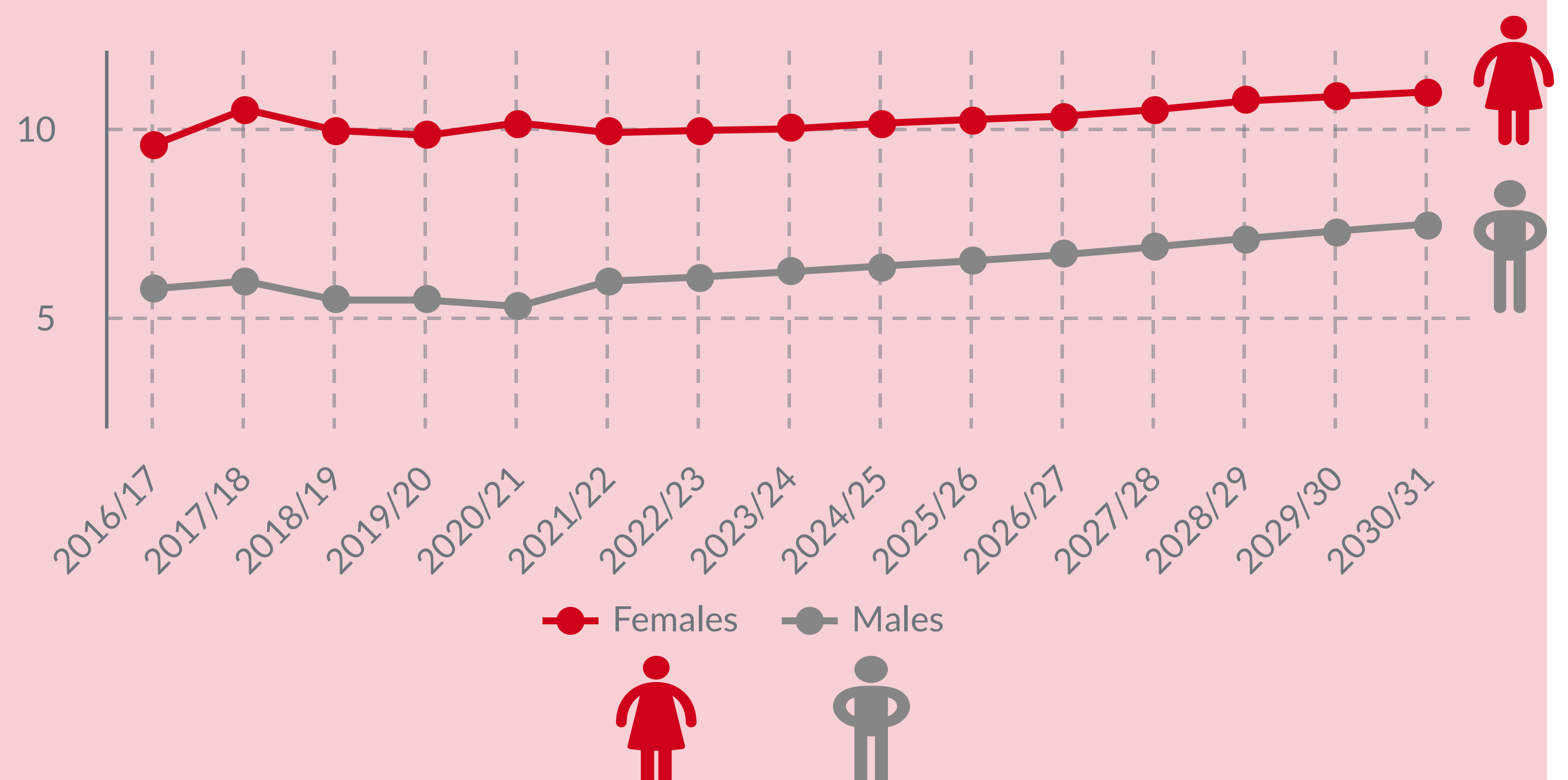
Clydebank has a **higher** prevalence than NHSGGC or Scotland
Dumbarton/Alexandria has a **lower** prevalence than NHSGGC or Scotland

Prevalence rate of Population Living with Dementia (rate per 1,000 population) 2020/21



projected **increase** in dementia by **2030/31**:
16.3%

Projected Prevalence rate of Population Living with Dementia (rate per 1,000 population) (actual rates to 2020/21 – projected rates from 2021/22 to 2030/31)



'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.



Substance Use Disorders

Substance Use Disorders are ranked the 4th highest burden of disease.

Alcohol related hospital admissions



admissions

in 2019/20

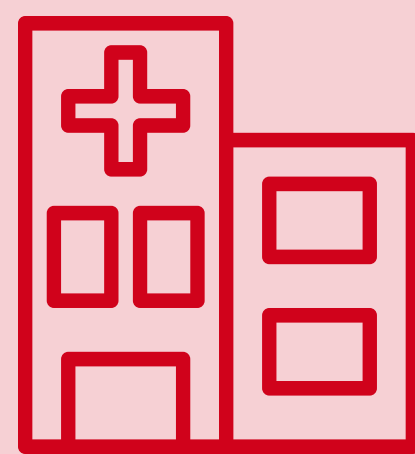
1075.35

per 100,000 population

in West Dunbartonshire

compared to

673.27 for Scotland



The most deprived areas in West Dunbartonshire have **68% more** alcohol-related hospital admissions than the overall average

Alcohol specific deaths

in 2016-20

28.51

per 100,000 population

in West Dunbartonshire

compared to

20.84 for Scotland

Trend data show West Dunbartonshire has consistently had a higher rate of alcohol specific deaths compared to Scotland. Between 2002-06 and 2009-13 the rate overall was in decline, with some fluctuation over the most recent time periods.

Smoking related hospital admissions



admissions

in 2017/18

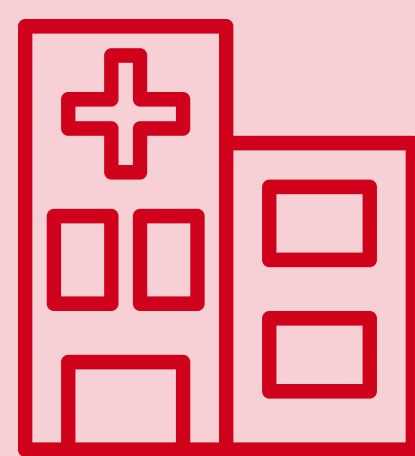
2219.15

per 100,000 population

in West Dunbartonshire

compared to

1723.61 for Scotland



Smoking attributable deaths

in 2017/18

404

per 100,000 population

in West Dunbartonshire

compared to

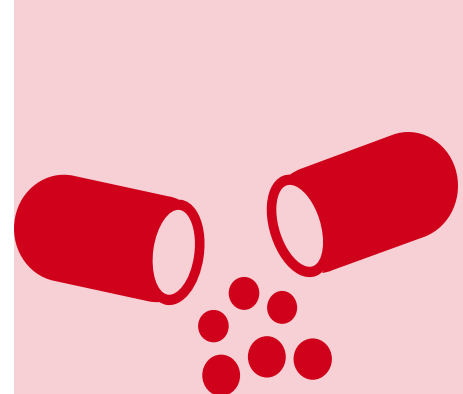
328 for Scotland

West Dunbartonshire has the

4th highest

rate of smoking attributable deaths in Scotland

Drug related hospital admissions



admissions

2017/18 to 2019/20

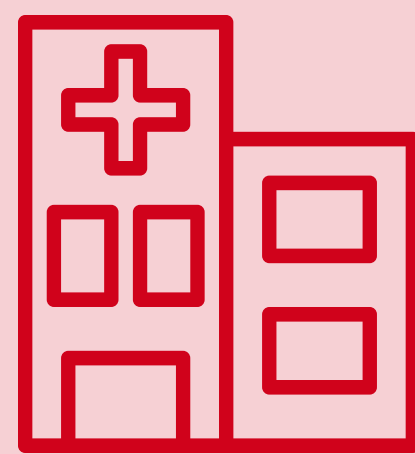
284.15

per 100,000 population

in West Dunbartonshire

compared to

221.26 for Scotland



Drug related deaths

in 2020

35.66

per 100,000 population

in West Dunbartonshire

compared to

25.44 for Scotland

West Dunbartonshire has the

5th highest

rate of drug related deaths in Scotland

Reducing drug-related harms and deaths is a key priority for the Scottish Government. In Scotland in 2020 there were 1,339 drug-related deaths registered. This is an increase of 5% (59 deaths) compared to 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. In West Dunbartonshire, after a steep rise in drug related deaths between 2018 and 2019, there was a drop from 39.57 deaths per 100,000 in 2019 to 35.66 in 2020. However, West Dunbartonshire's rate of drug related deaths remains significantly higher than the Scottish average.

3 Burden of disease



Mental Health Disorders

Mental Health Disorders are ranked the 5th highest burden of disease.

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.



96,129

patients in West Dunbartonshire were registered with

Depression

in 2018,19

a prevalence of

92.02 per 1,000

23.2%

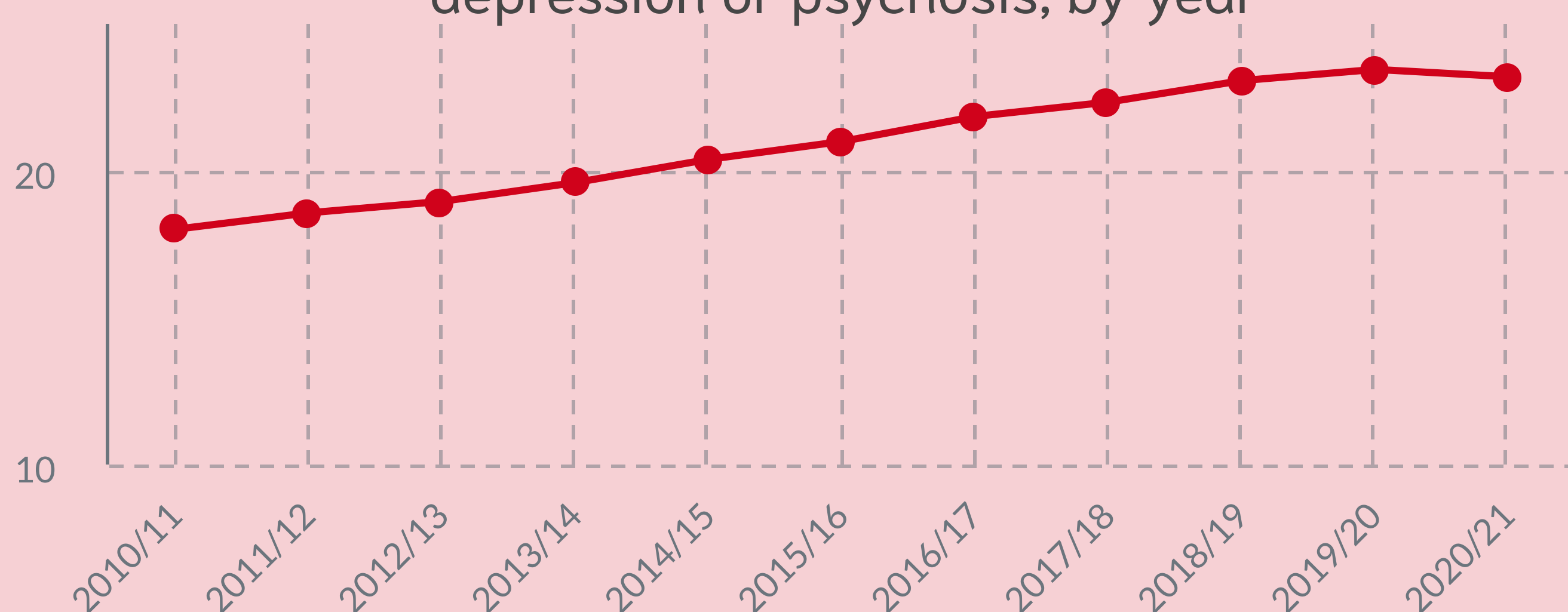


of the population in West Dunbartonshire were

prescribed

drugs for anxiety, depression or psychosis in 2020/21

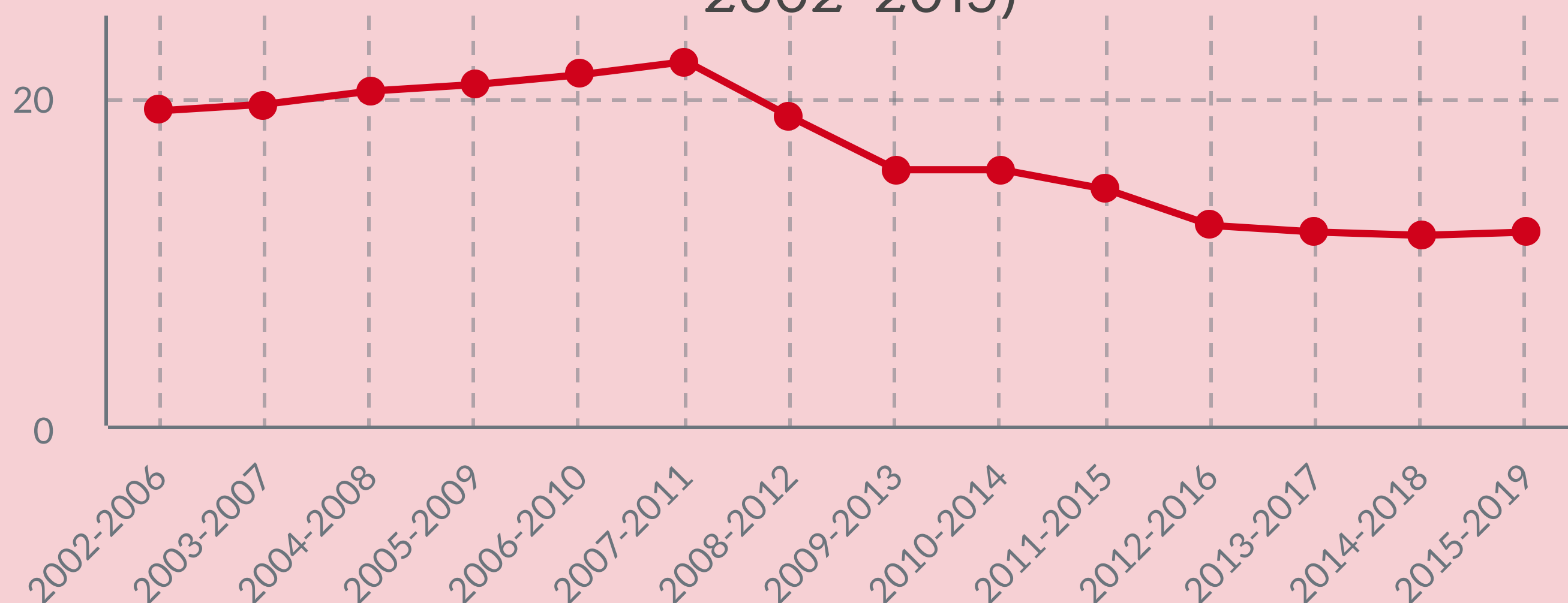
% of population in West Dunbartonshire prescribed drugs for anxiety, depression or psychosis, by year



In West Dunbartonshire in 2015–2019 there was an average of

11.8 suicides per year

Number of suicides in West Dunbartonshire (5 year rolling average 2002–2019)



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 and physical health.

3 Burden of disease



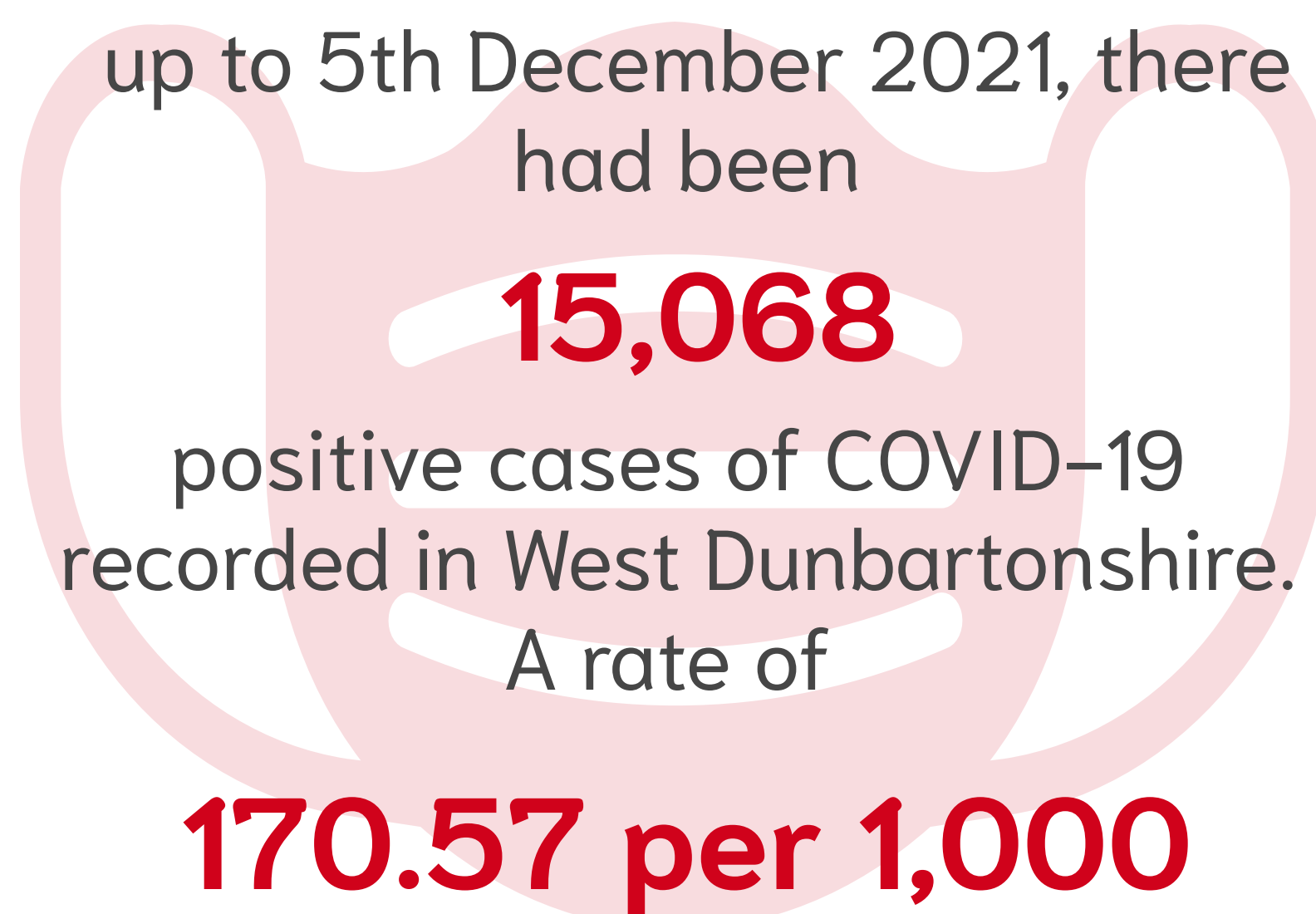
COVID-19

COVID-19

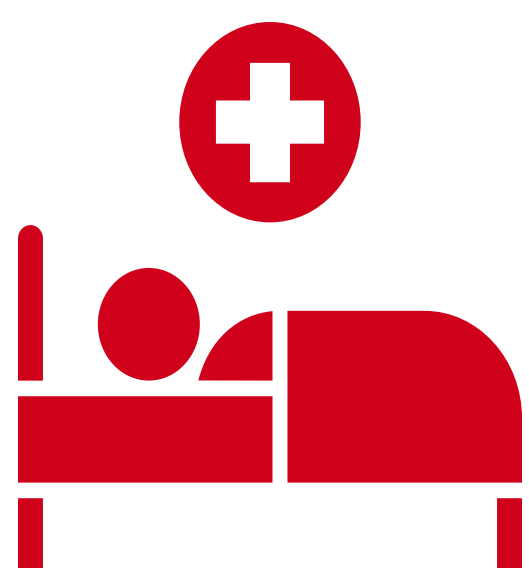
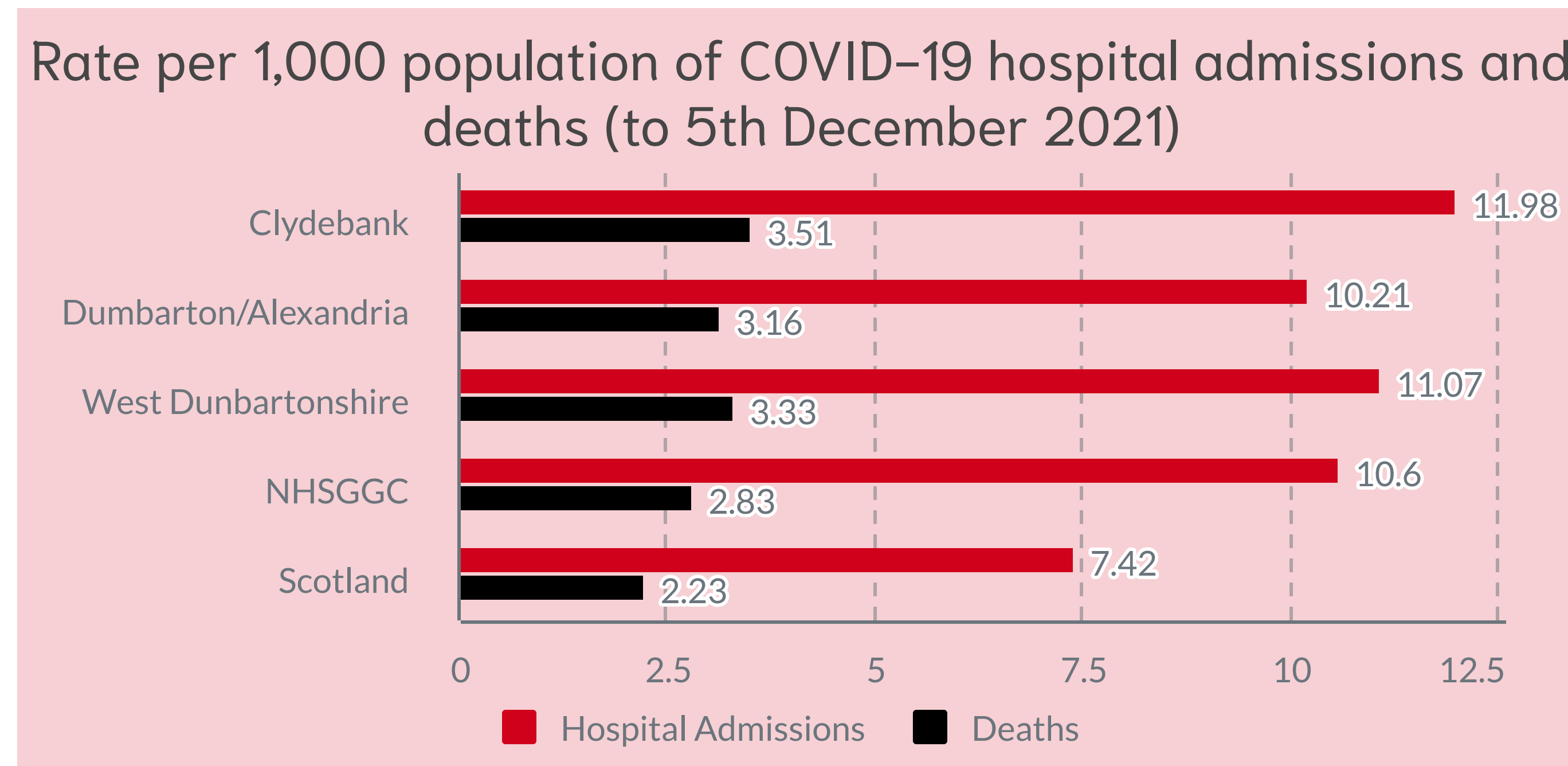
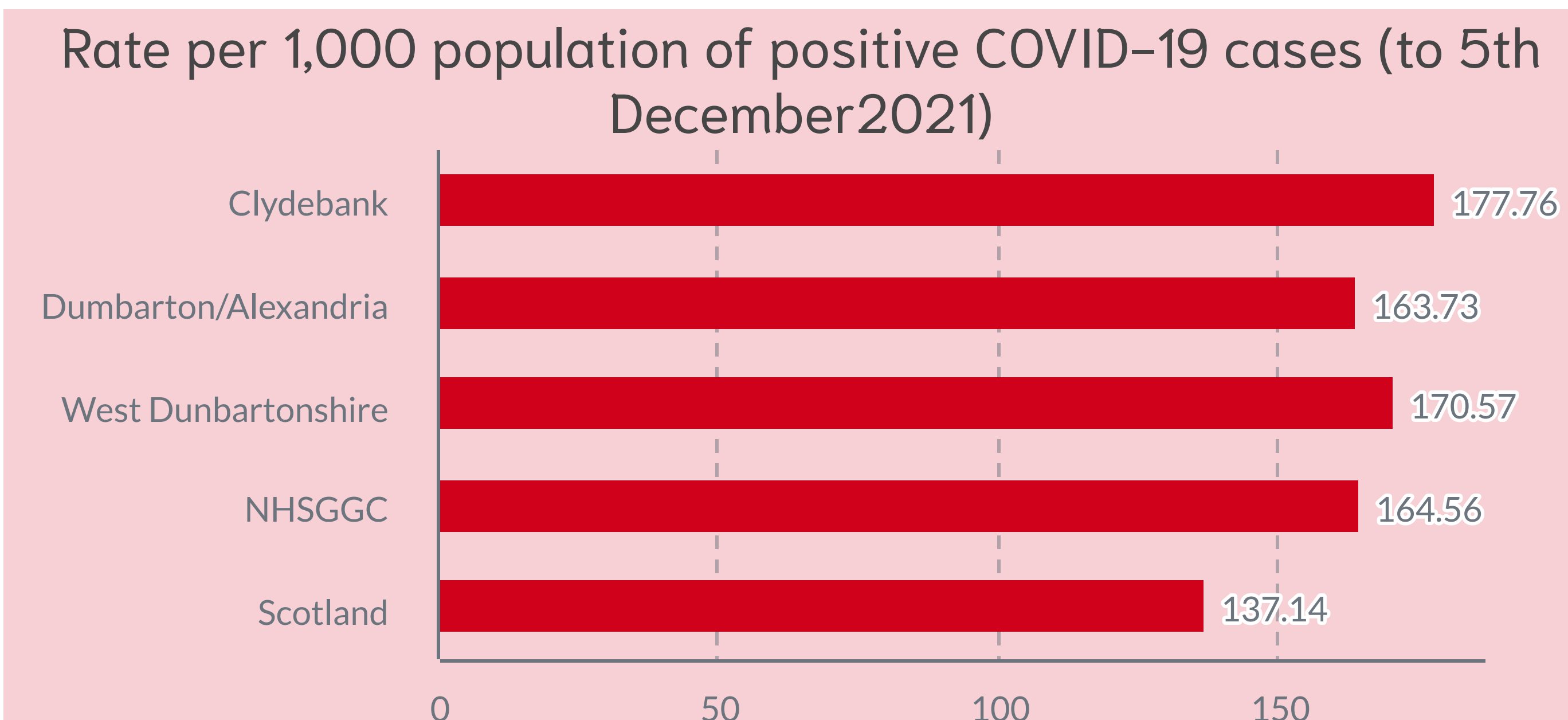
In 2019, a coronavirus strain, SARS-2-COV, was identified in Wuhan, China infecting human inhabitants with resultant disease severity ranging from mild to fatal. The subsequent global spread of COVID-19 has been unprecedented in modern times and has resulted in significant morbidity, mortality and burden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

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.[i] 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.

[i] Scottish Public Health Observatory. Covid-19 Community Vulnerability Tool <https://scotland.shinyapps.io/scotpho-covid-vulnerability/>

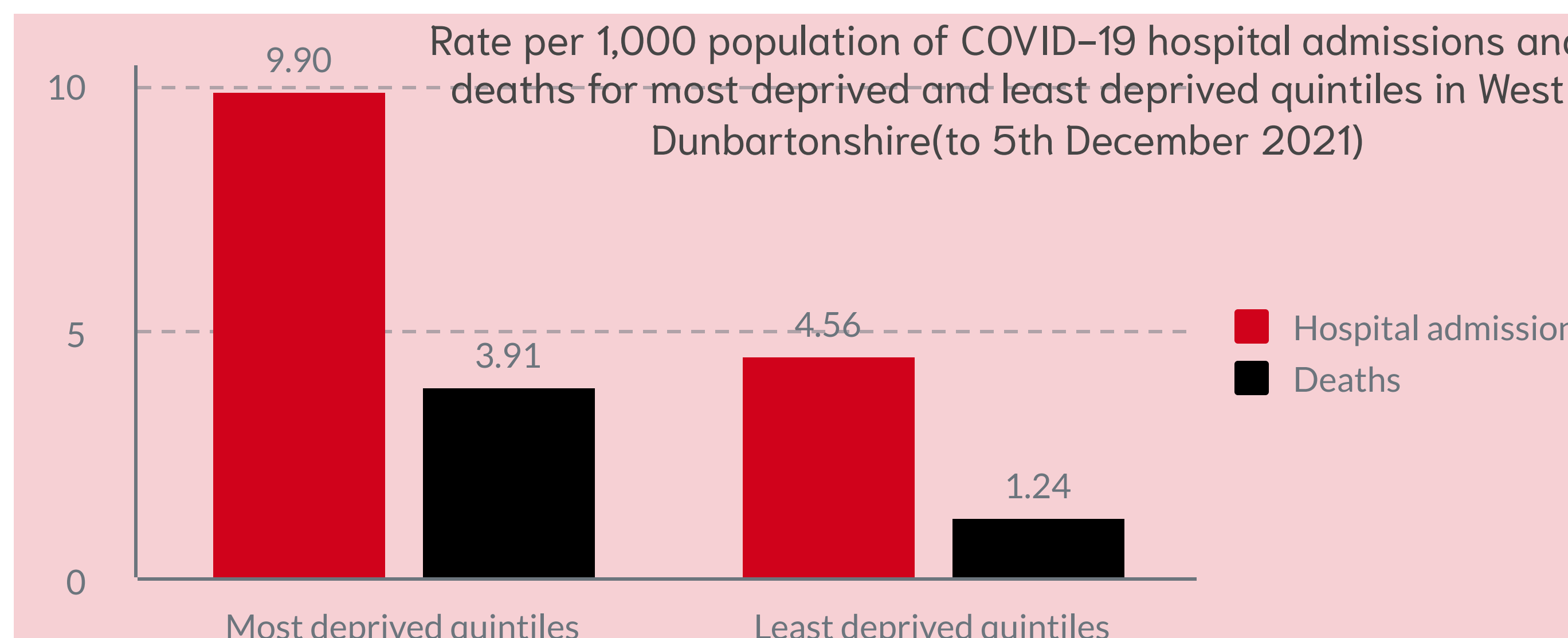


Rates of COVID-19 were **higher in Clydebank** than in Dumbarton/Alexandria. Overall, rates in West Dunbartonshire were **24% higher than Scotland**.



Hospitalisation rates and death rates were **49% higher** in West Dunbartonshire than in Scotland

Rates for the **most deprived areas** compared to the least deprived areas were **2.5 times higher** for hospital admissions **3.2 times higher** for deaths





Health and Care in the Community: Chapter Summary

Rate of attendance at A&E in 2020/21

251.94

per 1,000 population

This was higher than Scotland (204.08)

57% of emergency admissions were for adults aged **under 65 years**

Bed days associated with **potentially preventable admissions** were **114.65** per 1,000 population

This was higher than the rate for Scotland (82.27)

In the month of March 2021, **999 bed-days**

were lost in West Dunbartonshire due to delayed discharge.

Rates were higher than NHSGGC or Scotland

Falls related admissions among over 65s

At lowest level in 2020/21 since 2016/17

The rate of delayed discharge for **adults aged 75+ with incapacity** was consistently higher in West Dunbartonshire than NHSGGC and Scotland as a whole in 2020/21.

2,233

High Health Gain individuals in the financial year 2019/20 in West Dunbartonshire.

The resource consumption for 65+ year old High Health Gain individuals is highest in **acute in patient non elective services**

91% of **palliative care patients** spend their last 6 months of life at **home or in a community setting**

The rate of **deaths in care homes** has increased since 2012.

Across Scotland **Young Carers**

are more likely to live in the **most deprived areas**

Adult Unpaid Carers are much more likely to be **female**

In 2020/21 **Carers of West Dunbartonshire** supported

1,250 adult carers

40% were aged 45-64

76% were female



As of February 2022

Y Sort-It are supporting **145 young carers/young adult carers**

52% are aged 8-13



Unscheduled Care

The information here 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.

The COVID-19 pandemic has wider impacts on individuals' health, and their use of healthcare services, than those that occur as the direct result of infection.

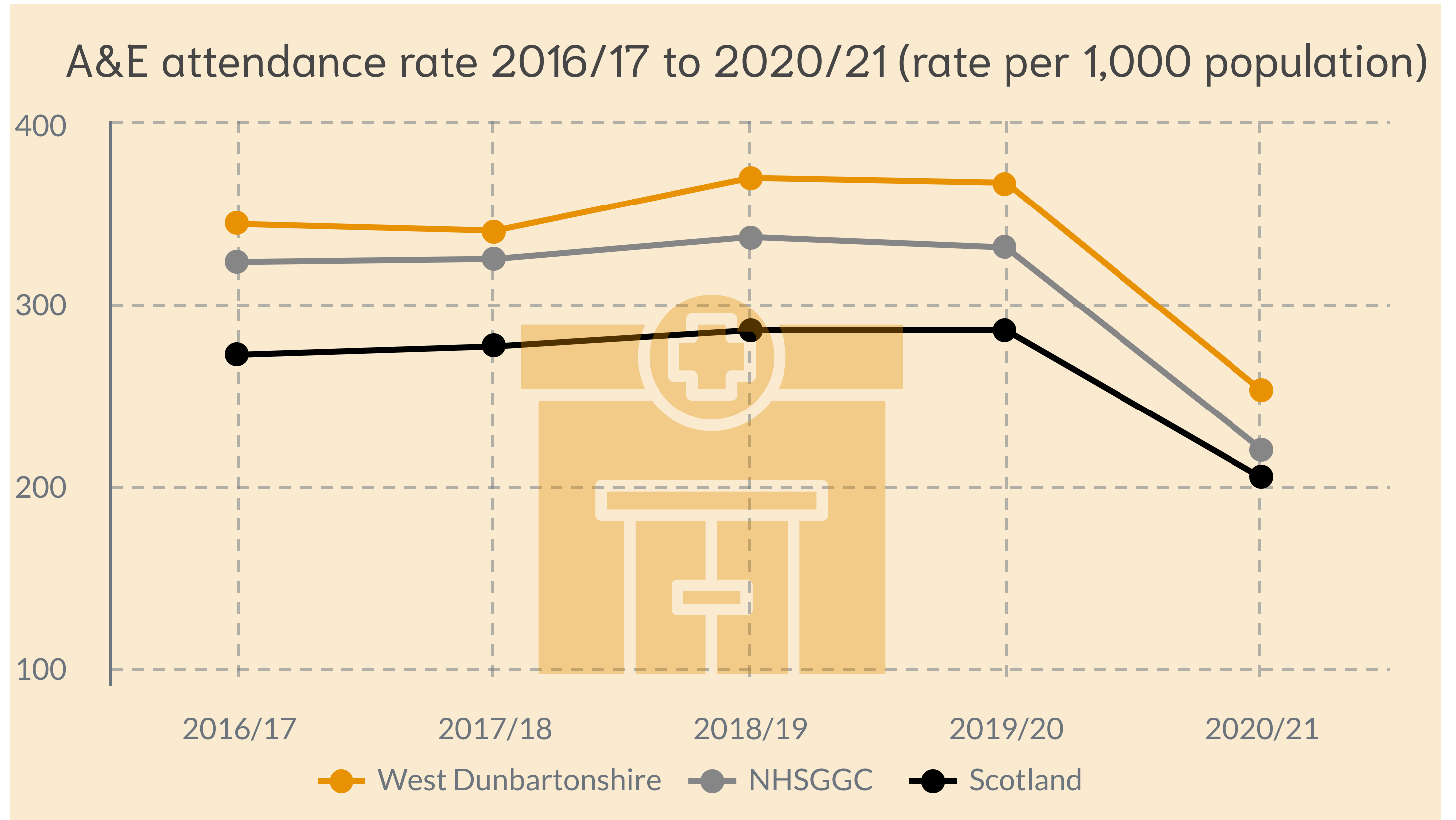
Reasons for this may include:

- Individuals being reluctant to use health services because they do not want to burden the NHS or are anxious about the risk of infection.
- The health service delaying preventative and non-urgent care such as some screening services and planned surgery.
- Other indirect effects of interventions to control COVID-19, such as changes to employment and income, changes in access to education, social isolation, family violence and abuse, changes in the accessibility and use of food, alcohol, drugs and gambling, or changes in physical activity and transport pattern.

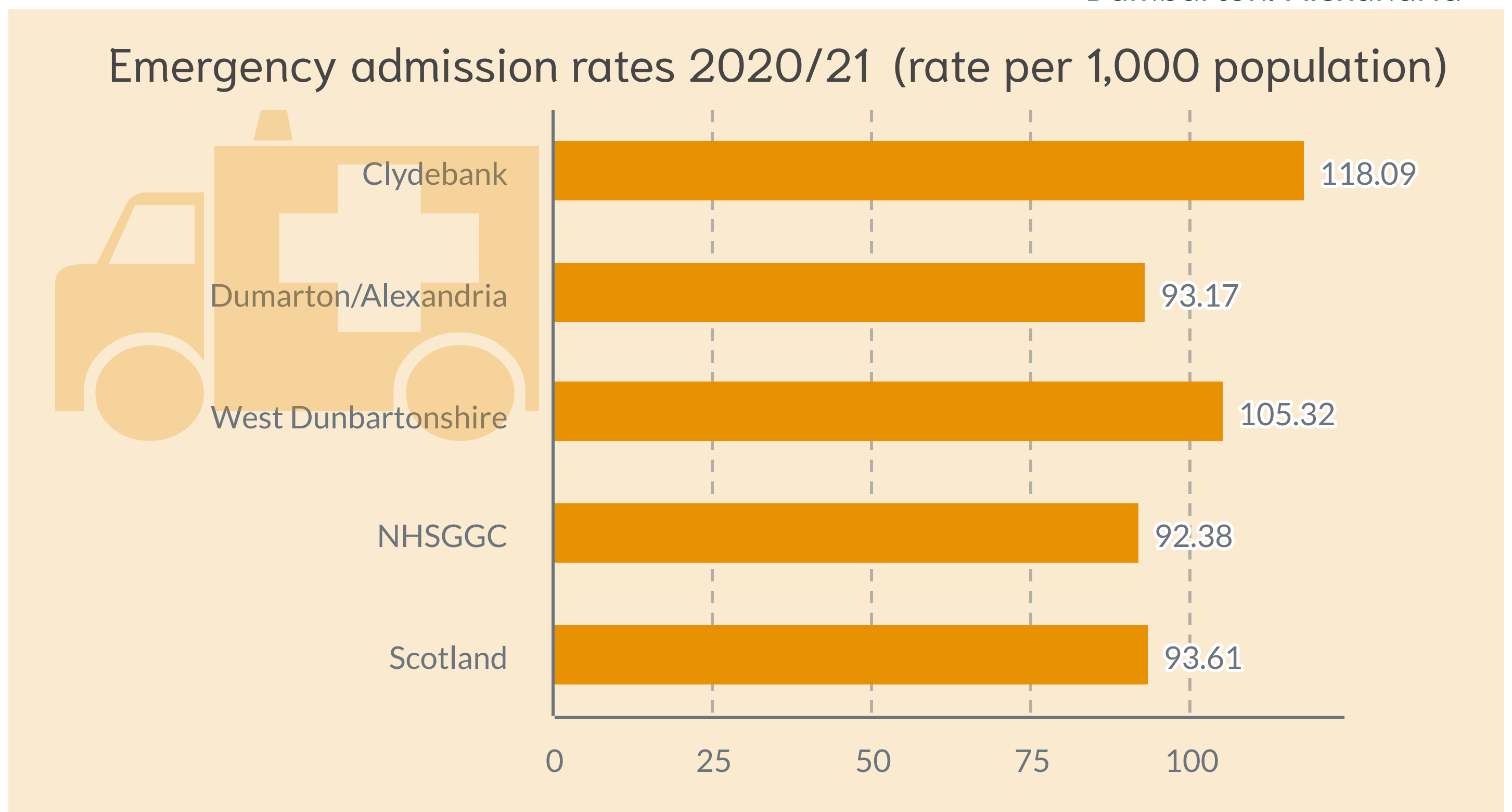
Bed days associated with **potentially preventable admissions** were **114.65**

per 1,000 population. This was higher than the rate for Scotland (82.27)

Rate of attendance at **A&E** in 2020/21 **251.94** per 1,000 population
The rate was higher than NHSGGC (219.79) and Scotland (204.08)



Rate of **Emergency Admissions** in 2020/21 **105.32** per 1,000 population
The rate was higher in **Clydebank** than **Dumarton/Alexandria**



57% of emergency admissions were for adults aged **under 65 years**.

Rate of **Emergency readmissions** within 7 days of discharge **4.1%**

The rate was the same as NHSGGC but **lower than Scotland** (5.1%)

The rate of emergency readmissions within 7 days of discharge is increasing in West Dunbartonshire

Rate of **Emergency Beddays** **796.67** per 1,000 population

The rate was higher than NHSGGC (705.45) and **Scotland** (612.58)

Falls related admissions among over 65s



At lowest level in 2020/21 since 2016/17



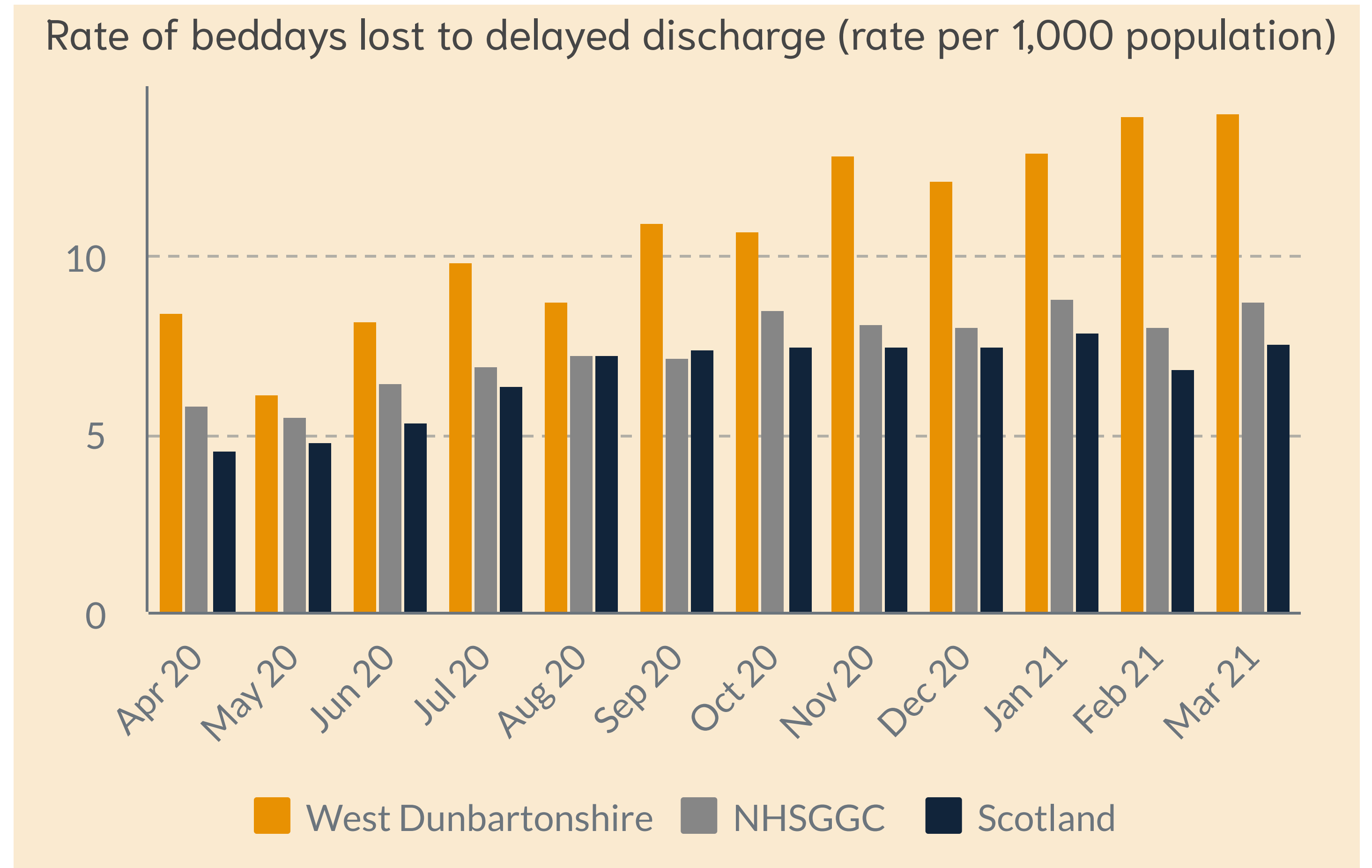
Hospital Inpatient and Day Case Activity

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.

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.

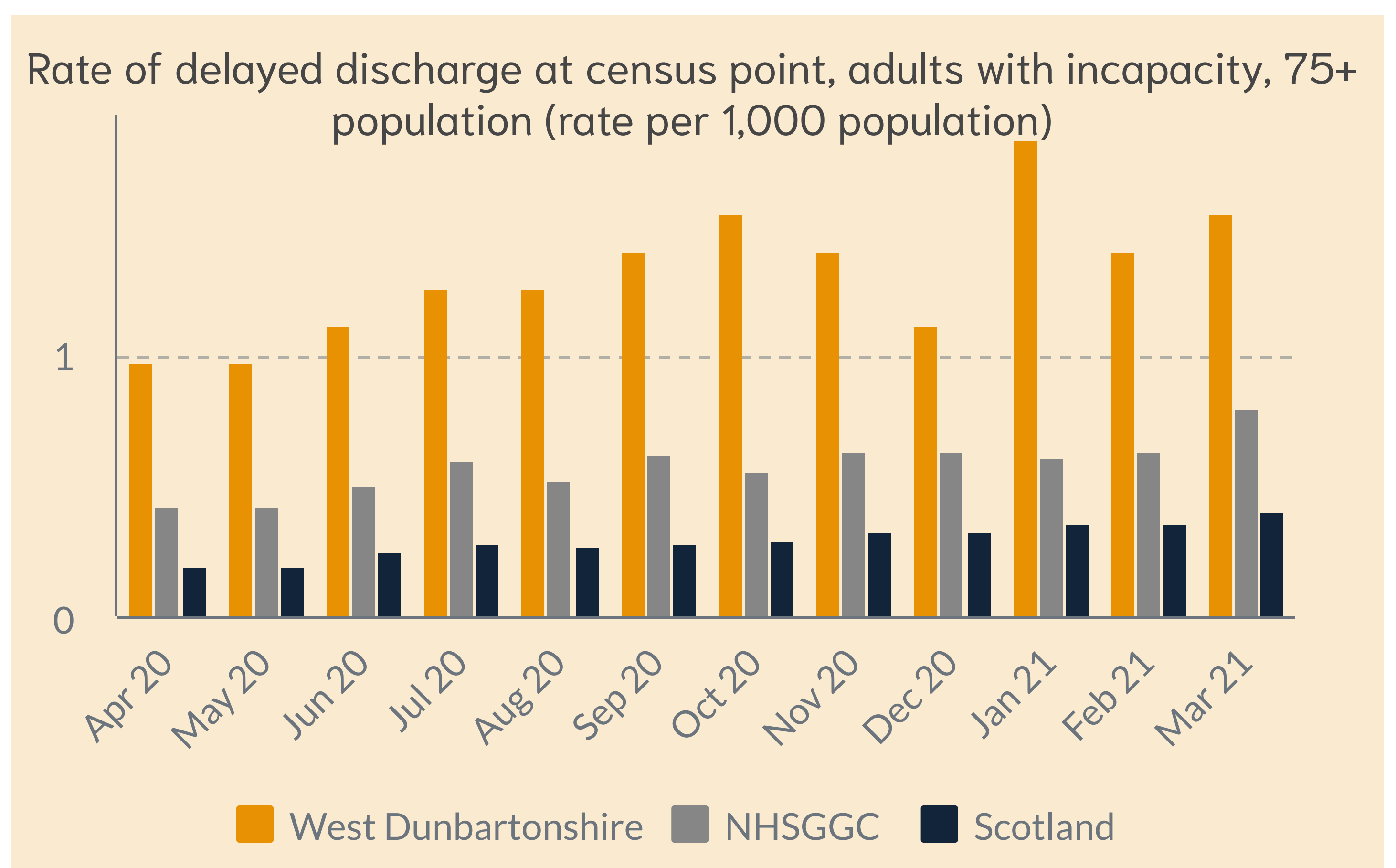
A delayed discharge is experienced by a hospital inpatient who is clinically ready to move on to a more appropriate care setting but is prevented from doing so for various reasons. The next stage of care covers all appropriate destinations within and outwith the NHS (patient's home, nursing home). The 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.

Rates of **bed-days lost to delayed discharge** are **higher in West Dunbartonshire** than NHSGGC or Scotland.



In the month of March 2021, **999** bed-days were lost in West Dunbartonshire due to delayed discharge.

The rate of delays at census point for **adults aged 75+ with incapacity** was consistently higher in West Dunbartonshire than NHSGGC and Scotland as a whole in 2020/21.



Census figures report on the number of people experiencing a delay in their discharge from hospital at the last Thursday of the month.



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. 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.

2,233

High Health Gain individuals in the financial year 2019/20 in West Dunbartonshire.
1,181 in Clydebank; 1,052 in Dumbarton/Alexandria

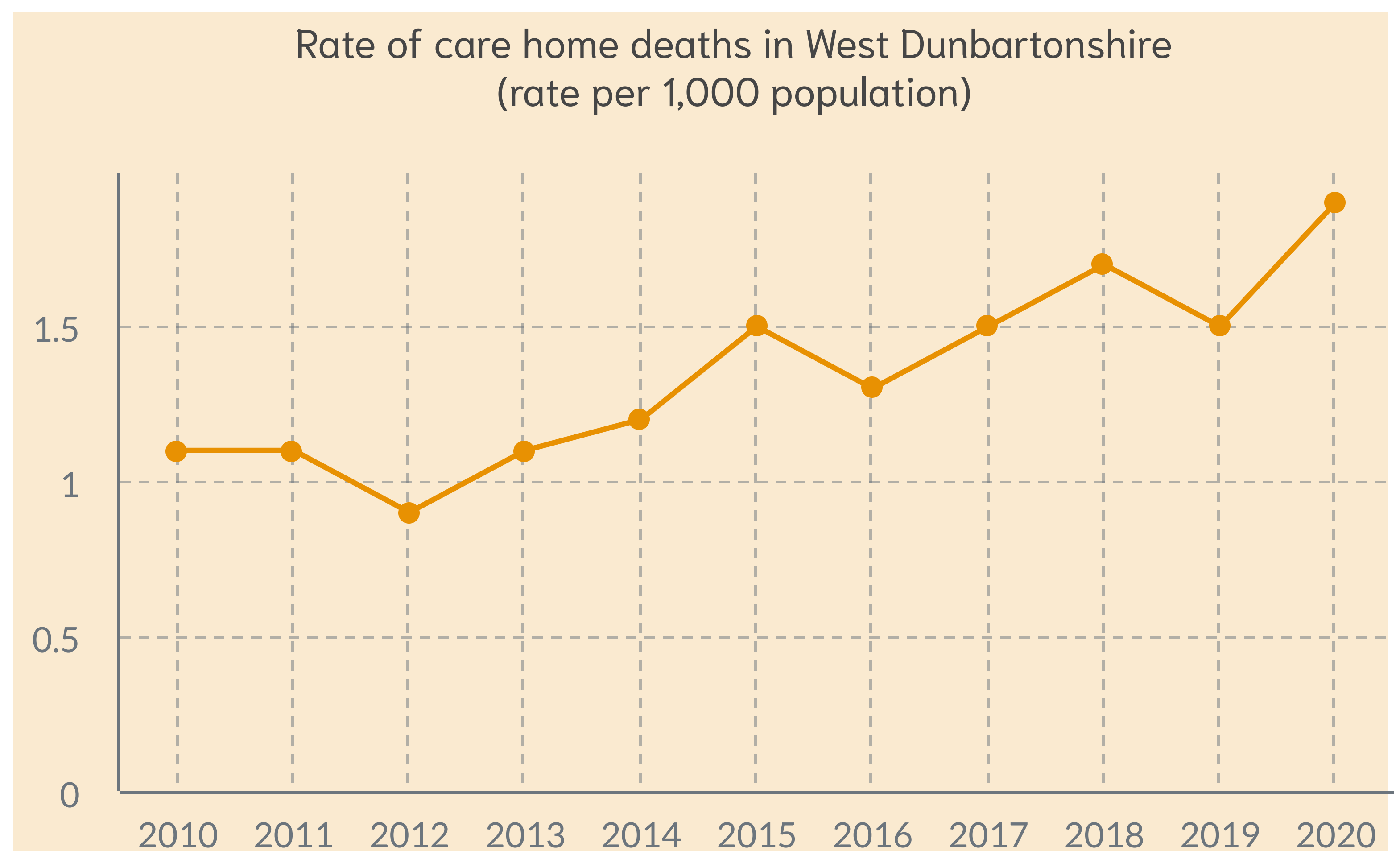
The highest resource consumption generated by high health gain individuals aged 65+ is in **acute in-patient non elective services**.

End of life care

91% of **palliative care patients** spend their last 6 months of life **at home or in a community setting**



The rate of **deaths in care homes** (including private care homes) has increased in West Dunbartonshire since 2012.





Carers

Across Scotland, **Young Carers** are more likely to live in the **most deprived areas**

Across Scotland, **Adult Unpaid Carers** are much more likely to be **female** than male.

The Carers Census, Scotland 2019–20 showed that 28% of young carers lived in the most deprived quintile, compared to 11% in the least deprived quintile.

The Carers Census, Scotland 2019–20 showed that females accounted for 76% of working age carers and 67% of carers aged 65 or over.

Carers of West Dunbartonshire

Carers of West Dunbartonshire (CWD) is the organisation commissioned by the HSCP to work alongside other partners to support carers. In 2020/21:

1,250 carers were supported by Carers of West Dunbartonshire

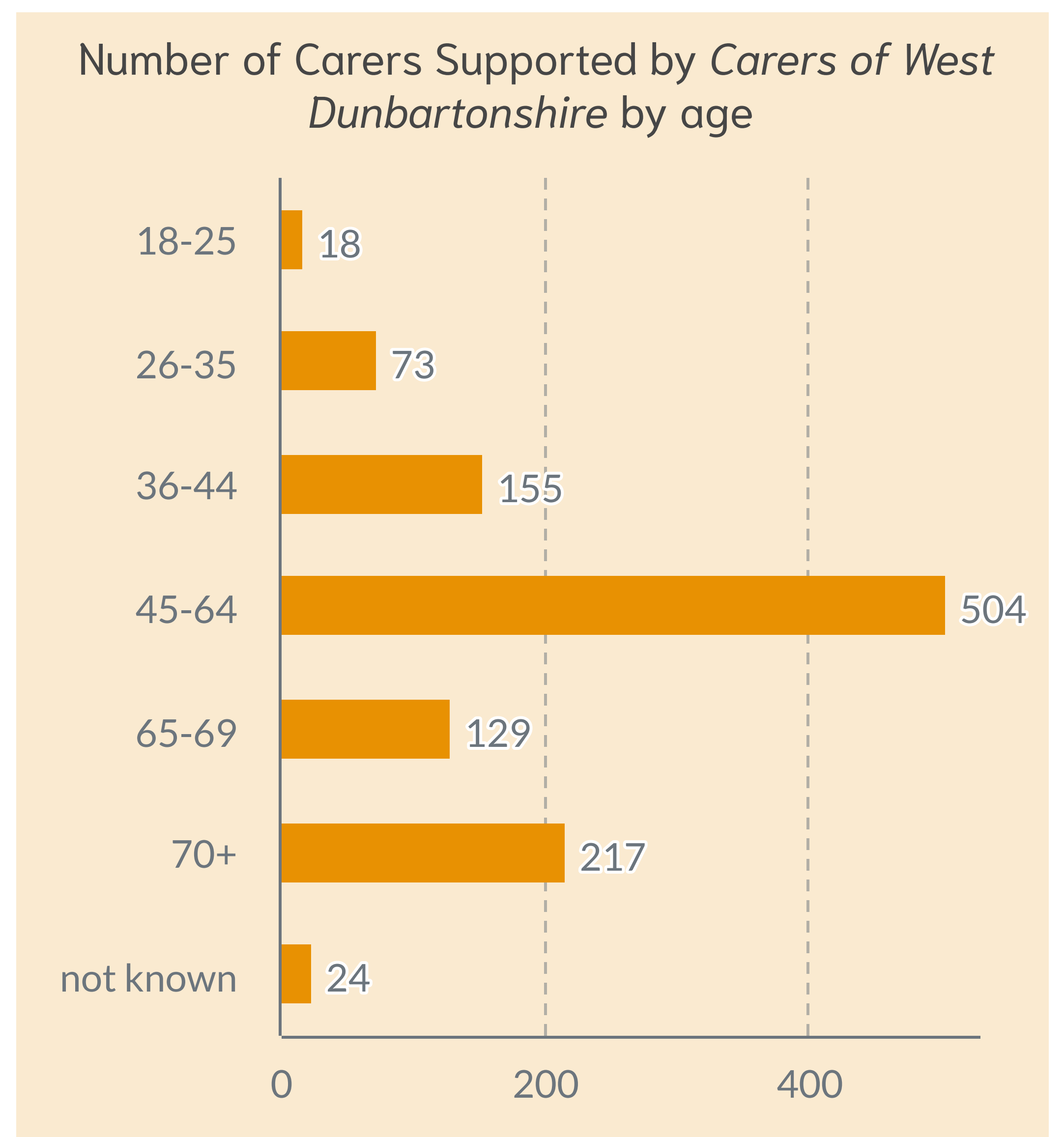
263 new carers were identified and supported by the service

504 (40%) of carers supported were aged 45–64.

76% of carers supported were female.



Carer needs include access to services, financial support and health and wellbeing support.



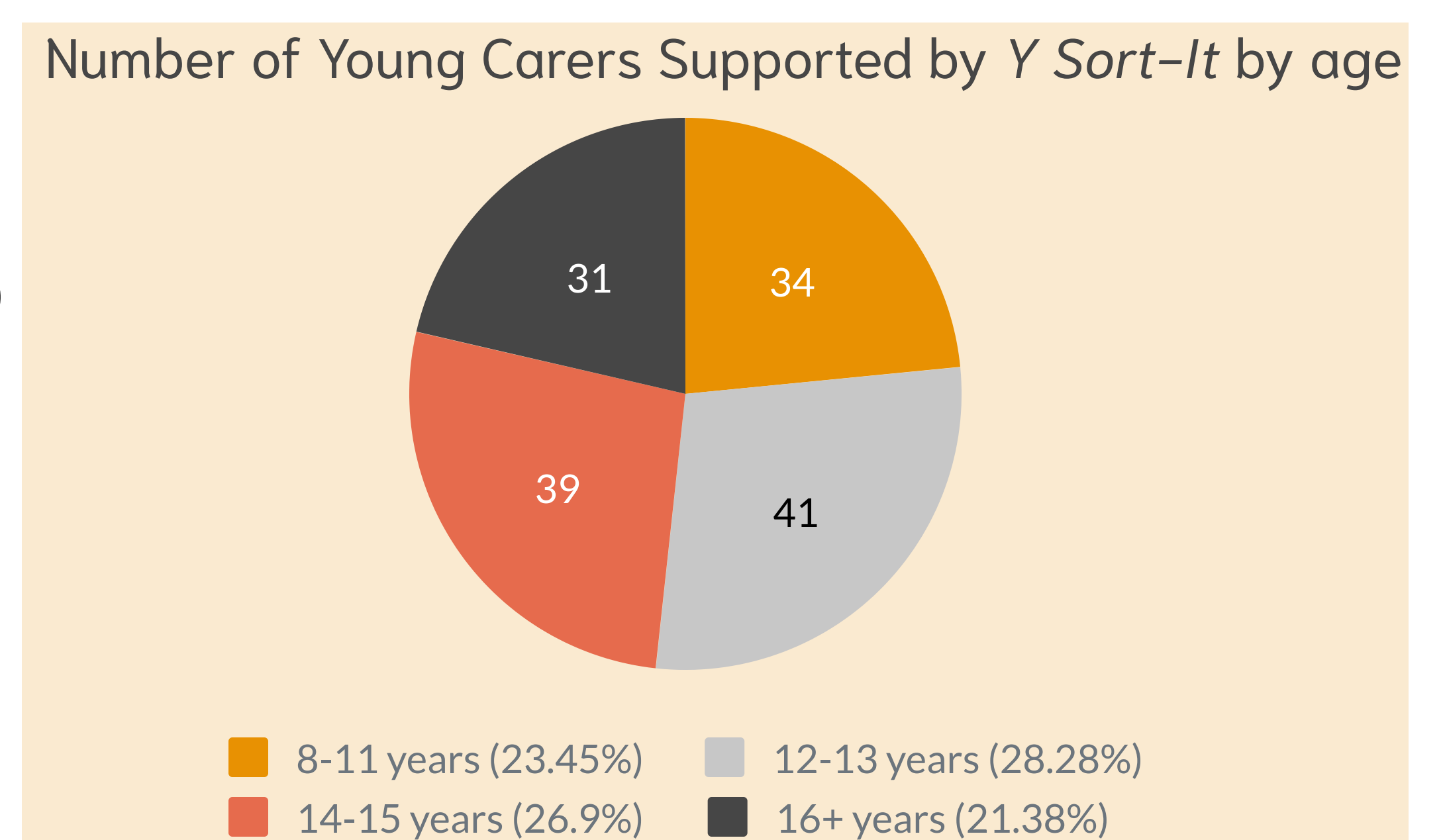
Y Sort-It

Y Sort-It is a third sector organisation which provides specialist support to young carers (8–15) and young adult carers (16–24).

As of February 2022:

145 young carers/young adult carers are being supported by Y Sort-It

52% of these are aged 8–13



This Executive Summary and infographics has been designed by
Traci Leven Research,
based on the Strategic Needs Assessment of Adults and Older
People produced by
West Dunbartonshire Health and Social Care Partnership.

For more information about the Strategic Needs Assessment,
please visit: www.wdhscp.org.uk