

Clackmannanshire and Stirling Health and Social Care Partnership

Strategic Needs Assessment - Focused Update

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1 Introduction

On 1st April 2016 Clackmannanshire & Stirling Health & Social Care Partnership (HSCP) published its first strategic plan to cover the period 2016-2019. The plan set out how the partnership intended to meet the current needs of the population as well as considering projected population changes. A key theme throughout was making the best of resources to deliver efficient and effective health and social care.

In order to support the production of the plan a [strategic needs assessment](#) was produced to provide an understanding of the health and care needs of the local population. The needs assessment was extensive and covered a wide range of topics including demographics, life circumstances, risk factors, population health and service provision. The needs assessment was finalised and published alongside the strategic plan in April 2016 and although many of the data sources will have been updated the key messages will remain relevant given only a short period of time has passed. With that in mind this iteration of the needs assessment is designed to be a more focussed update to sit alongside the original document to support the next iteration of the strategic plan.

After discussion with the Strategic Planning Working Group (SPWG) it was agreed that the needs assessment would fill a number of gaps previously identified from the last iteration (i.e. Adult Support and Protection, Prescribing, Blood Borne Viruses, Autism, Neurological Conditions, Transitions and Suicide) as well as focussing on the following areas:

- The population
- Unscheduled Care
- Delayed Discharges
- Care at Home
- Residential Care
- Respite Care

Information is presented at different geographical levels (Partnership, local authority, locality) dependent on the source of the information. For some areas information is only provided at local authority level.

1.1 Key Documents & Strategies

The needs assessment work covers a wide range of topics and service areas. However, it cannot be and does not claim to be extensive within each area. Some service and topic areas will have detailed strategies and needs assessments and this section aims to outline other key local documents that sit alongside the needs assessment work of the Health and Social Care Partnership and should help inform the strategic plan. Key documents include:

[First Iteration of HSCP Strategic Needs Assessment](#): This provided a comprehensive description of health and social care data relevant to Clackmannanshire & Stirling Health & Social Care Partnership and supported the development of the Strategic Plan.

[First Iteration of HSCP Strategic Plan](#) 2016-19: The Strategic Plan sets out how services will be delivered across Clackmannanshire and Stirling over this three year period. It explains what the Partnership's priorities are, why and how they were decided upon.

Clackmannanshire & Stirling HSCP Locality Profile: This presents a picture of current need and demand in the three localities. The information should inform discussion for the localities and support further analysis to inform the operational impact of decisions and planning decisions for the future.

Market Position Statement for Clackmannanshire and Stirling, 2017-2020. The purpose of the Market Position Statement is to help providers of health and social care services plan for future service delivery. It sets out key pressures, summarises current supply and expected demand and provides key messages about future priorities.

Unpaid Carers Needs Assessment and Local Strategy: A needs assessment was conducted to review information on carers and help to inform the local strategy. The local strategy, amongst other things, will set out plans for identifying carers and obtaining information about the care they provide, what support is available to carers, an assessment of the demand for support and plans for supporting carers.

Specialist Housing Needs Study: This was a study commissioned by the Partnership examining specialist housing needs focusing on Older People and Homeless Households highlighting key issues and putting forward recommendations.

Shaping the Future – Healthcare Strategy 2016-2021: The strategy was developed following a major review of clinical services across Forth Valley. It outlines ten key priorities which will guide how local health services will be delivered across Forth Valley over the next five years. These are prevention, person-centred, inequalities, personal responsibility, closer to home, partnership working, planning ahead, minimising delays, reducing variations and workforce.

Clinical Services Review: This was a major review of healthcare services across Forth Valley looking at eight key areas including cancer care, emergency and out-of-hours services, mental health and learning disability services, care for older people and end-of-life care, planned care, long term health conditions, women and children's services, clinical support services and infrastructure. This extensive programme helped identify several key themes and priorities reflected in the Healthcare Strategy.

NHS Forth Valley Dementia Strategy, 2017-2020: This is a three year strategy which aims to continually improve the care and experience of people with dementia across Forth Valley. Its shared vision is that by 2020 NHS Forth Valley will be a 'Dementia Friendly' community recognised as delivering safe, effective and person centred care for the population of Forth Valley. NHS Forth Valley's Healthcare Strategy (2016-2021) supports people with dementia by identifying the need for enhancement of community based services as well as psychiatric liaison services for older adults in the hospital.

Alcohol and Drug Partnerships Needs Assessment: An Alcohol and Drugs Needs Assessment is currently being carried out. This will help to support the local delivery plans and vision for reducing the harm caused by substance misuse across the Partnership.

Forth Valley Primary Care Improvement Plan 2018 to 2021: The new GP contract offer is supported by a Memorandum of Understanding which requires the development of a Primary Care Improvement Plan agreed by the NHS Board and Health and Social Care Partnerships in collaboration with GPs and the

Local Medical Committee An agreement has been made with the two Integration Authorities (Clackmannanshire and Stirling and Falkirk Health and Social Care Partnerships) to prepare a single Primary Care Improvement Plan for the Forth Valley area. The Memorandum of Understanding identified key priorities which should be included in the Primary Care Improvement Plan: Vaccination Transformation Programme; Pharmacotherapy Services; Community Treatment and Care Services; Urgent Care (advanced Practitioners); Additional Professional Roles and Community Link Worker.

2 Population

2.1 Current Population

A key aspect of determining the need of many health and social care services is the size and age distribution of the population. The table below illustrates the population profile across the Partnership. Clackmannanshire and Stirling as a whole has an estimated population of 145,100 with Stirling accounting for 65% (93,750) and Clackmannanshire for 35% (51,350).

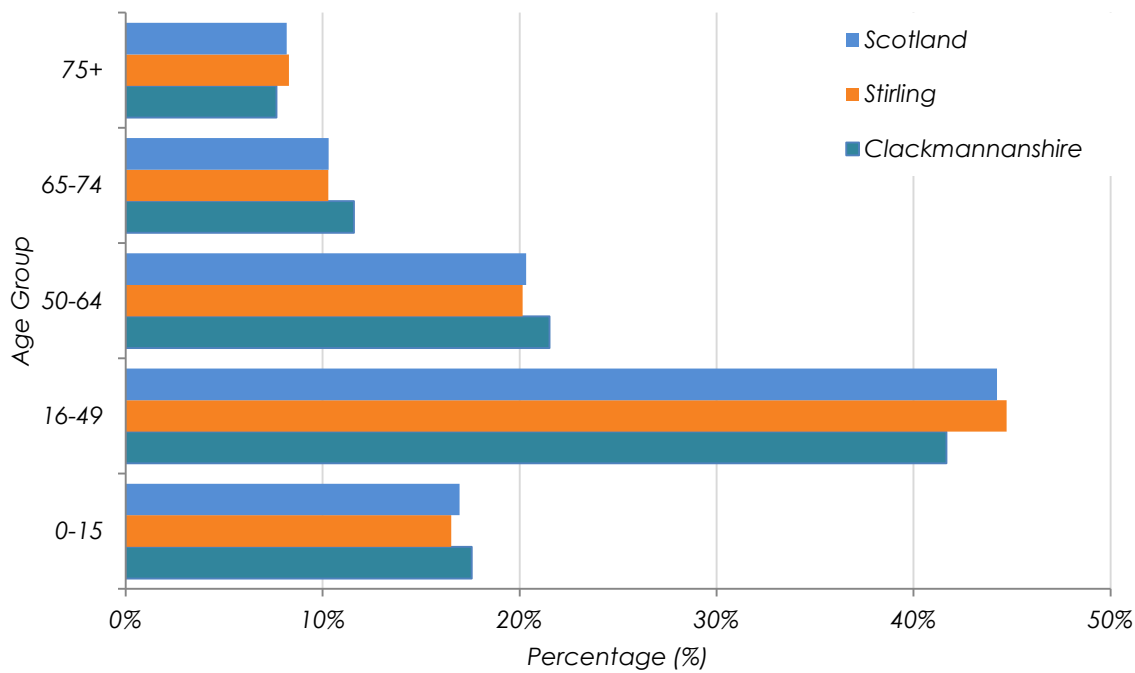
Table 2.1a: Clackmannanshire & Stirling Population Profile, 2016

Age Group	Clackmannanshire			Stirling			Clackmannanshire & Stirling		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
0-15	9,024	4,621	4,403	15,493	7,902	7,591	24,517	12,523	11,994
16-49	21,397	10,650	10,747	41,933	20,140	21,793	63,330	30,790	32,540
50-64	11,046	5,428	5,618	18,899	9,236	9,663	29,945	14,664	15,281
65-74	5,955	2,822	3,133	9,651	4,601	5,050	15,606	7,423	8,183
75+	3,928	1,646	2,282	7,774	3,202	4,572	11,702	4,848	6,854
Total	51,350	25,167	26,183	93,750	45,081	48,669	145,100	70,248	74,852

Source: National Records of Scotland (NRS) mid-year population estimates 2016

The figure below illustrate that the age profile in Clackmannanshire and Stirling is very similar to that of Scotland as a whole. Roughly 65% of the population are aged between 16 and 64, around 17% under 16, around 10% aged 65 to 74 and 8% aged over 75.

Figure 2.1a: Clackmannanshire & Stirling Age Distribution compared to Scotland



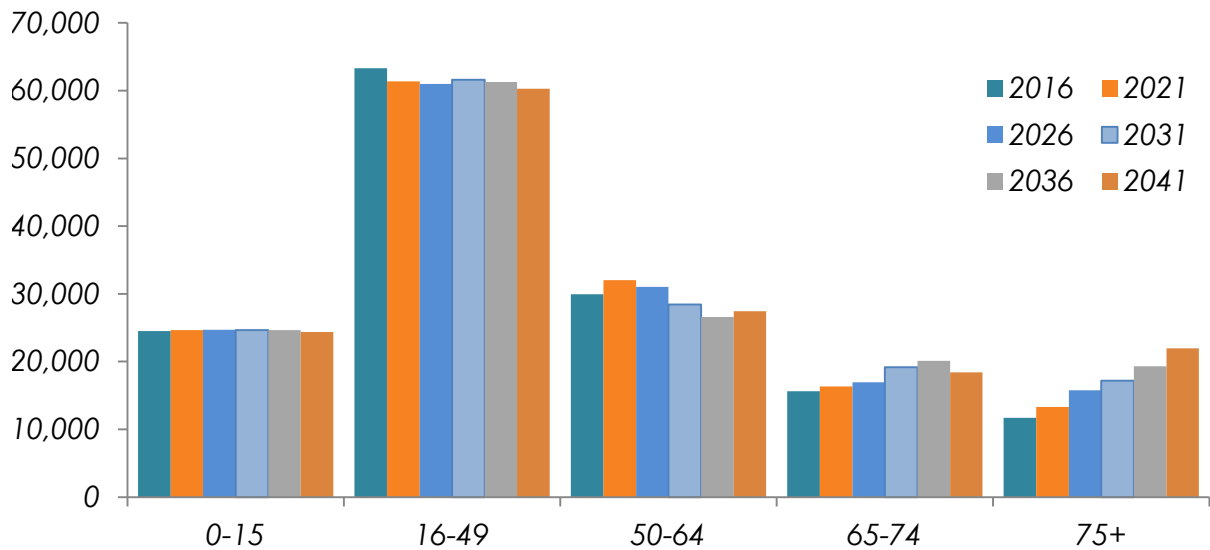
Source: National Records of Scotland (NRS) mid-year population estimates 2016

It is recognised that information on characteristics of the population such as ethnicity, religion and sexual orientation is limited, often dated, sometimes not recorded and generally not robust. Section 2 of the [initial needs assessment](#) pulls together much of the available data on population characteristics.

2.2 Population Projections

The size and makeup of the future population will be a key consideration when assessing the impact of demand.

Figure 2.2a: Population Projections for Clackmannanshire and Stirling HSCP (2016 based)



Source: National Records of Scotland (NRS) population projections

The chart above shows:

- The overall population is projected to increase by 5% by 2041. There are however differences in the age profile with the older aged population projected to increase considerably.
- In Clackmannanshire the older population is predicted to increase at the same time as the working age population is decreasing. This means that at the same time as demand for services could be increasing, it could be more challenging to employ the workforce to meet this demand.
- For people of pensionable age and over, Clackmannanshire's population is expected to increase by 27.5% by 2041 and Stirling's by 29.3% and for those aged 75 and over by 99.5% in Clackmannanshire and 81.5% in Stirling. Older people are generally high users of services and this could impact significantly on demand for services.

Figure 2.2b: Projected Percentage Change in Population in Clackmannanshire and Stirling (2016 based)



Note: Working age and pensionable age and over estimated from State Pension age. Estimates based on State Pension age. As set out in the 2014 Pensions Act, between 2014 and 2018, the state pension age will rise from 62 to 65 for women. Then between 2019 and 2020, it will rise from 65 years to 66 years for both men and women. A further rise in state pension age to 67 will take place between 2026 and 2028. Between 2044 and 2046, state pension age will increase from 67 to 68. The UK Government plan to review state pension age every five years in line with life expectancy.

3 Scottish Index of Multiple Deprivation and Health Inequalities

3.1 Scottish Index of Multiple Deprivation (SIMD)

The Scottish Index of Multiple Deprivation (SIMD) is the Scottish Government's official tool for identifying small area concentrations of multiple deprivation across all of Scotland. By using this and the National Records of Scotland population estimates ISD (Information Services Division) splits the population into five deprivation quintiles with approximately 20% of the population in each quintile where 1 is the most deprived and 5 the least. To compare Clackmannanshire and Stirling with Scotland the charts below

are based on Scotland level population-weighted SIMD quintiles where all Scotland's datazones are ranked and split into the five deprivation quintiles. They show that there is a differing deprivation profile within the Partnership with more of Clackmannanshire's datazones and population falling into the most deprived quintile while in Stirling more fall into the least deprived. That said, there will be pockets of higher deprivation within both. Deprivation can be a key contributing factor in the health of the population which the next section will explore.

Figure 3.1a: Scotland, Clackmannanshire & Stirling by SIMD Quintile



*Based on SIMD Scotland level population-weighted quintile and 2016 mid year population estimates.. Source: ISD Scotland.

3.2 Health Inequalities

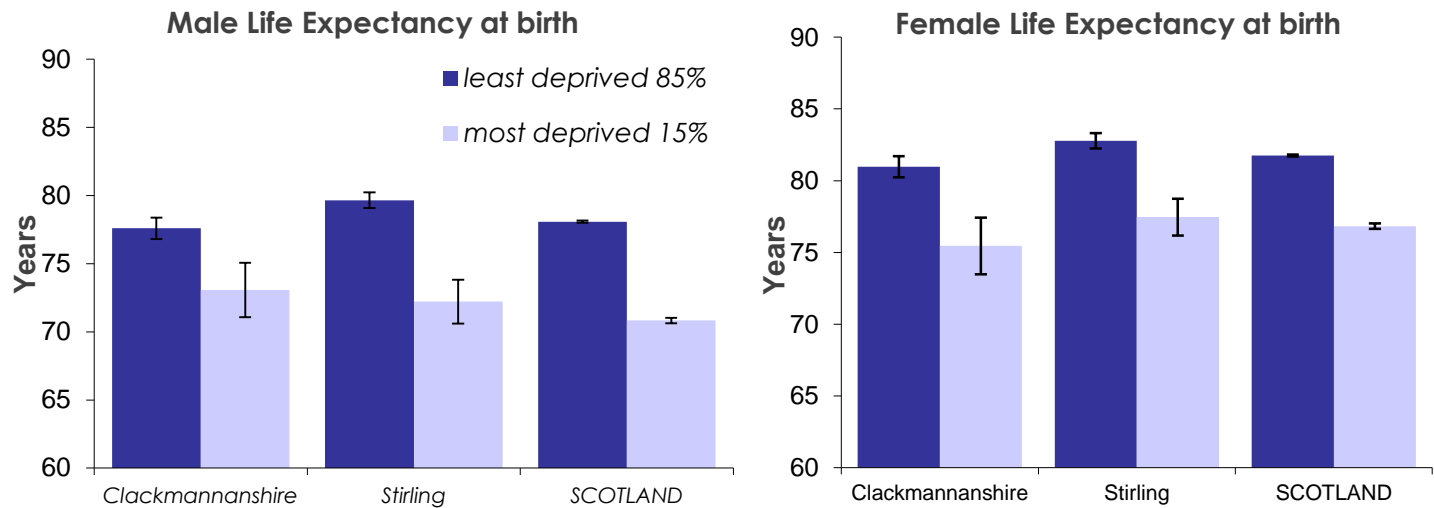
Health inequalities are the unjust and avoidable differences in people's health across the population and between specific population groups. Reducing health inequalities will help increase life expectancy and improve the health of people in disadvantaged groups. It could also bring economic benefits and would help to reduce costs to services. A Ministerial Task Force on Health Inequalities was established in 2007 to identify and prioritise practical actions to reduce the most

significant and widening health inequalities in Scotland. A technical advisory group set up in 2008 recommended a range of indicators on health inequalities to be monitored over time. The simplest measure is to compare the health of those in the lowest socio-economic group with those in the highest group. As we have seen there is a different deprivation profile across the Partnership and this section will explore the impact of deprivation on life expectancy, healthy life expectancy, premature mortality and mortality among 15-44 year olds.

3.2.1 Life Expectancy and Deprivation

Life expectancy is an estimate of how many years a person might be expected to live. National Records of Scotland (NRS) produces information on life expectancy at birth for the most deprived (MD) areas and least deprived (LD) areas of each council area. This is for 2011-15 and uses SIMD 2016 rank and datazones within each council as building blocks. The charts below show that there is a difference in life expectancy between the most and least deprived areas in Clackmannanshire, Stirling and nationally for both men and women.

Figure 3.2.1a: Male and Female Life Expectancy at Birth by Most and Least Deprived, 2011-2015

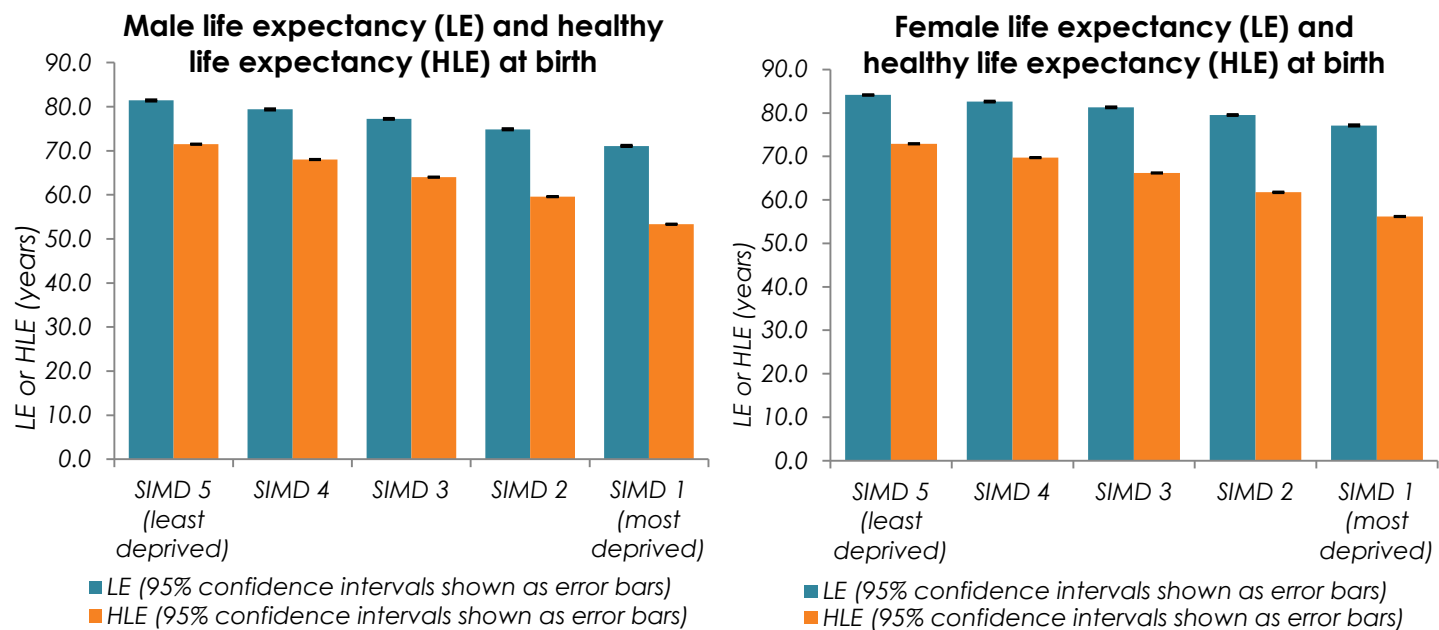


*Datazones within each area were ordered by SIMD 2016 rank (from most to least deprived) and the top 15% were assigned to most deprived 15% and the bottom 85% assigned to least deprived 85%. Life expectancy was calculated using the final age group of 90 years and older. Source: National Records for Scotland (NRS)

3.2.2 Life Expectancy and Healthy Life Expectancy

While life expectancy (LE) is an estimate of how many years a person might be expected to live healthy life expectancy (HLE) is an estimate of how many years they might live in a 'healthy' state. In Scotland males are expected to live both shorter lives, and shorter healthier lives compared with females. As the charts below show there is also a difference between areas of deprivation with those in the most deprived areas having both a lower life and healthy life expectancy.

Figure 3.2.2a: Male and Female Life Expectancy (LE) and Healthy Life Expectancy (HLE) at Birth in Scotland, by Deprivation Quintile, 2009-2013.



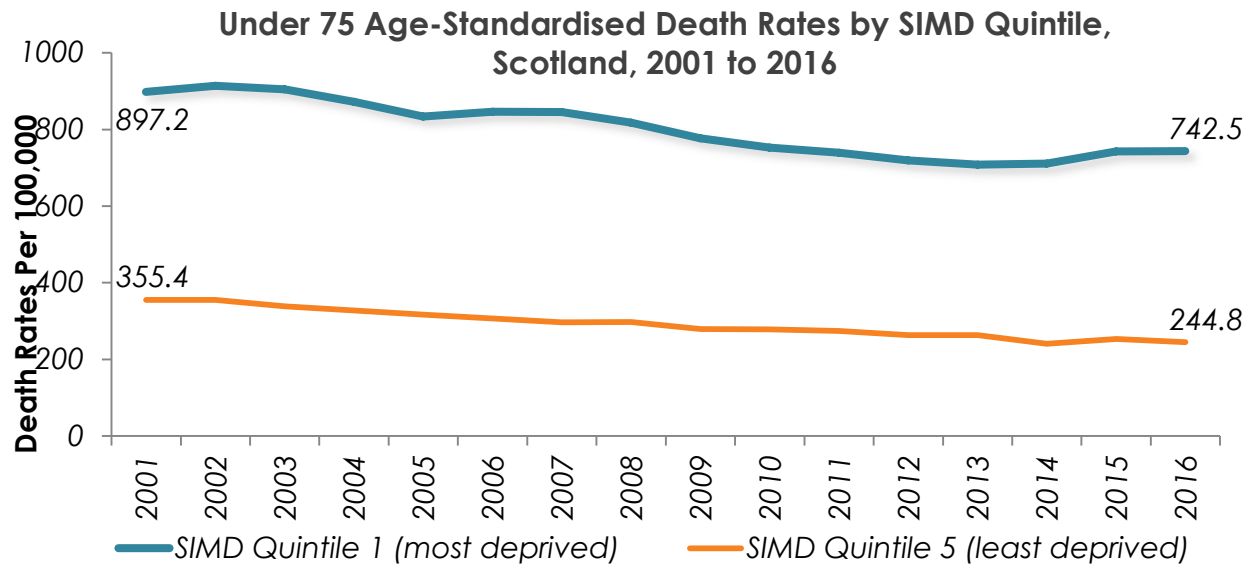
Source: abridged life tables, using:

- a) National Records of Scotland (NRS) mid-year population estimates
- b) NRS death registrations (by year of registration of death)
- c) Self-assessed health (SAH) from Census 2011 (5-point question)
- d) Deprivation quintiles based on the Scottish Index of Multiple Deprivation (SIMD), unweighted for population, SIMD 2009 v2 for 2009, and SIMD 2012 for period 2010-2013.

3.2.3 Premature Mortality and Deprivation

Premature mortality, people who die under the age of 75, is an important indicator of the overall health of the population. The fewer deaths that occur under the age of 75, the healthier the population is judged to be. Scotland has the highest rates of premature mortality in the UK and while premature mortality has been declining there has been a consistent large gap between the most and least deprived areas. While this reflects the Scottish population as there is a differing deprivation profile within the Partnership there is likely to be areas where premature mortality is higher.

Figure 3.2.3a: Under 75 Age-Standardised Death Rates by SIMD Quintile

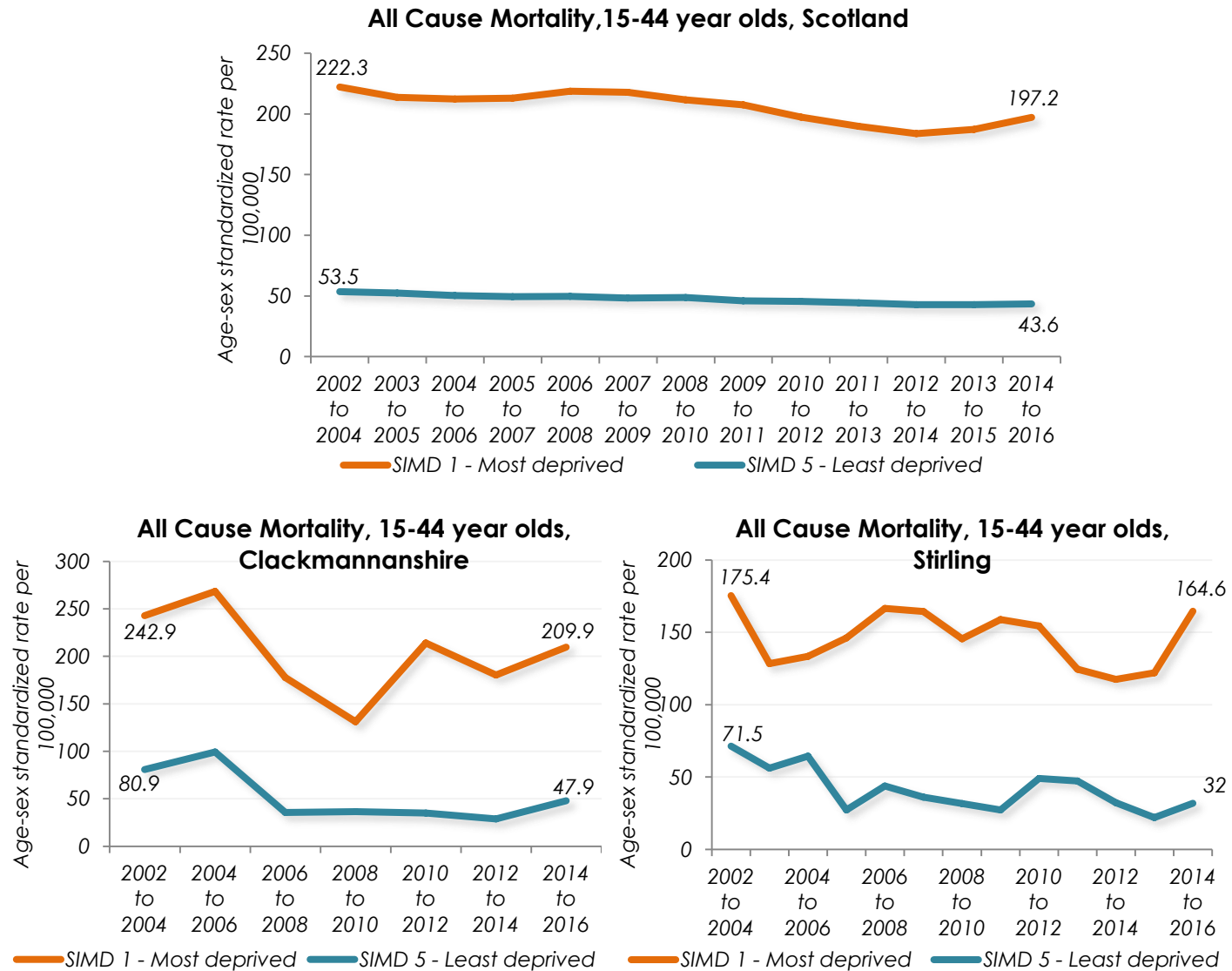


Source: National Records of Scotland (NRS)

3.2.4 Mortality among 15-44 year olds and Deprivation

All cause mortality among 15-44 year olds, is defined by the number of deaths from all causes of people between 15 and 44 years of age. Overall this has been declining (with some fluctuation) but as the figures below show again there is a consistent large gap between the most and least deprived areas.

Figure 3.2.4a: All Cause Mortality among 15-44 year olds, Scotland, Clackmannanshire and Stirling



*Notes:

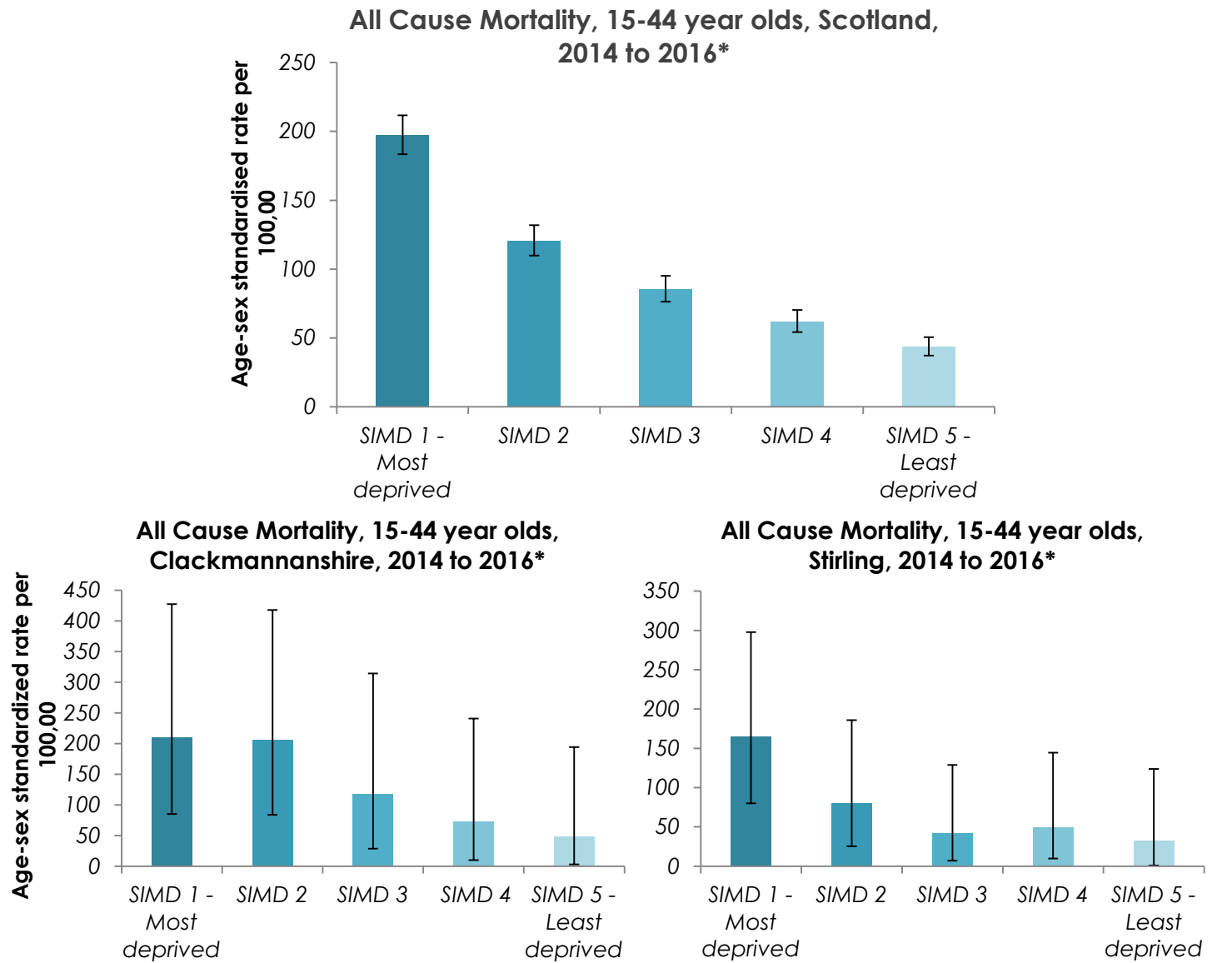
- 1. Clackmannanshire has data points every 2nd year
- 2. Stirling and Scotland have data points each year
- 3. Calendar Years; 3-year aggregates

Source: National Records of Scotland (NRS)

The charts below show that the mortality rate of 15-44 year olds decreases as deprivation decreases. A note of caution is however required when interpreting this. Error bars are used to indicate the range that a true value may lie with small error bars indicating a greater confidence in the value. There is a risk that when numbers are small this range may be large which will make interpretation difficult. While

the error bars are wide in Clackmannanshire and Stirling due to small numbers, overall the pattern is however similar to that for Scotland.

Figure 3.2.4b: All Cause Mortality, 15-44 year olds by Scottish Index of Multiple Deprivation (SIMD)



* 2014 to 2016, Calendar Years; 3-year aggregate.
Source: National Records of Scotland (NRS)

4 Service Provision

4.1 Unscheduled Care

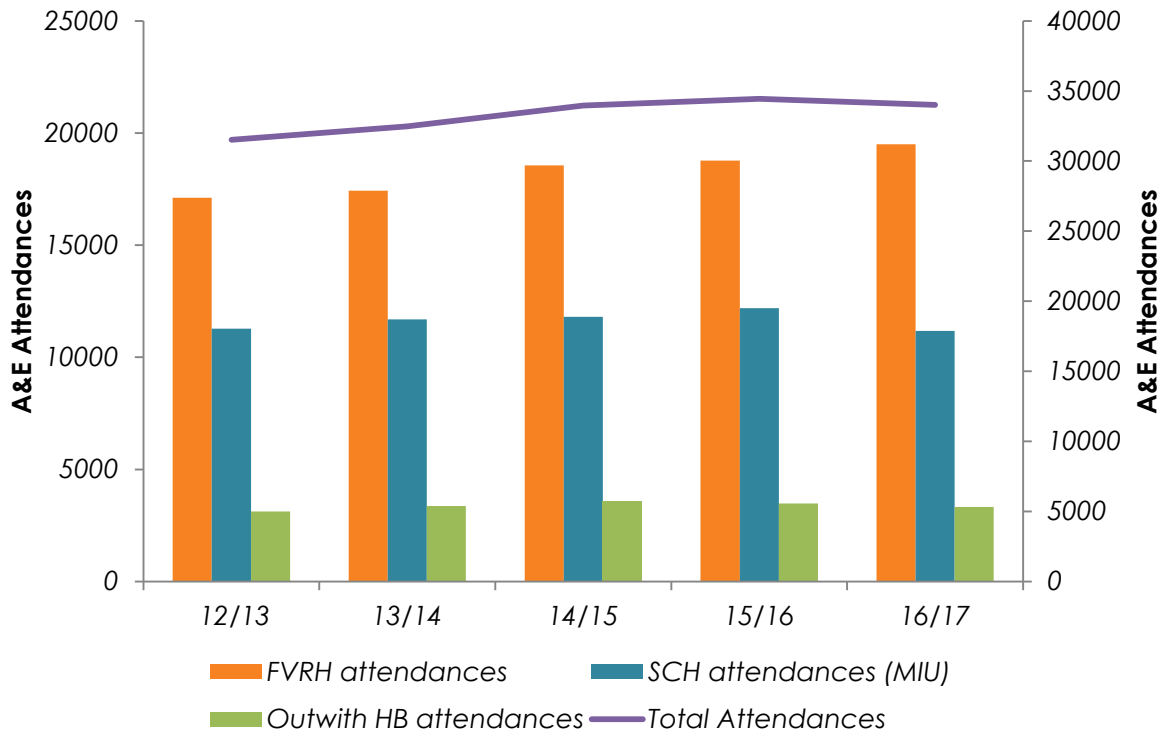
Unscheduled care is the unplanned treatment and care of a person usually as a result of an emergency or urgent event. Most of the attention on unscheduled care is on accident and emergency attendances and emergency admissions to hospital. This is a key focus area for Health and Social Care Partnerships across Scotland and they have recently submitted objectives, to Scottish Government, that look to reduce the utilisation of unscheduled care services.

4.1.1 Accident and Emergency Attendances

Since July 2011, Clackmannanshire, Stirling and Falkirk have been served by a single Accident and Emergency department at Forth Valley Royal Hospital in Larbert with a minor injuries unit at Stirling Community Hospital.

The charts below show that the number of A&E attendances in the Partnership overall have been increasing over the past five years and that they have been increasing at Forth Valley Royal Hospital. The percentage of A&E patients seen within 4 hours has generally been below 95% from April 2017.

Figure 4.1.1a: A&E Attendances (All Ages), 2012/13-2016/17



Source: ISD Scotland

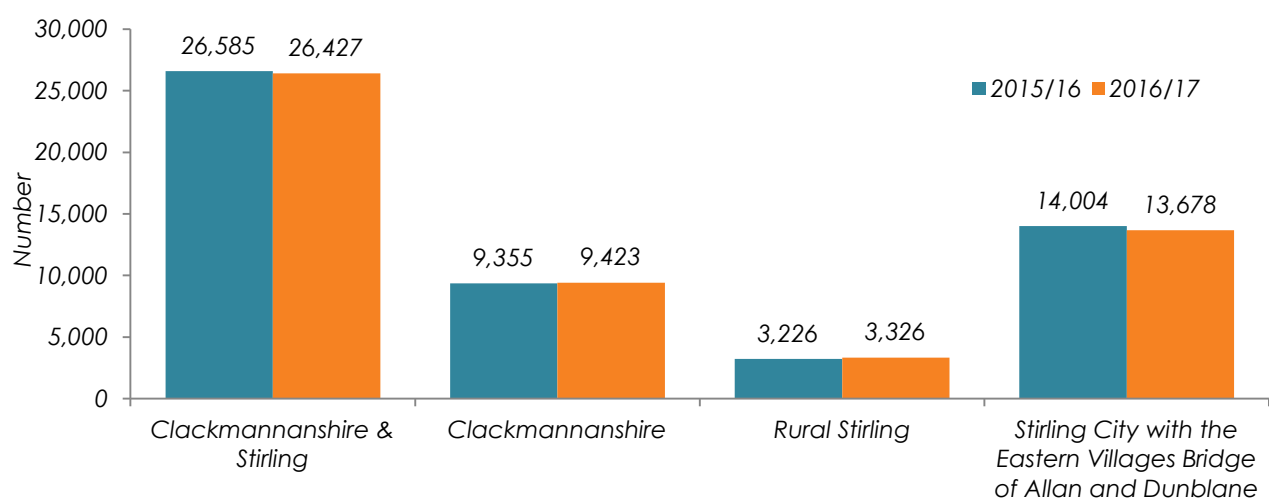
Table 4.1.1a: Percentage seen within 4 hours (All ages), 2017/18

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Clackmannanshire & Stirling	91.3 %	92.6 %	94.4 %	93.6 %	94.0 %	93.8 %	92.8 %	95.0 %	80.0 %	84.6 %	90.4 %	85.6 %

Source: ISD Scotland

In 2016/17 over three quarters of A&E Attendances in the Partnership were for people aged 18 or over. The chart below looks at A&E attendances of those aged 18+ in 2015/16 and 2016/17 in the Partnership and shows that over half of attendances were by people resident in Stirling City with the Eastern Villages, Bridge of Allan and Dunblane (53% and 52% respectively). This is slightly more than the proportion of this population in 2016 (48% of the Partnership’s population). Rural Stirling accounted for a lower proportion of A&E attendances (12% and 13% respectively) than the population (17% of the Partnership population). Of the three localities Stirling City with the Eastern Villages, Bridge of Allan and Dunblane had the highest rate of emergency admissions and Rural Stirling the lowest.

Figure 4.1.1b: A&E Attendances (18+) by locality, 2015/16-2016/17



Source: ISD Scotland

Table 4.1.1b: Rate of A&E Attendances (18+) by Locality, 2015/16-2016/17

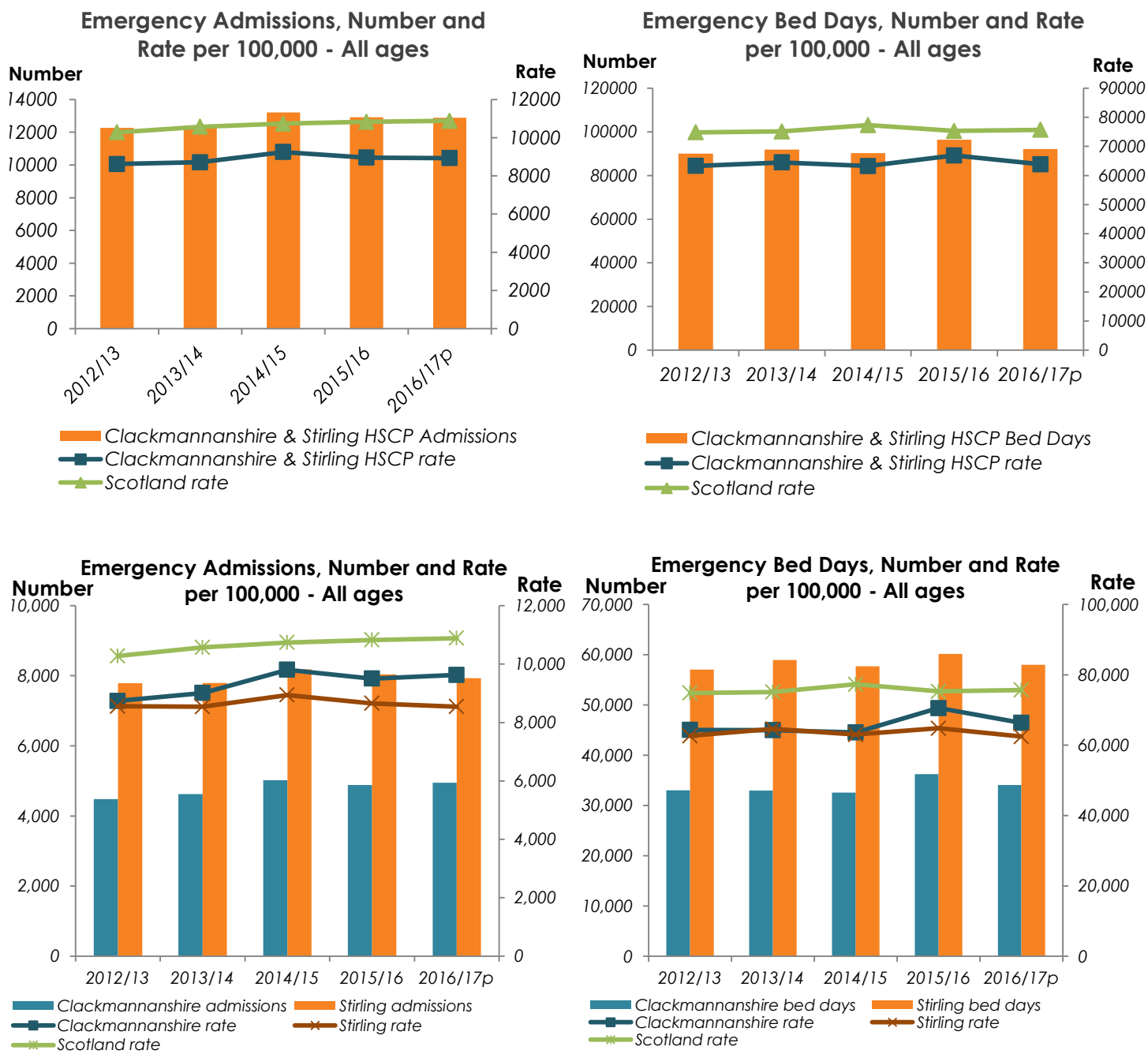
	2015/16	2016/17
Clackmannanshire	227.5	229.3
Rural Stirling	162.4	166.3
Stirling City with the Eastern Villages, Bridge of Allan and Dunblane	254.1	244.4
Clackmannanshire & Stirling HSCP	229.0	225.8

* Rates calculated using 2015 and 2016 18+mid year population estimates. Source: ISD Scotland

4.1.2 Emergency Admissions

The charts below show that the rate of emergency admissions to hospital and emergency bed days (per 100,000 population) in Clackmannanshire and Stirling has been lower than the Scotland average for some time. The actual number of emergency admissions and bed days has risen and fallen over the same period.

Figure 4.1.2a: Emergency Admissions and Bed Days



Source: SMR01, ISD Scotland

The charts above also show that the rate of emergency admissions and bed days is highest in Clackmannanshire. This marries with the [Clackmannanshire and Stirling HSCP locality profiles](#) which showed that while the emergency admission rate in all three localities was below the national average Clackmannanshire’s rate was the highest and Rural Stirling’s the lowest.

Emergency admissions are strongly related to patient age and deprivation. In 2016/17 the percent of emergency admissions for those 65 and over was less than half but they accounted for around 70% of the emergency bed days in both Local Authorities in the Partnership and Scotland implying that although there were less people they were staying for longer. These proportions were consistent with

those in the prior four years. The rate of emergency admissions and bed days also increases with age. The rates for the age groups below are all below the national average with the exception of Clackmannanshire's Bed Day Rate for patients 85+ which has been increasing annually over the past four years.

Table 4.1.2a: Percentage of Emergency Admissions and Bed Days for People 65+, 2016/17p

Emergency Admissions 2016/17p	% Emergency Admissions 65+	% Emergency Bed Days 65+
Clackmannanshire	42%	70%
Stirling	45%	71%
Scotland	44%	71%

P provisional. Source: ISD Scotland

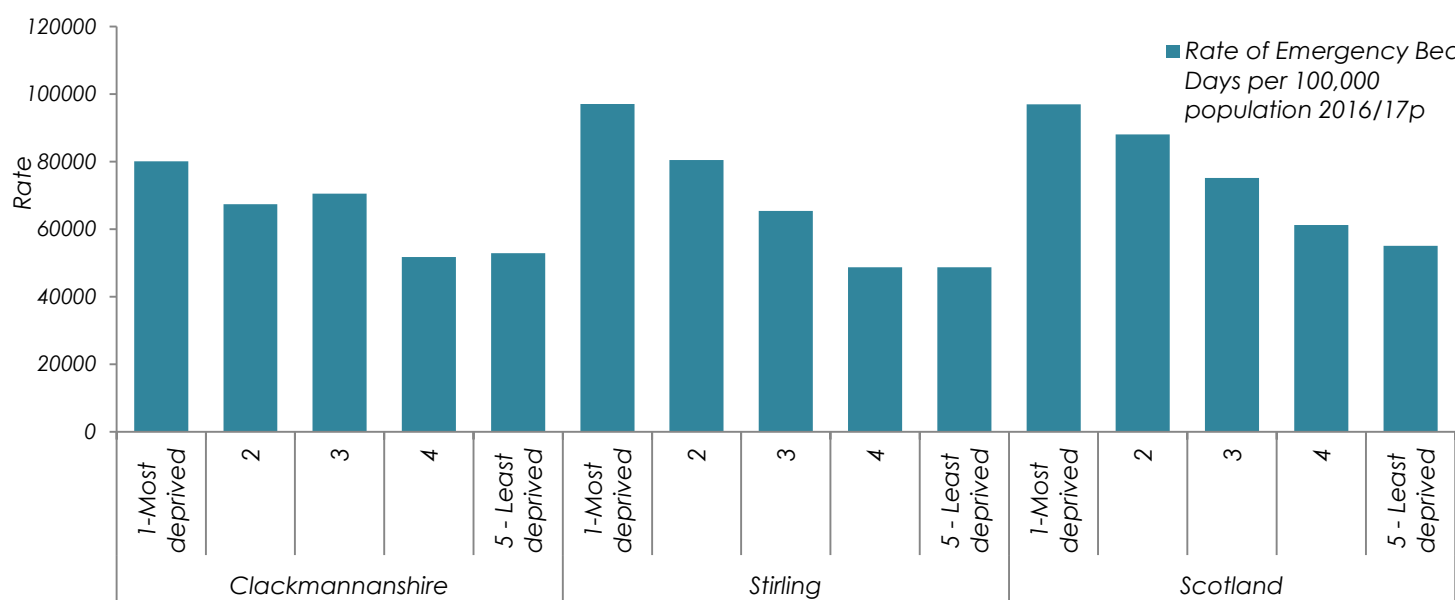
Table 4.1.2b: Emergency Admission and Bed Day Rates by Age Group, 2016/17p

2016/17p	Rate of Emergency Admissions per 100,000			Rate of Emergency Bed Days per 100,000		
	Clackmannanshire	Stirling	Scotland	Clackmannanshire	Stirling	Scotland
All Ages	9,628	8,545	10,884	66,367	62,453	75,701
65+	21,234	20,615	25,937	246,811	239,340	293,165
75+	32,122	30,835	37,240	447,047	405,651	487,690
85+	48,806	46,674	54,080	865,317	755,750	853,207

P provisional. Source: ISD Scotland

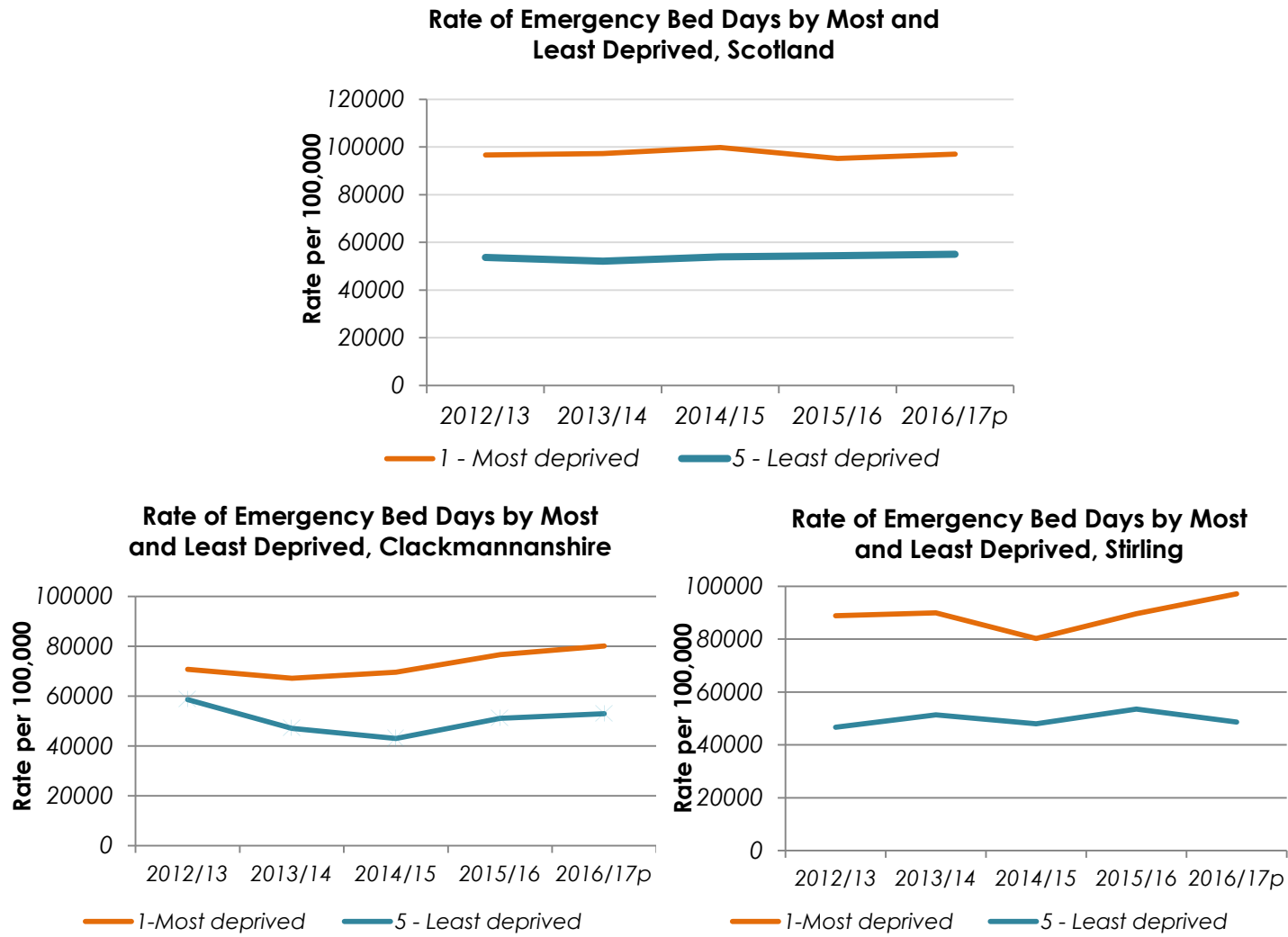
The charts below looks at the rate of emergency bed days in 2016/17 by deprivation and shows that the rate is highest in the most deprived areas and decreases as deprivation decreases. They also show the gap between the most and least deprived areas and how it has widened in the past five years in both local authorities in the Partnership, particularly in Clackmannanshire.

Figure 4.1.2b: Rate of Emergency Bed Days per 100,000, 2016/17p.



P provisional. Source: ISD Scotland

Figure 4.1.2c: Rate of Emergency Bed Days by Most and Least Deprived Areas – Scotland, Clackmannanshire and Stirling



*p Provisional. Source: ISD Scotland

4.1.3 Multiple Emergency Admissions

In Scotland the rate of people who have multiple emergency admissions (2 or more) has been increasing over the past five years. The rate in Clackmannanshire and Stirling has consistently been below the national average and while fluctuating slightly in Clackmannanshire over the past couple of years it has been declining in Stirling. In 2016/17 in Stirling 43% of multiple emergency admissions (2 or more) were for patients 65+ who accounted for 62% of the bed days related to multiple admissions which is comparable to the national average (42% accounting for 63% of bed days). This was lower in Clackmannanshire where 38% accounted for 56% of the bed days related to multiple admissions.

4.1.4 Primary Care Out of Hours

Primary care out--hours services provide support to people who require medical care outwith normal GP surgery hours.

The table below shows that the rate of cases at GP Out of Hours in Forth Valley Health Board for people residing in the Partnership has been relatively stable in the past four years and, for the most, has been below the Scottish average. The lowest rate has been for those living in Rural Stirling.

Table 4.1.4a: Number and Rate of Cases at GP Out of Hours (OOH) in NHS Forth Valley by Locality¹⁻³

	GP OOH Number Of Cases				Rate per 1,000 population			
	14/15	15/16	16/17	17/18	14/15	15/16	16/17	17/18
Clackmannanshire & Stirling HSCP	21,826	22,570	21,664	21,779	157.1	162.5	155.9	156.8
- Clackmannanshire	9,005	9,153	8,571	8,893	175.4	178.2	166.9	173.2
- City of Stirling with the Eastern Villages, Bridge of Allan and Dunblane	10,477	11,012	10,685	10,492	166.7	175.2	170.0	167.0
- Rural Stirling	2,344	2,405	2,408	2,394	94.8	97.2	97.4	96.8
Scotland	894,866	891,227	850,001	871,546	165.6	164.9	157.3	161.3

¹ GP Out of Hours Data is extracted monthly into Unscheduled Care Datamart

² 'Case' is used to identify a patient's single encounter (service contact) with the OOH Service. Within a single case a patient may have multiple consultations with OOH health care professionals

³ Populations based on the 2016 estimates

Source: Unscheduled Care Datamart, ISD Scotland

4.2 Delayed Discharges from Hospital

A delayed discharge is a hospital inpatient who is clinically ready for discharge from inpatient hospital care and who continues to occupy a hospital bed beyond the ready for discharge date.

The charts below look at the number of delays at a certain point each month (the census point) from April 2016, as well as the number of days patients spend delayed in hospital following their ready for discharge date. They are split by all delays excluding those outwith the control of the Partnership (termed Code 9 delays) and Code 9 delays.

Figure 4.2a: Number of Patients Delayed at the Census, Clackmannanshire & Stirling HSCP

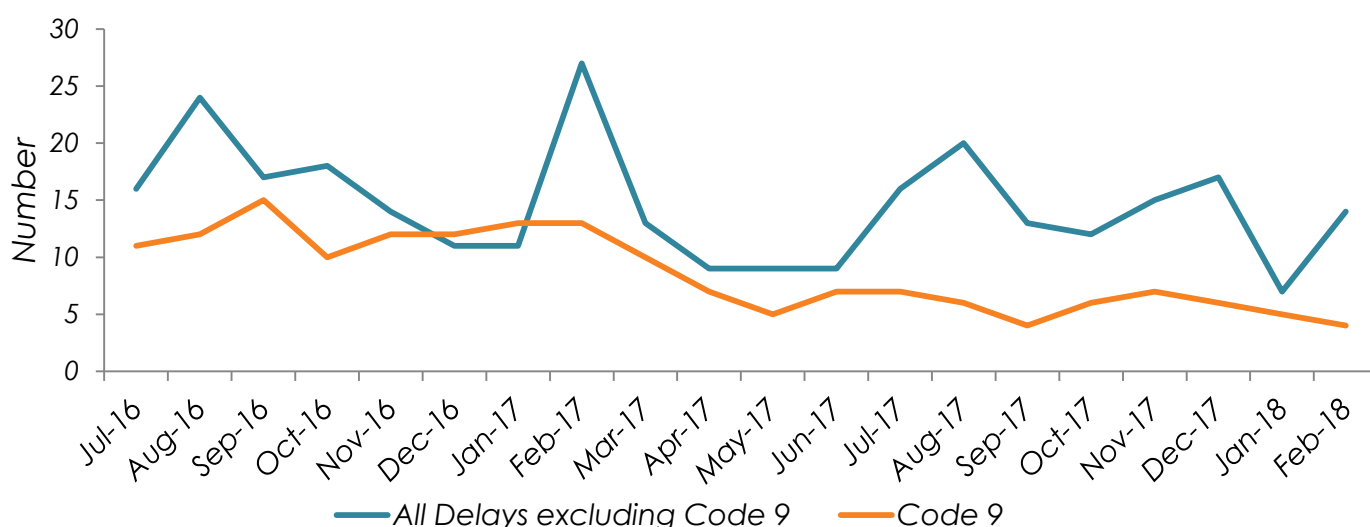
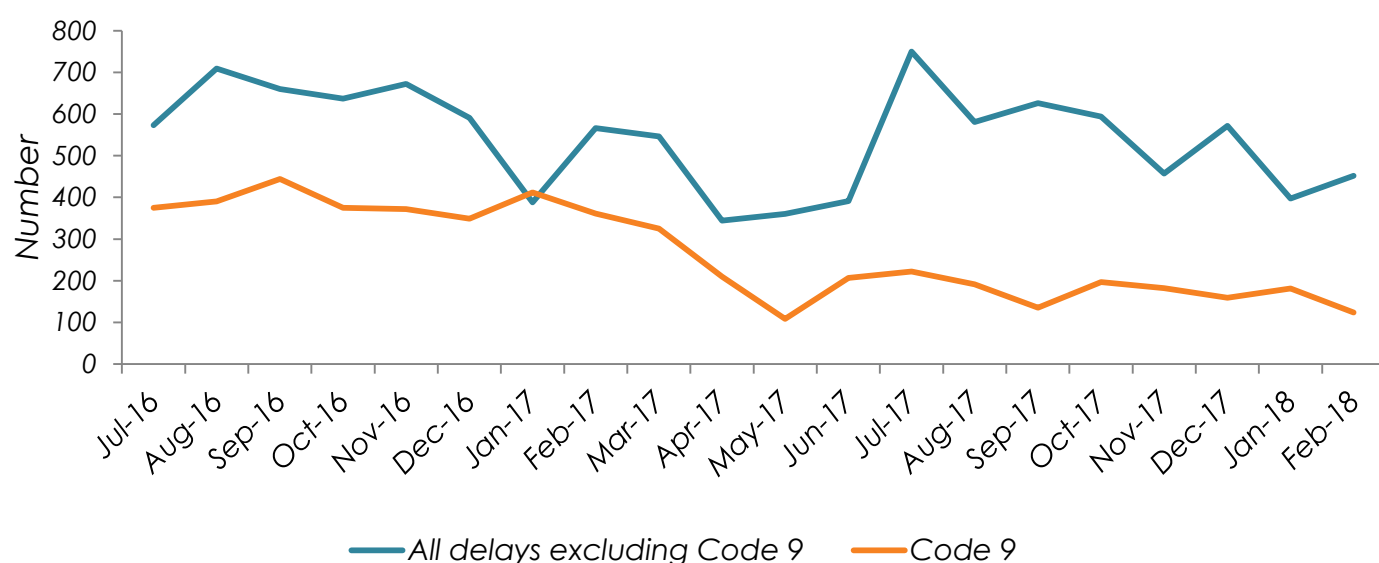


Figure 4.2b: Number of Days Patients spend Delayed in Hospital, Clackmannanshire & Stirling HSCP



Source: ISD Scotland

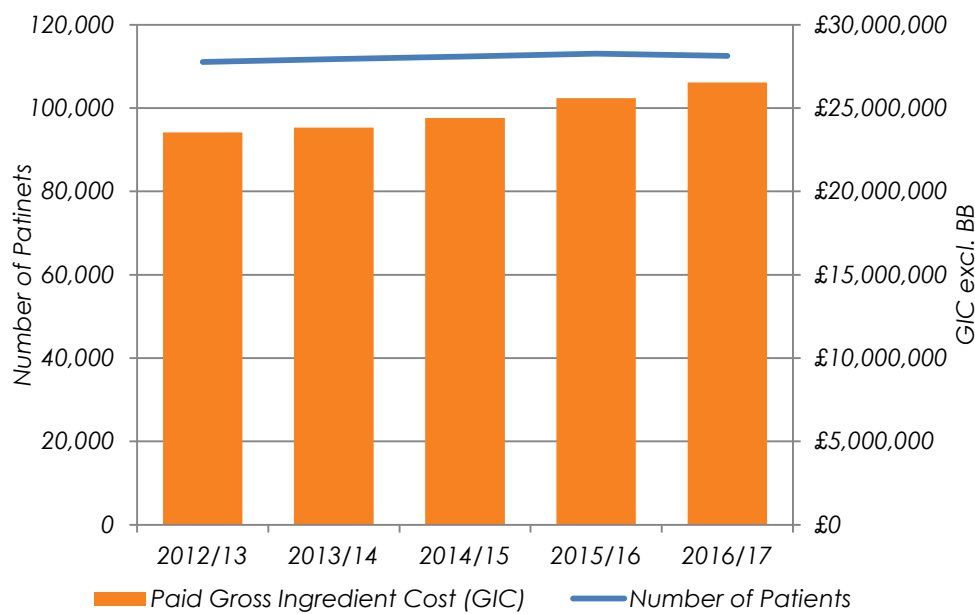
They show that:

- The number of delays at the monthly census point is low and has been declining – in February 2018 there were 14 delays in the Partnership (excluding Code 9 delays). The number of Code 9 delays is also low and been in decline. Similarly the number of days patients spend delayed in hospital following their ready for discharge date has been declining, particularly for Code 9 delays.
- In February 2018 around two thirds (65%) of days spent delayed in hospital due to health and social care reasons or patient and family related reasons involve patients 75 and over. This compares with 73% in Scotland.

4.3 Primary Care Prescribing

Approximately 10% of Health & Social Care spend in Clackmannanshire & Stirling relates to primary care prescribing. While this is a significant proportion of the total spend effective prescribing helps individuals manage their chronic disease in a community setting and may help prevent attendance or admission to hospital. The figure below shows that the number of people prescribed items has been relatively stable over the past five years however costs have been increasing. We also know that the elderly population is expected to rise as well as the number of individuals living with complex conditions and it is likely that this will also impact on the longer term prescribing patterns for the Partnership.

Figure 4.3a: Number of People Prescribed Items and Gross Ingredient Cost, 2012/13 to 2016/17, Clackmannanshire & Stirling HSCP



* Paid Gross Ingredient Cost (GIC) excludes broken discount. GIC is the cost of medicines and appliances reimbursed at list price. Source: Prescribing Information System, ISD Scotland (extracted 13/09/18)¹.

The table below gives the number of people prescribed items and the associated costs split by British National Formulary (BNF) category by locality and Partnership for 2016/17. People can be counted in more than one category and the top five chapters for patients and costs have been highlighted. It shows that some of the highest activity in terms of patients and costs are the Central Nervous System, Gastro-Intestinal System and Cardiovascular System. Some of the most expensive areas per person however are stoma appliances and malignant disease. The table is also split by HSCP locality. There are a variety of different reasons why prescribing patterns can vary from area to area. For instance, different practices serve different people; some have greater numbers of older adults, more children or higher levels of deprivation for example. For these reasons comparisons between areas should be undertaken with caution.

¹ Footnotes include: Includes patients resident in Clackmannanshire and Stirling HSCP who had an item prescribed. Based on postcode. Includes all prescriber and dispenser types and is for that dispensed within the community only and data is based on items which have been prescribed, dispensed and submitted for payment. Includes items prescribed in England and dispensed in Scotland and excludes items prescribed in Scotland and dispensed in England. Excludes private prescriptions (other than control drugs), hospital and direct supply of medicines to patients. Paid Gross Ingredient Cost excludes broken bulk discount, paid financial year is the year in which payment is claimed and number of patients is based on a count of valid Unique Patient Identifiers (UPIs) (UPI is not always captured therefore there may be a small amount of underestimation). Data is based on BNF hierarchy and not clinical usage and information on postcode is not a unique count as patients may have had different postcodes within the timeframe.

Table 4.3a: Number of People Prescribed Items by BNF Chapter, 2016/17, Clackmannanshire & Stirling HSCP

		Clackmannanshire	Rural Stirling	Stirling City with the Eastern Villages, Bridge of Allan and Dunblane	Clackmannanshire & Stirling		
Chapter	BNF Chapter	Number of Patients	Number of Patients	Number of Patients	Number of Patients	Cost to the nearest £	£/person
1	GASTRO-INTESTINAL SYSTEM	15,605	6,863	18,288	40,756	£1,893,507	£46
2	CARDIOVASCULAR SYSTEM	15,045	6,504	16,737	38,286	£3,217,336	£84
3	RESPIRATORY SYSTEM	11,594	5,099	13,725	30,418	£3,079,083	£101
4	CENTRAL NERVOUS SYSTEM	22,452	8,335	24,692	55,479	£6,256,924	£113
5	INFECTIONS	16,966	7,934	18,874	43,774	£929,356	£21
6	ENDOCRINE SYSTEM	8,928	3,921	9,910	22,759	£3,356,193	£147
7	OBSTETRICS, GYNAE & URINARY TRACT DISORDERS	7,812	3,440	10,021	21,273	£1,188,763	£56
8	MALIGNANT DISEASE & IMMUNOSUPPRESSION	632	355	781	1,768	£740,674	£419
9	NUTRITION AND BLOOD	6,048	2,781	7,383	16,212	£1,075,059	£66
10	MUSCULOSKELETAL & JOINT DISEASES	10,689	4,808	12,072	27,569	£677,025	£25
11	EYE	4,541	2,398	5,303	12,242	£396,884	£32
12	EAR, NOSE & OROPHARYNX	7,081	3,249	8,873	19,203	£276,327	£14
13	SKIN	14,641	6,909	17,936	39,486	£1,016,965	£26
14	IMMUNOLOGICAL PRODUCTS & VACCINES	550	334	487	1,371	£38,245	£28
15	ANAESTHESIA	560	282	657	1,499	£178,013	£119
19	OTHER DRUGS AND PREPARATIONS	373	160	566	1,099	£20,483	£19
20	DRESSINGS	1,228	705	1,567	3,500	£345,747	£99
21	APPLIANCES	6,468	2,846	7,368	16,682	£701,844	£42
22	INCONTINENCE APPLIANCES	373	213	446	1,032	£166,414	£161
23	STOMA APPLIANCES	560	246	621	1,427	£739,077	£518
	BLANK	687	381	947	2,015	£239,658	£118.94

Source: Prescribing Information System, ISD Scotland (extracted 27/03/18). See footnotes of Figure 4.3a.

There has also been an increase in patients prescribed items from Anaesthesia (857 patients in 2012/13 to 1,499 in 2016/17), Appliances (11,559 in 2012/13 to 16,682 in 2016/17) and Stoma Appliances (1,190 in 2012/13 and 1,427 in 2016/17) and a decrease in patients prescribed items from Infections (49,413 in 2012/13 to 43,774 in 2016/17) and immunological products and vaccines (1,857 in 2012/13 to 1,371 in 2016/17).

The Prescribing Support Team work with individual GP practices to help them optimise their prescribing.

4.4 Population Classification Matrix

Information Services Division (ISD) has produced a Population Classification Matrix to help describe how different sections of the population are making use of health and social care services. It does this by cross-tabulating a demographic classification against a service-use classification. The latter is based on the dominant area of service in that they are assigned to the service for which the highest costs were incurred (in this section this is referred to as the balance of care). If an individual qualifies for more than one demographic class they are assigned to the one which represents their highest need for health care.

At a high level the Matrix allows users to visualise populations across a range of classes. It provides a range of measures including number of individuals, total costs, occupied bed days, A&E Attendances and various other measures. This could, for example, allow a user to see the section of the population who make the most use of A&E Services, have the most unplanned days, highest costs or highest number of outpatient attendances. The matrix could also be used to discover the main area of service use from clinically similar people which could aid evaluation as to whether this is the best use for their health needs and an effective use of resources. It could also be used to understand how service based groups are distributed across the population which could be used to highlight populations which could benefit from intervention or through service improvement.

The figures below show the Matrix based on the number of individuals and then the total cost.

Table 4.4a: Population and Pathways Matrix (All ages), 2016/17 – Number of Individuals and Total Cost

Number of Individuals	Psychiatry	Geriatric	Maternity	Elective Inpatient	Limited Daycase	Routine Daycases	Single Emergency	Multiple Emergency	A&E	Outpatient	Prescribing	Total
End of Life	*	404		*	*	*	210	195	27	*	394	1,288
Frail	8	1,241		104	66	*	559	290	*	17	256	2,560
High Complex Conditions	*	*	7	560	551	40	414	304	187	540	4,798	7,436
Maternity	*		1,372	*	*		9	5	*	*	*	1,402
Mental Health	218	*		5	*		26	34	5	*	19	327
Substance Misuse				*	*		151	86	13	*	*	280
Medium Complex Conditions		*		*	295	*	331	189	142	312	4,230	5,697
Low Complex Conditions		*		426	356	*	400	131	444	560	5,589	7,917
Child Major Conditions				150	324	*	843	168	*	*	339	1,837
Adult Major Conditions				666	2,155	7	1,409	253	60	94	4,528	9,172
Healthy and Low User		27							11,067	11,224	57,245	79,563
Total	257	1,700	1,379	2,140	3,762	67	4,352	1,655	11,970	12,770	77,427	117,479

Total Cost (£)	Psychiatry	Geriatric	Maternity	Elective Inpatient	Limited Daycase	Routine Daycases	Single Emergency	Multiple Emergency	A&E	Outpatient	Prescribing	Total
End of Life	8,049	5,620,133		595,857	31,220	25,976	1,412,375	3,330,089	5,965	10,362	322,508	11,362,534
Frail	343,859	15,906,186		1,451,794	282,303	28,774	3,407,265	4,051,812	40,102	23,139	653,062	26,188,296
High Complex Conditions	808,731	136,753	35,974	6,117,413	1,333,344	553,884	2,128,647	4,362,358	56,422	210,055	3,673,138	19,416,719
Maternity	48,262		4,815,552	4,098	9,533		59,245	21,423	117	3,489	8,973	4,970,692
Mental Health	5,238,420	424,094		35,965	1,605		103,125	341,580	12,398	441	55,566	6,213,194
Substance Misuse				49,347	2,985		326,953	573,781	17,031	820	49,628	1,020,545
Medium Complex Conditions		206		1,655,331	822,266	32,576	1,528,631	1,774,913	58,816	142,896	3,254,194	9,269,829
Low Complex Conditions		379		3,040,684	885,135	87,950	1,319,583	1,098,223	136,926	204,665	3,663,299	10,436,844
Child Major Conditions				1,067,546	527,309	11,758	1,323,885	881,242	5,904	1,941	683,933	4,503,518
Adult Major Conditions				3,017,016	4,021,440	20,386	3,411,349	1,449,489	71,434	99,225	5,542,098	17,632,437
Healthy and Low User		4,920							2,359,595	2,916,969	4,577,432	9,858,916
Total	6,447,321	22,092,671	4,851,526	17,035,051	7,917,140	761,304	15,021,058	17,884,910	2,764,710	3,614,002	22,483,831	120,873,524

*Indicates values suppressed to protect confidentiality. Source: ISD Scotland

They show that:

- **68% of individuals are classed as Healthy and Low Users, compared to the national average of 64%.**
- **The single largest cohort was Healthy and Low Users–Prescribing which accounts for 49% of the total population.**
- **The balance of care for 10% of the population was in A&E services (11,970 people) i.e. this was their dominant service use. While not presented here the matrix looking at A&E attendances shows:**
 - **52% of A&E attendances in 2016/17 (34,370) were from the Healthy and Low User demographic and 9% were from people classed as Frail.**
 - **Over half (52%) of A&E attendances were from people whose balance of care was not in A&E Services i.e. this was not their dominant service area. These people collectively spent 67 bed days only in hospital and had 1,872 outpatient attendances.**
 - **For those people whose balance of care was in A&E Services individuals from the mental health demographic (Mental Health-A&E) had on average 11 A&E attendances in 2016/17 and those from the Frail demographic (Frail-A&E) had on average 8.**
- **Individuals classed as frail represent the single largest cost group, £26 million. This represents over one fifth (22%) of total costs for the Partnership. The highest cost for these individuals was for those whose balance of care was in Geriatric Services.**
- **On average, individuals classed as Frail-Psychiatry cost £42,982 per person for the year. This is the largest cost per head across all cohorts. This is also where the largest bed days per head occur – 112. Therefore, on average each person in this cohort spends 31% of the year in hospital.**
- **Around a third of costs were for individuals classed as High Complex Conditions (16%) and Adult Major Conditions (15%). The largest service cost area for the former was in Elective Inpatient Services and for the latter in Prescribing.**

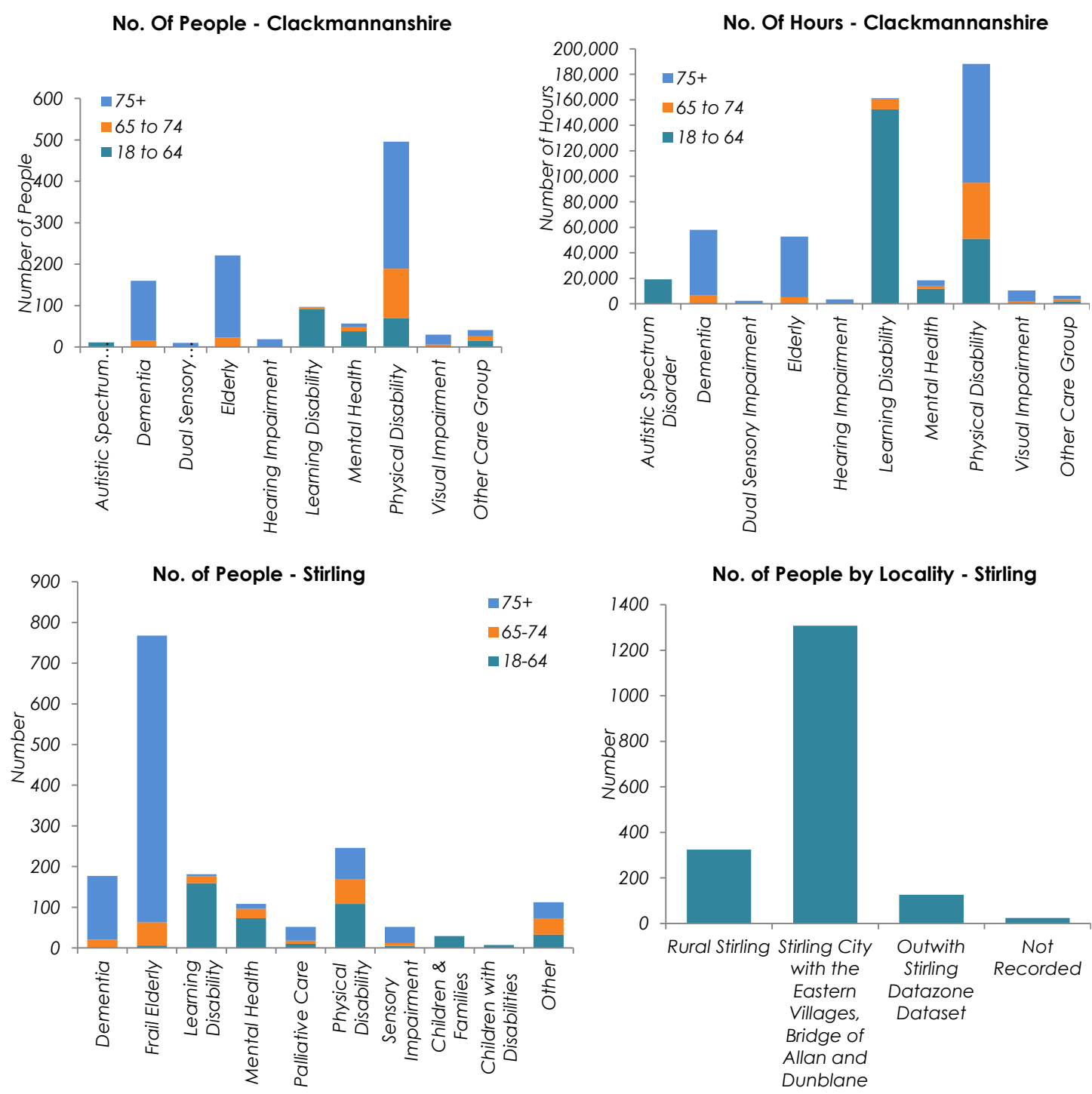
4.5 Care at Home

Care at home is care provided in a person's own home to enable them to maintain their independence. It involves regular visits from a care at home worker and may include personal care, shopping, preparing meals and the collection of items such as pensions and prescriptions.

This section is based on information from Clackmannanshire and Stirling local authorities Information and Finance Services as well as care at home information provided as part of the Social Care Census. It will firstly present a profile of who is currently accessing the service and will then look at activity over time. Information on the age and client group of Stirling's clients is based on information from their Information Services team (labelled SWISS). Determining annual intensity of service provision was however challenging and so high level information on clients, hours and costs based on actual activity was provided by Stirling's Finance team (labelled Stirling Finance information and presented in a standalone table only) and provides a comprehensive picture. It is acknowledged that there are differences between the two with the Information teams data reflecting planned care (as opposed to actual care) as well as including clients involved with the service that do not have costs.

The figures below present information on the number of people receiving care at home in Clackmannanshire and Stirling in 2016/17. There may be differing recording practices between the two local authorities which should be considered in any interpretation.

Figure 4.5a: Care at Home Services, Clackmannanshire and Stirling, 2016/17



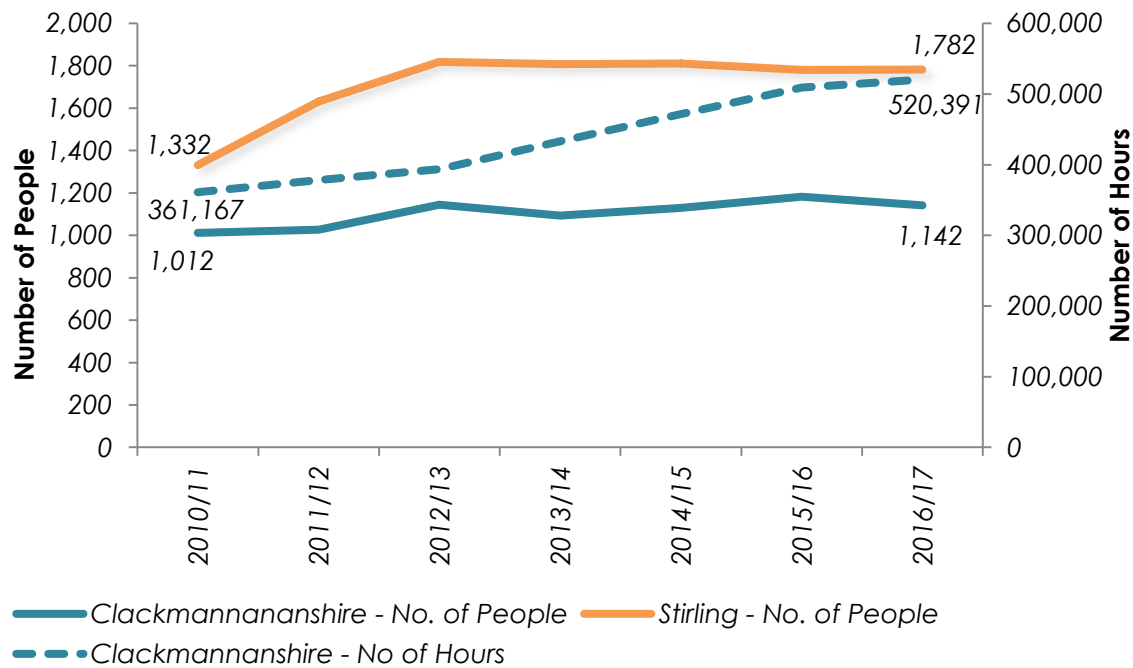
* Age is as at 31st March. Stirling's information reflects the category 'Home Support' only and Information on the number of people by age and client group excludes cases with no date of birth and duplicate client groups. Stirling 'Other' includes: Asperger's Syndrome, Alcohol Misuse, Carer and Other. Rural North and Rural South classed as 'Rural Stirling' and Urban North and Urban South classed as 'Stirling City with the Easter Villages, Bridge of Allan and Dunblane'.
Source: Clackmannanshire Community Care Information System and SWISS

They show that:

- In 2016/17 there were 1,142 people (18+) receiving care at home in Clackmannanshire (totalling 520,391 care plan hours provided) and 1,782 people in Stirling. Almost three quarters (73%) of Stirling clients were in Stirling City with the Eastern Villages, Bridge of Allan and Dunblane locality which is reflective of the proportion of their population in Stirling. Of the three localities Clackmannanshire had the highest rate of adults 18+ receiving care at home (27.8 per 1,000) than Stirling City with the Eastern Villages, Bridge of Allan and Dunblane (23.4 per 1,000) and Rural Stirling (16.2 per 1,000).
- Around sixty percent were female in both local authorities (Clackmannanshire 60%, Stirling 61%) and almost two thirds were aged 75 and over (Clackmannanshire 64%, Stirling 62%).
- People with a physical disability were the largest client group in Clackmannanshire although a large proportion of care at home hours were for those with a learning disability. People classed as Frail Elderly was the largest client group in Stirling.
- In Clackmannanshire while those with a learning disability were a smaller (and younger) group they accounted for the second highest number of hours provided and two thirds (67%) of home care hours in 2016/17 were provided for people with either a physical or learning disability. While the number of hours provided for people with a learning disability has increased it has decreased for those with a physical disability.

The chart and table below show that while the number of people receiving care at home has been relatively stable in the past few years the number of hours of care has been increasing in Clackmannanshire and has risen and fallen in Stirling.

Figure 4.5b: Trend in Care at Home, 2010/11 to 2016/17



Source: Clackmannanshire Community Care Information System and SWISS

Table 4.5a: Average Care at Home Hours per Week per financial year, Clackmannanshire

Year	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Avg. hours per week	7,840	7,576	7,085	6,946	7,274	7,571	8,327	9,070	9,790	10,008

Source: Clackmannanshire Community Care Information System

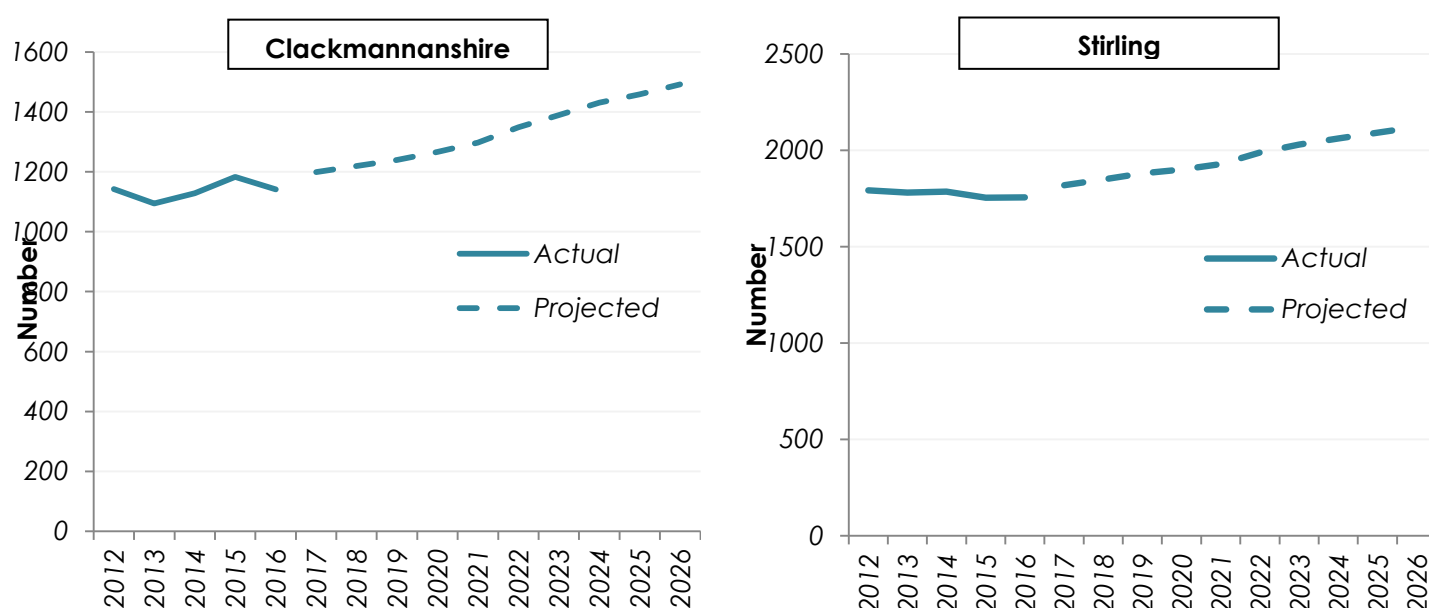
Table 4.5b: Finance Information for Care at Home¹, Stirling

Care at Home	2013/14	2014/15	2015/16	2016/17	2017/18
Number of People	1,662	1,653	1,603	1,661	1,726
Number of Hours	881,793	947,020	892,759	879,021	881,208
Average Number of Hours per person	531	573	557	529	511
Costs	12,842,110	12,735,095	12,171,776	13,703,937	14,459,070

1. Includes personal care and non personal care and internal and external provision. Source: Stirling Finance Information

To give an indication of potential future demand population based projections were applied to recent care at home activity. A mean rate (based on the most recent three year care at home clients and mid year population estimates) was applied to population projections split by age and gender to estimate the number of care at home clients. This shows that based on recent activity the number of clients is predicted to increase.

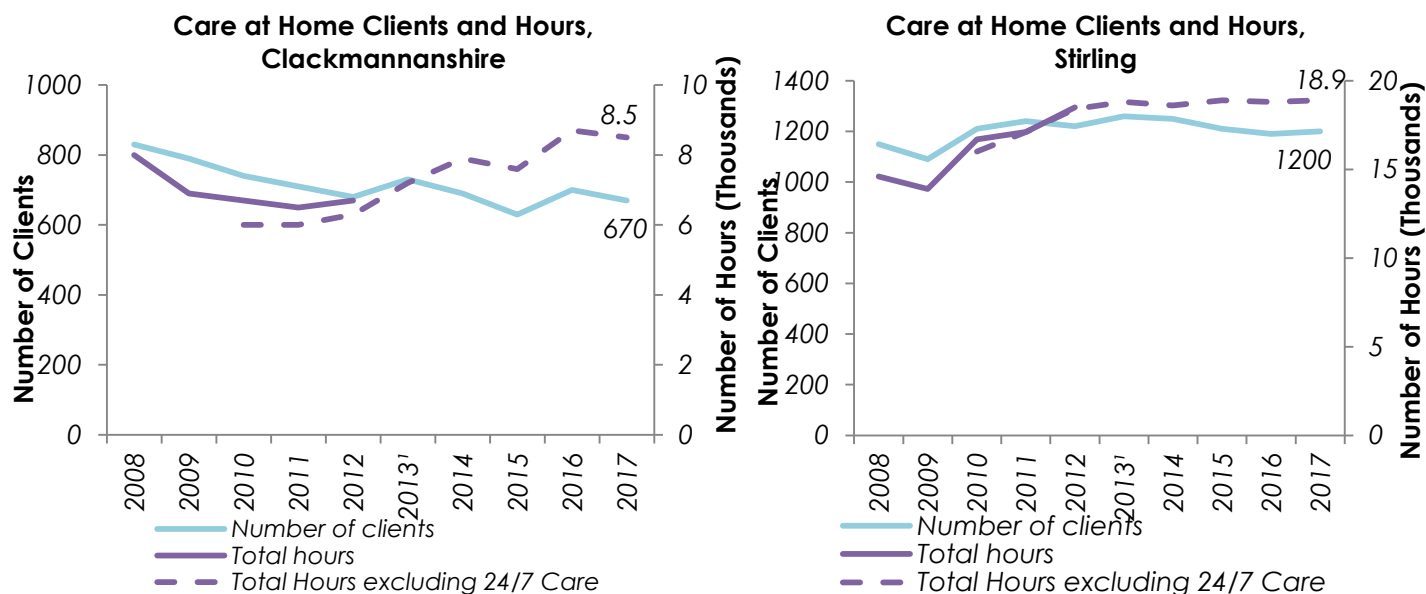
Figure 4.5c: Projections on the Number of People receiving Care at Home



* Actual figures reflect the financial year. Source: Clackmannanshire Community Care Information System and SWISS.

Information on care at home is also provided as part of Scotland's Social Care Census. The charts below look at the number of care at home clients and hours provided during the census week and reflect the picture that in more recent years while the number of clients receiving care at home has been relatively stable the number of hours has been increasing in Clackmannanshire and been relatively stable in Stirling.

Figure 4.5d: Care at Home Clients and Hours Provided during the Census Week.



*From 2013 local authorities were asked to code 24-7 care as Housing Support, not Home Care. All figures are rounded to the nearest ten. Source: Social Care Services 2017.

The Social Care census also offers additional insight into care at home provision including who provides the care and the intensity of care. The following provides an overview from the latest census.

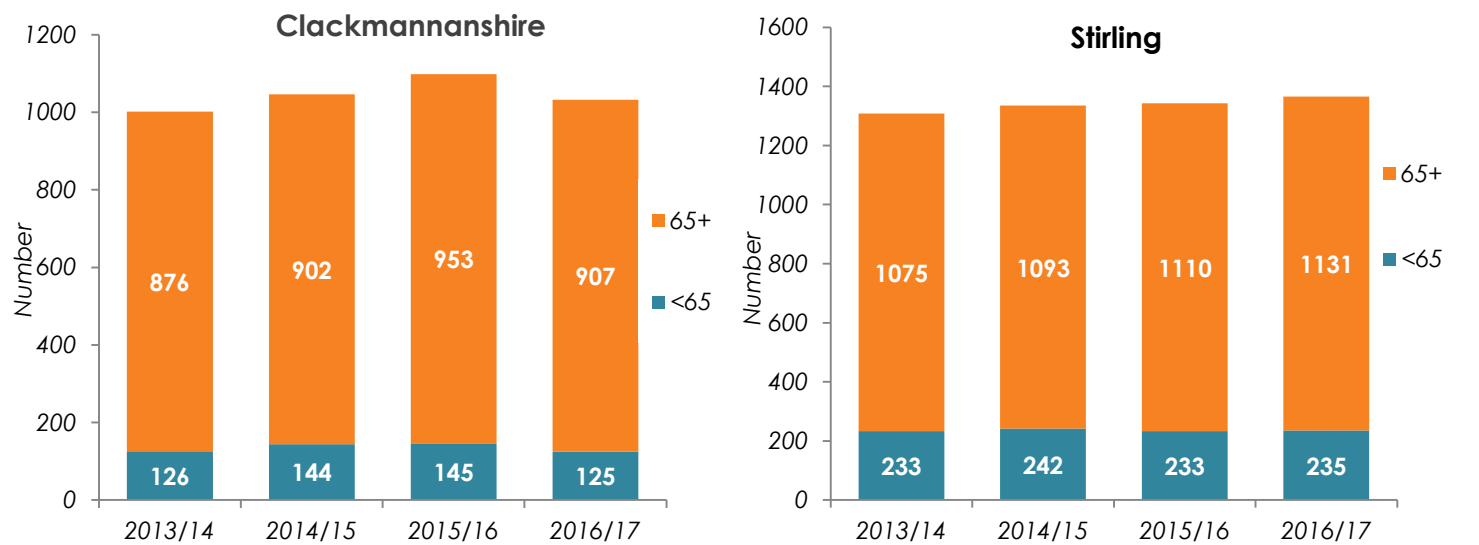
- There were 670 people in Clackmannanshire and 1,200 in Stirling receiving Home Care services in March 2017. These people received 8,500 and 18,900 hours of Home Care respectively during the census week.
- Clients aged 65+: A large proportion of clients were aged 65 or over (500 in Clackmannanshire and 820 in Stirling). From 2008 to 2017 the rate per population of clients aged 65+ receiving home care has decreased in Scotland (64.5 to 48.9) and Clackmannanshire (76.8 to 50.6) and been relatively stable in Stirling (47.5 in 2017). In Clackmannanshire the majority of care at home clients (92%) and hours (85%) are provided by the private sector only. In Stirling while provision is more varied 61% of clients and 56% of hours are still provided by the private sector only.
- Clients aged Under 65: There were 170 home care clients aged 18-64 in 2017 in Clackmannanshire and 370 in Stirling. The rate per population of clients aged 18-64 receiving care at home services has been relatively stable over the past few years and in 2017 was 4.8 in Clackmannanshire and 6.4 in Stirling. The majority of provision (clients and hours) was provided by either the private or voluntary sector only.
- 10+ Hours: In 2017 39% of all clients in Clackmannanshire and 43% in Stirling were receiving greater than 10 hours of home care a week. This is slightly more than 37% nationally. A similar proportion of those aged 65 and over received greater than ten hours a week (34% Clackmannanshire, 39% Stirling, 35% Scotland) with over half of those aged under 65 receiving greater than 10 hours (Clackmannanshire 55%, Stirling 53%, Scotland 50%).
- Long term care needs: 68.3% of people aged 18+ with long term care needs received personal care at home in Clackmannanshire and 65.8% of people in Stirling. This is greater than 60.6% nationally. 43.8% of people aged 65 and over with long terms care needs received 10+ hours of home care in Clackmannanshire and 42.3% in Stirling. This compares to 35.2% in Scotland.

4.5.1: Personal Care

At present personal care is free for people aged 65 and over only. From April 2019 however there is a new Scottish Government policy that takes effect which introduces free personal care for everyone who requires it, regardless of age, and that will likely have an impact on demand. This section aims to give an overview of current personal care provision while considering the potential impact of this new policy.

The number of care at home clients in receipt of personal care has generally been increasing in recent years. While the majority are 65 and over (88% in Clackmannanshire and 83% in Stirling in 2016/17) there are still a number under 65.

Figure 4.5.1a: Number of Care at Home Clients in receipt of Personal Care by Age Group, 2013/14-2016/17



Source: Clackmannanshire Community Care Information System and SWISS

In 2017/18 the number of clients increases with 1,062 people receiving personal care in Clackmannanshire (86% aged 65+, 14% aged 18-64) totalling 377,258 hours (74% aged 65+, 26% aged 18-64). In Stirling there were 1,420 clients.

To determine the impact of the new policy information was obtained from a comparator Partnership that already provides free personal care to people under 65 years of age. This shows that 79% of home care clients aged under 65 received personal care during a Census week and on average received 36 hours a week. This is greater than the proportion receiving personal care either throughout the year or during the same census week (for Stirling) across the Partnership. While methodologies differ this gives an indication of a potential growth in demand which will have workforce and cost implications.

Table 4.5.1a: Comparison of Care at Home Clients receiving Personal Care

Home care clients <65 receiving personal care	Clackmannanshire	Stirling		Comparator Partnership
	Annual	Annual	Census	Census
% Home Care clients receiving Personal Care	55%	54%	49%	79%
Average Hours per week (approx)	13	-	19	36

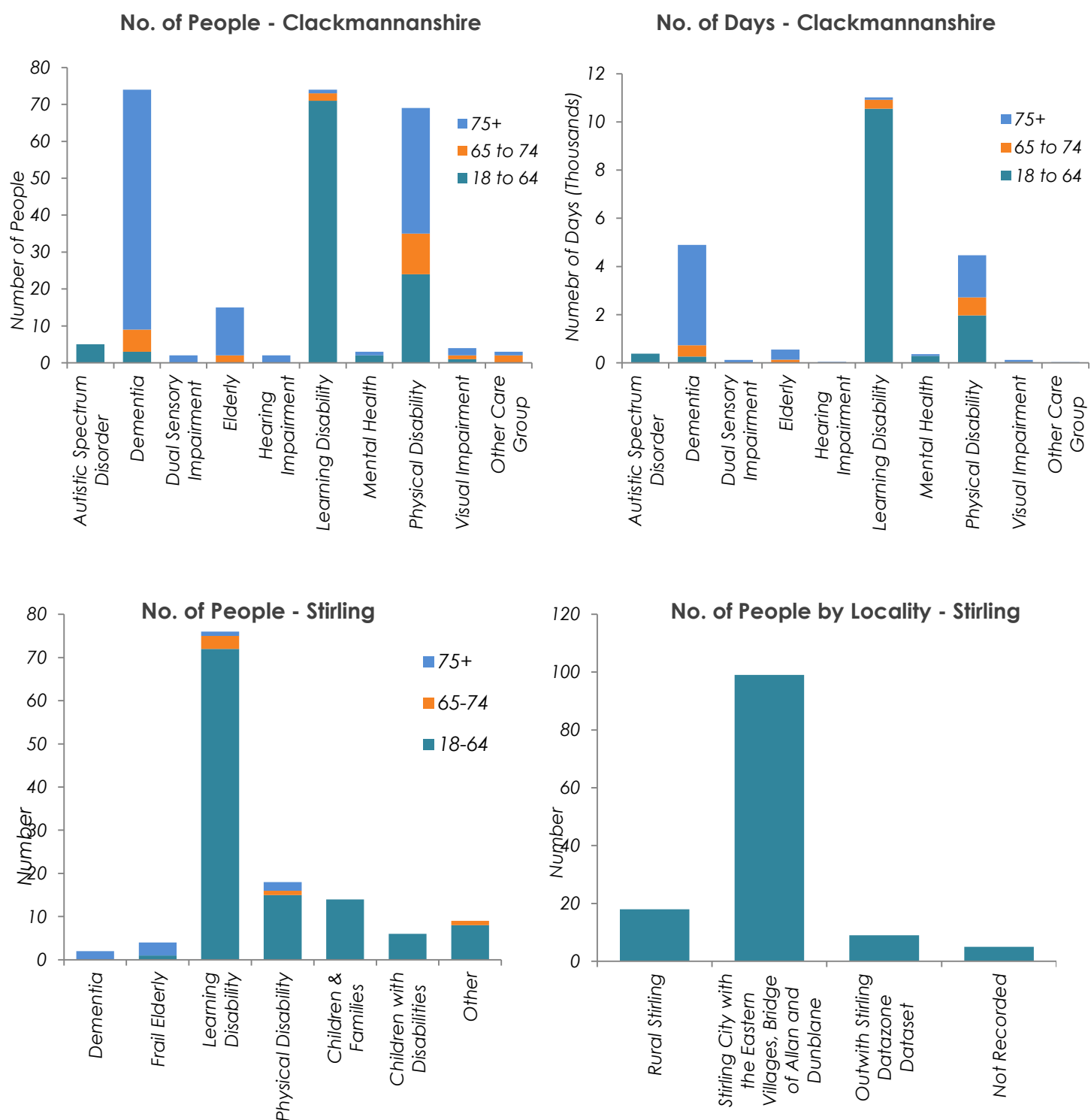
*Clackmannanshire and Stirling Annual figures and Comparator Partnership Census figure reflects home care only. Stirling Census figures also include reablement and rehab clients. Figures reflect the 2016/17 financial year and the 2017 census date with the exception of Clackmannanshire's average weekly hours which reflect the 2017/18 financial year.

4.6 Day Care

Day care offers personal care during the day for those who are assessed as needing it and is usually provided in a day care centre for those with complex physical and social care needs.

This section is based on information from both Clackmannanshire and Stirling local authorities Information and Finance Services. It will firstly present a profile of who is currently accessing the service and will then look at activity over time. Information on age and client group of Stirling's clients is based on information from their Information Services team (labelled SWISS). Determining annual intensity of service provision was however challenging and so high level information on clients, hours and costs based on actual activity was provided by Stirling's Finance team (labelled Stirling Finance information and presented in a standalone table only). This provides a comprehensive picture although it is acknowledged there is a slight variation between the two. There may also be different recording practices between the two local authorities which should be considered in any interpretation.

Figure 4.6a: Day Care Services in Clackmannanshire and Stirling, 2016/17



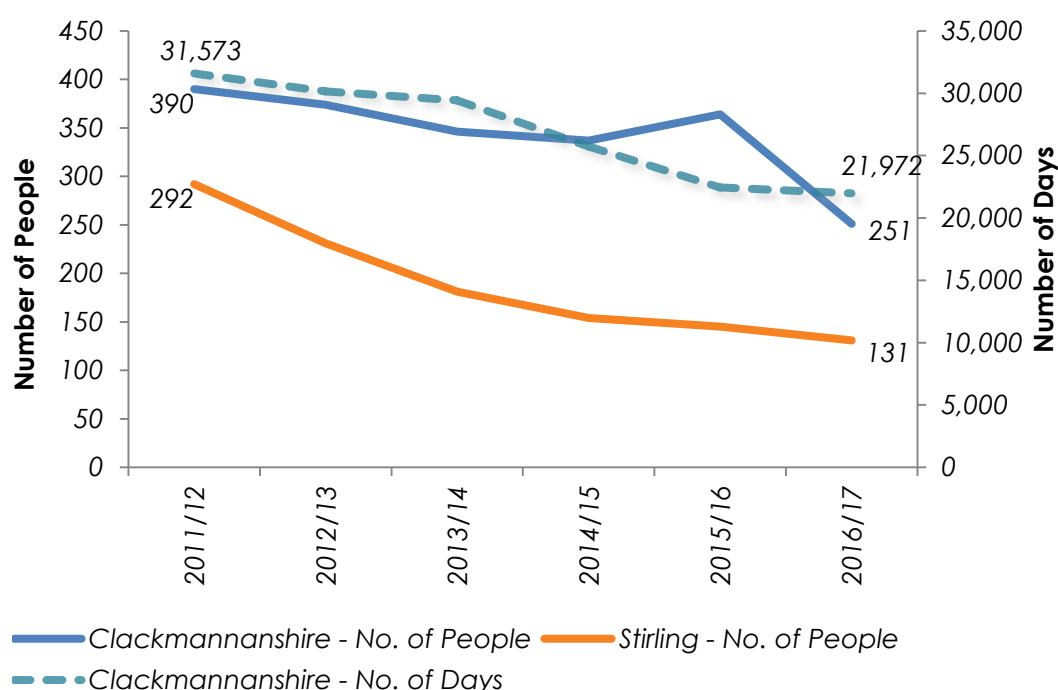
*Age is as at 31st March. Stirling 'Other' includes Asperger's Syndrome, Sensory Impairment and Other. Rural North and Rural South classed as 'Rural Stirling' and Urban North and Urban South classed as 'Stirling City with the Easter Villages, Bridge of Allan and Dunblane Source: Clackmannanshire Community Care Information System and SWISS

- In 2016/17 there were 251 people (18+) known to social services receiving day care in Clackmannanshire totalling 21,972 days and 131 clients in Stirling. Three quarters of Stirling clients were in the Stirling City with the Eastern Villages, Bridge of Allan and Dunblane locality which is reflective of the proportion of their population in Stirling.

- The age profile of day care clients differs across the Partnership. The majority of Stirling clients (90%) were aged under 65 and in Clackmannanshire 42% were under 65 and 48% aged 75 and over.
- Of those accessing day care services clients with a learning disability featured prominently in terms of the number of clients in Stirling (58%) and the number days provided in Clackmannanshire (half). In Clackmannanshire those with dementia and a physical disability accounted for a further 43% of day care days provided. Those with a learning disability were predominately in the younger age group (18-64).

The figures below show that the number of people accessing day care services across the Partnership has decreased considerably. While it has fluctuated the average number of days per client per year in Clackmannanshire is currently at its highest at 87.5 days. In Stirling finance information also reflect the decrease in the number of clients, hours and cost. The decrease in day care provision may be a reflection of the introduction of the charging policy for day care which came into force in 2013 in Clackmannanshire and 2011 in Stirling.

Figure 4.6b: Trend in Day Care Services in Clackmannanshire and Stirling, 2011/12-2016/17



Source: Clackmannanshire Community Care Information System and SWISS

Table 4.6a: Average Number of Days per financial year, Clackmannanshire

Year	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Avg. Number of Days	81.6	78.9	78.8	79.8	81.0	80.6	85.1	76.4	61.6	87.5

Source: Clackmannanshire Community Care Information System

Table 4.6b: Finance Information for Day Care¹ in Stirling

Day Care	2013/14	2014/15	2015/16	2016/17	2017/18
Number of People	179	136	137	119	122
Number of Hours	100,680	77,629	73,961	66,959	64,250
Average Number of Hours	562	571	540	563	527
Costs	1,465,171	1,146,027	1,110,718	1,103,875	1,093,514

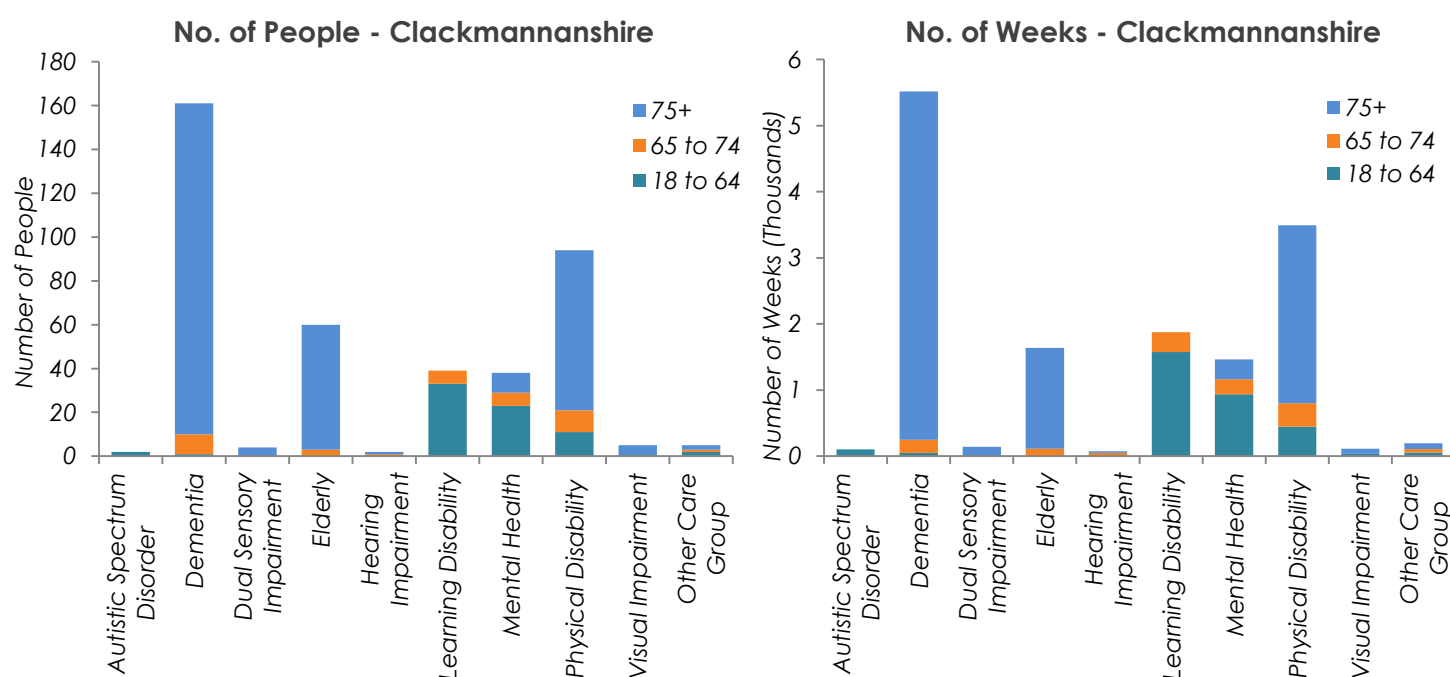
1. Includes personal care and non personal care and internal and external provision. Source: Stirling Finance Information

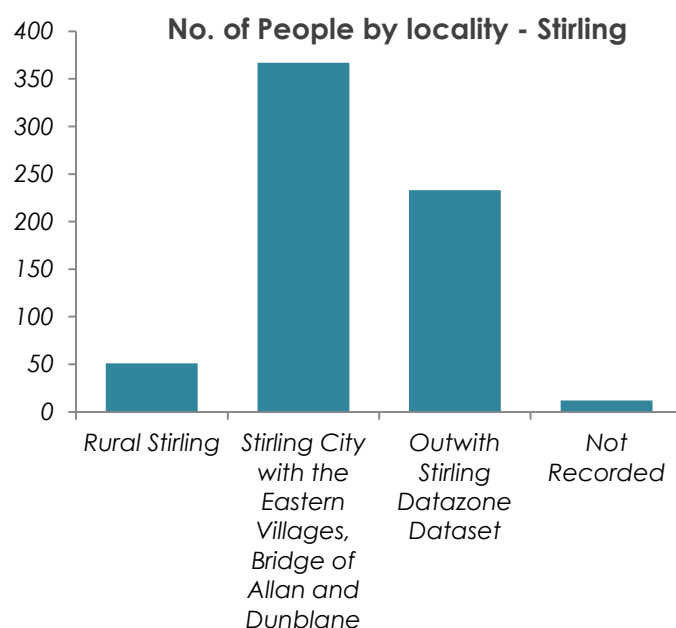
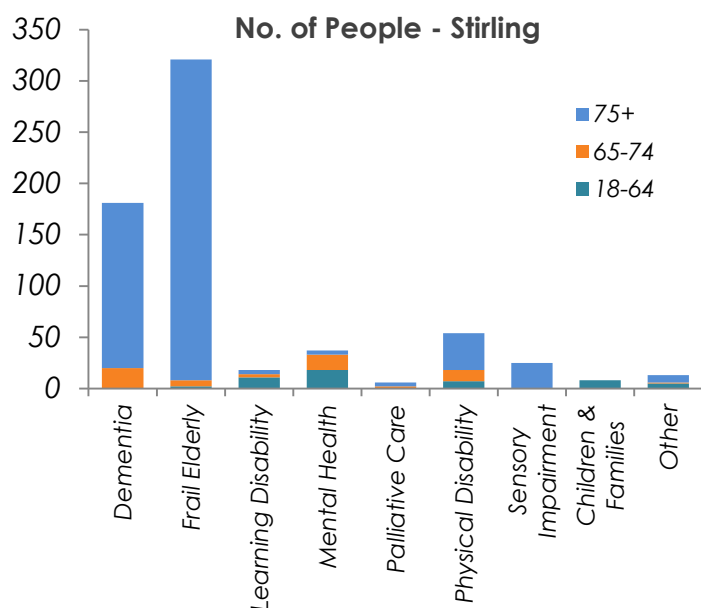
4.7 Residential Care

A care home is a place where people can live in a homely setting and have their needs met by trained staff. This section is based on both local information provided by Clackmannanshire and Stirling local authorities and information reported in the latest Scottish Care Home Census (2016). It will firstly present a profile of who is currently accessing the service and will then look at activity over time. Information on the age and client group of Stirling's clients is based on information from their Information Services team (labelled SWISS). Determining annual intensity of service provision was however challenging and so high level information on clients, weeks and costs based on actual activity was provided by Stirling's Finance team (labelled Stirling Finance Information). This provides a comprehensive picture although it is acknowledged that there are differences between the two with the Information teams data reflecting planned care (as opposed to actual care) as well as including clients involved with the service that do not have costs. There may also be different recording practices between the two local authorities which should be considered in any interpretation.

The charts below provide an overview of people currently provided with a residential placement across the Partnership.

Figure 4.7a: Residential Care in Clackmannanshire and Stirling, 2016/17





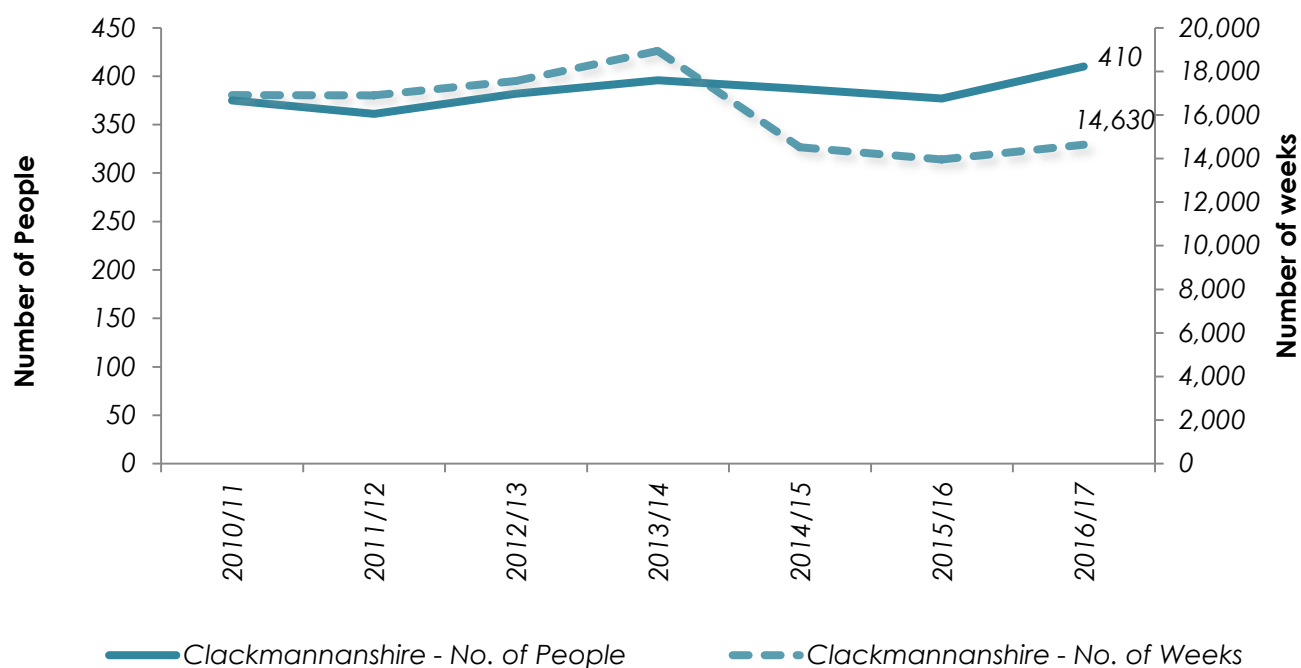
*Age is as at 31st March. Stirling 'Other' includes Alcohol Misuse, Carer, Substance Misuse and Other. Rural North and Rural South classed as 'Rural Stirling' and Urban North and Urban South classed as 'Stirling City with the Easter Villages, Bridge of Allan and Dunblane Source: Clackmannanshire Community Care Information System and SWISS

The charts above show:

- In 2016/17 there were 410 people (18+) and 14,630 weeks that were purchased or provided in Clackmannanshire and in Stirling there were 663 people. Over half of Stirling clients were in the Stirling City with the Eastern Villages, Bridge of Allan and Dunblane locality (categorised as Urban North and Urban South) and over a third were outwith Stirling local authority.
- The majority of people were aged 75 and over (73% in Clackmannanshire and 84% in Stirling) and more were female than male (61% in Clackmannanshire and 69% in Stirling).
- People with dementia were one of the larger client groups across the Partnership as was those with a Physical Disability in Clackmannanshire and the Frail Elderly in Stirling.
- In Clackmannanshire 13% of weeks provided or purchased were for people with a learning disability the majority of whom were under 65 years of age. In addition 70% of people provided with care home residency were resident in a nursing home, with a further 28% in a residential home.

The chart below presents information on the number of clients and the number of weeks for Clackmannanshire. Finance information on activity for Stirling clients (people, nights and costs) is presented in the table. Taken together they show that there is variation in care home residency across the Partnership. In Clackmannanshire while there has been a decrease in the number of weeks provided/purchased it has been relatively stable over the past few years.

Figure 4.7b: Trend in Residential Care in Clackmannanshire, 2010/11 to 2016/17.



Source: Clackmannanshire Community Care Information System

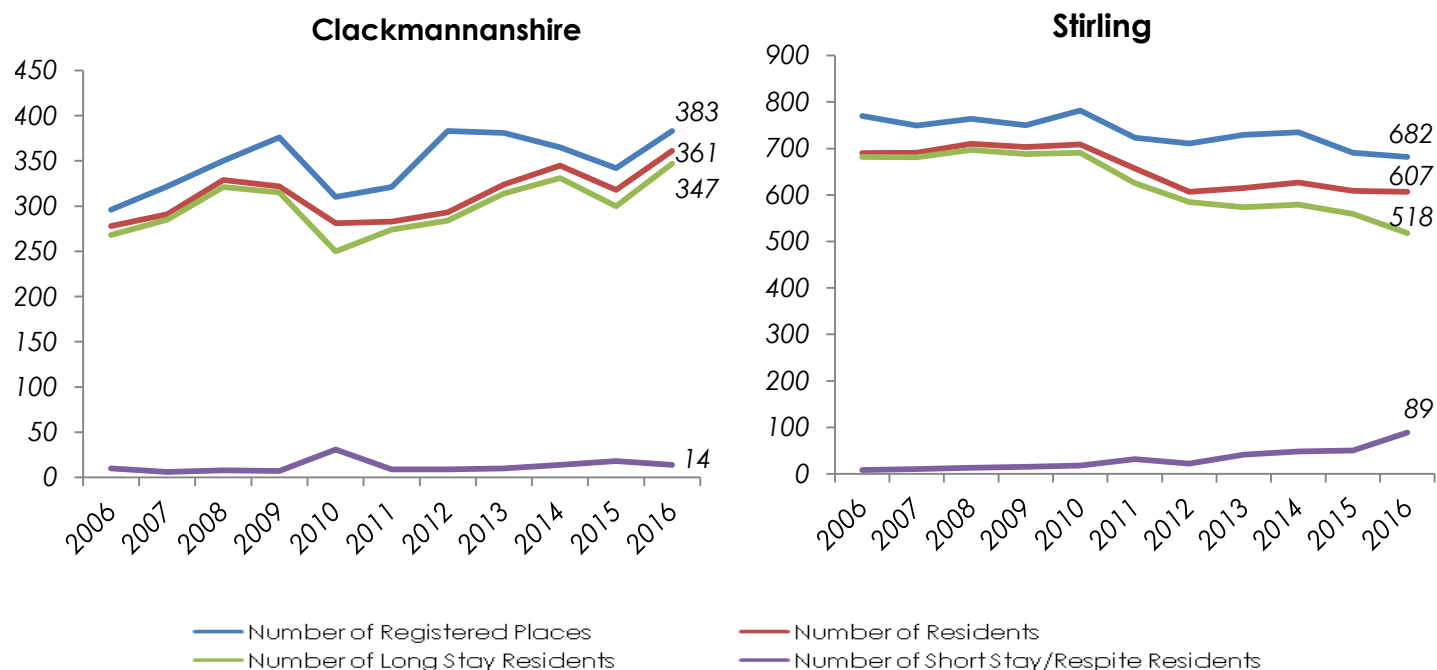
Table 4.7a: Finance Information for Residential Care in Stirling

Residential Care	2013/14	2014/15	2015/16	2016/17	2017/18
Number of People	711	684	696	710	714
Number of Nights	195,041	239,714	259,014	190,839	292,198
Costs	12,385,077	12,298,793	12,470,396	13,397,234	14,803,688

*Includes instances where number of nights are recorded but no costs and costs recorded but no nights. Source: Stirling Finance Information

The Scottish Care Home Census is published annually and presents information on care home residents at a census point (31st March). It includes all residents, including self funders, and so differs from local information and also offers insight into whom is using care homes and how this is changing. The section below provides a high level overview from the latest Census for Clackmannanshire and Stirling care home residents.

Figure 4.7c: Number of Residents and Registered Places, All Adults, Clackmannanshire and Stirling



Source: Scottish Care Homes Census and Care Inspectorate Registration List 31 March 2006-31 March 2016

Table 4.7b: Rate per 1,000 Residents and Long Stay Residents (18+) as at Care Home Census date, Clackmannanshire, Stirling and Scotland

Residents, rate per 1,000 population (18+)	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Clackmannanshire	7.1	7.3	8.2	8.0	6.9	6.9	7.2	7.9	8.4	7.7	8.8
Stirling	9.9	9.9	10.1	10.0	9.9	9.1	8.3	8.4	8.5	8.1	8.0
Scotland	9.3	9.2	9.0	9.0	9.0	8.8	8.7	8.5	8.5	8.3	8.4
Long Stay Residents, rate per 1,000 population (18+)	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Clackmannanshire	6.9	7.2	8.0	7.8	6.2	6.7	7.0	7.7	8.1	7.3	8.4
Stirling	9.8	9.8	10.0	9.8	9.7	8.7	8.0	7.8	7.9	7.5	6.8
Scotland	9.0	8.9	8.7	8.6	8.6	8.5	8.4	8.1	8.1	7.9	7.9

Source: Scottish Care Home Census 2016 and NRS Mid Year Population Estimates (18+).

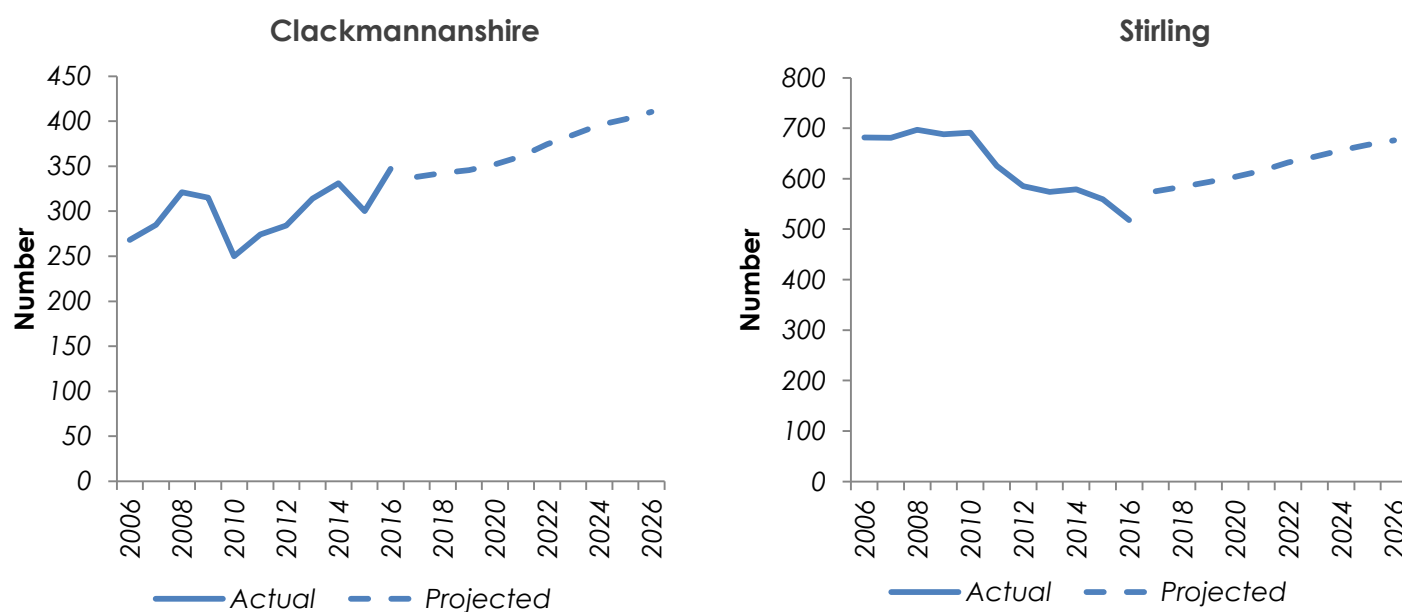
- Over the past ten years the overall number of care home residents has been increasing in Clackmannanshire and decreasing in Stirling (although recently has been levelling) and as at March 2016 there were 361 and 607 residents respectively. The majority were Long Stay Residents. Similarly, that rate per 1,000 residents and long stay residents (18+) has been decreasing in Stirling and nationally and increasing in Clackmannanshire.
- The majority of residents were classed in the Older People Client Group (75% in Clackmannanshire and 71% in Stirling in 2016). This compares with the Scotland average of 91%. (The client group refers to the majority of residents in the care home).
- There is variation across the Partnership in terms of the care home resident. In Clackmannanshire there seems to be a high complexity of need with 72% of all long stay

residents requiring nursing care and 44% had Dementia (diagnosed and not diagnosed). In Stirling 48% of all long stay residents required nursing care and 36% had dementia (diagnosed and not diagnosed). These percentages increase when considering the Older People's client group, particularly in Stirling where the percent requiring nursing care increases to 73% and dementia to 56%. In both local authorities 17% of all residents had a learning disability which decreases when considering the older people's client group.

- Length of stay also varies across the Partnership. In Clackmannanshire the average complete length of stay for all long stay residents was 1.5 years (median 0.9) with the average incomplete length of stay being 5.4 years (mean 2.5). In Stirling the average complete length of stay for all residents was 2.1 years (median 0.9) and the average incomplete length of stay was 4.6 years (median 2.5). The incomplete length of stay decreases considerably in both local authorities when considering the older people's client group.

To give an indication of potential future demand population based projections were applied to the number of care home census long stay residents (residents as at 31st March). A mean rate (based on the most recent three year long stay care home residents and mid year population estimates) was applied to population projections split by age and gender to estimate the number of long stay residential care clients. This shows that based on most recent activity the number of long stay residents in both Clackmannanshire and Stirling is predicted to increase. Although the number of Stirling long stay residents had been declining, applying population based projections shows an increase due to the anticipated increase in the older aged population.

Figure 4.7d: Projected Number of Long Stay Residents (All Adults), Clackmannanshire and Stirling



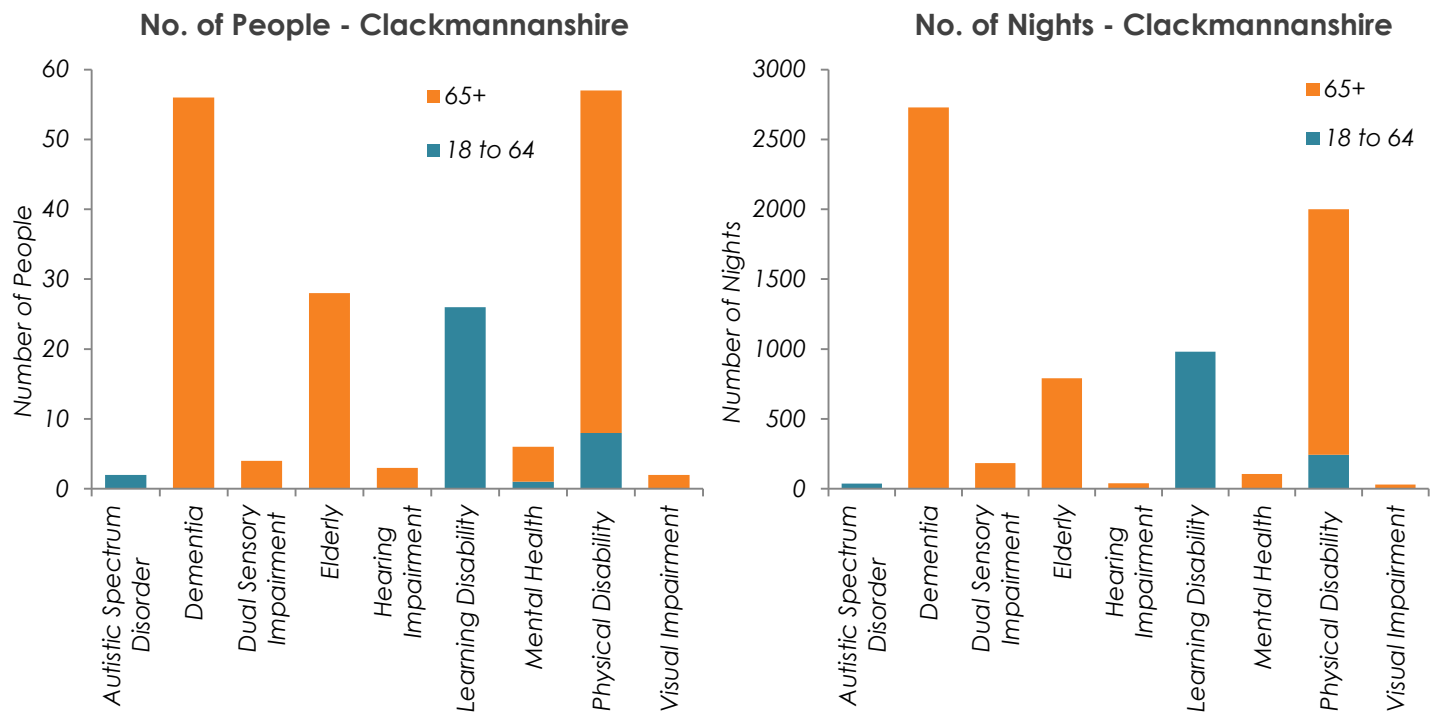
* Actual figures reflect the care home census date. Source: Scottish Care Homes Census, 2016

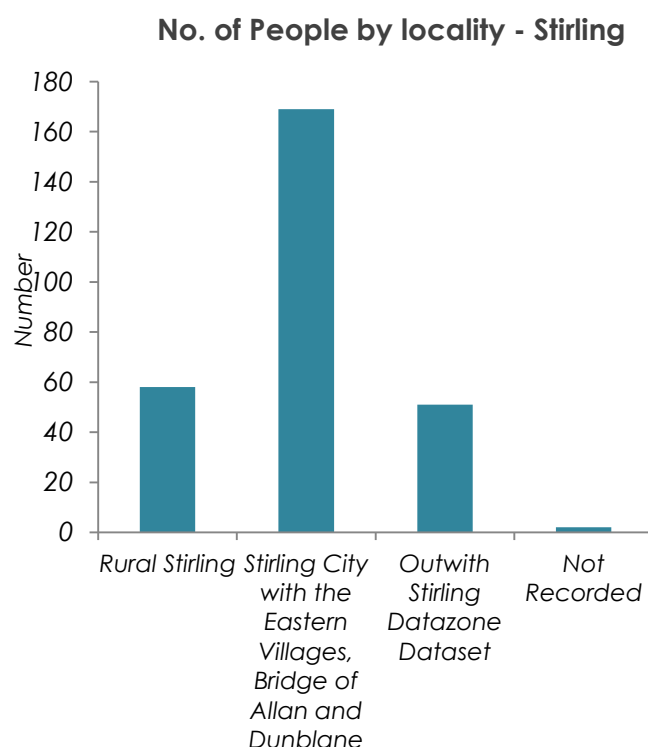
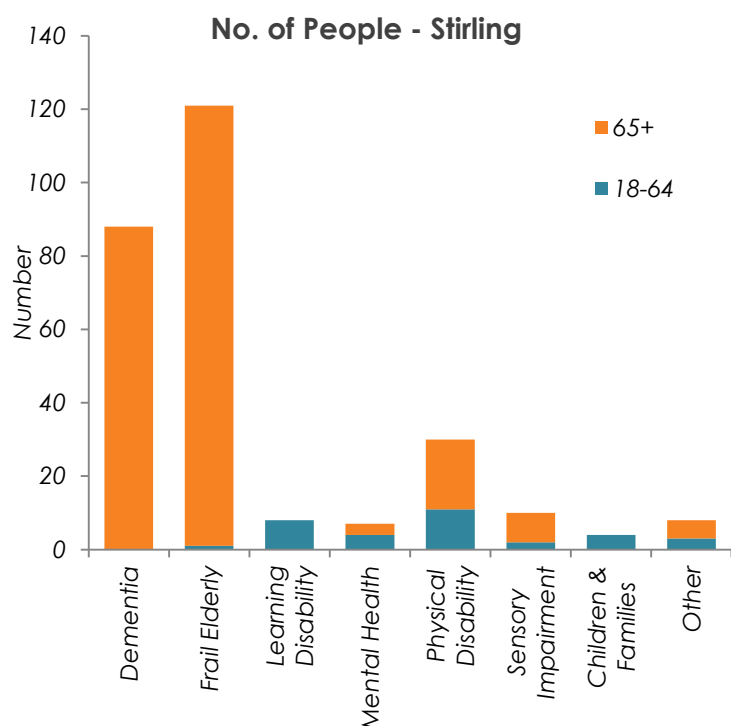
4.8 Respite Care

Respite care is a service intended to benefit a carer and the person they care for by providing a short break from caring tasks.

The following provides an overview of overnight respite care in Clackmannanshire and Stirling. It will firstly present a profile of who is currently accessing the service and will then look at activity over time. Information on the age and client group of Stirling's clients is based on information from their Information Services team (labelled SWISS). Determining annual intensity of service provision was however challenging and so high level information on clients, nights and costs based on actual activity was provided by Stirling's Finance team (labelled Stirling Finance Information and presented in a standalone table only). This provides a comprehensive picture although it is acknowledged that there is slight variation between the two. There may also be different recording practices between the two local authorities which should be considered in any interpretation.

Figure 4.8a: Overnight Respite Care in Clackmannanshire and Stirling, 2016/17



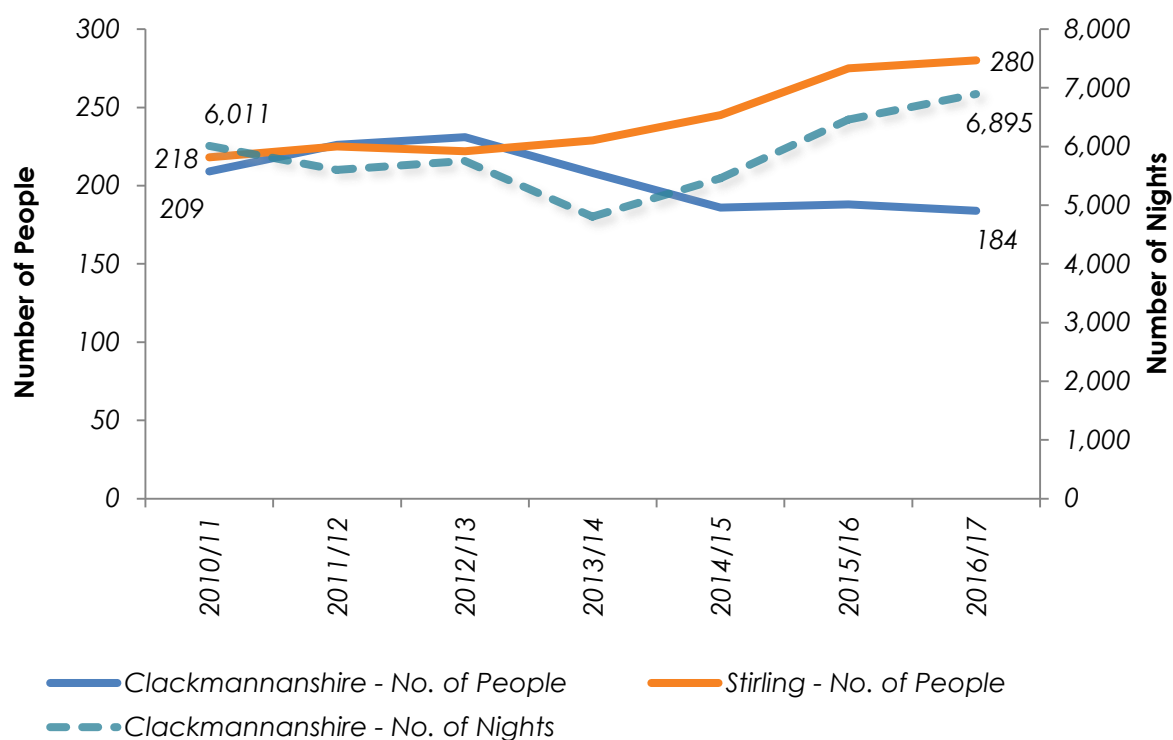


* Age is as at 31st March. Stirling 'Other' includes Alcohol Misuse, Palliative Care and Other and four clients with multiple clients groups were excluded. Rural North and Rural South classed as 'Rural Stirling' and Urban North and Urban South classed as 'Stirling City with the Eastern Villages, Bridge of Allan and Dunblane'. Source: Clackmannanshire Community Care Information System and SWISS.

- In 2016/17 there were 184 people (18+) known to social services receiving overnight respite in Clackmannanshire totalling 6,895 nights purchased or provided and 280 people in Stirling. Sixty percent of Stirling clients were in the Stirling City with the Eastern Villages, Bridge of Allan and Dunblane locality (categorised as Urban North and Urban South).
- The majority of clients across the Partnership were aged 65 and over.
- Of those accessing respite care clients with dementia featured prominently. In Clackmannanshire the two largest client groups were those with dementia and those with a physical disability – 40% of all overnight respite nights were for those with dementia and 29% for those with a physical disability. In Stirling the two main clients groups were those with dementia (32%) and those classed as Frail Elderly (44%).

The chart below provides information on the number of overnight night respite clients and, for Clackmannanshire, the number of nights. The table below provides finance information on activity in Stirling (people, nights and costs). Taken together they show that overnight respite provision has varied and continues to vary across the partnership. While in more recent years the number of clients has been relatively stable in Clackmannanshire the number of nights has increased. In Stirling there has been a slight increase in the number of people and, overall, an increase in nights.

Figure 4.8b: Trend in Overnight Respite in Clackmannanshire and Stirling, 2010/11-2016/17



Source: Clackmannanshire Community Care Information System and SWISS

Table 4.8a: Finance Information for Overnight Respite¹ in Stirling

Overnight Respite	2013/14	2014/15	2015/16	2016/17	2017/18
Number of People	237	247	273	275	276
Number of Nights	10,780	12,649	22,495	18,203	16,639
Costs	890,668	1,182,057	1,852,186	1,264,786	1,155,388

1. Includes instances where nights were recorded but no costs and costs recorded but no nights. Source: Stirling Finance Information

4.9 Adult Support and Protection

The Adult Support and Protection (Scotland) Act 2007 seeks to protect and benefit adults at risk of being harmed. The Act provides ways to offer support and protection to adults who may be at risk of harm or neglect.

The table below gives an overview of the number of referrals, investigations and case conferences in Clackmannanshire and Stirling over the past five years. Information on Protection Plans is not currently recorded.

Table 4.9a: Adult Support and Protection Services, 2013/14 to 2017/18

Clackmannanshire	2013/14	2014/15	2015/16	2016/17	2017/18
Number of referrals	112	153	119	208	95
Number of investigations	14	23	29	6	25
Number of Case Conferences	14	13	15	1	3
Stirling	2013/14	2014/15	2015/16	2016/17	2017/18
Number of referrals	270	381	394	511	711
Number of investigations	57	42	56	46	122
Number of Case Conferences	41	21	24	8	19

Source: Clackmannanshire & Stirling Adult Support and Protection Report

- The number of referrals and investigations has increased dramatically in Stirling.
- The number of Case Conferences has declined in both local authorities.
- In Stirling Care Homes were the main source of referral (66%) followed by Professional Care Providers (11%), Social Work (7%), NHS (5%) and Family (4%). In Clackmannanshire the main referral sources were Professional Care Providers (19%), Care Homes (12%), NHS (11%) and Family (11%).
- With regards to investigations the main types of harm for both local authorities was physical followed by financial harm.

4.10 Transitioning Services

Young people who receive support from health and social care often still need support when they become adults and transitioning to adult services can be a difficult time for young people. Often the care will involve both health and social care and a range of professionals. Work is ongoing exploring information on children transitioning to adult services and how this can facilitate planning.

5 Risk Factors

Risk factors have an effect on a person's health and well-being. The [Strategic Needs Assessment 2016-19](#) included a comprehensive section looking at smoking, alcohol, drugs and diet and obesity and concluded that reducing risky behaviours such as these could have a positive effect on an individual's health. This section provides an overview of risk factors that were not included in the needs assessment – sexual health and blood borne viruses and alcohol and liver disease. While detailed information on diet and nutrition is not presented in the Scottish Health Survey for Clackmannanshire and Stirling diet and obesity was reviewed in the Strategic Needs Assessment which showed that obesity was a major problem nationally and data suggested that approximately a quarter of people in NHS Forth Valley were considered to be obese. Obesity is known to be a key contributor to long term conditions such as Type 2 Diabetes and coronary heart disease, both of which are life-limiting to the patients and costly to the joint services. The Scottish Government have released [A Healthy Future: Scotland's Diet and Healthy Weight Delivery Plan](#) which sets out a vision for a Scotland where everyone eats well and has a healthy weight.

5.1 Sexual Health and Blood Borne Viruses

The first Sexual Health and Blood Borne Virus Framework was published by the Scottish Government in 2011 and was subsequently updated in 2015. The Framework brought together policy on sexual health and wellbeing, HIV and viral hepatitis for the first time and set out five high-level outcomes which the Government wished to see delivered. These are:

1. Newly acquired blood borne viruses and STIs; fewer unintended pregnancies;
2. A reduction in the health inequalities gap in sexual health and blood borne viruses;
3. People affected by blood borne virus(es) lead longer, healthier lives
4. Sexual relationships are free from coercion and harm.
5. A society whereby the attitudes of individuals, the public, professionals and the media in Scotland towards sexual health and blood borne viruses are positive, non-stigmatising and supportive.

This section aims to provide a high level summary of information on blood borne viruses and sexually transmitted infections in Forth Valley.

HIV: In 2016 there were 13 new HIV diagnoses in people resident in NHS Forth Valley, an increase from 7 the previous year. As at 31 December 2016 there were 175 people aged 16 and over that had been diagnosed with HIV, 84% who were attending specialist HIV services. Men who have sex with men (MSM) are the group most at risk of HIV in Scotland and in 2015/16 an estimated 13% nationally remained unaware of their infection². Late infection, undiagnosed infections and stigma remain a concern and improving testing and attitudes remains a priority. **Hepatitis C Virus (HCV):**

Epidemiological evidence shows 0.7% of the Scottish population have chronic hepatitis C, In Forth Valley that approximates to around 2,100 people. In the past few years there were around 100 new patients diagnosed a year and by December 2016 there were 880 diagnosed cases who were still living, 27% who were attending HCV specialist services. There are still a large number of patients with undiagnosed hepatitis C in Forth Valley with approximately 40% of chronically infected people in Scotland still undiagnosed. Injecting drug use continues to be the most prominent risk factor for HCV infection in Scotland, accounting for over 90% of infections¹. **Hepatitis B:** In 2016 there were 9 diagnoses of chronic HBV infection and 47 people were estimated to be living with it in Forth Valley. In Scotland acute HBV infection is at its lowest level for several decades and HBV treatment services are highly effective.

Sexually transmitted infection (STI): In 2016 there were 98 diagnoses of gonorrhoea in NHS Forth Valley, 80% of which were men. The diagnoses rate of gonorrhoea (per 100,000 population) was 80 for men and 20 for women (this compares to Scotland's diagnoses rate of 100 for men and 34 for women). During 2015 and 2016 there have been sustained high levels of infectious syphilis and gonorrhoea diagnoses and a stable number of Chlamydia diagnoses in Scotland.

In 2015 NHS Forth Valley undertook a Sexual Health and Blood Borne Virus (BBV) Needs Assessment aimed to help understand the sexual health and blood borne virus needs of Forth Valley and to establish how the current supply of services can be modified to best meet their needs. It focused on particular groups who may be more vulnerable or marginalised, suffer discrimination or experience inequalities in sexual and BBV health. It identified a number of key themes for action around further

² Health Protection Scotland (2017). *Blood borne viruses and sexually transmitted infections, Scotland 2017*.

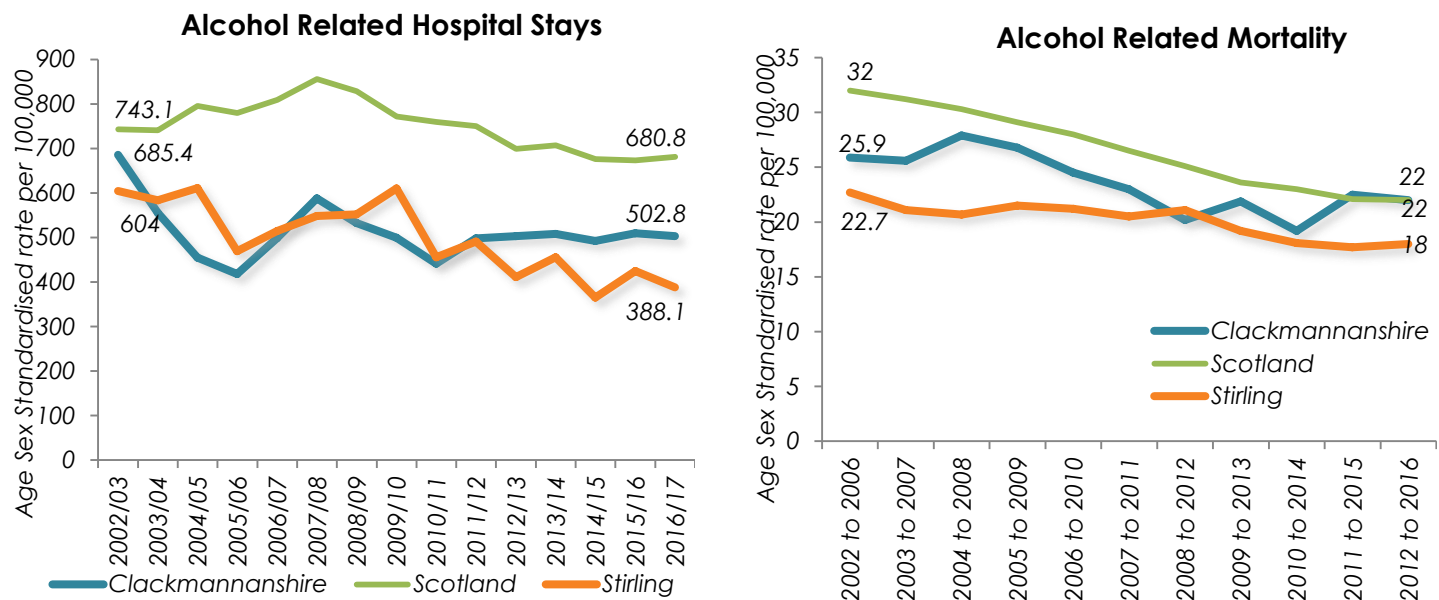
work to understand the needs of specific populations, service user feedback, training, staffing, clinic and resource recommendations as well as improvements in data collection and processing.

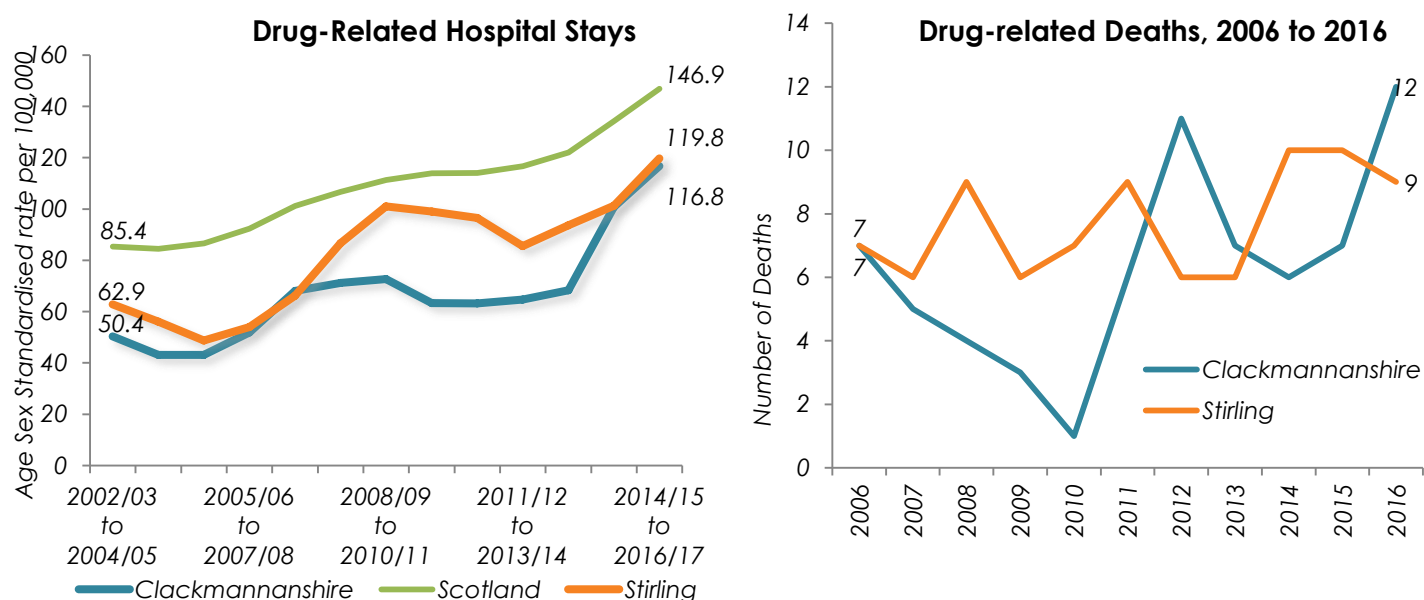
5.2 Alcohol and Liver Disease

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

Alcohol and Drug Related Hospital Stays and Mortality: The charts below show that across the Partnership there has been a decreasing trend in alcohol related hospital stays and alcohol related mortality and there has been a lower rate of alcohol related hospital stays than Scotland. Conversely there has been an increasing trend in drug related hospital stays although the rate is lower than that nationally. In more recent years the rate of alcohol related hospital stays and mortality has been levelling off in Clackmannanshire. The number of drug-related deaths is small and while fluctuating, overall there has been a slight increase in the past ten years. A Drugs and Alcohol Needs Assessment is currently being carried out by the Alcohol and Drugs Partnership (ADP) which will provide more information and analysis.

Figure 5.2a: Alcohol and Drug Related Hospital Stays and Mortality



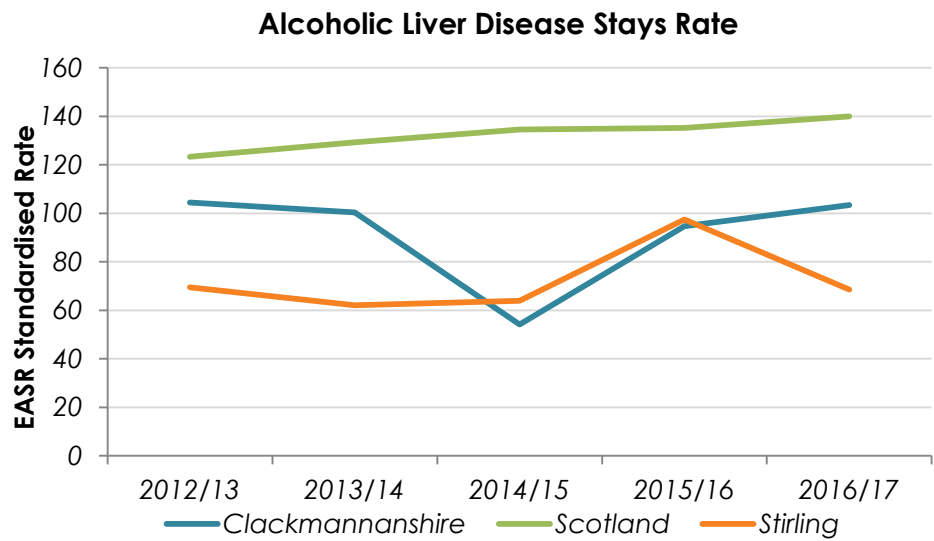


Source: ISD Scotland (SMR01)/National Records of Scotland (NRS)

Alcoholic Liver Disease: There are several diagnostic codes that make up the classification alcoholic liver disease; these include reversible conditions such as fatty liver disease as well as conditions where damage to the liver may be longer lasting, such as cirrhosis and hepatitis. Hepatic (liver) failure is an end-stage event that results from severe liver damage.

The increase in the rate of alcoholic liver disease stays nationally has not been reflected in Clackmannanshire and Stirling. While the rate in both has remained below the national average it has fluctuated sharply.

Figure 5.2b: Alcohol Liver Disease Stays Rate



Source: ISD Scotland

6 Population Health

The Strategic Needs Assessment included a comprehensive section on the health of the population including Life and Healthy Life Expectancy, Long Term Conditions, Multi-morbidity, Disability, Mental Health, Premature Mortality and Causes of Death. Amongst others it determined that the number of long term conditions and multi-morbidities were projected to increase as the proportion of the older adults in the population rises. This section will provide an overview of areas not covered in the initial needs assessment, neurological conditions, suicide and autism, as well as outlining findings from the Burden of Disease study.

6.1 Neurological Conditions

Neurological conditions are neurological disorders or diseases of the central and peripheral nervous system. They affect people in different ways and some can be treated and/or get better over time, other's need specialist treatment and some currently have no cure or effective treatment. Some neurological conditions are a significant cause of morbidity and mortality in Scotland, some are chronic and disabling. The National Advisory Committee for Neurological Conditions (NACNS) was established in 2016 and is supporting the development of Scotland's first national action plan on neurological conditions which will include the development of a data set on prevalence and NHS activity.

The following aims to give a brief overview of the prevalence of some neurological conditions as reported by each organisation (website in brackets).

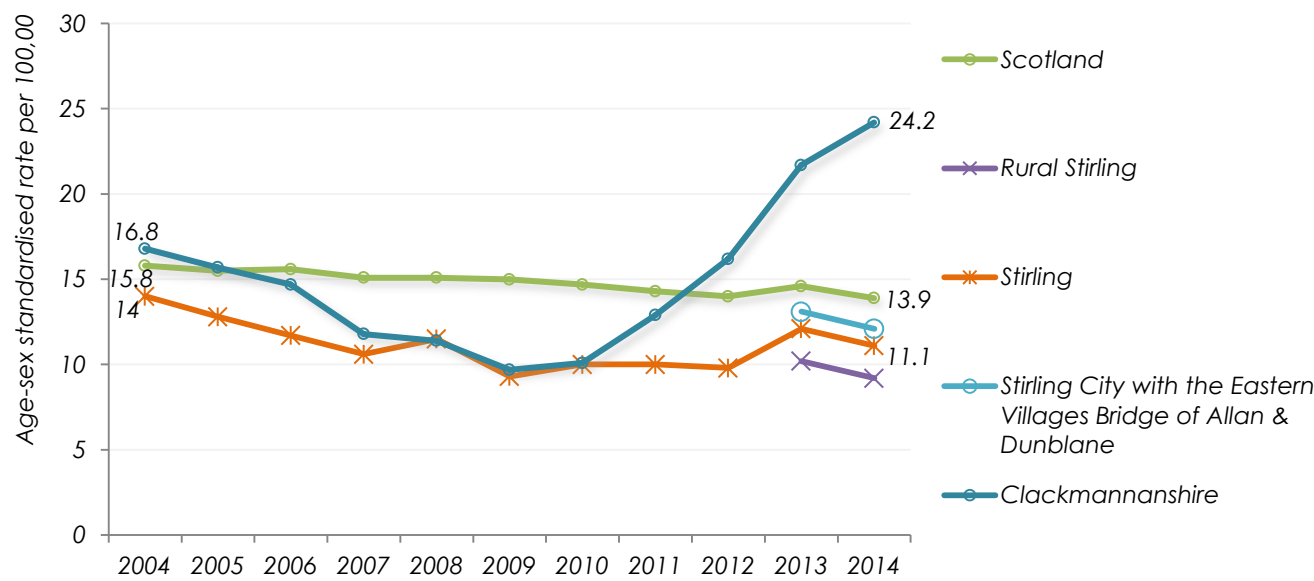
- **Parkinson's** is a progressive neurological condition, this means that it causes problems in the brain and gets worse over time. The number of people diagnosed with Parkinson's in the UK in 2018 is estimated to be around 145,000. Most people who get it are aged 50 and older but younger people can get it too. More than 12,000 people in Scotland are now living with Parkinson's and numbers are continuing to rise. In 2018 over 1,500 people in Scotland will be diagnosed with Parkinson's – about 30 people every week, the increases being driven by the growing and ageing population. 85% are aged over 65. Research looking at the prevalence and incidence rates of Parkinson's in the UK in 2015 using data from the Clinical Practice Research Datalink showed the estimated prevalence (based on population 20+) and yearly incidence (based on population 45+) of Parkinson's in 2015 in Clackmannanshire was 110 and 14 respectively and in Stirling, 201 and 25 respectively. The full report can be accessed at www.parkinsons.org.uk.
- **Progressive supranuclear palsy (PSP)** is a neurological condition caused by the premature loss of nerve cells in certain parts of the brain. There are believed to be around 4,000 people living with PSP in the UK at any one time. [www.pspassociation.org.uk]
- **Huntington's disease (HD)** is a hereditary illness that causes damage to certain areas of the brain and affects a person's movement, thoughts, behaviour and training. Symptoms can occur at most any age but most commonly appear between the ages of 35 and 44. The exact number of people affected is not known but it is generally stated that 1:10,000 people have HD but research in Scotland shows this varies enormously from area to area and a good estimate is that there are about 850 in Scotland who currently have it and between 4,000-6,000 people living with the risk of inheriting it. [www.hdscotland.org]

- **Multiple sclerosis (MS)** is a condition of the central nervous system and affects around 100,000 people in the UK. It is most often diagnosed in people between the ages of 20 and 40 and women are almost twice as likely to develop it as men. Prevalence rates vary around the UK with the estimated number of people with MS in Scotland as high as 209 per 100,000 (MacKenzie et al, 2013). The Scottish MS Register National Report 2017 shows the average annual incidence of patients diagnosed with MS per 100,000 population (2010-2016) in Forth Valley was 9.09 and in Scotland was 8.69. In 2016 there were 34 people living in Forth Valley that had a new diagnosis of MS. The average age of people newly diagnosed with MS in Scotland is 41 years old and since 2010 there are 2.3 females to every male diagnosed with MS.
- **Motor Neurone Disease** is a rapidly progressing terminal illness which stops signals from the brain reaching the muscles. It affects up to 5,000 adults in the UK at any one time and there is no cure. [www.mndassociation.org]
- **Multiple system atrophy (MSA)** is caused by atrophy or shrinking of nerve cells in the brain and recent research suggests it affects about 5 people per 100,000 so that at one time there are almost 3,300 people living with MSA in the UK. It usually starts between 50-60 years of age but can affect people younger and older. [www.msatrust.org.uk]
- **Dementia.** The Strategic Needs Assessment included a specific section on dementia including projections using dementia prevalence rates. This demonstrated not only that there will be a lot more people with dementia if we see the projected increase in the older adult population but also a significant difference in the number of female cases to males. Alzheimer Scotland has estimated that in 2017 the number of people with dementia in Clackmannanshire to be 837 (32 under 65, 804 65+) and 1,650 in Stirling (54 under 65, 1,596 65+).

6.2 Suicide

Suicide is a significant public health issue in Scotland and there are inequalities in suicide risk with those in lower socio-economic positions at a higher risk. There is also a well-known link between unemployment and suicide. The chart below shows that, based on a five year rolling average number, there has been a slight decrease in the rate of suicide over a ten year period (2004-2014) nationally and in Stirling. In Clackmannanshire however the rate has recently increased considerably and latest figures show it as being the highest in Scotland. Roughly three-quarters of all probable suicides are men: 71% in 2016 and between 70% and 77% in every year from 1986 nationally. There is also a difference in male and female suicide rate within the Partnership. Based on a five year rolling average number and directly age-standardised rate per 100,000 population (2012-16 calendar years) the rate of male deaths from suicide was 35.1 in Clackmannanshire and 14.7 in Stirling (compared to a Scotland rate of 20.6). The rate of female deaths from suicide was 13.3 in Clackmannanshire and 7.6 in Stirling (compared to a Scotland rate of 7.3). In Clackmannanshire both male and female suicide rates were considerably higher than the national average. Scotland's new Suicide Prevention Action Plan lists the actions which leaders at a national, regional and local level must take to transform society's response and attitudes towards suicide.

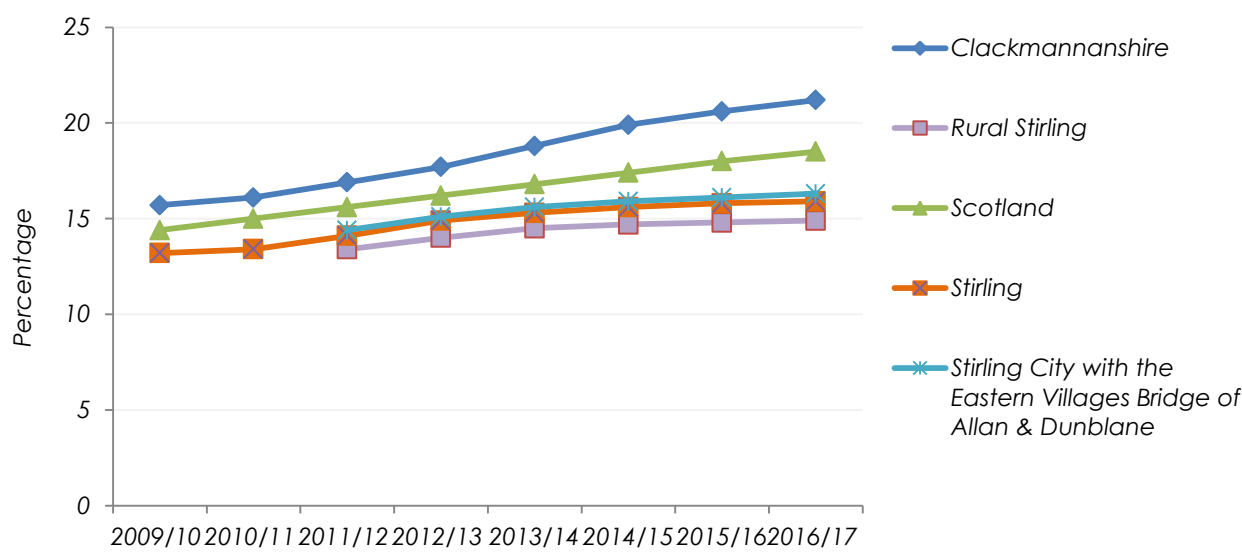
Figure 6.2a: Deaths from Suicide, 2004 to 2014 (5-year aggregates)



Note: Calendar years, 5-year aggregates (e.g. 2014 is the aggregation of 2012 to 2016)
Source: National Records of Scotland (NRS)

The chart below looks at the percentage of people prescribed drugs for anxiety, depression or psychosis. It shows that in 2016/17 21% of the population in Clackmannanshire were prescribed drugs for anxiety/depression/psychosis which is higher than the national average and across Stirling. The Clackmannanshire & Stirling Health and Social Care Partnership locality profiles also showed that Clackmannanshire had a higher rate of psychiatric hospitalisations than the other localities and nationally.

Figure 6.2b Percentage of People Prescribed Drugs for Anxiety/Depression/Psychosis, 2011/12-2016/17



Source: The Scottish Public Health Observatory (ScotPHO)

6.3 Autism

Autism is a lifelong developmental condition that affects how a person communicates with, and relates to, other people and the world around them. It is much more common than many people think, it is estimated that there are over 50,000 people in Scotland with Autistic Spectrum Disorder (based on 1.1% of the population). More males are diagnosed with ASD than females and many people with ASD may have additional learning disabilities or health needs. According to the latest Scottish Commission for Learning Disability Report (2017) there were 321 adults with learning disabilities known to the local authority (7.8 per 1,000 population) in Clackmannanshire, 21.2% of whom had an Autism Spectrum diagnosis. In Stirling there were 318 adults with learning disabilities known to the local authority (4.1 per 1,000 population), 19.8% of whom had an Autism Spectrum diagnosis. This compares to a Scotland rate of 5.2 per 1,000 adults with learning disabilities known to local authorities of which 20.5% had an Autism Spectrum diagnosis. Clackmannanshire rate and percentage is currently higher than that nationally - they currently have the fourth highest rate nationally of adults with learning disabilities known to the local authority.

6.4 Burden of Disease

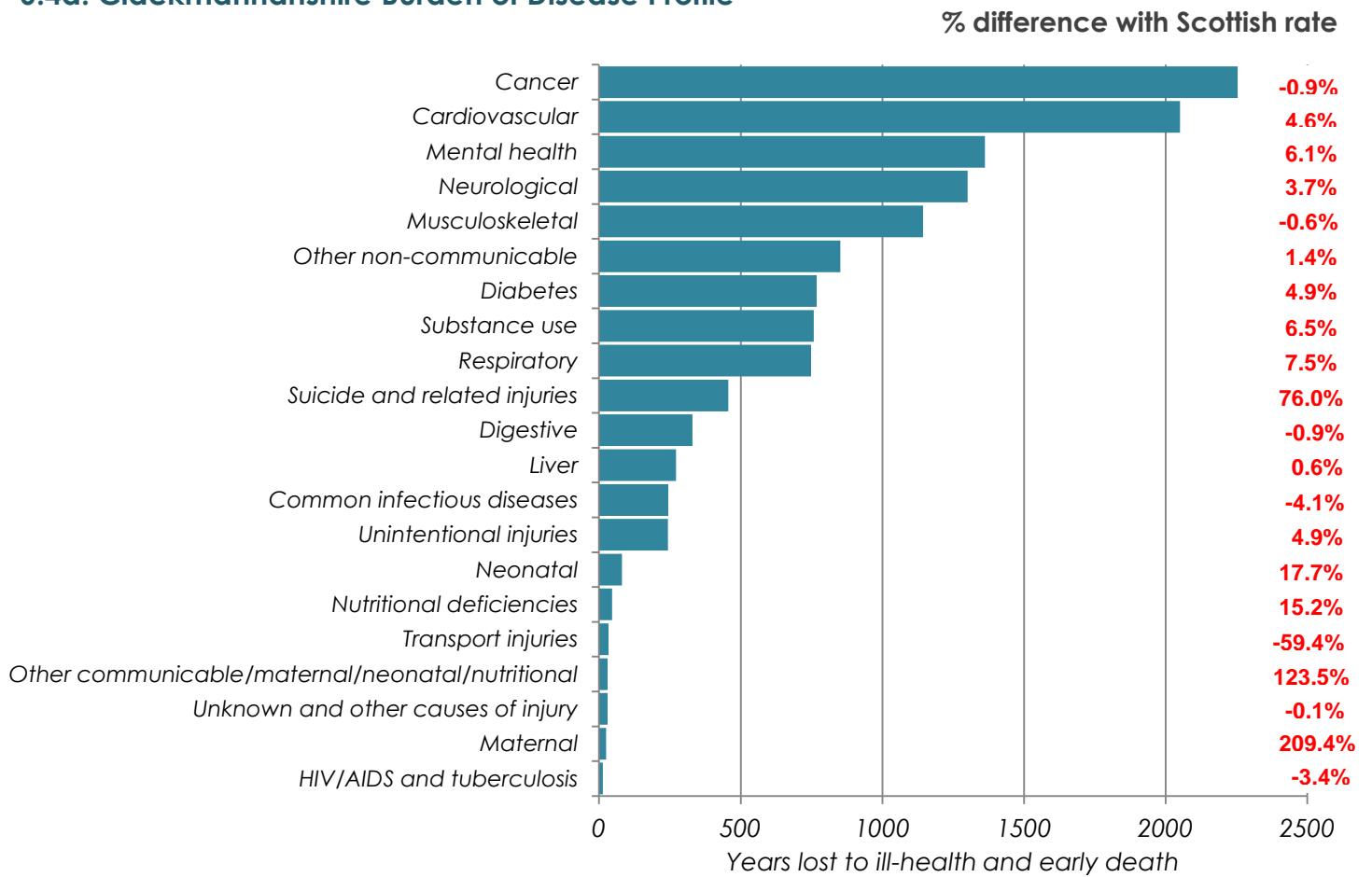
Burden of disease is a measure of the health of the population. It aims to quantify the difference between living to old age in good health, and the situation in which healthy life is shortened by illness, injury, disability and early death.

Burden of disease studies use a single measure which combines fatal burden [i.e. years lost because of early death - years of life lost (YLL)] and non-fatal burden (i.e. years lost because they are lived 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) and was calculated by adding together the YLL (fatal burden) and YLD (non-fatal burden) for each disease, condition or injury.

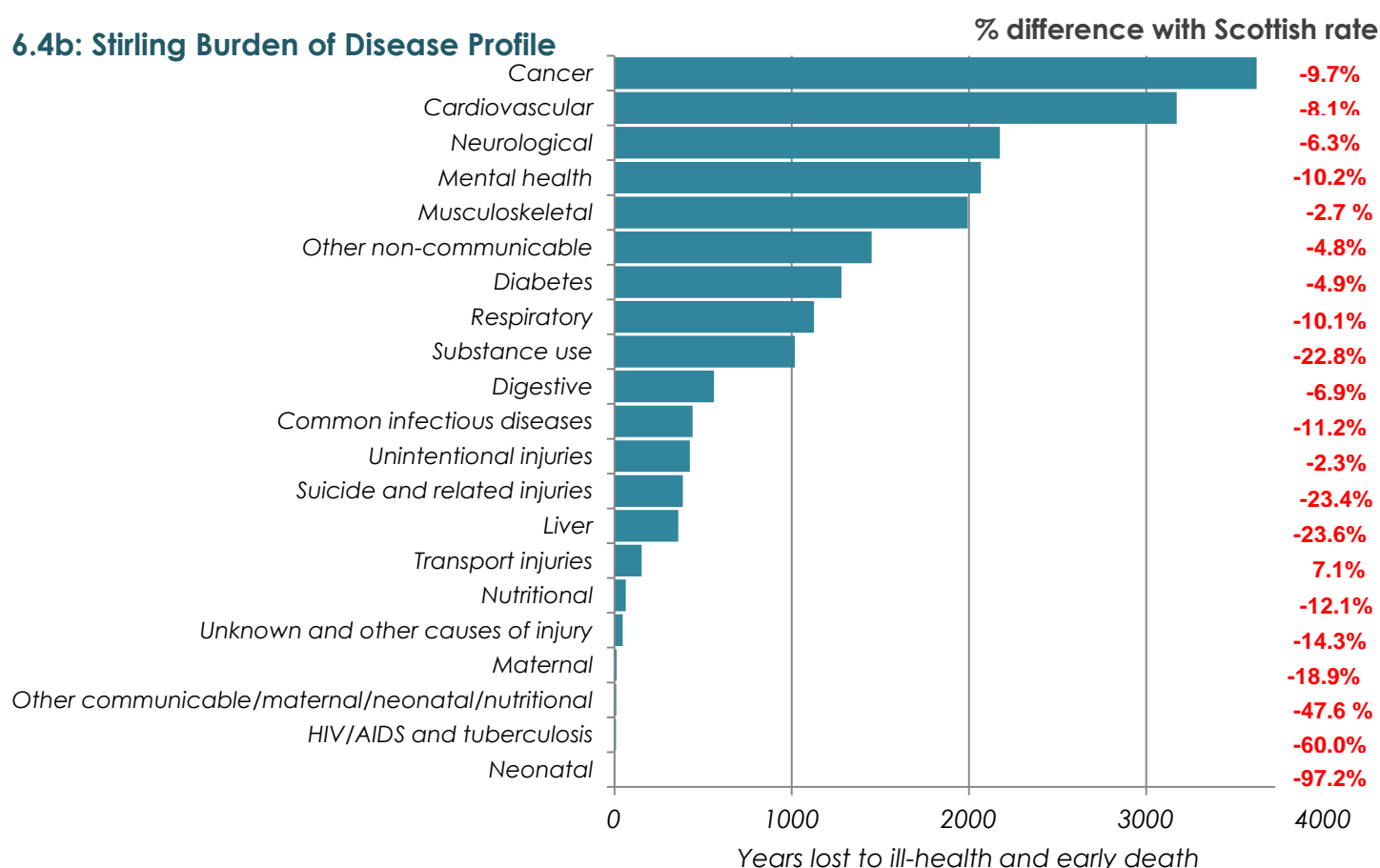
The most recent information, for 2016, includes overall burden, and burden by age, gender, local authority area and socio-economic position. Local area estimates are also provided (DALYs, YLD, YLL and deaths) for 21 disease groups stratified by local authority, gender and age group.

The four leading causes of ill-health and early death in Clackmannanshire and Stirling are Cancer, Cardiovascular diseases, Neurological disorders and Mental health disorders. The number of DALYs in the charts below is largely driven by population size. Overall, the rate of ill health and early death is higher than the Scottish rate in Clackmannanshire (4.3%) and lower in Stirling (9.5%). Notably Stirling's rates are mostly lower than the Scotland rate. In Clackmannanshire, one of the largest variations in the rate of total burden occurs due to suicide, self-harm and interpersonal violence related injuries, which is considerably higher than the Scottish rate. It is worth noting that the number of deaths due to suicide is quite low across the regions of Scotland which may lead to volatile comparisons.

6.4a: Clackmannanshire Burden of Disease Profile



6.4b: Stirling Burden of Disease Profile



*Ranking based on the number of DALYs and the % difference is based upon the age-standardised DALYs rate per 100,000 population. 'Other non-communicable diseases' includes sense organ diseases (e.g. age-related hearing loss, cataracts), oral disorders (gum disease, edentulism), skin disorders (e.g. eczema), sudden infant death syndrome and congenital birth defects.

The figures below present the top ten leading causes of ill health and early death in Clackmannanshire and Stirling in 2016 and the variation with the Scottish rate. These mirror the top ten causes nationally although the ranking within each varies as does how they differ from the Scottish rate.

Figure 6.4c: Leading causes of ill-health and early death in Clackmannanshire in 2016

Leading causes of ill-health in 2016			Leading causes of early death in 2016		
% difference with Scottish rate			% difference with Scottish rate		
1	Mental health	+6.7%	1	Cancer	-1.0%
2	Musculoskeletal	+1.2%	2	Cardiovascular	+4.7%
3	Neurological	+1.6%	3	Neurological	+6.5%
4	Other non-communicable	-0.8%	4	Respiratory	+9.9%
5	Cardiovascular	+4.0%	5	Suicide and related injuries	+81.4%
6	Diabetes	+2.1%	6	Substance use	-0.7%
7	Substance use	+14.3%	7	Diabetes	+9.2%
8	Respiratory	+2.5%	8	Liver	+0.1%
9	Cancer	+0.8%	9	Common infectious diseases	-5.3%
10	Digestive	+3.7%	10	Digestive	-4.2%

*Ranking based on number of YLD
Percentage difference based on age-standardised YLD rates.

*Ranking based on number of YLL
Percentage difference based on age-standardised YLL rates.

Figure 6.4d: - Leading causes of ill-health and early death in Stirling in 2016

Leading causes of ill-health in 2016			Leading causes of early death in 2016		
% difference with Scottish rate			% difference with Scottish rate		
1	Mental health	-11.0%	1	Cancer	-10.4%
2	Musculoskeletal	-2.0%	2	Cardiovascular	-8.6%
3	Other non-communicable	+1.4%	3	Neurological	-11.8%
4	Neurological	-2.1%	4	Respiratory	-12.0%
5	Diabetes	-3.3%	5	Substance use	-22.1%
6	Cardiovascular	-6.8%	6	Diabetes	-7.3%
7	Substance use	-23.7%	7	Suicide and related injuries	-23.6%
8	Respiratory	-5.9%	8	Common infectious diseases	-12.8%
9	Cancer	-0.8%	9	Liver	-24.4%
10	Digestive	-6.3%	10	Digestive	-7.4%

*Ranking based on number of YLD.

Percentage difference based on age-standardised YLD rates.

*Ranking based on number of YLL.

Percentage difference based on age-standardised YLL rates.

‘Other non-communicable diseases’ includes sense organ diseases (e.g. age-related hearing loss, cataracts), oral disorders (gum disease, periodontitis), skin disorders (e.g. eczema), sudden infant death syndrome and congenital birth defects.

As the figures below show the fatal burden was higher among men than women in each group. In Clackmannanshire the non-fatal burden accounted for more DALYs in each age group until the age of 65 for women and for men only in the 15-24 and 25-44 age groups. Overall in Stirling, the non-fatal burden accounted for more DALYs in each group until the age of 65 and over in women and in men age 45 and over. What is notable is the fatal burden contribution in the under 15s – low for men and women in Stirling and for women in Clackmannanshire.

Figure 6.4e: Percentage contribution of YLL (fatal) and YLD (non-fatal) by gender and age group, Clackmannanshire 2016

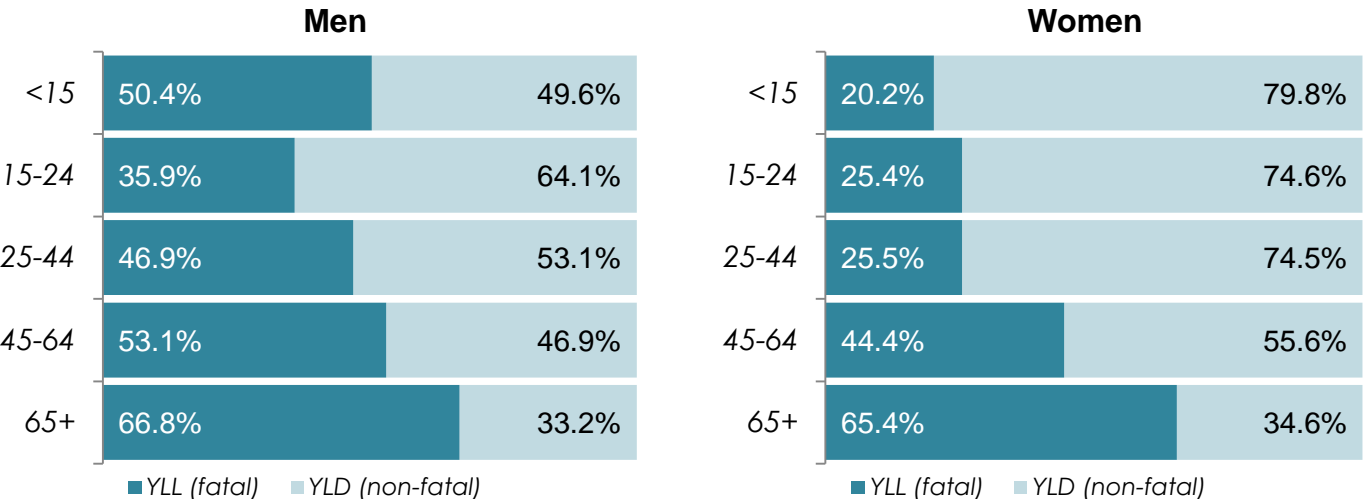
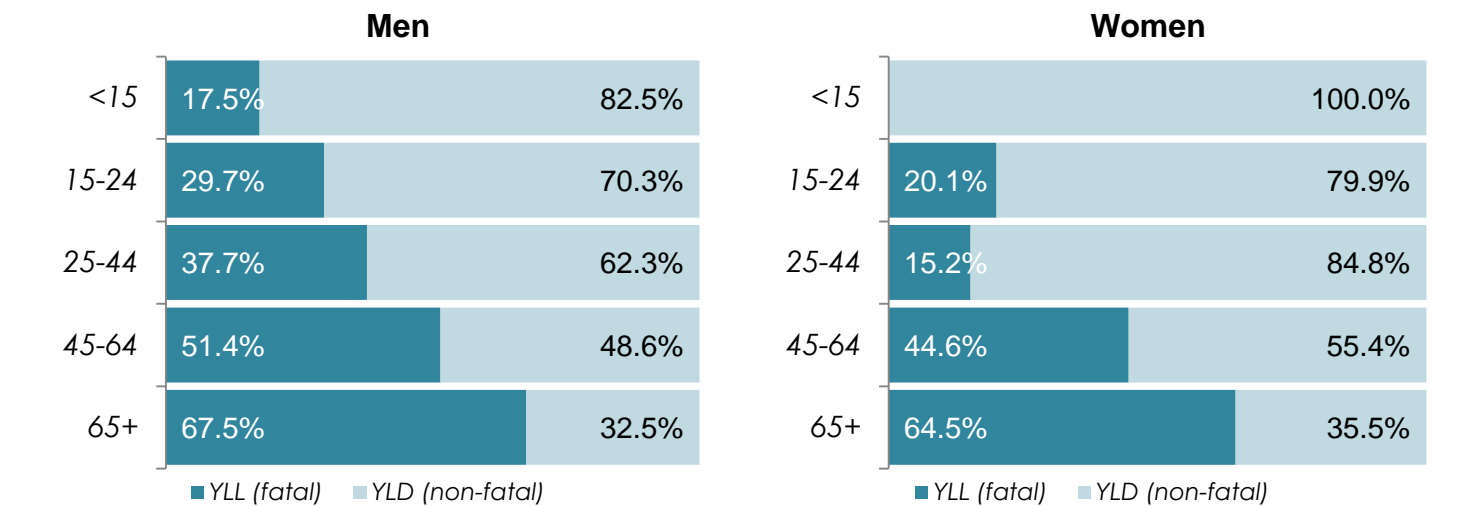


Figure 6.4f: Percentage contribution of YLL (fatal) and YLD (non-fatal) by gender and age group, Stirling 2016



*Based on number of DALYs by gender and age group.

The local area estimates and the Scottish Burden of Disease Study Overview report and Deprivation report can be accessed [here](#). The Deprivation report highlights that the disease burden in the most deprived areas in Scotland was more than double that found in the least deprived areas and the burden increased with each level of deprivation. In addition, nearly a third of the disease burden in Scotland could be avoided if the whole population had the same rate of burden as those in the least deprived areas.

7 Summary and Considerations

A Strategic Needs Assessment was produced In order to support the production of Clackmannanshire and Stirling Health and Social Care Partnership’s first strategic plan. It was extensive and covered a wide range of topics including demographics, life circumstances, risk factors, population health and service provision. Several key issues emerged including:

- The ageing population and the potential resultant impact on demand for services. In particular Clackmannanshire’s older population is predicted to increase at the same time as the working age population is decreasing.
- The projected growth in the number of people living with long term conditions, multiple conditions and complex needs.
- Reducing unplanned, emergency, hospital care will benefit the service as well as the individual and the potential impact of the growth in the older population.
- Supporting unpaid carers is a priority.
- Reducing risky behaviours such as smoking, alcohol consumption, drug use and poor diet could have a positive effect on an individual’s health.

These key messages will remain relevant given only a short period of time has passed. This iteration of the needs assessment is designed to be a more focused update to fill in a number of gaps previously identified from the first iteration as well as focusing on a number of specific areas. This summary aims to re-iterate some of the main messages from each section while highlighting some key considerations.

Section 2 focused on the Population of the Partnership and showed that while estimates and projections have been updated the potential impact of the ageing population on service demand and the potential workforce challenge that Clackmannanshire may face remains. Section 3 focused on Deprivation and Health Inequalities and highlighted the differing deprivation profile within the Partnership with a higher proportion of Clackmannanshire's residents living in more deprived areas and how health inequalities persist between the most and least deprived areas nationally and locally.

The largest section, Section 4, focused on Service Provision. It was apparent from the first iteration of the Strategic Needs Assessment that there was an increasing demand on all services, particularly for those aged 65 and over. This iteration focused on specific areas and it is apparent that need varies by service, by Partnership area and by client group. A&E attendances continue to increase with Emergency admissions and bed days strongly related to age and deprivation. Delayed Discharges have been declining. Day Care provision has decreased overall with provision being predominately for people with a learning disability. Intensity of care at home and overnight respite provision varies across the Partnership with who receives it also varying although the majority of people were older. While there was variation in client group in the social care services it is apparent that provision is driven by the older population and it is the complexity of need that varies. The number of people prescribed items has been relatively stable over recent years but costs have been increasing and the number of Adult Support and Protection referrals and investigations in Stirling has increased dramatically in recent years. It is important to note that there will be variation in recording practices between the two Local Authorities in the Partnership, even between different teams, which will be reflected in the information reported.

Risk factors can have an impact on a person's health and wellbeing and Section 5 included new information on Sexual Health and Blood Borne Viruses and Alcohol and Liver Disease and highlighted the decreasing trend in alcohol related hospital stays and alcohol related mortality and an increasing trend in drug related hospital stays across the Partnership. Section 6 (Population Health) looked at specific health needs of the population not included in the first iteration – neurological conditions, suicide and autism – and highlighted the high rate of suicide in Clackmannanshire as well as presenting an overview from the Burden of Disease study.

A number of key considerations emerged:

- There is variation in service provision across the Partnership which will be explored and highlighted further in the revision of the Locality Profile.
- Indications are that there may be a potential growth in demand for personal care following the Scottish Governments implementation of free personal care for under 65s and this is likely to have workforce and cost implications. Work will continue with the Chief Finance Officer and peer Health and Social Care Partnership to quantify the potential impact of this.
- Population based projections on recent care at home and residential care activity predict an increase in demand. This is perhaps unsurprising given the predicted increase in the older

population. Work will be ongoing exploring a systems dynamic modelling approach to looking at and predicting demand.

- Health inequalities persist between the most and least deprived areas nationally and locally. The rate of emergency bed days is highest in the most deprived areas and decreases as deprivation decreases and the gap between the most and least deprived areas has widened in both local authorities in the Partnership, particularly in Clackmannanshire. Life expectancy in the Partnership increases as deprivation decreases and the mortality rate of 15-44 years olds increases as deprivation increases. This may have an impact on demand for services. It could be of benefit to do a more focused piece of work looking at health inequalities in the Partnership and what impact this may have on current and future health and social care service demand. Health and Social Care Partnerships have a duty to contribute to reducing health inequalities as one of the National Health and Wellbeing outcomes. New initiatives and services should be designed with reducing inequalities in mind. It is recommended that the Partnership considers the practical actions to help reduce health inequalities published in '[The role of Health and Social Care Partnerships in reducing inequalities](#)'.
- The rate of suicide in Clackmannanshire has been increasing and it is currently the highest in Scotland. The rate of suicide is also higher in men than women in both local authorities and nationally although both Clackmannanshire's rates are considerably higher than the national average. The percentage prescribed drugs for anxiety, depression or psychosis in Clackmannanshire is also higher than the national average.
- According to the most recent Burden of Disease study the four leading causes of ill-health and early death in Clackmannanshire and Stirling are Cancer, Cardiovascular diseases, Neurological disorders and Mental health disorders
- Information Services Division (ISD) Population Classification Matrix helps describe how different sections of the population are making use of health services. It showed that individuals classed as frail represented the single largest cost group, £26 million, which represents over one fifth (22%) of total costs for the Partnership. One of the actions in the Forth Valley Health and Social Care Winter Plan 2017-18 was to establish a consistent approach to frailty screening and comprehensive geriatric assessment at the front door to ensure the most appropriate route for patients. The Population Matrix also showed that 68% of the population are classed as Healthy and Low Users compared to the national average of 64%.

Accident & Emergency (A&E): is the collective term for describing all A&E Services including Emergency Department, A&E Department and Minor Injury Units (MIU).

Admission: An admission marks the start of an inpatient episode or day case episode.

Average: the average is calculated by adding together several quantities and dividing the total by the number of quantities.

Care at Home: is care provided in a person's own home to enable them to maintain their independence.

Day Care: offers personal care during the day and is usually provided in a day care centre for those with complex physical and social care needs.

Delayed Discharge: 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.

GP (General Practitioner): a general practitioner is a registered practitioner who provides general medical services to the population either in partnership with other GPs or on a single handed basis.

Healthy Life Expectancy: is an estimate of how many years a person may live in a 'healthy' state.

Health and Social Care Partnership (HSCP): is the organisation formed as part of the integration of services provided by Health Boards and Local Authorities in Scotland.

Information Services Division (ISD): is a division of National Services Scotland, part of NHS Scotland and provides health information, health intelligence, statistical services and advice.

Life Expectancy: is an estimate of how many years a person might be expected to live.

National Records of Scotland (NRS): is a non-ministerial department of the Scottish Government whose purpose is to collect, preserve and produce information about Scotland's people and history.

Percentage: Percent means 'for every 100' or 'out of 100'.

Population Projection: an estimate of the future population.

Premature Mortality: people who die under the age of 75.

Prevalence: measures the number of all cases of a disease (or health-related condition or event) at a specific point or period in time.

Primary Care Out-of-hours: is a service provided to people who require medical care outwith normal GP surgery hours.

Rate: is a measure/quantity which takes into account the number of cases and the population size. In this document it is usually a quantity per 100,000 population. Rates allow us to make comparisons between groups of people or locations that have different population sizes and to make comparisons within the same population over time.

Readmission: A readmission occurs when a patient is admitted as an inpatient to any specialty in any hospital within a specified time period from discharge from a hospital stay.

Residential Care: A care home is a place where people can live in a homely setting and have their needs met by trained staff.

Respite Care: is a service intended to benefit a carer and the person they care for by providing a short break from caring tasks.

SIMD: Scottish Index of Multiple Deprivation is the Scottish Government's official tool for identifying small area concentrations of multiple deprivation across all of Scotland. 'Deprived' does not mean just 'poor' or 'low income'. It can also mean people have fewer resources and opportunities, for example in health and education. It is based on 38 indicators spanning seven domains: income, employment, education, health, access to services, crime and housing.

SIMD Quintile: Scotland's population is split into five deprivation quintiles with approximately 20% of the population in each quintile where 1 is the most deprived and 5 the least.

Unscheduled Care: is the unplanned treatment and care of a person usually as a result of an emergency or urgent event.