Public Health Scotland

Locality Profile

Clackmannanshire Locality

August 2020

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Summary Table

Indicators	Data Type	Time Period	Clackmannanshire Locality	Rural Stirling Locality	Stirling City with the Eastern Villages Bridge of Allan and Dunblane Locality	Clackmannanshire & Stirling HSCP	Scotland
Demographics							
Total population	count	2018	51,400	25,137	69,193	145,730	5,438,100
Gender ratio male to female	ratio	2018	1:1.04	1:1.04	1:1.09	1:1.06	1:1.05
Population over 65	%	2018	20	23	18	19	19
Population in least deprived SIMD quintile	%	2020	16	19	33	25	20
Population in most deprived SIMD quintile	%	2020	28	0	16	18	20
Housing							
Total number of households	count	2019	24,734	11,336	30,302	66,372	2,636,599
Households with single occupant tax discount	%	2019	39	30	35	35	37
Households in Council Tax Band A-C	%	2019	64	29	52	53	60
Households in Council Tax Band F-H	%	2019	12	44	21	21	13
General Health							
Male average life expectancy in years	mean	2014-2018*	77	81.4	77.8	NA	77.1
Female average life expectancy in years	mean	2014-2018*	80.8	85.3	81.7	NA	81.1
Early mortality rate per 100,000	rate	2016-2018	131	38	112	107	110
Population with long-term condition	%	2018/19	20	19	17	19	19
Cancer registrations per 100,000	rate	2016-2018	676	639	628	647	639
Anxiety, depression & psychosis prescriptions	%	2018/19	22	16	18	19	19

**At HSCP and Scotland level, the time period is a 3-year aggregate (2016-2018)*

Indicators	Data Type	Time Period	Clackmannanshire Locality	Rural Stirling Locality	Stirling City with the Eastern Villages Bridge of Allan and Dunblane Locality	Clackmannanshire & Stirling HSCP	Scotland
Lifestyle & Risk Factors							
Drug-related hospital admissions per 100,000	rate	2015/16 - 2017/18	184	36	177	158	181
Alcohol-related hospital admissions per 100,000	rate	2018/19	592	257	496	490	669
Alcohol-specific mortality per 100,000	rate	2014 - 2018	16	11	18	16	21
Bowel screening uptake	%	2016 - 2018	60	66	61	61	59
Hospital and Community Care							
Emergency admissions per 100,000	rate	2018/19	10,446	7,964	9,075	9,367	10,891
Unscheduled acute bed days per 100,000	rate	2018/19	69,451	67,061	62,665	65,817	72,581
A&E attendances per 100,000	rate	2018/19	27,171	19,939	28,134	26,381	28,364
Delayed discharge bed days per 100,000	rate	2018/19	9,859	7,873	8,954	9,331	11,833
Falls emergency admissions per 100,000	rate	2018/19	632	621	627	628	704
Emergency readmissions per 1,000	rate	2018/19	108	86	106	103	100
Last 6 months of life spent in community setting	%	2018/19	86	89	88	87	88
Potentially Preventable Admissions per 100,000	rate	2018/19	1,728	1,118	1,491	1,510	1,690
Hospital Care (Mental Health Specialty)							
Unscheduled bed days per 100,000	rate	2018/19	25,298	9,225	17,273	18,715	22,191

Notes for this profile:

- All years shown are calendar years unless otherwise specified.
- Upper and lower 95% confidence intervals are shown throughout this document where available. In charts, these are displayed as shaded areas either side of trend lines, or as black error bars in bar charts. Confidence intervals show the range of possible values and a certainty that the true value falls within them.
- Definitions for the indicators shown are available in Appendix 1.

Demographics

Summary:

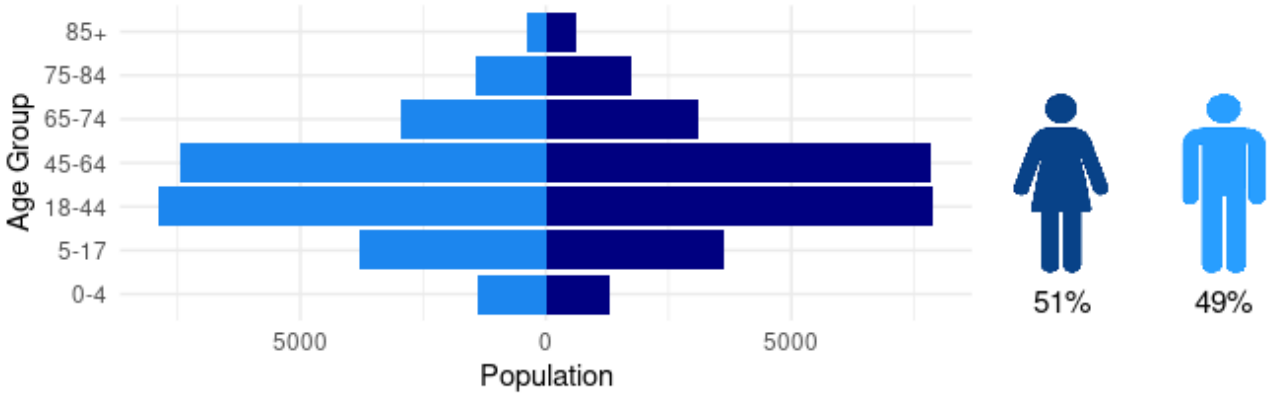
For the most recent time periods available, Clackmannanshire Locality had:

- A total population of **51,400** people, where **49%** were male, and **20%** were aged over 65.
- **16%** of people lived in the least deprived SIMD quintile, and **28%** lived in the most deprived quintile.

Population

In 2018, the total population of Clackmannanshire locality was 51,400. The graph below shows the population distribution of the locality.

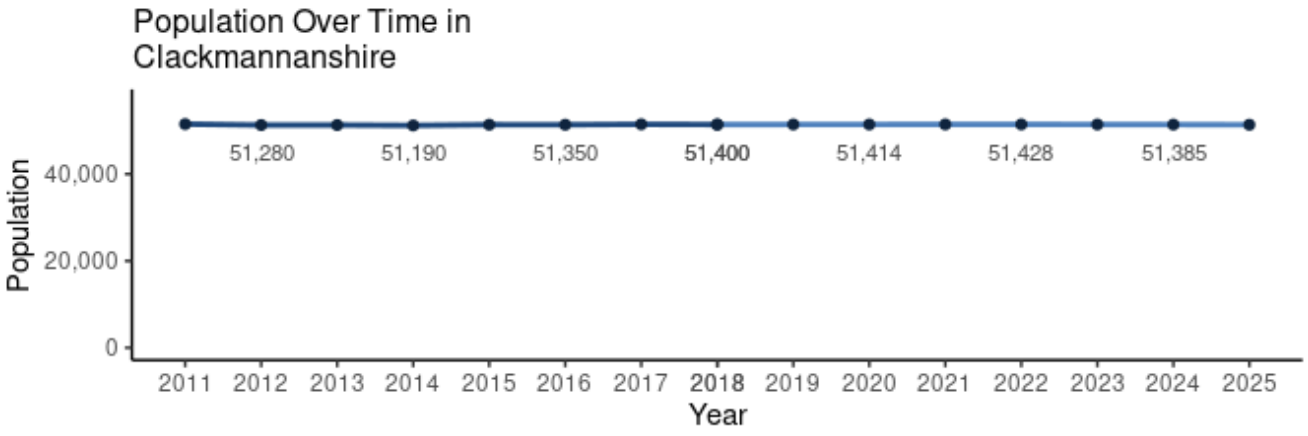
Figure 1: Population breakdown in Clackmannanshire.



Source: National Records Scotland

Figure 2 shows the historical population of Clackmannanshire, along with the NRS population projections. There is no significant linear trend in population. However, it has been falling since last year. The population in Clackmannanshire is estimated to decrease by 0.11% from 2018 to 2025. *Please see the footnotes for more information on how the population projections were calculated*[1].

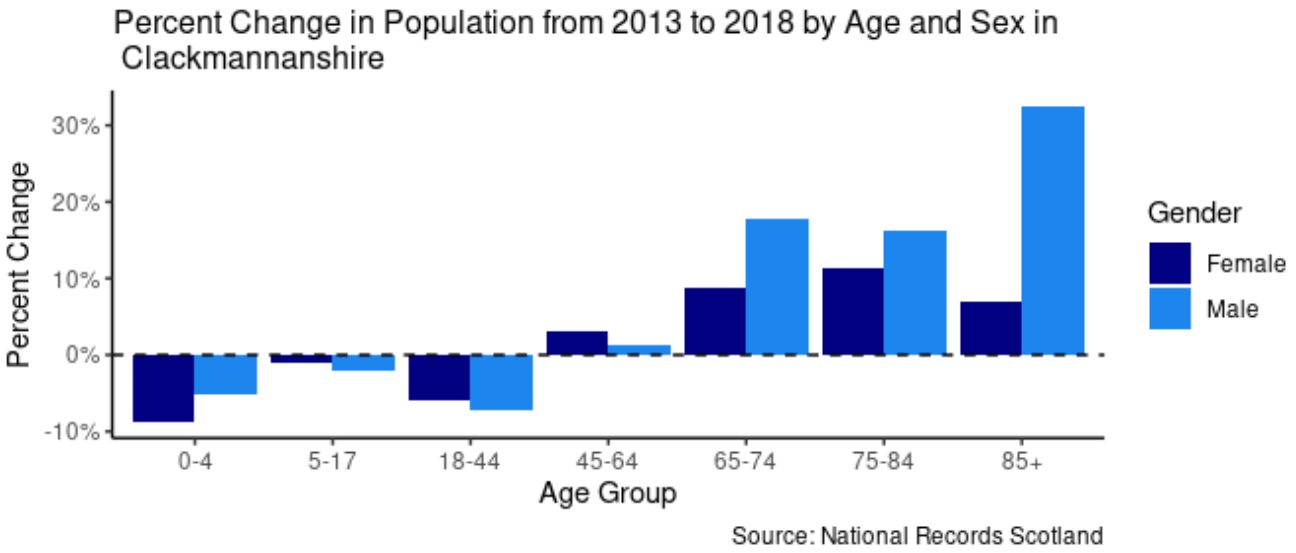
Figure 2: Population time trend and projection.



Source: National Records Scotland

Figure 3 shows how population structure has changed between 2013 and 2018.

Figure 3: Change in population structure over the last five years.



Deprivation

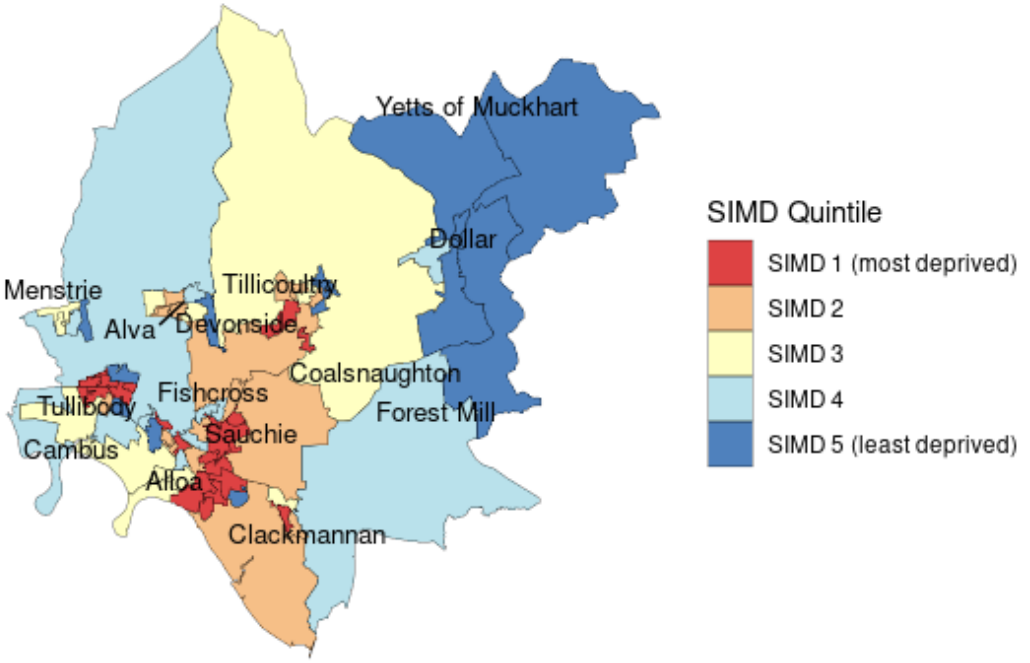
The following section explores the deprivation structure of Clackmannanshire through the Scottish Index of Multiple Deprivation (SIMD). The SIMD ranks all datazones in Scotland by a number of factors; Access, Crime, Education, Employment, Health, Housing and Income. Based on these ranks, each datazone is then given an overall deprivation rank, which is used to split datazones into Deprivation Quintiles (Quintile 1 being the most deprived, and Quintile 5 the least). The most recent SIMD ranking was carried out in 2020. This section mainly focuses on the SIMD 2020 classifications, however the 2016 classifications are used to assess how deprivation has changed in Clackmannanshire when compared to the rest of Scotland.

Of the 2018 population in Clackmannanshire, **28%** live in the most deprived SIMD Quintile, and **16%** live in the least deprived SIMD Quintile. The following table details the percent of the population living in the 2016 SIMD Quintiles, the percent living in the 2020 SIMD Quintiles, and their difference for comparison.

Table 1: Percentage population living in the 2016 and 2020 SIMD Datazone Quintiles

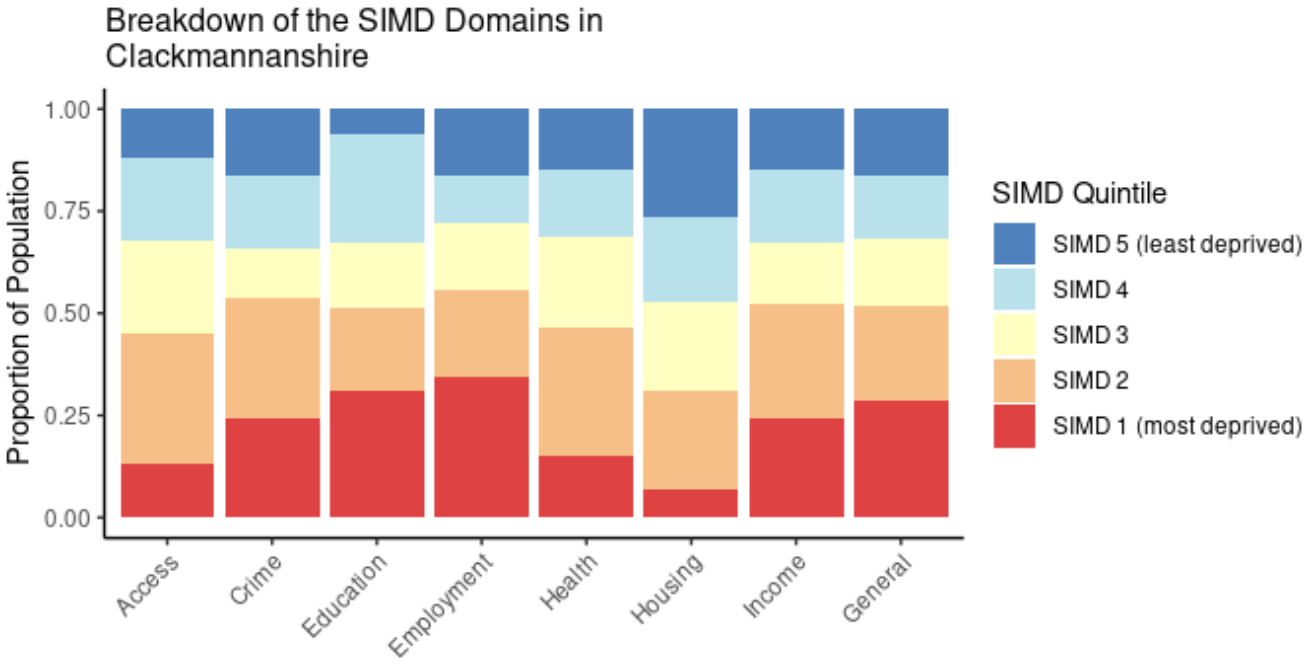
Quintile	Percent of Pop (2016)	Percent of Pop (2020)	Difference
SIMD 1	24.5%	28.4%	4.0%
SIMD 2	25.9%	23.2%	-2.7%
SIMD 3	18.5%	16.6%	-1.8%
SIMD 4	17.6%	15.5%	-2.1%
SIMD 5	13.6%	16.3%	2.7%

Figure 4: Map of Data Zones within Clackmannanshire coloured by SIMD quintiles.



Source: Scottish Government, Public Health Scotland

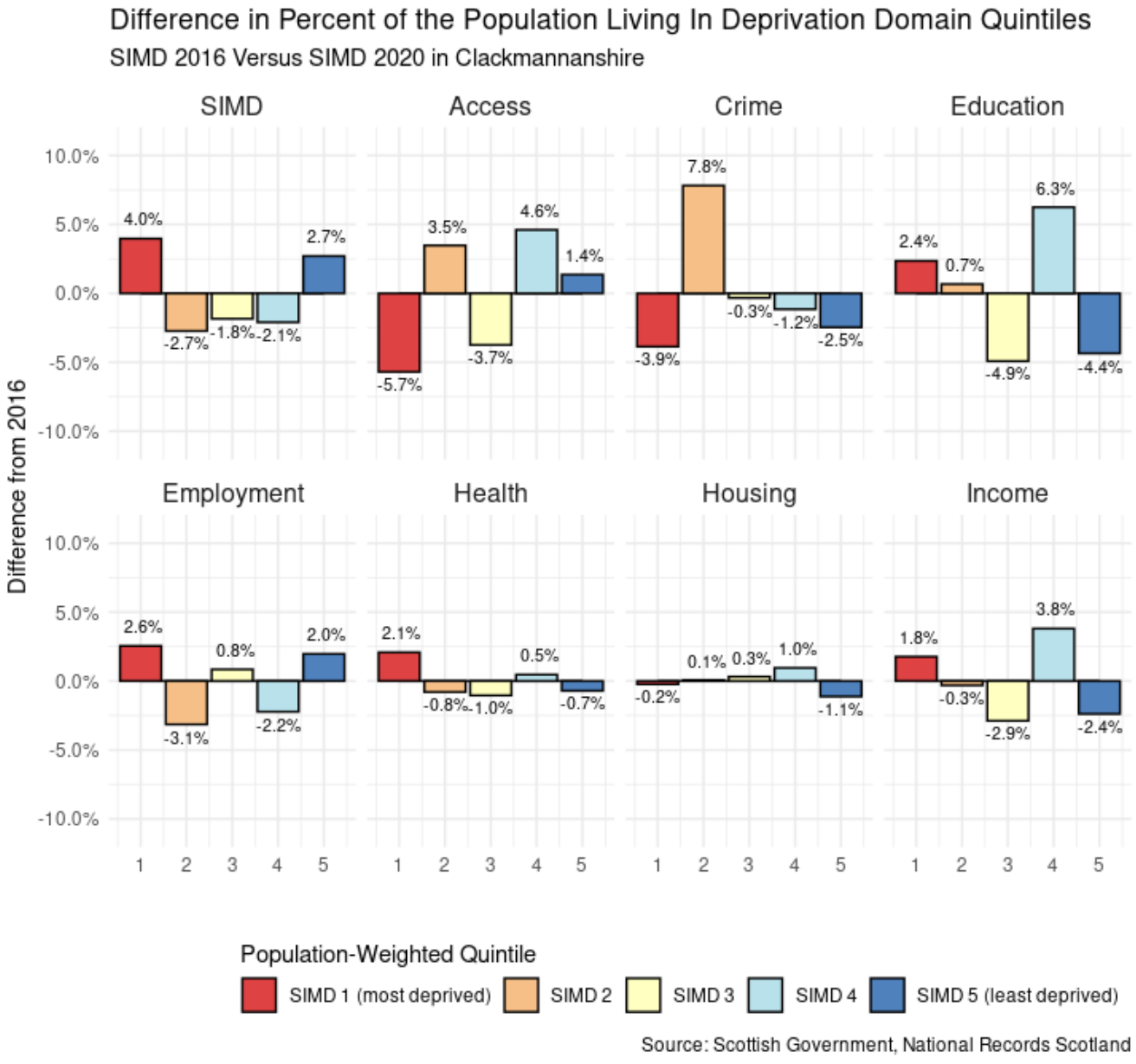
Figure 5: Proportion of the population that reside in each 2020 SIMD quintile by domain.



Source: Scottish Government, Public Health Scotland, National Records Scotland

Figure 6: Percentage population living in the 2016 and the 2020 SIMD and Domain Quintiles

Figure 6 presents a comparison between the 2016 Scottish Index of Multiple Deprivation figures, and the new 2020 SIMD figures. The percentages of the population living within each SIMD quintile and domain quintile were calculated first using the 2016 SIMD datazone classifications, and then the 2020 SIMD classifications. The differences in these percentages are plotted in Figure 6. Negative values on the y axis indicate a decrease in percent of the population living within a quintile, while positive values indicate an increase in percent of the population living within a quintile. **Please note that quintiles have been weighted by the Scottish population so, any local changes in SIMD quintile do not necessarily indicate a difference in deprivation, but rather a difference in deprivation in comparison to the rest of Scotland.**



Households

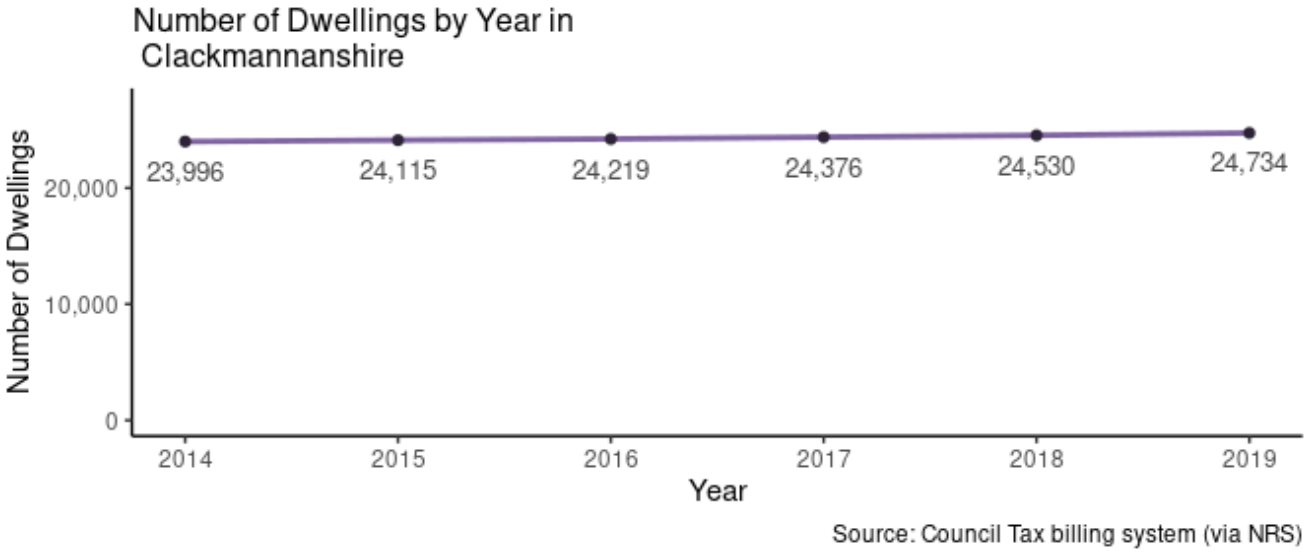
Summary:

For the most recent time periods available, Clackmannanshire Locality had:

- **24,734** dwellings, of which: **97%** were occupied and **0.2%** were second homes.
- **39%** of dwellers received a single occupant council tax discount, and **1.4%** were exempt from council tax entirely.
- **64%** of houses were within council tax bands A to C, and **12%** were in bands F to H.

The graph below shows the number of dwellings in Clackmannanshire from 2014 to 2019.

Figure 7: Number of dwellings time trend.



Of the total number of dwellings in 2019, 39% (9,617 households) were occupied by an individual receiving a single occupant council tax discount. Furthermore, 1.4% (343 households) were occupied and exempt from council tax.

There were 50 dwellings classed as a second home in 2019, these dwellings made up 0.2% of the households in Clackmannanshire.

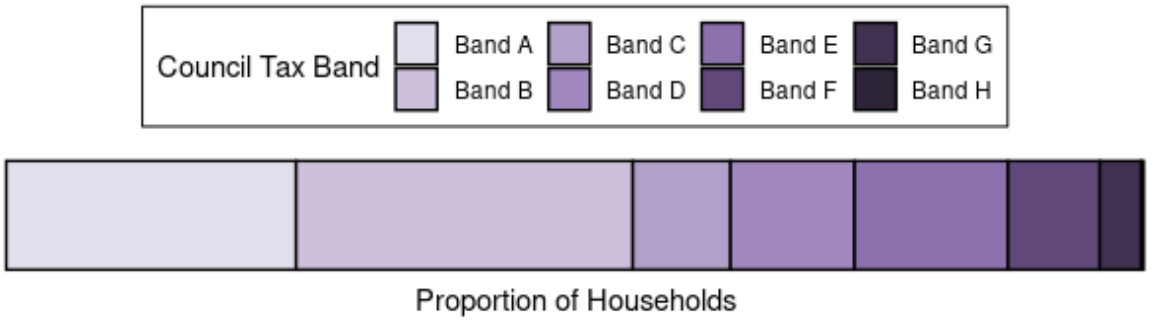
Table 2: Breakdown of dwelling types by year for Clackmannanshire locality.

Year	Total Dwellings	Occupied Dwellings	Vacant Dwellings	Single Occupant Tax Discount	Council Tax Exempt Dwellings	Second Homes
2014	23,996	23,418	548	9,008	461	0
2015	24,115	23,502	570	9,106	255	61
2016	24,219	23,564	590	9,114	293	58
2017	24,376	23,749	572	9,383	277	56
2018	24,530	23,846	623	9,483	343	55
2019	24,734	24,098	568	9,617	343	50

*For further information please see NRS Small Area Statistics on Households and Dwellings.

The proportion of households within each council tax band are displayed in the chart below, figures are shown in Table 3.

Figure 8: Breakdown of households by council tax band for Clackmannanshire in 2019.



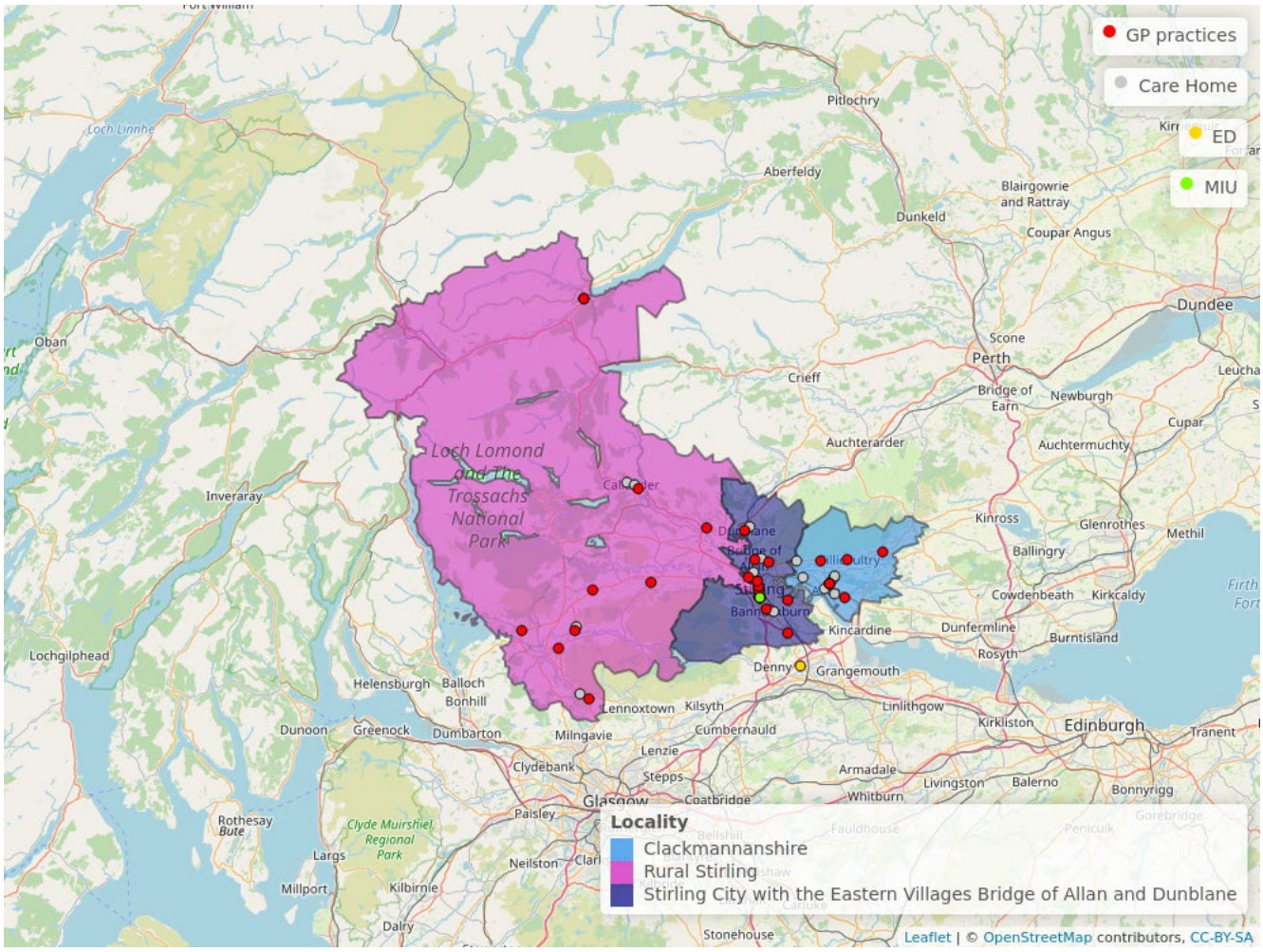
Source: Scottish Assessors' Association (via NRS)

Table 3: Percentage of households by council tax band for Clackmannanshire in 2019.

Tax Band	A	B	C	D	E	F	G	H
Percent of households	25%	30%	8.6%	11%	13%	8.1%	3.6%	0.22%

Services

Figure 9: Map of GP practices by locality in Clackmannanshire & Stirling HSCP[2].



ED = Emergency Department, MIU = Minor Injuries Unit (or other)

Table 4: Number of each type of service in Clackmannanshire Locality[2].

Service Type	Service	Number
Primary Care	GP Practice	7
A&E	Emergency Department	0
	Minor Injuries Unit	0
Care Home	Elderly Care	6
	Other	6

General Health

Summary:

For the most recent time periods available[3], Clackmannanshire Locality had:

- An average life expectancy of **77** years for males and **80.8** years for females.
- A death rate for ages 15 to 44 of **131** deaths per 100,000 age-sex standardised population[4].
- **20%** of the locality's population with at least one long-term physical health condition.
- A cancer registration rate of **676** registrations per 100,000 age-sex standardised population[4]
- **22%** of the population being prescribed medication for anxiety, depression, or psychosis.

Life Expectancy

In the latest time period available from 2014-2018 (5 year aggregate), the average life expectancy in Clackmannanshire locality was **77** years old for men, and **80.8** years old for women. A time trend since 2008-2012 can be seen in figure 10.

Figure 10: Average life expectancy in men and women over time.

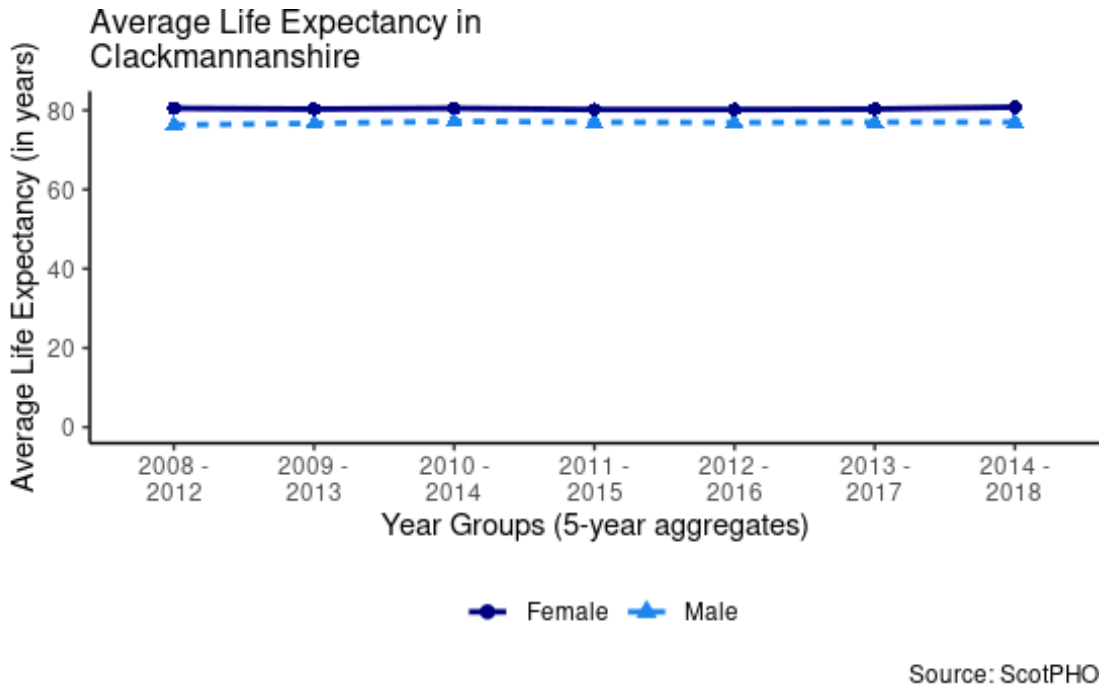


Table 5 provides the average life expectancy for men and women in different areas for the latest time period available. Please note that these are 5 year aggregates for the locality from 2014-2018, but 3 year aggregates from 2016-2018 at Health Board and Scotland level. Data for Clackmannanshire and Stirling partnership was unavailable.

Table 5: Average life expectancy in years for the latest time periods (2014-2018 aggregated years for the locality; 2016-2018 aggregated years for other areas).

	Locality	Health Board	Scotland
	80.8	81.1	81.1
	77	77.5	77.1

Where Locality = Clackmannanshire, Partnership = Clackmannanshire & Stirling HSCP, Health Board = NHS Forth Valley.

Deaths, aged 15-44

The following chart shows a trend of death rates among 15-44 year olds per 100,000 age-sex standardised population[4] by area (i.e. Early mortality rate per 100,000). In the most recent aggregate time period available (from 2016-2018), the mortality rate in Clackmannanshire locality was **131** deaths per 100,000 population. Figure 12 then provides comparisons of deaths for all localities in Clackmannanshire & Stirling HSCP, for the two latest time aggregates available.

Figure 11: Deaths aged 15-44 years by geographical area and over time.

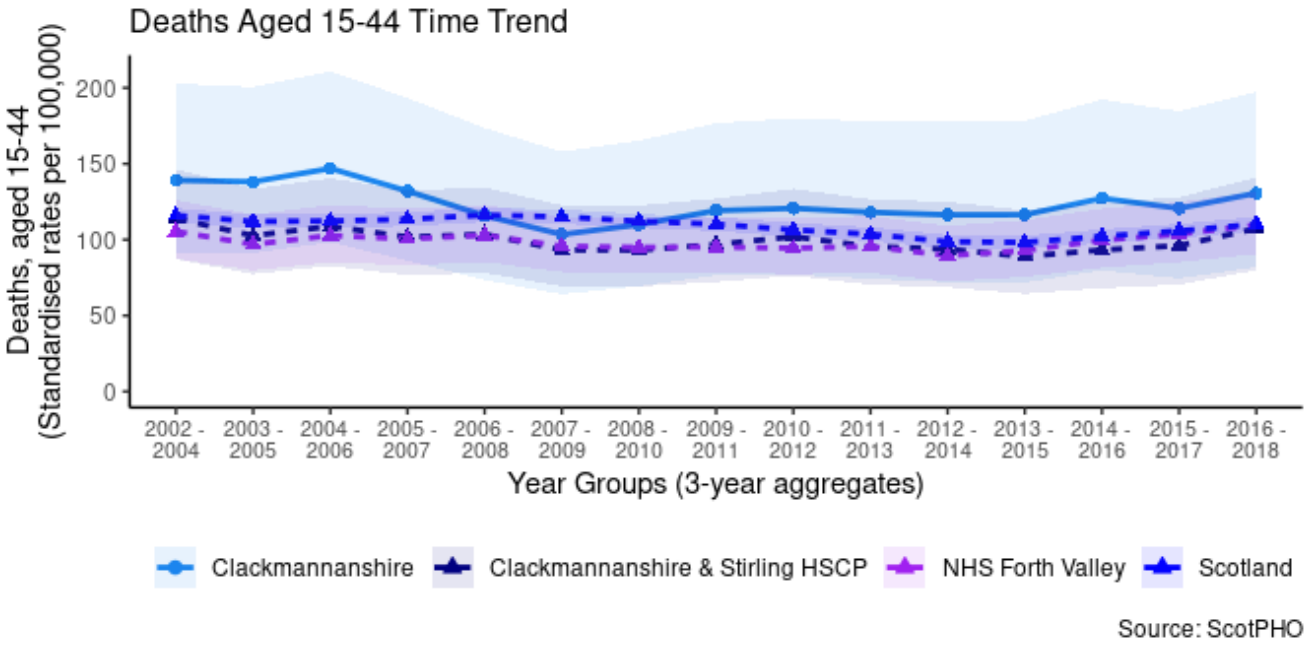
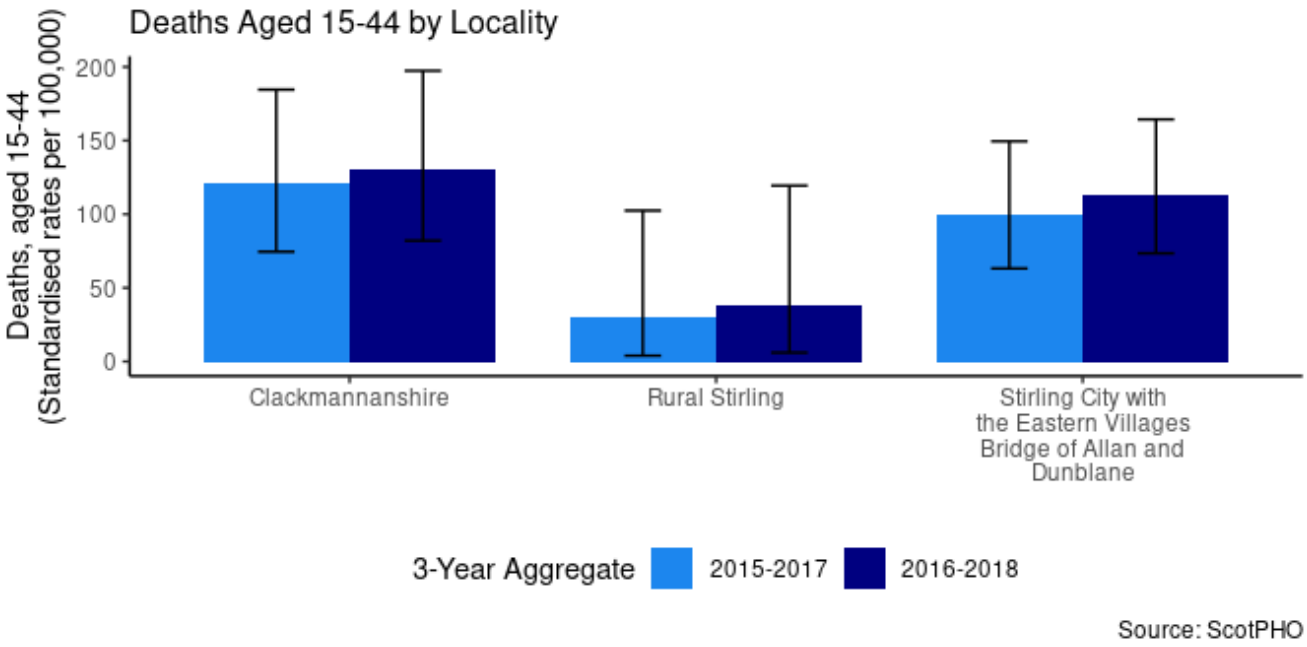


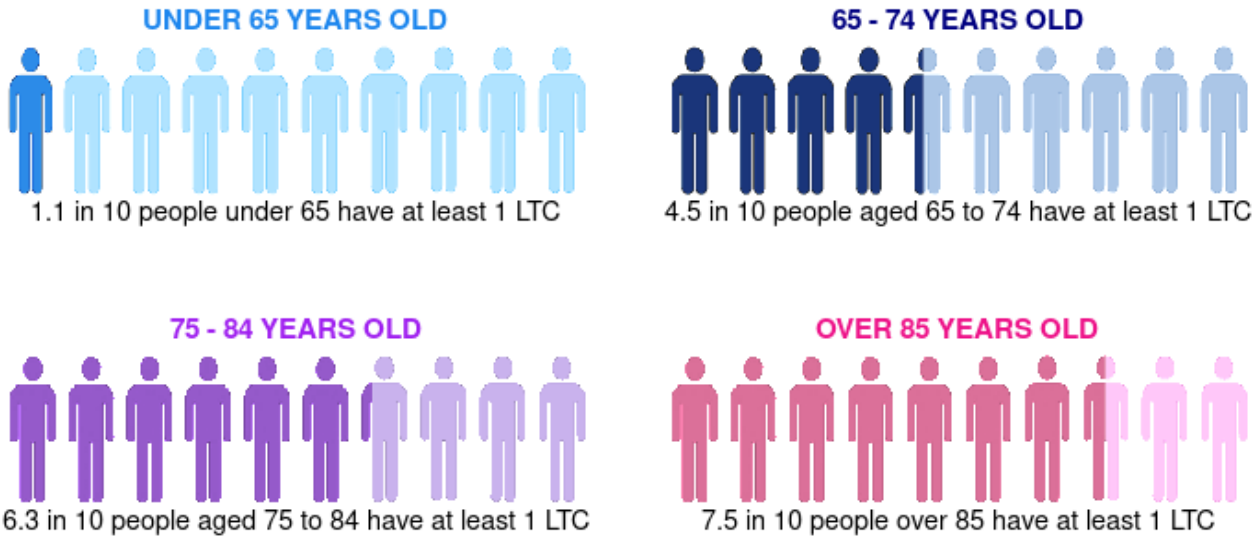
Figure 12: Deaths at ages 15-44 in Clackmannanshire & Stirling HSCP localities.



Source: ScotPHO

Long-Term Physical Health Conditions and Multimorbidity

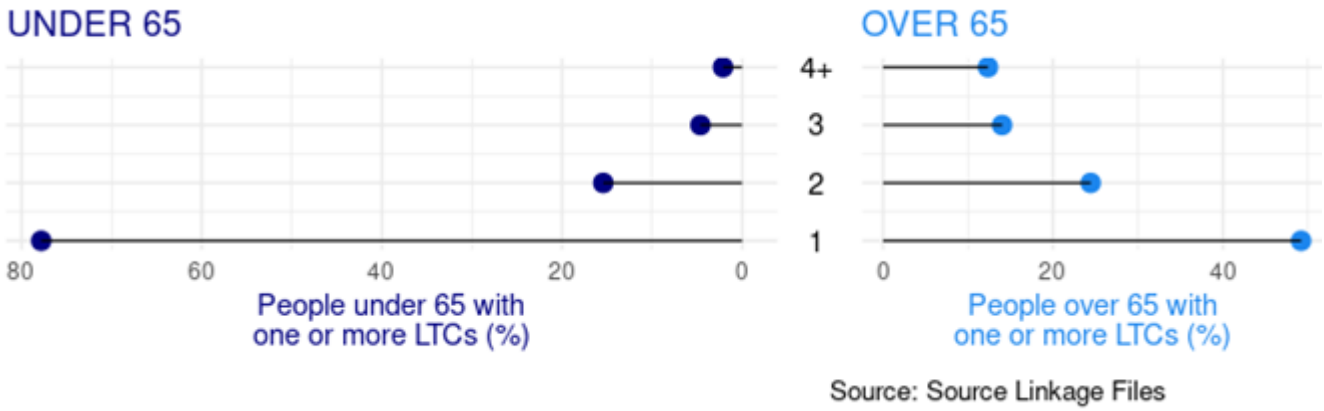
In the financial year 2018/19, in Clackmannanshire Locality, **20%** of the total population had at least one physical long-term condition (LTC). These include: cardiovascular, neurodegenerative, and respiratory conditions, as well as other organ conditions (namely liver disease and renal failure), arthritis, cancer, diabetes, and epilepsy. *Please see footnotes for information and caveats on identifying LTCs.*[5]



The co-occurrence of two or more conditions, known as multimorbidity, is broken down in figure 13, distinguishing between age groups. Note that this chart *excludes* the population in the locality who do not have any physical long-term conditions. Figure 13 therefore shows

that among the people who have a LTC, **22**% of those under the age of 65 have more than one, compared to **51**% of those aged over 65.

Figure 13: Number of physical long-term conditions by age group in 2018/19.



Source: Source Linkage Files

Most common physical Long-Term Conditions (LTCs)

Below is a breakdown of the physical LTCs, for the financial year 2018/19. Table 6 illustrates the top 5 physical LTCs across all ages at locality, partnership, and Scotland level.

**COPD: Chronic Obstructive Pulmonary Disease*

Table 6: Prevalence of the five most common physical LTCs as a percentage of the population across geographical areas (where 1 = most prevalent).

Top 5 Physical Long-Term Conditions

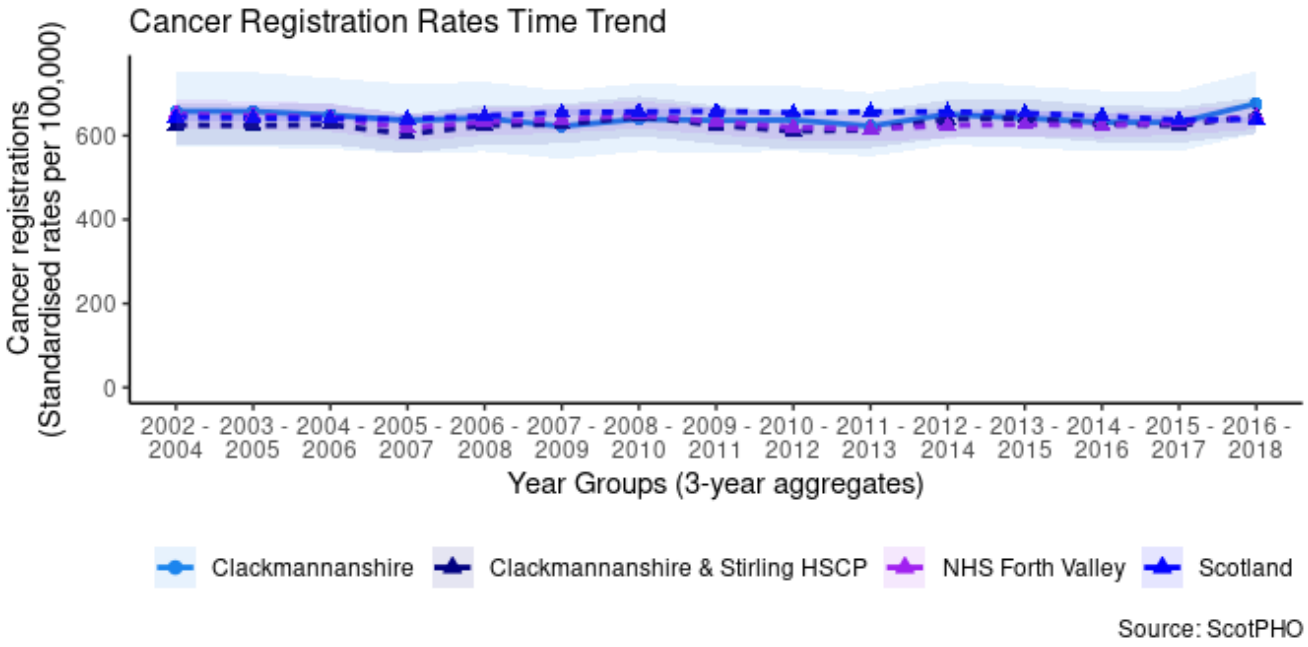
	Clackmannanshire Locality	*Clackmannanshire & Stirling HSCP*	*Scotland*
1	Arthritis 5.1%	Cancer 4.9%	Arthritis 5.5%
2	Cancer 5%	Arthritis 4.7%	Cancer 5%
3	Coronary heart disease 5%	Coronary heart disease 4.4%	Coronary heart disease 4.8%
4	Asthma 3.3%	Asthma 3.1%	Asthma 4.5%
5	Diabetes 3.1%	Diabetes 2.6%	Diabetes 3.1%

Cancer Registrations

For the period 2016-2018, there were 344 new cancer registrations per year on average (**676** registrations per 100,000 age-sex standardised population) in Clackmannanshire locality. This is a **7.1%** increase in cancer registrations rate from the previous aggregate period 2015-

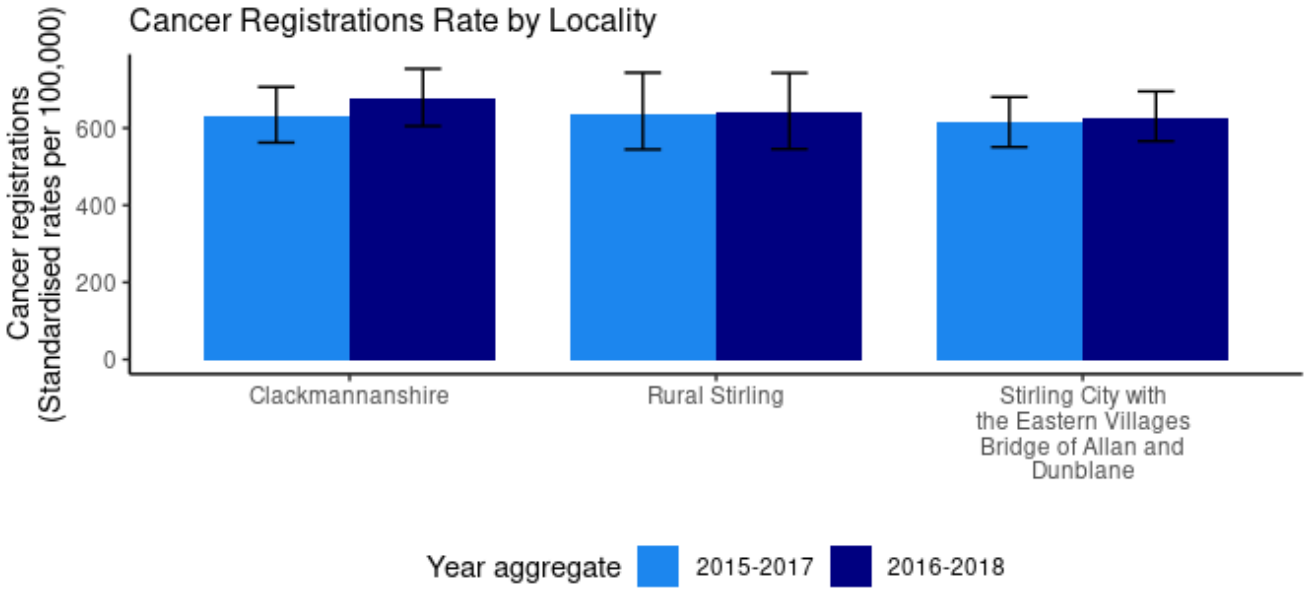
2017. Figure 14 shows changes over time since 2011-2013, and Figure 15 compares the rates of localities in Clackmannanshire & Stirling HSCP for the two latest available time periods.

Figure 14: Cancer registration rate over time and by geographical area.



Source: ScotPHO

Figure 15: Cancer registration rates in Clackmannanshire & Stirling HSCP localities.



Source: ScotPHO

Anxiety, Depression, and Psychosis Prescriptions

In the 2018/19 financial year, 22% of people were prescribed medication for anxiety, depression, or psychosis in Clackmannanshire Locality. This is a 0.05% increase from the previous financial year.

Figure 16: Percentage population prescribed Anxiety, Depression or Psychosis medication in Clackmannanshire & Stirling HSCP localities.

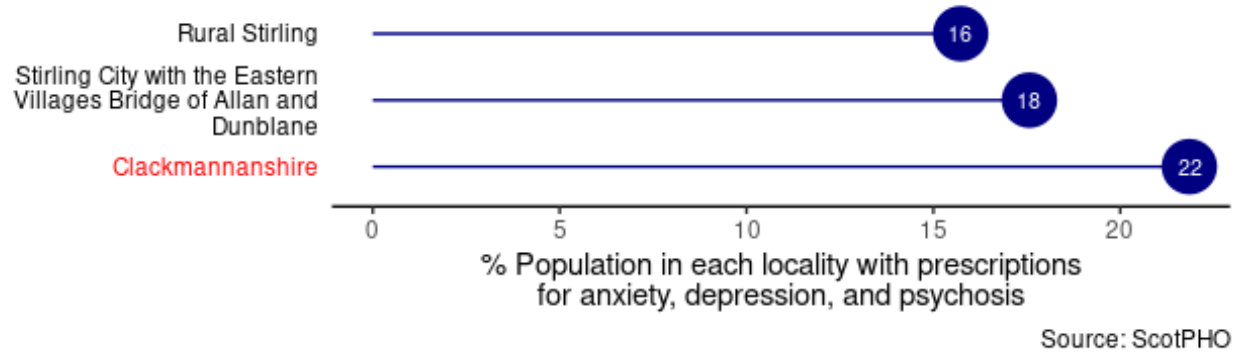
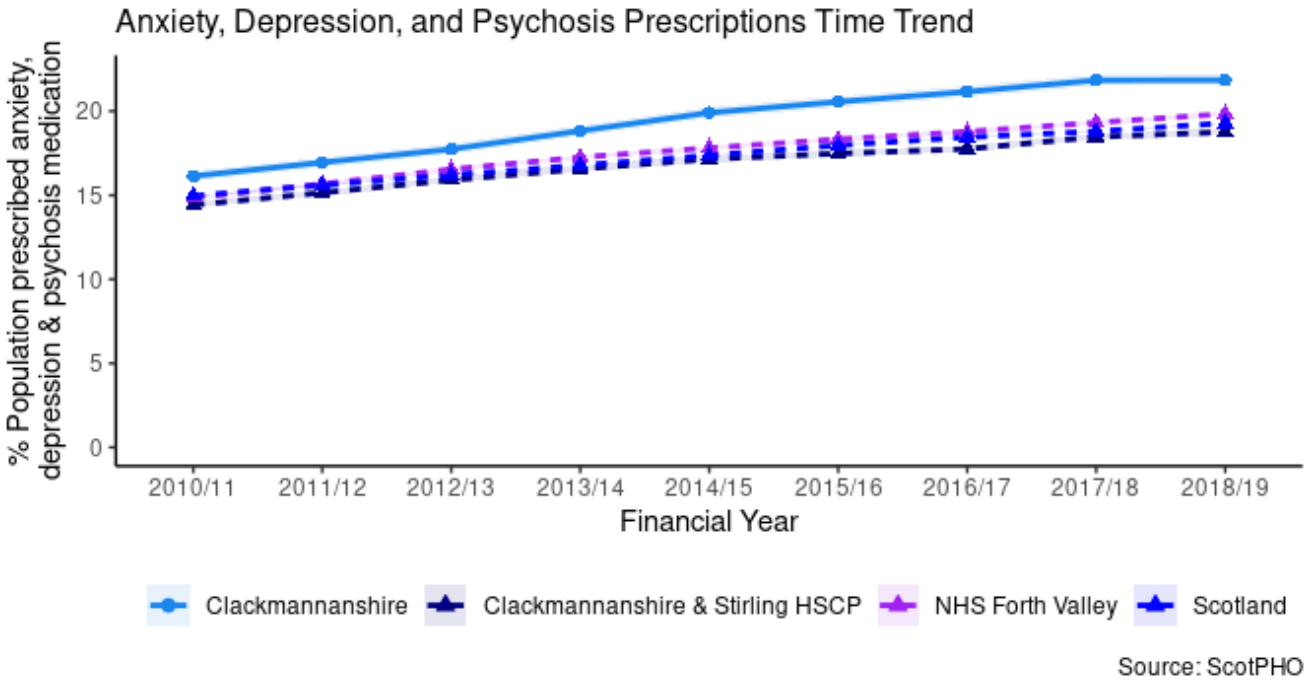


Figure 17: Anxiety, Depression or Psychosis prescriptions over time and by geographical area.



Lifestyle and Risk Factors

Summary:

Mental and physical wellbeing has close ties with people's lifestyles and behaviours. Financial security, employment and location are influences that often have a bearing on these choices. Issues can develop when alcohol, smoking or drug use shape lives. This section provides data on drug-related hospital admissions, alcohol-related hospital admissions, alcohol-specific mortalities and bowel screening uptake, to give an overview of some of the lifestyles and behaviours for Clackmannanshire locality. These can give an idea of quality of life and prosperity.

For the most recent time periods available[3], Clackmannanshire had:

- **184** drug-related hospital admissions per 100,000 age-sex standardised population[4]. This is a higher rate of admissions than for Scotland (181).
- **592** alcohol-related hospital admissions per 100,000 age-sex standardised population[4].
- **16** alcohol-specific mortalities per 100,000 age-sex standardised population[4].
- a **60%** uptake of bowel cancer screening for the eligible population.

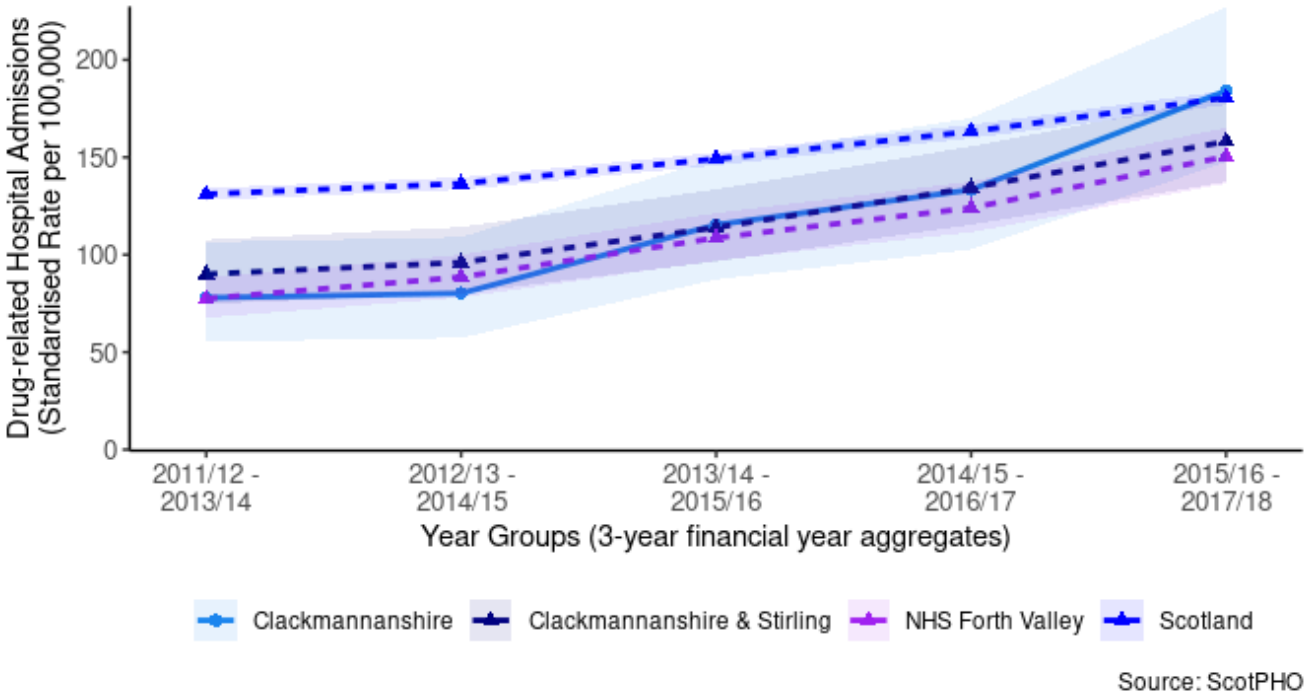
Drug-related Hospital Admissions

There were 184 drug-related hospital admissions per 100,000 age-sex standardised population[4] in Clackmannanshire locality for the most recent time period available (3 year financial year aggregate for 2015/16 - 2017/18).

This is a 136% increase since 2011/12 - 2013/14 (3 financial year aggregates).

A trend of the change in drug-related hospital admissions for Clackmannanshire locality compared with Scotland, Clackmannanshire & Stirling HSCP and NHS Forth Valley is shown in the chart below from 2011/12 - 2013/14 onwards.

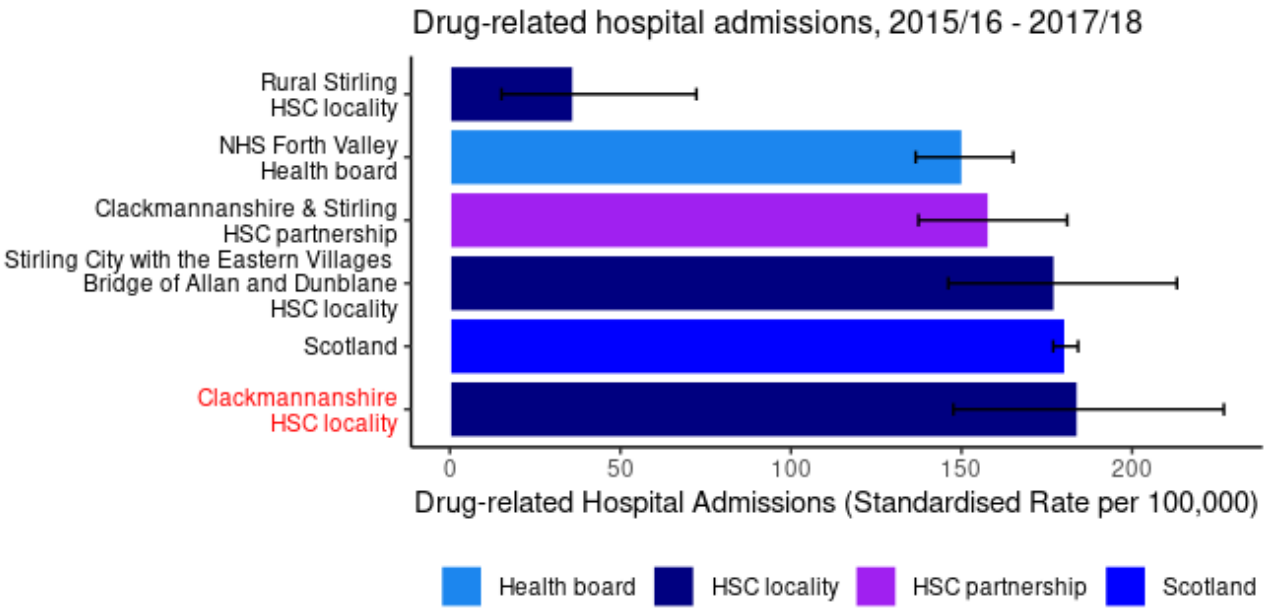
Figure 18: Trend of Drug-related Hospital Admission Rates by geographical area.



Source: ScotPHO

A comparison of areas at the most recent time period (2015/16 - 2017/18 aggregated financial years) is available below. This shows Clackmannanshire locality has a higher rate of admissions (184) than Clackmannanshire & Stirling Partnership (158), and a higher rate of admissions than Scotland (181) overall.

Figure 19: Comparison of Drug-related Hospital Admission Rates for the period 2015/16 - 2017/18.



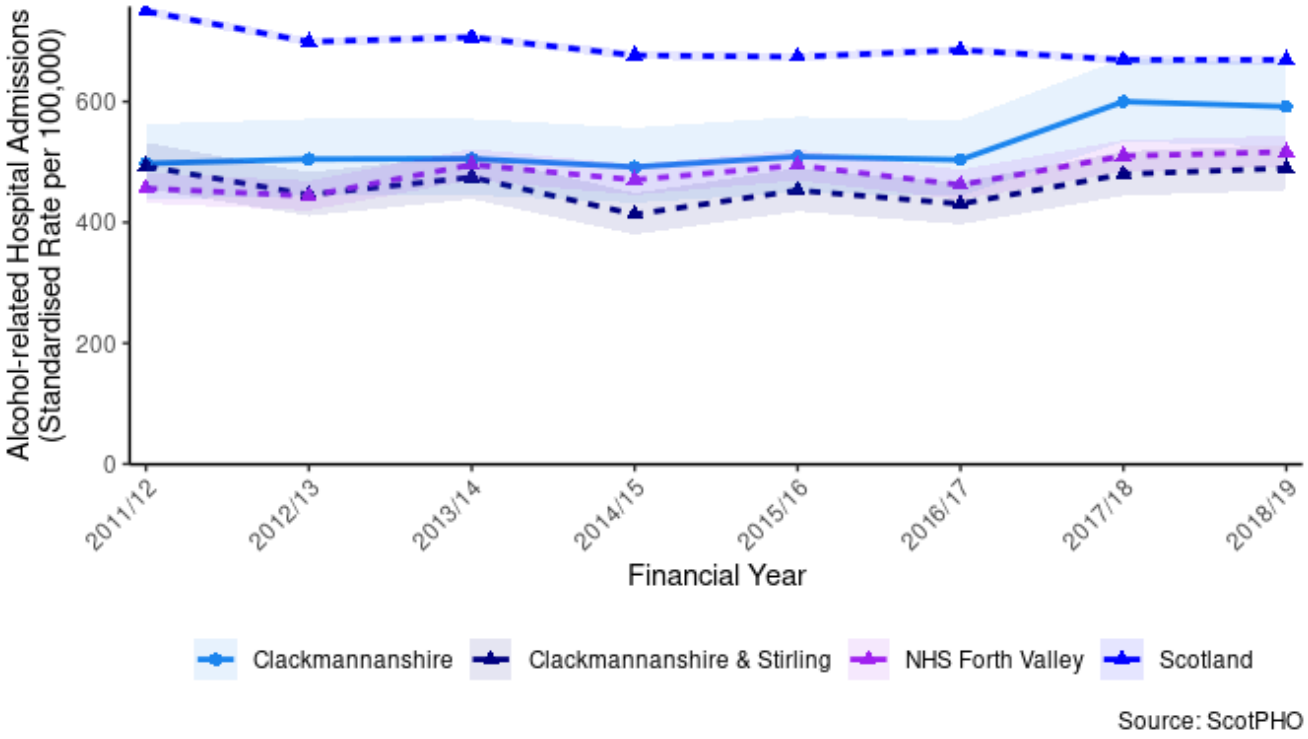
Source: ScotPHO

Alcohol-related Hospital Admissions

The 2018/19 alcohol-related admissions rate is 592 per 100,000 age-sex standardised population[4], which is a 14% decrease overall since 2011/12.

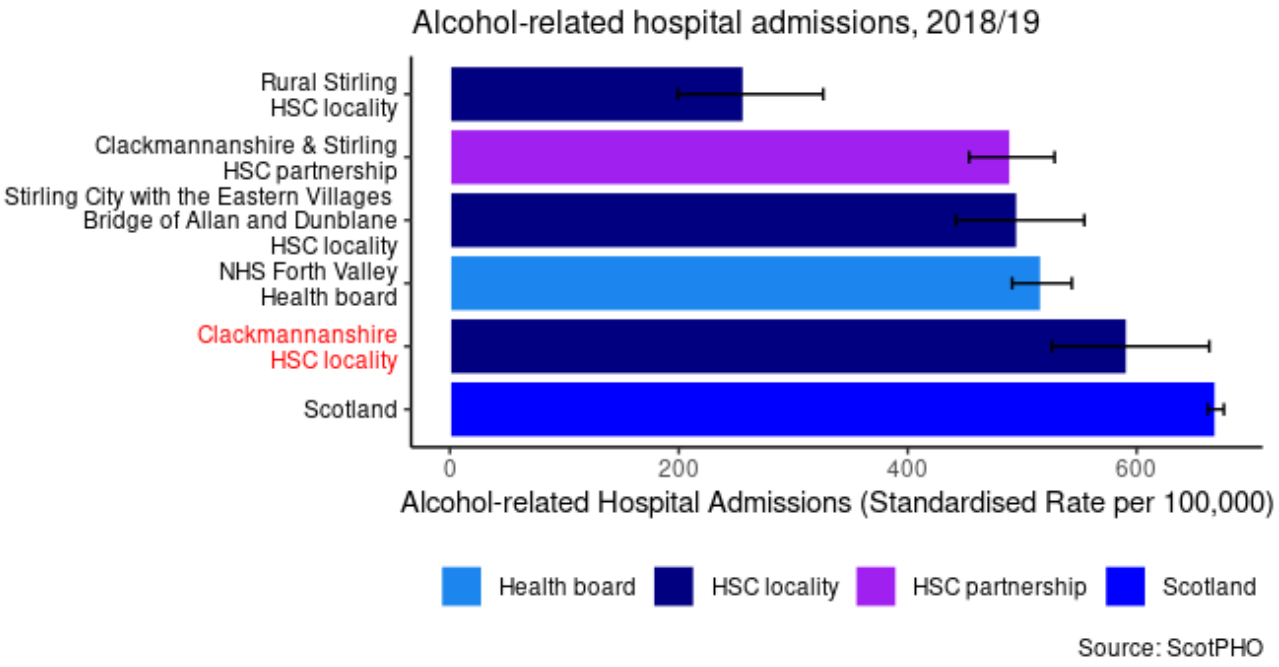
The chart below shows a trend of alcohol-related hospital admissions for Clackmannanshire locality compared with Scotland, Clackmannanshire & Stirling Partnership and NHS Forth Valley from financial year 2011/12 to 2018/19.

Figure 20: Trend of Alcohol-related Hospital Admission Rates by geographical area.



Comparison across different areas for 2018/19 is shown in Figure 21. This shows that Clackmannanshire locality had a lower alcohol-related hospital admissions rate (592) compared to Scotland (669).

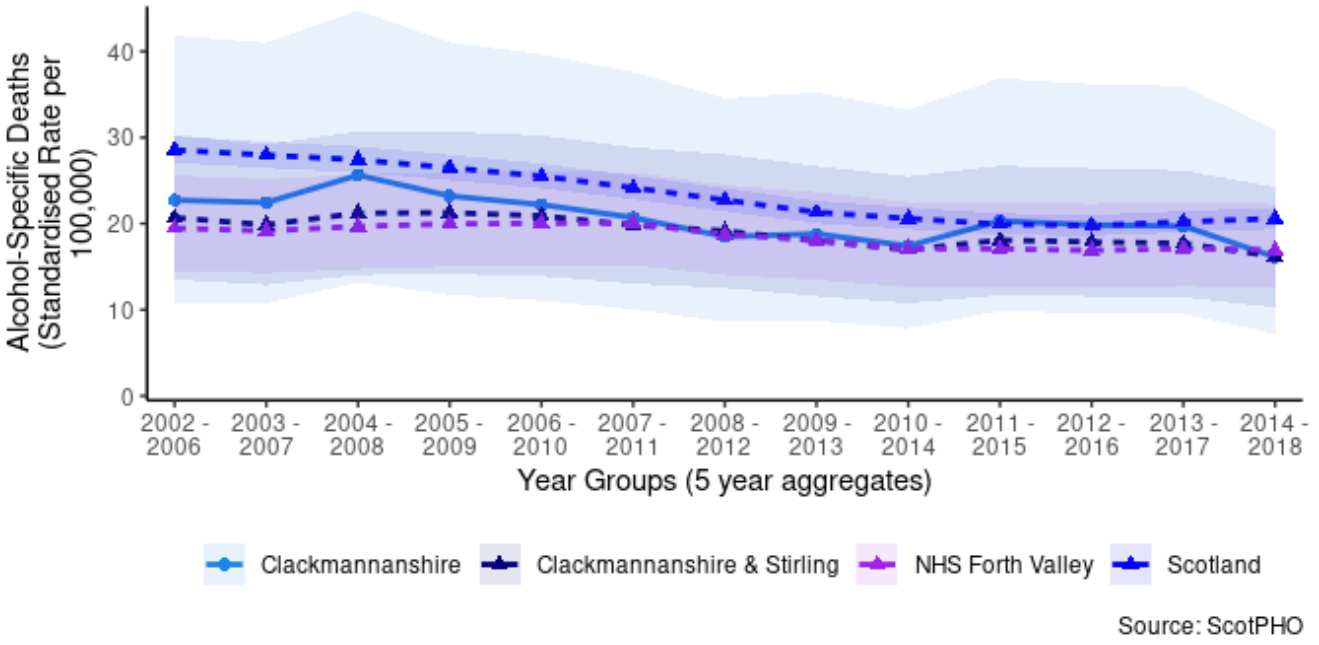
Figure 21: Comparison of Alcohol-related Hospital Admission Rates for 2018/19.



Alcohol-Specific Deaths

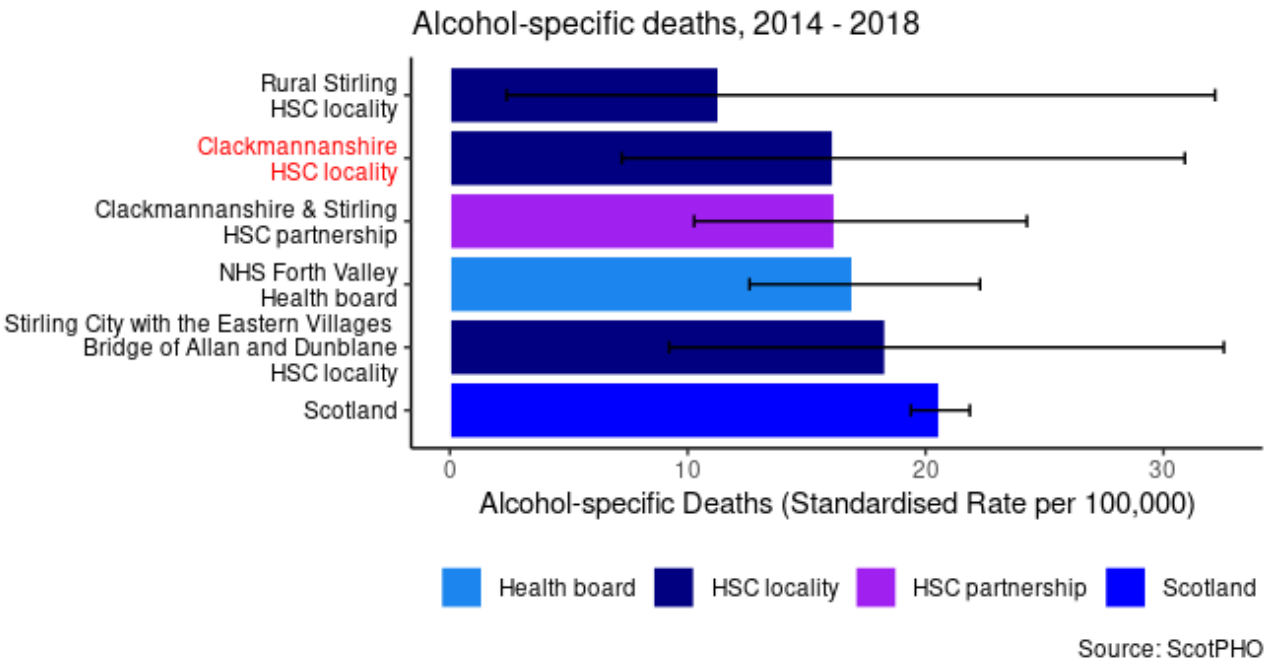
Data on alcohol-specific deaths is available as 5 year aggregates. The rate of alcohol-specific deaths is currently lower in Clackmannanshire than the rate in 2009 - 2013 (-14% change).

Figure 22: Trend of Alcohol-Specific Death Rates by geographical area.



A comparison across different areas illustrates that Clackmannanshire locality has a lower alcohol-specific death rate compared to Scotland as a whole.

Figure 23: Comparison of Alcohol-related Death Rates for the period 2014 - 2018 (5 year aggregate).

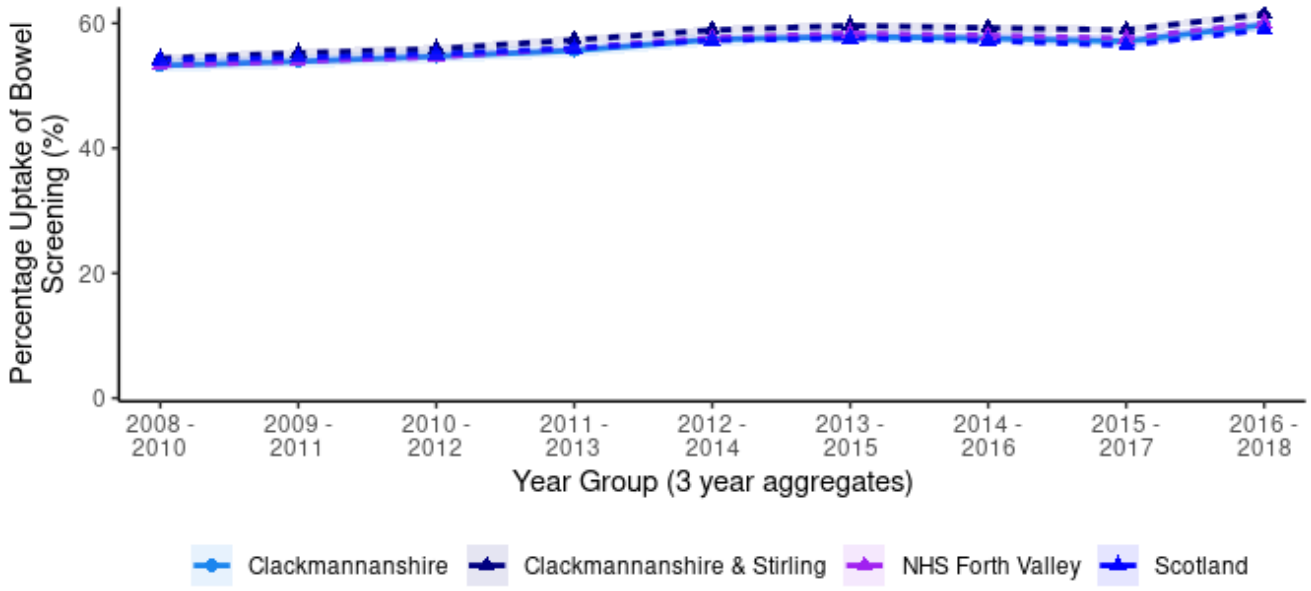


Bowel Screening Uptake

Bowel screening is offered every two years to eligible men and women aged between 50-74 years old. Eligible people are posted a test kit which is completed at home. Since 1st April 2013, those aged 75 and over can also self-refer and opt into screening.

A trend of the percentage uptake of bowel screening among the eligible population is shown below for Clackmannanshire locality compared with Scotland, Clackmannanshire & Stirling HSCP and NHS Forth Valley. Data is suppressed into 3 year aggregates. The 2016 - 2018 uptake rate for Clackmannanshire is **60%**.

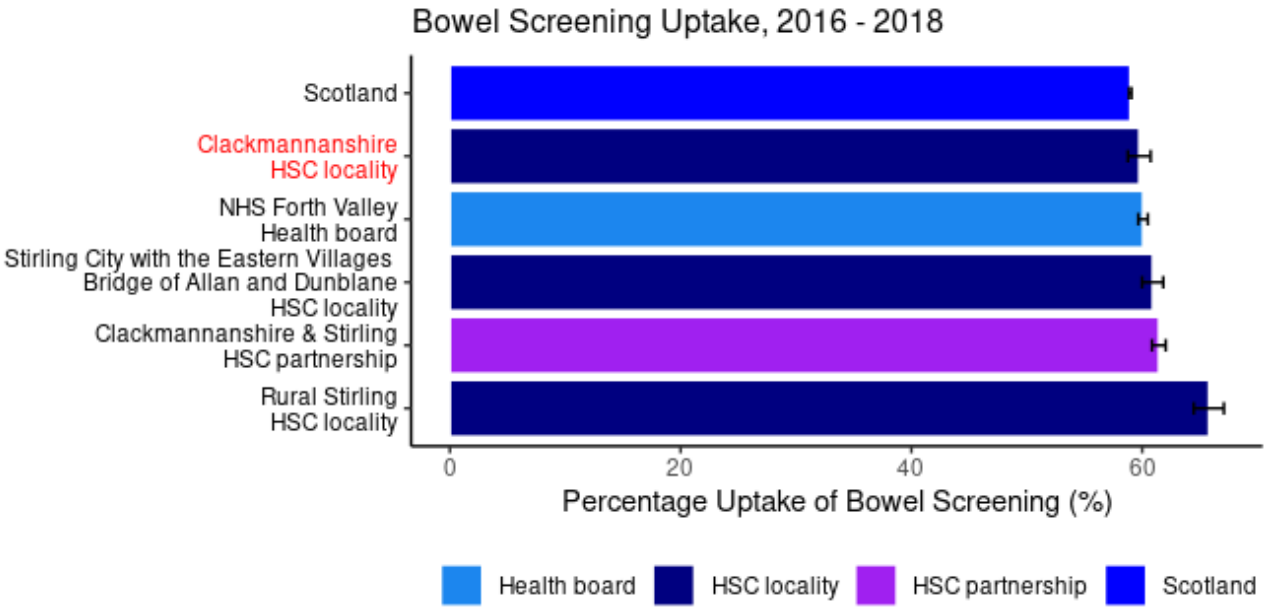
Figure 24: Trend of Bowel Screening Uptake for eligible men and women, by geographical area.



Source: ScotPHO

Compared with Scotland, Clackmannanshire locality has a higher percentage uptake of bowel cancer screening for the period 2016 - 2018.

Figure 25: Comparison of Bowel Screening Uptake for 2016 - 2018.



Source: ScotPHO

Hospital and Community Care

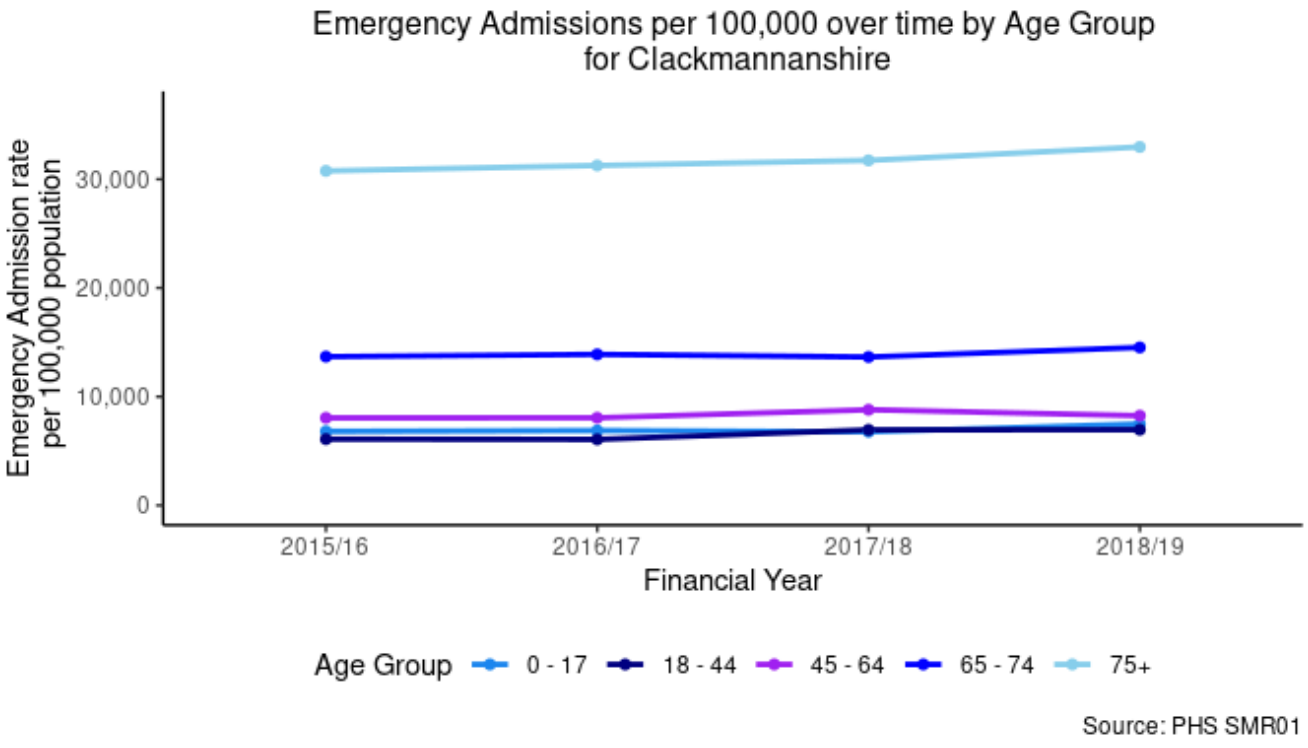
This section includes acute hospital data, delayed discharge bed days and A&E attendances.

For the most recent time periods available, Clackmannanshire had:

- **10,446** emergency hospital admissions per 100,000 population.
- **69,451** unscheduled acute specialty bed days per 100,000 population.
- **27,171** A&E attendances per 100,000 population.
- **9,859** delayed discharge bed days per 100,000 population.
- **632** emergency hospital admissions from falls per 100,000 population.
- **108** emergency readmissions (28 day) per 1,000 discharges.
- **1,728** potentially preventable hospital admissions per 100,000 population.
- People on average spent **86%** of their last 6 months of life in a community setting.

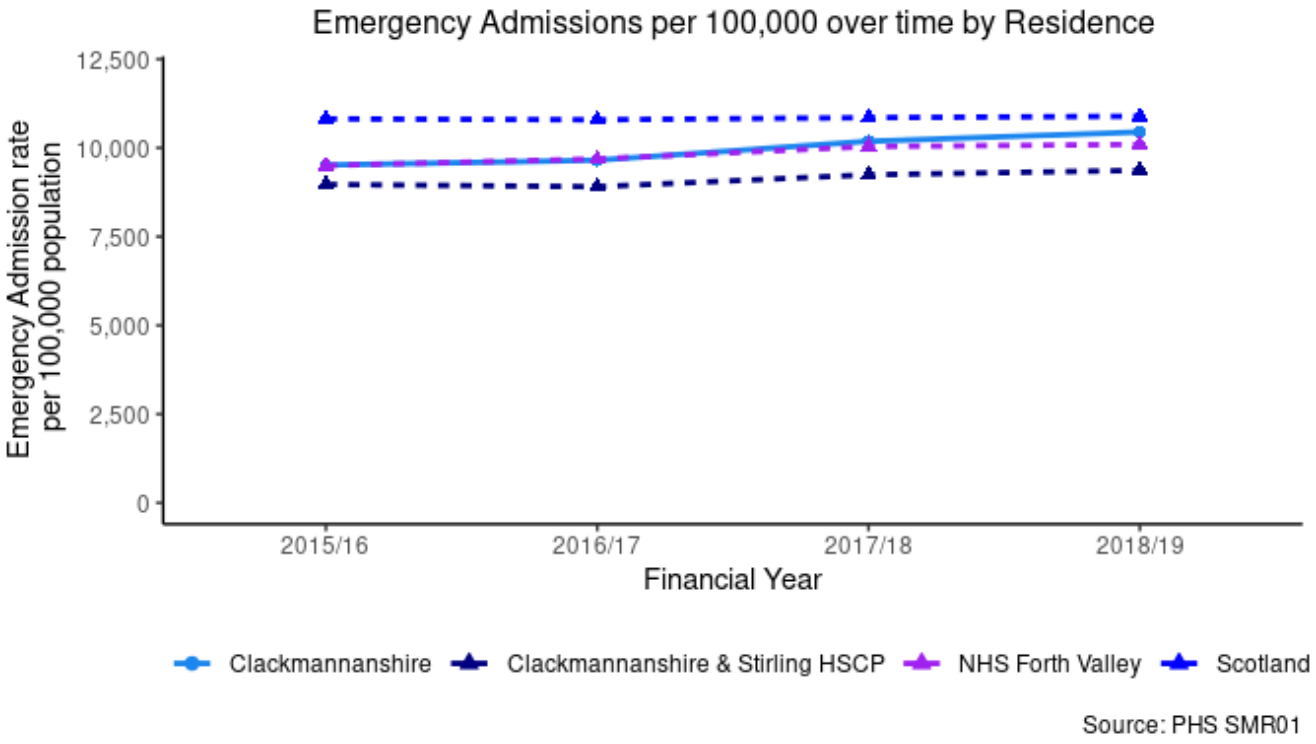
Emergency Admissions

Figure 26: Emergency admissions by age group



Source: PHS SMR01

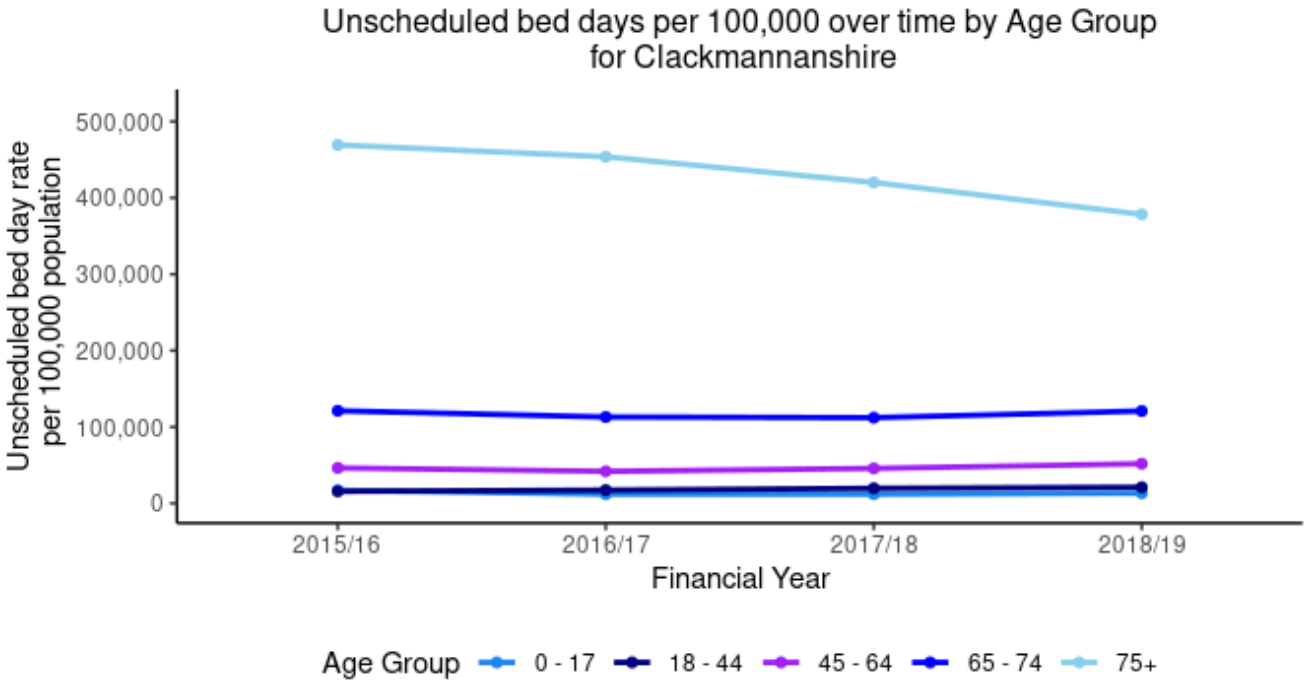
Figure 27: Emergency admissions by geographical area



Source: PHS SMR01

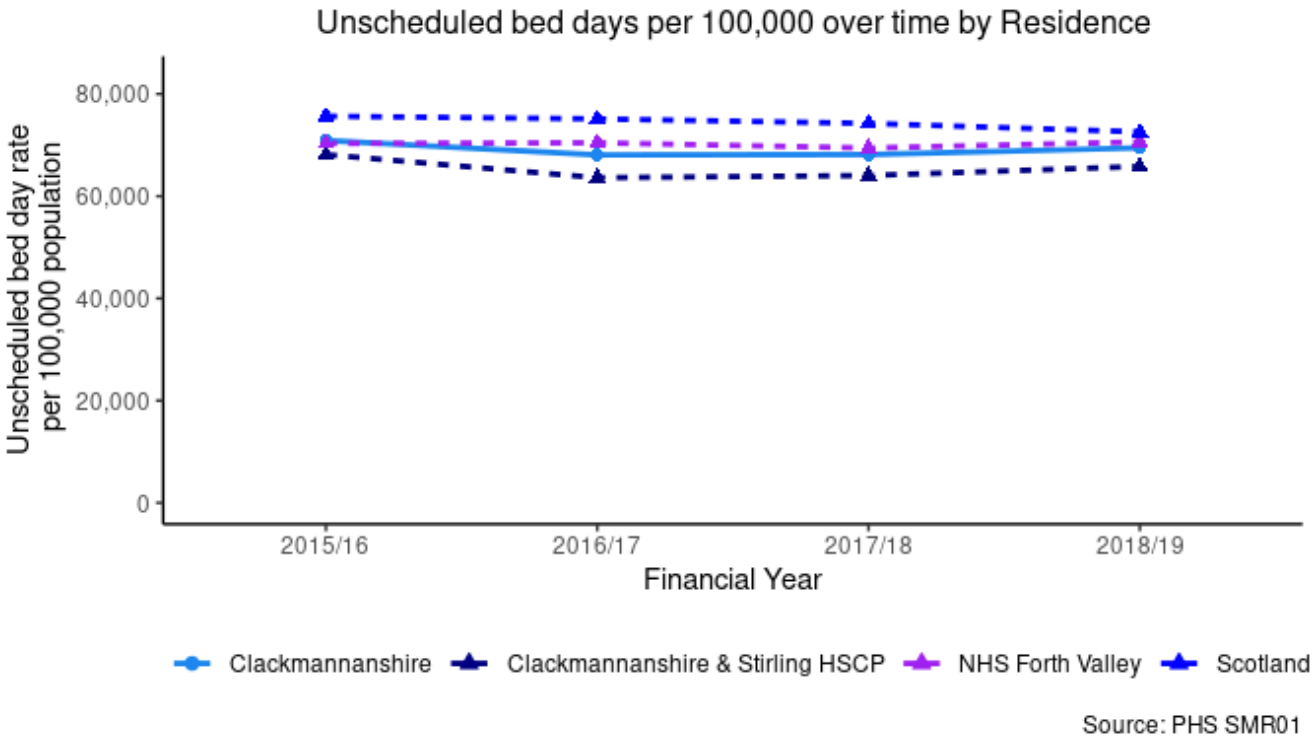
Unscheduled Acute Bed Days

Figure 28: Unscheduled bed days by age group



Source: PHS SMR01

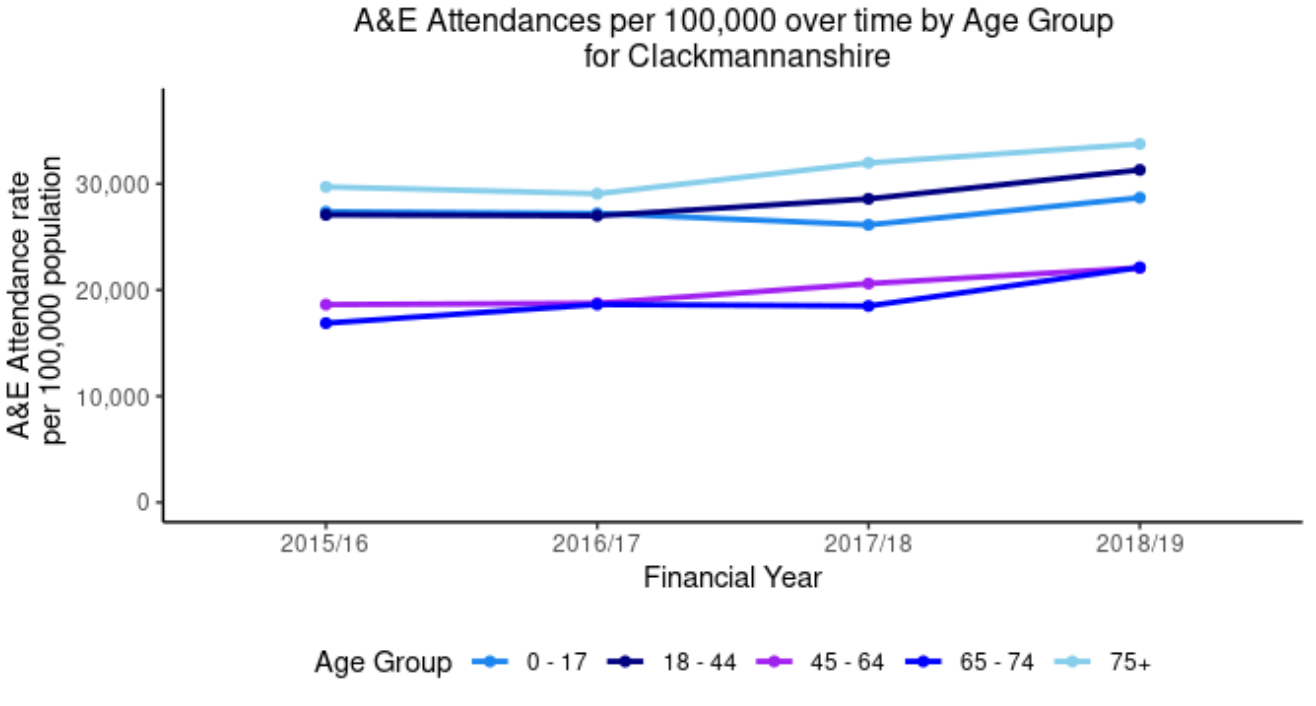
Figure 29: Unscheduled bed days by geographical area



Source: PHS SMR01

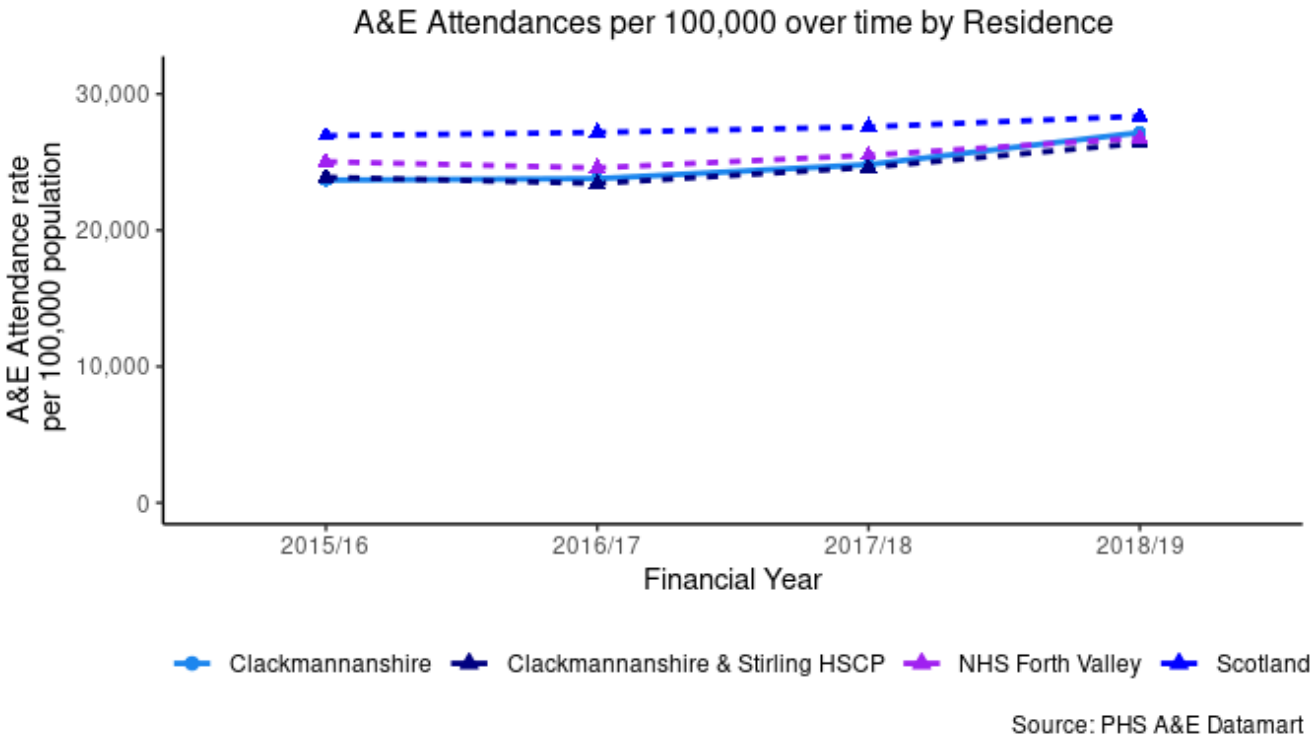
A&E Attendances

Figure 30: A&E attendances by age group



Source: PHS A&E Datamart

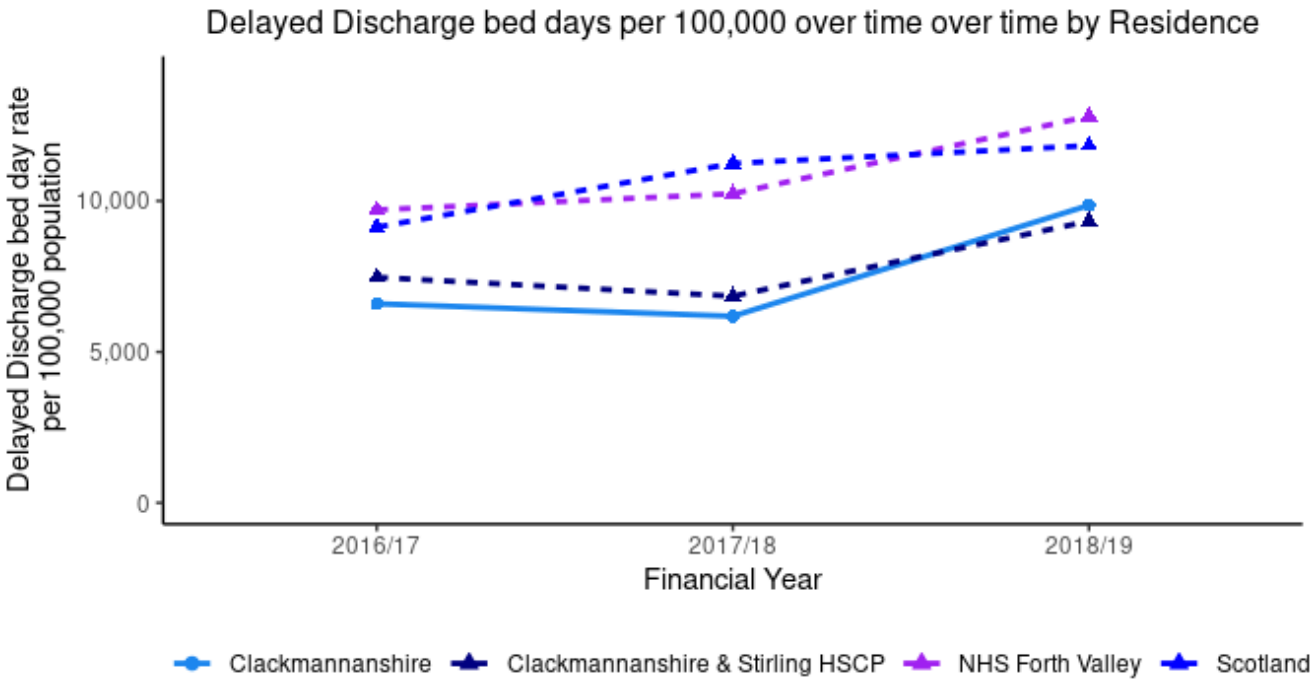
Figure 31: A&E attendances by geographical area



Source: PHS A&E Datamart

Delayed Discharge Bed Days

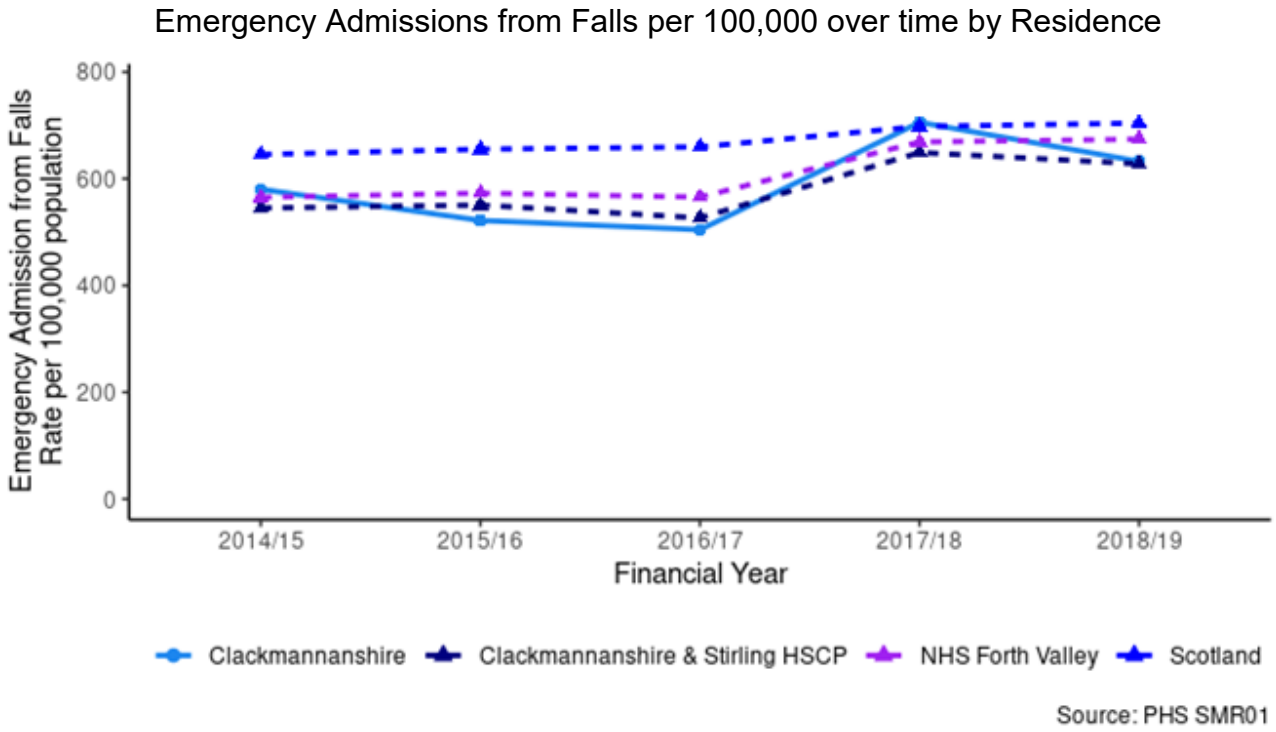
Figure 32: Delayed discharge bed days by geographical area



Source: PHS Delayed Discharges

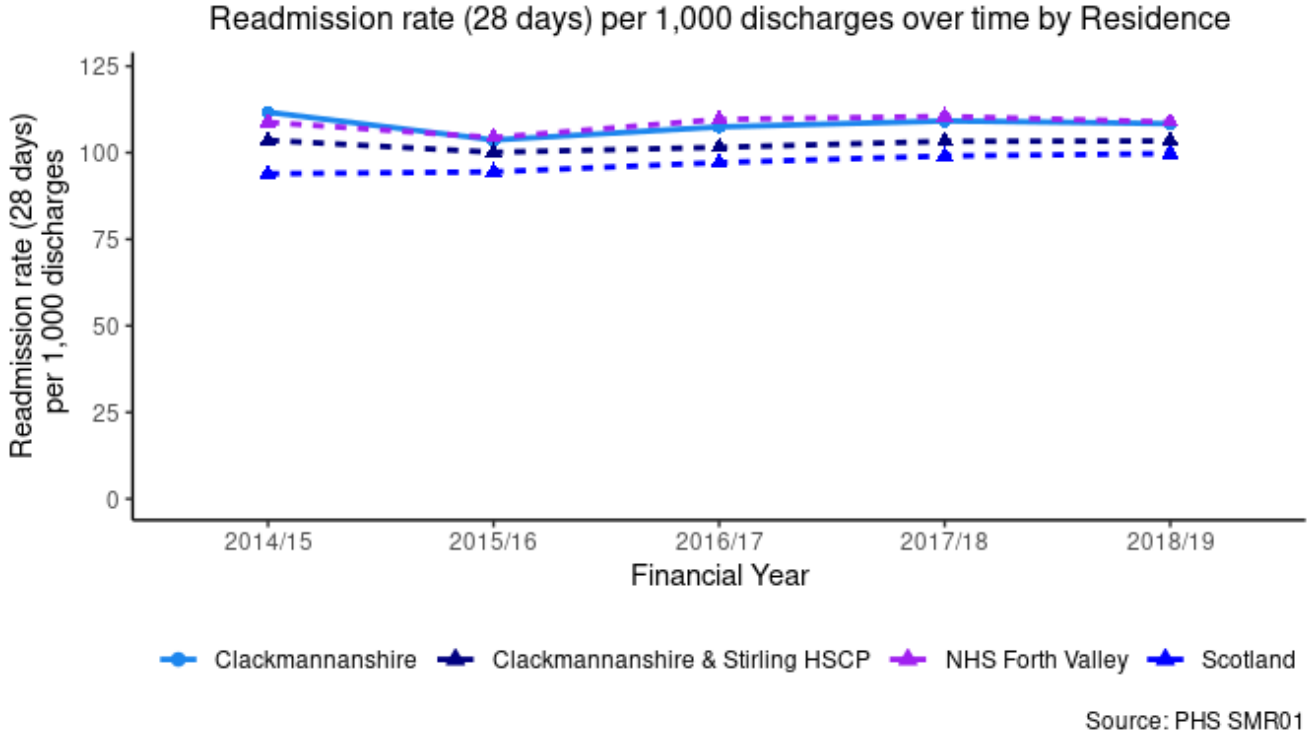
Emergency Admissions from a Fall

Figure 33: Falls by geographical area



Emergency Readmissions (28 days)

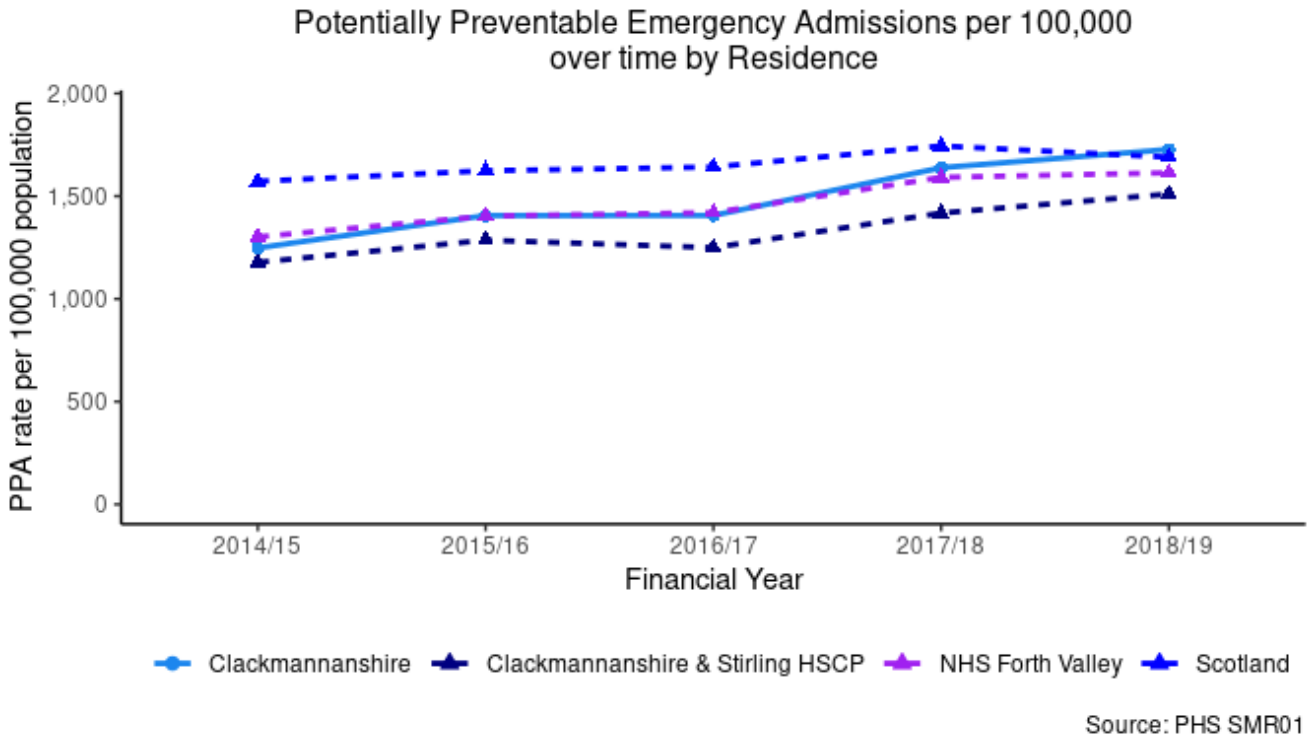
Figure 34: Emergency readmissions by geographical area



Potentially Preventable Admissions (PPAs)

Information on which conditions are counted as PPAs is available in Appendix 3.

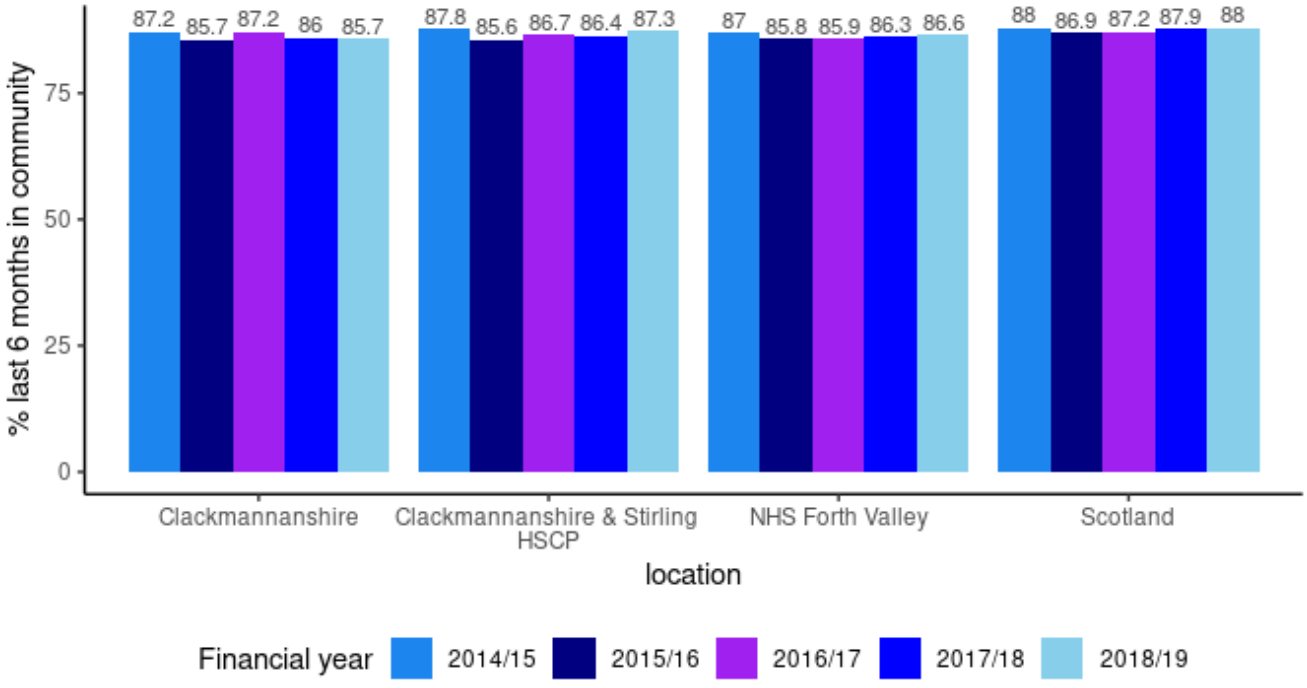
Figure 35: PPAs by geographical area



Source: PHS SMR01

% Last 6 months in a Community Setting

Figure 36: Last 6 months in a community setting by geographical area



Source: NRS Death Records, PHS SMR01, SMR01E, SMR04

Hospital Care (Mental Health Specialty)

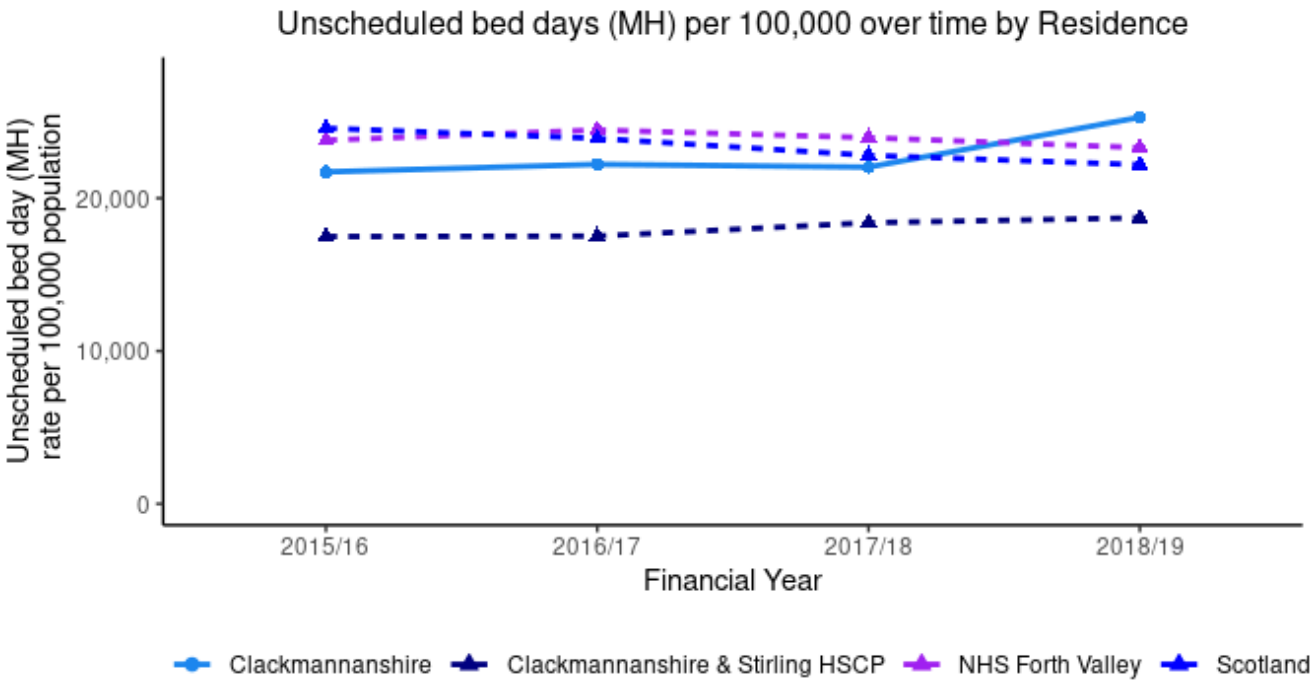
This section looks at hospital admissions to mental health specialties.

For the most recent time periods available, Clackmannanshire had:

- **25,298** unscheduled mental health specialty bed days per 100,000.

Unscheduled Bed Days (MH)

Figure 37: MH Unscheduled bed days by geographical area



Source: PHS SMR04

Footnotes

1. Population projections are provided by NRS at the local authority level.
2. Care Home Data included in the Services Map and Table was sourced from the Care Inspectorate. GP Practice data from April 2020, and Hospital and A&E data was sourced from Public Health Scotland Open Data. Only services that are within the physical boundary of the HSCP or Locality are included in the map and table, so there may be services outside Clackmannanshire & Stirling which people may use but are not shown.
3. The data used in General Health and Lifestyle & Risk factors sections (except for long-term conditions) of this locality profile are taken from ScotPHO. There may be more recent data available for the indicators elsewhere.
4. Data taken from ScotPHO is often reported using the European Age-Sex Standardised Rate per 100,000. This allows for comparisons across different areas to be made. For more information on how these rates are calculated, please refer to www.isdscotland.org/Products-and-Services/GPD-Support/Population/Standard-Populations/
5. Physical long-term conditions data comes from the Source Linkage Files, and the conditions are identified using ICD-9 and ICD-10 codes in the diagnosis fields. Please note that the Source Linkage Files data only contains information on people who have had contact with the NHS through either inpatient admissions, outpatient attendances, daycase attendances, A&E attendances or through prescribed items, the data does not show all service users in Scotland who have been diagnosed with an LTC as not all of these individuals will have used these services. Also note that LTC rates are based on an adjusted population indicator in the Source Linkage Files so that population sizes are closer to the official estimates.

Appendices

Appendix 1: Indicator Definitions

Indicator	Definition
% last 6 months of Life Spent in a Community Setting	The percentage of time spent by people in their last 6 months of life in the community. Community includes care home residents as well as those living in their own home. Considers all hospital activity (e.g. geriatric long stay (GLS), mental health, acute). Inpatient activity with a care home location code recorded in SMR is included within the Community percentage for all years presented. This activity represents beds funded by the NHS which are located within a care home.
A&E Attendances	Attendance rates to A&E departments for patients by residence per 100,000 population. Includes all ages.
Alcohol-related hospital admissions	General acute inpatient and day case stays with diagnosis of alcohol misuse in any diagnostic position (ICD-10 code: E24.4, E51.2, F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K85.2, K86.0, O35.4, P04.3, Q86.0, R78.0, T51.0, T51.1, T51.9, X45, X65, Y15, Y57.3, Y90, Y91, Z50.2, Z71.4, Z72.1). All rates have been standardised against the European standard population (ESP2013) and 2011-based population estimates.
Alcohol-specific deaths	Alcohol related deaths (based on new National Statistics definition): 5-year rolling average number and directly age-sex standardised rate per 100,000 population. (ICD-10 codes from the primary cause of death: E24.4,F10,G31.2,G62.1,G72.1,I42.6,K29.2,K70,K85.2,K86.0,Q86.0,R78.0,X45,X65,Y15).
Bowel Screening Uptake	Bowel screening uptake for all eligible men and women invited (aged 50-74): 3-year rolling average number percentage. Eligible men and women are posted a guaiac-based faecal occult blood test kit (FOBT) which should be completed at home. This involves collecting 2 samples from each of 3 separate bowel movements. The kit is returned in a pre paid envelope to the central screening centre in Dundee and tested for hidden traces of blood in the stool. Individuals who have a positive FOBT result are referred to their local hospital for assessment and, where appropriate, offered a colonoscopy as the first line of investigation.
Cancer Registrations	New cancer registrations: 3 year rolling average number and directly age-sex standardised rate per 100,000 population. All rates have been standardised against the European standard population (ESP2013) and 2011-base population estimates. ICD10: C00-C96 excluding C44 (principal diagnosis only).
Death, aged 15-44	Deaths from all causes (ages 15-44 years), 3 year rolling average number and directly age sex standardised rate per 100,000

	population. All rates have been standardised against the European standard population (ESP2013). Deaths assigned to year based on death registration date.
Delayed Discharge Bed days	Number of days people aged over 18 spend in hospital when they are ready to be discharged per 100,000 population. Locality has been derived from the person's postcode of residence. Note that this may not always reflect the council area responsible for the person's post hospital discharge planning. The HSCP total is based on the area responsible for the person's post hospital discharge planning, which reflects what is published nationally.
Drug-related hospital admissions	General acute inpatient and day case stays with diagnosis of drug misuse in any diagnostic position (ICD10: F11-F16, F18, F19, T40.0-T40.9), 3-year rolling average number and directly age-sex standardised rate per 100,000 population. All rates have been standardised against the European standard population (ESP2013) and 2011-based population estimates.
Emergency Admissions	Rate of emergency (non-elective) admissions of patients of all ages per 100,000 population. This has been separated into two indicators – one for acute specialty and one for mental health specialty stays. An emergency admission is defined as being a new continuous spell of care in hospital where the patient was admitted as an emergency. The total number of emergency admissions is then calculated by counting the number of continuous spells in hospital within a financial year. (See also the "Hospital Care in Mental Health Specialites" definition).
Emergency Admissions from a Fall	Rate of acute emergency admissions (non-elective) of patients of all ages where a fall was logged as an ICD-10 code. ICD-10 codes W00-W19 were searched for in all diagnostic positions, in conjunction with the admission type codes 33 (Patient injury, home accident), 34 (Patient injury, incident at work) and 35 (Patient injury, other).
Emergency Readmissions (28 day)	The rate of readmissions of all adults (18+) within 28 days of an emergency admission per 1,000 discharges.
Hospital Care in Mental Health Specialties	Mental health admission data is taken from SMR04, which holds records on patients receiving inpatient care in mental health (psychiatric) facilities. Episodes beginning with a transfer have also been included in these figures, as well as emergency admissions as many of these episodes will have started as unplanned acute admission. Therefore the initial unscheduled admission need not have been to a mental health long stay speciality.
Life expectancy, females	Estimated female life expectancy at birth in years, multi-year average (over 3 years for NHS Boards and Local Authorities, 5 years for Intermediate zones). Mortality data are based on year of registration. They also include non-Scottish residence so the number of deaths match those produced by NRS.

Life Expectancy, males	Estimated male life expectancy at birth in years, multi-year average (over 3 years for NHS Boards and Local Authorities, 5 years for Intermediate zones) Mortality data are based on year of registration. They also include non-Scottish residence so the number of deaths match those produced by NRS.
Physical Long-Term Conditions	Health conditions that last a year or longer, impact a person's life, and may require ongoing care and support. The LTCs presented are: Arthritis, Atrial Fibrillation, Cancer, Coronary Heart Disease, Chronic Obstructive Pulmonary Disease (COPD), Cerebrovascular Disease, Dementia, Diabetes, Epilepsy, Heart Failure, Liver Failure, Multiple Sclerosis, Parkinson's, and Renal Failure.
Population prescribed drugs for anxiety/depression/psychosis	Estimated number and percentage of population being prescribed drugs for anxiety, depression or psychosis.
Potentially Preventable Admissions (PPA)	Emergency admissions (non-elective) of patients of all ages for conditions based on 19 "ambulatory care sensitive conditions" from "The health of the people of NEW South Wales - Report of the Chief Medical Officer". These conditions result from medical problems that may be avoidable with the application of public health measures and/or timely and effective treatment usually delivered in the community by the primary care team. Please see complete list of ICD-10 codes included in Appendix 3.
Unscheduled Bed days	Rate of unscheduled bed days of patients of all ages per 100,000 population. Takes the bed days spent only within the year of measurement – stays that overlap financial years will have their respective days counted either side. This has been separated into two indicators – one for acute speciality and one for mental health specialty stays.

Appendix 2: Date of Indicator Data Extractions

Section	Indicator	Date of data extraction
Demographics	Population structure	2019-10-24
Demographics	Population projection	2020-06-30
Demographics	SIMD2016	2019-05-09
Demographics	SIMD2020	2020-06-26
Households	Household estimates	2020-07-08
Households	Household in each council tax band	2020-07-08
Services	GP Practice locations	2020-07-24
Services	Care Home locations	2020-05-31
Services	A&E locations	2020-07-06
General Health	Life expectancy males	2020-07-24
General Health	Life expectancy females	2020-07-24
General Health	Deaths ages 15-44 years	2020-07-24
General Health	LTC multimorbidity	2020-07-23
General Health	New cancer registrations	2020-07-24
General Health	% and number of people with a prescription for anxiety, depression or psychosis	2020-08-13
Lifestyle & Risk Factors	Drug-related hospital admissions	2020-08-13
Lifestyle & Risk Factors	Alcohol-related hospital admissions	2020-07-24
Lifestyle & Risk Factors	Alcohol-specific mortality	2020-08-13
Lifestyle & Risk Factors	Bowel screening uptake	2020-07-24
Hospital and Community Care	Emergency Admissions (Acute)	2020-07-14
Hospital and Community Care	Unscheduled bed days (Acute)	2020-07-14
Hospital and Community Care	A&E Attendances	2020-07-15
Hospital and Community Care	Delayed discharge bed days	2020-08-04
Hospital and Community Care	Fall emergency admissions	2020-08-26
Hospital and Community Care	Emergency Readmissions (28 day)	2020-08-26

Hospital and Community Care	% last 6 months in community setting	2020-08-20
Hospital and Community Care	Potentially Preventable Admissions (PPAs)	2020-08-20
Hospital Care (Mental Health Specialty)	Emergency Admissions	2020-08-20
Hospital Care (Mental Health Specialty)	Unscheduled bed days	2020-07-14

Appendix 3: Conditions included as Potentially Preventable Admissions (PPAs)

Condition	ICD10 codes included	Comments
Ear Nose And Throat	H66, J028, J029, J038, J039, J06, J321	NA
Dental	K02, K03, K04, K05, K06, K08	NA
Convulsions And Epilepsy	G40, G41, R56, O15	NA
Gangrene	R02	NA
Nutritional Deficiencies	E40, E41, E43, E550, E643, M833	NA
Dehydration And Gastroenteritis	E86, K522, K528, K529	NA
Pyelonephritis	N10, N11, N12	NA
Perforated Bleeding Ulcer	K250, K251, K252, K254, K255, K256, K260, K261, K262, K264, K265, K266, K270, K271, K272, K274, K275, K276, K280, K281, K282, K284, K285, K286	Excludes episodes with following main OPCS4 codes: S06, S57, S68, S70, W90, X11
Cellulitis	L03, L04, L080, L088, L089, L980	NA
Pelvic Inflammatory Disease	N70, N73	NA
Influenza And Pneumonia	J10, J11, J13, J181	NA
Other Vaccine Preventable	A35, A36, A370, A379, A80, B05, B06, B161, B169, B26	NA
Iron Deficiency	D501, D508, D509	NA
Asthma	J45, J46	NA
Diabetes Complications	E100, E101, E102, E103, E104, E105, E106, E107, E108, E110, E111, E112, E113, E114, E115, E116, E117, E118, E120, E121, E122, E123, E124, E125, E126, E127, E128, E130, E131, E132, E133, E134, E135, E136, E137, E138, E140, E141, E142, E143, E144, E145, E146, E147, E148	NA
Hypertension	I10, I119	Exclude episodes with following main OPCS4 codes: K01 - K50, K56, K60 - K61
Angina	I20	Exclude episodes with main OPCS4

		codes: K40, K45 K49, K60, K65, K66
COPD	J20, J41, J42, J43, J44, J47	J20 only included if secondary diagnosis has one of J41 - J44, J47
Congestive Heart Failure	I110, I50, J81	Exclude episodes with following main OPCS4 codes: K01 - K50, K56, K60 - K61