

# **Clackmannanshire and Stirling Health and Social Care Partnership**

## **Strategic Needs Assessment**

**30 September 2022**

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## Introduction

This Strategic Needs Assessment documents the populations health and social care needs against a backdrop of increasing demand and reducing resources (both financial and workforce).

A needs assessment is a "systematic process for determining and addressing **needs**, or "gaps" between current conditions and desired conditions or "wants". The discrepancy between the current condition and wanted condition must be measured to appropriately identify the need. The need can be a desire to improve current performance or to correct a deficiency".<sup>1</sup>

A short life working group was developed to draft the Strategic Needs Assessment to inform the Strategic Plan. They focused the assessment around the partnership population and deprivation and health and care needs associated with these areas.

The impact of increasing prevalence of disease, coupled with a reducing working age population, places demand onto the services that support these individuals and their families.

## Data limitations

Not all data required was available for a variety of reasons, these included but are not limited to:

- Systems not developed to produce required data locally
- Not available for extraction from system
- Not documented in the system
- Not reportable locally
- Not as up to date as required

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<sup>1</sup> [Needs assessment - Wikipedia](#)

- Not input to the system and therefore cannot be extracted
- Not the same as national data (which was provided from local systems)
- Other areas are unable to get usable data out of the system, manual calculations are required, which can lead to human error.

This all leads to services designing themselves around systems as opposed to the people they care for.

Response to these limitations was to use national data for a few areas such as, residential, telecare and care at home figures to enable us to look at health and care needs for the population.

## Key Summary

- Every age group in Stirling is projected to increase - particularly the older adult population (those aged 75 and over by 74%). 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. Both Clackmannanshire and Stirling's older population, particularly those aged 75 and over, is expected to increase substantially and as older people are generally high users of services this could impact significantly on demand for services.
- The dependency ratio (ratio is a measure of the proportion of the population seen as economically 'dependant' upon the working age population) is projected to increase by 5.9% by 2043 it will rise significantly by 10.2% in Clackmannanshire
- More people in Clackmannanshire live in the most deprived communities (52% in quintiles 1 and 2) and more people in Stirling live in the least deprived communities (59% in quintiles 4 and 5).
- Health inequalities are the unjust and avoidable differences in people's health across the population and between specific population groups.
- With respect to premature mortality the partnership's intermediate zones can show these rates vary widely with Raploch having the highest rate (438.01 per 100,000) followed by Alloa South and East (336.51 per 100,000) and Fallin (310.97 per 100,000). This compares to a Scotland rate of 116.4 per 100,000.
- Burden of Disease standardises estimates of ill-health and early death in a composite measure called Disability-Adjusted Life Years (DALYs), also referred to as health loss. In 2019, the overall rate of health loss in Scotland is estimated to be 32,093 disability-adjusted life years (DALYs) per 100,000 population. Health loss in Clackmannanshire is 10% higher than the Scottish rate, whereas Stirling is 5% lower than the Scottish rate.

- In 2019, the leading causes of DALY's for males in Scotland were Ischemic heart disease, drug use and lung cancer. The leading causes for females in Scotland were Alzheimer's and dementias, ischemic heart disease and lung cancer.
- A national deprivation analysis for 2019 is not currently available. However, the 2016 Deprivation Report showed that more deprived areas in Scotland have double the rate of illness or early death than less deprived areas, people in the most deprived areas are more likely to live in ill health than die early due to ill health and the number of years of life affected are much smaller, and there are differences in rates of early death and ill health across socioeconomic groups by age and gender.
- It is noteworthy that across the Partnership crime rates have been decreasing, child poverty has been increasing and the percentage of people claiming out of work benefits has notably increased in the wake of the COVID-19 pandemic.
- The Scottish Government's **Coronavirus (COVID-19): impact on equality** research published in September 2020 anticipated that certain groups would be negatively impacted by COVID-19 and Brexit. These are: Socio-economically disadvantaged people, Children and younger people, Disabled People, Race, women and men.
- Psychological therapies more people are waiting a longer period of time
- Approximately double the number of men admitted to mental health unit at Forth Valley Royal Hospital from Stirling. With a significant amount from SIMD 4 (68 for males and 88 for females). Stirling has the largest percentage occupancy rate of inpatient beds.
- The rates of suicide across the Partnership are high, however particular attention should be paid to Clackmannanshire with a European Age Sex Standardised (EASR) rate of 23.6 per 100,000 population for males; this compares to 21.2 per 100,000 of the Scottish population. Along with 9.4 per 100,000 population for females, which compares to 7.5 per 100,000 of the

Scottish population. Scottish rate for all genders being 14.1 per 100,000 of the population.

- Employment and Economic Measures - In 2020 62.0% of Clackmannanshire's and 64.2% of Stirling's population were of working age (aged 16-64). Clackmannanshire had a job density (the ratio of total jobs to population aged 16-64) of 0.51 compared to 0.86 in Stirling and 0.80 in Scotland.
- In 2019/20, 1 in 5 children in Clackmannanshire were living in poverty and for the past six years this has been consistently above the national average. In Stirling 15% of children were living in poverty, consistently below the national average.
- Fuel Poverty
  - The latest figures show that 24% of households in Clackmannanshire and 21% in Stirling are fuel poor, the equivalent of approximately 6,000 and 8,000 households respectively (SCHS 2019, average of 2017-19). This compares to 24% in Scotland. Rates of fuel poverty are higher in the Social Housing sector (Clackmannanshire=40%, Stirling=41%)
  - Around 9% of households in both Clackmannanshire and Stirling are in extreme fuel poverty (Scotland=12%).
  - This picture will have significantly changed in recent months.
- In relation to end of life care and admissions to hospital, the average number of bed days in the 6 months prior to death for 2015/16 and 2020/21 for Clackmannanshire and Stirling has reduced from 8.6 to 6.3. This was trending this way and is not attributable to COVID pandemic.
- Palliative care refers to the intention of treatment and care and is about managing symptoms of a condition and not aiming for cure. End of life care refers to situations when the prognosis of a condition is likely death, or generally the last 6 months of life. Both can be quite specialist. Individuals receiving palliative and end of life care are likely to have basic care needs in

addition, and treatment and care needs relating to other conditions or risk factors which still require to be met.