Clackmannanshire & Stirling Health and Social Care Partnership

Strategic Needs Assessment

2023/24 to 2033/34

September 2022

Clackmannanshire & Stirling
Health & Social Care Partnership

Contents

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".[i]

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

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[i] **Needs assessment - Wikipedia**

- Not as up to date as required
- 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 (COID-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.

Population

1.1 Current Population

A key aspect of determining the need and demand for many health and social care services is the size and age of the population.

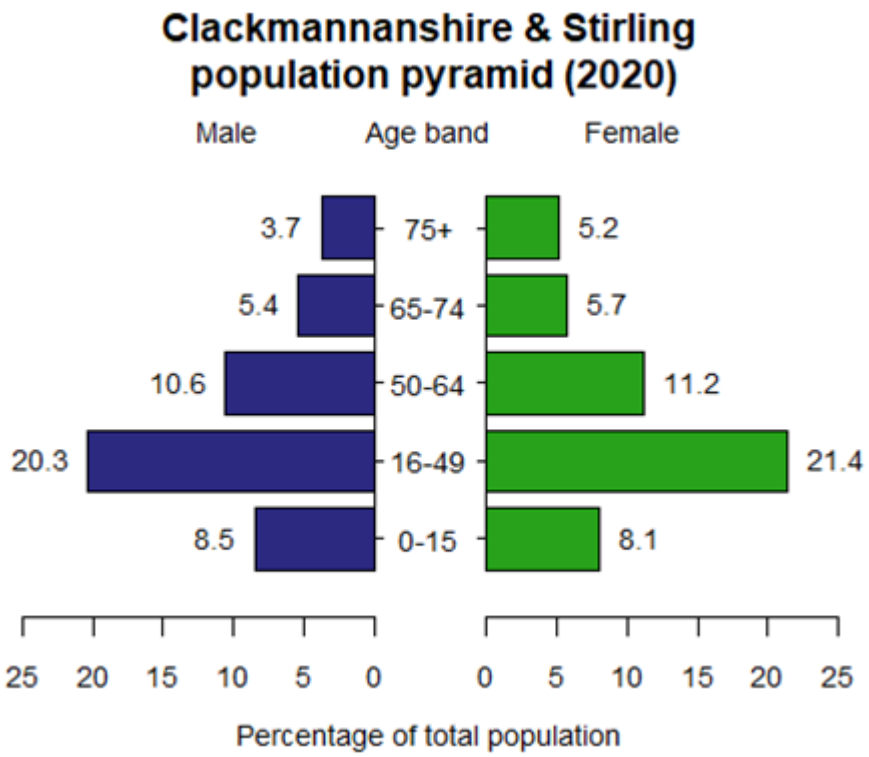
The table below illustrates the population distribution of the Partnership. In 2020 it had an estimated population of 145,370 - 51,290 in Clackmannanshire (35%) and 94,080 in Stirling (65%). The population of the Partnership was 52% female and was broadly similar in age distribution to Scotland.

Table 1: Clackmannanshire and Stirling Population, 2020

	Clackmannanshire & Stirling HSCP				Scotland			
AgeGroup	Population	Percentage of Total	Male	Female	Population	Percentage of Total	Male	Female
0 to 15	24050	16.5	12324	11726	916783	16.8	470007	446776
16 to 49	60630	41.7	29531	31099	2348111	43	1166000	1182111
50 to 64	31598	21.7	15368	16230	1145026	21	553404	591622
65 to 74	16155	11.1	7804	8351	586263	10.7	280439	305824
75+	12937	8.9	5449	7488	469817	8.6	195362	274455
Total	145370	100	70476	74894	5466000	100	2665212	2800788

Source: National Records of Scotland (NRS) mid-year population estimates 2020

Figure 1: Clackmannanshire & Stirling population by age and sex, 2020



Source: National Records of Scotland (NRS) mid-year population estimate, 2020

The figure above shows the proportion of the Partnership's population by age band and gender. It shows that within each age band there are slightly more females than males except for those under 16 years of age. This is the same for within Clackmannanshire and Stirling separately.

1.2 Population Projections

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

The figure below shows that while the overall population in the Partnership is projected to increase in the next 25 years there are differences in the age profile with the number of children and working age adults decreasing and the older adult population increasing.

Figure 2: Population projections for Clackmannanshire & Stirling HSCP

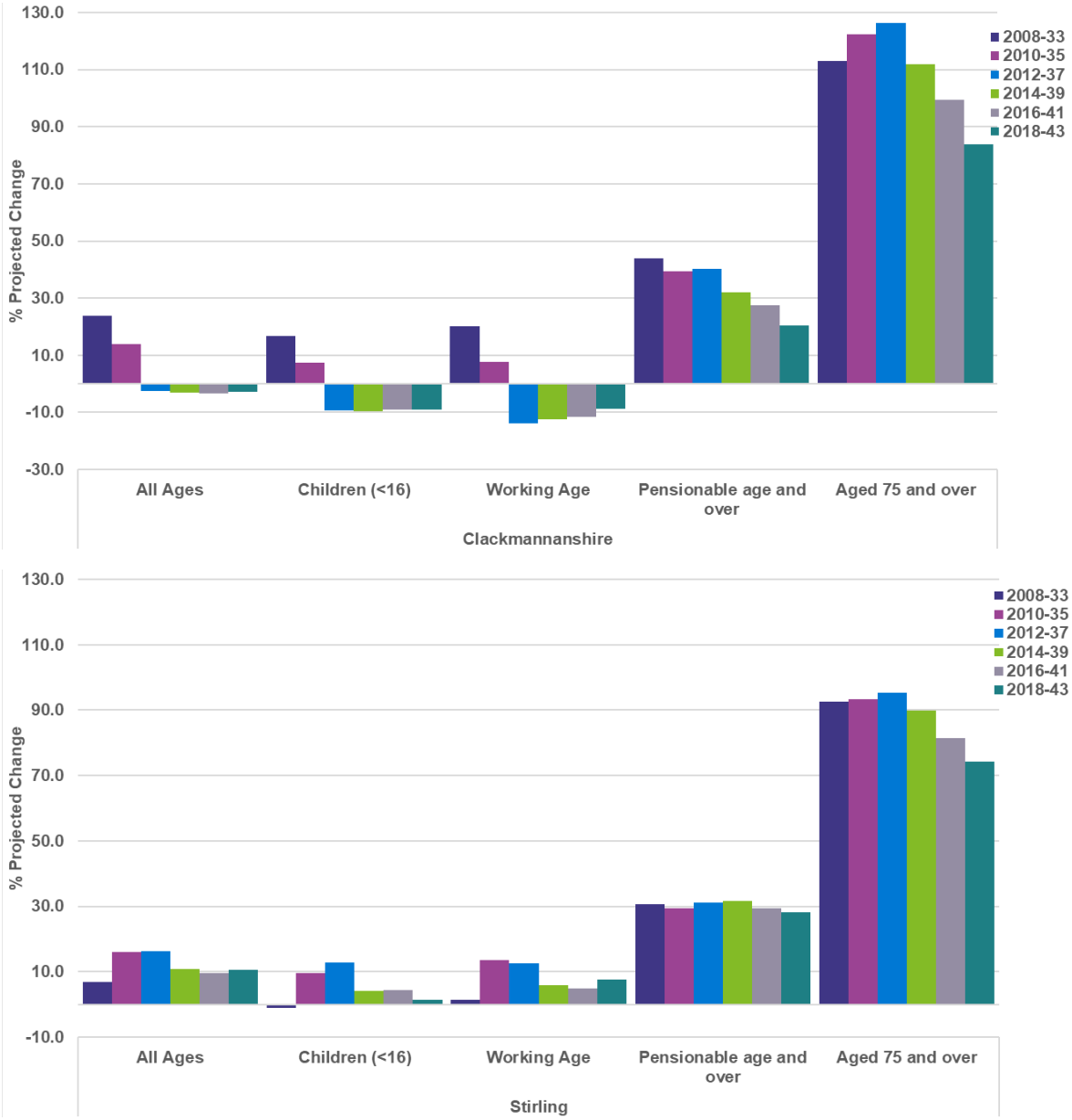
Source: National Records of Scotland (NRS) 2018-based population projections

There are also differences within the two local authorities of the Partnership. From 2018 to 2043 the overall population is projected to increase in Stirling (10.5%) and decrease in Clackmannanshire (3%). Every age group in Stirling is projected to increase - particularly the older adult population (those aged 75 and over by 74%). On the other hand, in Clackmannanshire the number of children and working age adults are projected to decrease (both by 9%) at the same time as the older adult population is projected to increase (those of pensionable age by 20.5% and those aged 75 and over by 84%). 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 charts below show the 25-year population change based on current and historic projections. It shows that while there is still a trend towards an ageing population this is not at as high a trajectory as previously predicted. The difference from previous

projections is due to lower fertility rates and life expectancy increasing at a slower rate.

Figure 3: 25-year projections - % change in population based on current and historic projections in Clackmannanshire & Stirling



Source: National Records of Scotland (NRS) population projections

1.3 Dependency Ratio

The dependency ratio is a measure of the proportion of the population seen as economically 'dependant' upon the working age population. The definition generally used in Scotland is 'those aged under 16 or of state pensionable age, per 100 working age population'.

The table below shows an increase in the dependency ratio over the next 25 years, particularly in Clackmannanshire.

Table 2: Dependency Ratio based on 2018-based population projections

Area	2018	2023	2028	2033	2038	2043
Clackmannanshire	60.1%	60.1%	59.9%	64.3%	69.4%	70.3%
Stirling	55.5%	53.4%	52.2%	55.6%	59.2%	59.7%
Clackmannanshire & Stirling HSCP	57.1%	55.6%	54.8%	58.4%	62.4%	63.0%

*Dependency ratio is the rate of dependent population (children and those of pensionable age) to working age population, expressed as a percentage.
Source: National Records of Scotland (NRS) population projections

Scottish Index of Multiple Deprivation (SIMD) and Health Inequalities

2.1 Scottish Index of Multiple Deprivation (SIMD)

The Scottish Index of Multiple Deprivation (SIMD) is a tool for identifying areas of multiple deprivation in Scotland. Deprived does not just mean 'low income' but also that people have fewer health and education outcomes, opportunities and access to services.

It divides Scotland into 6,976 small areas called datazones and each is ranked from 1 (most deprived) to 6,976 (least deprived). By identifying small areas where there are concentrations of multiple deprivation, SIMD can be used to target policies and resources at the places with greatest need. Often datazones are grouped into quintiles with 20% of datazones in each group – from 1 (the 20% most deprived) up to 5 (the 20% least deprived).

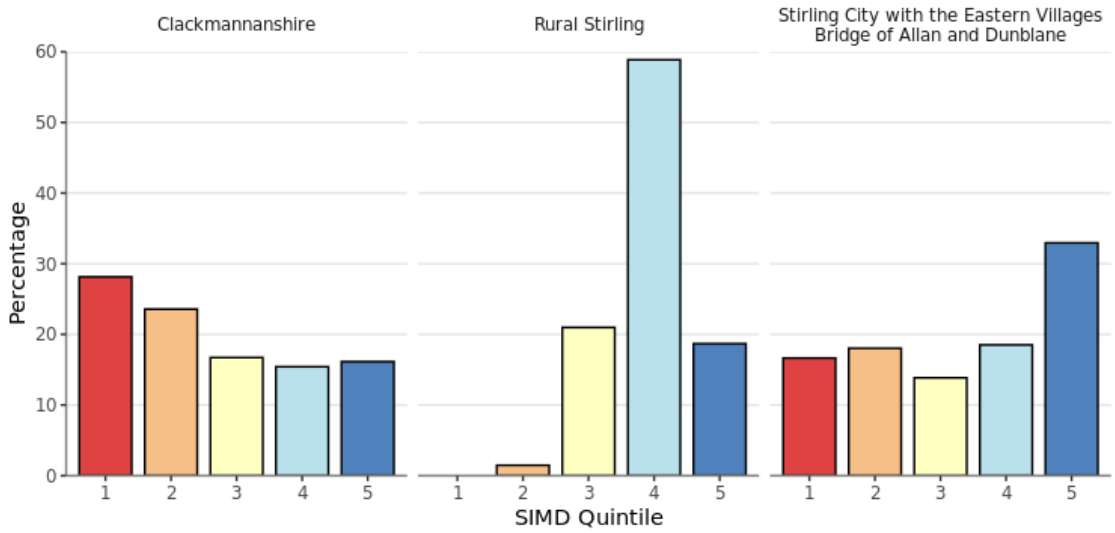
The table below highlights the difference in the deprivation profile of the Partnerships two local authority areas. More people in Clackmannanshire live in the most deprived communities (52% in quintiles 1 and 2) and more people in Stirling live in the least deprived communities (59% in quintiles 4 and 5). The table highlights that a greater proportion of Clackmannanshire's population live in the most deprived communities and that the population increases as deprivation increases – in Stirling it is the reverse. Deprivation also differs across the localities with over three quarters of Rural Stirling living in SIMD quintiles 4 and 5.

Table 3: Clackmannanshire and Stirling's population by SIMD Quintile, 2020

SIMD Quintile	Clackmannanshire		Stirling	
	Population	Percentage	Population	Percentage
1	14510	28.2	11374	12.1
2	12073	23.4	12743	13.5
3	8666	16.8	14860	15.8
4	8000	15.5	27645	29.3
5	8291	16.1	27588	29.3
Total	51540	100	94210	100

Source: PHS (Public Health Scotland), Scottish Index of Multiple Deprivation, NRS 2020 Mid-Year Population Estimate

Figure 4: Percentage of population in each SIMD Quintile by Locality, 2020



Source: PHS, Scottish Index of Multiple Deprivation, NRS 2020 Mid-Year Population Estimate

There are pockets of higher deprivation with 14 datazones falling within the top 10% most deprived areas in Scotland – 7 in Clackmannanshire and 7 in Stirling. In Clackmannanshire five of these datazones are in Alloa South and East, one in Tullibody South and one in Tullibody North and Glenochil. In Stirling three are in Raploch, two in Cornton, one in Borestone and one in Broomridge. There were 22 data zones in the 10% least deprived areas – 4 in Clackmannanshire and 18 in Stirling.

Of Clackmannanshire and Stirling's 193 datazones the lowest ranked was Alloa South and East - 05 (6th) followed by Raploch-04 (41st). The two highest were Bridge of Allan and University -01 and -05, preceded by Tillicoultry-08. Data zones are quite small and so looking at Intermediate Zones allows us to see more clearly areas of deprivation. The chart in Appendix 3 presents the Partnership's current population by intermediate zone and SIMD quintile. It is ordered by the percentage of the population in SIMD quintile 1 (most deprived) with those with none in alphabetical order to the right. It shows two things. Firstly, the size of the population in each intermediate zone varies from Fishcross, Devon Village and Coalsnaughton up to

Bridge of Allan and University. Secondly, the deprivation profile varies. In some intermediate zones everyone is considered as living in the most deprived areas (quintiles 1 and 2) or the least deprived (quintiles 4 and 5) while in others deprivation varies across some or all quintiles. It is important to understand the profile of an area to understand the needs of its population and the drivers of demand.

2.2 Health Inequalities

Health inequalities are the unjust and avoidable differences in people's health across the population and between specific population groups. The circumstances and opportunities that shape our lives and experiences - education, work, housing, access to services, social and cultural opportunities - influence our health. The fundamental causes of health inequalities are the unequal distribution of income, power and wealth which can lead to poverty and the marginalisation of people in society. Evidence shows that health inequalities persist across Scotland.

Health and Social Care Partnerships have a duty to contribute to reducing health inequalities as one of the National Health and Wellbeing outcomes. The previous Strategic Needs Assessments highlighted that health inequalities persisted between the most and least deprived areas nationally and locally and the COVID-19 pandemic has shone a bright light on health inequalities. This section will take a closer look at health inequality measures focused on life expectancy and mortality.

Life Expectancy

Health inequalities is illustrated by looking at life expectancy. Life expectancy is an estimate of how many years a person might be expected to live and varies across the Partnership.

On average the life expectancy of men and women in the two local authorities is similar to Scotland although both men and women in Rural Stirling are expected to live longer than those in the other two localities with people in Clackmannanshire having the lowest life expectancy. Of the three localities, Clackmannanshire has the highest percentage of its population living in the most deprived communities (28% in

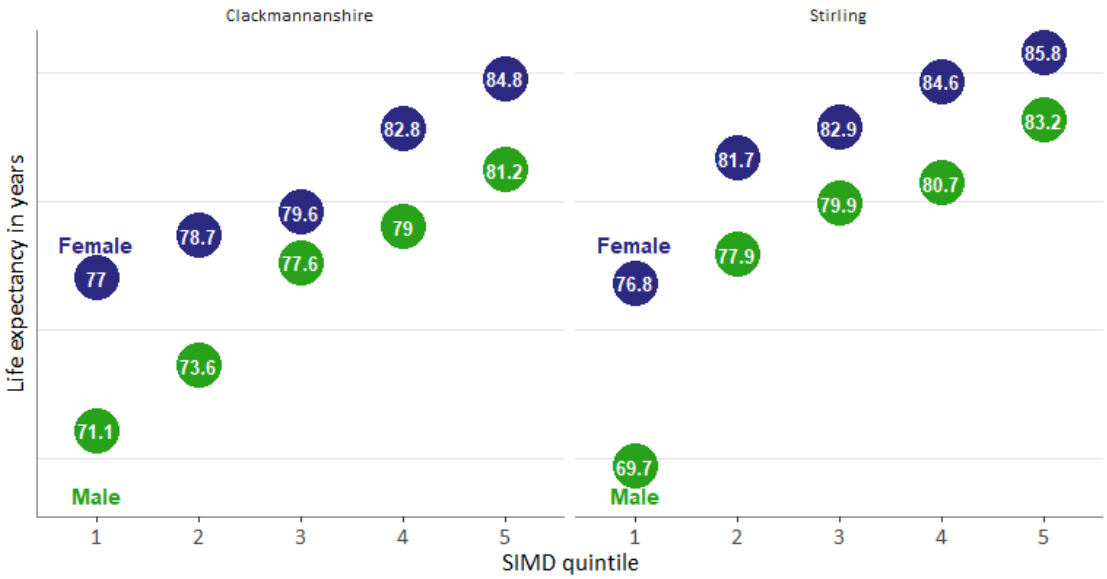
SIMD quintile 1 compared to 1.5% in Rural Stirling). Life expectancy of women, and particularly men, is less for those living in the most deprived areas. Men living in the most deprived areas (SIMD quintile 1) are expected to live 13 years less in Stirling and 10 years less in Clackmannanshire than men living in the least deprived. For women it is nine years less in Stirling and 8 years less in Clackmannanshire.

Table 4: Life expectancy at birth in most recent estimate (2018-20 for Local Authorities and Scotland, 2016-20 for localities)

	Local Authorities		Localities			Scotland
	Clackmannanshire	Stirling	Clackmannanshire	Rural Stirling	Stirling City with the Eastern Villages Bridge of Allan & Dunblane	
Female	80.6	81.9	80.6	85.0	81.5	81.0
Male	76.2	77.6	76.5	80.6	77.4	76.8

Source: Scottish Public Health Observatory (ScotPHO)

Figure 5: Life expectancy by sex and SIMD, 2016-2020



Source: Scottish Government (statistics.gov.scot)

We can shine a light further by looking at life expectancy in each intermediate zone. The table below shows the five intermediate zones in the Partnership with the highest and lowest male and female life expectancy. Across the Partnership there is an almost 22-year gap in male life expectancy and nearly a 16-year gap in female life expectancy. The gap is wider across Stirling than across Clackmannanshire. Those areas of higher deprivation have a lower life expectancy. In Stirling, Raploch has both the lowest male and female life expectancy, and all its population is considered to live in the most deprived areas in Scotland (SIMD Quintile 1). Alloa South and East, Braehead, Fallin and Sauchie are also in the bottom five for male and/or female life expectancy and at least 70% of these communities live in SIMD quintiles 1 and 2 (100% for Alloa South and East).

Table 5: Top and Bottom 5 Life Expectancy at Intermediate Zone Level in the Partnership, 2016-2020

Male Life Expectancy			Female Life Expectancy		
Top 5	**Intermediate Zone**	**Years**	**Top 5**	**Intermediate Zone**	**Years**
1	Fishcross, Devon Village & Coalsnaughton	87.8	1	Kippen & Fintry	87.5
2	Causewayhead	86.6	2	Dollar & Muckhart	86.2
3	Dunblane East	83.3	3	Cambusbarron	86.2
4	Kippen & Fintry	83.1	4	Blane Valley	85.7
5	King's Park & Torbrex	82.5	5	Causewayhead	85.0
5	Cornton	73.7	5	Fallin	78.3
4	Braehead	71.7	4	Bannockburn	78.1
3	Alloa South & East	70.4	5	Cornton	77.5
2	Fallin	68.2	2	Sauchie	75.9
1	Raploch	66.1	1	Raploch	71.9
Bottom 5			**Bottom 5**		

Source: Scottish Public Health Observatory (ScotPHO)

The disparities in life expectancy can be seen on a small scale when comparing Raploch and Causewayhead in Stirling. Raploch is one of the most deprived areas in Stirling with all its population living in the most deprived SIMD quintile. It has both the lowest male and female life expectancy. Causewayhead is one the least deprived areas with all its population living in SIMD quintiles 4 or 5. It has one of the highest male and female life expectancies across the Partnership. They are neighbouring communities and are in the same secondary school catchment. Two students may both be going to Wallace High school, yet the female student living in Causewayhead can expect to live 13 years longer than the one living in Raploch and 20 years longer if they are male.

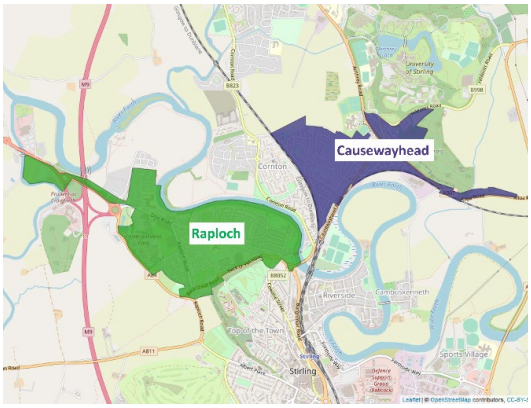


Figure X: Map of Raploch and Causewayhead

Healthy Life Expectancy

While life expectancy is an estimate of how many years a person might be expected to live, healthy life expectancy is an estimate of how many years they might live in a 'healthy state'.

Men and women are expected to live in a 'healthy state' for a similar number of years - men and women in Stirling slightly longer than those in Clackmannanshire and in both, longer than in Scotland. As women have a longer life expectancy, they are estimated to live longer in an 'unhealthy state' - around 17 years in both local authorities compared to around 14 years for men.

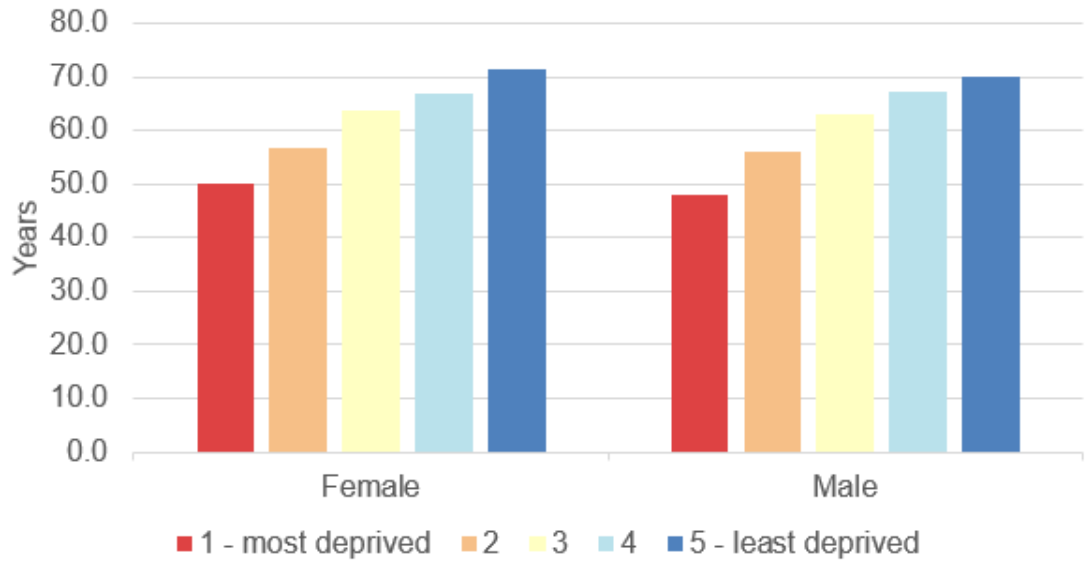
Table 6: Healthy life expectancy at birth in Clackmannanshire, Stirling and Scotland, 2018-2020

	Healthy life expectancy at birth in 2018-2020		
	Clackmannanshire	Stirling	Scotland
Female	62.66	64.71	61.79
Male	62.47	63.38	60.93

Source: Scottish Government (statistics.gov.scot)

There are also inequalities in healthy life expectancy linked to deprivation. The table above shows that in Scotland both men and women are expected to live in a 'healthy state' for just over 60 years. The chart below shows how this varies by deprivation with those living in the most deprived areas having shorter healthier lives than those living in the least deprived. For both men and women there was a difference in over 21 years in healthy life expectancy between those living in the least and most deprived areas.

Figure 6: Healthy life expectancy at birth in Scotland by SIMD Quintile, 2018-2020



Source: Scottish Government (statistics.gov.scot)

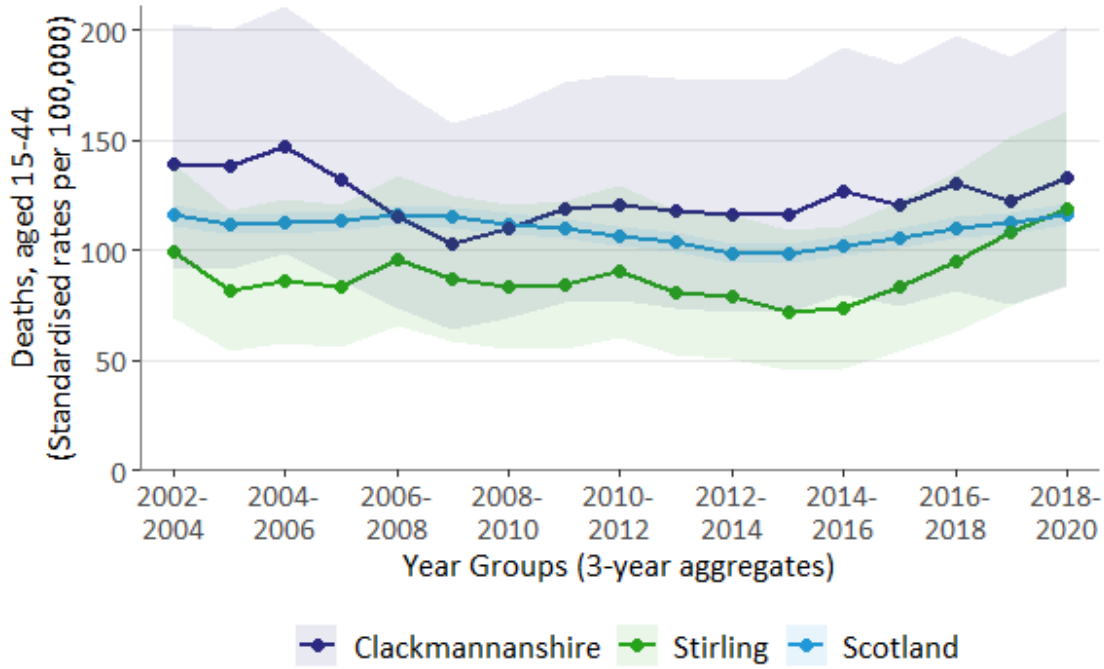
Premature Mortality

Premature morality, people who die under the age of 75, is an important measure 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.

Mortality among 15-44 year olds

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. The chart below shows that while Clackmannanshire has the highest rate, this has been increasing in both local authorities and Scotland and particularly in Stirling.

Figure 7: Deaths aged 15-44 years in Clackmannanshire, Stirling and Scotland



Source: Scottish Public Health Observatory (ScotPHO)

As with life expectancy and healthy life expectancy there is a large gap in the rate of deaths aged 15-44 years by deprivation with the rate increasing considerably as deprivation increases.

Figure 8a: Deaths aged 15-44 years by deprivation in Clackmannanshire, 2018-2020

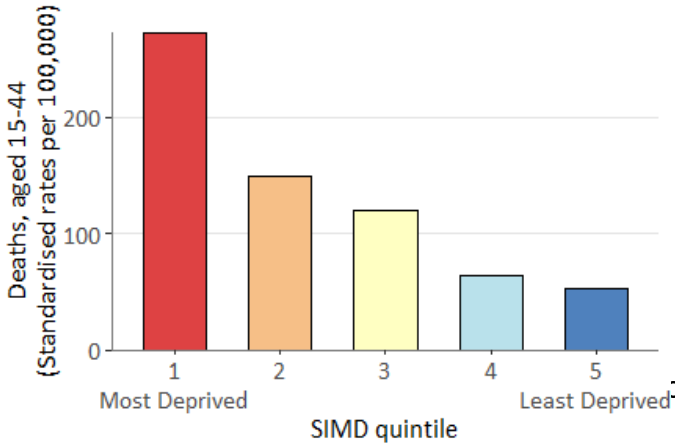
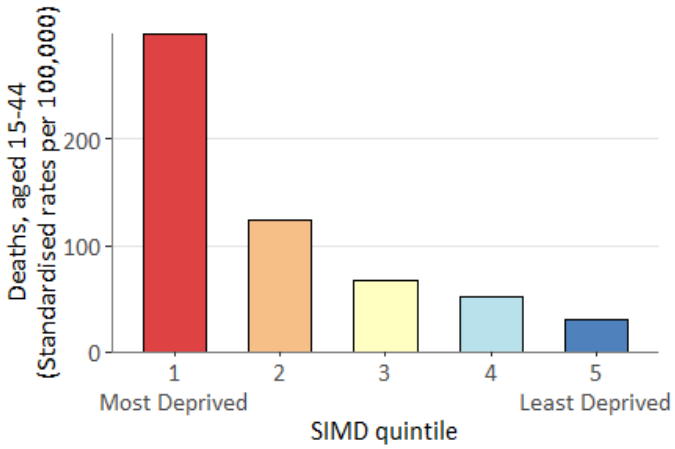


Figure 8b: Deaths aged 15-44 years by deprivation in Stirling, 2018-2020



In 2018-20 Stirling City with the Eastern Villages, Bridge of Allan and Dunblane and Clackmannanshire had similar rates (137.07 and 133.18 per 100,000 respectively) with Rural Stirling's rate being much lower (67.22 per 100,000). Looking across the Partnership's intermediate zones we can see that these rates varied 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.

Tackling inequalities is also the responsibility of Community Planning Partnerships. **Stirling Community Planning Partnership's Local Outcomes Improvement Plan (2017-2027)** describes how community planning partners will work together to promote fairness and tackle inequalities over the next ten years. Community Planning Partnership Locality Action Plans have been developed with communities experiencing the greatest level of poverty. CPP Locality Action Plans have been developed for Raploch, Fallin, Cornton, Plean, St Ninians, Cowie, Mercat Cross and Bannockburn and Hillpark.

A central theme to **Clackmannanshire's Local Outcomes Improvement Plan (2017-2027)** is similarly a joint commitment to tackling inequalities. It identifies a number of groups at particular risk of inequality and poverty including low income households and workless households particularly where there are children, women (lone parent families and young mothers/teenage pregnancies), those living with poor

physical and mental health and those affected by alcohol and substance use, young people in and leaving the care system, the community of Alloa South and East which has experienced deep rooted poverty for decades, people living with disability, people with caring responsibilities and Refugee and Asylum families. Three Locality Priority areas were also developed - improving outcomes for children and young people living in poverty, improving outcomes for women and girls in Clackmannanshire and improving outcomes for people living in Alloa South and East.

The Scottish Burden of Disease (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 showed that the leading causes of ill health or early death in the most deprived areas in Scotland were drug use disorders, heart disease, depression, lung cancers and COPD.

Health and Socio-economic Measures by Intermediate Zone

We have seen that life expectancy and mortality among 15-44 years olds varies widely across the Partnership. Factors that shape our lives (e.g. education, work, housing) influence our health and care needs so it is important to understand how these vary across the Partnership too. Appendix 2 provides an overview of a select range of health and socio-economic measures by Intermediate Zone. Each chart is a scatterplot where each Intermediate zone is a dot which has been coloured by whether a quarter or more (red) or less than a quarter (blue) of the population is in considered to be in SIMD Quintile 1. The values for Clackmannanshire, Stirling and Scotland have also been included as a comparison. To illustrate the range the values for Raploch, Alloa South and East, Dunblane East and Dollar and Muckhart have been labelled as being representative of those areas in both local authorities where either all or none of the population is considered to live in the most deprived areas in Scotland (SIMD Quintile 1). The charts include the following measures: life expectancy, the older population, environmental, housing, economic, mortality, ill health and children and young people.

With the caveat that the charts do not include confidence intervals and may include small numbers, they highlight:

- The wide range across the Partnership and that while there are some areas that are worse than Scotland there are many that are better.

- The difference between the two local authorities as a whole and how they compare to Scotland with Clackmannanshire generally performing poorer than Stirling.

- How those areas of higher deprivation generally perform poorer across all measures than less deprived areas.

- That Alloa South and East and Raploch consistently have the poorest outcomes across all measures.

- Importantly, they highlight the interconnectedness of all aspects of our lives - how people in more deprived areas are more reliant on benefits, more likely to live in poverty, to live on their own, live for less years, have a younger population and have poorer health outcomes than those who live in less deprived areas.

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.

Inequalities and the COVID-19 Pandemic

Emerging evidence strongly suggests that COVID-19 is exacerbating pre-existing inequalities. Inequalities already existed across many domains such as income, wealth, living standards, health, education and life chances. The pandemic has shone a bright light on the effect of deprivation and there are concerns about the widening of health and economic inequalities. The Scottish Government's **Coronavirus (COID-19): impact on equality** research published in September 2020 anticipated that the following groups would be disproportionately impacted by COVID-19 and Brexit (anticipated key impacts have been included in brackets):

* Socio-economically disadvantaged people (Health inequalities could widen; attainment gap could widen; high economic inequalities may persist or even widen)
* Children and younger people (High impact on current and future mental health; negative impact on learning; economic scarring for young people)
* Older People (High deaths; increased risks of loneliness)
* Disabled People (Significant disruptions to health and care; more likely to experience loneliness; attainment gap may have heightened; gaps in employment participation may widen and reduce incomes; may be negatively impacted by loss of EU protections)
* Race (Gaps in employment participation and progression may widen increasing poverty; increased risk of serious illness or death from COVID; increases in hate crime; reduced educational attainment for certain groups)
* Women (Increased negative mental health impacts; increased domestic abuse and commercial sexual exploitation; long term impact on gender equality in the labour market; lone parents will have been disproportionately impacted)
* Men (More likely to have had serious illness from COVID; loss in employment)

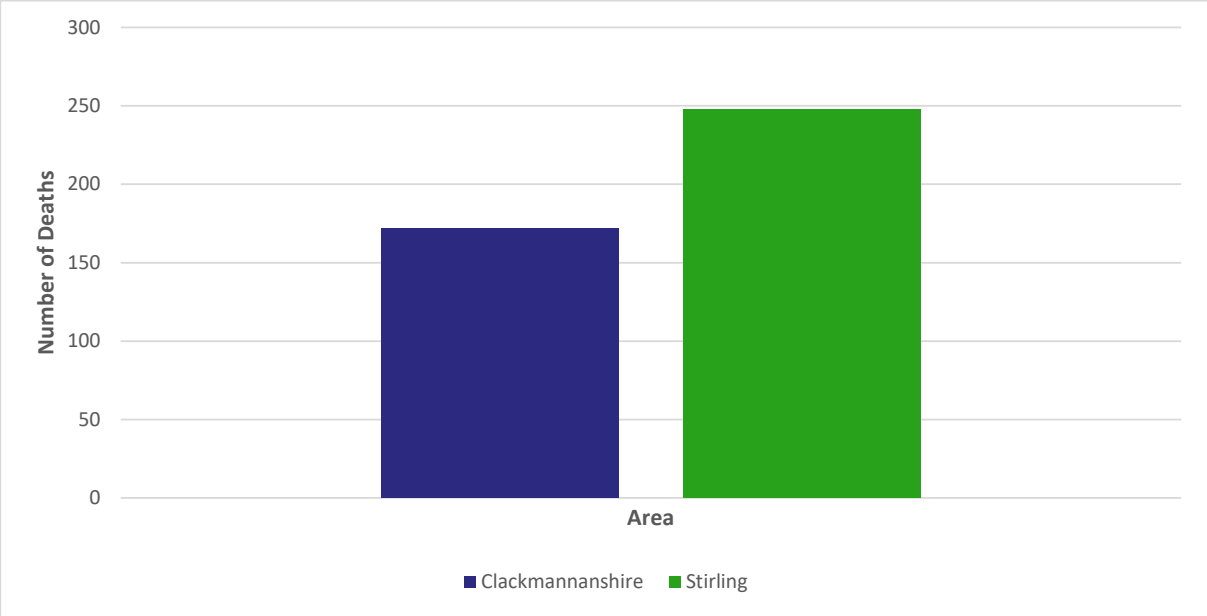
The Scottish Burden of Disease team have also carried out work to estimate the overall, and inequalities in the direct impact of COVID-19 on population health through looking at the years lost to premature mortality (YLL), years lost to ill-health (YLD) and the sum of these (DALYs). This work has shown that COVID-19 was the leading cause of disease burden in 2020, second only to heart disease, and that it was not shared equally among areas experiencing different levels of deprivation. Furthermore, there were marked inequalities in COVID-19 years of life lost (YLL) by deprivation in 2020 which were further exacerbated in 2021.

Covid Deaths and Vaccinations

Throughout the COVID-19 pandemic, Clackmannanshire and Stirling HSCP has had business continuity planning and governance arrangements in place to manage and respond to the impact of COVID-19 on its services and the health and social care needs, as well as to plan for the recovery / renewal of services. We remain committed to complying with Government and Public Health guidelines on COVID-19

in our service delivery arrangements, to ensure the health and safety of patients, service users, their families / carers and staff.

Figure 9: Clackmannanshire & Stirling Number of Covid Related Deaths

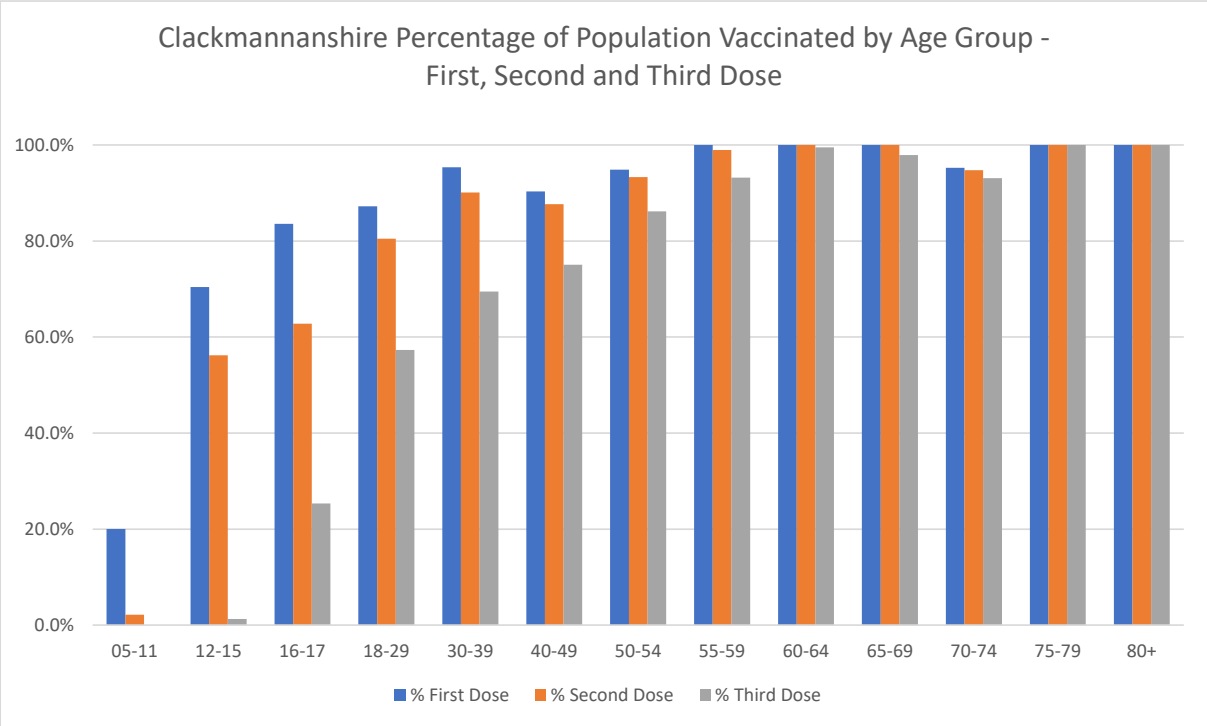


Source: National Records of Scotland

The figure above shows the number of Covid related deaths in Clackmannanshire and Stirling up until 19th June 2022. Statistics based on age and gender are only available nationally and so the breakdown cannot be provided down to a local authority level. In Clackmannanshire, there were 172 Covid related deaths and 248 in Stirling.

Since the rollout of the Covid vaccine both Clackmannanshire and Stirling have had a similar uptake in vaccinations with regards to those aged 75+ all being vaccinated (with 3 doses) but this dips slightly for those aged 70 – 74. Within the lower age groups, there is a more notable uptake of the first dose but a slight drop in the second. People aged 40+ were more consistent with getting the second dose.

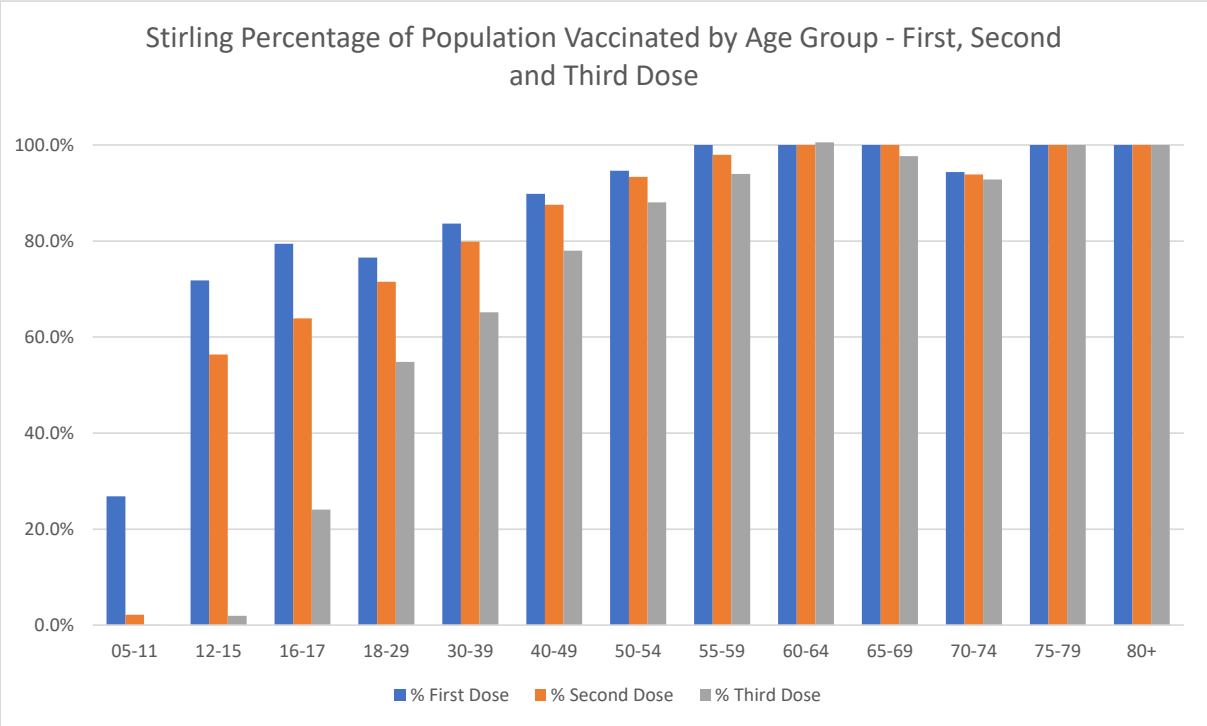
Figure 10: Clackmannanshire Percentage of Population* Vaccinated by Age Group – First, Second and Third Dose



Source: Gov.scot, Coronavirus (COVID-9):data for Scotland

Within Clackmannanshire, 88.7% of the population over the age of 12 have had two doses of the vaccination, this is slightly lower within Stirling at 87%. For those aged over 40, this raises to 96.8% for Clackmannanshire, with Stirling similar to this at 96.7%. This would suggest a slightly lower uptake in the lower age groups in Stirling.

Figure 11: Stirling Percentage of Population* Vaccinated by Age Group – First, Second and Third Dose



Source: Gov.scot, Coronavirus (COVID-9):data for Scotland

Burden of Disease

As a good practice measure, Public Health Scotland advocate for the Burden of Disease profile data to be a core consideration shaping the development of strategic needs assessment. The Scottish Burden of Disease (SBoD) study is a national, and local, population health surveillance system which monitors how over 100 diseases and injuries prevent the Scottish population from living longer lives in better health. It also correlates the associated risk factors that contribute to these diseases and injuries. The methodology mirrors the global burden of disease project.

Interpreting the burden of disease data at Local Authority level through a SIMD lens will ensure tackling health inequalities permeates the approach in Clackmannanshire and Stirling HSCP.

SBoD standardises estimates of ill-health and early death in a composite measure called Disability-Adjusted Life Years (DALYs), also referred to as health loss. It does this by framing ill-health and premature mortality in terms of health loss as a function of time. In 2019, the overall rate of health loss in Scotland was estimated to be 32,093 disability-adjusted life years (DALYs) per 100,000 population.

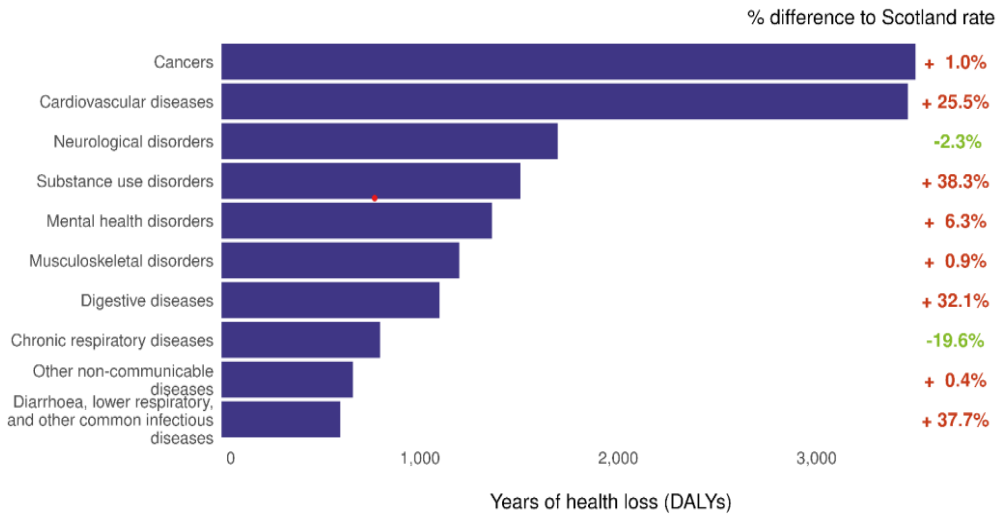
Put simply, the benefit of using the burden of disease methodology is that it allows fair comparison between things that cause significant disease, but are not usually directly fatal, e.g. mental illness, with the leading causes of death.

The Burden of Disease data herein is from 2019 and the impact of COVID-19 and the cost-of-living crisis on YLL is not reflected but likely to be exacerbated.

3.1 Burden of Disease Clackmannanshire

The three leading groups of causes of ill-health and early death in Clackmannanshire are cancers, cardiovascular diseases and neurological disorders. These groups of causes account for 48% of the total burden of health loss.

Figure 12: Leading Group Causes of Ill-Health & Early Death



Source: ScotPHO

Overall, the rate of health loss in Clackmannanshire is 10% higher than the Scottish rate and this difference increased by 7% between 2016 and 2019.

Table 7: Leading Individual Causes of Ill Health & Early Death

	Ill health	% difference from Scotland
1	Depression	6.9%
2	Low back and neck pain	0.9%
3	Headache disorders	-1.2%
4	Anxiety disorders	6.7%
5	Diabetes mellitus	3.9%
6	Osteoarthritis	0.5%
7	Alcohol use disorders	13.2%
8	Drug use disorders	16.5%
9	Cerebrovascular disease	5.1%
10	Other musculoskeletal disorders	-2.6%

Ranking based upon the total YLD
% change based upon age-sex standardised YLD rates

	Early death	% difference from Scotland
1	Ischaemic heart disease	69.3%
2	Lung cancer	7.8%
3	Drug use disorders	44.7%
4	Alzheimer's disease and other dementias	-4.2%
5	Other cancers	6.9%
6	Cerebrovascular disease	-2.6%
7	Chronic obstructive pulmonary disease	-13.1%
8	Lower respiratory infections	47.3%
9	Colorectal cancer	30.2%
10	Cirrhosis and other chronic liver diseases	24.8%

Ranking based upon the total YLL
% change based upon age-sex standardised YLL rates

Rate lower than Scotland | Rate higher than Scotland

Source: ScotPHO

The table above shows the leading individual causes of ill health and early death in Clackmannanshire and comparison with Scotland:

The leading cause of ill health in Clackmannanshire is depression, the rate of which is 6.9% higher than in Scotland.

The leading cause of early death in Clackmannanshire is ischaemic heart disease, the rate of which is 69.3% higher than in Scotland.

Leading risk factors for Ischaemic heart disease include poverty, smoking, lack of exercise, diabetes, obesity and high blood pressure.

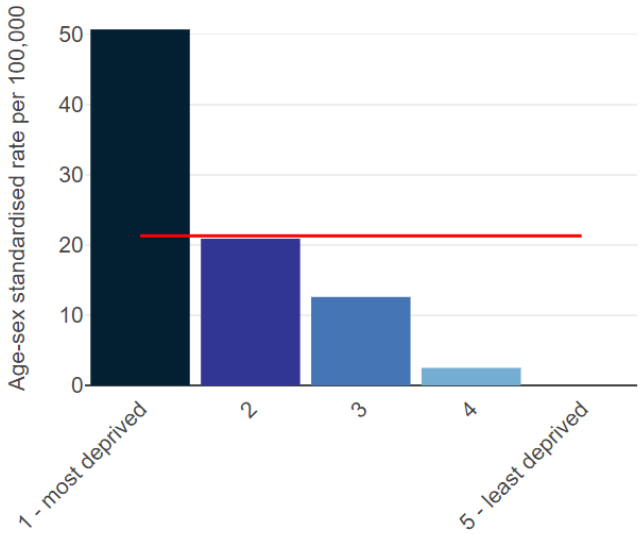
Depression and anxiety disorders are two of the major causes of ill-health in Clackmannanshire higher than the Scottish average at 6.9% and 6.7% respectively.

The links between low income, poverty and poor mental health and wellbeing are well established. 2019/2020 data highlights that the most deprived populations are prescribed drugs for anxiety/depression/psychosis 37% more than the overall average for Clackmannanshire.

Drug use disorders in Clackmannanshire that lead to ill-health are 16.5% higher than the Scottish national average. Drug use disorders that lead to death are 44.7% higher than the Scottish national average.

In order to gain further perspective, it is valid to consider the data for 2015-2019 drug deaths by SIMD category in Clackmannanshire. The most deprived areas have 154% more drug deaths than the overall average. The figure below highlights the gradient from most deprived to least deprived.

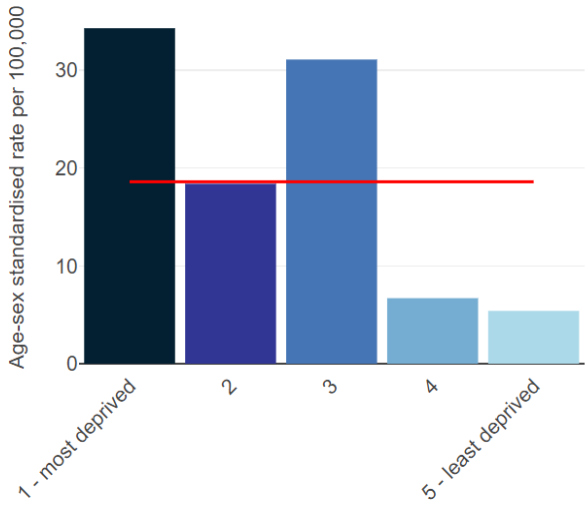
Figure 13: Differences in drug-related deaths between deprivation groups for 2015-2019



Source: ScotPHO

Alcohol use disorders leading to ill health are 16.2% higher than the Scottish average. The most recent data for alcohol related deaths is for the years 2016-2020. There are 94% more deaths from alcohol in the most deprived areas compared to the area average. The figure below highlights the gradient from most deprived to least deprived.

Figure 14: Differences in alcohol related deaths between deprivation groups for 2016-2020



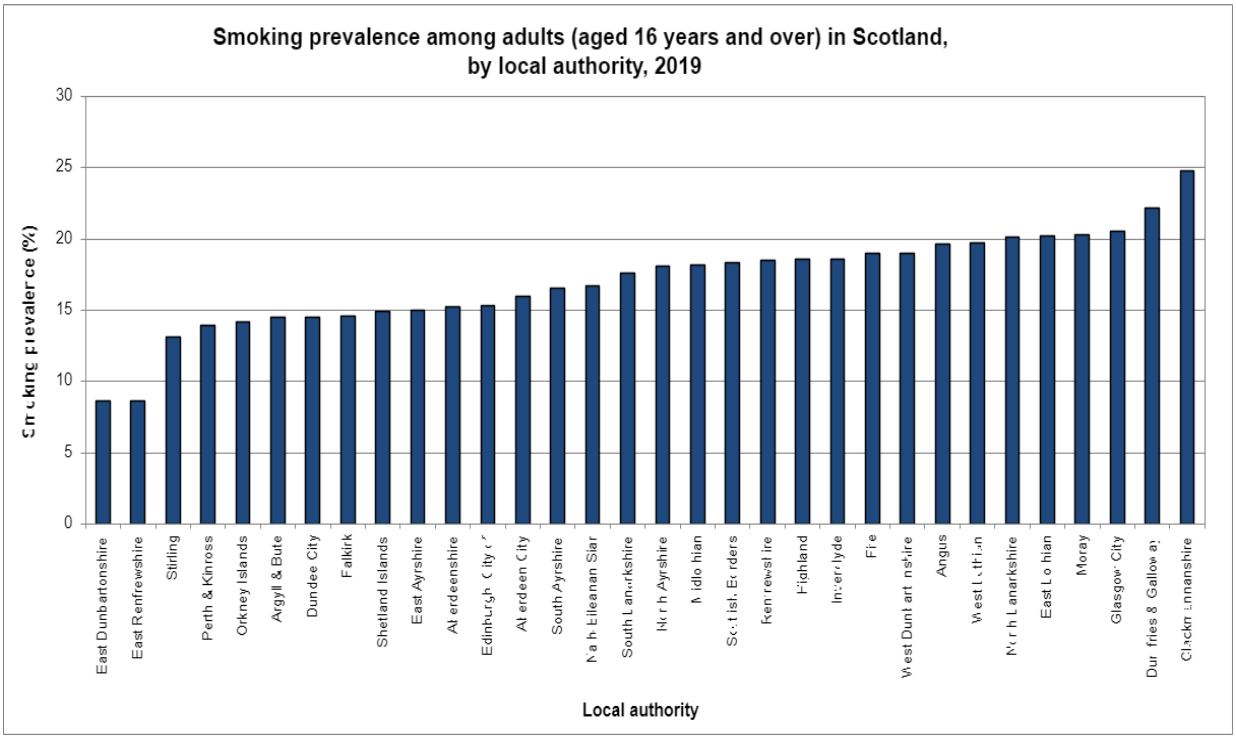
Source: ScotPHO

Cirrhosis of the liver and other chronic liver diseases are the tenth leading cause of death in Clackmannanshire at 24.8% above the Scottish average. A direct correlation cannot be made with alcohol use and alcohol related ill-health due to the broadness of the category, however 24.8% above the national average is stark and requires further attention.

Smoking is the root cause for 16% of all deaths in Scotland with a total of 9725 deaths. Smoking was the primary cause for 54,315 for hospital admissions and 104,806 hospital admissions where smoking was a primary or secondary reason for the admission.

2019 data identifies Clackmannanshire as having the highest smoking prevalence in Scotland at 24.8%.

Figure 15: Smoking Prevalence amongst adults 16+ in Scotland by Local Authority



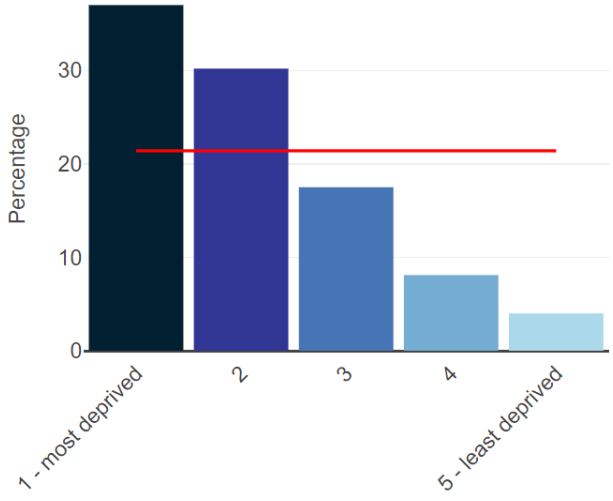
Source: ScotPHO

Smoking rates continue to be the highest in the most deprived areas, underlining smoking as a significant and ongoing challenge to health inequalities.

In Scotland in 2020/21, 24.4% of women in the most deprived quintile smoked during pregnancy compared to 2.6% in the least deprived quintile.

Clackmannanshire Local Authority data from 2018/19-2020/21 highlights that the most deprived areas have 101% more smoking during pregnancy than the overall average for Clackmannanshire.

Figure 16: Differences in smoking during pregnancy between deprivation groups in Clackmannanshire for 2018/19-2020/21



Source: ScotPHO

Participation in physical activity and good nutritional habits are individual lifestyle factors that can have positive preventative and restorative influences on individual health, preventing significant health issues like obesity or diabetes for example.

Physical inactivity is a leading cause of premature death in Scotland. Evidence shows that even small increases in activity can help to prevent and treat chronic diseases and improve quality of life. Scotland's Public Health Priorities feature physical activity under priority 6: A Scotland where we eat well, have a healthy weight and are physically active and contributes to the five other public health priorities.

The Scottish Government's Active Scotland Outcomes Framework is underpinned by equality and tackling health inequalities.

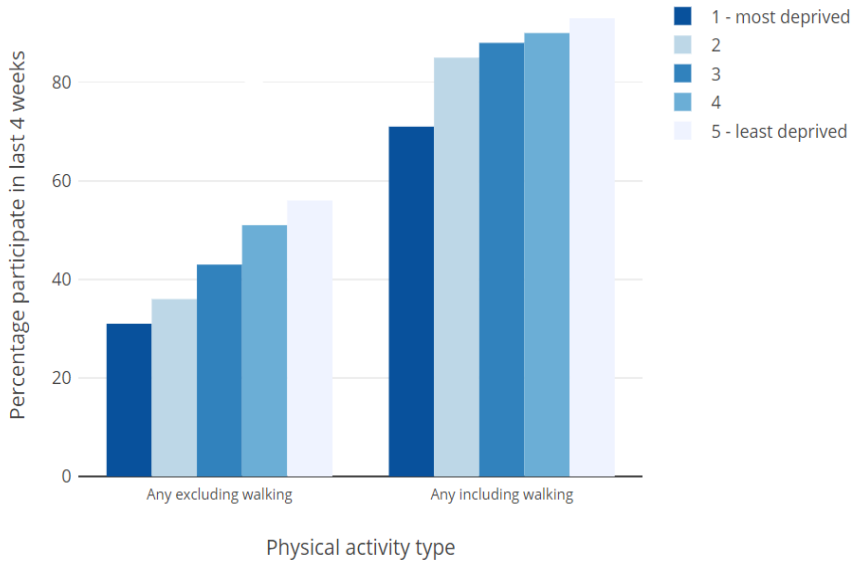
Between 2012-2019, the percentage of adults meeting the physical activity guidelines for moderate or vigorous intensity physical activity or a combination of both in Scotland has remained relatively stable. The data has fluctuated between 67% and 71% for men and 58% to 61% for women.

Females are less likely to meet these guidelines across all the age categories from 16 years old.

The national average is 66%. 59% of adults in Clackmannanshire meet these guidelines while 68% of adults in Stirling meet the guidelines.

The figure below demonstrates that the proportion of men and women across Scotland participating in physical activity in the last 4 weeks decreases by SIMD ranking. This pattern is found if walking is included and if it is excluded.

Figure 17: Participation in Sport & Physical Activity by SIMD 2020

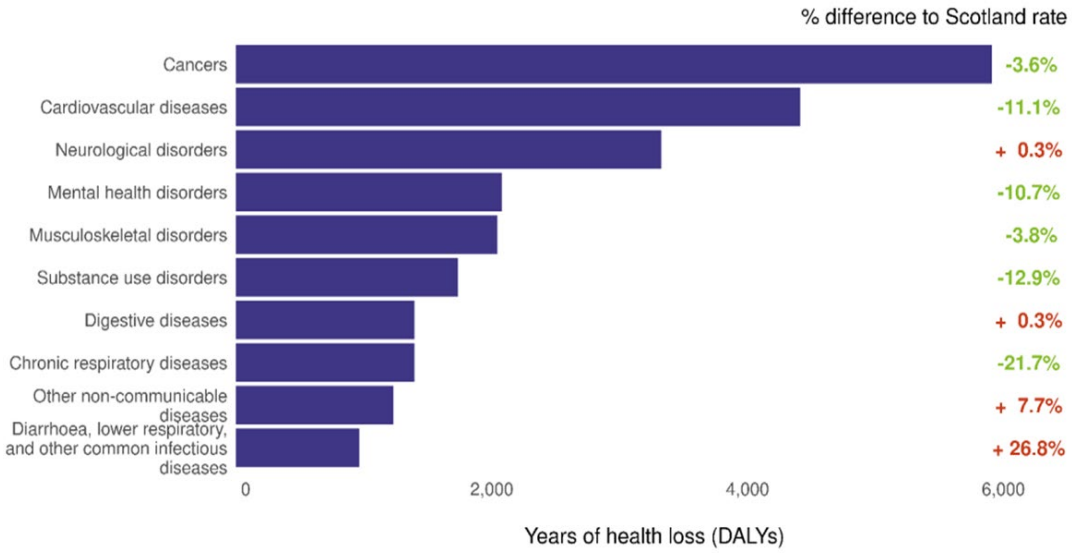


Source: ScotPHO

3.2 Burden of Disease Stirling

The three leading groups of causes of ill-health and early death in Stirling are cancers, cardiovascular diseases and neurological disorders. These groups of causes account for 48% of the total burden of health loss.

Figure 18: Leading Group Causes of Ill-Health & Early Death



Source: ScotPHO

Overall, the rate of health loss in Stirling is 5.5% lower than the Scottish rate.

Table 8: Leading Individual Causes of Ill health and Early death

	Ill health	% difference from Scotland
1	Low back and neck pain	-4.1%
2	Depression	-10.0%
3	Headache disorders	-0.8%
4	Anxiety disorders	-9.4%
5	Osteoarthritis	-2.9%
6	Diabetes mellitus	-6.0%
7	Other musculoskeletal disorders	1.0%
8	Age-related and other hearing loss	3.3%
9	Cerebrovascular disease	-8.4%
10	Skin and subcutaneous diseases	2.3%

Ranking based upon the total YLD
% change based upon age-sex standardised YLD rates

	Early death	% difference from Scotland
1	Ischaemic heart disease	-16.5%
2	Alzheimer's disease and other dementias	-5.7%
3	Lung cancer	-14.6%
4	Other cancers	10.5%
5	Drug use disorders	-9.7%
6	Cerebrovascular disease	-15.9%
7	Chronic obstructive pulmonary disease	-29.5%
8	Lower respiratory infections	24.5%
9	Cirrhosis and other chronic liver diseases	33.3%
10	Colorectal cancer	0.2%

Ranking based upon the total YLL
% change based upon age-sex standardised YLL rates

Rate lower than Scotland | Rate higher than Scotland

Source: ScotPHO

The table above shows the leading individual causes of ill health and early death in Stirling and comparison with Scotland:

The leading cause of ill health in Stirling is low back and neck pain, the rate of which is 4.1% lower than in Scotland.

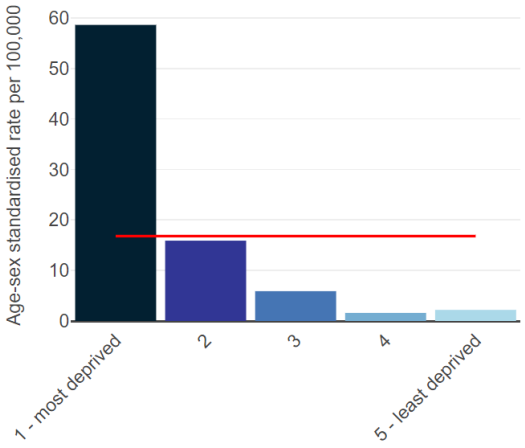
The leading cause of early death in Stirling is ischaemic heart disease, the rate of which is 16.5% lower than in Scotland.

Depression and anxiety disorders are two of the major causes of ill-health in Stirling. However, they are lower than the Scottish average by 10% and 9.4% respectively.

Leading risk factors for Ischaemic heart disease include smoking, lack of exercise, diabetes, obesity, high blood pressure.

Drug use disorders in Stirling that lead to death are 9.7% lower than the Scottish national average. The most deprived areas have 190% more drug deaths than the overall average in Stirling. Drug-related deaths would be 87% lower if the levels of the least deprived area were experienced across the whole population. The figure below highlights the gradient from most deprived to least deprived.

Figure 19: Differences in drug-related deaths between deprivation groups for 2015-2019



Source: ScotPHO

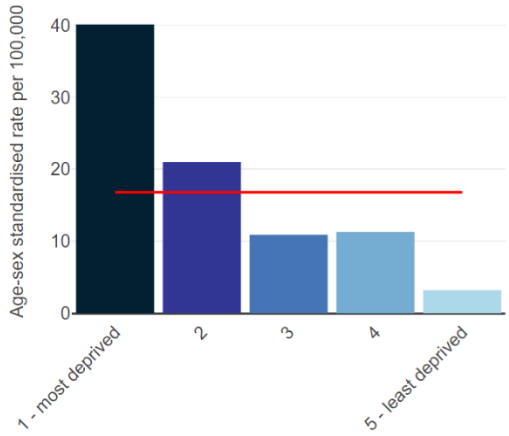
Alcohol use disorders are not recorded in the ten leading causes of ill-health. However, cirrhosis and other chronic liver diseases are the ninth leading cause of early death. While ‘cirrhosis and other chronic liver diseases’ is too broad a category to determine alcohol as the main cause, it should be explored further given it is 33%

above the Scottish national average. At 33% above the national average, this is the most significant variation of concern amongst the leading causes of ill-health and early death.

The most deprived areas have 101% more alcohol-related hospital admissions than the overall average for Stirling. Alcohol-related hospital admissions would be 54% lower if the levels of the least deprived area were experienced across the whole population.

There are 125% more deaths from alcohol in the most deprived areas compared to the area average. Image 6 highlights the gradient from most deprived to least deprived.

Figure 20: Differences in alcohol related deaths between deprivation groups for 2020-2021

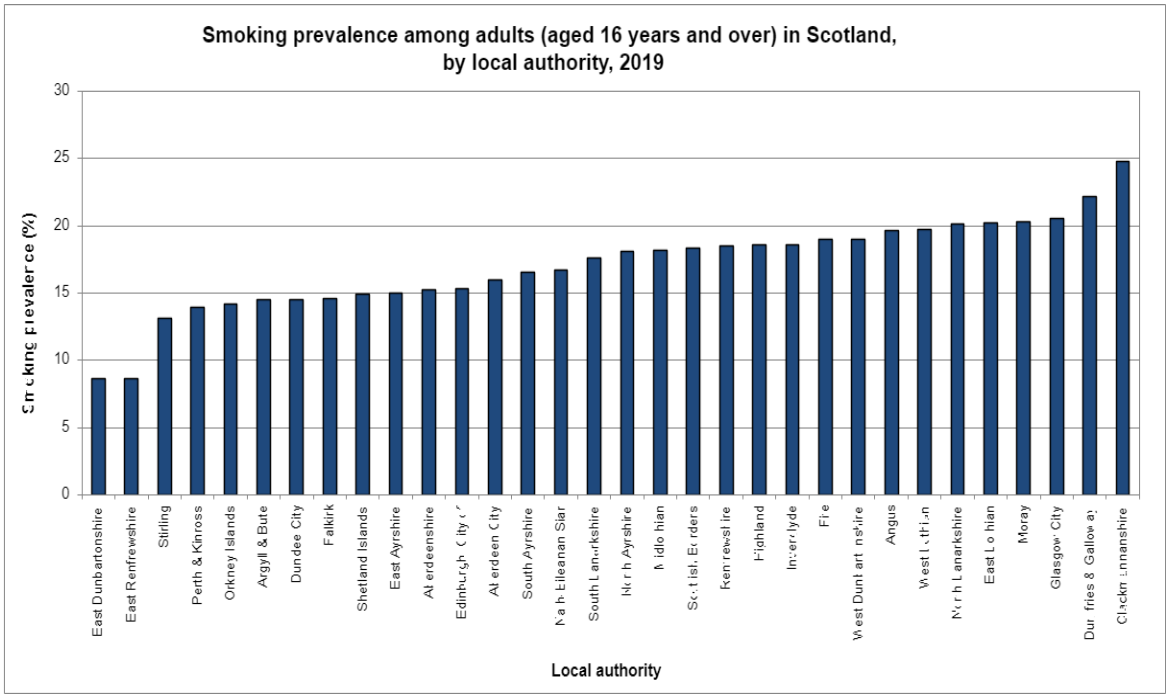


Source: ScotPHO

Smoking is the root cause for 16% of all deaths in Scotland with a total of 9725 deaths. Smoking was the primary cause for 54,315 for hospital admissions and 104,806 hospital admissions where smoking was a primary or secondary reason for the admission.

2019 data identifies Stirling as having the third lowest smoking prevalence in Scotland at 13.1%. At a whole population level, this is 48% lower than Clackmannanshire.

Figure 21: Smoking Prevalence amongst adults 16+ in Scotland by Local Authority

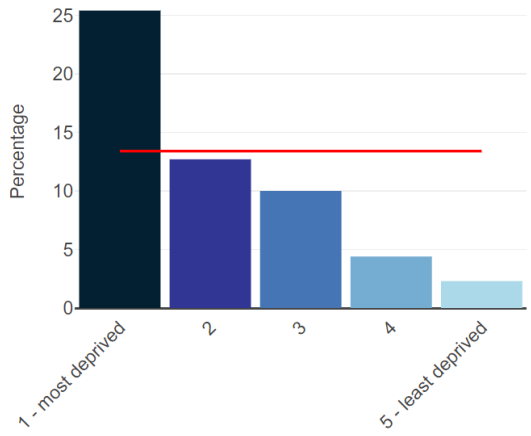


Source: ScotPHO

Smoking rates continue to be the highest in the most deprived areas, underlining smoking as a significant and ongoing challenge to health inequalities.

Stirling data from 2018/19-2020/21 highlights that 25.4% of women in the most deprived quintile smoked during pregnancy compared to 2.3% in quintile 5. This closely mirrors the national pattern. The most deprived areas have 113% more smoking during pregnancy than the overall average for Stirling. Smoking during pregnancy would be 83% lower if the levels of the least deprived area were experienced across the whole population.

Figure 22: Differences in smoking during pregnancy between deprivation groups for 2018/19-2020/21



Source: ScotPHO

Participation in physical activity and good nutritional habits are individual lifestyle factors that can have positive preventative and restorative influences on individual health, preventing significant health issues like obesity or diabetes for example.

Physical inactivity is a leading cause of premature death in Scotland. Evidence shows that even small increases in activity can help to prevent and treat chronic diseases and improve quality of life. Scotland's Public Health Priorities feature physical activity under priority 6: A Scotland where we eat well, have a healthy weight and are physically active and contribute to the five other public health priorities.

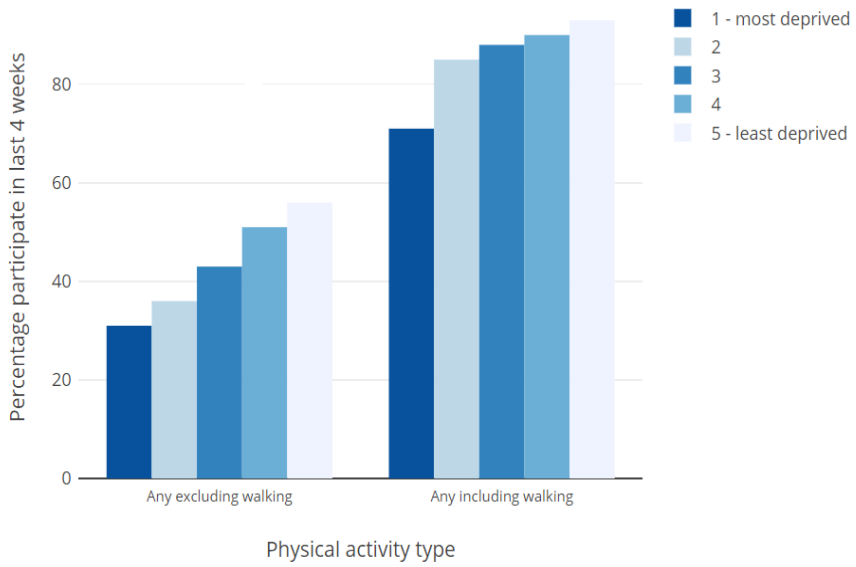
The Scottish Government's Active Scotland Outcomes Framework is underpinned by equality and tackling health inequalities.

Between 2012-2019, the percentage of adults meeting the physical activity guidelines for moderate or vigorous intensity physical activity or a combination of both in Scotland has remained relatively stable. The data has fluctuated between 67% and 71% for men and 58% to 61% for women.

Females are less likely than men to meet these guidelines across all the age categories from 16 years old. The national average is 66%. 68% of adults in Stirling meet these guidelines.

The figure below demonstrates that the proportion of men and women across Scotland participating in physical activity in the last 4 weeks decreases by SIMD ranking. This pattern is found if walking is included and if it is excluded.

Figure 23: Proportion of men and women across Scotland participating in physical activity in the last 4 weeks



Workforce

As a Partnership we are aware that our workforce expands beyond Clackmannanshire Council, Stirling Council and NHS Forth Valley. The Partnership employs a total of 1,163 staff. Key points to note are:

- 90% of the workforce are female
- 86.5% have permanent contracts
- 47% are aged 50+

There are significant recruitment issues and difficulties to recruit to social care assistant and health care support worker posts. Not all people want to work full time. There are occasions where staff are recruited from the providers onto more favourable terms and conditions.

Recruitment and vacancies

Recruitment is an issue nationally and locally. There is a number of roles that are identified as particularly difficult to recruit to, these are AHPs, Mental Health nurses and officer, registered social workers, GP's District Nurses, Learning Disability Nursing, home carers, personal carers. All of which are critical to the delivery of our services. Gaps in our recruitment place additional stress on our workforce and the outcomes for our communities.

Terms and Conditions

There are different terms and conditions across the HSCP. Differences in pay structures, job descriptions and terms and conditions such as annual leave and hours contribute to the difficulty of recruitment and retention. We have additional complexity in that we work across three organisations, two local authorities and one health board. This means that there are three distinct sets of policies and procedures to follow during the recruitment process.

These difficulties are also faced by the third sector and independent sectors in that the differences in terms and conditions creates a lot of movement from staff from one organisation to another, from one sector to another as people are following better terms and conditions.

We are looking at reviewing the data collected, the opportunities we create and training and development pathways as we view the HSCP workforce as one and want to retain our workforce within Clackmannanshire and Stirling. Within our action plan, we have identified key actions such as campaigns to attract people to the HSCP, career pathways and opportunities and working with local partners such as

universities, Forth Valley College to develop relationships and support for people entering their profession.

Succession Planning

A key part of our service and workforce planning will focus on succession planning for our services. Our ageing workforce and specialism of roles means we need to invest in development opportunities for staff career development. Identifying talent and pathways for progression will reduce risk to service delivery and increase retention when staff have clear career progression goals and investment.

Health and Social Care Service Provision

4.1 Unscheduled Care

Unscheduled care refers to the unplanned treatment and care of a person usually because of an emergency or urgent event. Historically a considerable amount of attention is focused on unscheduled care primarily on accident and emergency attendances and emergency admissions to hospital. This is a key area of focus for both the Health and Social Care Partnerships across Scotland and the Scottish Government, with the aim to reduce the overall wait times in A&E and the number of emergency admissions.

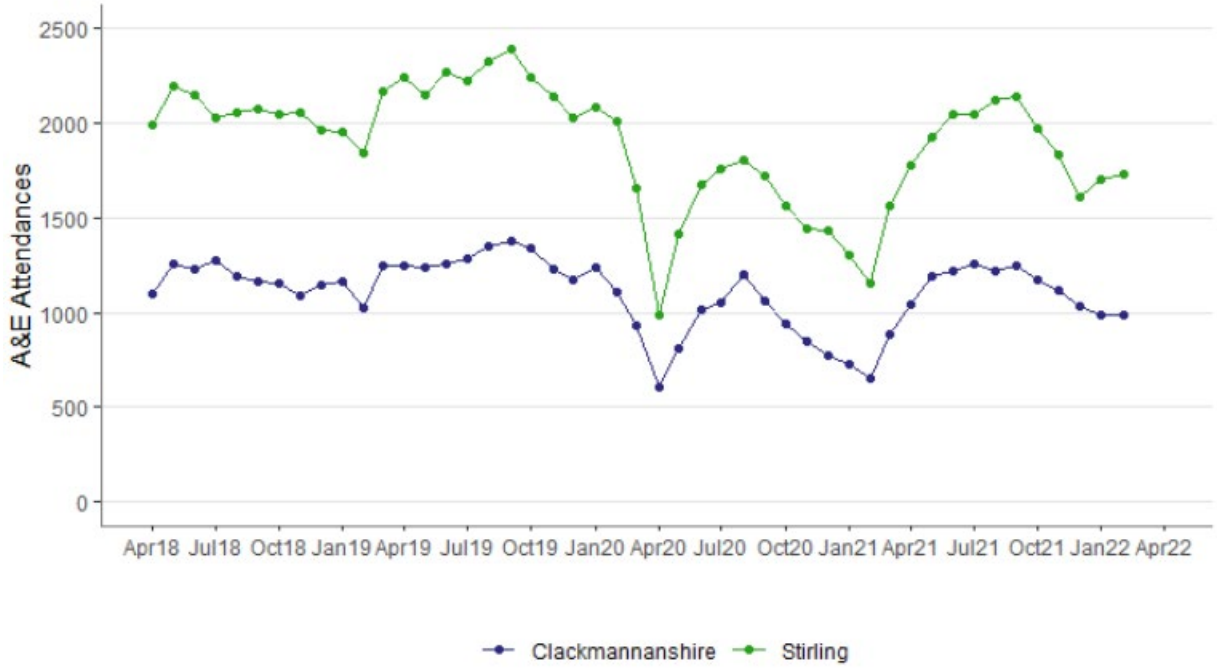
Accident and Emergency Attendances

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

The figure below highlights the fluctuations within the Partnership's A&E attendances over the past four years and the impact that the COVID-19 pandemic had on A&E attendances. In both Clackmannanshire and Stirling, there was a sharp decrease in A&E attendances in Spring 2020 and winter 2020/21 due to measures put in place to

respond to COVID-19. Since Spring 2021 attendances have been rising and getting closer to pre-pandemic levels although they have fallen more recently.

Figure 24: Monthly A&E Attendances for Clackmannanshire & Stirling

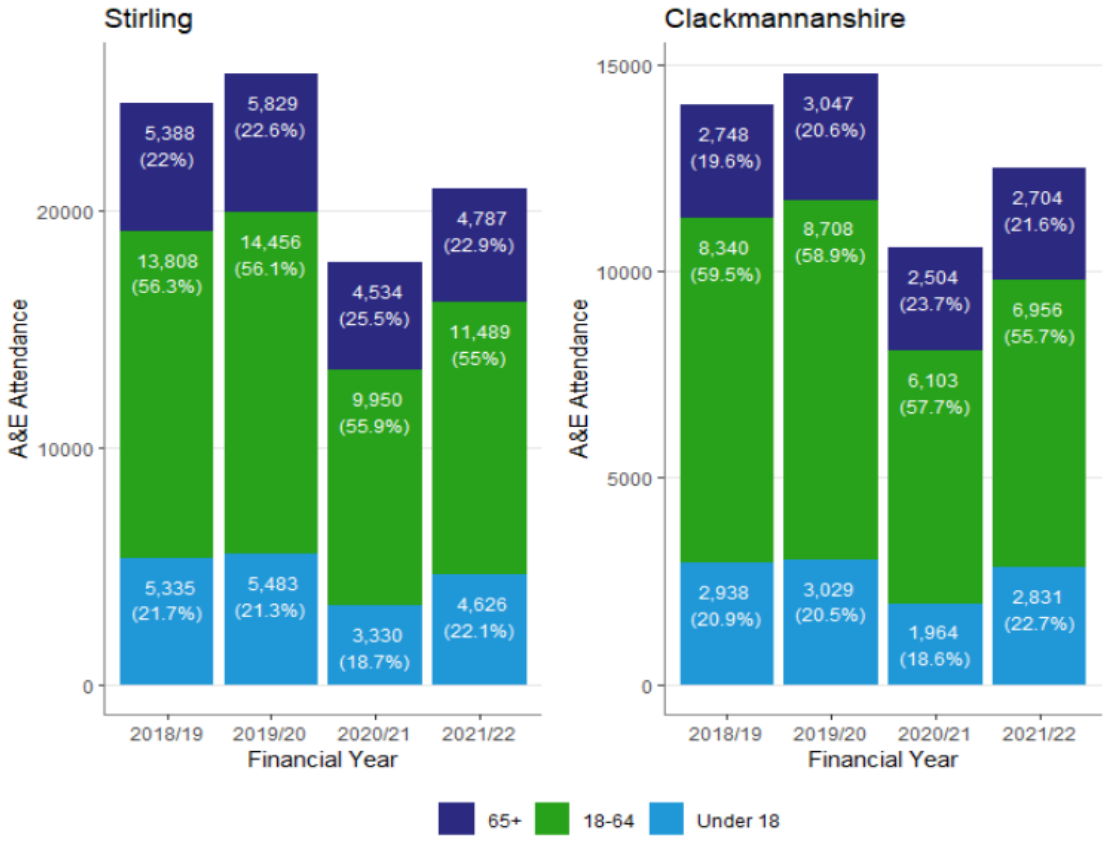


Source: A&E Datamart, Public Health Scotland.

The chart below breaks down A&E attendances by age group, across financial years. In both Clackmannanshire and Stirling, within the fall in attendance in 2020/21, there is a slight decrease in the proportion of those under the age of 18 attending A&E.

In Stirling, there is little change in the proportion of 18–64-year-olds attending but there is a 2.9% increase in the 65+ cohort attending A&E between 2019/20 and 2020/21. Similarly in Clackmannanshire there is an increase in the proportion in the 65+ group in A&E attendance (3.1% between 2019/20 and 2020/21) and little change in 18–64-year-old groups. Overall, in 2020/21 there was a small decrease in the percentage of under 18-year-olds attending A&E and a small increase in those aged 65 and over.

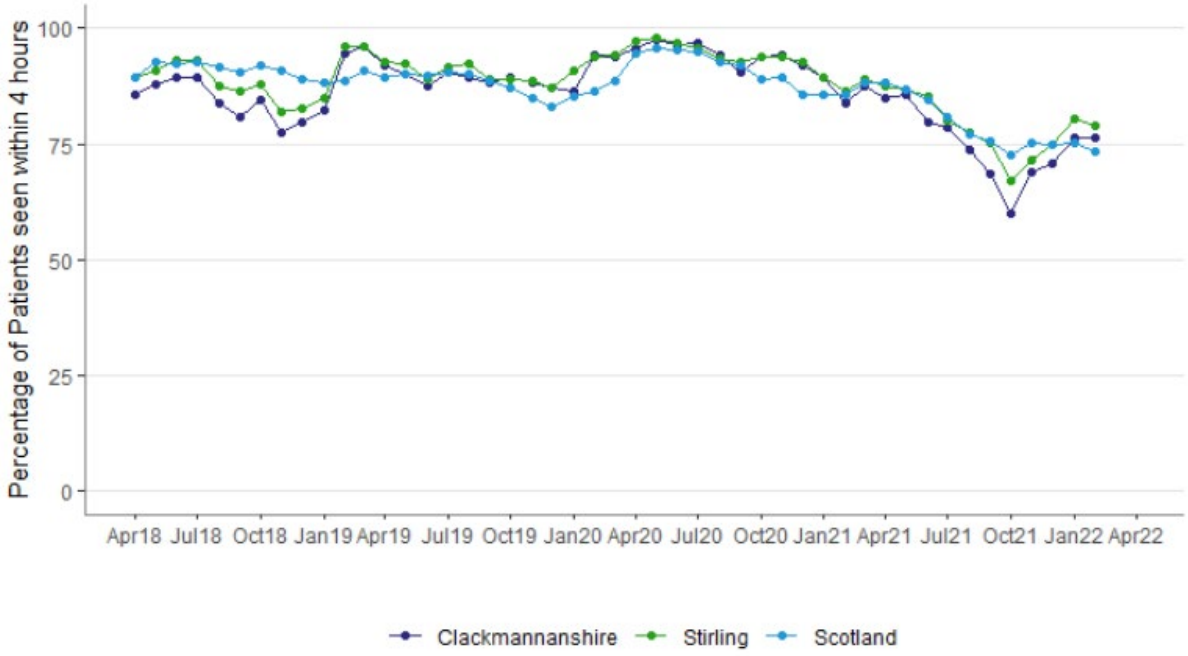
Figure 25: Total A&E attendances by Age Group and Financial Year



Source: A&E Datamart, Public Health Scotland.

Since 2007 the national standard for A&E is that 95% of patients wait no longer than four hours from arrival to admission, discharge, or transfer for A&E treatment. Figure X below highlights the percentage of A&E patients seen within the 4 hour wait target in Clackmannanshire, Stirling and Scotland. While not consistently meeting the 95% standard performance prior to 2021 it was, on the whole, above 80%. From spring 2021 performance against the four-hour standard steadily dropped and in October 2021 hit a low of 59.9% in Clackmannanshire and 67% in Stirling – both below the Scotland level which had been mirroring a similar decline. Performance has since been steadily increasing and while both Clackmannanshire and Stirling are currently similar to national average, they are still below the 95% target. Since April 2018 the national standard has only been met in six months, four of which were immediately following the initial COVID-19 lockdown in 2020.

Figure 26: Percentage of A&E patients seen within 4 hours

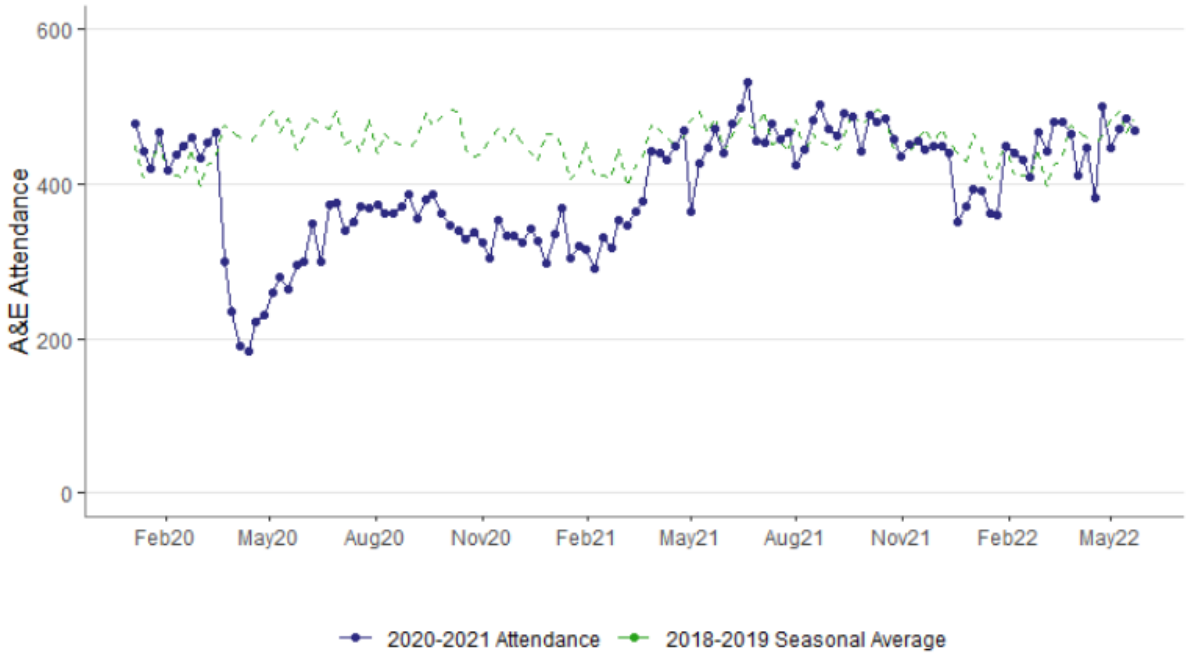


Source: A&E Datamart, Public Health Scotland.

The figure below highlights the overall impact of the COVID-19 pandemic on A&E attendances by comparing average attendance figures from 2018/19 to attendances during 2020/21. Following the initial lockdown in March 2020 there was a sharp decrease in attendances, resulting in a large separation between 2020's attendance figures and the prior year's average.

However, from figure below April 2020 attendances have been steadily rising and at the beginning of 202 the charts show that Clackmannanshire and Stirling's attendances reach previous years' averages and in some cases (i.e. June and July 2021) attendances rose above the historic average. From the chart we can see that COVID-19 contributed towards a decrease in A&E attendances however attendances have since began to increase and match the 2018/19 average.

Figure 27: Weekly A&E attendances in Clackmannanshire & Stirling in 2020/21 compared to 2018/19s average



Source: RAPID Datamart, Public Health Scotland.

Emergency Admissions

The table and chart below look at the annual rate of emergency admissions and the number of emergency admissions in Clackmannanshire and Stirling over the past few years.

Figure below shows the rate of emergency admission in the Partnership compared to Scotland, from 2018/19 to 2020/21. While all have risen and fallen Stirling's rate has remained consistently below the national level. On the other hand, for the past two years Clackmannanshire's rate has been above the national average.

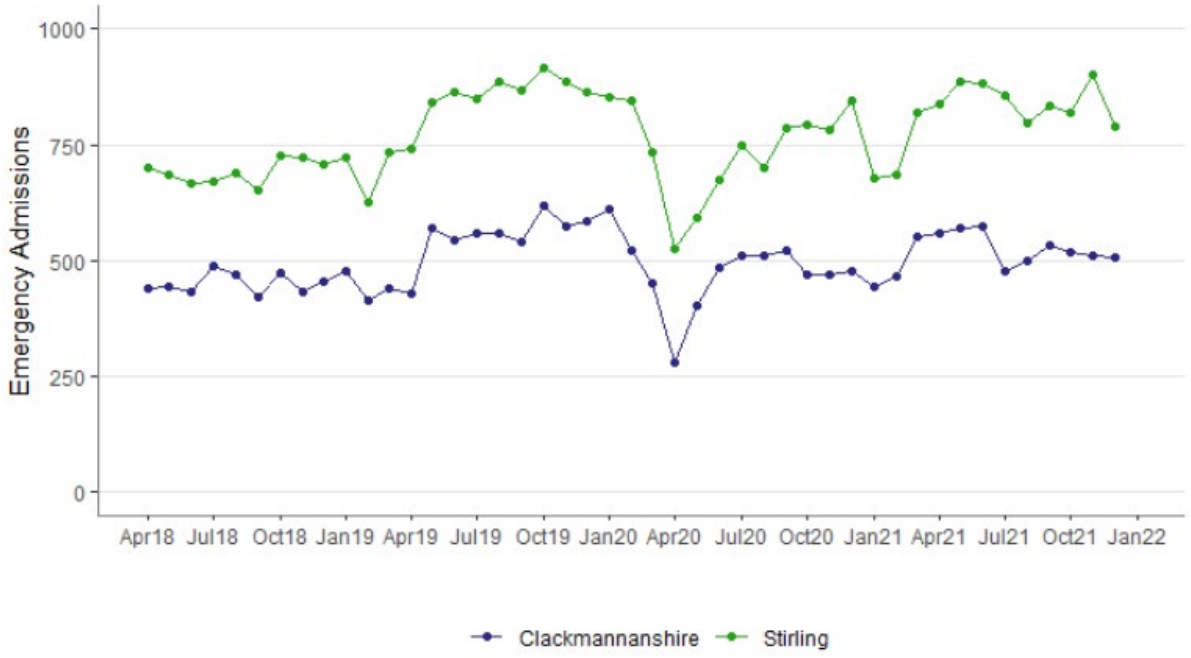
Figure 28: Rate of emergency admissions per 100,000 population in Clackmannanshire, Stirling and Scotland

	2018/19	2019/20	2020/21
Stirling Rate	8,796	10,765	9,165
Clackmannanshire Rate	10,488	12,711	10,891
Scotland Rate	10,950	11,284	9,365

Source: SMR01, Public Health Scotland

Figure below shows the change over time in the number of emergency admissions in Clackmannanshire and Stirling. Similarly, to A&E attendance there is a sharp decrease in admissions in 2020 following the initial COVID-19 lockdown. Since April 2020 however emergency admissions have steadily been increasing and have returned to pre-pandemic levels.

Figure 29: Monthly emergency admissions to hospital in Clackmannanshire & Stirling



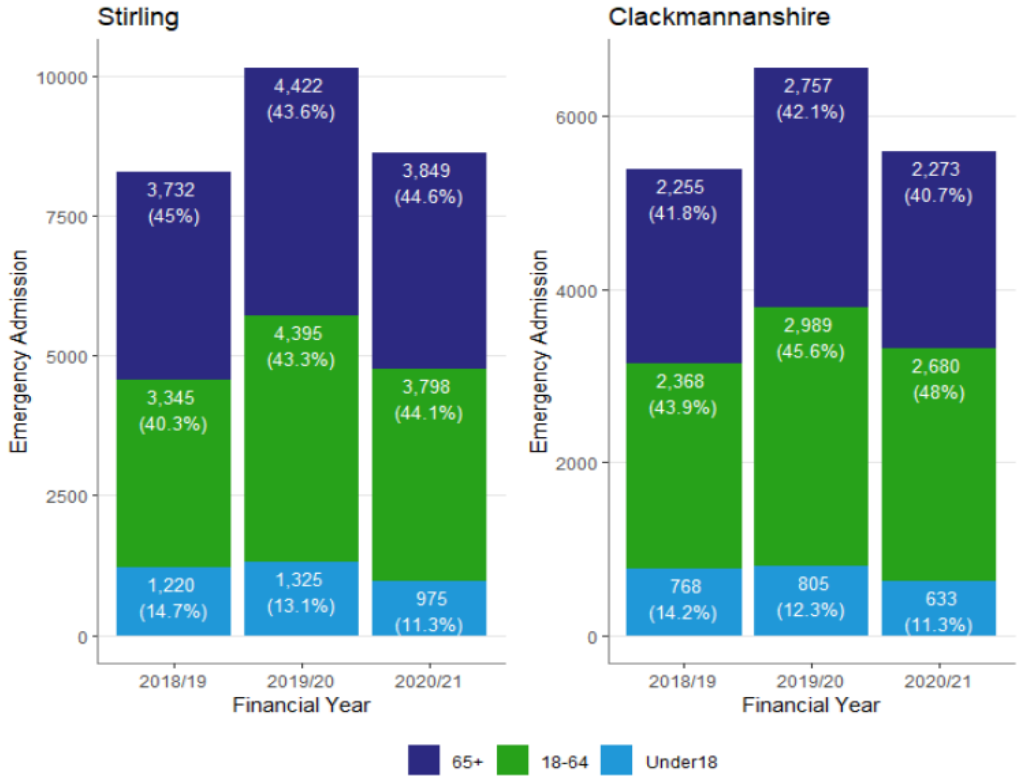
Source: SMR01, Public Health Scotland.

Breaking admissions down further by age, shows change in the proportion of age groups being admitted. Between 2019/20 and 2020/21 there was a small decrease in the proportion of admissions that were for under 18s, a 1.8% decrease in Stirling and a 1% decrease in Clackmannanshire.

In Stirling, there was minimal change in the other two age cohorts (18-64 & 65+) between 2019/20 to 2020/21 (less than 1%). In Clackmannanshire there was a greater increase in proportion for those 18-64 years old, with a 2.4% increase in 2020/21 and there was a slight decrease in the over 65-year-olds being admitted to hospital.

For both local authorities there was a slight decrease in the proportion of under 18-year-olds being admitted and a slight increase in the proportion of working age adults being admitted but overall, the proportion of each age group has remained widely similar between the three years.

Figure 30: Total emergency admissions by age group and financial year



Source: SMR01, Public Health Scotland.

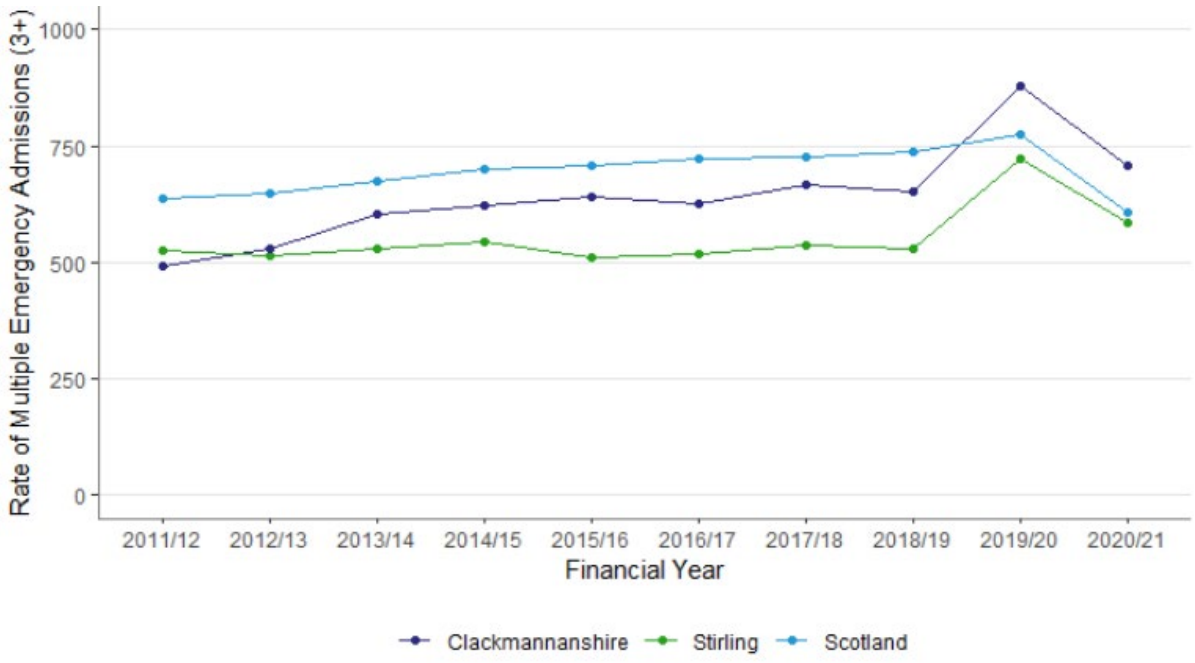
Emergency admissions are strongly related to patient age and deprivation. The most recent annual **Public Health Scotland Acute Hospital NHS Bed information** publication shows that the rate of emergency inpatient stays increase as age increases and also increases as deprivation increases, nationally and in both Clackmannanshire and Stirling.

Figure below charts the rate of people with multiple emergency admissions (3 or more) in Clackmannanshire, Stirling and Scotland over the past 10 years.

In Clackmannanshire the rate has been steadily increasing since 2011/12 and in 2019/20 rose sharply to overtake the national level. While the rate decreased in 2020/21 it still remains above Scotland. On the other hand, Stirling's rate has generally remained stable and withstanding the same sharp rise in 2019/20 and subsequent fall, the rate has remained consistently below Scotland

Whilst data for 2020/21 is provisional it does show of those admitted as an emergency admission, around three quarters had one emergency admission (Clackmannanshire 73%, Stirling 74% and Scotland 74%), a smaller proportion had 2 emergency admissions (Clackmannanshire 17%, Stirling 16% and Scotland 16%) and one in ten had 3 or more emergency admissions (Clackmannanshire 10%, Stirling 10%, Scotland 9%).

Figure 31: Rate of multiple emergency admissions (3+) per 100,000 population in Clackmannanshire, Stirling and Scotland



Source: SMR01, Public Health Scotland

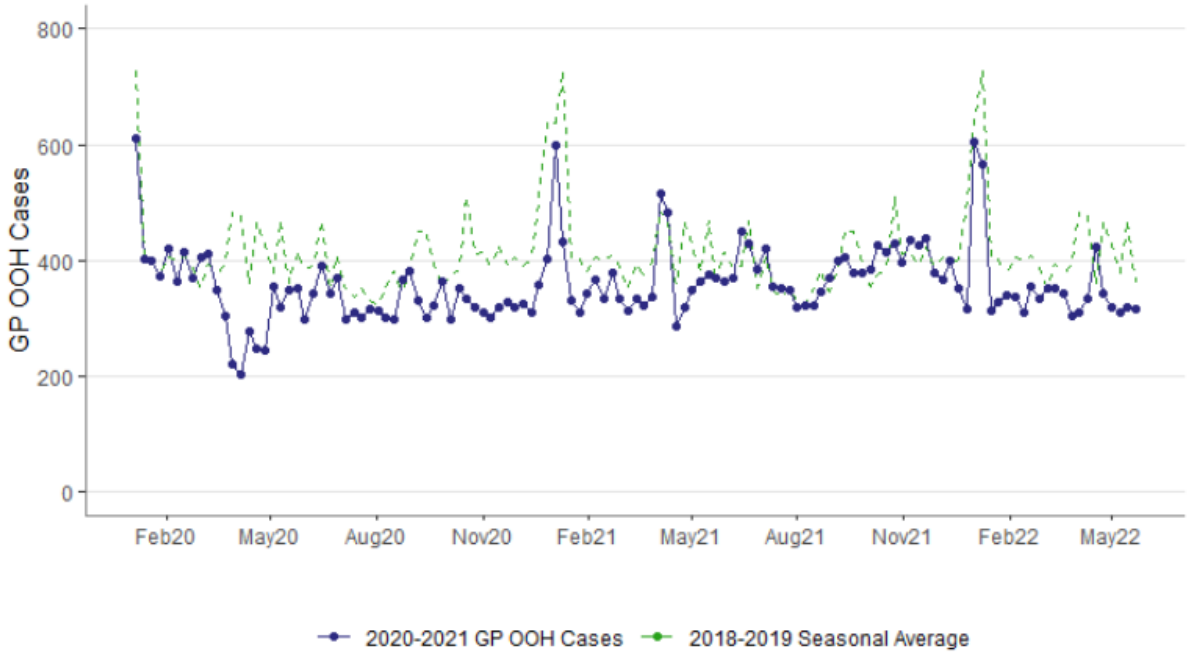
GP Out of Hours

Figure X compares 2020 and 2021 GP out of hours (OOH) cases with the 2018-19 average figures across the Partnership, highlighting the effect of the COVID-19 pandemic on the service.

There is an initial decrease in cases around March and April of 2020, causing a clear difference from the 2018-19 average. From April 2020 cases do begin to increase, and fluctuate, however for the most part they have remained lower than the pre-COVID average.

Whilst COVID-19 impacted on cases around March and April of 2020, causing them to decrease, the figure also highlights the pandemic's contribution towards a lasting decrease in cases across the rest of the year. Over 2021, cases do begin to match the pre-COVID average during certain dates but, on the most part, still remain slightly below the historic average

Figure 32: Weekly GP OOH cases in Clackmannanshire & Stirling in 2020/21 compared to the 2018/19 average



4.2 Delayed Discharges

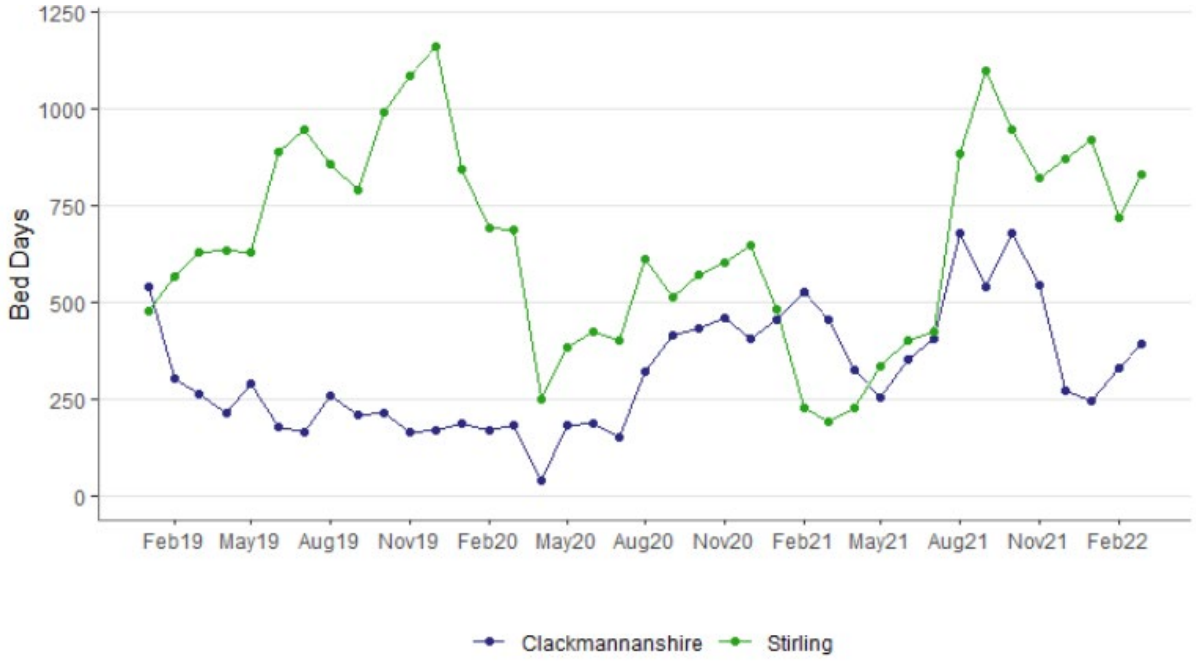
A delayed discharge is a hospital inpatient who is clinically ready for discharge from inpatient hospital care and who continues to occupy a hospital bed beyond the ready for discharge date. Delayed discharge could be a result of social care issues, healthcare issues or patient/carer/family-related issues.

Figure X below shows delayed discharge bed days in Clackmannanshire and Stirling for the past three years. For Stirling the chart shows a sharp increase across 2019 followed by a sharp decrease around March 2020, following the initial COVID-19 lockdown. Delayed discharge bed days steadily increased across 2020 and then sharply fell around winter 2020/21. Since then they have sharply increased and have returned to pre-COVID levels.

Clackmannanshire's delayed discharge bed days had been decreasing and fell following the initial lockdown in March 2020. From April 2020 they have, on the

whole, steadily increased until towards the end of 2021 where they do begin to decrease.

Figure 33: Total delayed discharge bed days in Clackmannanshire & Stirling

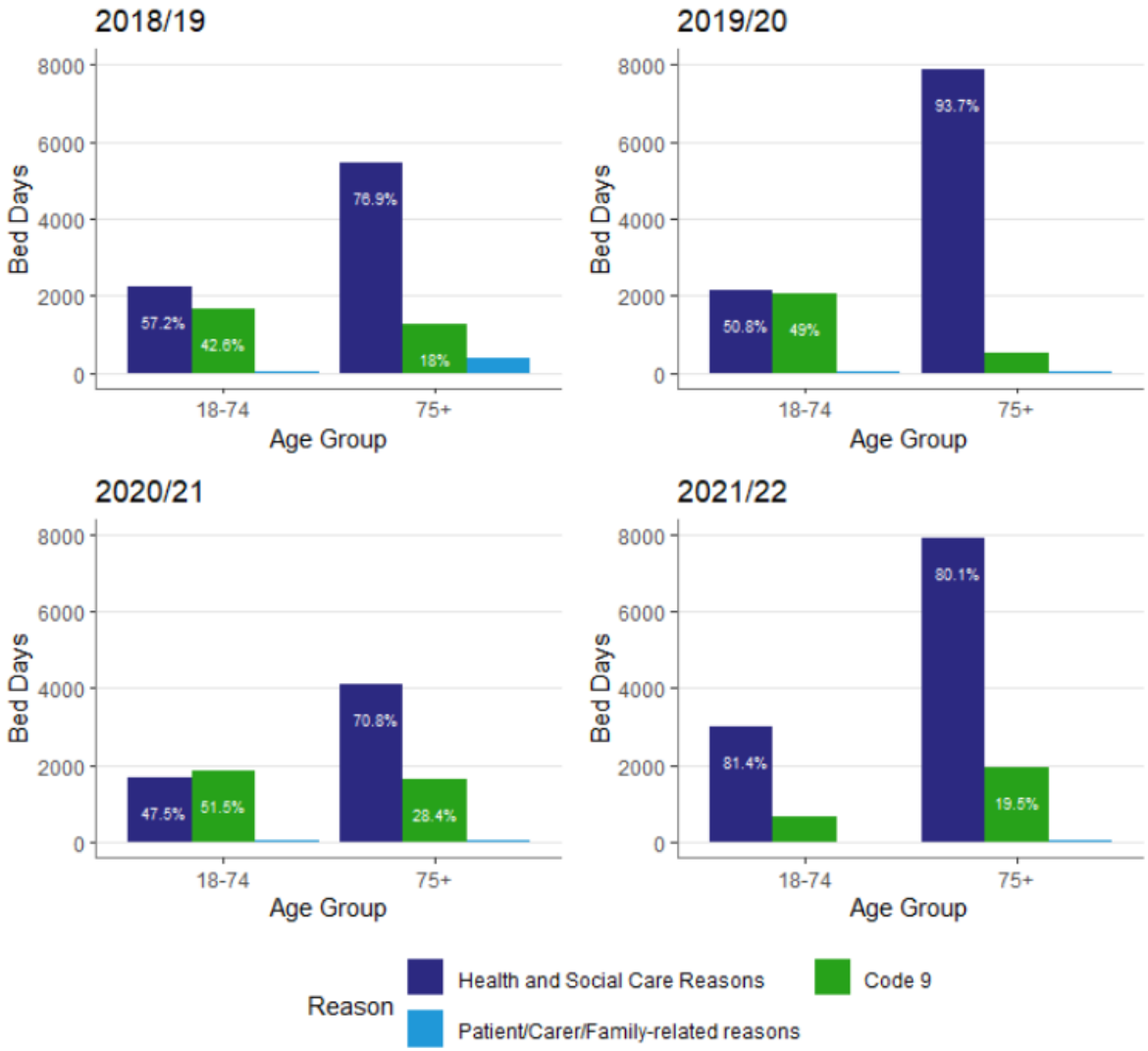


Source: Delayed Discharges, Public Health Scotland.

The figure below shows delayed discharge bed days in the Partnership broken down by age group and reason for delay in each of the past four years. It highlights that the majority of delayed discharge bed days for those aged 75+ were due to health and social care reasons. In the 18–74-year-old group health and social care reasons do contribute to the majority of delays in three of the four years below, however it is this younger age group which has a higher proportion of Code 9 delays comparative to Health and Social care delays. Code 9 delays are when the delay is out with the control of the Partnership and include when the patient lacks capacity and is going through a Guardianship process.

The 2020/21 figures highlight a notable decrease in health and social delays in the 75+ group (7,910 in 2019/20 to 4,102 in 2020/21), and an increase in code 9 delays - an increase of 1,157 bed days. In 2021/22 health and social care delays increased for the 75+ group, reaching a similar level as what was seen in pre-pandemic, but code 9 delays remained at a higher level contributing to an overall increased number of bed days.

Ultimately, delayed discharge bed days decreased in the older cohort over 2020/21 and in 2022/22 increased to their highest level in four years.



Source: Delayed Discharges, Public Health Scotland.

The below table highlights the total delayed discharge bed days in Stirling over the past 4 financial years, broken down by reason for delay.

Table 9: Delayed Discharge Bed Days by Reason for Delay in Stirling, 2018-2022

2018/19			2019/20		
Code 9	Health & Social Care	Patient/Family/ Carer	Code 9	Health & Social Care	Patient/Family/ Carer
2,204	4,770	17	1,874	8,323	21
31.5%	68.2%	0.2%	18.3%	81.5%	0.2%
Total Bed Days:	**6,991**		**Total Bed Days:**	**10,218**	

2020/21			2021/22		
Code 9	Health & Social Care	Patient/Family/ Carer	Code 9	Health & Social Care	Patient/Family/ Carer
2,037	3,266	16	1,695	6,791	0
38.3%	61.4%	0.3%	20.0%	80.0%	0.0%
Total Bed Days:	**5,319**		**Total Bed Days:**	**8,486**	

Source: Delayed Discharge, Public Health Scotland.

Table X highlights total delay discharge bed days by reason for delay for Clackmannanshire. It shows that in 2019/20 bed days decreased considerably but then increased in 2020/21 and further increased in 2021/22 to its highest level in four years.

The majority of delay discharge bed days, in each financial year, are due to health and social care reasons. Delays due to patient/family/carer reasons decreased by 7.4% in 2019/20 and has remained consistently low since. Code 9 delays made up a larger proportion of delays in 2019/20 and 2020/21 but decreased in 2021/22.

2018/19			2019/20		
Code 9	Health & Social Care	Patient/Family/ Carer	Code 9	Health & Social Care	Patient/Family/ Carer
738	2,934	353	666	1,712	34
18.3%	72.9%	8.8%	27.6%	71.0%	1.4%
Total Bed Days:	**4,025**		**Total Bed Days:**	**2,412**	

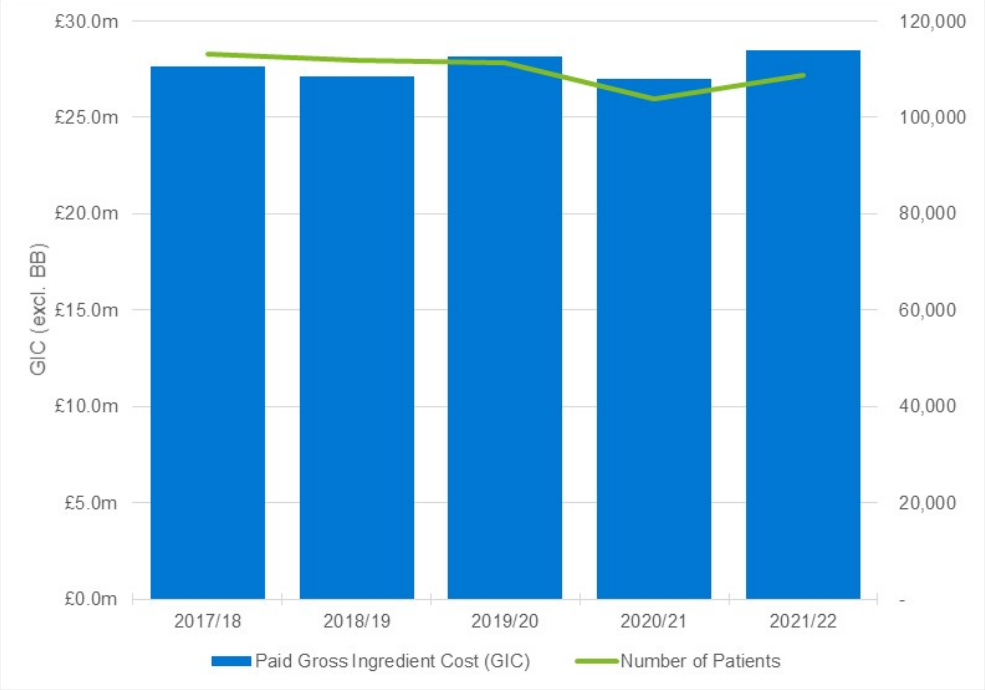
2020/21			2021/22		
Code 9	Health & Social Care	Patient/Family/ Carer	Code 9	Health & Social Care	Patient/Family/ Carer
1,445	2,527	64	913	4,079	40
35.8%	62.6%	1.6%	18.1%	81.1%	0.8%
Total Bed Days:	**4,036**		**Total Bed Days:**	**5,032**	

Source: Delayed Discharge, Public Health Scotland.

4.3 Community Prescribing

The figure below shows the number of people prescribed items and the Gross Ingredient Cost in the past four years. From 2019/20 to 2020/21 there was a 7% reduction in the number of people prescribed items and a 4% reduction in Gross Ingredient Cost, reflecting the impact of the COVID-19 pandemic. This increased in 2021/22 and while the number of people prescribed items is still slightly below pre-pandemic levels the Gross Ingredient Cost increased slightly to its highest level in the past five years.

Figure 35: Clackmannanshire and Stirling: Number of People Prescribed Items and Gross Ingredient Cost, 2017/18 to 2021/22



Source: Prescribing Information System, Public Health Scotland (extracted 20/07/2022)

The table below looks at the number of people prescribed items for the three localities and Partnership and the Cost and Cost per Person for the Partnership by BNF Chapter in 2021/22. Patients can be prescribed items from more than one BNF chapter and therefore the aggregate of patients in each BNF chapter will not match the overall total of patients in the previous chapter. Almost half of patients (47%) were prescribed items for the Central Nervous System which made up a fifth of the costs (19%) although this cost has decreased by 8% since 2019/20. Around a third of patients were prescribed items for the Gastro-Intestinal System (37% of patient and 7% of costs), the Cardiovascular System (36% of patients and 15% of costs) and for Infections (33% of patients and 5% of costs). Since 2019/20 costs have increased for the Gastro-Intestinal System (29% increase in costs, 2% increase in patients, 27% increase in costs per patient) and Infections (7% increase in costs, 8% decrease in patients, 17% increase in costs per patients).

Table 11: Number of People Prescribed Items by BNF Chapter, 2021/22

		Clackmannanshire	Rural Stirling	Stirling City with the Eastern Villages Bridge of Allan and Dunblane	Clackmannanshire and Stirling HSCP		
Chapter Number	Chapter Name	Number of Patients	Number of Patients	Number of Patients	Number of Patients	Cost (to nearest £)	Cost per Person
1	GASTRO-INTESTINAL SYSTEM	15,159	7,102	17,691	39,952	2,105,221	52.69
2	CARDIOVASCULAR SYSTEM	14,948	6,792	17,100	38,840	4,233,864	109.01
3	RESPIRATORY SYSTEM	10,781	5,171	12,892	28,844	2,913,817	101.02
4	CENTRAL NERVOUS SYSTEM	20,198	8,269	22,790	51,257	5,410,254	105.55
5	INFECTIONS	12,776	7,009	16,223	36,008	1,468,578	40.78
6	ENDOCRINE SYSTEM	8,625	4,133	10,421	23,179	3,310,363	142.82
7	OBSTETRICS, GYNAECOLOGY AND URINARY-TRA	6,793	3,444	9,143	19,380	797,387	41.14
8	MALIGNANT DISEASE AND IMMUNOSUPPRESSIO	721	424	906	2,051	867,488	422.96
9	NUTRITION AND BLOOD	6,867	3,238	7,875	17,980	1,219,009	67.80
10	MUSCULOSKELETAL AND JOINT DISEASES	8,448	4,259	9,827	22,534	697,815	30.97
11	EYE	3,308	2,167	4,224	9,699	367,024	37.84
12	EAR, NOSE AND OROPHARYNX	5,313	3,197	7,708	16,218	255,385	15.75
13	SKIN	10,841	6,313	14,910	32,064	845,035	26.35
14	IMMUNOLOGICAL PRODUCTS AND VACCINES	33	45	54	132	3,111	23.57
15	ANAESTHESIA	650	363	754	1,767	216,012	122.25
19	OTHER DRUGS AND PREPARATIONS	256	87	356	699	36,136	51.70
20	DRESSINGS	1,392	863	1,805	4,060	517,338	127.42
21	APPLIANCES	8,264	4,293	10,453	23,010	1,761,362	76.55
22	INCONTINENCE APPLIANCES	319	219	393	931	172,143	184.90
23	STOMA APPLIANCES	637	306	732	1,675	872,093	520.65
NA	NA	1,310	681	1,615	3,606	415,285	115.17

Source: Prescribing Information System, Public Health Scotland (extracted 20/07/2022) *CHI completeness for Scotland is below 90% for chapters 5, 14, 20 and 22.

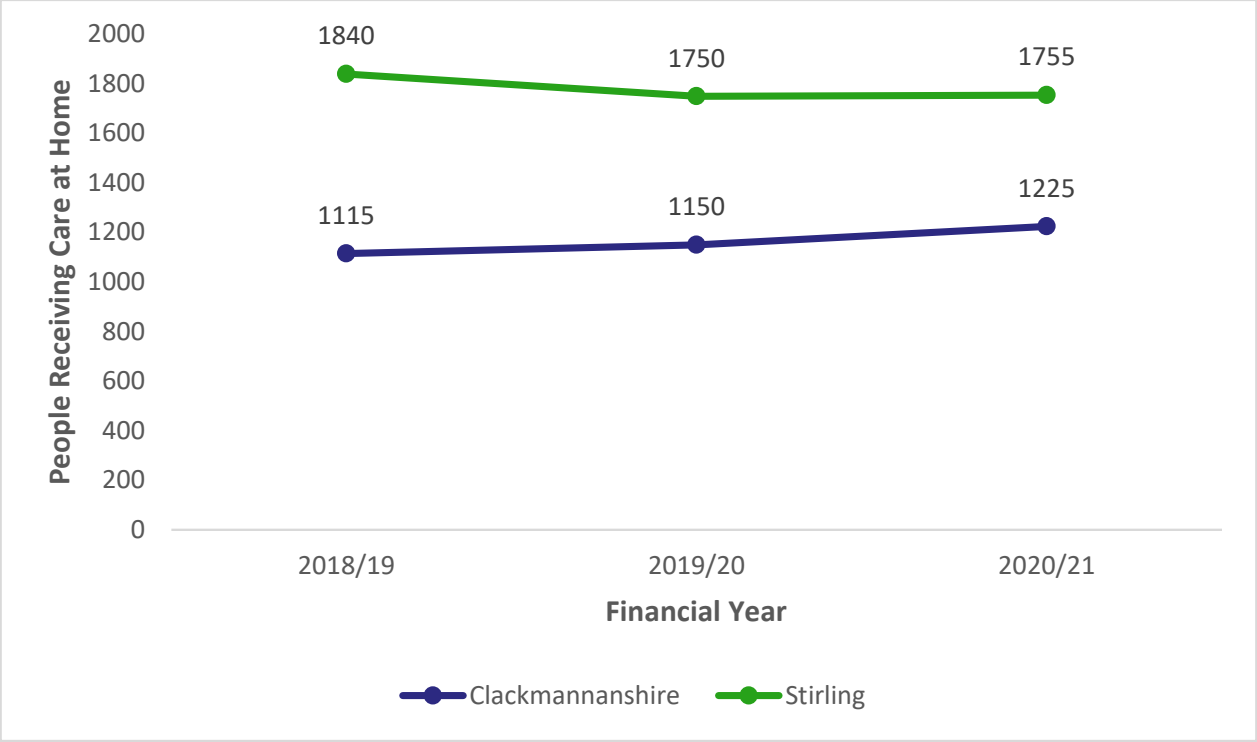
4.4 Social Care

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 data supplied within the Insights to Social Care Dashboard. Data had been supplied by Stirling finance, as well as data from Clackmannanshire Community Care Information System (CCCIS), however both had gaps in reporting or under reported based on historic data provided for previous Strategic Needs

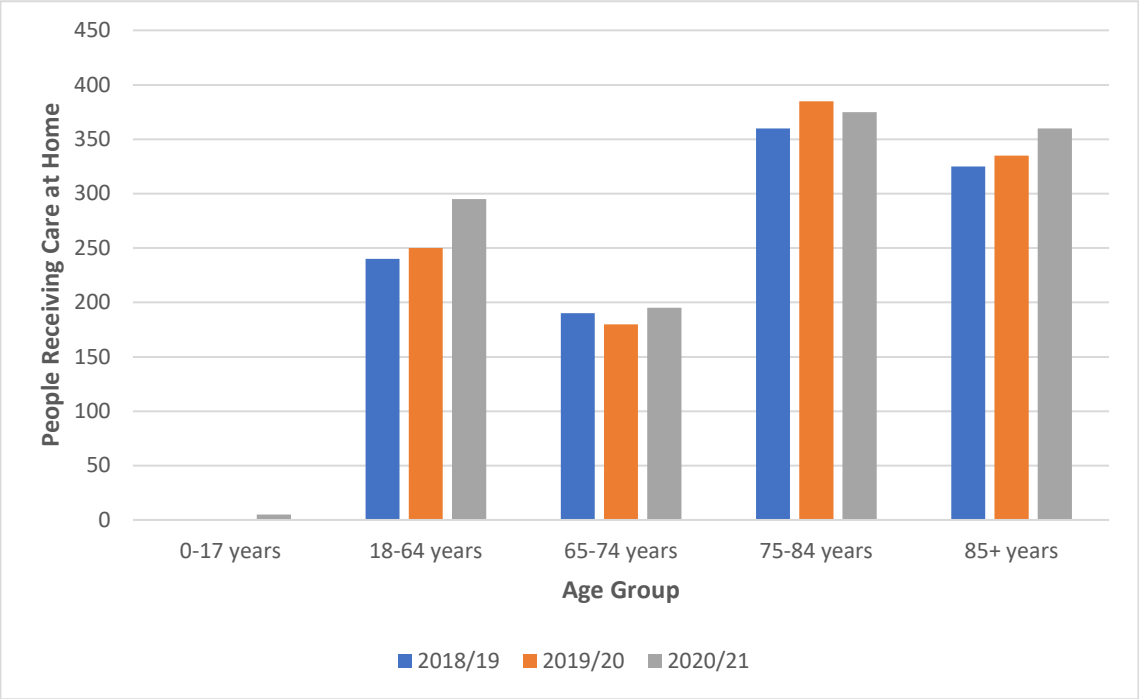
Figure 36: Number of People Receiving Care at Home by Financial Year



Source: Insights to Social Care Dashboard

Within Clackmannanshire, the number of people receiving Care at Home increased from 2018/19 to 2020/21, with 1,225 reporting in the latter (an increase of 110 from 2018/19). All age groups have shown an increase against 2018/19 but those aged 18-64 years have reported the biggest increase. Those aged 75 – 84, increase into 2019/20 but dropped slightly in 2020/21. Those aged 75 – 84 make up the most Care at Home, followed by those 85+.

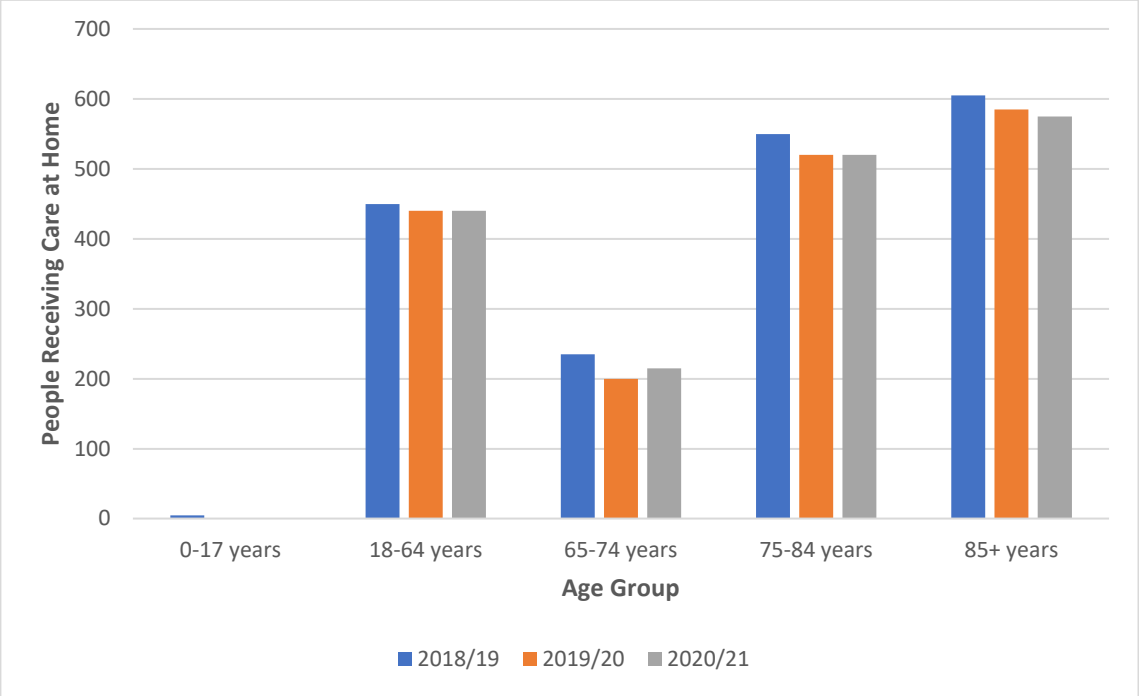
Figure 37: Clackmannanshire Number of Care at Home packages by Age Group



Source: Insights to Social Care Dashboard

Unlike Clackmannanshire, Stirling has reported a drop in the number of people receiving Care at Home – this dropped from 1,840 in 2018/29 to 1,755 in 2020/21. The decrease has been reported across all age groups. Those aged 85+ make up the most of people receiving Care at Home, followed by 75 – 84 and then 18 – 64.

Figure 38: Stirling Number of Care at Home packages by Age Group



Source: Insights to Social Care Dashboard

Projections

An exercise was undertaken looking at crude projections for care at home for people aged 65 and over. These were based on:

- An estimate of the projected number of older people with a physical disability. This was derived from information from the 2011 Scotland Census on the number of people aged 65 and over with a long-term condition or physical disability where day to day activities are limited a lot. This was split by age group and gender for both Clackmannanshire and Stirling. These rates were then applied to NRS 2018-based population projections to give an estimate of the projected number of older people (65+) with a physical disability. This was based on the premise that people with a physical disability would be a better indicator of need than age.

- Age specific rates were calculated based on 2018/19 care at home activity (65+) for Clackmannanshire and Stirling from Public Health Scotland's Insights into Social Care publication (2020/21).

- These age specific rates were then applied to the derived estimated number of older people with a physical disability to give an estimate of the number of people requiring care at home (65+) going forward.

- It is worthwhile stressing that these are estimates only and based on one year of activity only, historic 2011 Scotland census information and current population projections. While Scotland 2011 Census information is dated, it was selected for this purpose as it splits the information by having a more severe long term condition/disability as well as breaking it down by age group and gender for both Clackmannanshire and Stirling. The estimates do relate to activity for one year only and will not take into account any impact of the COVID-19 pandemic. They also relate to people aged 65 and over only and so will not take into account people receiving care at home who are younger than 65.

- With this in mind the table below illustrates what the estimated percentage increase would be over a 15, 20 and 25 year period for care at home for people aged 65 and over.

Table 12: Estimated percentage increase in Care at Home (65+)

•	• 2033	• 2038	• 2043
• Clackmannanshire	• 50% increase	• 64% increase	• 73% increase
• Stirling	• 43% increase	• 58% increase	• 74% increase

- Work will require to be undertaken with services to design them in a way to deliver a person centred efficient and effective service which achieve outcomes for people in their own home with a reduced workforce.

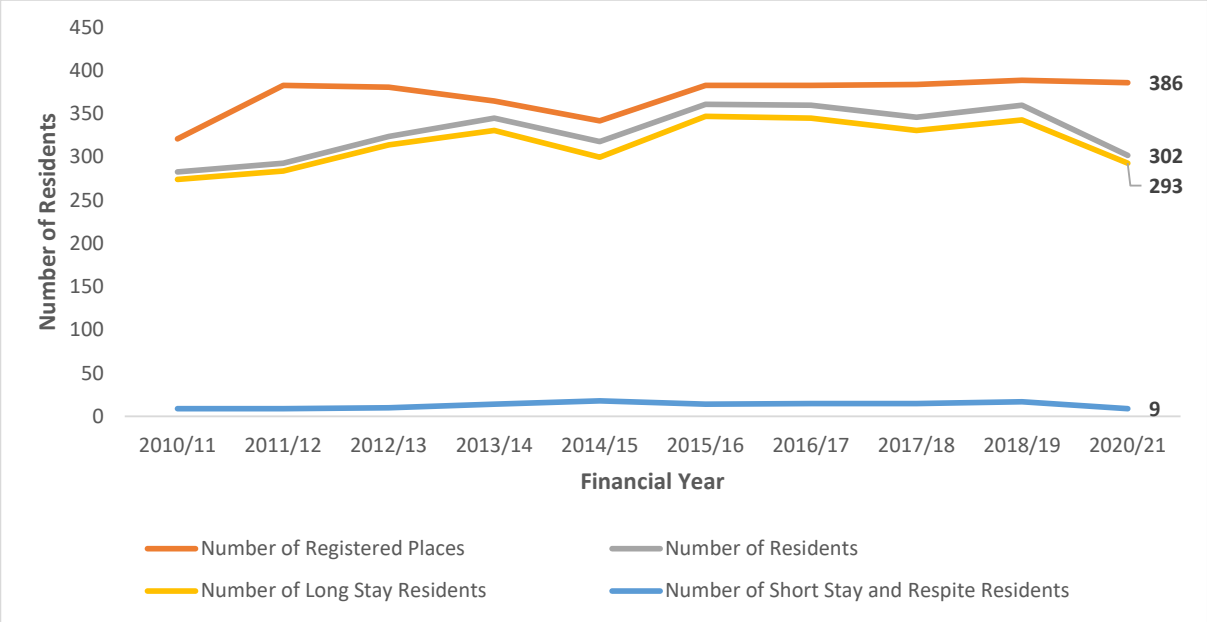
Residential Care

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

The information supplied below is based on data made available as of the Scottish Care Home Census (SCHC), with data reported until 31st March 2021. The SCHC 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. SCHC was cancelled for 2019/20 to avoid placing burden on care homes during the beginning of Covid-19 and so data for that time period is omitted.

The estimated number of residents and percentage occupancy are calculated by Public Health Scotland using data submitted by care homes and estimated data for care homes which did not submit. In 2021, 67% of care homes at a national level submitted data with data for the remaining 33% being estimated.

Within Clackmannanshire, the number of short stay / respite residents has remained low and not varied much but the number of long stay residents has been increasing, with the exception of the drop in 2020/21.

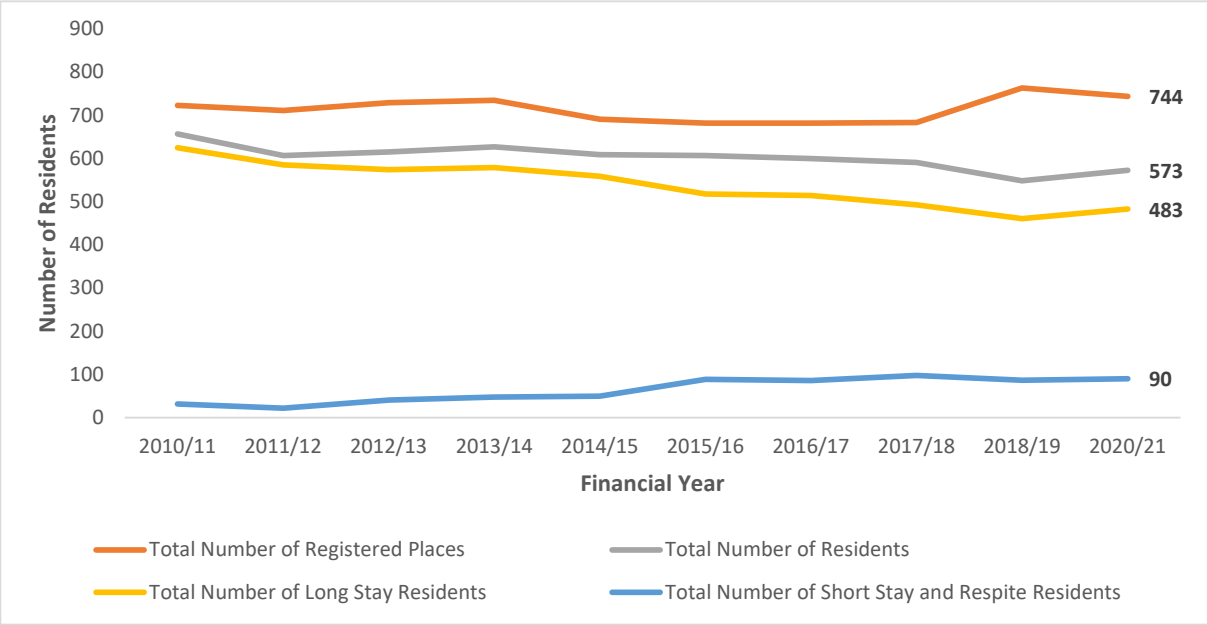


Source: Scottish Care Home Census 2021

It should be noted that he figures published within the Care Home Census differ to those published within the Insights in Social Care Statistics for Scotland. With this reporting 375 Long Stay residents in 2020/21 for Clackmannanshire.

In Stirling, the number of long stay residents has declined over the years, with a slight increase from 2018/19 to 2020/21. Short stay / respite residents increased into 2015/16 and has remained fairly consistent.

Figure 40: Stirling Number of Residents (Long and Short)

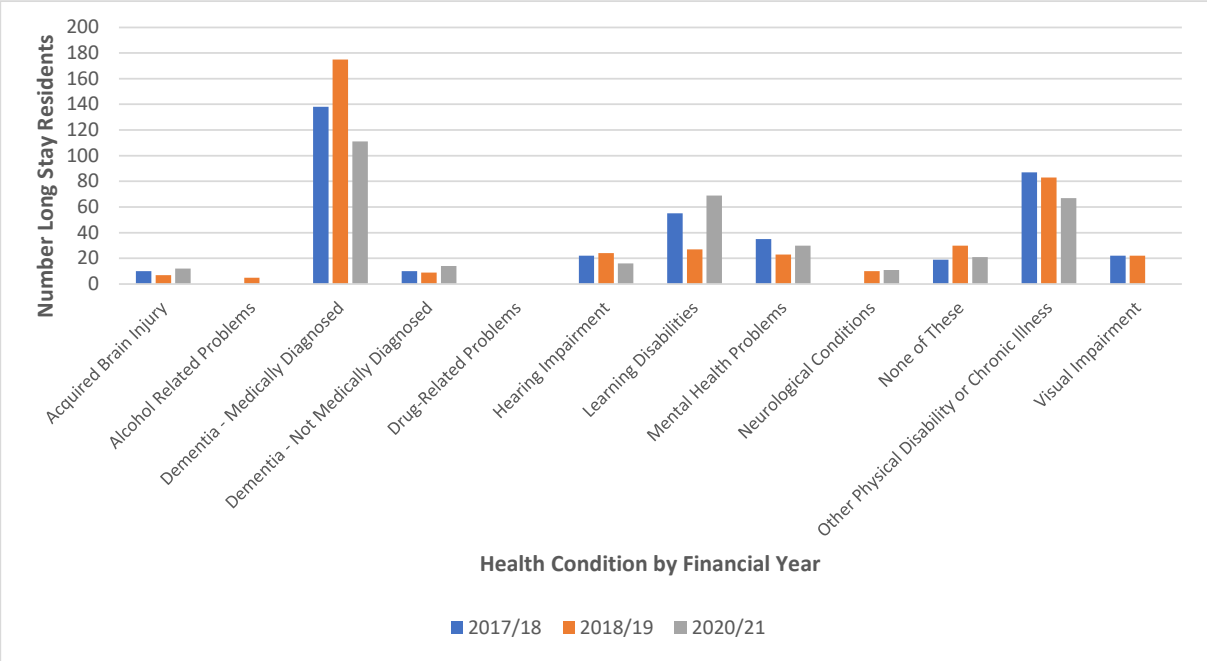


Source: Scottish Care Home Census 2021

It should be noted that the figures published within the Care Home Census differ to those published within the Insights in Social Care Statistics for Scotland. With this reporting 705 Long Stay residents in 2020/21 for Stirling.

Looking at different health conditions, it is not possible to estimate the completeness of this data with the census and so there may be some gaps within this reporting. With regards to health conditions for long stay patients, within Clackmannanshire, Dementia – Medically Diagnosed is the highest reported, this is followed by Other Physical Disability or Chronic Illness and then Learning Disabilities.

Figure 41: Clackmannanshire Number of Long Stay Residents with Health Condition

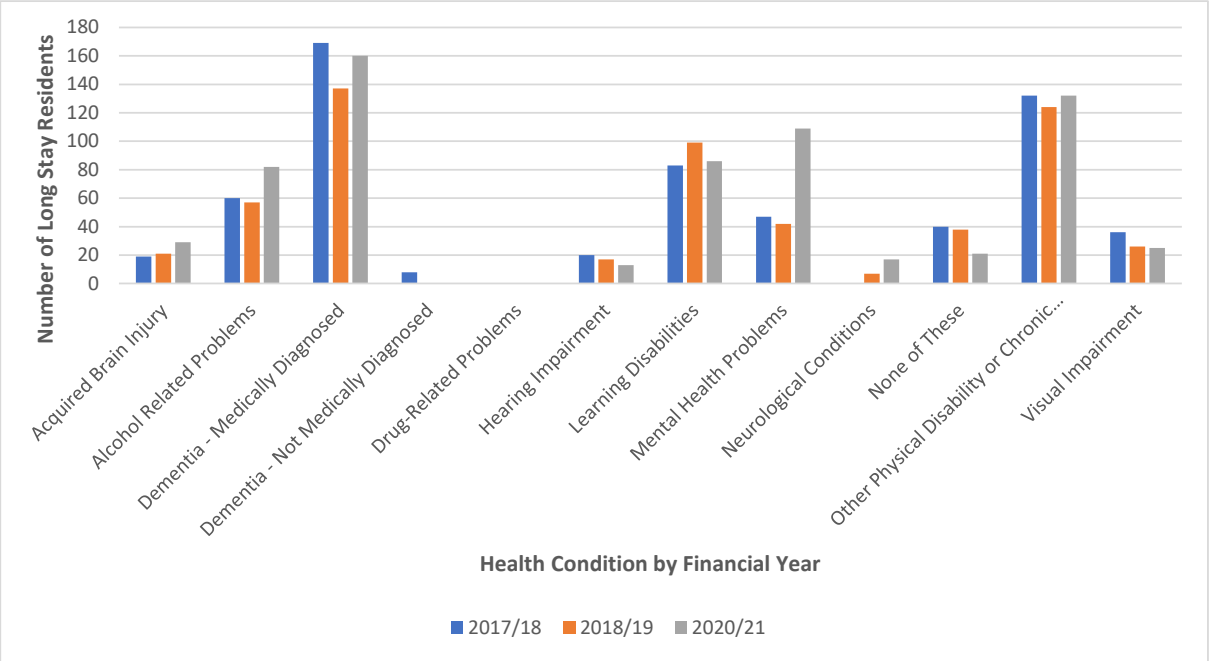


Source: Scottish Care Home Census 2021

In Clackmannanshire in 2020/21, the majority of long stay residents were female (61%). In terms of age, 29% were 18 – 64, followed by 27% aged 75 to 84 and 25% 85 to 94. The mean age for long stay residents is 69 at admission and 82 at discharge. The percentage of these residents who require nursing care is 68%, higher than the Scottish average (62%).

For Stirling, Dementia – Medically Diagnosed is the highest reported, this is followed by Other Physical Disability or Chronic Illness and then Learning Disabilities – with Mental Health Problems and Alcohol Related Problems also being of note.

Figure 42: Stirling Number of Long Stay Residents with Health Condition

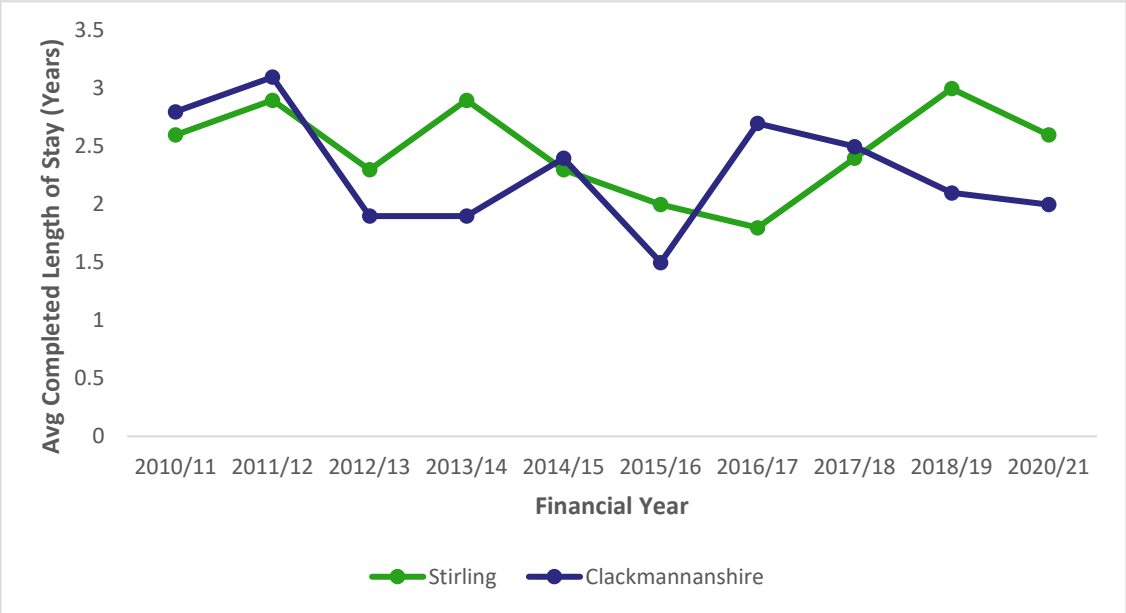


Source: Scottish Care Home Census 2021

In Stirling, the number of female long stay residents is also highest but proportionality lower than Clackmannanshire (52%). The biggest age group is also 18 to 64 (31%) but the proportion of 85 to 94 is higher at 27%, followed by 75 to 84 at 21%. The mean age of long stay residents at admission is 69 (similar to Clackmannanshire) and 78 at discharge (lower than Clackmannanshire). The percentage of these residents who require nursing care is 47%, significantly lower than Clackmannanshire and the Scottish average (62%).

The figure below shows the variance between the length of time within a Care Home for older people (aged 65+). This is a complete length of stay and is the time spent in a care home up to discharge during a Census year and excludes residents still in a care home at the end of the Census year. Clackmannanshire shows a drop from 2016/17 (just over 2.5 years) to 2 years in 2020/21. Stirling reports slightly higher at just over 2.5 years in 2020/21. Stirling seen a decline from 2013/14 to 2016/17, although has increased since then.

Figure 43: Average Length of Stay (Complete) in Years within Care Homes for Older People (Aged 65+)



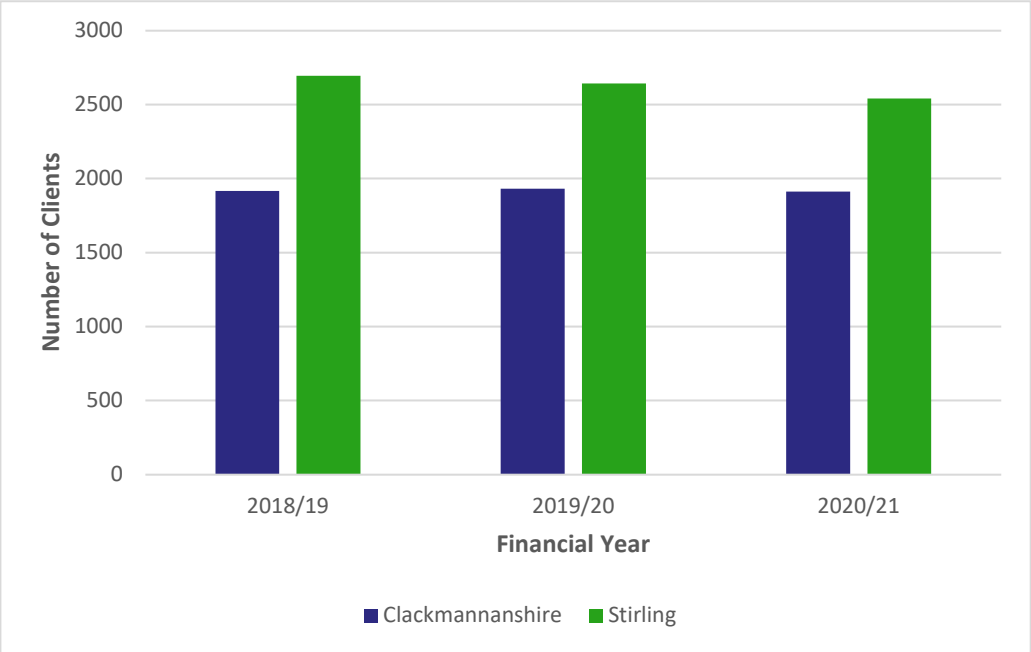
Source: Scottish Care Home Census 2021

Technology Telecare / Community Alarms

Telecare is the remote or enhanced delivery of care services to people in their own home by means of telecommunications and computerised services. The basic level of telecare is community alarms (a basic package which consists of a communication hub plus a button / pull chords which transfers an alert/alarm/data to a monitoring centre or individual responder).

Data for this section was taken from the published data within Insights in Social Care, with data only available until the end of 2020/21.

Figure 44: Number of People with Community Alarm and / or Telecare

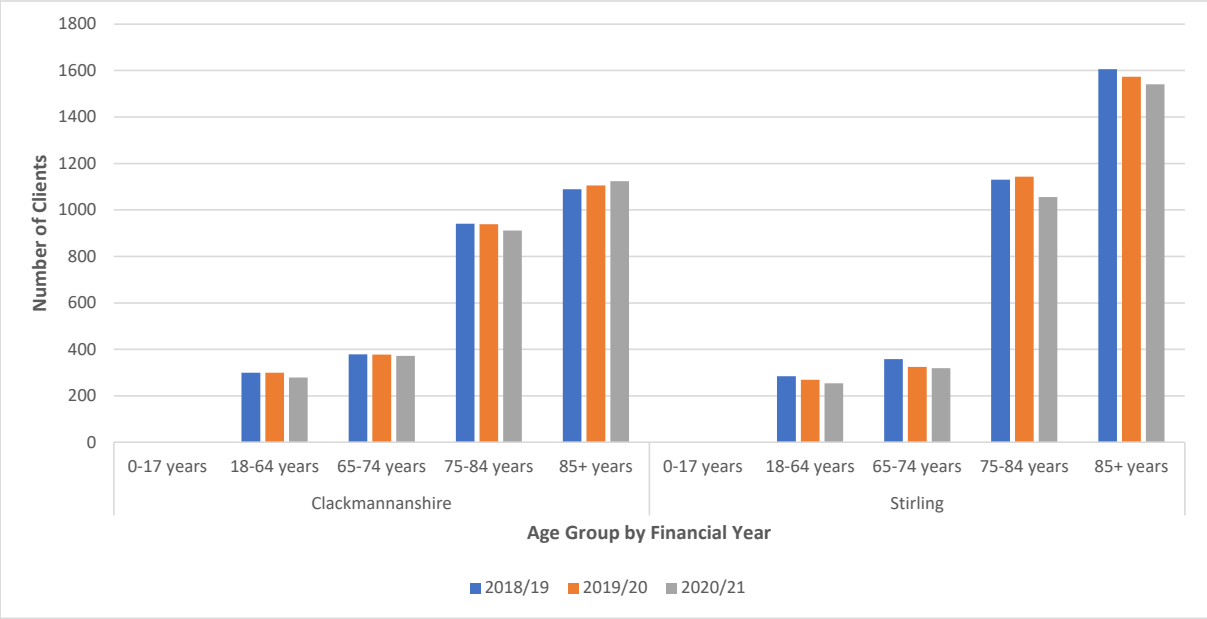


Source: Insights in social care dashboard

The number of people who have a community alarm and / or telecare, has dropped slightly from 2018/19 to 2020/21 across the partnership (4,610 down to 4,454). Stirling recorded 2,542 in 2020/21, with Clackmannanshire recording 1,912.

The figure below shows that the majority of age groups recorded a drop in relation to telecare over the reporting period, with the exception of those aged 85+ within Clackmannanshire. Those aged 85+ also make up the highest numbers in both areas, although Stirling shows a higher proportion of people within this age group (making up 48.6% of people in the area, compared to 41.8% in Clackmannanshire in 2020/21).

Figure 45: Number of People with Community Alarm and / or Telecare by Age Group



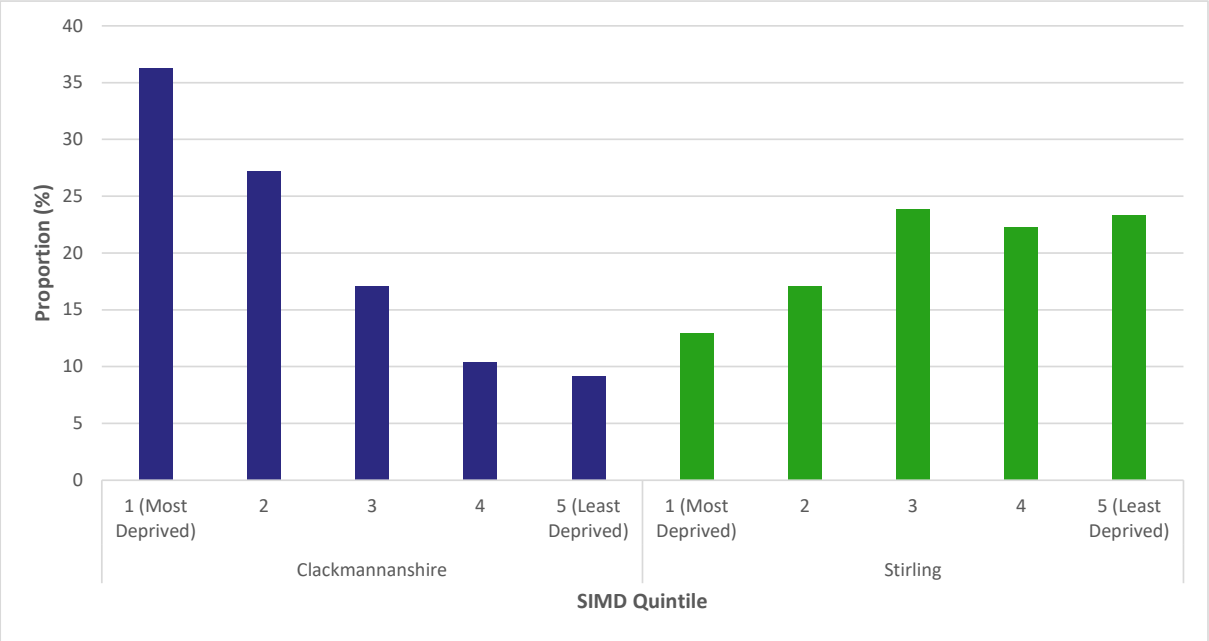
Source: Insights in social care dashboard

With regards to rate per 1,000 population in 2020/21, both Clackmannanshire and Stirling report above the Scottish rate of 20.5 in regard to total community alarms and / or telecare – with the former sitting at 36.6 and latter at 26.7.

The proportion of people with telecare or community alarms who also receive home care service varies throughout Scotland. The national rate was 41.2% in 2020/21, with both Clackmannanshire (45.3%) and Stirling (43.9%) reporting above this.

There is a notable variance in the SIMD profile between Clackmannanshire and Stirling in 2020/21. The highest proportion of telecare / community alarms within Clackmannanshire was within the most deprived areas (36.3%), with a much lower proportion in the least deprived (9.1%). Stirling shows a differing picture, with the most deprived reporting the smallest proportion (12.9%) and the third to fifth quintiles reporting between 22.3% and 23.9% each.

Figure 46: SIMD Quintile Proportion of Telecare or Community Alarms



4.5 Near Me

Near Me is a video consulting service that enables people to attend appointments from home or wherever is convenient. The service is already widely used across NHS Scotland for health and care appointments.

To use Near Me, a device for making video calls like a smartphone and an internet connection is required. Users will receive a website address, with an appointment date and time – there is no requirement to download an App or create an account.

What are the benefits of Near Me for a User?

- Reduced travel to appointments: time, cost, convenience
- Reduced time away from work, school or home
- Easier to attend if you usually need someone to take you to appointments

- Enables you to have someone with you for support at your appointment (either with you or joining the consultation by video from another location, even from abroad)
- Better for the environment
- Reduces spread of infectious diseases

The issue with reporting Near Me data is that a number of services are shared across all of Forth Valley and so cannot be broken down to Clackmannanshire and Stirling HSCP specifically. The main areas where this impacts are:

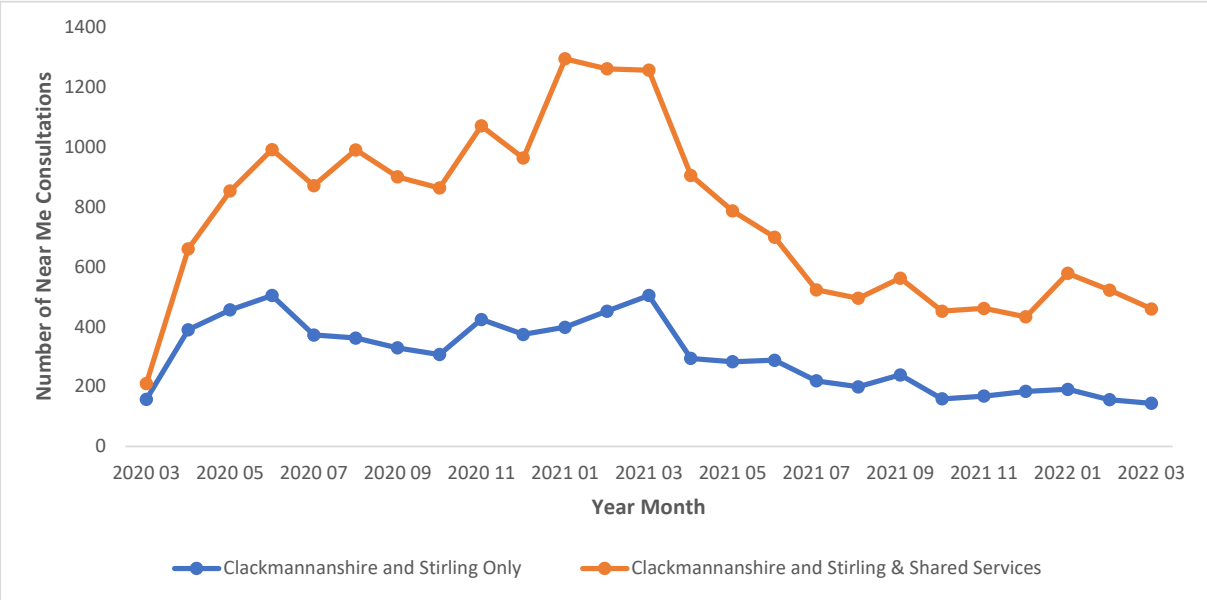
- NHS Forth Valley CAHMS (makes up 55% of consultations on Near Me between March 2020 and March 2022)

- Primary Care Mental Health Nurses (2.8% of consultations on Near Me between March 2020 and March 2022)

- Rheumatology Occupational Therapy

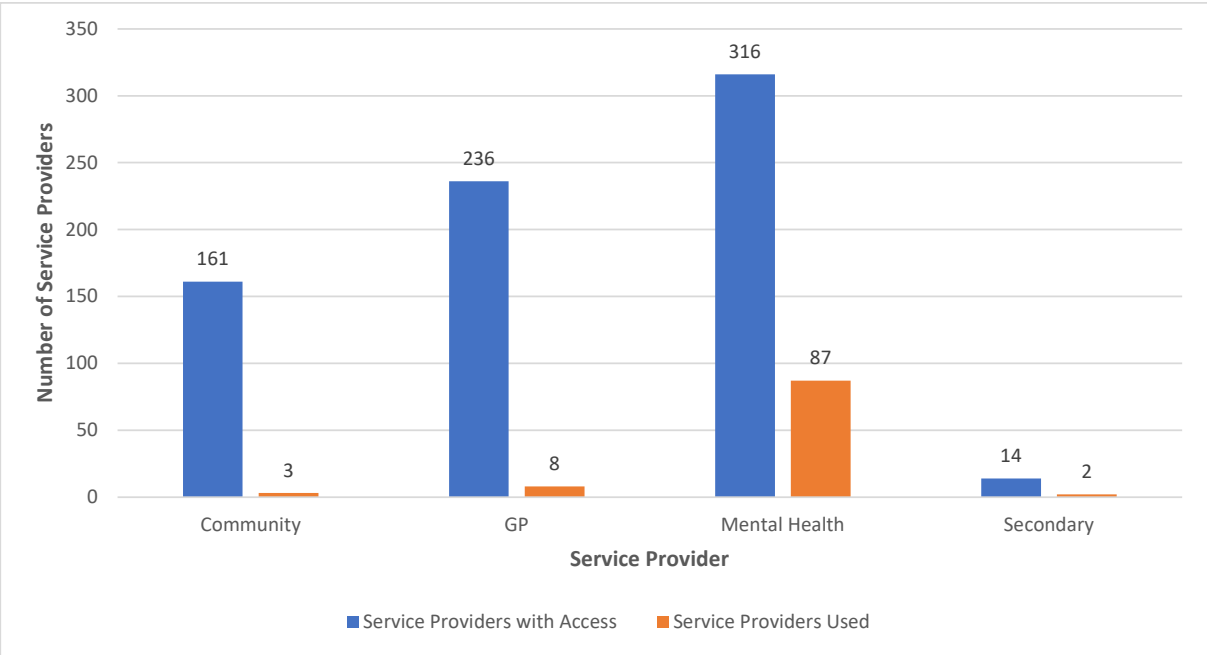
Near me has been in place since 2017 and was tested prior to roll out. It was used much more since the pandemic. The figure below shows the number of consultations per month and although there is no way to accurately determine Clackmannanshire and Stirling only activity, the data clearly shows a higher use of this system during the beginning of Covid, with a drop seen from April 2021 into 2022.

Figure 47: Number of Near Me Consultations



In March 2022, across Clackmannanshire, Stirling and the shared services – there were 727 users who had access to Near Me, with only 100 actively using the service. This highlights a significant gap in usage. The figure below, shows for Mental Health service was using Near Me most for consultations with low numbers across the other services – Community, GP and Secondary.

Figure 48: Service Provider Usage of Near Me in March 2022



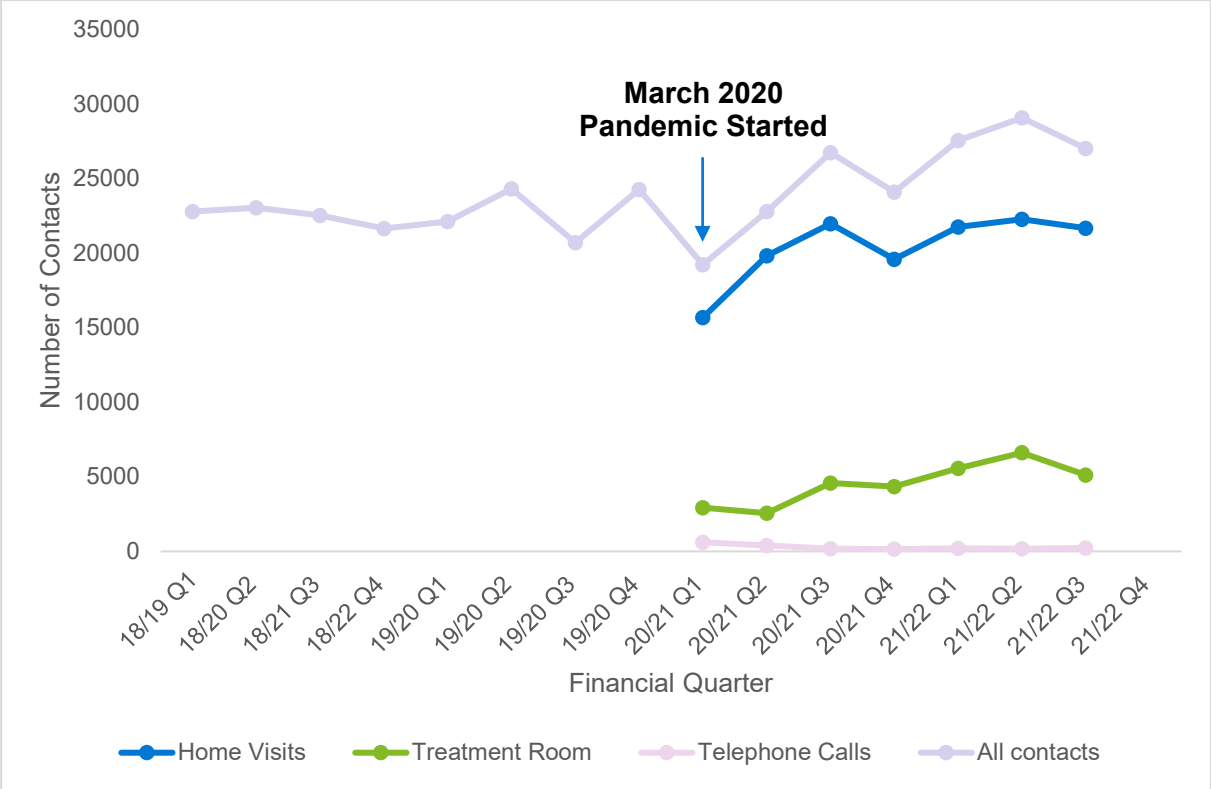
The use of near me will allow options for service users by health and social care professionals. To offer choice to the people they serve in the Partnership area. Face to face, telephone or near me, where appropriate to do so. There will be occasions where face to face is required. This will likely have particular benefit in the remote and rural areas to reduce reliance on available transport and improve the effective use of people's time.

4.6 District Nursing

The District Nursing service provides a high standard of nursing care and advice in a variety of settings. This includes treatment rooms, GP surgeries and patients own homes for those who are housebound. If you are able to leave your home with some assistance you are not housebound.

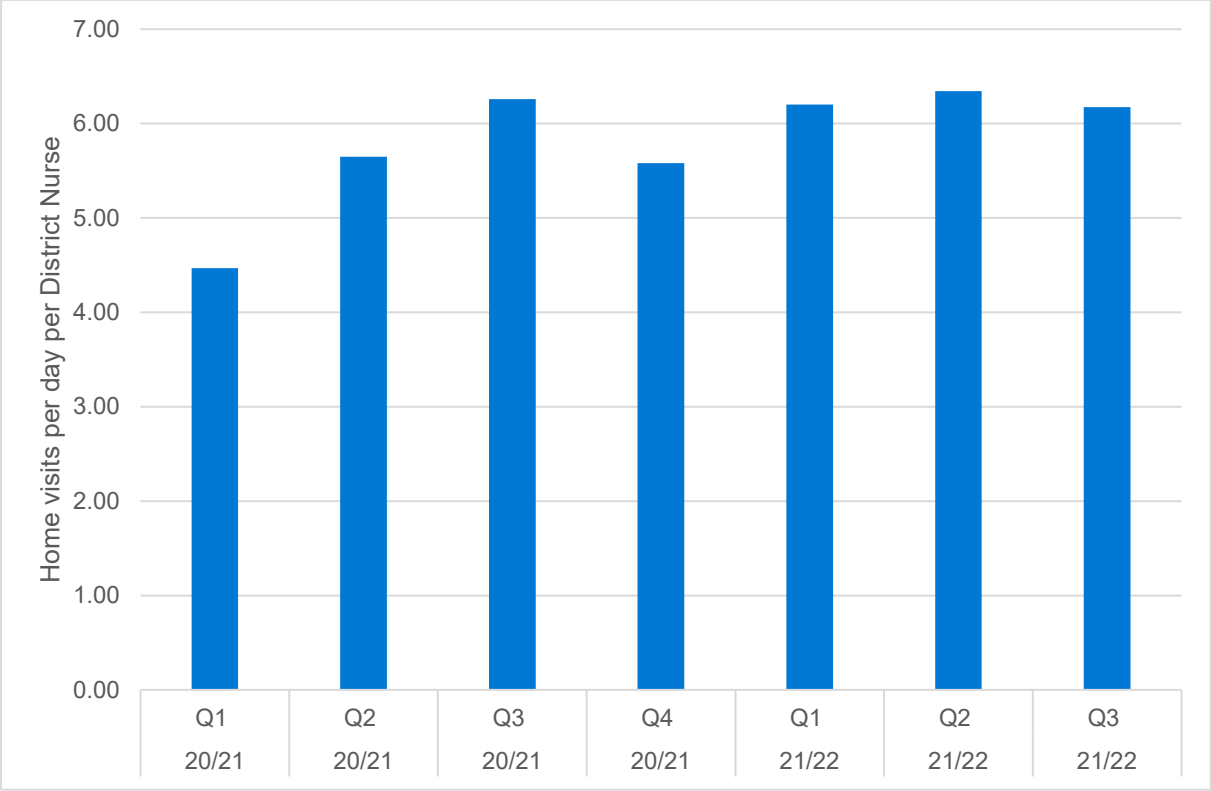
The figure below demonstrates how many home visits, treatment room appointments and telephone calls were undertaken by the district nursing service. Prior to a system change in early 2020 the system can only report all contacts prior to this.

Figure 49: Clackmannanshire and Stirling District Nursing



As can be seen in the figure above there has been an increase in home visits and treatment room appointments and a corresponding reduction in telephone calls (however this may be due to lack of recording). Prior to COVID19 the 'total number of contacts' is all that can be pulled from the recording system and the figure above is assumed to show the demand changing as a result of the COVID19 pandemic. The number of home visits per day per district nurse is illustrated in the figure below.

Figure 50: District Nursing Home Visits Per Day



Mental Health and Wellbeing

Primary Care Mental Health Nurse Service (PCMHN)

As part of the reform of primary care in Forth Valley a mental health nurse service was introduced in 2018. The introduction of this service aims to improve access for people with mild to moderate mental health needs to appropriate support in the most appropriate setting. The introduction of the service is in alignment with the Scottish

Governments mental health strategy 2017-2027 which stated ambitions for "Multi-disciplinary teams in primary care to ensure every GP practice has staff who can support and treat patients with mental health issues".

As of May 2022 a Primary Care mental health service was in place in 27 practice across Clackmannanshire & Stirling with staffing capacity adjusted according to practice population. While routine data collection for this service is still in development early studies suggest the service is currently offering in excess of 500 appointments per week across Clackmannanshire & Stirling and over 50,000 appointments annually across Forth Valley.

A number of studies were carried out to determine the service was operating as planned in 2019 & 2020. While these studies do not provide trend data to monitor over time, a number of observations from these studies provide insight into the mental health needs of the local population.

Insights:

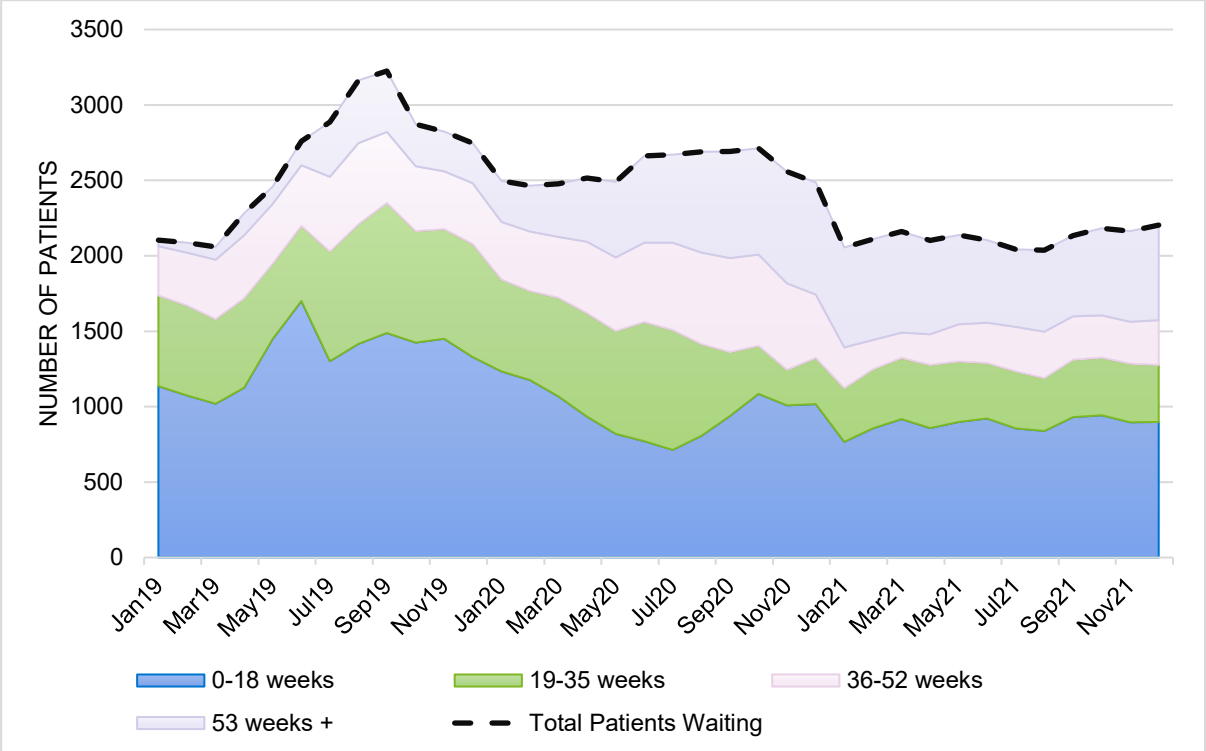
- Age – The majority of patients accessing the primary care mental health service fall into the 18-44 age bracket.
- Gender – two thirds (66%) of patients are female. (question of whether stigma around asking for help potentially reducing the proportion of men attending PCMHN service)
- Anxiety & Depression – consistently the two most common presenting problems (Anxiety ~47% of presentations, Depression ~56% of presentations)
- Other stress and Work-related stress are other common presenting problems.
- Self Help – was the most common appointment outcome (over 40% of recorded appointments mentioned this as an outcome)
- Medication – two thirds of patients attending primary care mental health service on at least one type of medication

Psychological Therapies

“Waiting times information for psychological therapies is still being developed. NHS Boards are working with PHS and the Scottish Government to improve the consistency and completeness of the information.

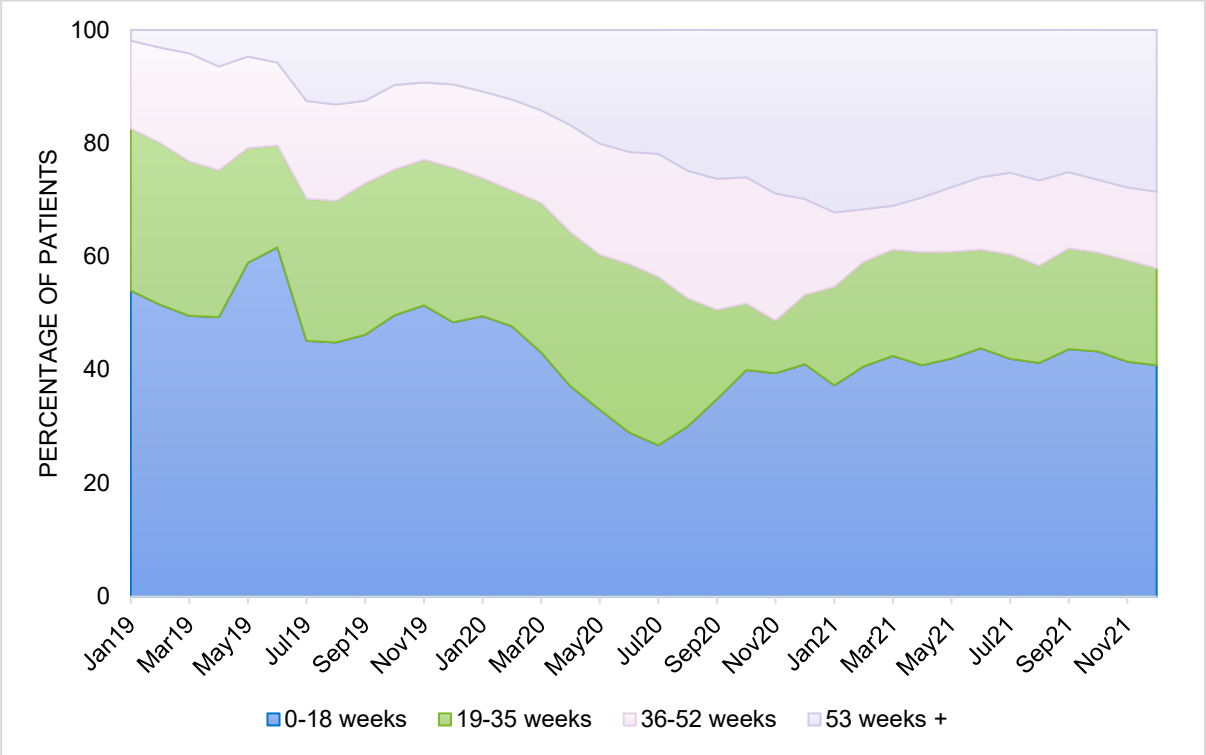
Psychological therapies refer to a range of interventions, based on psychological concepts and theory, which are designed to help people understand and make changes to their thinking, behaviour and relationships in order to relieve distress and to improve functioning. The standard applies specifically to psychological therapies for treatment of a mental illness or disorder” (Public Health Scotland). More information can be found on the Public Health Scotland website.

Figure 51: Psychological Therapies Number of Patients Waiting



Source: Public Health Scotland (2021)

Figure 52: Psychological Therapies Percentage of Patient Waits



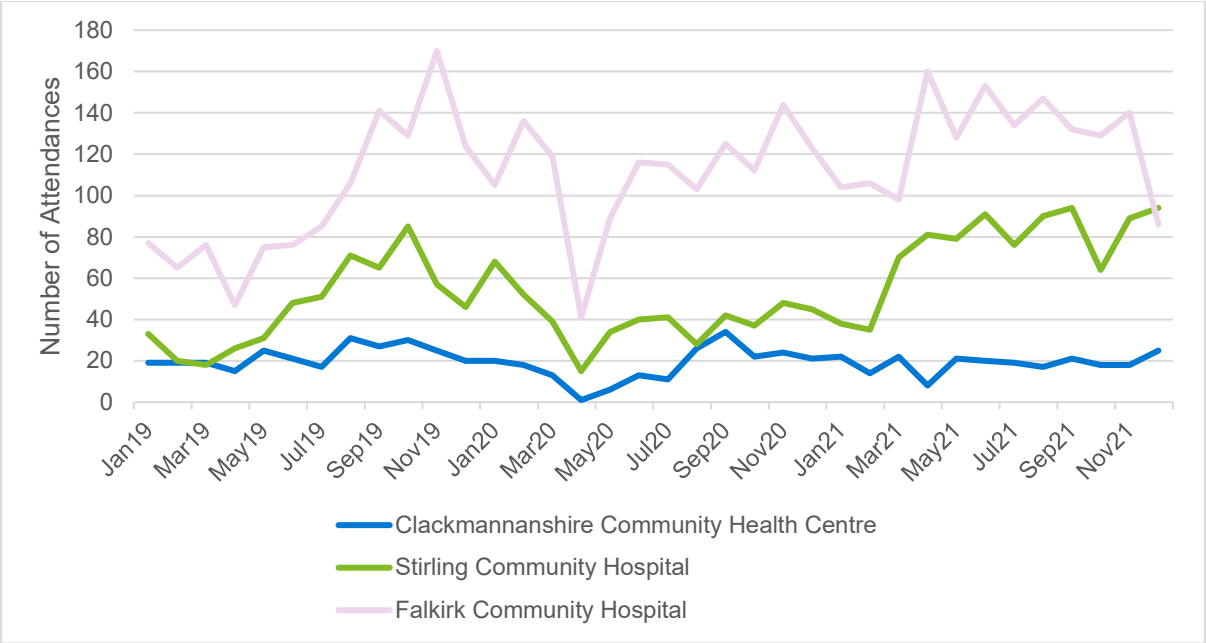
Source: Public Health Scotland (2021)

Psychological therapies show a clear increase in number of patients waiting in the period from 2,059 patients in March 2019 to a peak of 3,225 in September 2019 and this period saw an accompanying increase of patients waiting 53+ weeks. After this peak the number of patients waiting declines to a plateau level of around 2,500-2,700 total patients waiting covering January to December 2020. However, while the number of patients remains relatively steady the proportion of those patients who have waited 53+ weeks steadily increases in this period from 10.86% in January 2020 to 29.86% in December 2020. A further decline in total number of patients waiting is then seen in January 2021 and this new level remains at an oscillating plateau around 2,000 to 2,200 throughout the year of 2021. The decline in January 2021 was due to an initiative which led to a number of online groups commencing around this time. Throughout 2021 the percentages of patients within each of the 4 waiting times groups also remains relatively stable.

Community Mental Health Team (CMHT) Attendances

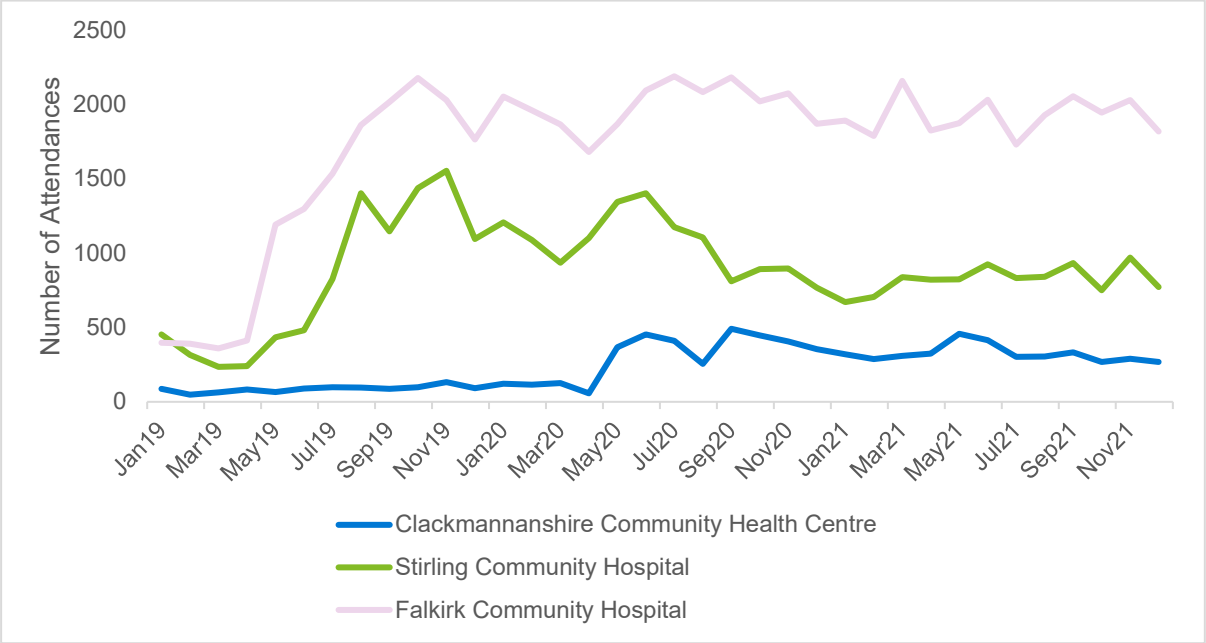
The number of new and return attendances to the three community hospitals between 01/01/2019 and 31/12/2021 under the specialty: General Psychiatry Mental Illness. This is number of attendances not individual attendees.

Figure 53: CMHT New Attendances by Hospital



Throughout 2019 and into early 2020 there is a general trend across the three hospitals of a steady rise and then fall in the number of new attendances with all three recording their lowest number of new attendances within this date range in April 2020. It is likely to be the case that the low number of new attendances in April 2020 is due to the Covid pandemic. All three hospitals have more than double the number of new attendances in May 2020 compared to April 2020 suggesting a fast recovery after the emergence of Covid. The next significant rise in numbers of new attendances comes in the first few months of 2021 when Stirling Community Hospital increase from 35 in February to 81 in April and remaining around this level for the rest of the year. Falkirk Community Hospital also seen a significant rise in number of new attendances in this period going from 98 in March to 160 in April and staying remaining at this high level until a steep drop off between November and December 2021 from 140 new attendances to 86.

Figure 54: CMHT Return Attendances by Hospital



All three hospitals seen at least a three-fold increase in the number of return attendances between the beginning of this period (January 2019) and their respective maximums. Falkirk Community Hospital, for example, recorded 398 return attendances in January 2019 and peaked at 2,188 in July 2020. This hospital recorded a sharp increase in the number of return attendances between April to October 2019 after which the number remains high and relatively steady throughout. Stirling Community Hospital also saw an increase at a similar period in 2019 up to a peak of 1,553 return attendances in November 2019. However, after this month there is a generally downwards trend at this hospital excluding the March – June 2020 period where numbers rise. As this rise is seen in all three hospitals at this time this suggests it is likely the impact of the Covid pandemic. Clackmannanshire Community Health Centre does not experience the same rise in return attendance numbers in early 2019, instead seeing relatively stable number around 80 – 130 until May 2020 after which the numbers rise and never return to previous levels. A slight downwards trend can be seen throughout this period from a maximum number of return attendances of 491 in September 2020 down to 267 by the end of the period, December 2021.

Mental Health Hospital Activity

All data in this section has been sourced from both TrakCare and Scottish Morbidity Records (SMR).

Admissions

This section gives the number of admissions between 01/01/2019 and 31/12/2021 to Mental Health (MH) specialty within Forth Valley Royal Hospital (FVRH) broken down by the local authority of residence of the admitted patient. This counts unique admissions so individuals with multiple admissions in this period will be counted multiple times. The method used to count an admission uses the unique episode number and as such there may be some over counting: MH patients transferred to another specialty (e.g. due to an acute medical episode) begin a new episode number and admittance back to MH specialty begins another new episode number.

Overall MH admission numbers fluctuate from month to month but show no obvious increasing or decreasing trend over the full period. When looking at the age of admissions across the study period there is a skew towards younger age groups. This does not match with the generally aging population of Clackmannanshire & Stirling. MH admissions from Clackmannanshire show a clear skew to the lowest SIMD deciles. This is not unexpected given the demographics of the Clackmannanshire population however may also be indicative of health inequalities highlighted throughout this report.

Figure 55: FVRH Admission to Mental Health Specialty

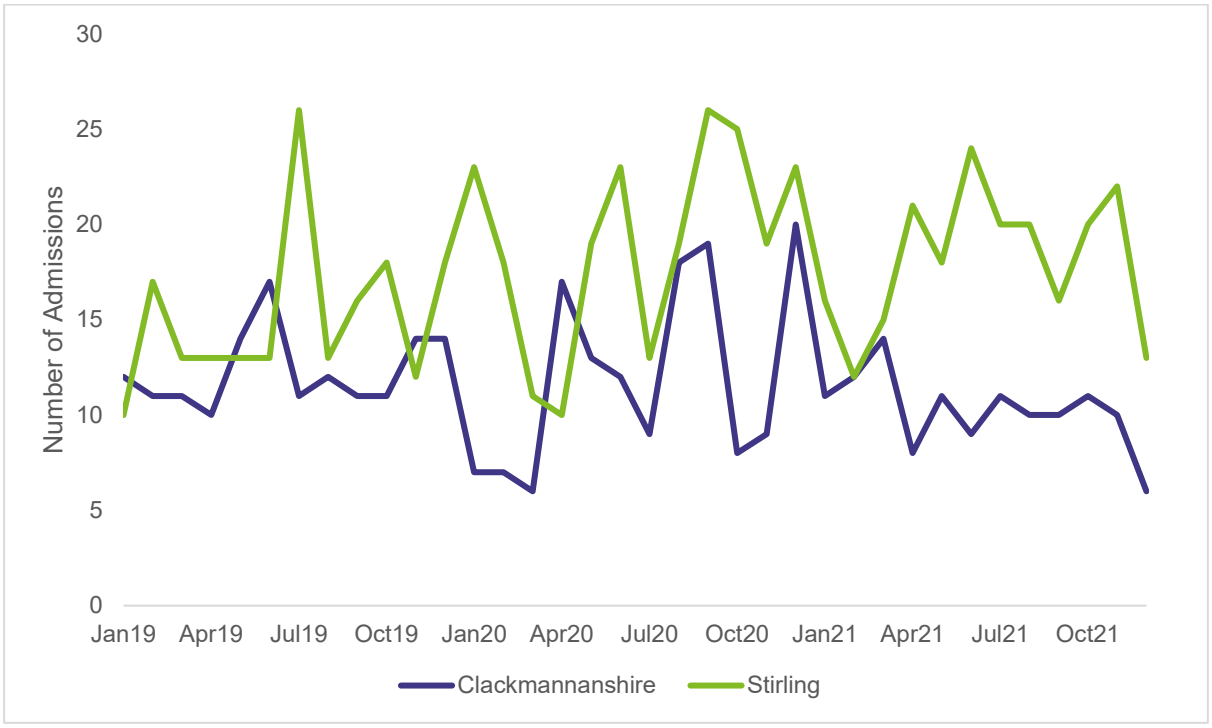


Figure 56: Mental Health Admissions by Age Band

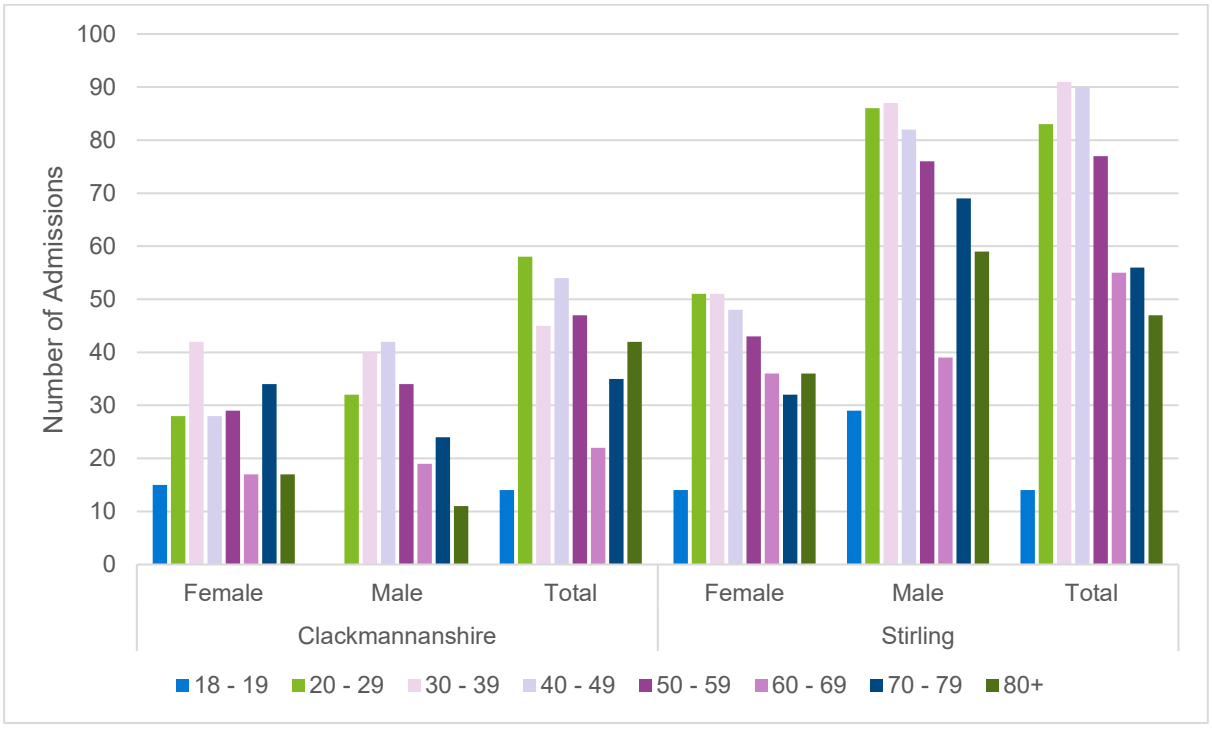
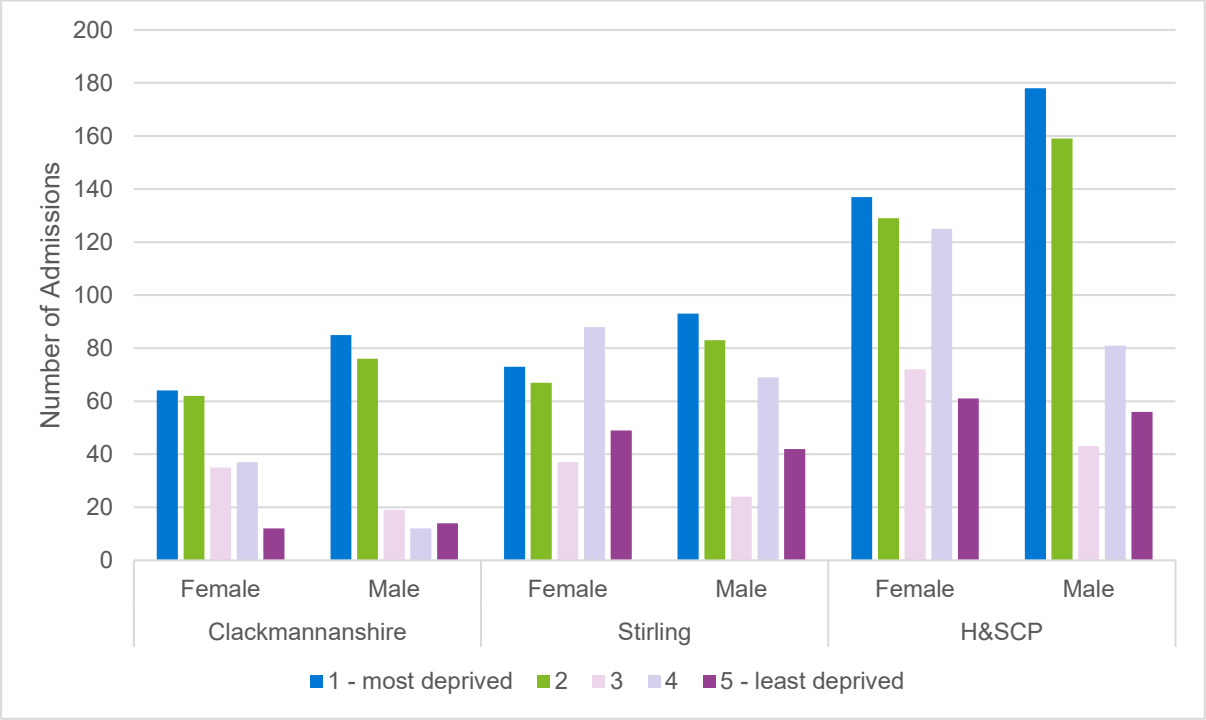


Figure 57: Mental Health Admissions by SIMD Quintile



To ensure confidentiality any groups with <5 admissions have been removed. Differences in the total number of admissions between age band and SIMD is due to SIMD data being unavailable for a small number of patients.

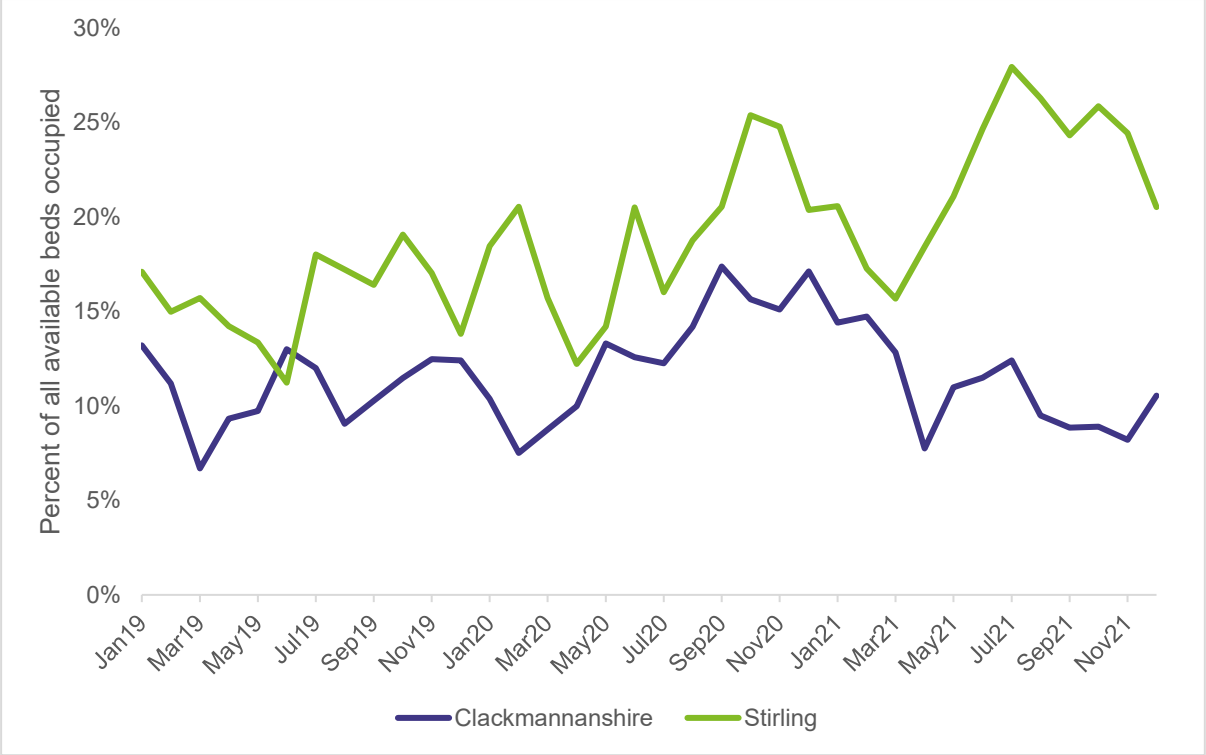
Bed Occupancy

The metrics in the figure below show the percentage of total available MH beds in FVRH occupied by Clackmannanshire and Stirling patients, respectively, throughout the period 01/01/2019 to 31/12/2019. The best available estimate for the total number of available number of MH beds has been used but there may be some minor inaccuracies in this calculation throughout the period due to beds being opened/closed/repurposed throughout the Covid-19 emergency response period.

While the percentage occupancy for both local authorities fluctuate across the period only Stirling appears to show a generally rising trend whilst Clackmannanshire stays at approximately the same level throughout. More investigation would be required to determine whether the Stirling trend is significant. The comparative trend of both local authorities is broadly similar until March 2021 where Stirling has a large increase in percentage occupancy from 16% to a peak of 28% in July 2021.

Clackmannanshire, although also rising in this time period starts at 8% rising to 12%, much below the Clackmannanshire peak of 17% in September and December 2020.

Figure 58: FVRH Percentage Occupancy of MH Beds



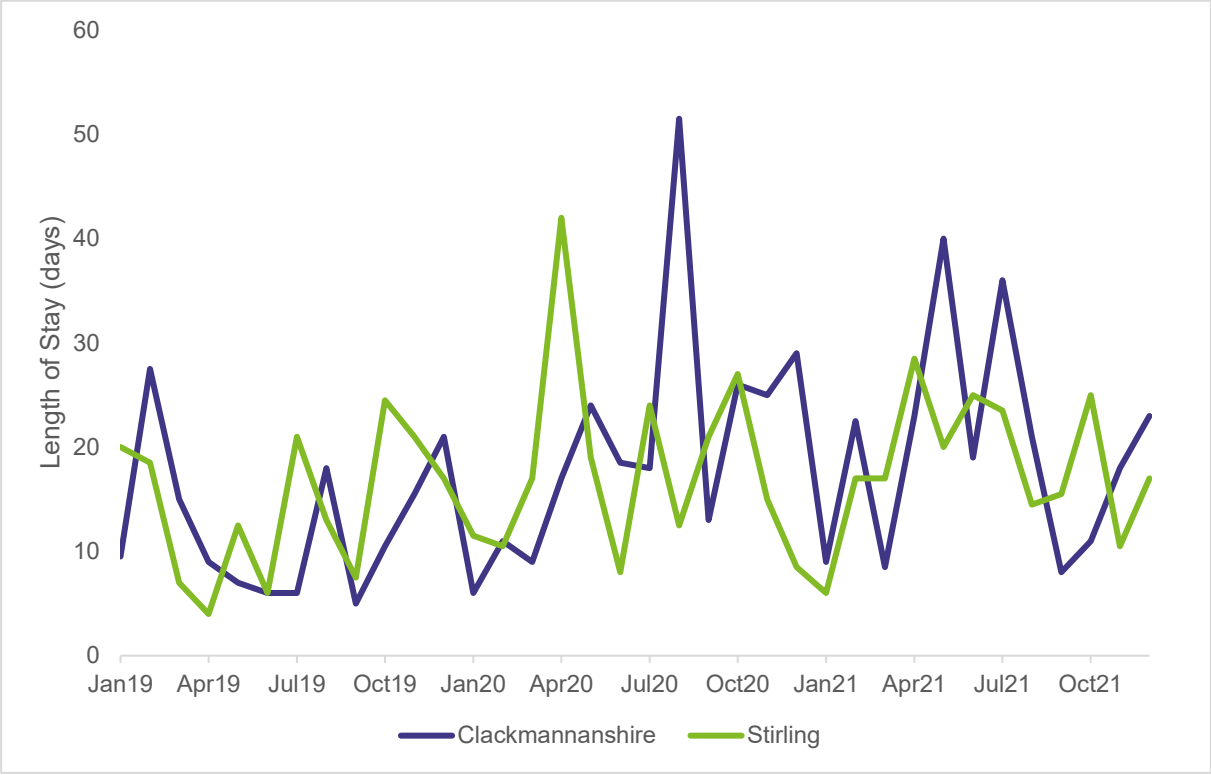
Length of Stay (LoS)

Median LoS for all FVRH MH patients admitted between 01/01/2019 and 31/12/2021. This measures only the stays completed before 01/08/2022 - any patients who started their stay prior to 31/12/2021 but remains in the MH specialty after 01/08/2022 are excluded from this calculation. Unique episode numbers are used to calculate LoS and hence LoS may be under representative for any patients who have transferred from MH specialty to acute medical and back (please see MH Admissions section for more information). It is important to note that LoS during the Covid-19 emergency response phase may be higher due to treatment for Covid-19 infection as well as/rather than solely MH treatment.

LoS for MH patients were generally around 10 to 25 days throughout but with short periods where stays were notably longer. This was the case for Stirling in April 2020 which coincides with the beginning of the Covid-19 response period so the increase

may be an artifact of this response rather than longer stays for MH treatment. This may also be true for increased LoS in Clackmannanshire in July 2021 when community Covid-19 cases were rising. However, these scenarios both require further investigation to confirm and don't account for other significant increases seen in Clackmannanshire: August 2020 where median stays peaked at 51.5 days and May 2021 where median stays rose to 40 days. As the Clackmannanshire population is small for a local authority and leads to a small number of patients this may play a significant role in these instances – median has been used to minimise the impact of very long LoS but if there are few patients then long stays will significantly skew the metric.

Figure 59: FVRH MH Patients - Median Length of Stay



Readmissions

The percentage of MH admissions which are readmitted to the same specialty within 7 and 28 days of first discharge, respectively, are shown below. This is calculated using number of admissions and not number of individual patients and covers the period from 01/01/2019 to 31/12/2021 inclusively. As with admissions and LoS, readmissions are calculated using unique episode numbers and so patients who are transferred from MH specialty for treatment and then return to MH specialty care will be counted as a readmission if the transfers have taken place within 7 or 28 days. The calculation counts the number of admissions within a month which are readmissions, not the number of admissions which later end up readmissions. The number of readmissions within 28 days is always equal to or greater than the number of readmissions within 7 days as these are included in the longer count.

The percentage of monthly MH admissions that were readmissions was largely within the same range for both Clackmannanshire and Stirling. Stirling's largest percentage readmissions was in December 2020 for both 7 and 28 days while Clackmannanshire had separate peaks for 7 and 28 days: October 2021 and July 2019 respectively. There does not appear to be any major impact on readmission trends from the Covid-19 emergency response – the readmission percentages post-March 2020 remain within the ranges seen pre-March 2020.

* Note - The national definition of a readmission differs slightly from the definition used in NHS Forth Valley in that a readmission is only counted by NHS Forth Valley if the patient returns to the same hospital specialty as the original admission. The national definition is less strict in that it counts an admission within 7/28 days to any specialty as a readmission. The national definition is below:

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

It is important to caveat that due to this distinction the figures below may not accurately match to national published data.

Figure 60: Percentage of Admissions Readmissions Within 7 Days

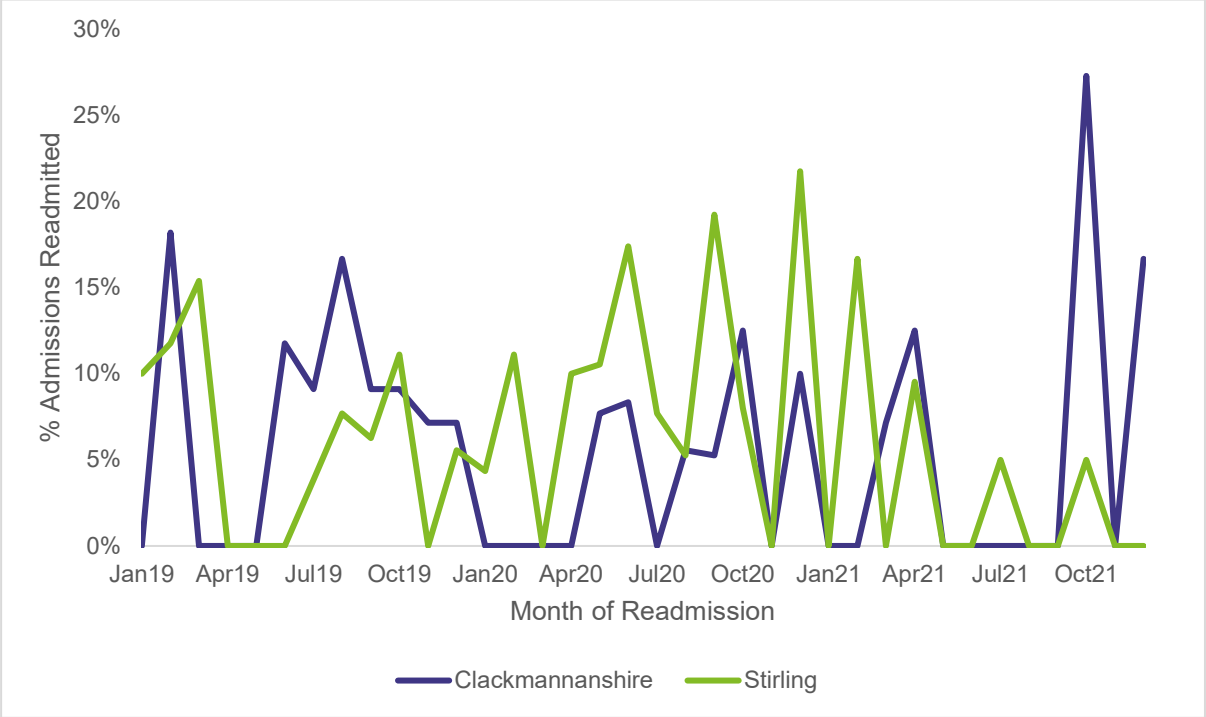
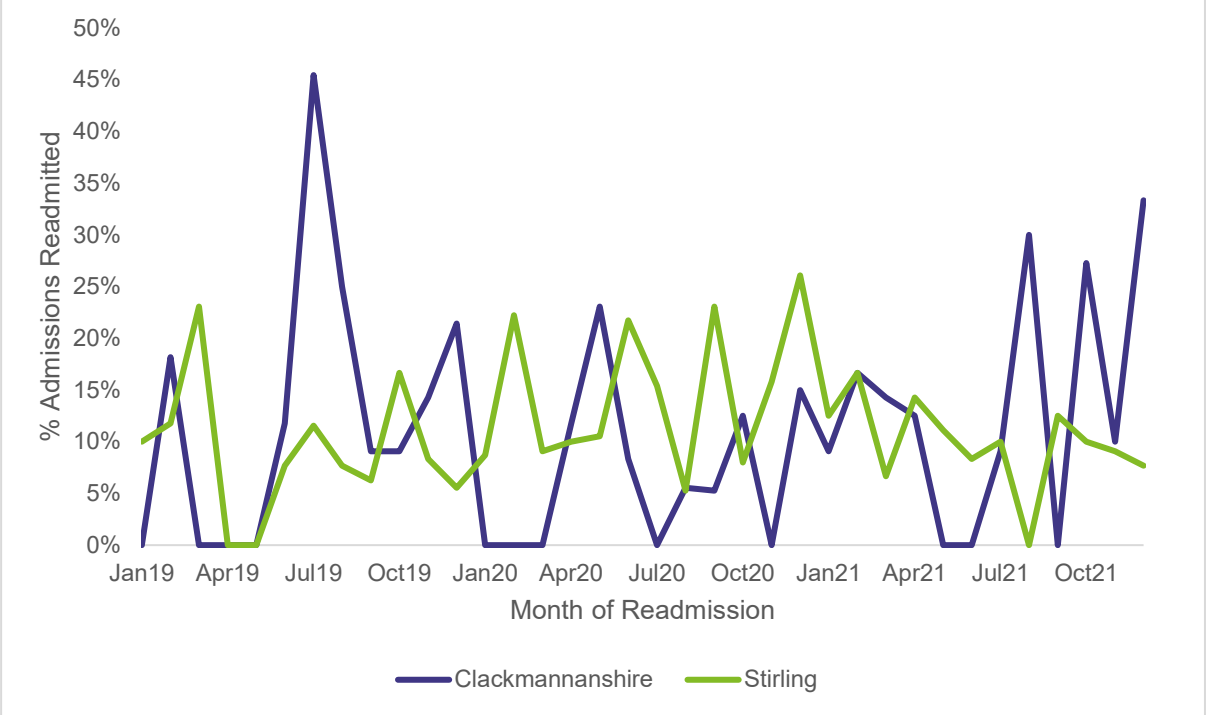


Figure 61: Percentage of Admissions Readmissions Within 28 Days



Unpaid Carers

A carer is 'a person of any age who provides unpaid help and support to a relative, friend or neighbour who cannot manage to live independently without the carer's help due to frailty, illness, disability or addiction (Scottish Government, 2016). The actual number of unpaid carers living in Scotland is not known but it was estimated that there were around 700,000 to 800,000 before the COVID-19 pandemic. A recent YouGov[ii] report suggests that this could have since grown to over a million.

Anybody can become a carer at any time in their life and sometimes for more than one person at a time. They can be any age, from young children to the elderly. Some carers provide an intensive amount of support over a long period of time whilst for others it may be providing help for a shorter period of time and they do not need to be living with the person they care for to be considered a carer. Carers are not paid workers although some can receive payment for part of their time caring (e.g. through Carer's Allowance). Many carers are 'hidden' and may not be accessing the support and services that they are entitled to.

Unpaid Carers are the largest group of care providers in Scotland, providing more than the NHS and Councils combined. The Valuing Carers 2015[iii] report estimates the economic value of the contribution made by carers in Clackmannanshire and Stirling as £282 million per year. Research from Carers UK[iv] suggest that three in five people will be carers at some point in their lives and it is important to consider the intensity of the caring role as well as the impact of caring on health and wellbeing among other factors. Caring can be a rewarding experience but can also have an impact on a person's own health and wellbeing.

[ii] **Carers Week 2020 Research Report**.

[iii] Buckner, L & Yeandle, S (2015). Valuing Carers 2015, The rising value of carer's support. University of Leeds.

[iv] Carers UK (2001). It Could Be You – A report on the chances of becoming a carer.

The Carer (Scotland) Act 2016 came into effect on 1st April 2018 and is designed to support carers' health and wellbeing and help make the role of caring more sustainable. The Act aims to recognise and enhance the rights of carers and introduces the right to an Adult Carer Support Plan or Young Carer Statement based on each carer's personal outcomes and needs for support. The **Clackmannanshire and Stirling Carers Strategy 2019-2022** outlines how the Partnership will support carers and how it will meet its statutory requirements.

Identifying Unpaid Carers

The number of unpaid carers in the Partnership is difficult to identify exactly. Many carers do not recognise themselves as a carer, rather simply as family or a friend. Identifying yourself as a carer may only come when the intensity of the caring role increases or at key junctures such as giving up employment to care. Furthermore, there may be reluctance among some carers to identify themselves and make their needs known out of fear or anxiety, particularly for young carers and carers for people with, for example, mental health or drug and alcohol problems. The COVID-19 pandemic will also have resulted in more people taking up a caring role or increasing their caring responsibility with the health and social care system under significant pressure, services being reduced and people taking extra precautions to protect their own health.

Estimates of the number of unpaid carers in Scotland has changed over time. The Scotland's Carers 2015 report considered 17% of the 16+ population as the best estimate of the number of carers in Scotland with the 2019 Scottish Health Survey subsequently estimating 14%. In 2020 the Scottish Health Survey ran a telephone survey and estimated 19% although this is not considered comparable due to methodological differences. A recent YouGov poll suggested that the number of unpaid carers in Scotland had grown due to the COVID-19 pandemic with 16% of the adult population saying they were already providing care before the coronavirus outbreak and a further 9% saying that they have started caring since the coronavirus outbreak. The Scottish Government have recently updated the headline figure of the Scotland's Carers report and the subsequent 2019 update and estimate 15% of the 18+ population to be adult carers. Similarly, the initial young carers estimate of 4% of

children aged 4-15 (Scottish Health Survey 2012/13 & 2019) has been updated with young carers now considered to be under 18 with different rates being applied to different age groups.

The table below provides an overview of estimates of the number of unpaid carers in Clackmannanshire and Stirling based on the different Scotland rates applied to Clackmannanshire and Stirling's 2019 mid-year population estimates together with information on people entitled to carers allowance, carers known to Carers Centres' and the number of carers in the 2011 Census. While estimates may have changed over time they are all considerably higher than the number of carers counted via the 2011 census indicating that there may be thousands of 'hidden' carers. Estimates also vary pre and during the pandemic indicating that there may be a growth in the number of people providing care. There is also a considerable difference in the estimated number of carers and those identified through services such as the Carers Centre or the Department of Work and Pensions (DWP). Many carers may feel that they do not require help or support or they may even be being supported by family and friends rather than statutory services. It may be that it is those without this network or those with more substantial caring responsibilities that seek support. Given the impact of the COVID-19 pandemic and a potential increase in not only the number of carers but also the hours of care provided there might be many more carers coming forward requiring support.

Table 13: Number of Carers Estimated and Known to Services

Unpaid Carers	Source	Clackmannanshire	Stirling	HSCP
Adult Carers	2011 Census, Carers aged 16+	4,607	8,085	12,692
	Estimate based on Scottish Health Survey 2012/13 (17% of people aged 16+)	7,241	13,395	20,636
	Estimate based on Scottish Health Survey 2019 (14% of people aged 16+)	5,963	11,031	16,994
	Estimate based on Scottish Health Survey, 2020 telephone survey (19% of people aged 16+)	8,093	14,971	23,064
	Estimate based on 2020 YouGov Poll (25% of 18+ population)	10,378	19,190	29,568
	Estimate based on Scottish Health Survey 2016-19 (18+ population)	6,135	11,344	17,479
Young Carers	2011 Census, Carers aged under 16	86	180	266
	Estimate based on Scottish Health Survey 2012/13 and 2019 (4% of children aged 4-15)	276	484	760
	Estimate based on Scottish Health Survey 2016-19 (young carers aged 4-17)	294	525	819
Carers Centre	Adult Carers known to Carer's Centre	869	2,022	2,891
DWP	Carers allowance, Entitlement cases, Aug 2021	1,357	1,673	3,030

1. Estimates based on 2019 NRS Mid Year Population Estimates. 2. Carers known to Clackmannanshire Carers Centre and Stirling Carers Centre 31/03/2022.

Source: Scottish Health Survey 2012/13, 2019, 2020 and 2016-19, Scotland Census 2011, Department of Work and Pensions, Stirling and Clackmannanshire Carer's Centres

Characteristics of Unpaid Carers

The 2011 Scotland Census and recent Scottish Health Surveys told us a lot about unpaid carers.

- Women were more likely to report being a carer than men.
- Caring prevalence varies by age. The latest figures from the Scottish Health Survey 2016-19 showed that people in Scotland are more likely to provide unpaid care in their later working years, especially females.
- A lot of carers provide a substantial amount of unpaid care. In the 2011 Scotland Census around a third of carers provided 35 hours or more care a week, equivalent to working full time (38% Clackmannanshire, 32% Stirling).
- Intensity of caring increases as deprivation increases. A greater proportion of carers in the most deprived areas reported more substantial caring. The 2018 Scottish Health Survey showed that provision on unpaid care was higher among

adults living in the most deprived areas compared with the least deprived areas. Carers consider their health to be poorer than those who do not provide unpaid care and the health status of a carer deteriorates as the level of care provided increases (2011 Scotland Census).

While information from the 2019-20 and 2020-21 Carers Census' is not currently considered robust due to completeness reasons and caution is advised when interpreting, the results for Scotland provide insight into carers known to services.

Around 3 in 5 carers (62%) were working age (18-64) in 2020-21 compared to 57% in 2019-20. In 2020-21 adults aged 65+ accounted for roughly a quarter of carers identified (24%) and young carers (under 18) made up 14% which is higher than previous estimates of less than 5%.

Around 7 in 10 carers were female – 71% in 2020-21 and 73% in 2019-20. This is higher than previous estimates suggesting that female carers are more likely to seek out support from services than male carers.

There was a notable deprivation effect for young carers supported by local services. In 2020-21 14% of young carers living in the most deprived SIMD decile while 5% lived in the least.

Over half of carers spent an average 50+ hours a week providing care (54% in 2020-21 and 59% in 2019-20) and around 15% spent less than 19 hours per week (17% in 2020-21 and 14% In 2019-20). This differs from that reported in the Scotland Carer's report (27% and 56% respectively) reflecting the fact that people with more intense caring roles are more likely to seek support from local services. In 2020-21 66% of young carers spent less than 19 hours a week providing care compared to 11% of adults likely reflecting differences in the capacity for and appropriateness of, higher levels of caring between adult and young carers.

The most commonly reported impact of providing unpaid care in both 2019-20 and 2020-21 was on carers' emotional well-being, followed by impact on carers' life balance. In 2020-21 carers were more likely to experience impacts on their health, employment and living environment as the intensity of their caring roles increased.

In 2020-21 20% of cared for people were children, 30% were working age adults and 41% were people aged 65+. Around 3 in 5 of the children were male.

In 2020-21 the most common client group overall and for adult cared for people, apart from 'Other', was Dementia followed by Physical Disability (14% and 12% of adult cared for people respectively). For children it was Autism Spectrum Disorder (21%).

In 2020-21 around two-thirds were recorded as needing advice and information and just under half were recorded as needing short breaks or respite. The data suggest that support needs vary between adult carers and young carers with adult carers more like to need advice and information and practical support and young carers more likely to be recorded as peer or group support.

The Experience of Unpaid Carers

The Health and Care Experience Survey not only looks at the experience of care recipients but also the experience of those who provide unpaid care. The figure below provides a summary of responses from carers in Clackmannanshire and Stirling Health and Social Care Partnership. The charts below show responses from the most recent survey and the bar charts under each question show how the percent of positive responses has changed over the past five surveys.

They show that there is room for improvement particularly around local services being well co-ordinated and carers feeling supported. It is concerning that only 26% of carers feel supported to continue caring and that this is a decrease from the previous survey. All areas have seen a decrease from the previous survey, although only having a say in service provision was significantly different. This may reflect the impact that the COVID-19 pandemic has had on unpaid carers and on service provision.

Figure 62: Summary of Carers Experiences in Clackmannanshire & Stirling HSCP, Number of responses 3,578, 28% response rate

Source: Health and Care Experience Survey, 2021/22

There are a number of support services available to carers in Clackmannanshire and Stirling. The two Carer's Centres, one based in Stirling and the other in Alloa, provide information and support to carers of all ages. They provide a range of services including one to one support, group support and Adult Carer Support Plans/Young Carers Statements. The main state benefit for carers is Carer's Allowance which is paid to carers aged 16 and older who look after someone for at least 35 hours a week and they get certain benefits. At present Carer's Allowance is £69.70 a week. Respite care, or a short break, is also available where a carer can take a break from caring while the person they care for is looked after by someone else. There are different options of respite care and local authorities only fund respite care for people they have assessed as needing it.

Adverse Deaths

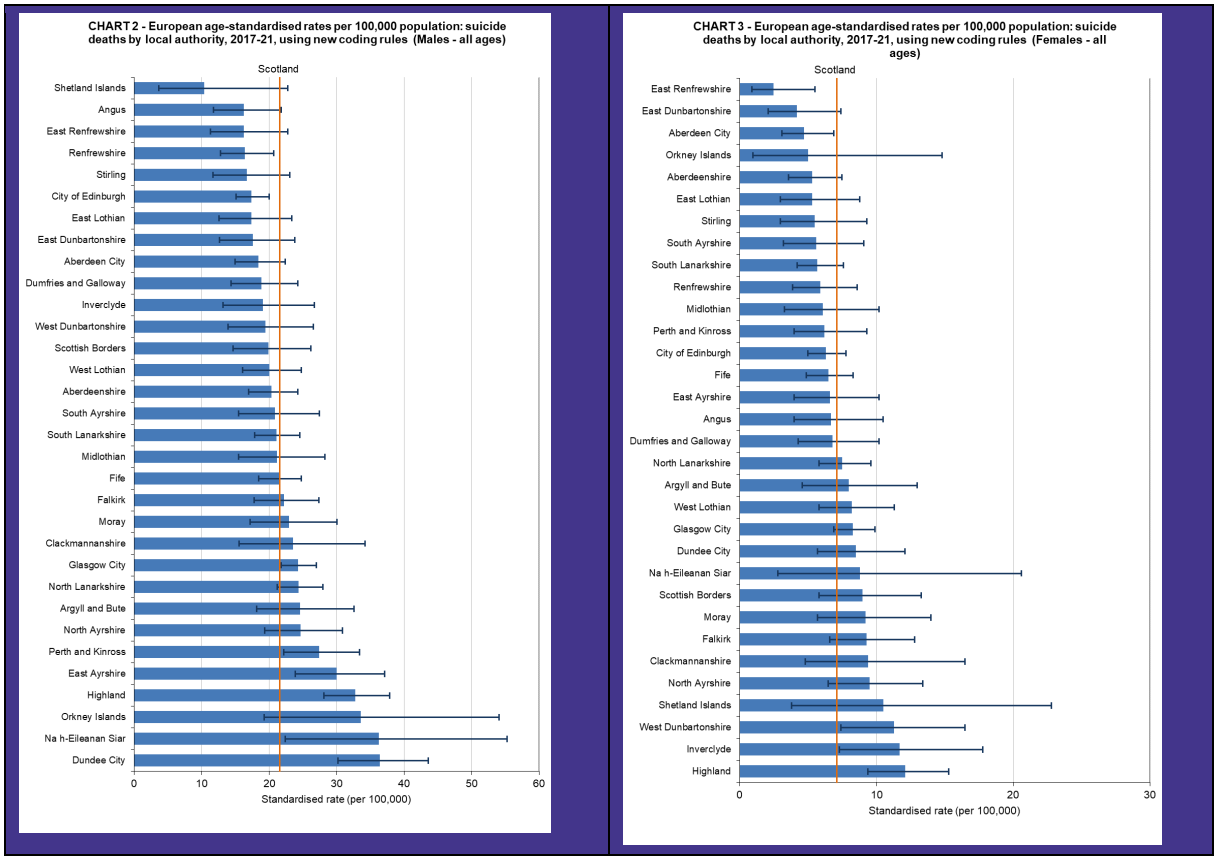
Across the partnership area there are pockets of high deprivation and as set out in the employment and economic measures section of this assessment, in 2020 62.0% of Clackmannanshire's and 64.2% of Stirling's population was of working age (aged 16-64). Clackmannanshire had a job density (the ratio of total jobs to population aged 16-64) of 0.51 compared to 0.86 in Stirling and 0.80 in Scotland. The lack of job density could be one of many contributing factors in the high suicide rates.

As set out in Scottish Index of Multiple Deprivation (SIMD) section, SIMD is a tool for identifying areas of multiple deprivation in Scotland. Deprived does not just mean 'low income' but also that people have fewer health and education outcomes, opportunities and access to services.

Health behaviours are linked to levels of deprivation, for example lack of physical activity, smoking, substance and alcohol use. See burden of disease section of this assessment.

The figures below illustrate the suicide rate for males and females with both rates above the Scottish rate for 2017-2021.

Figure 63 - suicides in Clackmannanshire and Stirling



Source: Public Health Scotland (National Records of Scotland) 2017-2021.

The rates 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.

Alcohol and Drug related deaths are an issue that there is some evidence for, the HSCP are working on this to gain clarity on actions required.

Housing and Homelessness

According to a National Statistics report commissioned by the Scottish Government for 2021 / 2022 (National data), a household is homeless if they have no

accommodation in the UK or elsewhere, or have accommodation but cannot reasonably occupy it. A household is threatened with homelessness if it is likely they will become homeless within two months.

There are three stages involved in a homeless application in Scotland:

1. The Application stage where the household first presents to the local authority.

2. The Assessment stage which determines:

    a. If the household is eligible for assistance. Households with no recourse to public funds are not eligible for homelessness assistance, though they may be provided temporary accommodation while their status is assessed.

    b. whether the household is homeless or threatened with homelessness;

    c. if the household is homeless, whether this is 'unintentional' or 'intentional';

    d. and if unintentionally homeless, whether there is a connection to the local authority to which the application was made and/or to any other (Scottish) local authority.

3. The Outcome stage. A case can only be closed once the local authority has fulfilled its statutory duty or contact has been lost for 28 days.

For 2020/21 homeless households numbered at 28,882, this represented 32,592 adults and 14,372 children. The most common reasons were household disputes (35%) and asked to leave (26%).[v]

The image below summarises homeless population of Scotland.

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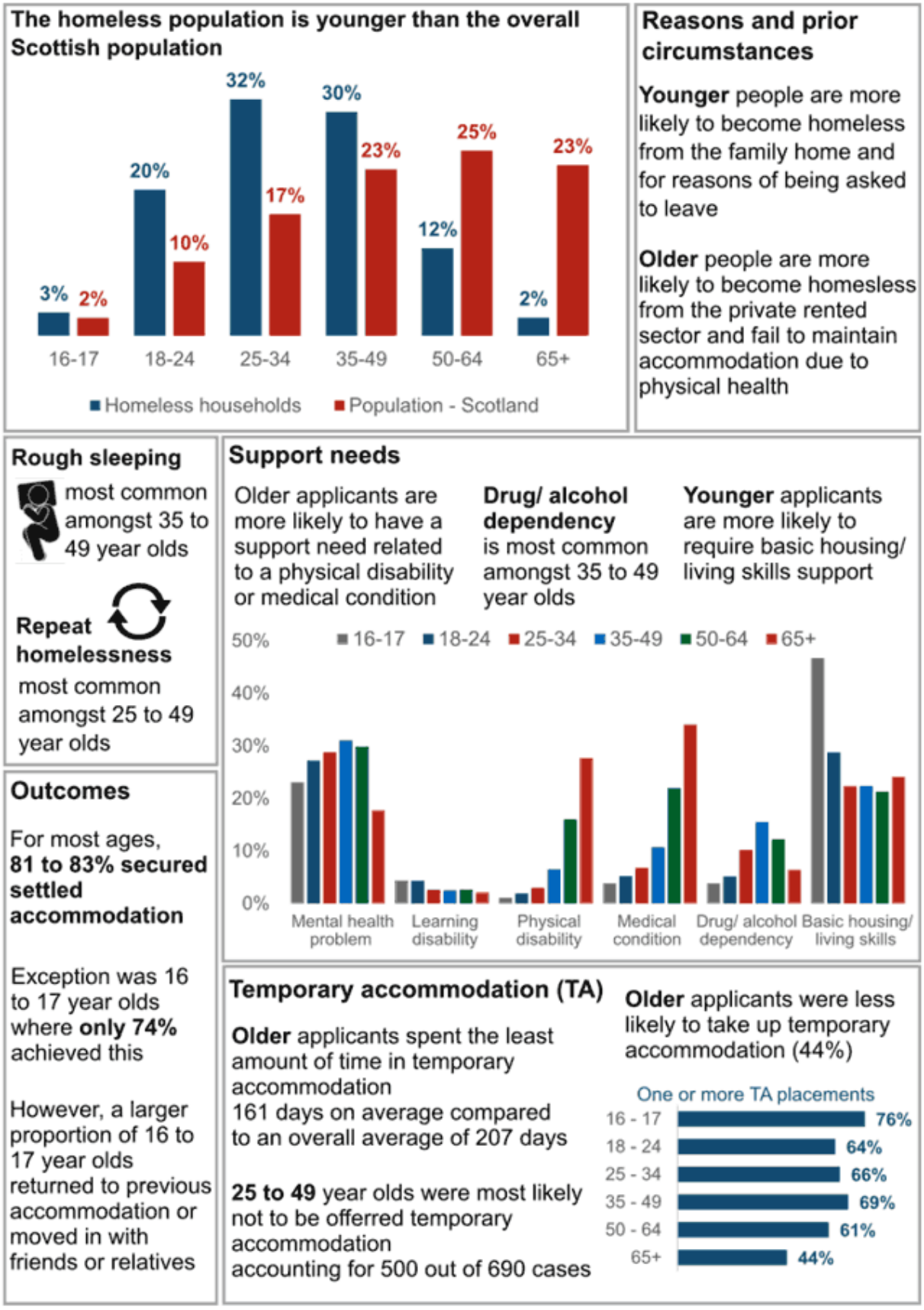
[v] **A National Statistics Publication for Scotland - Homelessness in Scotland: 2021/22 - gov.scot (www.gov.scot)**

Figure 64 - NRS Scottish Homelessness Statistics



Economy, Employment and Poverty

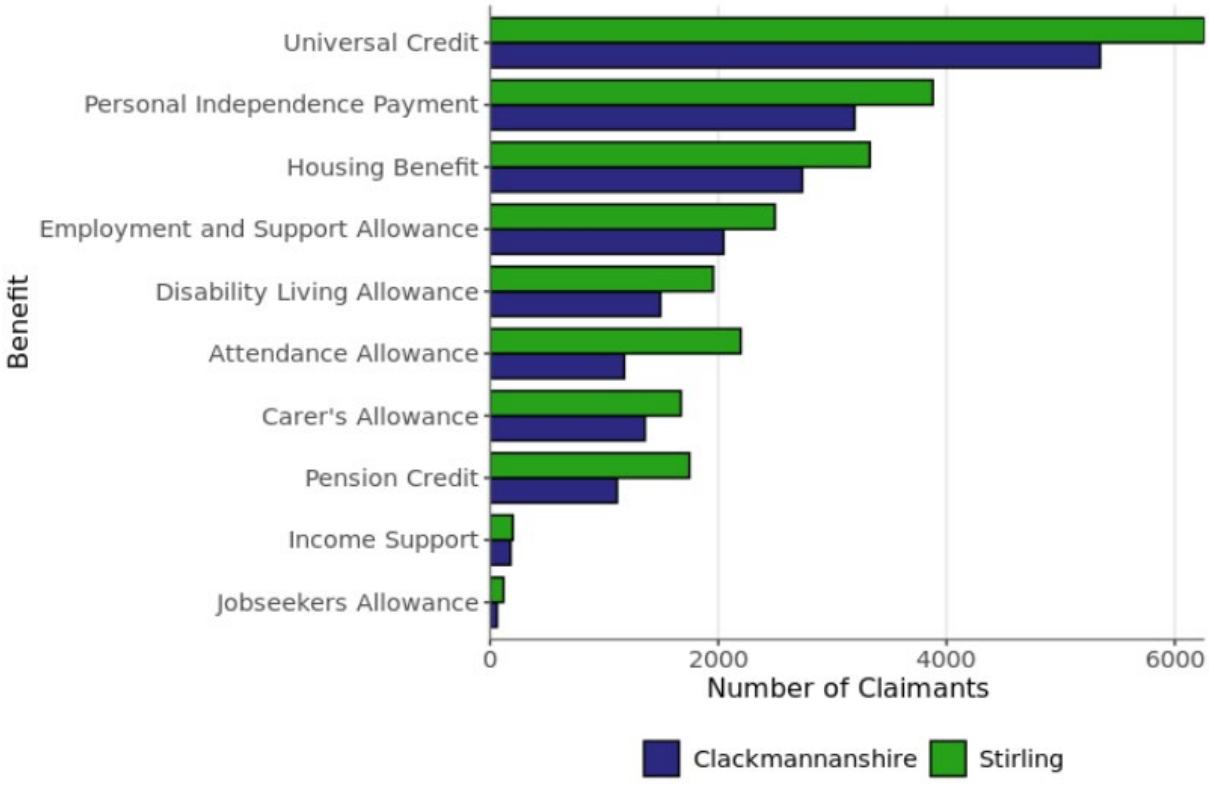
Deprivation varies across Clackmannanshire and Stirling. In Clackmannanshire 28% of the population are living in the 20% most deprived areas of Scotland – in Stirling it is 12%. We have seen that there are pockets of higher deprivation with 14 datazones falling within the top 10% most deprived areas in Scotland – seven in Clackmannanshire and seven in Stirling. Deprived does not just mean 'low income' but also that people have poorer health and education outcomes, fewer opportunities, and access to services.

The link between economic and employment opportunities and deprivation is well known and all contribute to poorer health outcomes and the ability to lead a fulfilled and successful life. It will be important to understand this landscape in Clackmannanshire and Stirling to get a better understanding of the needs of its population and the drivers of service demand.

Department of Work and Pensions (DWP) Benefits

The chart below provides an overview of the number of people claiming Department of Work and Pensions (DWP) benefits at August 2021. This does not include State Pension Claimants. The top three benefits were Universal Credit, Personal Independence Payment and Housing Benefit. Personal Independence Payment (PIP) is a benefit which aims to help with some of the extra costs caused by long-term disability, ill-health or terminal ill-health and Housing Benefit aims to help claimants pay rent if they are on a low income.

Figure 65: DWP Benefits by Number of Claimants, August 2021



Source: DWP Stat- Xplore

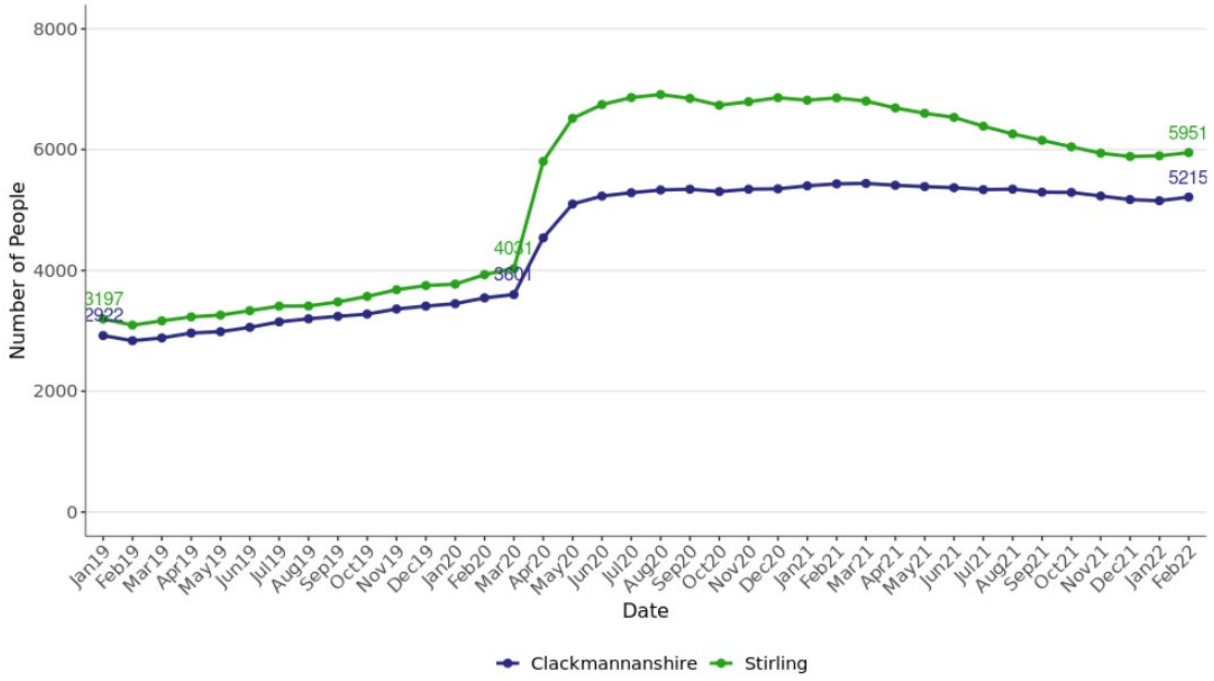
Universal Credit

The chart above shows that Universal Credit had the highest number of claimants, 5,346 in Clackmannanshire and 6,259 in Stirling at August 2021. It is replacing six benefits including income-based Jobseekers Allowance, Income-related Employment and Support Allowance, Income Support, Working Tax Credit and Housing Benefit. Not all benefit and tax credit claimants have moved onto Universal Credit and increases in Universal Credit should be interpreted with this in mind.

In response to the COVID-19 pandemic and to support households, temporary changes were made to Universal Credit (e.g. changes to the eligibility criteria, open cases and requirements for payment). As a result, there has been a marked increase in the number of claims for Universal Credit. From March 2020 to February 2022 the number of claimants rose by almost 50% in both Clackmannanshire and Stirling (45% and 48% respectively). The rate of Universal Credit claimants in February

2022 was higher than the national average in Clackmannanshire and lower in Stirling - 123.0 per 1,000 16+ population in Clackmannanshire compared to 75.4 in Stirling and 99.6 nationally. This also ranged across both local authorities from 34.0 per 1,000 16+ population in Dollar and Muckhart up to 288.1 in Alloa South in East in Clackmannanshire and from 21.4 per 1,000 16+ population in Kings Park and Torbrex up to 219.3 in Raploch in Stirling. Clackmannanshire had the highest rate compared to the other two localities - 123.1 per 1,000 16+ population compared to 86.0 in Stirling City with the Eastern Villages, Bridge of Allan and Dunblane and 46.7 in Rural Stirling. Both Alloa South and East and Raploch are areas of high deprivation and of the Partnership's three localities Clackmannanshire has the highest proportion of its population living in the most deprived quintile.

Figure 66: Number of Universal Credit Claimants



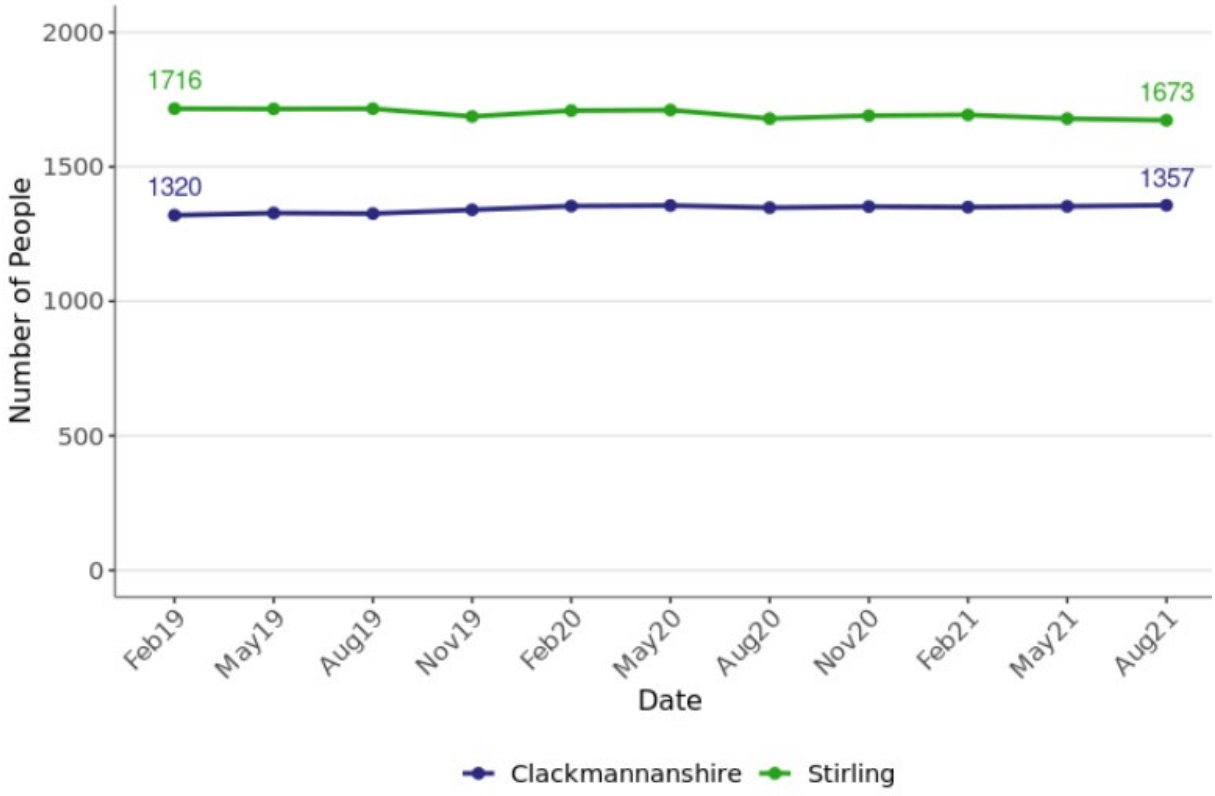
*February 2022 data is provisional. Figures are a count of the number of people on Universal Credit on the second Thursday of each month.

Source: DWP Stat- Xplore

Carers Allowance

Carer's allowance is paid to carers aged 16 and older who look after a severely disabled person for at least 35 hours a week. The number of claimants entitled to carers allowance has been relatively stable over the past couple of years in both Clackmannanshire and Stirling. The rate of Carer's Allowance was higher than Scotland in Clackmannanshire and lower in Stirling although it ranged in each local authority from 12.9 to 56.5 per 1,000 16+ population in Clackmannanshire and 6.8 to 49.2 per 1,000 16+ population in Stirling. Of the three localities Clackmannanshire had the highest rate followed by Stirling City with the Eastern Villages, Bridge of Allan and Dunblane and Rural Stirling (32.0, 22.8 and 15.9 per 1,000 16+ population respectively).

Figure 67: Claimants entitled to Carers Allowance



Source: DWP Stat- Xplore

In 2020 62.0% of Clackmannanshire's and 64.2% of Stirling's population was 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.

The table below presents a number of economic and employment measures and highlights the gender gap in earnings which is wider in Clackmannanshire and Stirling than nationally. In both Clackmannanshire and Stirling women earn 7% less and men 7% more than the national average. Women living in Clackmannanshire and Stirling earn 23% less than men which compares to 11% nationally. It should be noted however that this relates to a period where many people would have been furloughed. There are a greater proportion of out of work benefit claimants and working age population employment deprived in Clackmannanshire than both nationally and in Stirling and Clackmannanshire also has a lower enterprise survival rate.

Table 14: Overview of Economic and Employment Measures

Measure	Year	Clackmannanshire	Stirling	Scotland
Employment Rate (%) [1]	2019/20	73.2	72.6	74.4
Enterprise Survival [1]	2019/20	50	55.6	56.5
Working Age population Employment Deprived (%) [2]	2017	11.45	6.93	9.29
Out of Work Benefits (%)[1]	May-20	18.8	12.4	15.7
Working age population (16-64)[3]	2020	62.0	64.2	63.9
Median Gross Weekly Earnings for Full Time Workers - Men[3]	2021	698.5	693.6	650.4
Median Gross Weekly Earnings for Full Time Workers - Female[3]	2021	538.5	536.3	577.3
Economically Active (%)[3]	Jan-Dec 21	73.7	76.6	76.2
Unemployed, model-based (%)[3]	Jan-Dec 21	3.8	3.7	3.9
Coronavirus Job Retention Scheme (CJRS) cumulative total jobs	To 30 June 2021	8,400	15,700	-

Source: 1.Improvement Service 2.ScotPHO 3.NOMIS

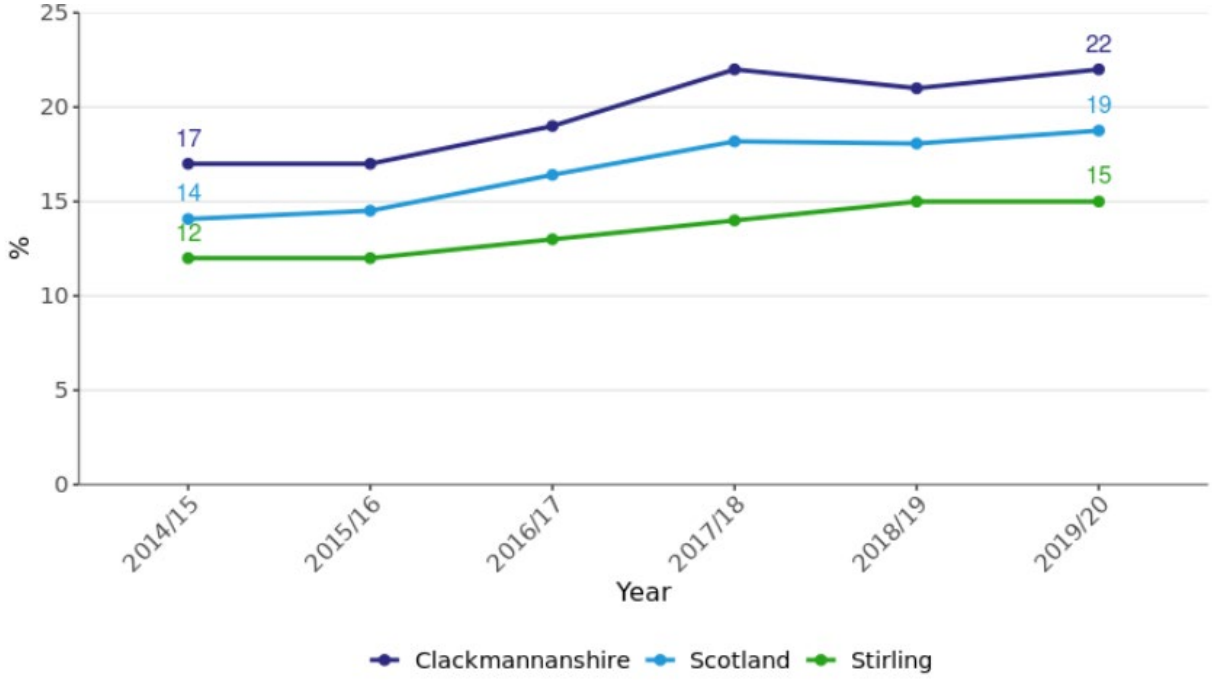
The Coronavirus Job Retention Scheme (CJRS) was announced on 20 March 2020 and has supported employers in paying their employees during the COVID-19

pandemic. Up to 30 June 2021 around 24,000 residents have been supported by the scheme at various points. This is a considerable number of people who have been living on a reduced income and not working at some point during this time.

Children Living in Poverty

The percentage of children living in poverty has steadily been rising. The chart below shows that 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. We have seen that there are areas of higher (and lower) deprivation across the Partnership. We have also seen how child poverty varies across the Partnership - from 2.7% to 44.4% (Appendix 2).

Figure 68: Percentage of children living in poverty



Source: Improvement Service

The Scottish Government publish information on poverty at Scotland level. The most commonly used poverty indicator in Scotland is relative poverty after housing costs. The latest release, **Poverty and Income Inequality in Scotland 2017-20** estimates that 19% of Scotland's population was living in relative poverty after housing costs in

2017-20. Most working age adults in poverty live in working households. Child poverty has been gradually rising and two thirds of children in poverty live in working households. Having paid work is sometimes not enough, for example when it does not pay enough or when you are unable to work enough hours.

The **Persistent Poverty in Scotland 2010-2020** report showed that between 2016 and 2020, 10% of people in Scotland were in persistent poverty after housing costs. Persistent poverty means that people have lived in relative poverty for three or more of the last four years. Persistent poverty rates were similar for children (10%), working-age adults (10%) and pensioners (11%). Not everyone in poverty is in persistent poverty as people move out and enter poverty each year.

Fuel Poverty

A household is considered to be in fuel poverty if, in order to maintain a satisfactory heating regime, total fuel costs necessary for the home are more than 10% of the households adjusted (i.e. after housing costs) net income and if, after deducting those fuel costs, benefits received for a care need or disability and childcare costs, the household's remaining adjusted net income is insufficient to maintain an acceptable standard of living.

The reason for considering fuel poverty in this needs assessment is because of the link between fuel poverty and health. This is based upon the health implications of living in cold, damp homes – certain respiratory conditions are exacerbated by the cold and people living in cold homes are more likely to suffer colds, flu, bronchitis, and pneumonia. Hypothermia is caused by long term exposure to cold and those who are chronically sick, disabled or with limited mobility are at particular risk.[vi] At temperatures below 12 degrees Celsius, blood thickens, and this can result in increased likelihood of stroke/heart attack.

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vi https://www.eas.org.uk/en/the-impact-of-cold-temperatures-on-health_50540/

Those who are fuel poor are more likely to be forced to turn their heating down below the level tolerable for their well-being, and potentially more likely to live in energy inefficient homes.

Information on fuel poverty is published by the Scottish Government in the Scottish House Condition Survey (SHCS). 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 were higher in the Social Housing sector (Clackmannanshire=40%, Stirling=41%) and while rates were low in Family households in Stirling (5%) they were higher in Clackmannanshire (21%).

Extreme fuel poverty follows the same definition except that a household would have to spend more than 20% of its adjusted net income (after housing costs) on total fuel costs to maintain a satisfactory heating regime. Around 9% of households in both Clackmannanshire and Stirling are in extreme fuel poverty (Scotland=12%).

Due to increased volatility in the wholesale energy markets during 2021/22 a revised price cap was announced from April 2022 which would see average energy bills increase by more than £700 to £2000 a year. As such the Scottish Government released further estimates in February 2022 (based on April price cap) which estimated that around 1 in 3 households in Clackmannanshire (34%) and Stirling (30%) will be in fuel poverty. This is an area that should be monitored as increased number of vulnerable people living in inadequate cold conditions could ultimately result in increased hospital admissions and excess winter deaths.

Food Poverty

Food poverty is commonly defined as 'the inability to acquire or consume an adequate or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so'. It has varying degrees of severity from worry about whether there will be enough food to going without food and experiencing hunger. As with all poverty, food poverty is primarily driven by income deprivation. From 2017/18 questions on food insecurity have been included in the Scottish Health Survey. Information is available at Scotland level only and in 2019 9% of people said

that during the past year there was a time they were worried they would run out of food. This rate increased as deprivation increased and was higher for those with a limiting long term condition compared to those with either none or a non-limiting long term condition.

Living in deprivation with low income and little opportunities hugely impacts on life, from day to day living to the longer-term impact on physical and mental health. Within Clackmannanshire and Stirling there are pockets of higher deprivation where people have less income, are more reliant on benefits and more children are living in poverty. Having paid work is an effective way out of poverty but sometimes having a job is not always enough. The Covid-19 pandemic for many has meant living on reduced pay, being more reliant on benefits, being more socially isolated, at a time where costs are rising. How much the COVID-19 pandemic has exacerbated existing problems we still do not know but with the continuing and unprecedented increase in daily basic living costs the stress for many, and the impact that this will have on people and need, is likely to grow.

Drugs and Alcohol

Clackmannanshire & Stirling Alcohol and Drug Partnership (CSADP) is a multi-agency group tasked by the Scottish Government with tackling alcohol and drug issues through partnership working. Outside the requirements of ADPs outlined in the Scottish Government's annual funding letter, several key strategic priorities within CSADP:

Building comprehensive harm reduction provision across Clackmannanshire and Stirling

Improving the coverage and quality of peer-led recovery activity

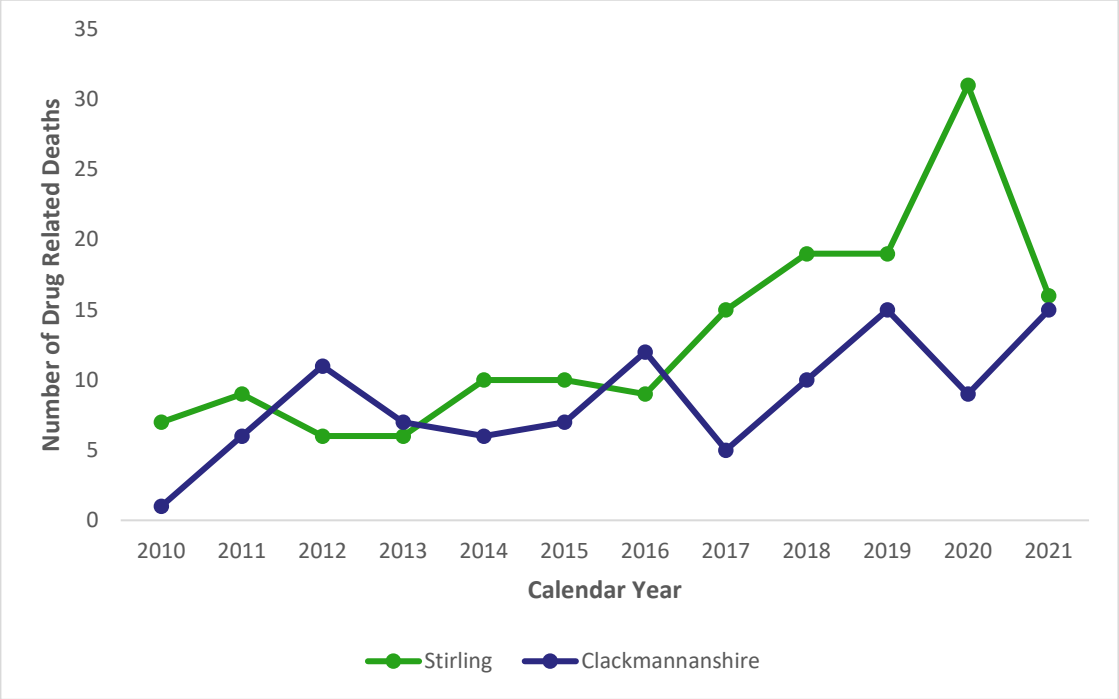
Dismantling systemic barriers between substance use and mental health support

Supporting populations known to be at particular risk of substance use-related deaths (including homeless people, communities affected by drug deaths and others)

Supporting people at risk of alcohol harm across our area

All the strategic priorities outlined above come through discussion with colleagues across different fields, people with lived and living experience and people otherwise connected to our area. There's no comprehensive data gathering or reflection to suggest specific changes at this point in time. The following data is published by National Records Scotland (NRS) and is based on calendar years up until end of 2021.

Figure 69: Annual Drug Related Deaths in Clackmannanshire and Stirling

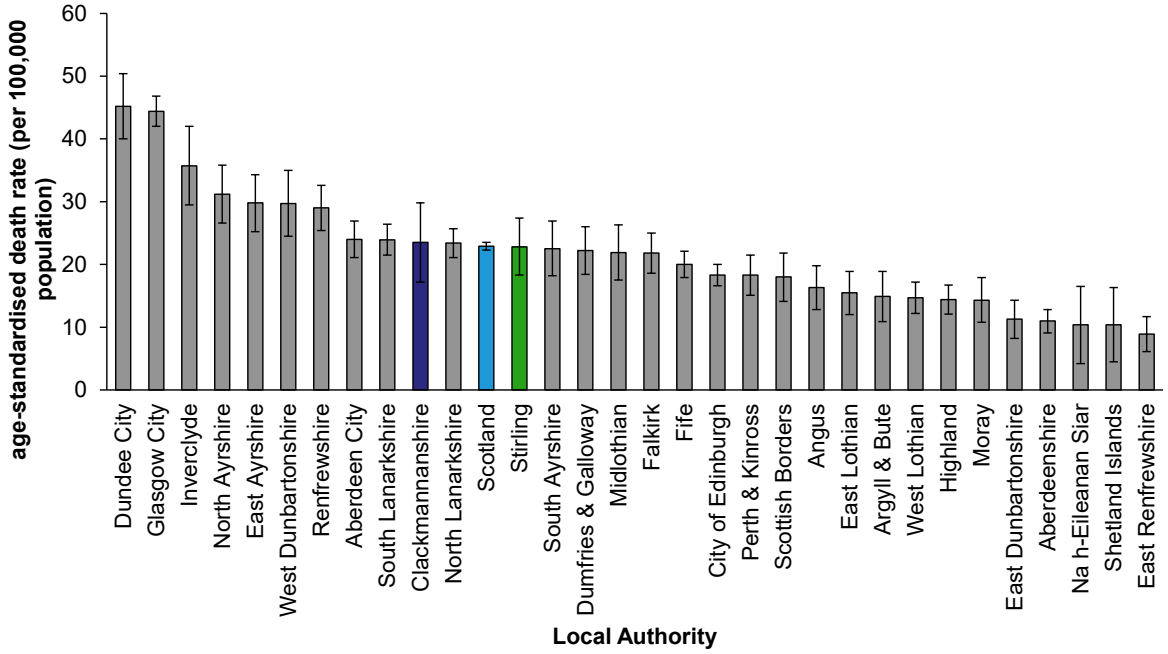


Source: National Records Scotland, Drug Related Deaths

Stirling reported an increase in drug deaths year-on-year from 2016 until 2020 (rising from 9 to 31) but dropped in 2021 (16), whereas Clackmannanshire has fluctuated year-on-year reporting 15 deaths in 2021.

Looking at these drugs related deaths across per 100,000 population, we can see that Clackmannanshire is reporting above the national figure, with Stirling just reporting under.

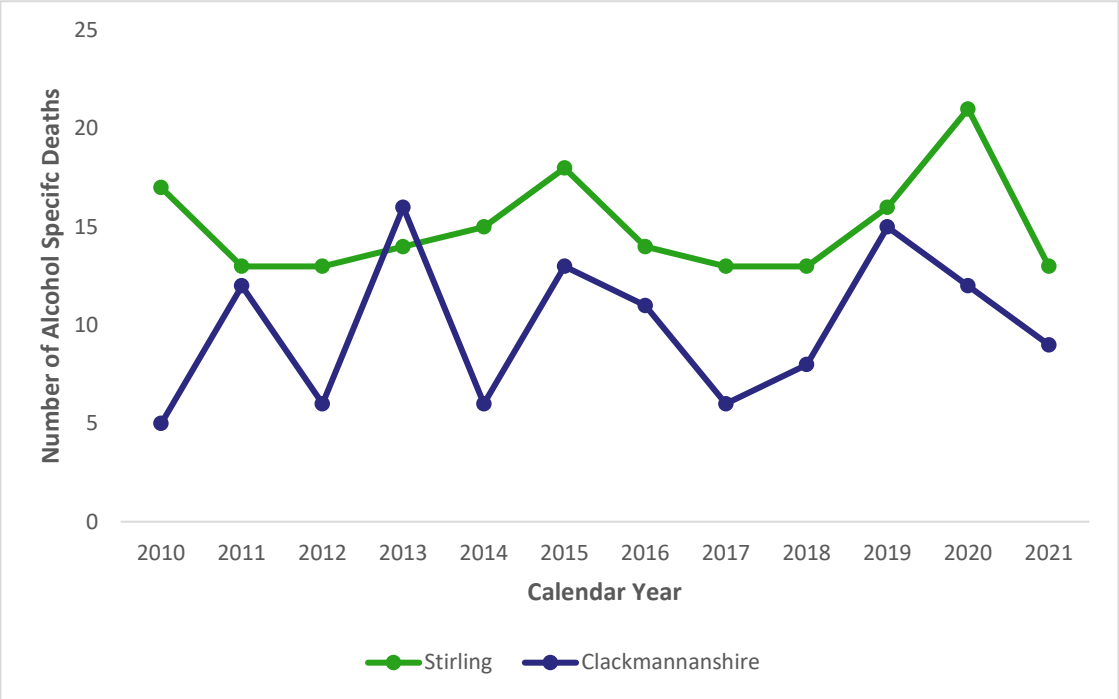
Figure 70: Drug Related Deaths by Local Authority, Age-Standardised Death Rates per 100,000 Population, 2017-2021



Source: National Records Scotland, Drug Related Deaths

The figures below relate to alcohol specific deaths but do not give a clear indicator of the impact of deaths where alcohol was a factor. Neither this or the drug related deaths give a true picture of impact of these substances within the partnership.

Figure 71: Alcohol Specific Deaths in Clackmannanshire and Stirling



Source: National Records Scotland, Alcohol Specific Deaths

Stirling reported its highest alcohol specific deaths in 2020 (21), with the lowest reported figure throughout being 13, which what was reported in 2021. Clackmannanshire reported its highest alcohol specific deaths in 2013 (16), with 9 reported in 2021.

Palliative and End of Life Care

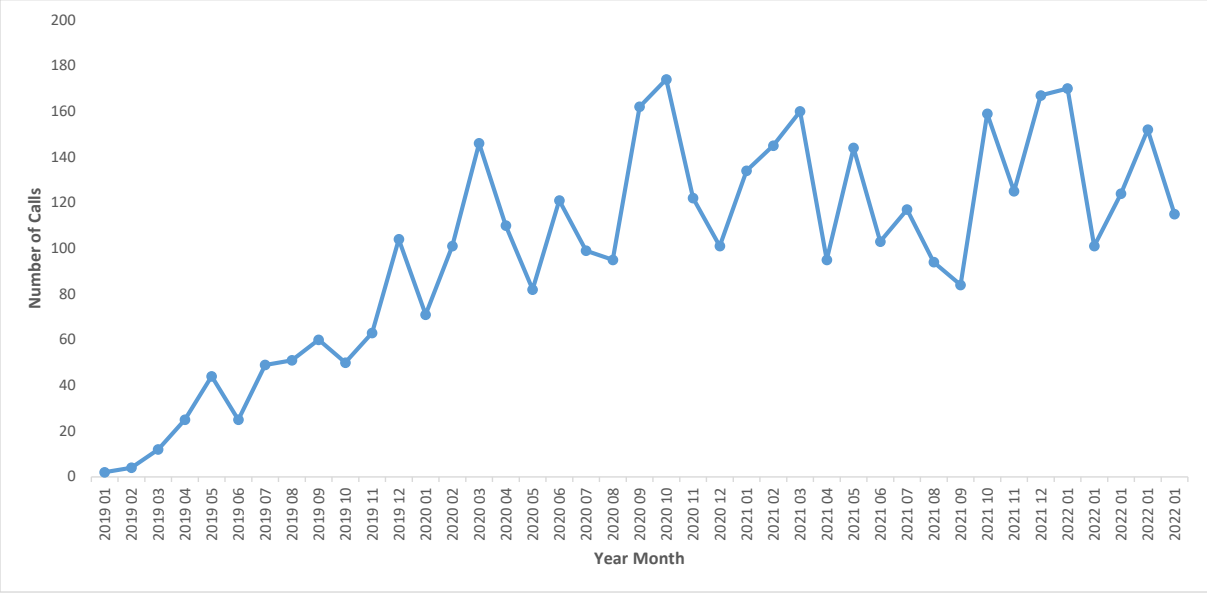
Palliative care refers to the intention of treatment and care and is about managing symptoms of a condition and not aiming for cure. End of life care refers to situations when the prognosis of a condition is likely death, or generally the last 6 months of life. Both can be quite specialist. Individuals 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.

There is limited data on palliative and end of life care and the group have used out of hours data from local systems and nationally available data on palliative and end of life care.

Adastra is a patient management system designed specifically for out-of-hours, urgent and unscheduled care which supports efficient and clinically safe case management over the phone. Within the system, there is a case type of Palliative Care, which will allow the HSCP to see the number of calls received since 2019.

The figure below shows for Clackmannanshire & Stirling the number of palliative care calls per month. Throughout 2019, there was an increase in calls as this system was introduced. From 2020, calls have fluctuated month on month, with no obvious patterns in relation numbers. Although data was provided for origin of the call, the majority were noted as Palliative Care Line (95.6%) – with low numbers across the other areas.

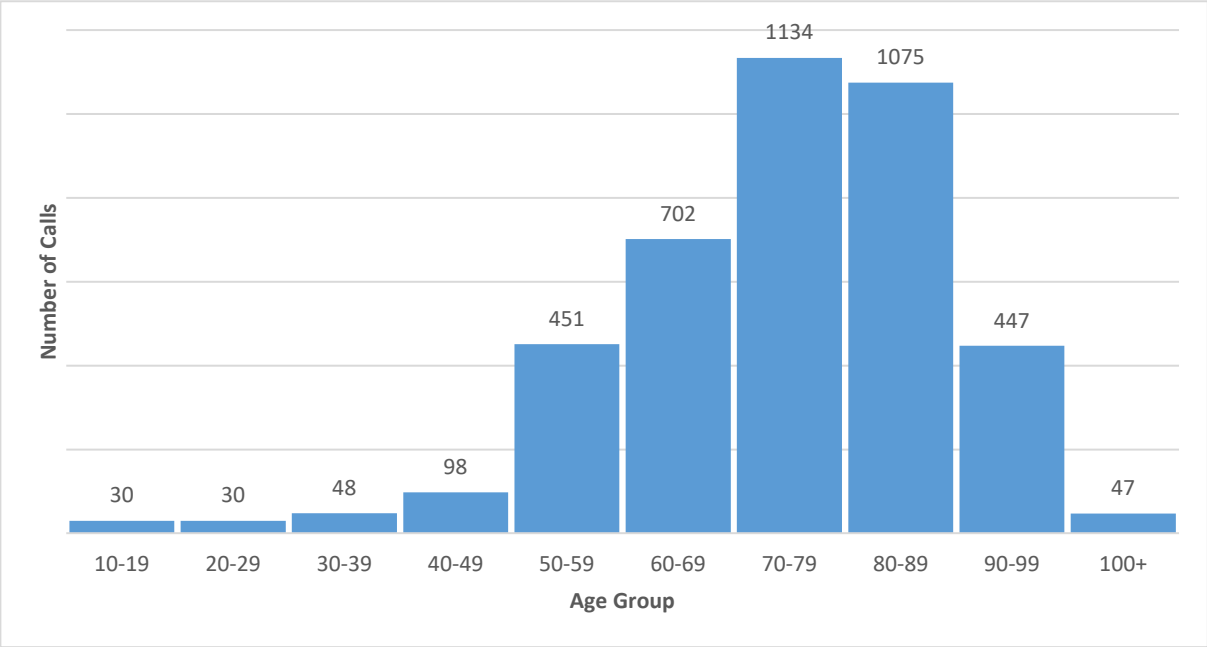
Figure 72: Clackmannanshire & Stirling Number of Palliative Care Calls



Source: Public Health Scotland, Adastra

With regards to age groups, the majority of calls related to patients aged from 70 – 89 years old (54.4%) – with low numbers for those aged under 50 and above 100.

Figure 73: Clackmannanshire & Stirling Number of Palliative Care Calls by Age Group

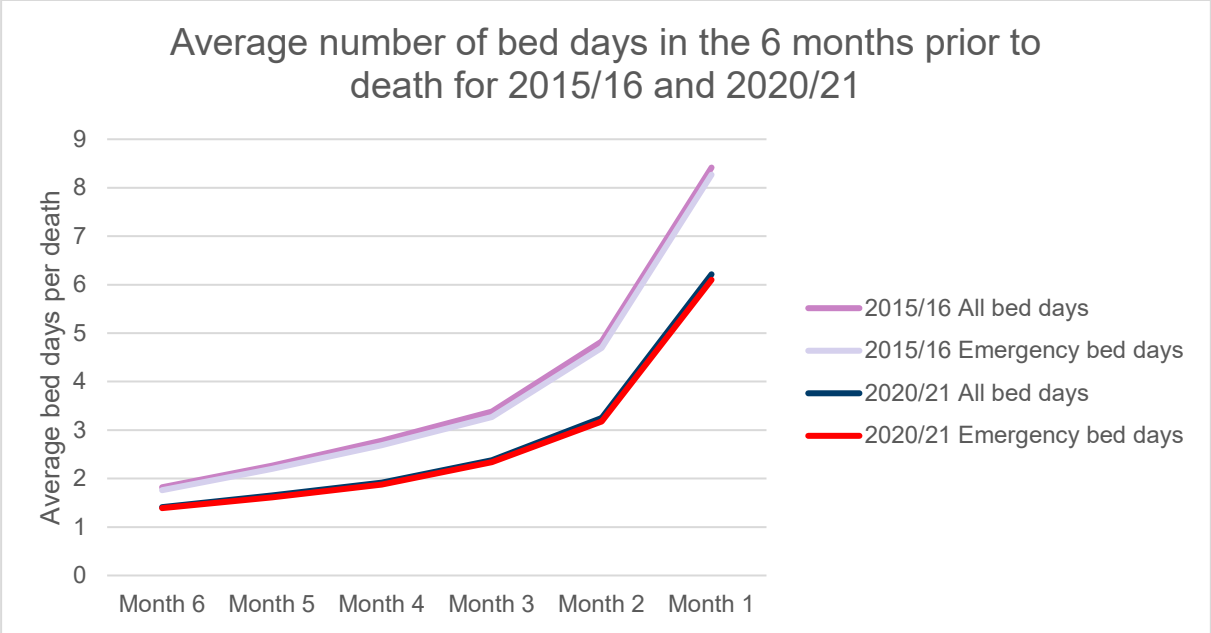


Source: Public Health Scotland, Adastra

Public Health Scotland provides information on the percentage of time spent at home or in a community setting in the last six months of life. Data are presented by financial year from 2011 to 2012 through to 2020 to 2021, by NHS board, Health and Social Care Partnership of residence and for Scotland.

For cancer, CHD, COPD, Dementia, Multiple Sclerosis and Parkinson's (life limiting ones agreed with GP locality lead) the figures below illustrate the number of bed days and the number of these in the last six months of life for 2021/22, clearly showing in the last six months of life the number of bed days and emergency bed days decreasing. This was decreasing before the pandemic.

Figure 74: Average number of bed days in the 6 months prior to death for 2015/16 and 2020/21 for Clackmannanshire and Stirling



Source: Public Health Scotland (2021)

Table 14: Bed Days in Last Six Months of Life Prior to Death 2020/21

Admission Type	Month 6	Month 5	Month 4	Month 3	Month 2	Month 1	Total Deaths
All bed days	1.3	1.6	1.8	2.2	3.3	6.3	1,559
Emergency bed days	1.3	1.5	1.8	2.1	3.2	6.2	1,559
Elective bed days	0.1	0.1	0.0	0.0	0.1	0.1	1,559

Source: Public Health Scotland (2021)

This contrasts with the table below for 2015/2016 so there has been a declining trend.

Table 15: Bed Days in Last Six Months of Life Prior to Death 2015/16

Admission Type	Month 6	Month 5	Month 4	Month 3	Month 2	Month 1	Total Deaths
All bed days	2.0	2.5	3.1	3.8	5.1	8.8	1,147
Emergency bed days	2.0	2.5	3.0	3.7	4.9	8.6	1,147
Elective bed days	0.0	0.0	0.1	0.2	0.1	0.2	1,147

Source: Public Health Scotland (2021)

Adult Support & Protection

The Adult Support and Protection (Scotland) Act 2007 deals with the protection of adults at risk of harm.

Adults at risk' as individuals, aged 16 years or over, who:

- are unable to safeguard themselves, their property, rights or other interests;
- are at risk of harm; and
- because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than others who are not so affected.

Harm includes all harmful conduct and, in particular, includes:

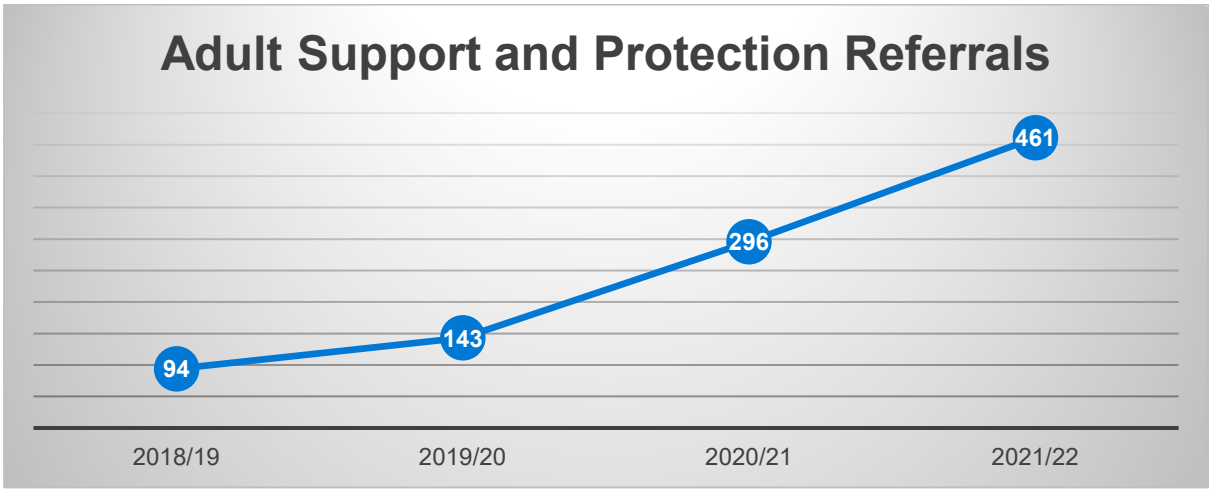
- conduct which causes physical harm;
- conduct which causes psychological harm (e.g. by causing fear, alarm or distress);
- unlawful conduct which appropriates or adversely affects property, rights or interests (e.g. theft, fraud, embezzlement or extortion); and
- conduct which causes self-harm.

Clackmannanshire ASP

The data below illustrates a slight decrease in adult support and protection investigations, reducing from 105 in 2020/21 compared to 101 in 2021/22. The most prevalent category of harm was physical followed by neglect which has increased steadily across the reporting periods.

Numbers less than 10 is redacted for data protection reasons

Figure 75: ASP Referrals 2018/19 to 2021/22



Source: local data systems

Table 16: Summary of Investigations, Type of Harm and Outcomes 2017/18 to 2021/22

	2017/18	2018/19	2019/20	2020/21	2021/22
Investigations (principal harm)					
Financial Harm	9	13	10	19	10
Psychological Harm	<10	<10	<10	<10	<10
Physical Harm	11	13	14	53	65
Sexual Harm	<10	<10	<10	<10	<10
Neglect	<10	<10	<10	16	18
Self-harm	<10	<10	<10	<10	<10
Other	<10	<10	<10	<10	<10
Outcomes of Investigations:					
Further ASP Action	<10	11	<10	27	<10
Further non-ASP Action	10	13	<10	10	95
No Further Action	<10	15	24	68	<10
Not Known	<10	<10	<10	<10	<10
Initial ASP Case Conference	<10	<10	<10	12	<10
Review ASP Case Conference	<10	<10	<10	<10	<10

	2017/18	2018/19	2019/20	2020/21	2021/22

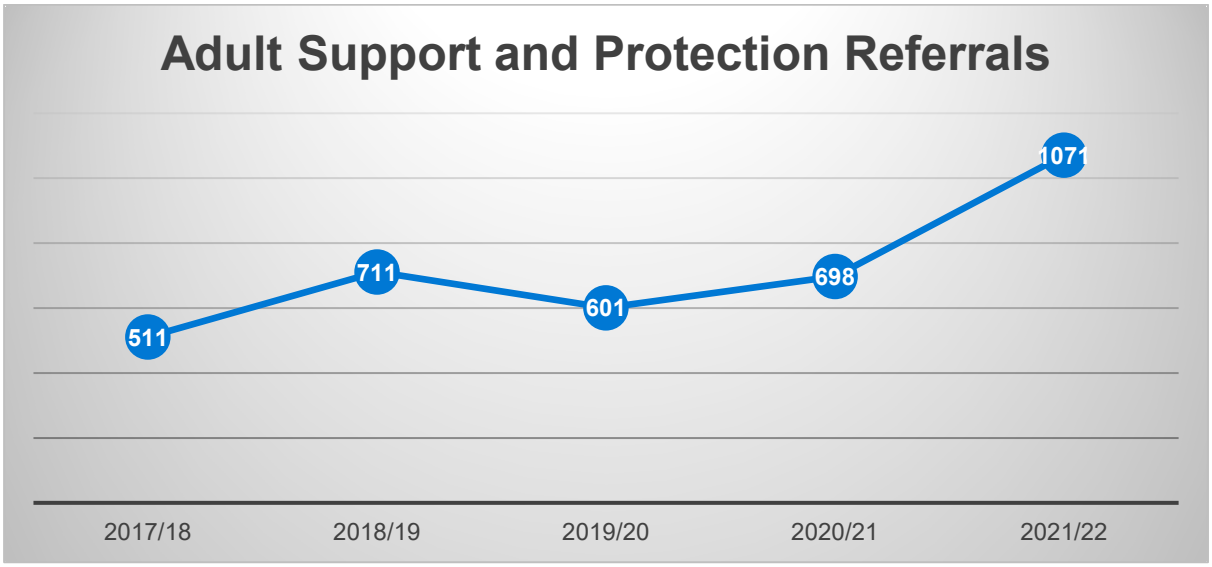
Source: local data systems

Stirling ASP

The table below illustrates an increase of adult support and protection investigations, rising from 77 in 2020/21 compared to 117 in 2021/22. This is reflective of an increased number of referrals and subsequent conversion rate into investigations. The most prevalent category of harm was physical followed by financial harm which replicates data from the previous year. However there is a notable increase of self-harm leading to investigation under adult support and protection legislation. This is indicative of pandemic related mental health/wellbeing issues and is a national trend.

Numbers less than 10 is redacted for data protection reasons

Figure 76: ASP Referrals 2017/18 to 2021/22



Source: local data systems

Table 17: Summary of Investigations, Type of Harm and Outcomes 2017/18 to 2021/22

	2017/18	2018/19	2019/20	2020/21	2021/22
Investigations (principal harm)					
Financial Harm	27	26	18	17	23
Psychological Harm	11	<10	<10	<10	11
Physical Harm	39	30	38	30	58
Sexual Harm	13	13	<10	<10	<10
Neglect	10	32	28	<10	<10
Self-harm	<10	<10	<10	<10	<10
Other	21	29	18	14	<10
Outcomes of Investigations:					
Further ASP Action	69	57	49	25	22
Further non-ASP Action	11	29	17	19	13
No Further Action	42	54	46	33	82
Not Known	0	0	0	0	0
Initial ASP Case Conference	15	12	14	<10	20
Review ASP Case Conference	<10	<10	23	<10	<10

Source: local data systems

Transition from Children to Adult

A Transitions Policy for the Clackmannanshire and Stirling Health and Social Care Partnership has been drafted and approved.

Transition from Prison to Community

There are two prisons within the partnership area - HMP Glenochil and HMP & YOI Cornton Vale. Initial meetings have been held with prisons to ascertain what work will require to be undertaken going forward.

Contact

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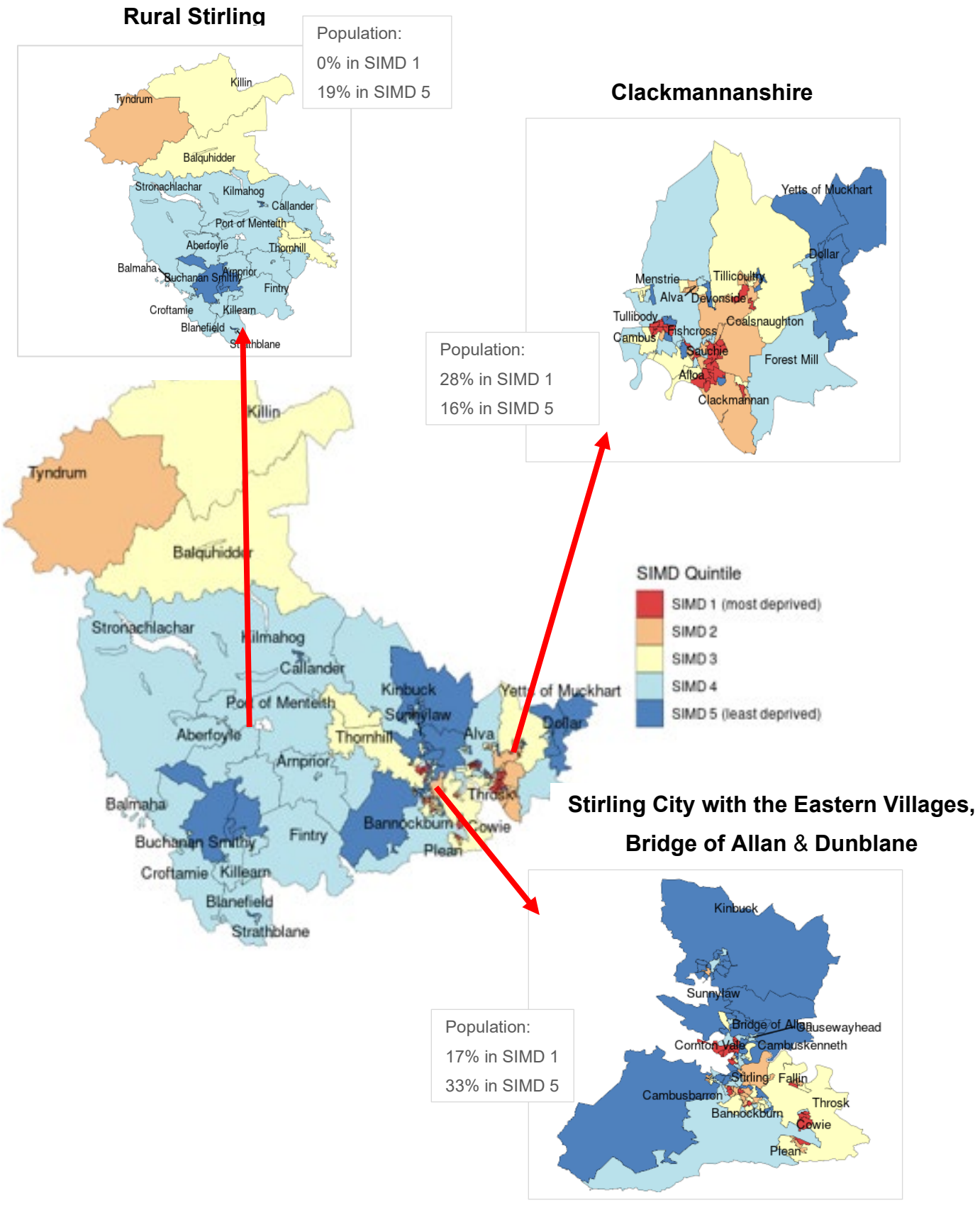
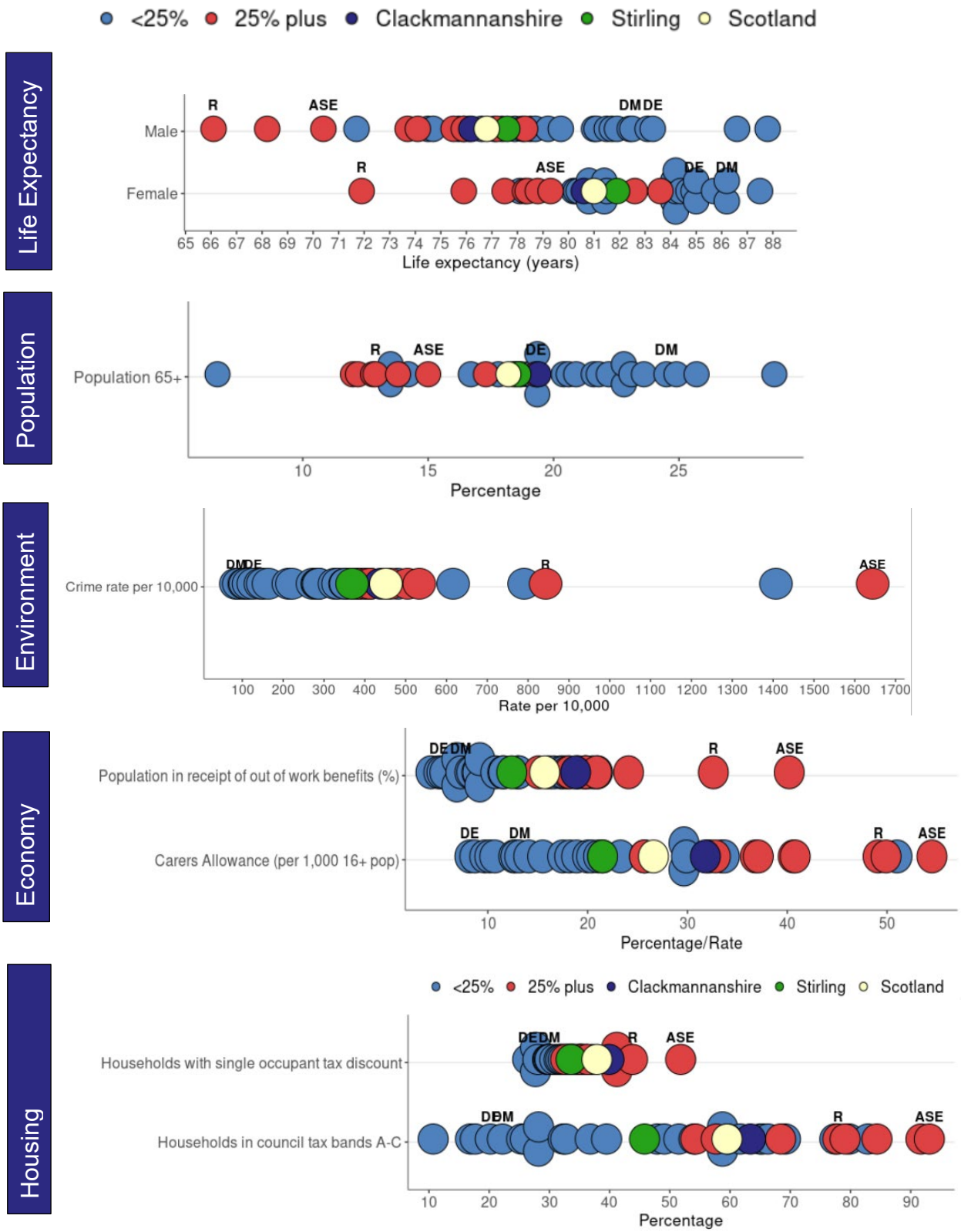
Further information

Clackmannanshire and Stirling HSCP – Contact (clacksandstirlinghscp.org)

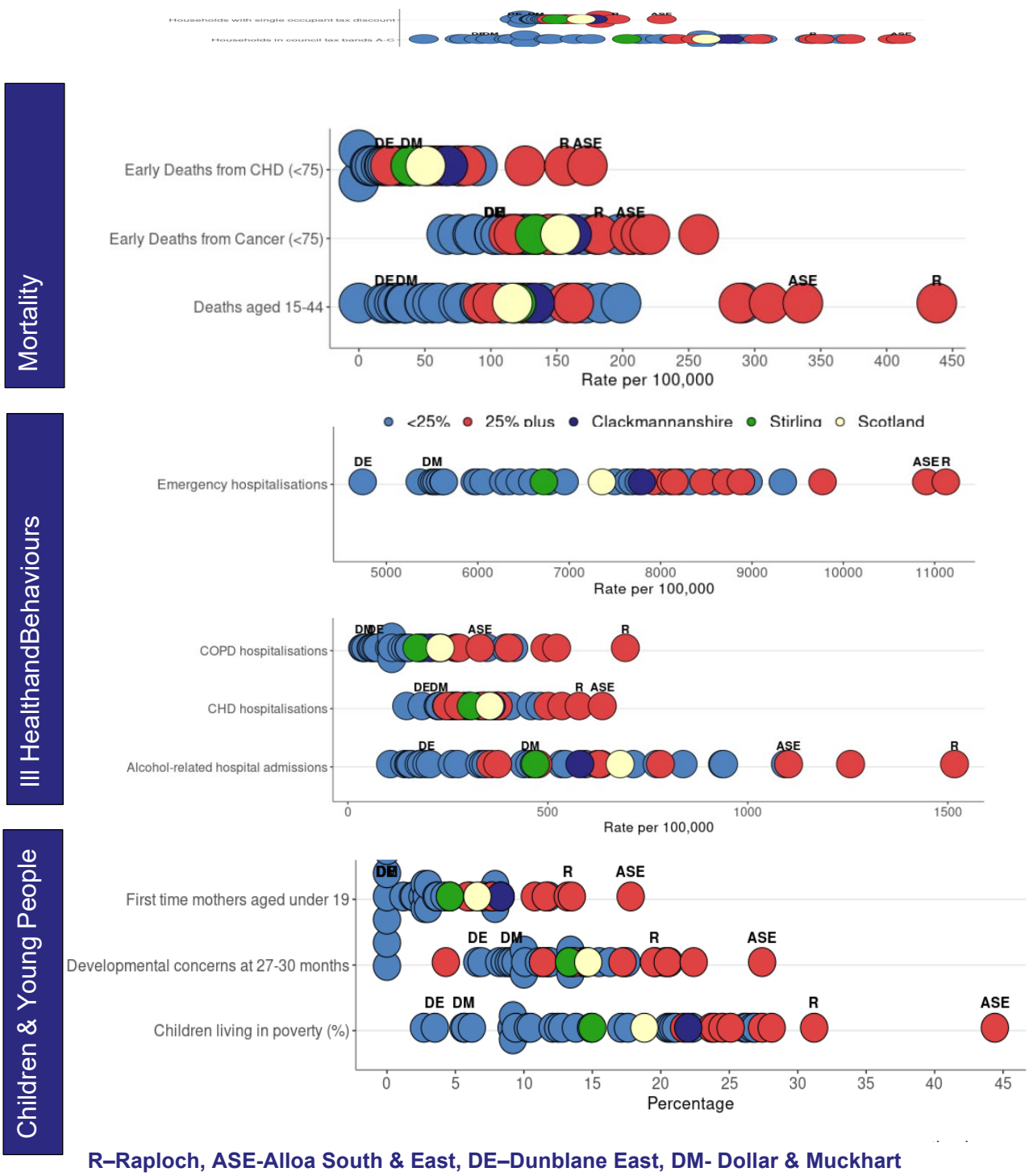
Appendix 1 Map of Datazones by SIMD Quintile



Appendix 2 Health and Socio-Economic Measures by Intermediate Zone



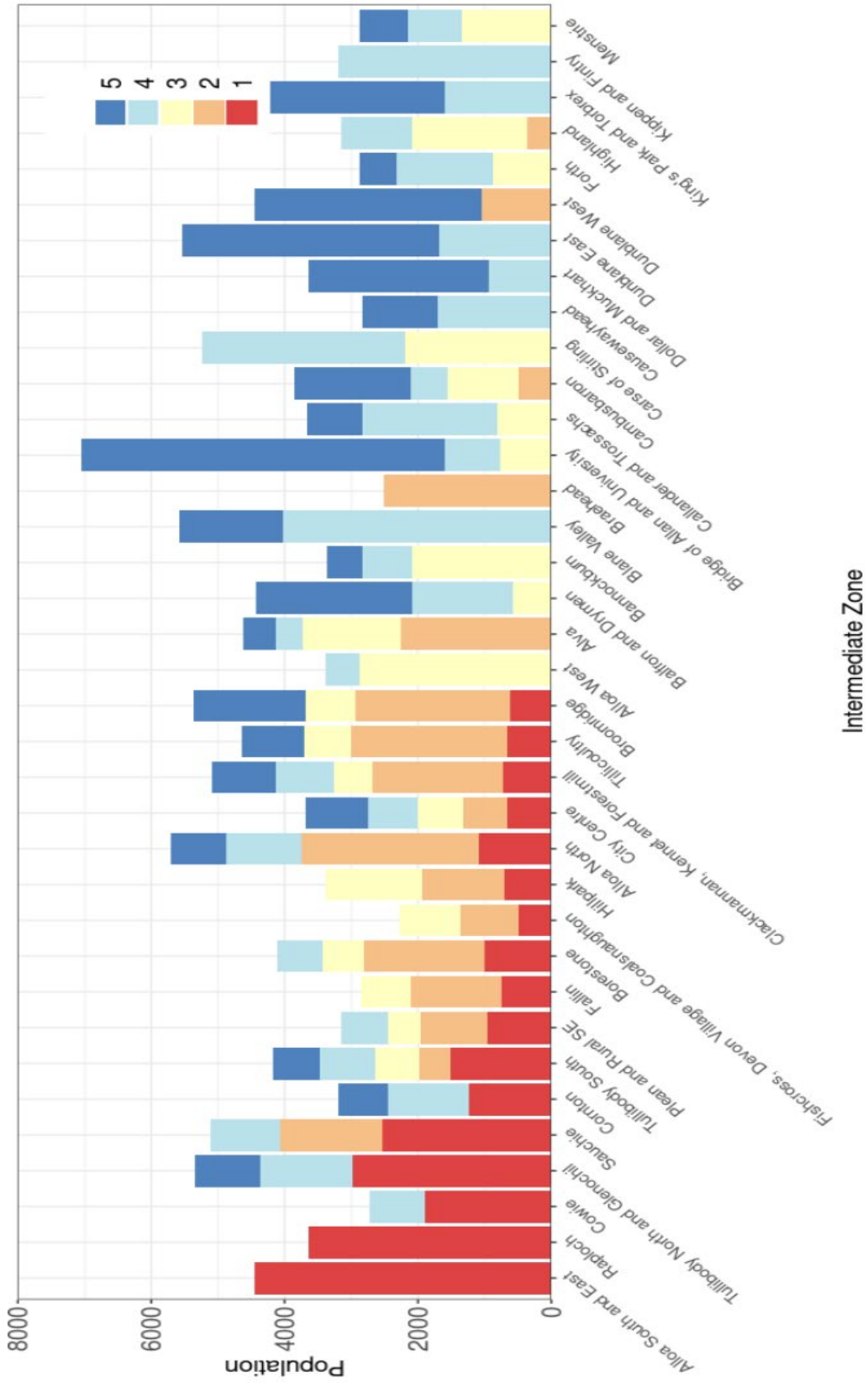
R–Raploch, ASE-Alloa South & East, DE–Dunblane East, DM- Dollar & Muckhart



R–Raploch, ASE-Alloa South & East, DE–Dunblane East, DM- Dollar & Muckhart

Source: **ScotPHO** – Life Expectancy 2016-20, Deaths 2018-20 (Aged 15-44, early deaths from cancer and CHD), Hospitalisations (CHD & COPD 2018/19-2021, Emergency 2018-20, Alcohol-related 2019/20. **NRS 2020**–Population and Households (Single Occupant tax discount, Council tax bands), **Improvement Service**–Children living in poverty 2019/20, Pop in receipt of out of work benefits May 2020, Crime Rate 2019/20, **Scottish Government**-First time mothers aged under 19 2016/17-18/19. **DWP Stat-Xplore**-Carers Allowance Feb 21

Appendix 3 Clackmannanshire and Stirling's 2020 Population by Intermediate Zone and SIMD Quintile



Source: PHS, Scottish Index of Multiple Deprivation, NRS 2020 Mid-Year Population Estimate