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<b>Report To:</b>	<b>Policy &amp; Resources Executive Sub-Committee</b>	<b>Date:</b>	<b>5 May 2020</b>
<b>Report By:</b>	<b>Chief Financial Officer/Chief Officer, Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>FIN/44/20/AP/LA</b>
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<b>Subject:</b>	<b>Death Registration Update</b>		

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to update the Sub Committee in respect of changes to the Death Registration process which have occurred as a result of the COVID-19 pandemic, to provide information in terms of the number of deaths registered in Inverclyde and to update the Sub Committee on emerging analysis of the reasons for the high number of deaths within Inverclyde during this period.

## 2.0 SUMMARY

- 2.1 There have been a number of changes to the Death Registration process since the middle of March including the move to remote Death Registration and the provision of a 7 day a week Death Registration service. The Council's Registration team have continued to provide a high level of service during this period with death registrations being up to date.
- 2.2 From the outset of COVID-19 crisis, Officers had been recording deaths registered on a daily basis and quickly identified that Inverclyde was experiencing a significant increase in the number of death registrations and, appeared on the basis of the daily Scotland wide statistics to have a disproportionate number of COVID related deaths. This was formally confirmed when the National Registers of Scotland (NRS) announced COVID death figures at a Council level on the 22<sup>nd</sup> April. This information is now provided on a weekly basis.
- 2.3 Based on the NRS figures, of the 1616 registered by 19 April where COVID-19 appeared as the only or as a contributory factor on the Death Certificate, 76 (4.7%) were for individuals whose main residence was assessed to be Inverclyde. On the basis that Inverclyde makes up approximately 1.5% of Scotland population then Inverclyde, at the 19<sup>th</sup> April 2020, had over 3 times the average number of COVID related deaths.
- 2.4 Appendix 1 provides an analysis based on the number of COVID related deaths per 10,000 population based on the figures released by NRS on the 22<sup>nd</sup> April. A further column has been added based on Officers analysis based on the figures announced on the 29<sup>th</sup> April covering the period to the 26<sup>th</sup> April. From this it can be seen that there are only 2 other Councils within 50% of the Inverclyde rate of COVID deaths of 11.9/10,000.
- 2.5 A further worrying trend identified by Officers and now confirmed in the NRS analysis has been the significant increase in general deaths where COVID is not identified as a contributory factor. Within Inverclyde it is estimated for the 5 weeks ending the 26 April overall deaths were 135% higher than the 5 year average for the same period. After removing the 93 COVID related deaths, deaths in 2020 are still 46% higher. NRS reported statistics at a national level highlighting this issue and Officers have received this analysis from NRS at an Inverclyde level. Appendix 2 provides further analysis based on the information received.

- 2.6 Reports and analysis at a UK and Scotland level are identifying a number of factors which could potentially explain the higher number of COVID-19 related deaths and the general increase in deaths within Inverclyde. It is believed that health inequalities, social economic inequalities plus Inverclyde having an older population are all contributory factors. Officers are liaising with Public Health Scotland and the Greater Glasgow and Clyde Health Board Public Health experts to get further insight and updates will be reported back to Members via the IJB.
- 2.7 Based on the most recent Death Registration information and allied to what is being reported at a Scotland wide level it appears that Inverclyde may have passed the peak of COVID-19. However as Members will be aware, this situation could change depending on the impact of any lifting of current restrictions and the potentially cyclical nature of the pandemic.

### **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the Sub Committee note the contents of this report and the ongoing analysis and the support being received by Public Health Scotland, National Records Scotland and Greater Glasgow and Clyde Health Board.

Alan Puckrin  
Chief Financial Officer

## **4.0 BACKGROUND**

- 4.1 Until the middle of March, Registration Services were delivering face to face Death Registrations, Birth Registrations and Marriage service. In the 3<sup>rd</sup> week of March significant changes were made whereby all Birth Registrations and Marriage appointments stopped and after a 3 day delay when no deaths were registered, the Registrars moved to a remote Death Registration service only where registrations take place over the phone and evidence is sent into the Registration Service electronically.
- 4.2 The Registration team adapted well to these changes and quickly resolved any backlog which had built up whilst registrations could not take place.
- 4.3 A further change to the service was implemented by the Scottish Government in mid April whereby, in order to ensure that the most up to date information was available at a Scotland level, all Councils were instructed to provide a 7 day per week Death Registration Service. Whilst Inverclyde Council has complied with this request it is not believed by Officers that this change has had any material impact on the quality of information being provided to date as Death Registrations are fully up to date within Inverclyde and the medical death certificates required to undertake a death registration have not always been sent to the Registrars over the weekend.

## **5.0 DEATH REGISTRATION FIGURES**

- 5.1 On the 22 April NRS published Death Registration data at a Council level and sadly the figures confirmed what Officers had suspected for a number of weeks i.e. that Inverclyde was being disproportionately impacted by deaths in relation to COVID-19.
- 5.2 Of the 1616 deaths registered where COVID-19 was the cause or contributory factor on the Death Certificate, 76 (4.7%) were for individuals whose main residence is assessed to be Inverclyde. This differed by 5 from the Council's own figures as families can register deaths at any Registration Office. Inverclyde makes up just under 1.5% of Scotland's population and therefore it can be seen that Inverclyde has experienced over 3 times the average number of COVID-19 deaths.
- 5.3 This assessment was confirmed by the analysis of Deaths per 10,000 population which is a measure used by Health colleagues. Inverclyde had 9.72 COVID-19 deaths per 10,000 compared to the Scottish average of 2.98. Greater Glasgow & Clyde Health Board was reported as having 4.4 deaths per 10,000 which was the highest Health Board figure and it can be seen that Inverclyde is over twice that figure. Appendix 1 provides more detail plus the figures announced on 29 April for the period to 26 April. These latest figures continued the trend despite Inverclyde seeing a drop in COVID-19 related deaths in that week.
- 5.4 The location of COVID-19 related deaths is also reported with the Scotland wide figures at 26 April being, Hospital 52%, Care Homes 39% and Elsewhere 9%. Inverclyde's equivalent figures are Hospital 59%, Care Homes 29% and Elsewhere 12%.
- 5.5 A further worrying trend identified by officers and now confirmed at a UK and Scottish level has been the general increase in deaths compared to previous years. This is referred to as Excess Deaths. Based on separate data received from NRS it can be seen from Appendix 2 that for the 5 weeks to 26 April, deaths registered by the Council were 245 compared to the 5 yearly average of 104 for the same period i.e. an increase 141 (135%). For the same period the Excess Deaths across Scotland were 56%. If the COVID-19 deaths were removed from the Excess Deaths figure then deaths in Inverclyde were 48 or 46% higher than the 5 yearly average compared to 15% (815) across Scotland.
- 5.6 Finally, it can be seen from Appendix 2 that for the 5 weeks to the 26 April the percentage of total deaths in Inverclyde attributable to COVID-19 has been on average 12% higher than the Scottish average.

## 6.0 FURTHER ANALYSIS AND UNDERSTANDING THE FIGURES

- 6.1 There is an understandable desire to better understand the figures to inform the response from all involved at a Scottish, Health Board, Council and community level in both the immediate and longer term to reduce the impact of COVID-19 in Inverclyde. There are strong indications from around the world and within the UK that age, underlying health conditions and poverty are all key factors. The NRS figures confirmed that to date 90% of all COVID deaths occurred in individuals 65 years old or older with 39% occurring in individuals 85 or older. The figures for Inverclyde are in line with the national position.
- 6.2 Public Health colleagues at Greater Glasgow & Clyde Health Board are assisting officers to analyse COVID-19 deaths within Inverclyde. The analysis will help to understand the factors associated with the high level of COVID-19 within the community.
- 6.3 It is important that Members understand that the figures announced on the 22 and 29 April are a cumulative snap shot based on only a few weeks data and therefore it is likely that figures will change and over coming weeks other areas could be harder hit. Therefore Officers would be cautious in drawing too many conclusions at this point in time and will continue to review the internally recorded, Health and NRS information as it becomes available.

## 7.0 CONCLUSION

- 7.1 The recent information released by National Records of Scotland has sadly confirmed what has been suspected at a local level from early on in the COVID-19 pandemic in that Inverclyde has been disproportionately affected by the disease. Whilst the most recent signs are that the spread of the disease and the number of deaths arising from COVID-19 is slowing down the number of deaths being registered within Inverclyde remains significantly higher than normal. It is therefore important that all partners locally work towards understanding how to minimise the number of COVID-19 cases and how best to protect those most at risk at this time.

## 8.0 IMPLICATIONS

### 8.1 Finance

There are no direct financial implications arising from the contents of this report.

#### Financial Implications:

##### One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

##### Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

## 8.2 Legal

There are no legal implications arising from this report.

## 8.3 Human Resources

There are no HR implications arising from this report.

## 8.4 Equalities

### Equalities

(a) Has an Equality Impact Assessment been carried out?

X

YES (see attached appendix)

NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

X

YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.

NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

X

YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.

NO

## 8.5 Repopulation

The currently disproportionate number of deaths occurring in Inverclyde will have a longer lasting impact on the areas population statistics , funding and the repopulation agenda.

## 9.0 BACKGROUND PAPERS

8.1 NRS statistics released 22<sup>nd</sup> & 29<sup>th</sup> April 2020.

## Appendix 1

	COVID Deaths 19/4/20	Mid Year Population 2018	19th April Per 10,000	COVID Deaths 26/4/20	26th April Per 10,000
Inverclyde	76	78,150	9.72	93	11.90
West Dunbartonshire	52	89,130	5.83	70	7.85
Renfrewshire	76	177,790	4.27	116	6.52
Glasgow City	246	626,410	3.93	368	5.87
Dundee City	58	148,750	3.90	85	5.71
South Ayrshire	46	112,550	4.09	63	5.60
East Lothian	44	105,790	4.16	59	5.58
Midlothian	32	91,340	3.50	48	5.26
East Renfrewshire	35	95,170	3.68	48	5.04
Argyll & Bute	28	86,260	3.25	42	4.87
South Lanarkshire	103	319,020	3.23	153	4.80
North Lanarkshire	125	340,180	3.67	158	4.64
Falkirk	45	160,340	2.81	70	4.37
East Dunbartonshire	28	108,330	2.58	46	4.25
Edinburgh, City of	146	518,500	2.82	217	4.19
Stirling	34	94,330	3.60	39	4.13
North Ayrshire	44	135,280	3.25	55	4.07
Angus	23	116,040	1.98	42	3.62
Scottish Borders	38	115,270	3.30	41	3.56
East Ayrshire	30	121,840	2.46	41	3.37
Fife	85	371,910	2.29	118	3.17
Clackmannanshire	11	51,400	2.14	15	2.92
Aberdeenshire	53	261,470	2.03	75	2.87
Shetland	6	22,990	2.61	6	2.61
West Lothian	34	182,140	1.87	46	2.53
Perth & Kinross	25	151,290	1.65	38	2.51
Dumfries & Galloway	31	148,790	2.08	34	2.29
Aberdeen City	33	227,560	1.45	48	2.11
Highland	22	235,540	0.93	30	1.27
Orkney	2	22,190	0.90	2	0.90
Moray	4	95,520	0.42	6	0.63
Eilean Siar	1	26,830	0.37	0	0.00
<b>Scotland</b>	<b>1,616</b>	<b>5,424,800</b>	<b>2.98</b>	<b>2,272</b>	<b>4.19</b>

Position Week Ending 26 April 2020

a) Percentage of COVID-19 deaths by age group

Age Group	Scotland %	Inverclyde %
Under 44	1	1
45-64	9	11
65-74	15	13
75-84	36	35
85+	39	40

b) Deaths Registered by week since Inverclyde's first COVID-19 death

Week	5 Year Average	2020	Excess Deaths	Inverclyde %	Scotland %
13/14	46	76	30	65	27
15	17	64	47	276	80
16	24	62	38	158	79
17	17	43	26	153	68
	104	245	141	135	56

Note 1 - Week 13 & 14 are combined as Death Registration was suspended nationally for 3 days in Week 13.

Note 2 - Excluding the 93 COVID-19 deaths, excess Deaths in Inverclyde over the 5 weeks were 48 or 46% more than the 5 yearly average.

Note 3 - COVID-19 deaths as a percentage of all deaths has been as follows:

	<u>Inverclyde</u>	<u>Scotland</u>
Week 13	23%	6%
Week 14	29%	15%
Week 15	45%	30%
Week 16	42%	34%
Week 17	40%	36%