

**Report To:** Community Health & Care Partnership Sub-Committee      **Date:** 3 March 2011

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**Subject:** Health & Wellbeing Profiles 2010

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise the Sub-Committee of the recent publication of the Scottish Public Health Observatory (ScotPHO) Health & Wellbeing Profiles 2010, and to inform Committee of important changes within Inverclyde over the past two years.
- 1.2 The Profiles are designed to serve a number of purposes, including:
- providing organisations and communities with locally relevant public health intelligence;
  - highlighting health and social inequalities;
  - showing trends in key indicators;
  - providing local level information for targeting resources and priority setting; and
  - developing knowledge of the complex nature of health and its determinants.
- 1.3 Committee is asked to consider bringing information from the Profiles to the attention of the Inverclyde Alliance to ensure that where appropriate and possible, the issues described are tackled through the Single Outcome Agreement processes.

## **2.0 SUMMARY**

- 2.1 There are two summary profiles for Inverclyde, specifically one relating to adults and for the first time, another relating to children and young people. The profiles are constructed using a number of intelligence sources that are brought together to provide an overview of the social, physical, mental and economic health of Scotland's communities, and there is a more in-depth web-based set of profiles relating to adults, allowing comparisons between different parts of Inverclyde ([www.scotpho.org.uk/profiles](http://www.scotpho.org.uk/profiles))
- 2.2 It should be noted that some of the data used are older than those we use locally, however this has been necessary to provide consistent data reference points at the national level and therefore allow comparability between all CH(C)Ps.
- 2.3 The 2010 suite of publications is the first to allow national comparison, however we can also use some of the dimensions of the Inverclyde Adult Profile to track change over time.

### **3.0 RECOMMENDATION**

- 3.1 The Sub-Committee is asked to note the reports as an additional data set to gauge our comparative performance in improving overall health and wellbeing, and describe some of the inequalities that exist within Inverclyde, and between Inverclyde and other Scottish local authority areas.

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## 4.0 BACKGROUND

- 4.1 The Health and Wellbeing Profiles were first produced in the 1990s by the Glasgow Centre for Population Health (GCPH) on behalf of the then Greater Glasgow Health Board, based on the old Local Health Care Co-operative geographies. They were produced every two years and provided a useful tool for describing local areas and informing decisions about the targeting of effort and resources. Over time it became apparent that there could be real value in developing the profiles to provide both local and Board-wide comparisons, and in 2006 the profiles changed geographies to capture the Scottish Index of Multiple Deprivation (SIMD) data zones.
- 4.2 The first Inverclyde Profile was developed with the establishment of NHS Greater Glasgow and Clyde in 2006, mapping a range of inequalities indicators against relevant local areas. Another Profile was produced by GCPH in 2008, by which time the value of this level of information at locality level was becoming apparent. The Scottish Government therefore commissioned ScotPHO to produce the Profiles for the whole country.
- 4.3 Some of the main points from the adult Profile are highlighted as follows.

### Life Expectancy

Male life expectancy in Inverclyde is almost 3 years less than the Scottish average of 75.4 years, and within Inverclyde, ranges from 79.0 years in our more affluent areas to 65.2 years in more deprived areas. This represents a difference of almost 14 years. Since the 2008 Profile, overall male life expectancy has increased by 0.7 years, in line with Scottish improvement; however the gap between the most and least affluent areas within Inverclyde at that time was 11.4 years meaning that the local male life expectancy gap has increased by approximately two and a half years. Female life expectancy in Inverclyde has increased slightly, from 77.8 years in 2008 to 78.1 years in 2010. The 2010 rate is marginally below the national average of 79.5 years; however the gap in female life expectancy within Inverclyde localities has increased from the 12.3 years observed in 2008 to 12.6 years in 2010.

### Early Deaths from Coronary Heart Disease (<75 years)

In 2008 the Inverclyde rate was 106.9 per 100,000 population, which was 40% above the Scottish average. Just two years later in 2010, the rate is 68.8 per 100,000 population. Although the whole of Scotland has also seen a drop in early CHD deaths, the gap between Inverclyde and the rest of Scotland has narrowed and Inverclyde now sits at 11.5% above the Scottish average. Within Inverclyde however, variations in this rate range massively from 10.6 to 125.1 per 100,000 population.

### Early Deaths from Cancer (<75 years)

In 2008 the Inverclyde rate was 164.7 per 100,000 population, which was 12% above the Scottish average. In 2010, the rate has reduced to 134.9, which is very close to the Scottish average of 134.7. Within Inverclyde, variations in the early deaths from cancer rate range from 83.7 to 221.9 per 100,000 population.

### Early Deaths from Cerebrovascular Disease (<75 years)

In 2008 the Inverclyde rate was 34.4 per 100,000 population, which was 42% above the Scottish average. In 2010, the rate is has reduced to 24.8, which is still 32% higher than the Scottish average although the gap has narrowed. Within Inverclyde, variations in the early deaths from cerebrovascular disease rate range from 9.7 to 60.3 per 100,000 population.

### Smoking Prevalence

In 2008 30.6% of Inverclyde's adult population were smokers against the Scottish average of 27.3%. In 2010, the Inverclyde rate 25%, which is the same as the Scottish average. Indicating that the gap has now closed. The data do not provide figures at locality level within Inverclyde, although we do know that there are notable local differences when we compare smoking prevalence in SIMD and non-SIMD areas.

### Alcohol-Related Hospital Admissions

In 2008 the Inverclyde rate of admission to hospital for alcohol attributable reasons

was 1,236.6 per 100,000 population, which was 61% above the Scottish average. In 2010, the rate has risen to 1,414.0. The whole of Scotland has seen an increase in admissions to hospital for alcohol attributable reasons, as despite this local rise, our comparative rate has reduced to 30% above the Scottish average. Within Inverclyde, variations in this rate range from 609 to 2,458 per 100,000 population.

#### Alcohol Related Deaths

In 2008 the Inverclyde rate for alcohol-related deaths was 47.6 per 100,000 population, which was 75% above the Scottish average. In 2010, the rate has risen by over a third to 64.8, although comparatively this has reduced to 36% above the Scottish average, which itself has risen even more dramatically. The data do not provide figures at locality level within Inverclyde.

#### Income Deprivation

In 2008, 19.3% of Inverclyde's population were classified as Income Deprived, which was 39% above the Scottish average. In 2010, the Inverclyde rate has risen to 20.6%, which is 36% above the Scottish average. Within Inverclyde, variations in this rate range from 5.3% to 35.9%.

### 4.4 Some new indicators have been developed for the 2010 adult Profile.

#### Free Personal Care

The percentage of people aged 65 or over receiving free personal care in Inverclyde is a favourable 8%, compared to the Scottish average of 5.3%.

#### Intensive Support Needs

The percentage of Inverclyde people aged 65 years or over who have been identified as having intensive support needs, but are able to be supported to remain in their own home is 38.3%, comparing favourably with the Scottish average of 31.7%.

#### Looked After Children

The rate per 1,000 children looked after by local authority stands at 19 in Inverclyde against the Scottish average of 14. This difference is statistically significant but no judgement can be made as to whether performance is better or worse than the national average.

#### Prisoner Population

The prisoner population per 100,000 overall population is 317.4 for Inverclyde compared to the Scottish average of 205.5. This difference is statistically significant, with Inverclyde being worse than the Scottish average.

#### Smoking Attributable Deaths

The Inverclyde rate is 24.6 per 100,000 population compared to the Scottish average of 24.1. This difference is not statistically significant and the data do not provide figures at locality level within Inverclyde.

### 4.5 The 2010 Children and Young People Profile is the first to be published, however some observations can be drawn.

#### Mortality

In Inverclyde, infant mortality and mortality in children aged 1–15 years are significantly higher than the Scottish average, although the absolute number of deaths is small. For the 16–24 years age group, rates are similar. The infant mortality rate per 10,000 population stands at 74.7 against the Scottish average of 43.0. The Inverclyde mortality rate for children aged 1–15 is 3.0, against the Scottish average of 1.4. For those aged 16-24, the Inverclyde mortality rate is 8.7, against the Scottish average of 6.3.

#### Alcohol

In Inverclyde, 27.8% of 15 year olds reported usually drinking alcohol at least once a week comparing favourably to the Scottish average of 29.6% (although this difference is not statistically significant). However alcohol related or attributable hospital admission per 10,000 of Inverclyde's 15-24 year olds showed a rate of 100.0 compared to the Scottish average of 82.9. This unfavourable difference is statistically significant, and could indicate that those 15 year olds who are drinking regularly are doing so at more hazardous levels.

### Child Dental Health

Dental decay experience is a good indicator of dental health and a useful proxy for general health and nurture. In Inverclyde, only 50% of children in primary 1 have no obvious dental decay experience, significantly below the Scottish average of 62%.

### School Leaver Destinations

In Inverclyde, 89.8% of school leavers moved to positive and sustained destinations, comparing favourably with the Scottish average of 85.7%. This difference is statistically significant.

### Immunisation Uptake at 24 Months

Inverclyde babies have high rates of immunisation at 98.5%. This compares favourably against the Scottish average of 97.5, showing a statistically significant difference.

### Breastfeeding

Despite improvements in breastfeeding rates at six weeks over the past three years from a low point of 12.75%, our current rate of 16% is significantly worse than the Scottish average of 26%.

### Smoking in Pregnancy

The proportion of mothers smoking during pregnancy is 25.4%, which is worse than the Scottish average of 22.6%.

## **5.0 PROPOSALS**

- 5.1 It is proposed that the information from the Profiles should be brought to the attention of the Inverclyde Alliance to ensure that where appropriate and possible, the issues described are addressed through the Single Outcome Agreement processes.
- 5.2 These issues should also be considered during the development of the CHCP Directorate Plan in 2011.

## **6.0 IMPLICATIONS**

- 6.1 Legal: None
- 6.2 Finance: None

<b>Cost Centre</b>	<b>Budget Heading</b>	<b>Budget Year</b>	<b>Proposed Spend this Report</b>	<b>Virement From</b>	<b>Other Comments</b>

- 6.3 Personnel:
- 6.4 Equalities:

## **7.0 CONSULTATION**

- 7.1 Not applicable

## **8.0 LIST OF BACKGROUND PAPERS**

- 8.1 Inverclyde Health & Wellbeing Profile 2008  
Inverclyde Health & Wellbeing Profile 2010