

HSCP Profile 2020/21

Argyll and Bute

December 2021

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Notes for this profile:

- All years shown are calendar years unless otherwise specified.
- Upper and lower 95% confidence intervals are shown throughout this document where available. In charts, these are displayed as shaded areas either side of trend lines, or as black error bars in bar charts. Confidence intervals show the range of possible values and a certainty that the true value falls within them.
- Definitions for the indicators shown are available in the Appendices of the accompanying summary document.
- Any zero figures for some indicators will indicate either suppression of small data or a complete lack of data available for this health and social care partnership (HSCP)
- Data should be interpreted with caution, particularly for areas with relatively small population sizes where indicator data is expected, by chance alone, to have higher variation than in areas of larger population size. Note that differences between areas can relate to multiple factors including, for example, underlying rates of illness, rates of diagnosis and local differences in practice e.g. in data recording.

Demographics

Summary:

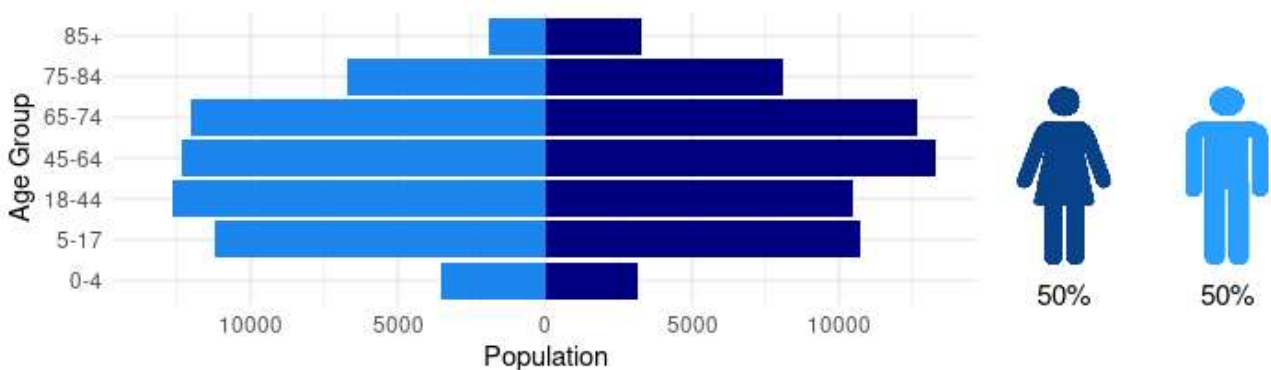
For the most recent time periods available, Argyll and Bute HSCP had:

- A total population of **85,430** people, where **50%** were male, and **26%** were aged over 65.
- **11%** of people lived in the least deprived SIMD quintile, and **8.7%** lived in the most deprived quintile.

Population

In 2020, the total population of Argyll and Bute HSCP was **85,430**. The graph below shows the population distribution of the HSCP.

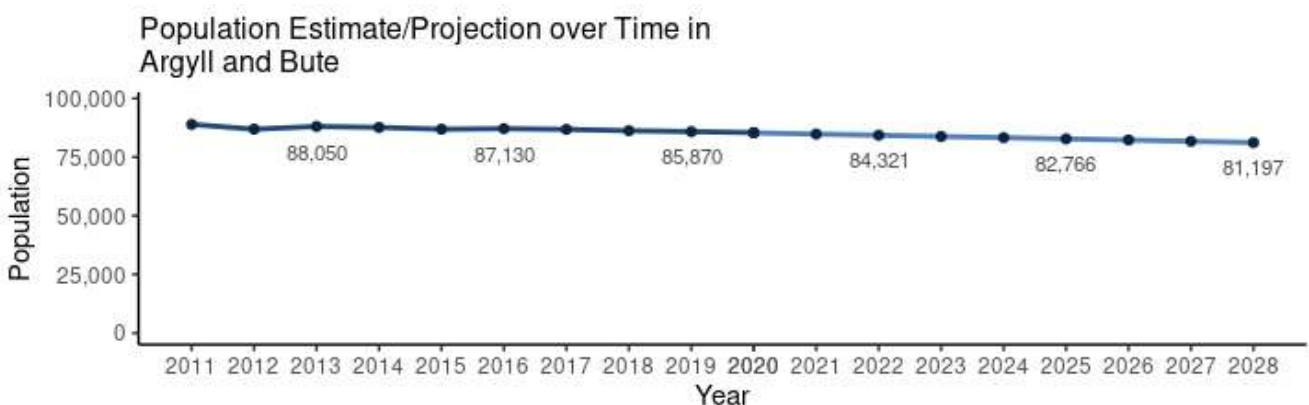
Figure 1: Population breakdown in Argyll and Bute.



Source: National Records Scotland

Figure 2 shows the historical population of Argyll and Bute, along with the NRS population projections. The population has been falling. The population in Argyll and Bute is estimated to decrease by 3% from 2020 to 2025.

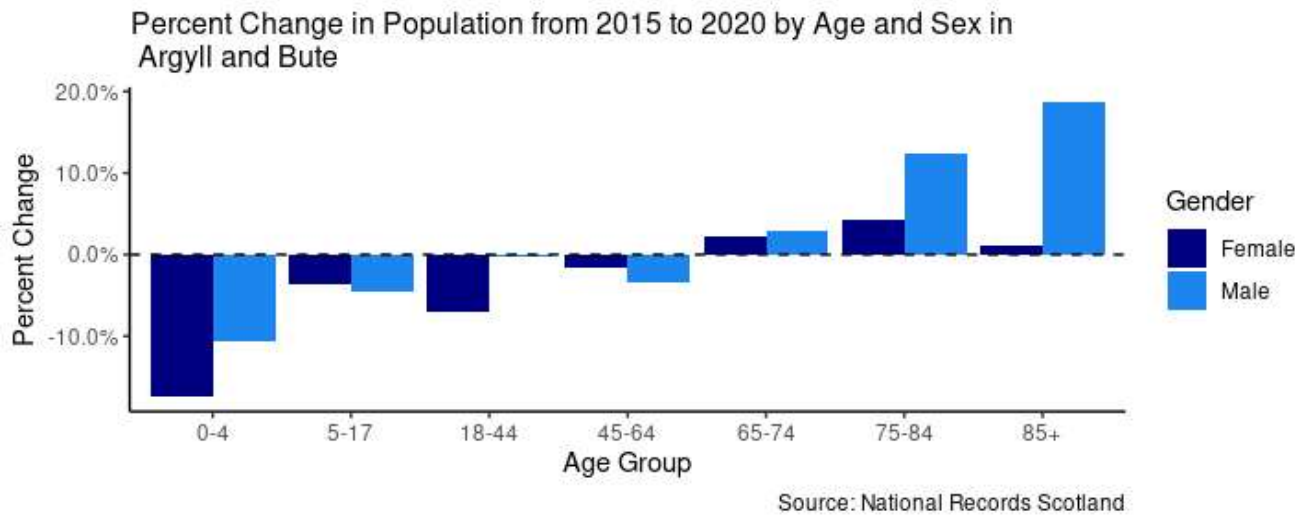
Figure 2: Population time trend and projection.



Source: National Records Scotland

Figure 3 shows how population structure has changed between 2015 and 2020.

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



Deprivation

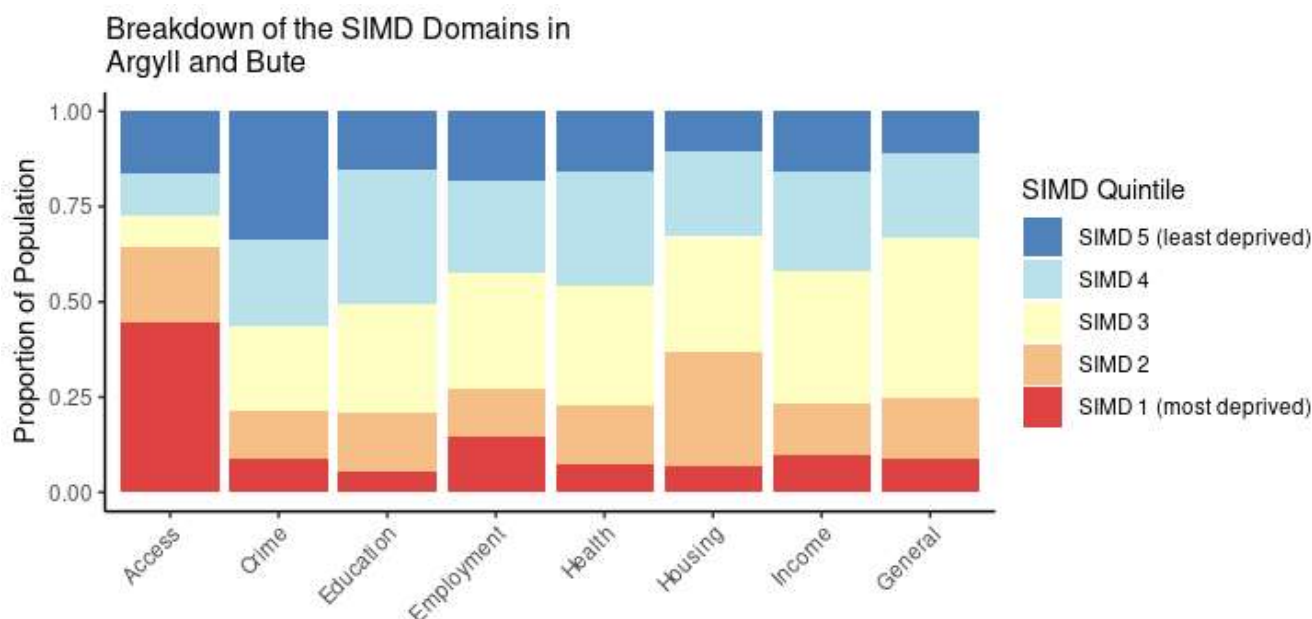
The following section explores the deprivation structure of Argyll and Bute through the Scottish Index of Multiple Deprivation (SIMD). The SIMD ranks all datazones in Scotland by a number of factors; Access, Crime, Education, Employment, Health, Housing and Income. Based on these ranks, each datazone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

Of the 2020 population in Argyll and Bute, **8.7%** live in the most deprived SIMD Quintile, and **11%** live in the least deprived SIMD Quintile. The following table details the percent of the population living in the 2016 SIMD Quintiles, the percent living in the 2020 SIMD Quintiles, and their difference for comparison.

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

Quintile	Percent of Pop (2016)	Percent of Pop (2020)	Difference
SIMD 1	7.5%	8.7%	1.1%
SIMD 2	17.1%	16.0%	-1.0%
SIMD 3	41.1%	41.9%	0.8%
SIMD 4	24.4%	22.6%	-1.8%
SIMD 5	9.9%	10.8%	0.9%

Figure 4: Proportion of the population that reside in each 2020 SIMD quintile by domain.



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

Households

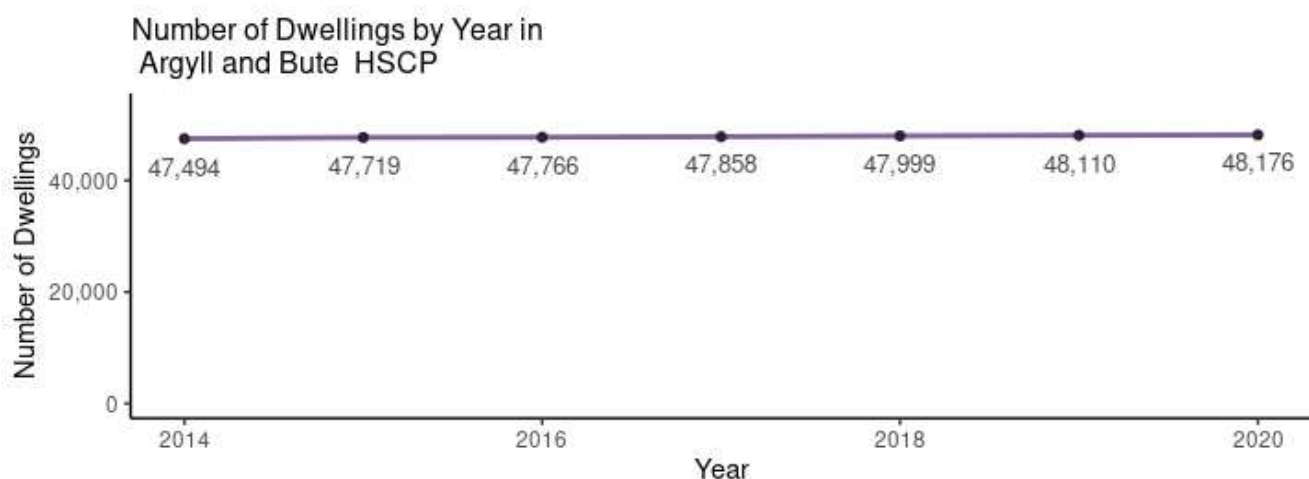
Summary:

For the most recent time periods available, Argyll and Bute HSCP had:

- **48,176** dwellings, of which: **89%** were occupied and **6.5%** were second homes.
- **33%** of dwellers received a single occupant council tax discount, and **2.5%** were exempt from council tax entirely.
- **56%** of houses were within council tax bands A to C, and **16%** were in bands F to H.

The graph below shows the number of dwellings in Argyll and Bute from 2014 to 2020.

Figure 5: Number of dwellings time trend.



Source: National Records Scotland

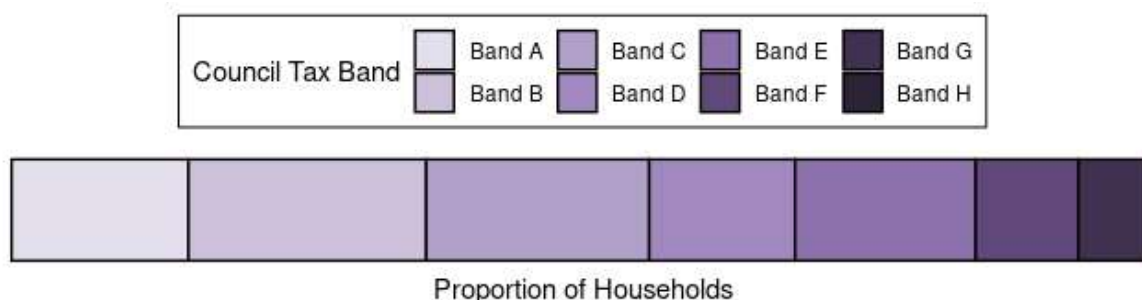
Of the total number of dwellings in 2020, 33% (15,773 households) were occupied by an individual receiving a single occupant council tax discount. Furthermore, 2.5% (1,216 households) were occupied and exempt from council tax.

There were 3,123 dwellings classed as a second home in 2020, these dwellings made up 6.5% of the households in Argyll and Bute.

Table 2: Breakdown of dwelling types by year for Argyll and Bute HSCP.

Year	Total Dwellings	Occupied Dwellings	Vacant Dwellings	Single Occupant Tax Discount	Council Tax Exempt Dwellings	Second Homes
2014	47,494	41,764	2,350	15,509	1,197	3,378
2015	47,719	41,918	2,373	15,271	1,211	3,428
2016	47,766	42,007	2,367	15,384	1,215	3,391
2017	47,858	42,499	2,104	15,381	1,199	3,252
2018	47,999	42,604	2,175	15,318	1,245	3,219
2019	48,110	42,784	2,199	15,408	1,297	3,127
2020	48,176	42,819	2,239	15,773	1,216	3,123

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

Figure 6: Breakdown of households by council tax band for Argyll and Bute in 2020.

Source: National Records Scotland

Table 3: Percentage of households by council tax band for Argyll and Bute in 2020.

Tax Band	A	B	C	D	E	F	G	H
Percent of households	15%	21%	20%	13%	16%	9%	6.1%	0.53%

General Health

Summary:

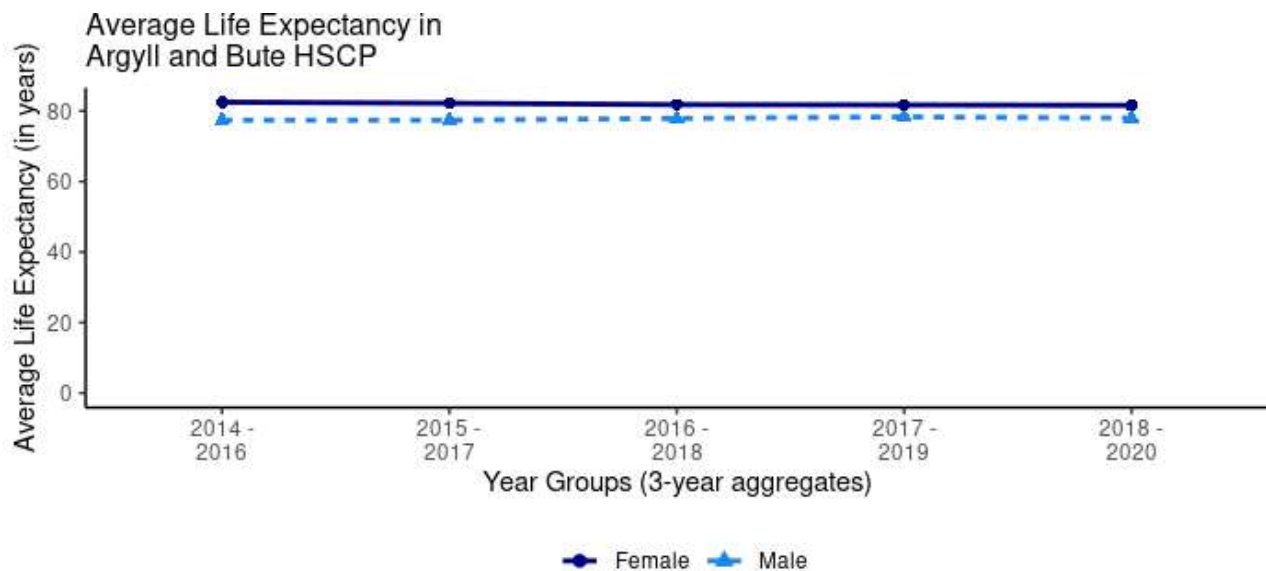
For the most recent time periods available¹, Argyll and Bute HSCP had:

- An average life expectancy of **78** years for males and **81.6** years for females.
- A death rate for ages 15 to 44 of **106** deaths per 100,000 age-sex standardised population²
- **24%** of the HSCPs population with at least one long-term physical health condition.
- A cancer registration rate of **609** registrations per 100,000 age-sex standardised population⁴
- **19.12%** of the population being prescribed medication for anxiety, depression, or psychosis.

Life Expectancy

In the latest time period available from 2018-2020 (3 year aggregate), the average life expectancy in Argyll and Bute HSCP was 78 years old for men, and 81.6 years old for women. A time trend since 2014-2016 can be seen in figure 8.


Figure 8: Average life expectancy in men and women over time.



Source: ScotPHO

Table 5 provides the average life expectancy for men and women in different areas for the latest time period available.

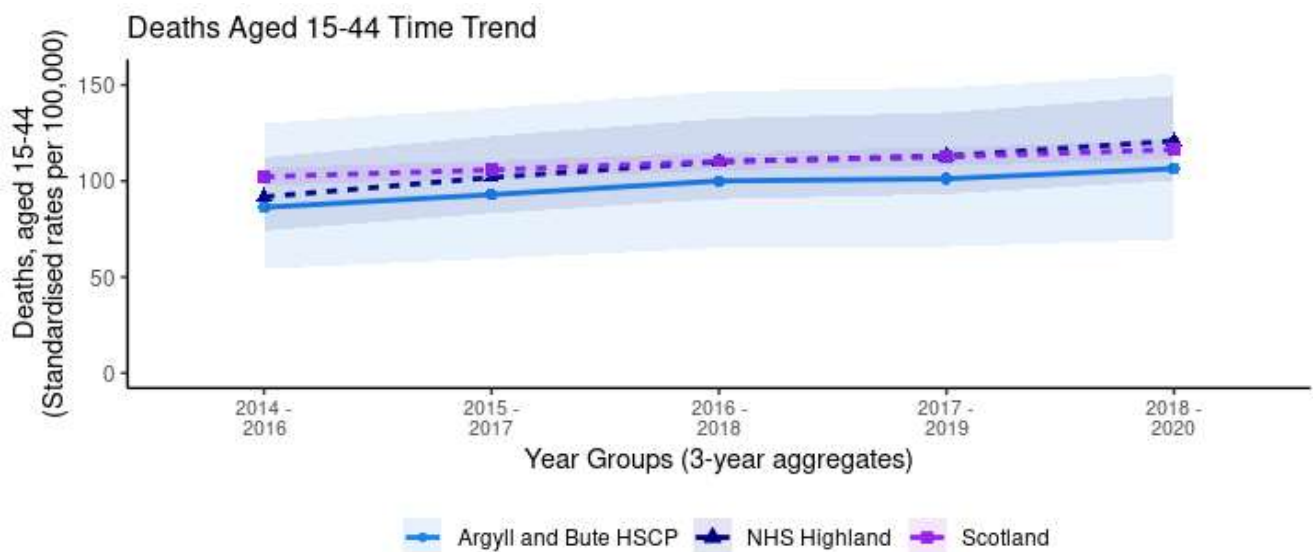
Table 5: Average life expectancy in years for the latest time periods

	Partnership	Health Board	Scotland
	81.6	81.8	81
	78	77.6	76.8

Deaths, aged 15-44

The following chart shows a trend of death rates among 15-44 year olds per 100,000 age-sex standardised population² by area (i.e. early mortality rate per 100,000). In the most recent aggregate time period available (from 2018-2020), the mortality rate in Argyll and Bute HSCP was **106** deaths per 100,000 population.

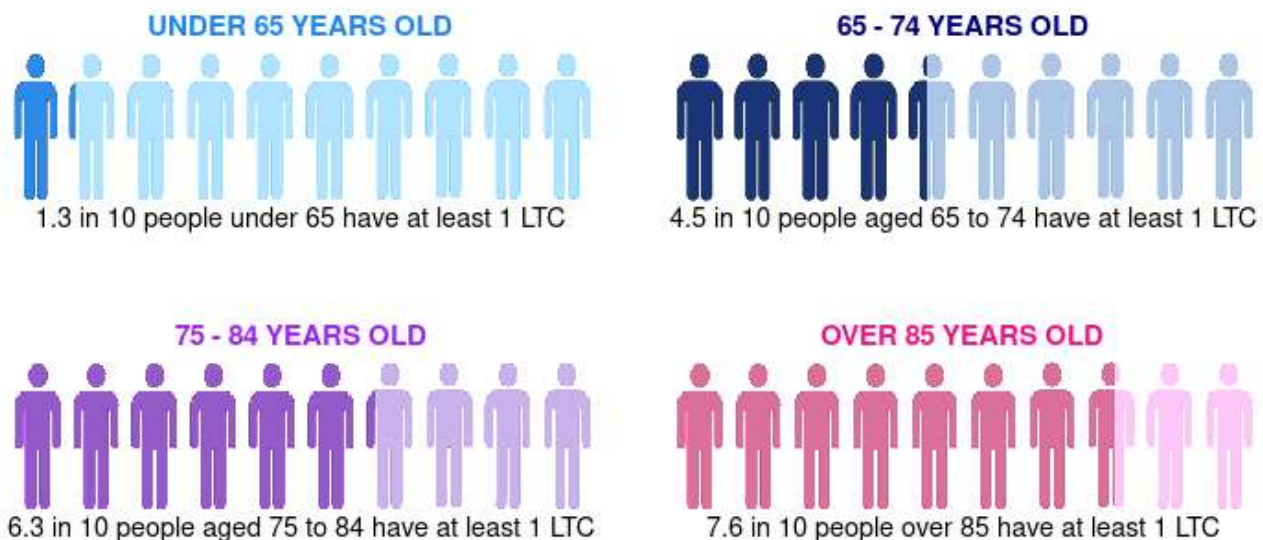
Figure 9: Deaths aged 15-44 years by geographical area and over time.



Source: ScotPHO

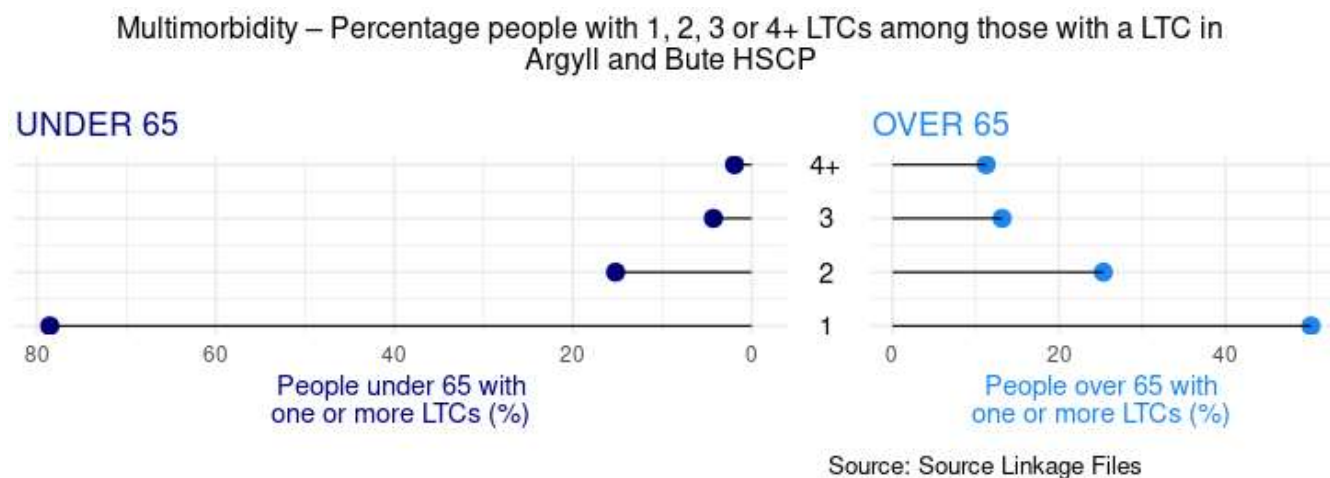
Long-Term Physical Health Conditions and Multimorbidity

In the financial year 2020/21, in Argyll and Bute HSCP, **24%** of the total population had at least one physical long-term condition (LTC). These include: cardiovascular, neurodegenerative, and respiratory conditions, as well as other organ conditions (namely liver disease and renal failure), arthritis, cancer, diabetes, and epilepsy. *Please see footnotes for information and caveats on identifying LTCs.*³



The co-occurrence of two or more conditions, known as multimorbidity, is broken down in figure 12, distinguishing between age groups. Note that this chart *excludes* the population in the HSCP who do not have any physical long-term conditions. Figure 12 therefore shows that among the people who have a LTC, **21%** of those under the age of 65 have more than one, compared to **50%** of those aged over 65.

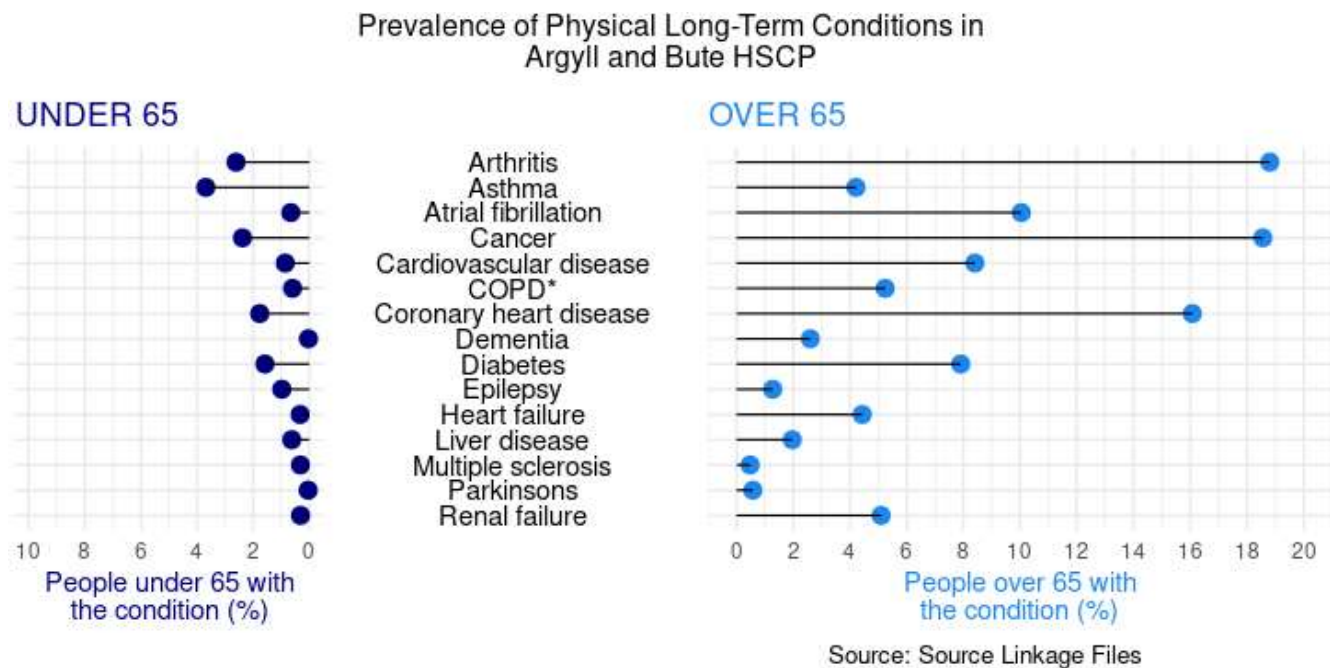
Figure 10: Multimorbidity of physical long-term conditions by age group in 2020/21.



Most common physical Long-Term Conditions (LTCs)

Below is a breakdown of the physical LTCs, for the financial year 2020/21. Figure 13 shows the prevalence of different LTCs in each age group in Argyll and Bute HSCP, and Table 6 illustrates the top 5 physical LTCs across all ages at Partnership, Health Board and Scotland level.

Figure 11: Percentage people with each physical LTC, split by age group.



*COPD: Chronic Obstructive Pulmonary Disease

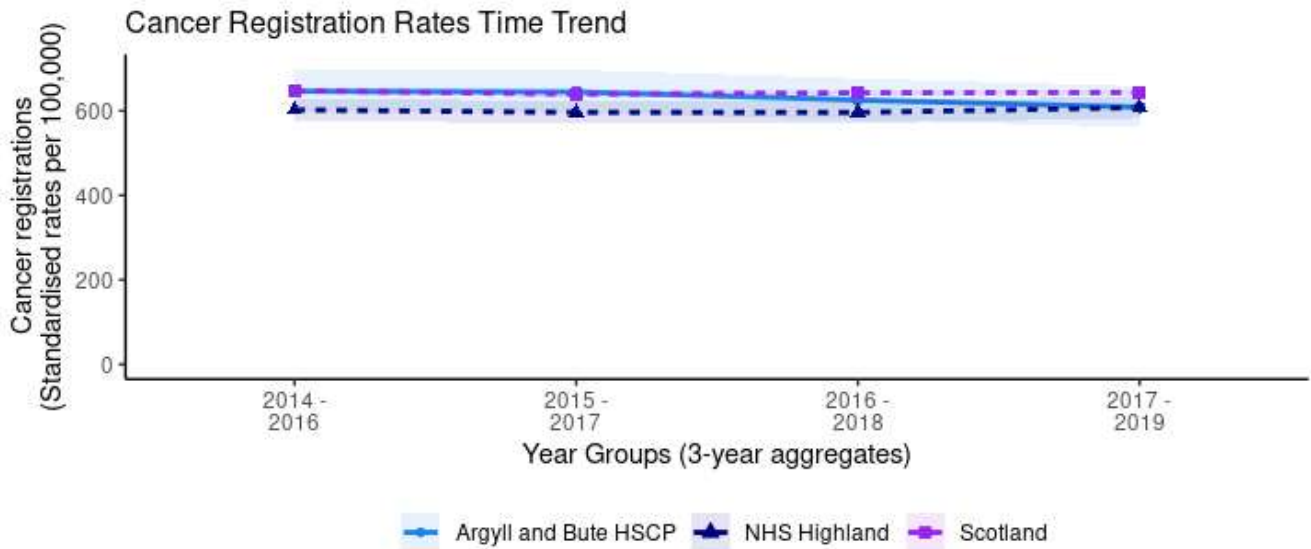
Table 6: Prevalence of the five most common physical LTCs as a percentage of the population across geographical areas (where 1 = most prevalent).

Top 5 Physical Long-Term Conditions					
Argyll and Bute HSCP		NHS Highland		Scotland	
1	Arthritis 6.9%	1	Arthritis 7.3%	1	Arthritis 5.6%
2	Cancer 6.6%	2	Cancer 6.3%	2	Cancer 5.1%
3	Coronary heart disease 5.5%	3	Coronary heart disease 5.5%	3	Coronary heart disease 4.7%
4	Asthma 3.8%	4	Asthma 5.5%	4	Asthma 4.7%
5	Diabetes 3.2%	5	Diabetes 3.4%	5	Diabetes 3.2%

Cancer Registrations

For the period 2017-2019, there were 638 new cancer registrations per year on average (609 registrations per 100,000 age-sex standardised population) in Argyll and Bute HSCP. This is a 2.7% decrease in cancer registrations rate from the previous aggregate period 2016-2018. Figure 12 shows changes over time since 2014-2016.

Figure 12: Cancer registration rate over time and by geographical area.



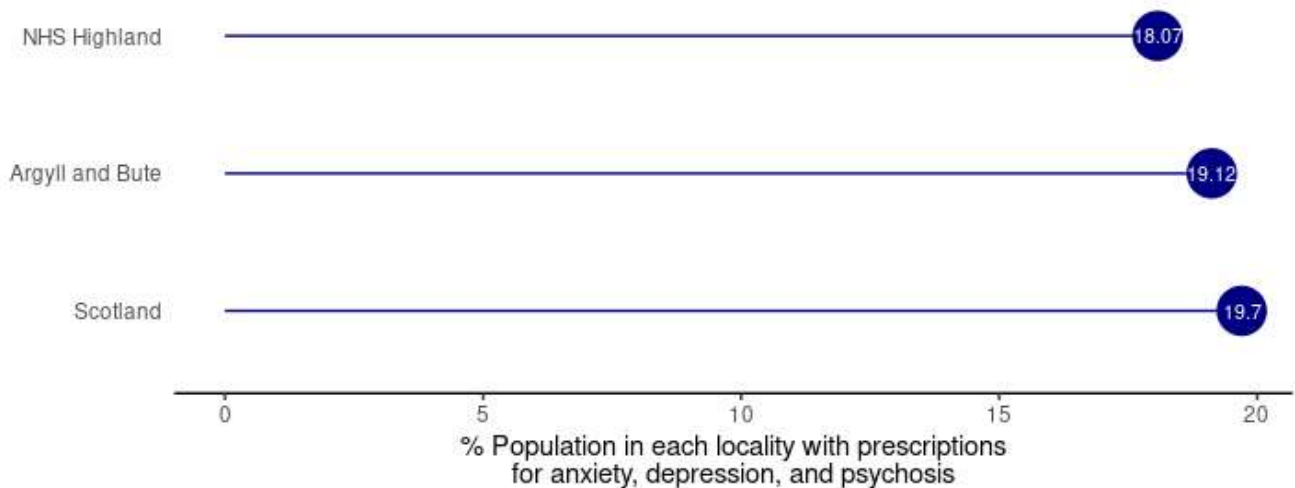
Anxiety, Depression, and Psychosis Prescriptions



In the 2019/20 financial year, 19.12% of people were prescribed medication for anxiety, depression, or psychosis (ADP) in Argyll and Bute HSCP. This is a 2.8% increase from the previous financial year. Differences over time and between areas may relate to multiple factors, only one of which is underlying disease.

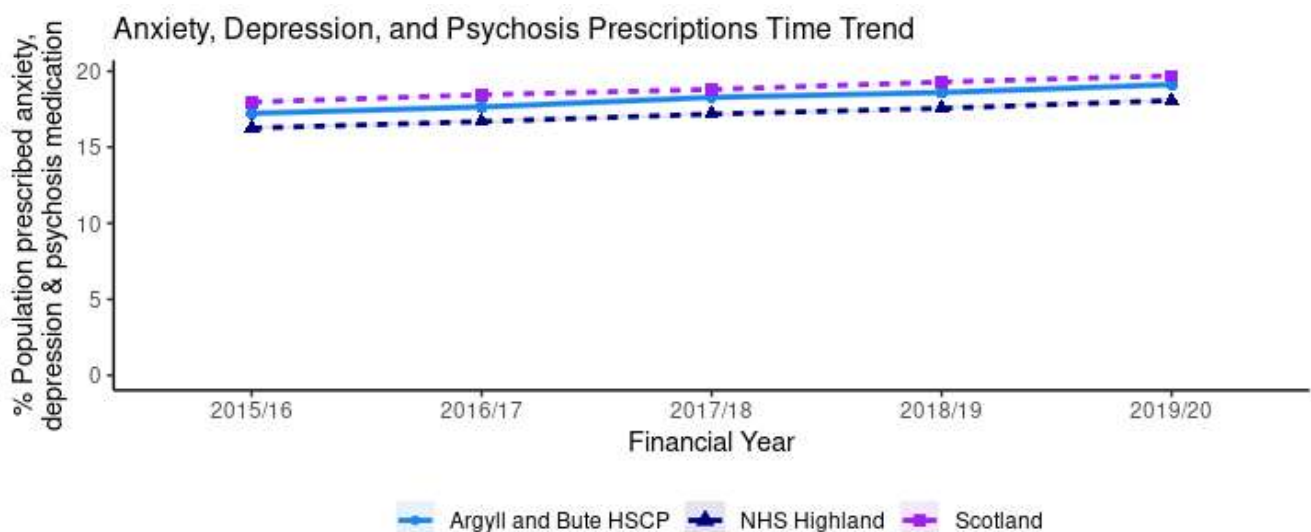
Note that data are based on main original licensed use for the prescriptions and some drugs included may be prescribed for other purposes.

Figure 13: Percentage population prescribed ADP medication in Argyll and Bute HSCP.



Source: ScotPHO

Figure 14: ADP prescriptions over time and by geographical area.



Source: ScotPHO

Behavioural Factors

Summary:

Mental and physical wellbeing has close ties with people's behaviours. Life circumstances including financial security, employment and location are interlinked with behavioural factors. This section provides data on drug-related hospital admissions, alcohol-related hospital admissions, alcohol-specific mortalities and bowel screening uptake, to give an overview of some behaviours known to be associated with health and wellbeing outcomes.

For the most recent time periods available¹, Argyll and Bute had:

- **124** drug-related hospital admissions per 100,000 age-sex standardised population². This is a lower rate of admissions than for Scotland (221).
- **22** drug-specific mortalities per 100,000 age-sex standardised population². This is a lower rate than for Scotland (25.44).
- **638** alcohol-related hospital admissions per 100,000 age-sex standardised population².
- **20** alcohol-specific mortalities per 100,000 age-sex standardised population².
- a **64%** uptake of bowel cancer screening for the eligible population.

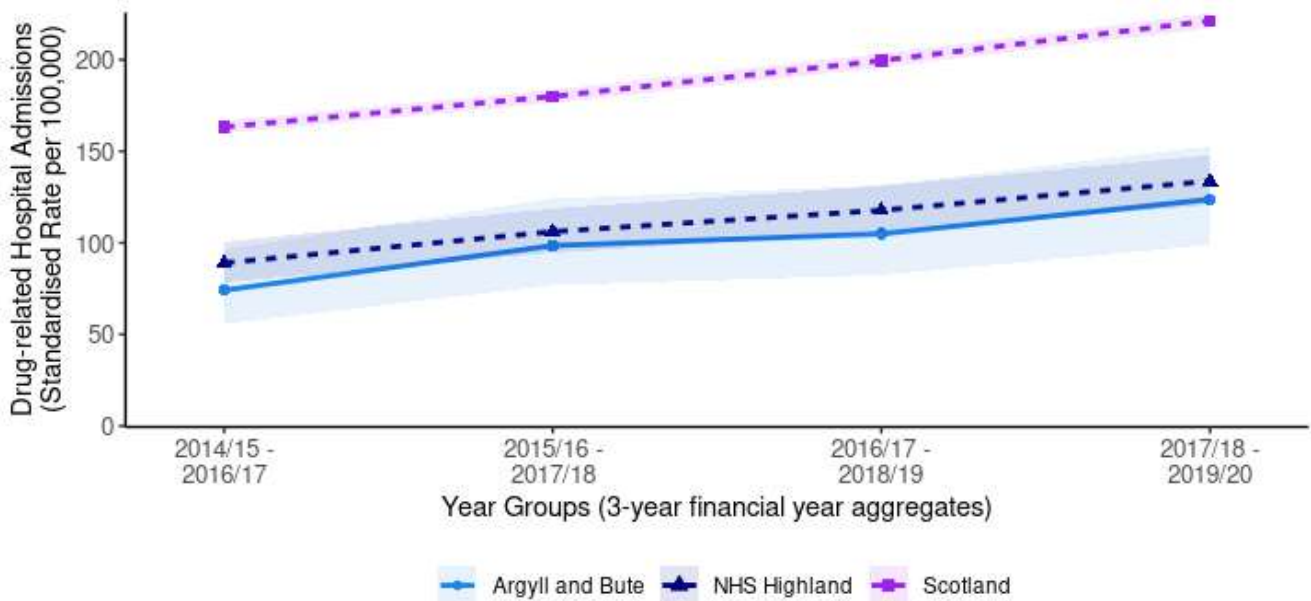
Drug-related Hospital Admissions



There were 124 drug-related hospital admissions per 100,000 age-sex standardised population⁴ in Argyll and Bute HSCP for the most recent time period available (3 year financial year aggregate for 2017/18 - 2019/20).

This is a 68% increase since 2014/15 - 2016/17 (3 financial year aggregates).

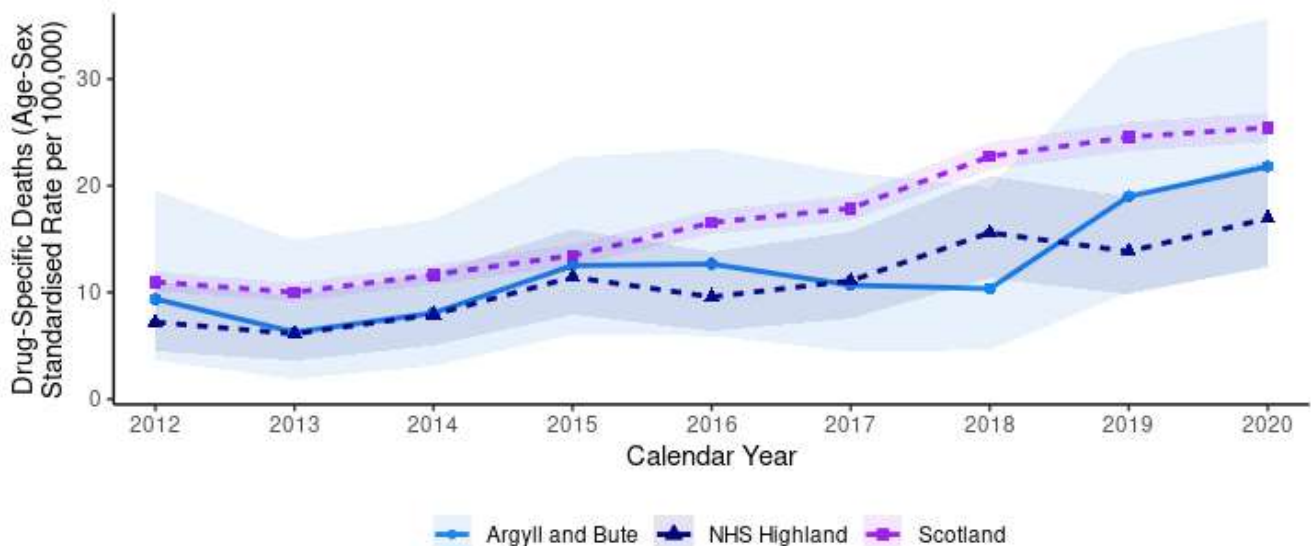
A trend of the change in drug-related hospital admissions for Argyll and Bute HSCP compared with Scotland and NHS Highland is shown in the chart below from 2014/15 - 2016/17 onwards.

Figure 15: Trend of Drug-related Hospital Admission Rates by geographical area.

Source: ScotPHO

Drug-Specific Deaths

Data on alcohol-specific deaths is available per calendar year. The rate of drug-specific deaths is currently higher in Argyll and Bute than the rate in 2015 (74% change).

Figure 16: Trend of Drug-Specific Death Rates by geographical area.

Source: ScotPHO

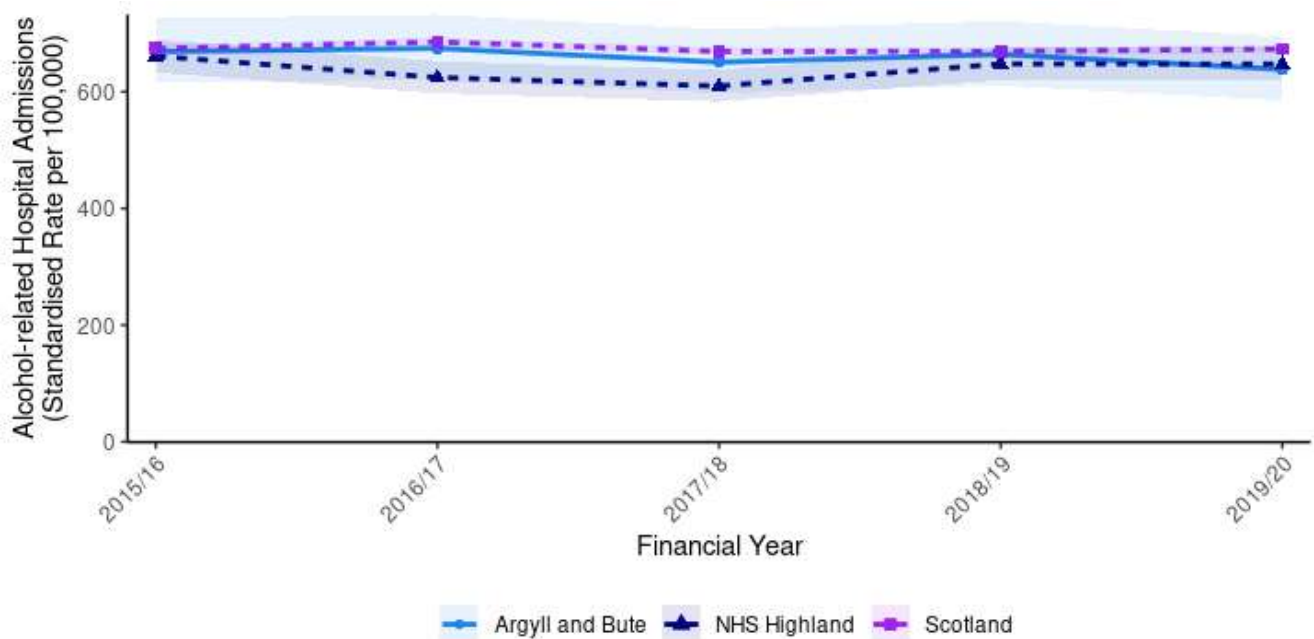
Alcohol-related Hospital Admissions



The 2019/20 alcohol-related admissions rate is 638 per 100,000 age-sex standardised population⁴, which is a 4.6% decrease overall since 2015/16.

The chart below shows a trend of alcohol-related hospital admissions for Argyll and Bute HSCP compared with Scotland and NHS Highland from financial year 2015/16 to 2019/20.

Figure 17: Trend of Alcohol-related Hospital Admission Rates by geographical area.

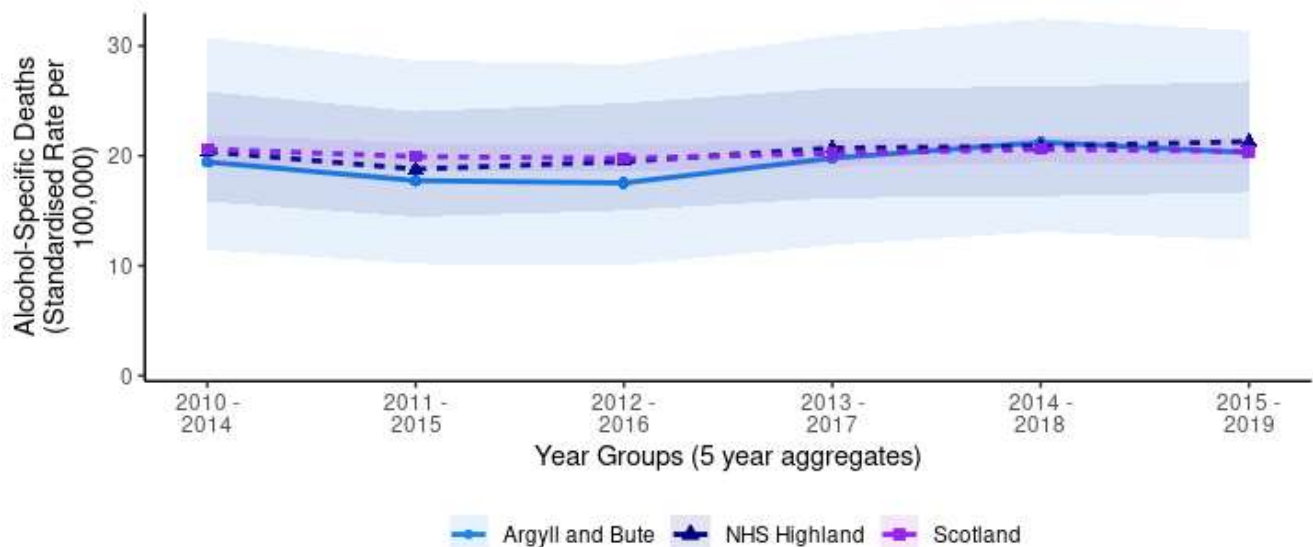


Source: ScotPHO

Alcohol-Specific Deaths

Data on alcohol-specific deaths is available as 5 year aggregates. The rate of alcohol-specific deaths is currently higher in Argyll and Bute than the rate in 2010 to 2014 (4.4% change).

Figure 18: Trend of Alcohol-Specific Death Rates by geographical area.



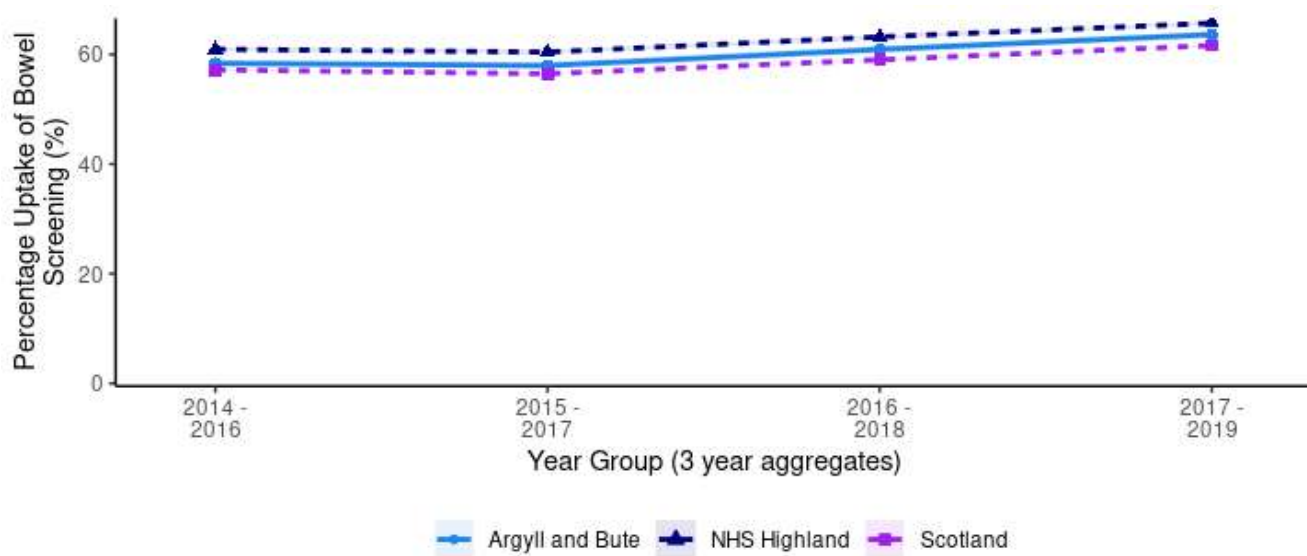
Source: ScotPHO

Bowel Screening Uptake

Bowel screening is offered every two years to eligible men and women aged between 50-74 years old. Eligible people are posted a test kit which is completed at home. Since 1st April 2013, those aged 75 and over can also self-refer and opt into screening. The uptake target for this program is 60%.

A trend of the percentage uptake of bowel screening among the eligible population is shown below for Argyll and Bute HSCP compared with Scotland and NHS Highland. Data is suppressed into 3 year aggregates. The 2017 - 2019 uptake rate for Argyll and Bute is **64%**.

Figure 19: Trend of Bowel Screening Uptake for eligible men and women, by geographical area.



Source: ScotPHO

Hospital and Community Care

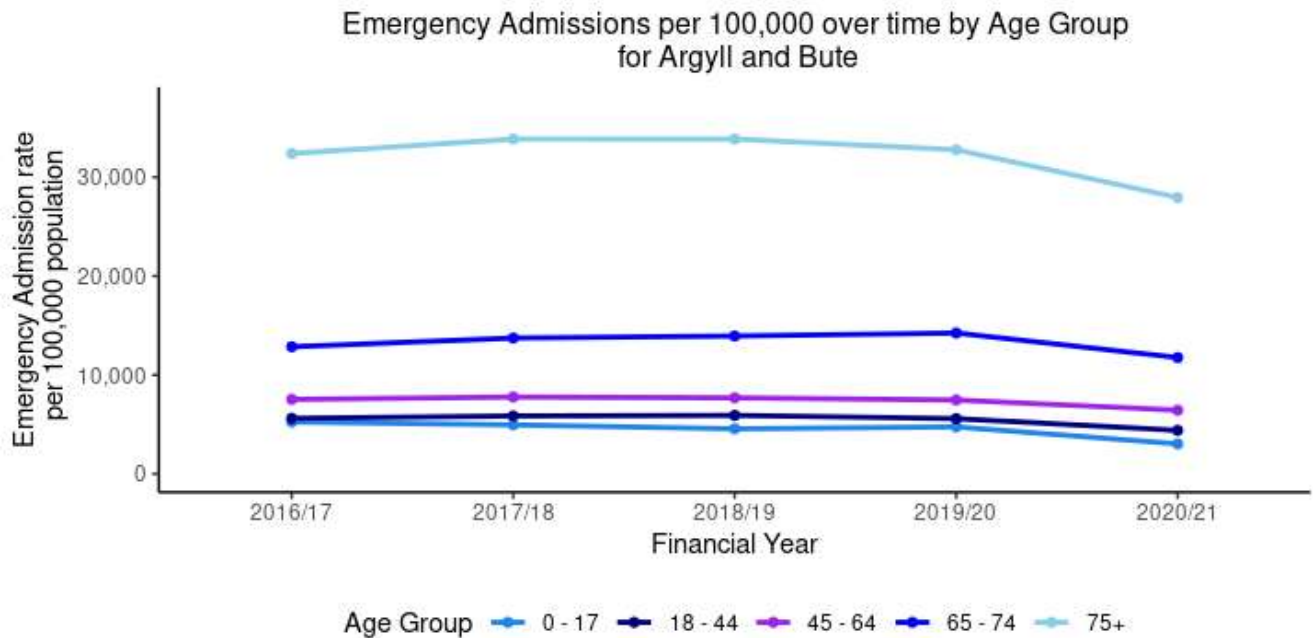
This section includes acute hospital data, delayed discharge bed days and A&E attendances. Please note that for 2020 onwards, hospital activity would have been severely affected by the COVID-19 pandemic. Information on how this has had a wider impact is provided in Footnote 4 at the end of the document.

For the most recent time periods available, Argyll and Bute had:

- **8,601** emergency hospital admissions per 100,000 population.
- **63,384** unscheduled acute specialty bed days per 100,000 population.
- **13,882** A&E attendances per 100,000 population.
- **7,527** delayed discharge bed days per 100,000 population.
- **819** emergency hospital admissions from falls per 100,000 population.
- **93** emergency readmissions (28 day) per 1,000 discharges.
- **1,041** potentially preventable hospital admissions per 100,000 population.
- People on average spent **92%** of their last 6 months of life in a community setting.

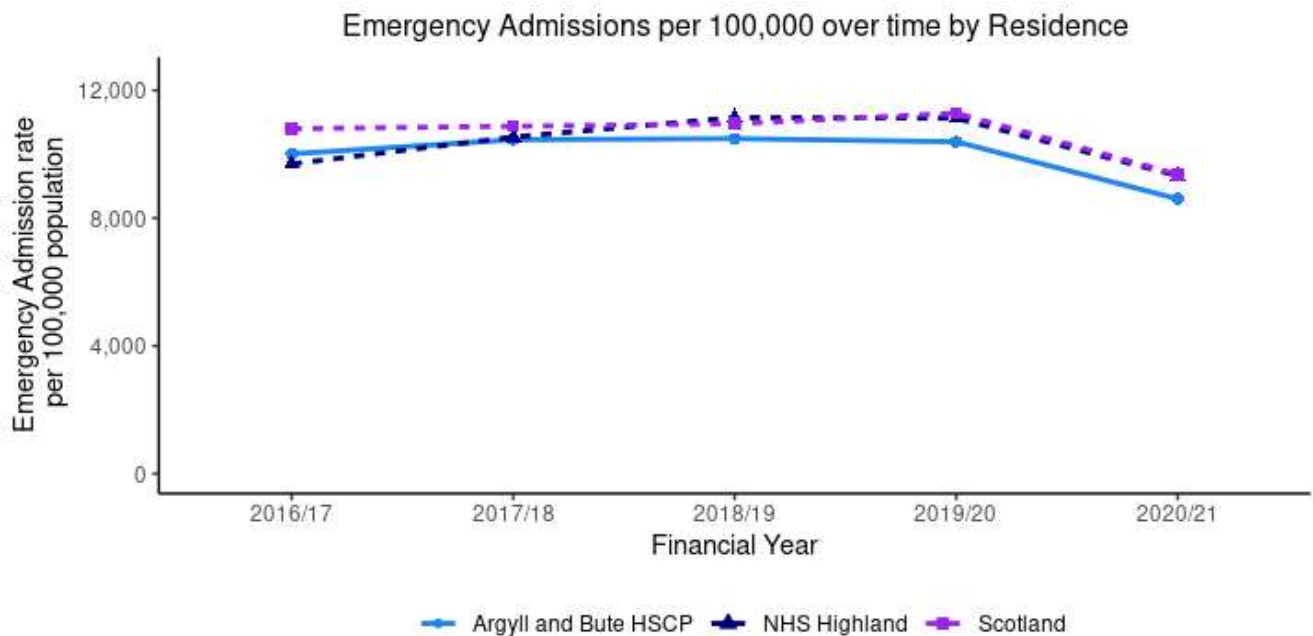
Emergency Admissions

Figure 20: Emergency admissions by age group



Source: PHS SMR01

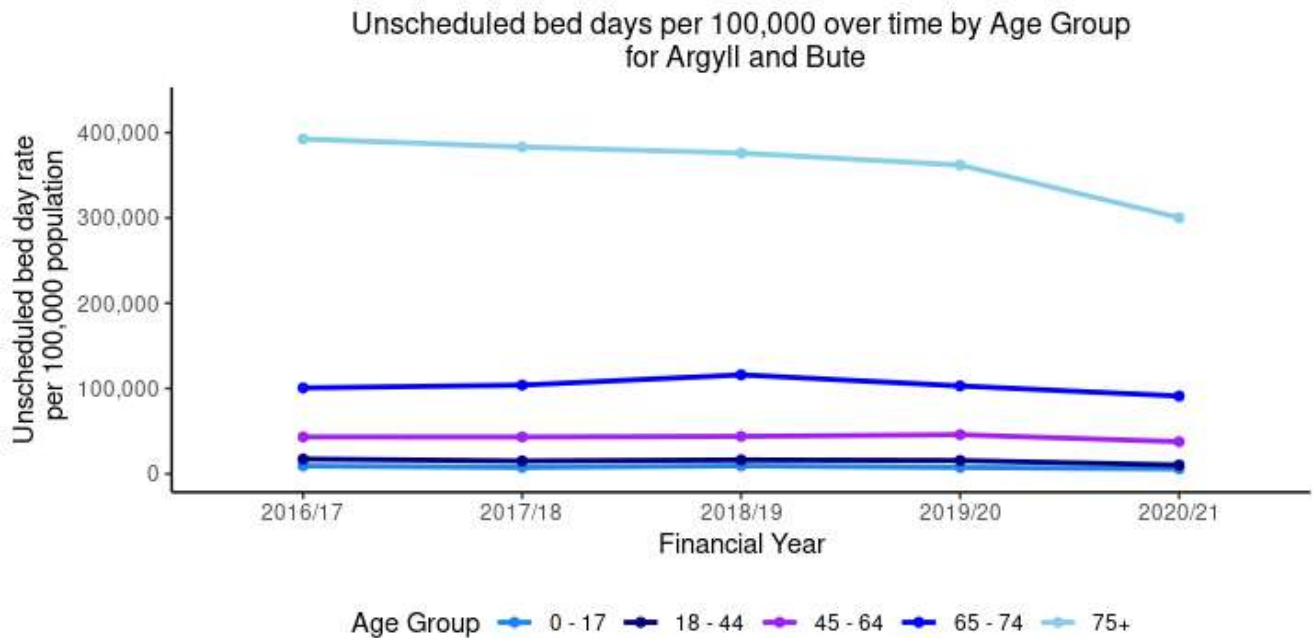
Figure 21: Emergency admissions by geographical area



Source: PHS SMR01

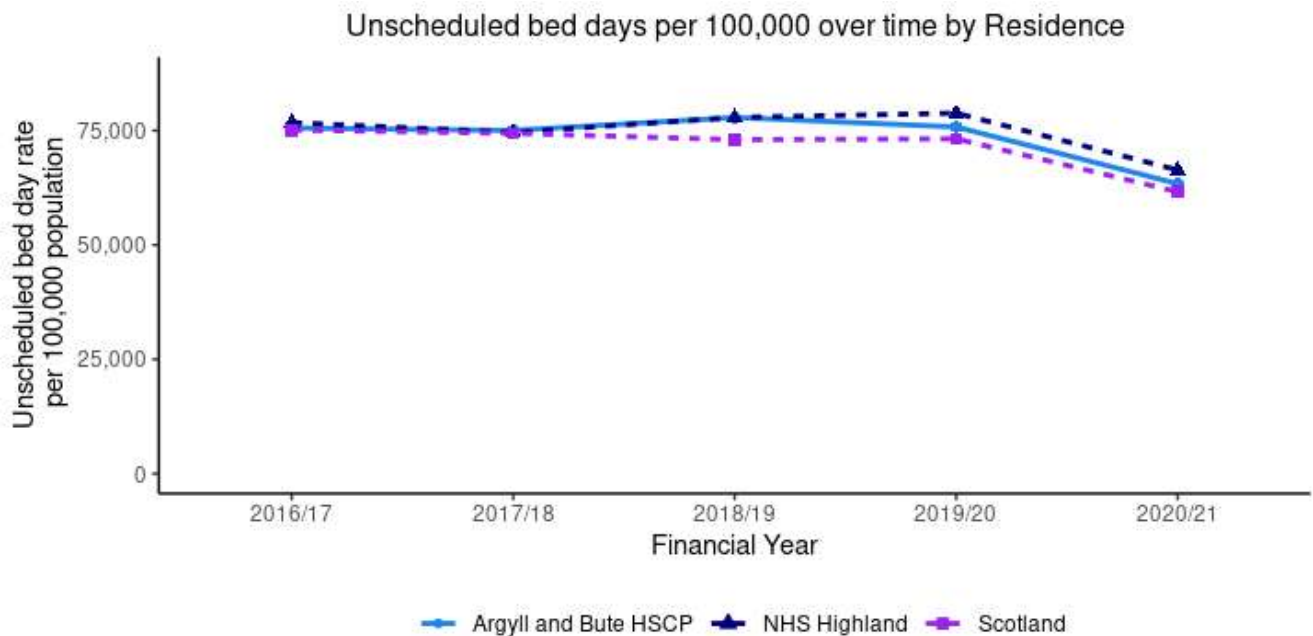
Unscheduled Acute Bed Days

Figure 22: Unscheduled bed days by age group



Source: PHS SMR01

Figure 23: Unscheduled bed days by geographical area



Source: PHS SMR01

A&E Attendances

Figure 24: A&E attendances by age group

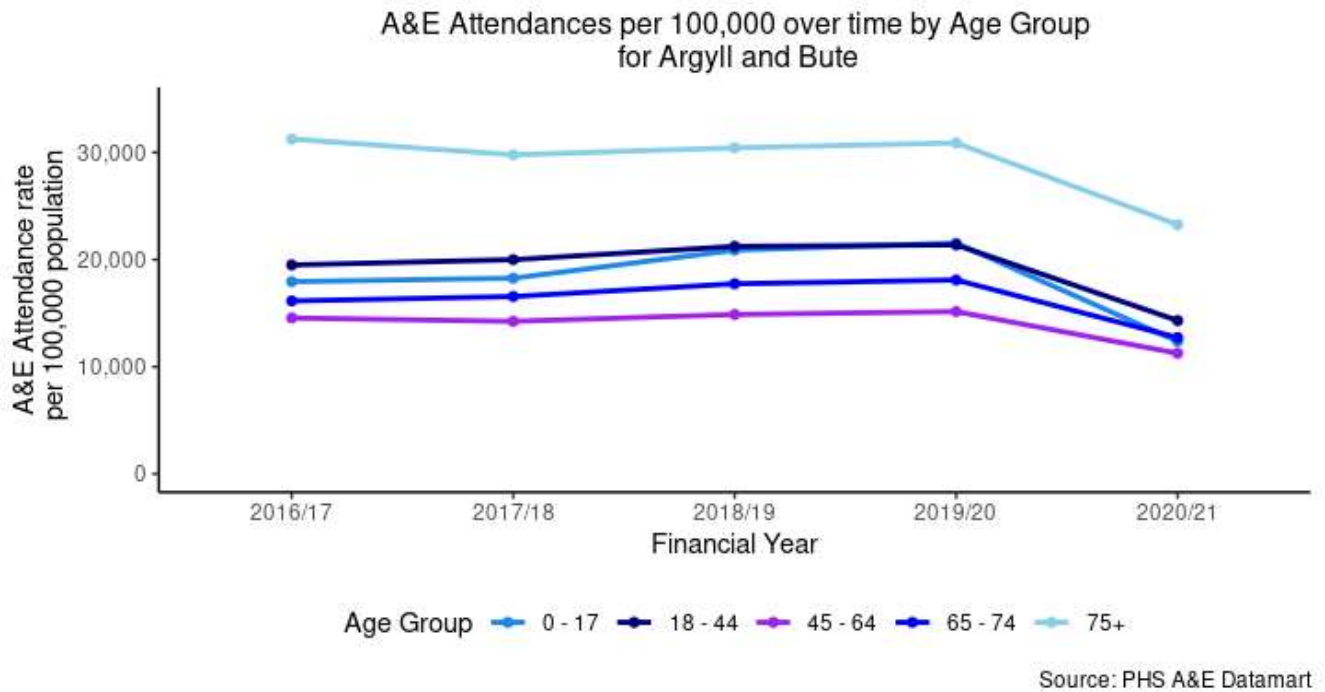
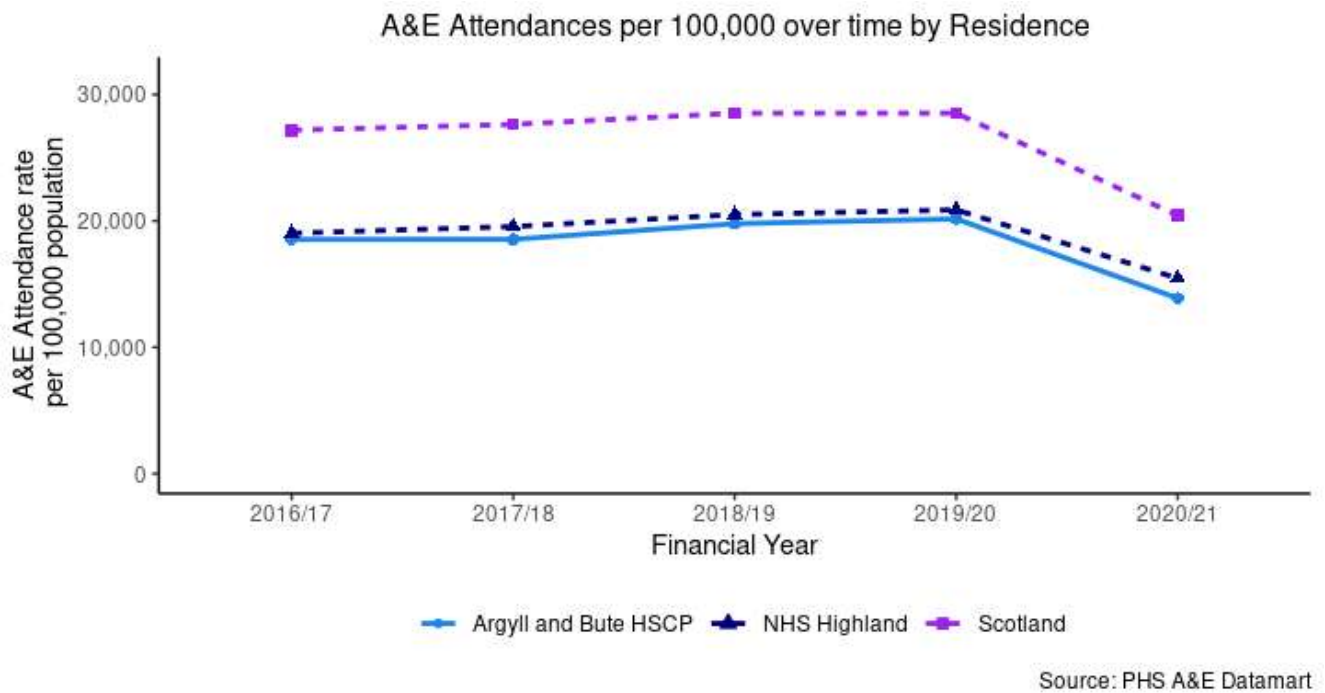


Figure 25: A&E attendances by geographical area



Delayed Discharge Bed Days

Figure 26: Delayed discharge bed days by age group

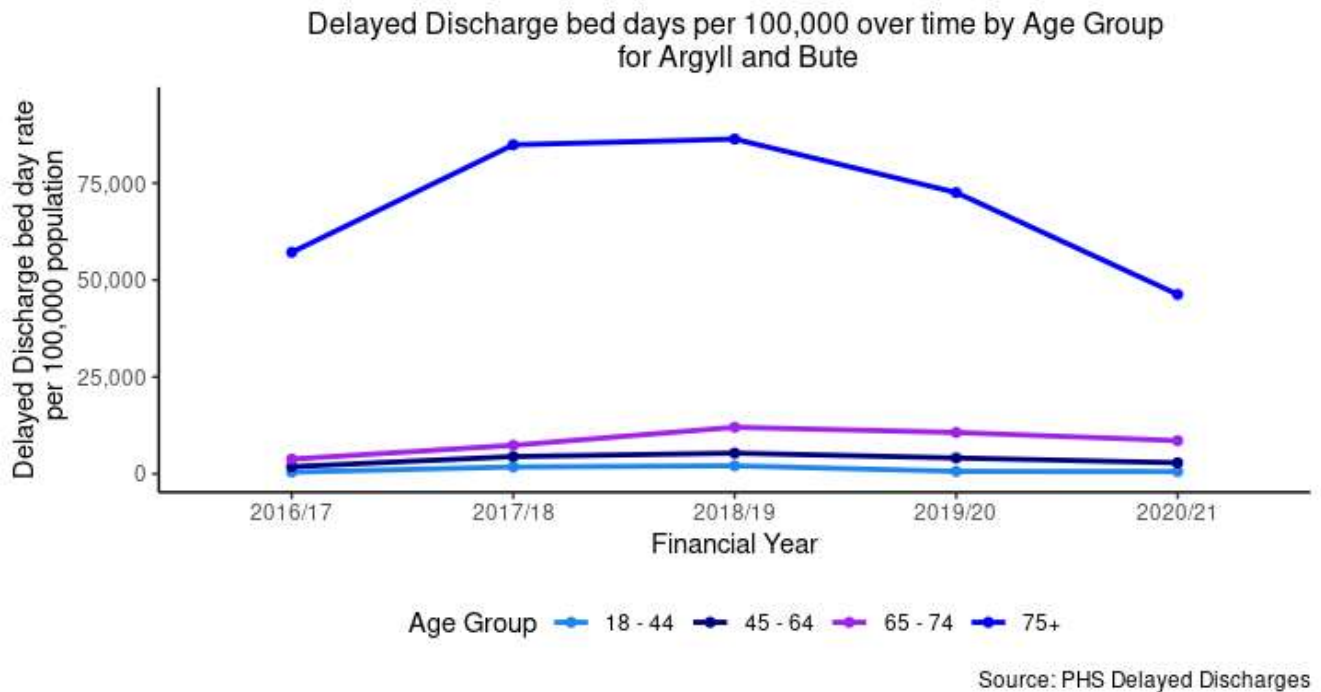
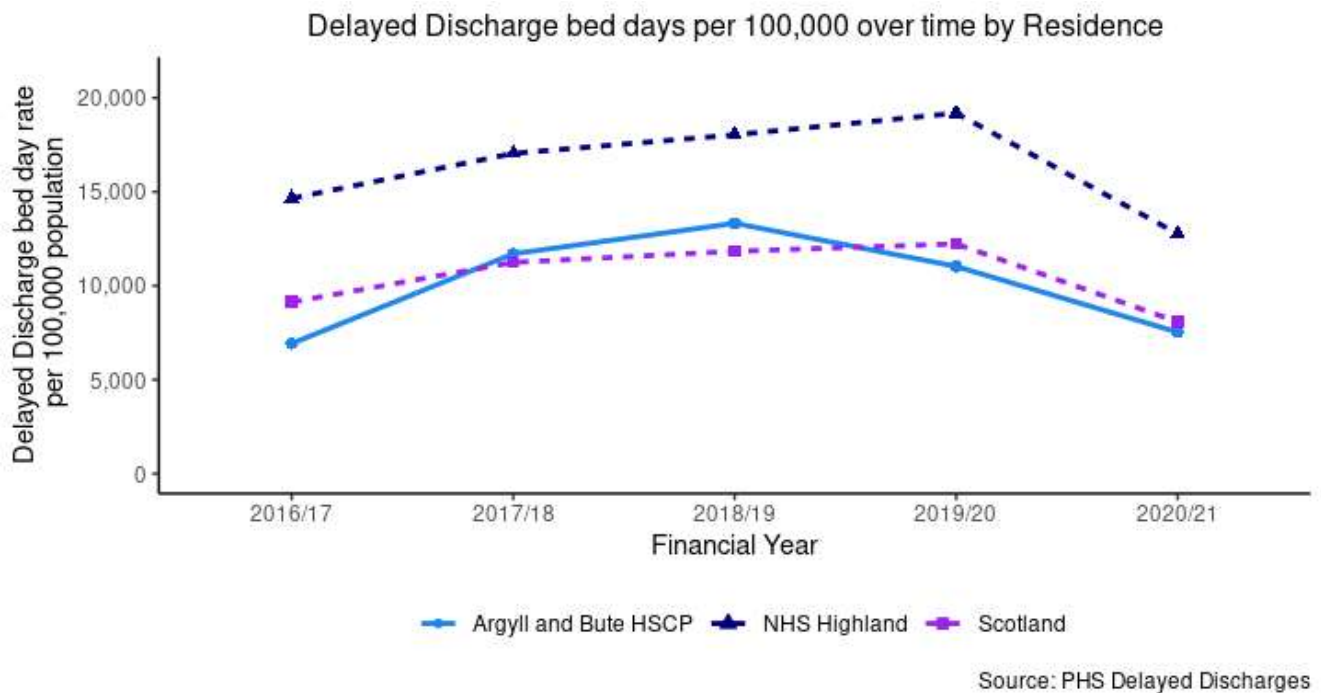
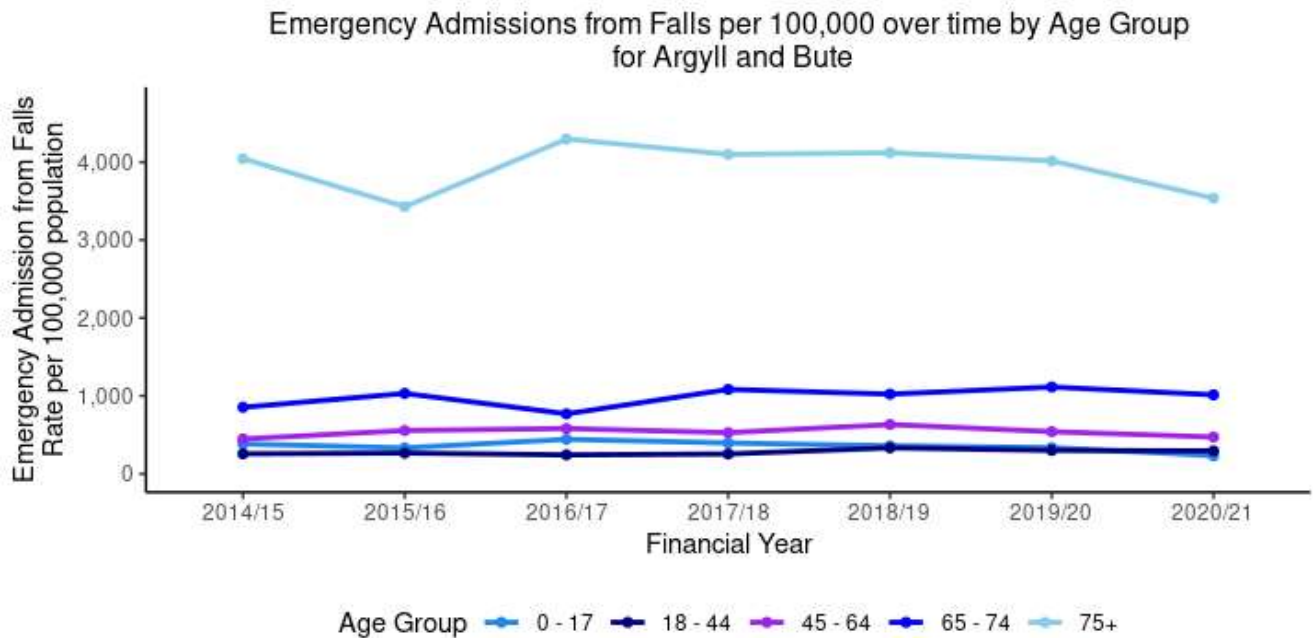


Figure 27: Delayed discharge bed days by geographical area



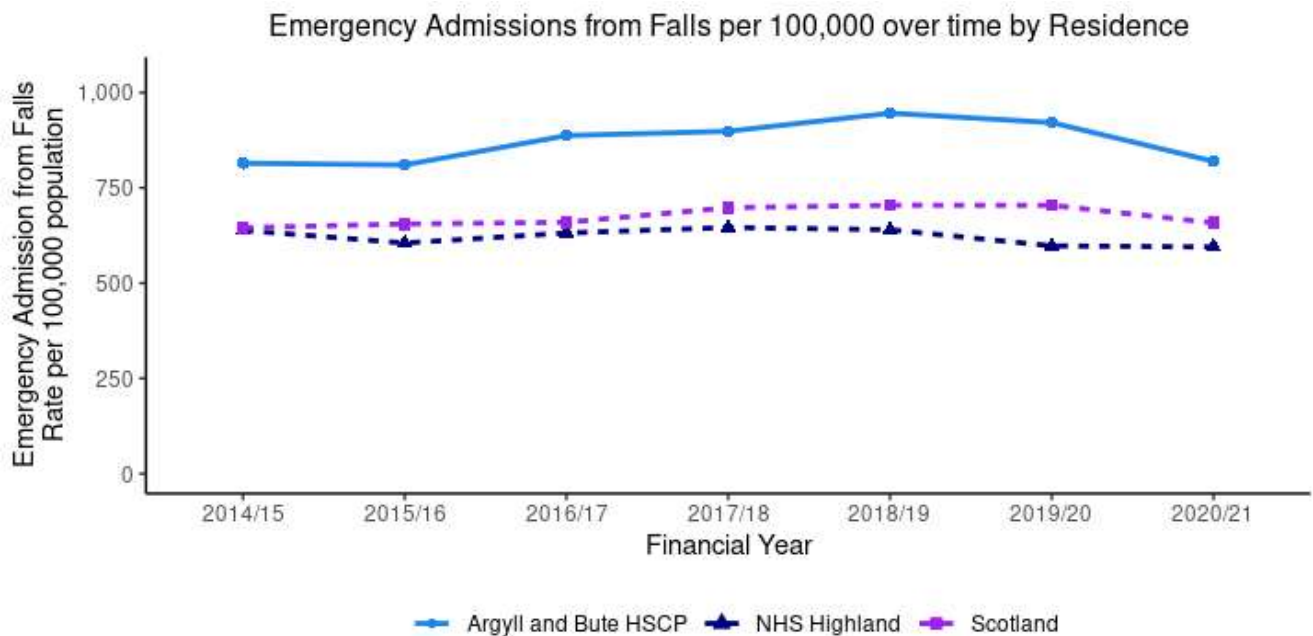
Emergency Admissions from a Fall

Figure 28: Falls by age group



Source: PHS SMR01

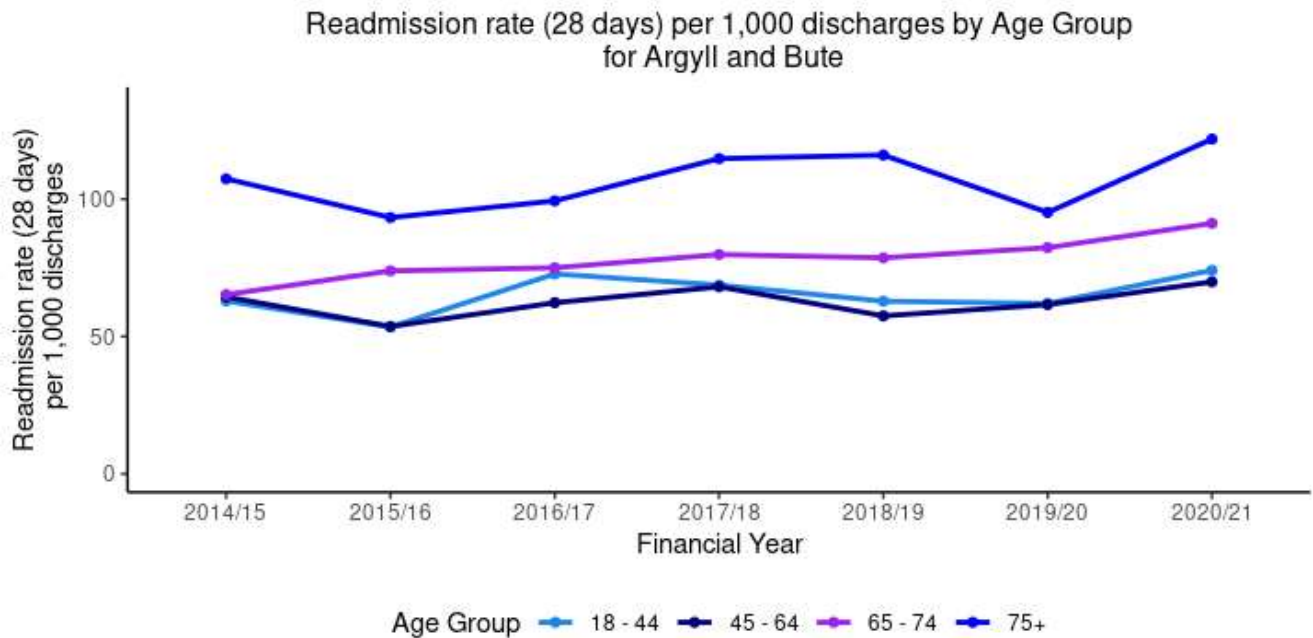
Figure 29: Falls by geographical area



Source: PHS SMR01

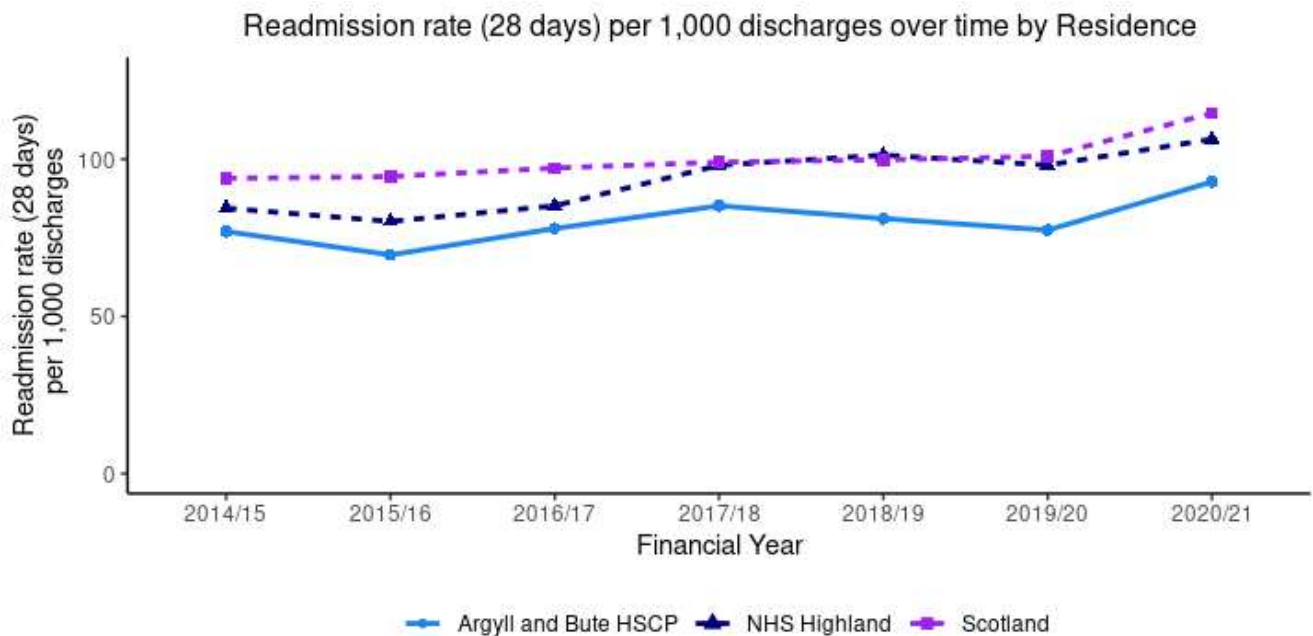
Emergency Readmissions (28 days)

Figure 30: Emergency readmissions by age group



Source: PHS SMR01

Figure 31: Emergency readmissions by geographical area

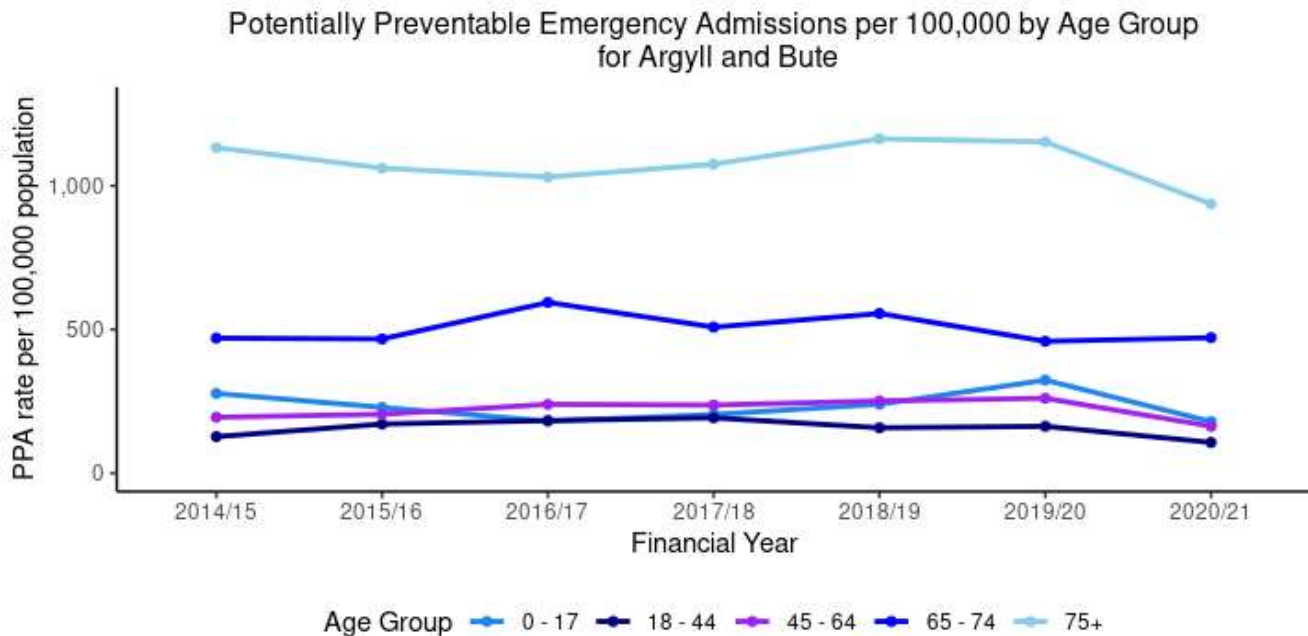


Source: PHS SMR01

Potentially Preventable Admissions (PPAs)

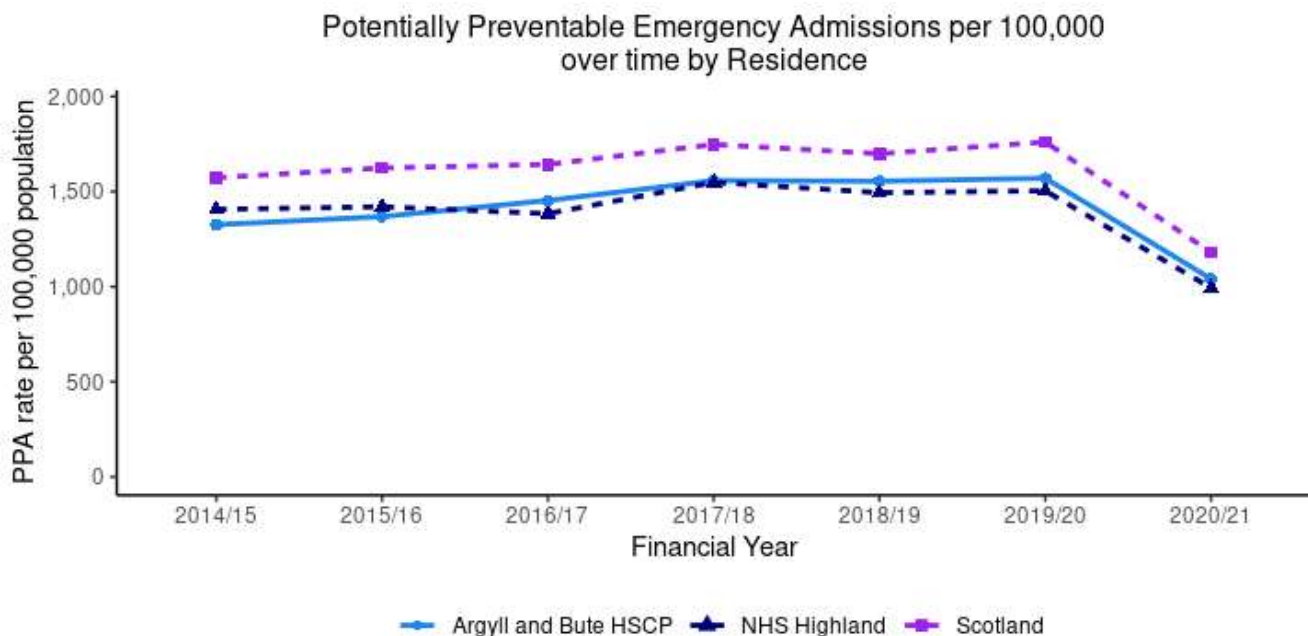
Information on which conditions are counted as PPAs is available in Appendix 3 of the summary document.

Figure 32: PPAs by age group



Source: PHS SMR01

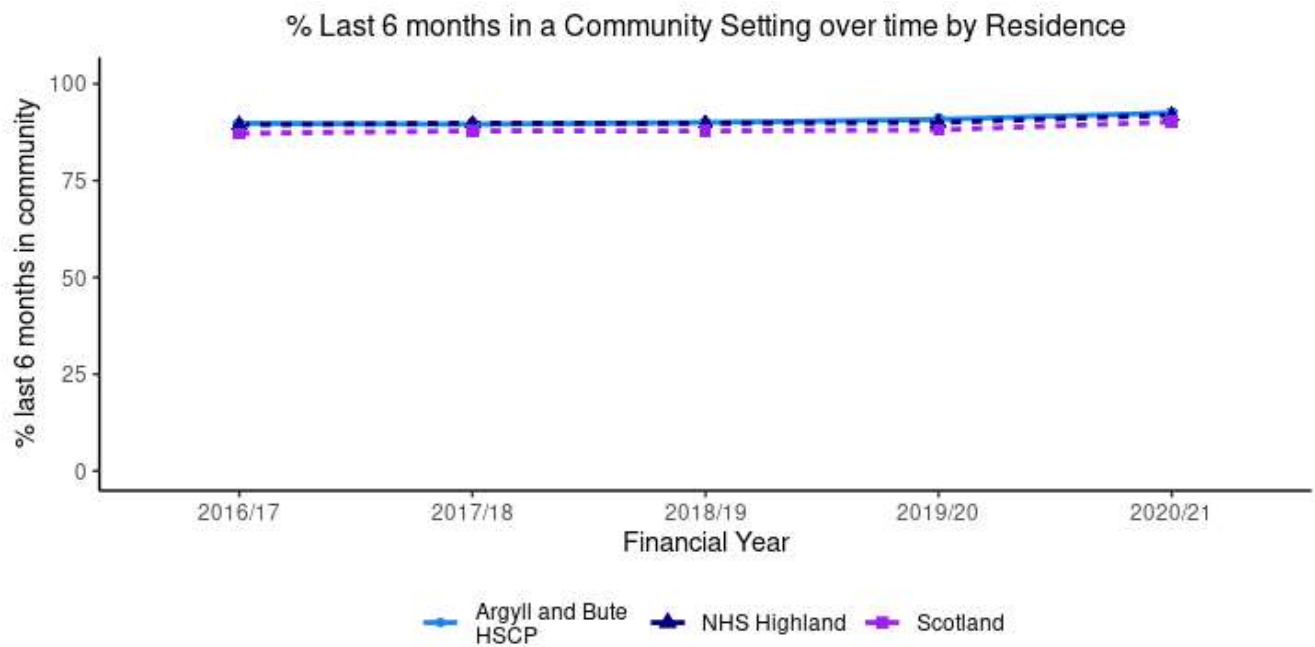
Figure 33: PPAs by geographical area



Source: PHS SMR01

Percentage Last 6 months in a Community Setting

Figure 34: Last 6 months in a community setting by geographical area



Footnotes

1. The data used in General Health and Behavioural Factors sections (except for long-term conditions) of this HSCP profile are taken from [ScotPHO](#). There may be more recent data available for the indicators elsewhere.
2. Data taken from ScotPHO is often reported using the European Age-Sex Standardised Rate per 100,000. This allows for comparisons across different areas to be made. For more information on how these rates are calculated, please refer to www.isdscotland.org/Products-and-Services/GPD-Support/Population/Standard-Populations/
3. Physical long-term conditions data comes from the Source Linkage Files, and the conditions are identified using ICD-9 and ICD-10 codes in the diagnosis fields. Please note that the Source Linkage Files data only contains information on people who have had contact with the NHS through either inpatient admissions, outpatient attendances, day case attendances, A&E attendances or through prescribed items, the data does not show all service users in Scotland who have been diagnosed with an LTC as not all of these individuals will have used these services. Also note that LTC rates are based on an adjusted population indicator in the Source Linkage Files so that population sizes are closer to the official estimates.
4. The 2020 COVID-19 pandemic will have had an effect on the most recent data available. A dashboard has been created by PHS which show the wider impacts of COVID-19 over many areas. You can access this here: <https://scotland.shinyapps.io/phs-covid-wider-impact/>