



# **Joint Strategic Needs Assessment**

## **Argyll and Bute HSCP**

**2024**

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## Introduction

### Aim of JSNA

The Argyll and Bute Joint Strategic Needs Assessment (JSNA) aims to identify the health and social care needs of the population of Argyll and Bute (A&B) in order to inform the Health and Social Care Partnership's (HSCP) Strategic Plan and the Strategic Commissioning Plan.

The requirement to take into account the needs of the population and service-users is embedded with the Public Bodies (Joint Working) (Scotland) Act 2014. The requirement for a Joint Strategic Needs Assessment (JSNA) is highlighted within the Scottish Government statutory strategic commissioning plan guidance. The JSNA includes consideration of the wider determinants of health including socioeconomic, cultural and environmental factors. Needs are usefully defined as the capacity to benefit from services.

### Geographies in Argyll and Bute

Argyll and Bute is the second largest local authority in Scotland covering a land area of 690,946 hectares (Census 2022). At time of the census 2022 its population was around 86,000 making it the third sparsest populated local authority in Scotland, with an average population density of 12.5 usual residents per square kilometre. Argyll and Bute has 23 inhabited islands, more than any other local authority in Scotland.

It is organised in four localities Mid-Argyll, Kintyre and Islay (MAKI), Oban Lorn and the Isles (OLI), Cowal and Bute (CB) and Helensburgh and Lomond (HL).

Location	Locality	Small towns/ urban areas
West	Mid-Argyll, Kintyre and Islay (MAKI)	Campbeltown
	Oban Lorn and the Isles (OLI)	Oban
East	Cowal and Bute (CB)	Dunoon
		Rothesay
	Helensburgh and Lomond (HL)	Helensburgh
		Garelochhead



This report uses geographical levels of the National Health service (NHS) board, local authority, locality, Housing Market Area (HMA), intermediate zone and data zone. Data zones are the smallest spatial units commonly used to release statistical data and intermediate zones, that are built up of data zones, are the smallest spatial units most commonly used for releasing and presenting potentially sensitive statistical data around population health. The number of events in these zones that best align with a partnership area may not sum to the exact total.

## **Data Sources**

This report includes both publicly available and locally sourced data. Sources for publicly available data include among others National Records Scotland (NRS), the Scottish Public Health Observatory (ScotPHO) and Public Health Scotland (PHS). Where previous relevant work was available it is referenced and summarised in the JSNA. The most commonly cited previous work are the [NHS Highland Public Health Profiles](#) produced by Public Health Intelligence Highland on demography and deprivation, adult health and wellbeing, children and young people's health and wellbeing and the locality profiles produced by the PHS Local Intelligence Support Team for NHS Highland.

Publicly available data was supplemented by locally sourced information that was provided by members of the HSCP.

Census 2022 data has been used for this report where available, to supplement previous work. At the point of release of this report, not all census 2022 data has been released on local level.

## **Statistical significance**

Statistical significance expresses if two measures differ from each other due to a true or 'underlying' value or due to random variation. Where the measure of significance was available it is reported using 95% confidence intervals.

A confidence interval is a range of values that is used to describe the uncertainty around a point estimate of a quantity, for example a rate or proportion. The 95% confidence interval indicates the degree of uncertainty in an estimate; 95 times out of 100, the interval will include the true or 'underlying' value. The wider the confidence interval, the greater the uncertainty in the measure. The width of the confidence interval depends on the size of the population and the underlying variability in the data. Estimates from larger populations (such as council areas) will have smaller confidence intervals and therefore provide more accurate

estimates, than from smaller populations (such as partnership areas or intermediate zones) with larger confidence intervals.

The confidence intervals are used to interpret whether the difference in an indicator between two areas is statistically significant. If the confidence intervals of the two estimates do not overlap then there is a statistically significant difference between the two estimates. A comparison is made between the partnership area, council area and Scotland estimates.

## **Method and Limitations**

A desk-based research and analysis of information was carried out. The resulting report is a snapshot of currently available information. Small area information for many areas is limited. Data aggregated to higher geographical levels, may fail to identify localised trends and characteristics of the population.

Tables and graphs referenced in this document can be found in Annex A or in the referenced reports.

The Scottish Government does not have an official definition of gender, which can lead to national data sources sometimes using the terms sex and gender interchangeably. Sex is generally defined as male and female. This limitation applies to this report as it uses those data sources. A guidance for public bodies on the collection of data on sex and gender has been released by the Scottish Government in September 2021 and will likely influence the way data is collected in the future [1].

The JSNA is a continuous and iterative process that allows us to identify gaps in our intelligence and areas that need further in-depth analysis moving forward.

## List of abbreviations

A&B	Argyll and Bute
ADP	Alcohol and Drug Partnership
A&E	Acute and Emergency
ASN	Additional Support Needs
CAHMS	Child and Adolescent Mental Health Services
CB	Cowal and Bute
eESS	electronic Employee Self Service
GGC	Greater Glasgow and Clyde
GHQ-12	General Health Questionnaire
GP	General Practitioner
HL	Helensburgh and Lomond
HMA	Housing Market Area
HSCP	Health and Social Care Partnership
JSNA	Joint Strategic Needs Assessment
LTC	Long term condition
MAKI	Mid-Argyll, Kintyre and Islay
MVPA	Moderate or Vigorous Physical Activity
NHS	National Health Scotland
NRS	National Records Scotland
OLI	Oban Lorn and the Isles
PHS	Public Health Scotland
RSL	Registered Social Landlords
RTT	Referral to Treatment
ScotPHO	Scottish Public Health Observatory
SDS	Self-Directed Services
SGUR	Scottish Government Urban Rural
SHeS	Scottish Health Survey
SIMD	Scottish Index of Multiple Deprivation
SMD	Severe and Multiple Disadvantages
WEMWBS	Warwick-Edinburgh Mental Wellbeing Scale
WTE	Whole Time Equivalent

## What do we know about the composition of our population?

### Population estimates

Population data for Argyll and Bute is presented both by NRS mid-year population estimates and Scottish census data. Due to timeline for the JSNA production, census 2022 on local authority level was used to supplement population overviews on smaller area level, based on the 2021-mid year population estimates.

- From the census 2011 to the census 2022 Argyll and Bute's population decrease by 2.4% from 88,166 to 85,970.
- As of census 2022 Argyll and Bute is the council area with the largest proportion of people aged 65 and over in Scotland (27.2%), the second lowest proportion of people aged 15 to 64 (59.2%) and the lowest proportion of people aged 14 and younger (13.6%). The Scottish averages are 20.1%, 64.6% and 15.3% respectively.
- From the census 2011 to the census 2022 the number of households increased from 40,125 to 41,894 (4.4%) in Argyll and Bute. Scottish overall saw an increase in households of 5.7%.
- As of the census 2022 Argyll and Bute had the third lowest population density (12.5 usual residents per square kilometre), with Highland (9.2) and Na h-Eileana Siar, the Outer Hebrides(8.6) being the only less densely populated council areas. The Scottish average was 69.8 usual residents per square kilometre.
- As of 2021, Argyll and Bute has a population of 86,220, Cowal and Bute (CB) of 20,346, Helensburgh and Lomond (HL) of 25,834, Mid-Argyll, Kintyre and Islay (MAKI) of 20,032 people and Oban, Lorn and the Isles (OLI) of 20,008 (NRS, Small Area Population Estimates 2021).
- As of 2021 14.4 % of the population in Argyll and Bute are aged 0-15 years, 59.1 % are aged 16-64 years and 26.4 % are people aged 65 years and over. The population distribution across these age groups for the same time in Scotland was 16.6 %, 63.8 % and 19.6 % respectively. The percentage of population aged 0-15 varies in Argyll and Bute localities from 13.5 % (BC) to 15.3 % (OLI), aged 16-64 from 54.7 % (BC) to 62.2 % (HL) and aged 65 and over from 23.6 % (OLI and HL) to 31.8 % (BC) (NRS, Small Area Population Estimates 2021).
- The population of Argyll and Bute has decreased by 5.5% from 2002-2021, while the population of Scotland increased by 8.2%. Out of the four localities in Argyll and Bute OLI is the only one that saw its overall population increase (4.6%) in that time period.

The population decreased in BC (8.8%), HL (7.6%) and MAKI (7.3%) (NRS, Small Area Population Estimates 2021).

- The percentage change in the population varied by age group. From 2002-2021 the population in Argyll and Bute decreased in all age groups under 65 and increased in all age groups 65 and older. OLI is the only locality that showed an increase in the population aged 40-64, while the other three localities showed a decrease in the population of that age group (NRS, Small Area Population Estimates 2021).
- When looking at the percentage change between 2001 to 2021 in age groups of children and young people more closely it shows that the male and female population aged 0-17 decreased in Argyll and Bute and all its localities. BC is the only locality that also experienced a decrease in the population of children and young people aged 18-24 for both men and women. In OLI as well as MAKI, the population aged 18-24 increased in the two decades. In the former the increase was more pronounced in the female and in the latter in the male population. In HL the female population aged 18-24 decreased while the male population in that age group increased by over 25 % (NRS, Small Area Population Estimates 2021). The Naval Base HMNB Clyde, also known as Faslane, is situated in HL. It is the second largest single site employer in Scotland, with the personnel on site of around 7,000 that is projected to grow to 8,200 over the next decade. The base can explain the strong increase in the young, male population in HL [2].
- As of 2021, the ratio of people of working age (16-64 years old) for every person 65 years and older was 2.24 in Argyll and Bute while it was 3.25 in Scotland. The ratio in Argyll and Bute's localities ranged from 1.72 (BC) over 2.12 (MAKI), 2.58 (OLI) to 2.63 (HL) (NRS, Small Area Population Estimates 2021).
- In the 2022 census 232 people in Argyll and Bute stated to be trans or have a trans history, which was 0.34% of all people over 16 who answered the question. The Scottish average was 0.44%.
- In the 2022 census 4,307 people in Argyll and Bute were UK Armed Forces veterans. This equalled 5.9% of the population 16 years or older as measured in the census 2022. The Scottish average was 3.9%.

## **Island population**

According to the 2022 census Argyll and Bute has 28 inhabited islands. Population data on island level was taken from the census 2022 and compared to island population data from the census 2011. Table 1 includes the islands with a population over 25.

- As of 2022, the most populated islands of Argyll and Bute were Bute (6,047), Islay (3,180) and the Isle of Mull (3,063) (Tab. 1).
- From 2011 to 2022 Kerrera experienced the steepest population increase from 34 to 61 (79%), followed by Jura from 196 to 258 (32%), the Ilse of Gigha from 163 to 187 (15%) and the Isle of Mull from 2,800 to 3,063 (9%) (Tab. 1).
- From 2011 to 2022 Coll experienced the steepest population decrease from 195 to 176 (10%), followed by Luing from 195 to 178 (9%) and Bute from 6,498 to 6,047 (7%) (Tab. 1).
- The total population on the fourteen most populated islands of Argyll and Bute dropped 1% from 15,065 to 14,976 from 2011 to 2022 (Tab. 1).

## Migration

The numbers for long-term migrants, staying 12 months or more, are estimated by NRS based on administrative and survey data rather than comprehensive counts of people moving. They include asylum seekers and since 2015/2016 refugees.

- The total net migration for Argyll and Bute rose steeply from 110 in 2019/20 to 1,200 in 2020/21 and dropped back to 440 in 2021/22. The median net migration from 2003/2004 to 2021/2022 was 200. 2020/21 saw the highest population influx into Argyll and Bute in the last two decades. The reason for this peak is unclear but might be connected to the increase in home office options due to the Covid-19 pandemic. It is unlikely that this magnitude of inward migration continues (Fig. 1).
- The majority (77%) of people moving to Argyll and Bute in 2020/2021 were aged 16-64. The majority of in-migration (75%) to Argyll and Bute in 2020/2021 was from other areas within the UK, followed by in-migration from within Scotland (29%). There was a small emigration to international places outside the UK (4%).

## Ethnicities

The most recent information on the ethnicities of our population is provided by the 2022 census.

- As of the census 2022, 97.72% of the Argyll and Bute population was white, 0.88% were Asian, Asian Scottish or Asian British, 0.77% belonged to a mix or multiple ethnic groups, 0.18% were African, 0.1% Caribbean or Black and 0.35% belonged to another ethnic group. On average the Scottish population was 92.9% white, 3.9% Asian, Asian Scottish or Asian British, 1.12 % belonged to a mix or multiple ethnic

groups, 1.08% African, 0.12% Caribbean or Black and 0.91% of another ethnic group (Fig. 2).

## Language use

The most recent information on languages spoken within Argyll and Bute are from the 2022 census. Percentages are calculated using the total population aged 3 and over as measured in the census 2022, which was 84,097 for Argyll and Bute.

As of 2022,

- English was the main language of 97.6% (82,091) of Argyll and Bute's population, Scots of 0.15% (122), Gaelic 0.09% (77), Sign language 0.02% (15) and other languages but English 2.13% (1,788). In the Scottish average the main language was English (94.5%), Scots (0.25%), Gaelic (0.07%), Sign language (0.05%) and other languages (5.16%) (Fig. 3).
- 2.54% (2,137) of the population of Argyll and Bute use British Sign Language. The Scottish average was 2.22%.
- 2.21% (1,862) spoke, read and wrote Gaelic and 6.2% (5,175) had some kind of skill in Gaelic. The Scottish average was 0.83% and 2.46% respectively.
- 15 % (12,833) spoke, read and wrote Scots and 38% (31,936) had some kind of skill in Scots. The Scottish average was 22.2% and 46% respectively.

## Births and Mortality

Mortality rates are a sentinel measure of population health and social progress. Their lack of improvement is cause for concern.

- The annual birth rate per 1,000 women aged 15-44 generally decreased in Argyll and Bute as a whole, as well as in HL and OLI over time. In MAKI and BC the rates were on a similar level in 2020 as in 2002 (NRS, Vital events).
- In 2020 the annual birth rate per 1,000 women aged 15-44 in Argyll and Bute was 6.9. It was significantly lower than the Scottish average (8.6). The rate in the council localities did not differ significantly from the council area average (NRS, Vital events).
- The age and sex standardised mortality rate per 100,000 stayed mostly stable in Argyll and Bute over the last decade. The rates varied more in the localities but do not show a clear trend in the most recently available years (NRS, Vital events).
- The age and sex standardised mortality rate for the three year average of 2018-2020 was 1,087.7 in Argyll and Bute. It was significantly lower than the Scottish average

(1,166.3). The rate in the localities and intermediate geographies did not differ significantly from the council area average (NRS, Vital events).

## **Population projection**

The latest available population projections on locality level are available through the improvement service based on 2018 projecting forward to 2030. The projections make assumptions about fertility, mortality and migration trends in each local area based on a five-year reference period preceding the projections. The projections do not take any policy or development aims for the area into account. It has to be noted that these projections were made prior to the COVID-19 pandemic and prior to Brexit, both of which mean that assumptions made based on earlier trends are less likely to still apply.

- The latest available population projections estimate that the overall population of Argyll and Bute's localities will decrease between 2018 and 2030.
- The number and proportion of people in the 65-74, 75-84 and 85+ age groups are projected to increase, whereas the population aged 0-15 years, 16-44 years and 45-64 years are projected to decrease.
- Projected demographic changes indicate that the ratio of people of working age to people aged 65 years and older will further decrease.

## **Urban and Rural classification**

The Scottish Government Urban Rural (SGUR) classification provides a consistent way of defining urban and rural areas across Scotland. The classification is based upon two main criteria: population, as defined by NRS, and accessibility, based on drive time analysis to an urban area. The classification is available in multiple forms, including a 6-fold classification which distinguishes between urban, rural, and remote areas through six categories, and an 8-fold classification which further distinguishes between remote and very remote regions. The latest version is the SGUR 2020. Population data for the largest settlements is presented as based on the census 2022.

- The largest settlements in Argyll and Bute are Helensburgh (14,127), Oban (8,000) and Dunoon (7,994) (census 2022).
- As of 2020, by the SGUR 8-fold classification, the majority of the population in Argyll and Bute lived in a very remote rural area (38.8 %), a very remote small town (30.5 %) or another urban area (17.6 %). Argyll and Bute had no population in a large



urban area. It is to note that the needs of children and young people in remote and rural areas are often less recognised in national policies.

- The distribution of population along the urban-rural gradient varies between localities. As of 2020, by the SGUR 8-fold classification
  - the majority of the BC population live in very remote small towns (67%), while the rest lived in very remote rural areas (33 %).
  - the majority of the HL population live in other urban areas (58.8 %), while the rest live in accessible small towns (14.5 %), accessible rural areas (14.8 %) and remote rural areas (11.8 %)
  - the majority of the MAKI population live in very remote rural areas (77.5 %), while the rest live in very remote small towns (22.5 %)
  - the majority of the OLI population live in very remote rural areas (56 %), while the rest live in very remote small towns (40.7 %) and remote rural areas (3.3 %)

## Deprivation

The Scottish Index of Multiple Deprivation (SIMD) is a relative, area-based measure of deprivation. It combines indicators from the seven domains of income, employment, education, health, access to services, crime and housing to rank data zones in Scotland from most deprived to least deprived. Ranks are often combined into groups, e.g. five groups (quintiles) or ten groups (deciles), along the deprivation gradient.

SIMD is an area-based measure of relative deprivation, which means that not every person in a highly deprived area will themselves be experiencing high levels of deprivation.

In rural areas data zones, that are defined by population size, tend to cover larger areas of land. They are more likely to include people experiencing mixed levels of deprivation and poor households are less likely to live together in close neighbourhood than it is common in urban areas. This means that the SIMD has more limitations at identifying deprivation in a rural area compared to an urban one. It is recommended to use the SIMD combined with other data to more accurately present the situation in rural areas.

- Combining the SIMD 2020 and the 2021 mid-year population estimates identified 8.5 % of the total population of Argyll and Bute living in the 20 % most deprived and 10.6 % in the 20 % least deprived small areas in Scotland. The largest percentage of the population (39.1 %) lived in areas that fall into quintile 3, which is the middle between most and least deprived areas. Of the Argyll and Bute population under 18

years of age, 9.8% lived in 20% most deprived and 7.8% in the 20% least deprived small areas in Scotland.

- Of the Argyll and Bute localities BC has the highest percentage (25%) of people under 18 living in the most deprived areas, followed by HL (8.7%), MAKI (5.9%) and OLI (1.7%). HL has the highest percentage (24%) of people under 18 living in the least deprived areas, followed by BC (2.3%), with both MAKI and OLI having 0%.
- Of the Argyll and Bute localities BC has the highest percentage of small areas (21.9 %) that belong to the 20 % most deprived areas in Scotland. OLI has the lowest (3.7 %).
- Of the Argyll and Bute localities BC has the highest percentage of small areas (15.2 %) that belong to the 20 % most health deprived areas in Scotland. OLI has the lowest (3.7 %).
- A positive correlation exists between the ranking of areas on the health and income domains. Those in the most income-deprived areas are also more likely to be amongst the most overall health deprived.
- As of the SIMD 2020 9.7 % of Argyll and Bute's population is income deprived. It is significantly less than the Scottish average (12.1 %). BC had a significantly higher percentage (14.5 %) of income deprived inhabitants than the council area average, while OLI (7.7 %) and HL (7.2 %) had a significantly lower percentage.
- The percentage of the population being income deprived varied between intermediate geographies in each locality.
  - In BC it ranged from Rothesay town (24 %) to Cowal South (7.2 %)
  - In HL it ranged from Helensburgh Central (13.3 %) to Lomond Shore (4.6 %)
  - In MAKI it ranged from Campbeltown (16.1 %) to Knapdale (7.0 %)
  - In OLI it ranged from Oban South (10.8 %) to Benderloch Trail (6.1 %)
- As of the SIMD 2016 10.4% of Argyll and Bute's population aged 0-25 was income deprived. It is significantly lower than the Scottish average (19.7%). BC had a significantly higher percentage (31.8%) of income deprived inhabitants aged 0-25 than the council average, while HL (6.1%), MAKI (5.8%) and OLI (2.1%) had a significantly lower percentage.
- As of the SIMD 2016 43.2% of Argyll and Bute's population aged 0-25 lived in the most access deprived SIMD quintile. It is significantly higher than the Scottish average (20.8%). The percentages in OLI (51.3%) and MAKI (50.4%) were significantly higher than the council average, while they were significantly lower in HL (44%) and BC (25.1%).

- As of the SIMD 2016 8.1% of Argyll and Bute's population aged 0-25 lived in the most crime deprived SIMD quintile. It is significantly lower than the Scottish average (20.1%). The percentages in BC (13.3%) and OLI (11.7%) were significantly higher than the council average, while they were significantly lower in HL (6.3%) and BC (2.2%).
- As of the SIMD 2020 7.8 % of Argyll and Bute's working-age population was employment deprived. It was significantly less than the Scottish average (9.3 %). BC had a significantly higher percentage (12.4 %) while OLI (6.2 %) and HL (5.8 %) had a significantly lower percentage than the council area average.
  - In BC it ranges from Rothesay town (18.6 %) to Cowal South (6.7 %)
  - In HL it ranges from Helensburgh Central (11.3 %) to Helensburgh North (3.4 %)
  - In MAKI it ranges from Campbeltown (12.3 %) to Mid Argyll (5.0 %)
  - In OLI it ranges from Oban South (8.8 %) to Loch Awe (4.4 %)

## **Child poverty**

The challenges to tackling child poverty were set out in the Child Poverty (Scotland) Act 2017 and the latest national delivery plan Best Start, Bright Futures [3]. Children living in poverty are more likely to have health issues, including mental health problems, gain fewer qualifications, experience stigma and bullying at school and be at higher risk of being care experienced [4]. The priority of policy focuses on children at greatest risk of poverty where the mother is less than 25, lone parent families, ethnic minority families, families with three or more children or a child under one and families where someone in the house is disabled.

Particularly in rural areas, it is a complex task to accurately measure child poverty, profile the population in at-risk groups and describe the factors related to changes, such as social security, income from employment and the cost of living. Currently, data sources that provide detail at local authority and community partnership are limited [5].

- The percentage of children under 16 living in low-income families either receiving out-of-work (mean-tested) benefits or tax credits, where their reported income is less than 60 percent of the contemporary UK median income has been rising in Argyll and Bute since 2014/15, with the exception of a drop in percentage in 2020/21. The term low income refers to being below the poverty threshold. In 2022/23 the percentage was 19.4% in Argyll and Bute, which equalled 2,430 children. The percentage was lower than the Scottish average of 21.8% (DWP/HMRC children in low-income families local measure).

- In 2021/22 BC had a significantly higher percentage of children and young people under 25 living in relative low-income families compared to the council area average. The other localities did not differ significantly from the council area average (NRS Small Area population estimates 2021 and Department for Work and Pensions Stat-Xplore).

## **Current and future Needs**

- A decreasing population together with a decrease in the working age population will likely lead to a need for attracting workforce to Argyll and Bute. Programmes to make coming to and staying in Argyll and Bute attractive need to consider access to education, healthcare and housing.
- Adapting health and social care services to the needs of an ageing population in Argyll and Bute. It is likely that an increasing amount of carers will be needed as well as services for people with frailty, dementia and Alzheimer's disease, long-term conditions and multimorbidity, as these conditions are more common in older age groups.
- A high percentage of Argyll and Bute's population lives in remote and rural areas and in the most access deprived areas in Scotland. This shapes the need for service accessibility in these areas.
- Levels of deprivation differ between areas in Argyll and Bute. This inequality needs to be addressed as deprivation is linked to adverse health outcomes in the population.
- Increasing need to address child poverty, with consideration to the high percentage of the population under 18 years of age living in very remote and rural areas. Poverty is a severe advantage that heightens the risk for those experiencing it to also fall harm to other disadvantages such as homelessness or mental ill health. To prevent this early intervention and support is needed [23].

## **Existing assets**

- A steep increase in immigration to Argyll and Bute from other aeras in the UK in 2020/21. The cause of change is unclear but might be connected to the increase of options in remote work during the Covid-19 pandemic. It suggests that Argyll and Bute is an attractive location for working age people, as long as barriers in accessibility are addressed.

## Indicators

Indicator	Source
Population estimate 2011 vs 2022	Census 2011, Census 2022
Percentage of population by age group	Census 2022
Number of households, 2011 vs 2022	Census 2011, Census 2022
Population density	Census 2022
Mid-2021 population estimate by age group	<a href="#">Public Health Profiles - Demography and deprivation</a>
Percentage of population by age group	<a href="#">Public Health Profiles - Demography and deprivation</a>
Percentage change in total population, 2002 to 2021	<a href="#">Public Health Profiles - Demography and deprivation</a>
Percentage change in the population by age group, 2002 to 2021	<a href="#">Public Health Profiles - Demography and deprivation</a>
Percentage change in the population of children and young people by age group and sex in (locality) between 2001 and 2021	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Personnel size HMNB Clyde	[2]
People of working age (16-64 years) for every person 65 years and older in 2021	<a href="#">Public Health Profiles - Demography and deprivation</a>
Number and percentage of population with trans history	Census 2022
Number of UK Armed Forces veterans and percentage on population	Census 2022
Island population 2022	Census 2022 Annex A – Tab. 1
Number and percentage change of island population, 2011 to 2022	Census 2011, Census 2022 Annex A – Tab.1
Net migration numbers by age over time	NRS, Local Area Migration Annex A – Fig. 1
Net migration numbers by age and destination/ origin	NRS, Local Area
Population by ethnic group	Census 2022 Annex A – Fig. 2

Population by main language used	Census 2022 Annex A – Fig. 3
Number and percentage of population using British Sign Language	Census 2022
Number and percentage of population with Gaelic language skills	Census 2022
Number and percentage of population with Gaelic language skills	Census 2022
Annual births per 1,000 women aged 15-44, 2002 - 2020	<a href="#">Public Health Profiles - Demography and deprivation</a>
Number of live births and births per 1,000 women aged 15-44, 2020	<a href="#">Public Health Profiles - Demography and deprivation</a>
Age-sex standardised mortality rate (all ages) per 100,000 population, 2002 - 2020	<a href="#">Public Health Profiles - Demography and deprivation</a>
Number of deaths and age-sex standardised mortality rates, 2018 - 2020	<a href="#">Public Health Profiles - Demography and deprivation</a>
Projected population by age group, 2018 - 2030	<a href="#">Public Health Profiles - Demography and deprivation</a>
Projected percentage change in the population by broad age group, 2018 - 2030	<a href="#">Public Health Profiles - Demography and deprivation</a>
Projected ratio of people of working age (16-64 years) for every person aged 65 and over	<a href="#">Public Health Profiles - Demography and deprivation</a>
Population in largest settlements in Argyll and Bute	Census 2022
Percentage of population by SGUR 8-fold classification	<a href="#">Public Health Profiles - Demography and deprivation</a>
Percentage of the population living in small areas that are in the most to least deprived in Scotland	<a href="#">Public Health Profiles - Demography and deprivation</a>
Proportion of children under 18 living in small areas which are in the most to least deprived quintiles	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Data zones in the most deprived 20 percent of areas in Scotland in the HSCP	<a href="#">Public Health Profiles - Demography and deprivation</a>

Data zones in the most health deprived 20 percent in Scotland by area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Health domain rank by income domain rank for data zone geography	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Number and percentage of the population who are income deprived	<a href="#">Public Health Profiles - Demography and deprivation</a>
Number and percentage of the population who are income deprived by intermediate geography	<a href="#">Public Health Profiles - Demography and deprivation</a>
Percentage of children and young people aged 0-25 years living in the most income deprived SIMD quintile	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Percentage of children and young people aged 0-25 years living in the most access deprived SIMD quintile	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Percentage of children and young people aged 0-25 years living in most crime deprived SIMD quintile	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Number and percentage of the working-age population who are employment deprived	<a href="#">Public Health Profiles - Demography and deprivation</a>
Number and percentage of the working-age population who are employment deprived by intermediate geographies in the area	<a href="#">Public Health Profiles - Demography and deprivation</a>
Percentage of children under 16 years living in low-income families	<a href="#">Child Poverty</a> <a href="#">Children and young people’s health and wellbeing profiles: supplementary report</a>
Percentage of children and young people in low income families - relative low income, 2021/22	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>

## **What do we know about the health and wellbeing of our children and young people?**

### **Teenage pregnancy**

Many teenage women experience unintended or unwanted pregnancies, although this may be a planned, positive life choice for some women. Reducing unintended teenage pregnancy has been a long-standing priority for the Scottish Government.

- In the last decade (2010/2012-2018/2020) the rate of teenage pregnancies per 1,000 females aged 15-19 decreased in Argyll and Bute and its localities HL and OLI. In BC and MAKI the decrease stalled in the most recently available years (NRS, Vital events).
- In 2020 the rate of teenage pregnancies per 1,000 females aged 15-19 in Argyll and Bute was 19.0. It was significantly lower than the Scottish average (27.1). The rates in the localities did not differ significantly from the council area average (NRS, Vital events).

### **Smoking during pregnancy**

Smoking during pregnancy is harmful to both mother and baby and remains a significant challenge to population health.

- The percentage of women smoking during pregnancy in Argyll and Bute and its localities generally decreased over the last two decades. The decrease is stalling in the most recently available years (PHS, SMR02).
- In 2019 the percentage of women smoking during pregnancy in Argyll and Bute was 14.4 %. It did not differ significantly from the Scottish average. The percentage in the localities did not differ significantly from the council area average (PHS, SMR02).

### **Maternal Body Mass Index during pregnancy**

A high body mass index (BMI) during pregnancy increases the risk of complications for both mother and baby. Obesity in pregnancy is associated with an increased risk of miscarriage, stillbirth and recurrent miscarriage. Possible adverse outcomes are maternal blood clots, gestational diabetes, postpartum haemorrhage, pre-eclampsia, and extended labour. While other risk factors will contribute, risks for the baby include congenital disorders, fetal macrosomia, growth problems, childhood asthma and childhood obesity [6].



- In Argyll and Bute, the prevalence of mothers with high body mass index (BMI) has generally increased over time. MAKI is the only locality indicating a small overall decrease over the last decade (PHS, SMR02).
- The average percentage of women with high BMI in pregnancy in the three year average of 2018/19-2020/21 in Argyll and Bute was 25.1 %. It did not differ significantly from the Scottish average. The percentage in the localities did not differ significantly from the council area average (PHS, SMR02).

## **Premature births**

Gestation refers to the number of weeks pregnant a woman is when she delivers her baby. Babies born at less than 37 weeks are considered preterm or premature. Gestation at delivery strongly influences the health of babies. Babies born preterm can have multiple difficulties in the days and weeks following birth. The consequences of being born too early can continue to affect health and development throughout childhood and adult life. In Scotland, being born too soon is the principal reason babies require admission to neonatal care and the single most significant cause of death in early infancy [5].

- Premature birth rates in Argyll and Bute and its localities have generally increased from 2017 to 2019 (PHS, SMR02).
- In 2019 the percentage of premature births in Argyll and Bute was 9.7 %. It did not differ significantly from the Scottish average. The percentage in the localities did not differ significantly from the council area average (PHS, SMR02).

## **Healthy birth weight**

A baby's weight at birth reflects both their gestation and how well they have grown whilst in the womb. Healthy birth weight differentiates between babies who are light because they are preterm and those who are inappropriately light after adjustment for gestational age at birth. Babies who are both preterm and small for their gestational age may be more at risk for many health problems compared to infants of normal weight.

- The percentage of healthy birth weight in Argyll and Bute and its localities stayed mostly stable from 2003-2019 (PHS, SMR02).
- In 2019 the percentage of healthy birth weights in Argyll and Bute was 85.8 %. It did not differ significantly from the Scottish average. The percentage in the council localities did not differ significantly from the council area average (PHS, SMR02).

## **Babies exclusively breastfed at 6-8 weeks**

Breastfeeding is part of the natural reproductive process and an essential public health activity that should be encouraged. There is strong evidence of the short-term and lifelong health benefits of breastfeeding for both mothers and infants [7]. There is clear economic evidence that investing in improving breastfeeding practices are cost saving preventative actions [8]. The Scottish Government has adopted as policy World Health Organisation guidance recommending exclusive breastfeeding for the first six months of an infant's life.

- The percentage of babies exclusively breastfed at 6-8 weeks generally increased in Argyll and Bute and its localities from 2003 to 2021 (PHS, Child Health Systems Programme Pre-school).
- The 3-year average percentage of babies exclusively breastfed at 6-8 weeks from 2019/20-2021/22 in Argyll and Bute was 38.2 %. It was significantly higher than the Scottish average (31.9 %). The percentages in the council localities did not differ significantly from the council area average (PHS, Child Health Systems Programme Pre-school).
- No correlation could be found between the percentage of babies exclusively breastfed at 6-8 weeks and the relative income deprivation by intermediate geography.

## **Developmental concerns at 27-30 months**

Biological factors (such as being born prematurely) and environmental factors (such as the parenting and opportunities for play and exploration children receive) influence early child development. Identifying early child development problems is crucial as they are strongly associated with long-term health, educational, and social difficulties. Early identification gives the best opportunity to support children and families to improve outcomes [9]. All children are offered a series of child health reviews between birth and starting school as part of the universal health visiting pathway.

2021/22 marked an increase of developmental concerns noted during child health reviews for children 13-15 months of age, 27-30 months of age and 4-5 years of age in Scotland [10]. The increase might be connected to the limitations during the Covid-19 pandemic.

- The percentage of children with one or more developmental concerns recorded at 27-30 months review decreased in Argyll and Bute and its localities from 2013/14-2015/16 to 2018/19-2021/22. A similar trend was observed in the Scottish average (Child Health Systems Programme Pre-school (CHSP-PS), PHS).

- The 3-year average percentage for Argyll and Bute from 2018/19-2020/21 was 13.3 %. It did not differ significantly from the Scottish average. The percentage in the council localities did not differ significantly from the council area average (Child Health Systems Programme Pre-school (CHSP-PS), PHS).

## **Additional support needs in school aged children**

All staff within the education service have a responsibility for addressing additional support needs (ASN). A child or young person with additional support needs is defined under the terms of the Education (Additional Support for Learning) (Scotland) Acts 2004 and 2009. Data on ASN is collected through the Pupil census, which reports on publicly funded schools (local authority and grant-aided) in Scotland.

Children or young people may require additional support for a variety of reasons, either for short periods of time or throughout their education.

- As of 2023 31% (1,624) of primary school children, 40% (1,853) of secondary school children and 100% (45) of children receiving specialist provision in Argyll and Bute had an additional support need (ASN). These numbers were comparable to the Scottish average with 30%, 43% and 100% respectively (Fig. 4).
- A pupil can receive more than one ASN for multiple reasons. Therefore, the shares of ASN by reason do not add up to 100%.
- The most common reasons for ASN among primary school pupils with ASN for whom the reason is recorded in Argyll and Bute in 2023 were social, emotional and behavioural difficulties (27.9%), young carers (14.4%), language or speech disorder (12.5%), other moderate learning difficulty (11.2%) and autistic spectrum disorder (10.8%). In the Scottish average they were English as an additional language (24.5%), social, emotional and behavioural difficulty (23.3%), other moderate learning difficulties (12.7%), other reasons (10.9%) and family issues (10.2%) and autistic spectrum disorder (10%) (Tab. 2).
- The most common reasons for ASN among secondary school pupils with ASN for whom the reason is recorded in Argyll and Bute in 2023 were social, emotional and behavioural difficulties (31.3%), 17.8% dyslexia (17.8%), young carers (17.8%), other specific learning difficulties (e.g. numeric) (13.9%), and autism spectrum disorder (12%). In the Scottish average they were social, emotional and behavioural difficulties (25.1%), dyslexia (17.5%), English as an additional language (17.1%), other specific learning difficulties (11.8%), other moderate learning difficulties (11.7%) and autistic spectrum disorder (10.8%) (Tab. 2).

- The most common reasons for ASN among pupils in special schools with ASN for whom the reason is recorded in Argyll and Bute in 2023 were autism spectrum disorder (64.4%), learning disability (40%), language and speech disorder (28.9%), communication support needs (20%) and physical or motor impairment (17.8%). In the Scottish average they were learning disabilities (58.7%), autistic spectrum disorder (50.2%), communication support needs (36.7%), language or speech disorders (30.8%) or social, emotional and behavioural difficulties (27.8%) (Tab. 2)

## **Childhood immunisation uptake**

Immunisation programmes for children are effective in reducing the burden of disease. They aim to protect the individual child from many serious infectious diseases and prevent the spread of disease in the wider population [11].

The European Region of the World Health Organization (WHO) recommends that on a national basis, at least 95 percent of children are immunised against diseases preventable by immunisation and targeted for elimination or control. These include diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib), measles, mumps and rubella. There is an expectation that all UK routine childhood immunisations that are evaluated up to five years of age achieve the 95 percent coverage in line with the WHO target.

5-in-1 vaccination protects against Diphtheria, Pertussis, Tetanus, Polio and Hib. 6-in-1 also protects against Hepatitis B. The MMR vaccination protects against measles, mumps and rubella.

The European Region of the World Health Organization (WHO) recommends that on a national basis at least 95% of children are immunised against diseases preventable by immunisation and targeted for elimination or control. These include diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib), measles, mumps and rubella.

- The percentage of children receiving the 5-in-1 or 6-in-1 (from October 2017) vaccination course by 24 months of age stayed generally stable in Argyll and Bute and most of its localities from 2004-2006 to 2019-2021. Over the last decade the percentage in BC decreased slightly (PHS, Scottish Immunisation & Recall System).
- The 3-year average percentage for Argyll and Bute from 2019-2021 was 96.0 %. It did not differ significantly from the Scottish average. The percentage in the council localities did not differ significantly from the council area average (PHS, Scottish Immunisation & Recall System).

- The percentage of children receiving the MMR immunisation at 24 months generally increased in Argyll and Bute and its localities from 2004-2006 to 2019-2021 (PHS, Scottish Immunisation & Recall System).
- The 3-year average percentage for Argyll and Bute from 2019-2021 was 94.0 %. It did not differ significantly from the Scottish average. The percentage in the council localities did not differ significantly from the council area average (PHS, Scottish Immunisation & Recall System).

### **Children with a healthy weight in Primary 1**

Monitoring healthy weight in childhood is a way of seeing how well the needs of children are being met. Maintaining a healthy weight throughout childhood is associated with many health and wellbeing benefits. The early years are critical for establishing good nutrition and healthy eating habits and for reducing the likelihood of children becoming overweight or experiencing obesity in later life. Obesity and being overweight in childhood are associated with health problems including type 2 diabetes and cardiovascular disease. Child height and weight are measured in Primary 1 children and used to monitor those at risk of unhealthy weight.

- The percentage of children with healthy weight in Primary 1 in Argyll and Bute stayed generally stable from 2008/09 -2017/18. During 2018/19-2020/21 higher variation in percentages can be observed, without a clearly recognizable trend. The percentages in Argyll and Bute's localities show higher variability but follow a similar trend as the council area average in later years (PHS, Child Health Programme Pre-school).
- The percentage of children with healthy weight in Primary 1 in 2020/21 was 66.8 % in Argyll and Bute. It was significantly lower than in the Scottish average (69.8%). The percentage in the council localities did not differ significantly from the council area average (PHS, Child Health Programme Pre-school).
- A negative, linear correlation could be found between the percentage of children of healthy weight in Primary 1 by relative income deprivation by intermediate geography. The higher the proportion of children and young people in relative low income deprivation in the area the lower the percentage of children of health weight in Primary 1.

### **Child dental health in Primary 1**

Good oral health is essential for general wellbeing and eating, speaking, and socialising properly. Poor oral health can be associated with pain, disfigurement, infection, school absences and poor nutrition and weight. Dental caries is one of the most common diseases

of childhood, yet it is entirely preventable. Dental neglect can be an indicator of other unmet needs.

- The percentage of children with no obvious decay, missing and filled primary teeth at basic inspection in Primary 1 generally increased in Argyll and Bute, MAKI and OLI between 2012/13 to 2018/19. The percentage in BC generally stayed stable over the time period. In HL the percentage is at comparable levels in 2018/19 to 2012/13 (PHS, National Dental Inspection Programme).
- The percentage of children with no obvious decayed, missing and filled primary teeth at basic inspection in Primary 1 as of 2018/19 was 78.4 % in Argyll and Bute. It was significantly higher than in the Scottish average. The percentage in all Argyll and Bute localities except for CB was significantly higher than the council area average. The percentage in CB was significantly lower than the council area average (PHS, National Dental Inspection Programme).

### **Child dental health in Primary 7**

- The percentage of children with no obvious decay at basic inspection in Primary 7 increased in Argyll and Bute and all its localities between 2012/13 to 2018/19 (PHS, National Dental Inspection Programme).
- The percentage of children with no obvious decayed, missing and filled primary teeth at basic inspection in Primary 7 as of 2018/19 was 90.4 % in Argyll and Bute. It was significantly higher than in the Scottish average. The percentage in the council localities did not differ significantly from the council area average (PHS, National Dental Inspection Programme).

### **Uptake of the HPV vaccine in Secondary 3**

The Human Papillomavirus (HPV) is a common virus which usually has no symptoms. Most people who become infected with HPV clear the virus from their body. Others may develop a range of cancers (including cervical, anogenital and head and neck) in later life. The most common HPV-related cancer is cervical cancer.

The schools-based HPV immunisation programme in Scotland started in 2008, with immunisation offered to females in secondary school. The programme is currently offered to all pupils in their first (S1) and second (S2) years of secondary school. Eligible pupils who have not started or completed the course of immunisations are given other opportunities to be vaccinated in Secondary 3 (S3) and Secondary 4 (S4).

- The uptake of the HPV vaccine in girls by the end of Secondary 3 generally decreased in Argyll and Bute and its localities between 2009/10-2011/12 and 2017/18- 2019/20. The smallest decrease between both time points was in Helensburgh and Lomond (PHS, Scottish Immunisation & Recall System).
- The 3-year average percentage of completion of the HPV vaccination course in girls by the end of Secondary 3 for Argyll and Bute in 2017/18-2019/20 was 79.3 %. It was significantly lower than the Scottish average. The percentage in the council localities did not differ significantly from the council area average (PHS, Scottish Immunisation & Recall System).
- A very weak negative, linear correlation could be found between the uptake of HPV vaccine in girls by the end of S3 and the relative income deprivation at intermediate geography level. The higher the proportion of children and young people with relative low income deprivation in the area the lower the percentage uptake of HPV vaccines among girls in S3.

### **Child Protection Register**

- From mid-2021 to mid-2022 the number of children on the Child Protection Register decreased by 34% from 32 to 21. During the same time the number in Scotland decreased by 4% (Children Social Work Statistics 2021-2022).

### **Children with care experience**

Children with care experience are defined as those in the care of their local authority (Children Scotland Act 1995). There are many reasons children may have care experience including: facing abuse or neglect at home; having disabilities that require special care; unaccompanied minors seeking asylum, or illegally trafficked into the UK; or involvement in the youth justice system. Information included are from the Children Social Work statistics 2021-2022.

- As of July 2022, 144 children with care experience lived in Argyll and Bute of which 54% were male, which was comparable to the Scottish average (55%). In Argyll and Bute 12% were under 5 years of age and 16% over 16 years of age, which was lower and comparable of the 17% and 15% in Scotland respectively. 26% of children with care experience in Argyll and Bute had a known disability, which was more than double as high a percentage than on average in Scotland (10%) (Fig. 5).
- As of July 2022, the highest percentage of children with care experience in Argyll and Bute was placed with friends or relatives (32.6%), at home with parents (28.5%) or

with foster carers provided by the local authority (18.8%). These were the three most common forms of placement in Scotland overall with 33.7%, 20.9% and 22.8% respectively (Fig. 6).

- From 2021 to 2022 the rate of young people with care experience leaving children care with destination of continuing care by local authority increased from 0.7 to 2.6 per 1,000 16-21 year olds in the population while it stayed stable at 0.7 per 1,000 in Scotland. In both years no young people were in continuing care in Argyll and Bute (Children Social Work statistics, 2021/22).



## **Current and future needs**

- Stalling decrease of teenage pregnancies in some localities illustrates the ongoing need for accessible information on and services for birth control. The high percentage of young people living in remote and rural areas and their limited mobility need to be taken into account when offering services.
- In the most recently available years the percentage of women smoking during pregnancy are stalling which illustrates the need for ongoing support and services for pregnant people trying to quit. Systematic components can negatively or positively influence individual behaviour and need to be taken into account when providing support and services.
- The increase of women with high BMI during pregnancy could lead to increase in adverse health outcomes for mother and child. Healthy weight is one of Scotland's public health priorities [12] and acknowledged as a complex challenge that requires a whole system approach to address.
- The ongoing increase of premature births is likely to create an increased need for specialised care.
- There is a need to increase vaccination uptake for MMR vaccines to meet the WHO guideline of 95%.
- The percentage of children with healthy weight in Primary 1 lies significantly under the Scottish average. Healthy weight has been shown to be linked with income deprivation and can be seen as a proxy indicator for deprivation. Healthy weight is one of Scotland's public health priorities [12] and acknowledged as a complex challenge that requires a whole system approach to address.
- A need for support to achieve equal levels of children's dental health in BC compared to other localities.
- A need for support to increase uptake of HPV vaccine, especially in MAKI
- High percentage of children with care experience with known disabilities in Argyll and Bute compared to the Scottish average highlights need for prepared services that can support placement and children

## **Existing assets**

- A significantly lower rate of teenage pregnancies than the Scottish average indicates that Argyll and Bute supports young people in avoiding unintentional pregnancies.
- The increase in babies exclusively breastfed at 6-8 weeks increased over time, is a trend that should be further supported.

- Argyll and Bute performs well in children’s dental health in comparison to the Scottish average.

## Indicators

Indicator	Source/ Reference
Rate of teenage pregnancies per 1,000 females aged 15-19, 3 year aggregates, 2002-2004 to 2018-2020	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Rate of teenage pregnancies per 1,000 females aged 15-19, 2020	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Percentage of women smoking during pregnancy, 3 year aggregate, 2002-2004 to 2018-2020	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Percentage of women smoking during pregnancy, 2019	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Prevalence of pregnant women with high BMI in pregnancy, 3 year aggregates, 2010/11-2012/13 to 2018/19-2020/21	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Percentage of women with high BMI in pregnancy, 2018/19-2020/21	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Percentage of premature births, 3 year aggregates, 2002/03-2004/05 to 2018/19-2020/21	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Percentage of premature births, 2019	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Percentage of births at healthy birth weight, 3 year aggregates, 2002/03-2004/05 to 2018/19-2020/21	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Percentage of births at healthy birth weight, 2019	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Percentage of babies exclusively breastfed at 6-8 weeks, 3 year aggregates, 2008/09-2010/11 to 2019/20-2021/22	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Percentage of babies exclusively breastfed at 6-8 weeks, 2019/20-2021/22	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>

Variation in percentage of babies exclusively breastfed at 6-8 weeks associated with relative income deprivation by intermediate geography	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Developmental concerns at 27-30 months, 3 year aggregates, over time	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Developmental concerns at 27-30 months	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Number and percentage of school-aged children with additional support needs by school type	Pupil census 2023 Annex A – Fig. 4
Percentage of children with additional support needs by reason for support need and school type	Pupil census 2023 Annex A – Tab. 2
Percentage uptake of childhood immunisations (5-in-1 or 6-in-1) at 24 months, 3 year aggregates, 2004-2006 to 2019-2021	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Childhood immunisation uptake (6-in-1) at 24 months, 2019-2021	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Percentage uptake of childhood immunisations (MMR) at 24 months, 3 year aggregates, 2004-2006 to 2019-2021	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Childhood immunisation uptake (MMR) at 24 months, 2019-2021	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Percentage of children with a healthy weight in Primary 1, 2008/09 to 2020/21	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Children with a healthy weight in Primary 1, 2020	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Variation in percentage of children of healthy weight in Primary 1 associated with relative income deprivation by intermediate geography	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Percentage of children with no obvious decay at basic inspection in Primary 1, 2012/13 to 2018/19	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>

Child dental health in Primary 1, 2018/19	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Percentage of children with no obvious decay at basic inspection in Primary 7, 2012/13 to 2018/19	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Child dental health in Primary 7, 2018/19	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Uptake of the HPV vaccine in Secondary 3 girls, 2009/10-2011/12 to 2017/18- 2019/20	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Uptake of the HPV vaccine in Secondary 3 girls, 2018	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Variation in uptake of the HPV vaccine in S3 girls associated with relative income deprivation by intermediate geography	<a href="#">Public Health Profiles – Children and young people’s health and wellbeing</a>
Number of children on Child Protection Register	Children Social Work statistics 2021/22
Percentage of children with care experience by demographic characteristics, 2022	Children Social Work statistics Annex A – Fig. 5
Percentage of children with care experience by placement type, 2022	Children Social Work statistics Annex A – Fig. 6
Rate of young people with care experience leaving child care with destination of continuing care	Children Social Work statistics 2021/22
Young people in continuing care	Children Social Work statistics 2021/22

## What do we know about the health and wellbeing of our adult population?

### Life expectancy

Life expectancy provides a high-level measurement of the health of a population. Life expectancy at birth measures the average number of years a newborn is expected to live if they experienced the period's age and sex-specific mortality rates. The life expectancy can be influenced by multiple factors including life conditions of the population, like food and housing, environmental factors, special events, like wars or pandemics, and policies.

Areas in which the population experience more significant ill health and where people die at a younger age have a lower life expectancy. Male life expectancy in the UK is generally lower than female life expectancy. Across the UK and Scotland, life expectancy has tended to increase over time, except for the World Wars and the Spanish flu pandemic of 1918-19. This improvement in life expectancy has stalled in the most recently available years (since around 2012-2014), and some areas have seen a decrease in life expectancy predating the COVID-19 pandemic [13]. It is a significant concern that a sentinel measure of population health and social progress is not improving. The Glasgow Centre for Population Health's (GCPH) May 2022 report critically appraised all the evidence for the changing mortality rates and life expectancy trends across Scotland and the rest of the UK. It concluded that the principal driver was the UK Government's austerity measures. The billions of pounds cut from public services and social security have impacted particularly on the poorest and most vulnerable in society.

Scotland has the lowest life expectancy of all UK countries and should be used with caution as a comparator for Argyll and Bute [14]. Life expectancy information are provided by NRS.

- Male and female life expectancies at birth are stalling in the most recently available years in Argyll and Bute.
- Male life expectancy at birth generally developed similar in the localities compared to the council area average. OLI is the only locality that experienced a clear drop in male life expectancy at birth in the mid 2010s without a notable increase in the following years.
- The 3-year average for the male life expectancy at birth in 2019-2021 was 77.8 years in Argyll and Bute. It was significantly higher than the Scottish average (76.6 years). The male life expectancy at birth in HL (80.2 years) was significantly higher than the

council area average. No other localities differed significantly from the council area average.

- The male life expectancy varied significantly between intermediate geographies. The intermediate geographies of Knapdale (MAKI), Loch Awe (OLI), Lomond Shore (HL), Helensburgh Nord (HL), Garelochhead (HL) all have a significantly higher male life expectancy at birth than the council area average. Rothesay Town (CB) was the only intermediate geography that had a significantly lower male life expectancy at birth than the council area average.
- Female life expectancy at birth in HL as well as OLI is stalling in recent years similar to the council area trend. For MAKI a continuous upward trend has been recorded for the most recently available years up to 2021, while BC experiences a decrease over that time period.
- The 3-year average for the female life expectancy at birth in 2019-2021 in Argyll and Bute was 82 years. It was significantly higher than the Scottish average (80.8 years). The female life expectancy at birth in the localities did not differ significantly from the council area average.
- The female life expectancy varied significantly between intermediate geographies. The intermediate geographies of Kintyre Trail (MAKI), Garelochhead (HL), Lomond Shore (HL), Bute (BC), Loch Awe (OLI) and Mull, Iona, Coll and Tiree (OLI) all had a significantly higher female life expectancy at birth than the council area average. Dunoon (BC) was the only intermediate geography that had a significantly lower female life expectancy at birth than the council area average.
- Male and female life expectancy show a negative linear correlation with income deprivation by intermediate geography. The more income deprived an area is the lower is the life expectancy at birth for the population of the area. The correlation is stronger in the male than the female population in Argyll and Bute.

## Deaths

The number of deaths in an area depends on the population's size, health, and external factors, e.g. traffic accidents and the environment. The number of deaths generally increases with age. Deaths in the age range 15-44 typically result from external causes that are most likely preventable and is therefore highlighted in this report.

The leading cause of death analysis uses a World Health Organisation (WHO) categorisation. There are over 60 categories, and cancers are reported according to the site. Lung, breast and bowel cancers are therefore assigned and counted separately. If all

cancers were grouped, cancer would account for the most significant cause of death. Ischaemic heart disease, chronic lower respiratory diseases (including chronic obstructive pulmonary disease, COPD) and cerebrovascular disease (including stroke) are among the leading causes of death. Over the most recently available years, the number of deaths caused by dementia and Alzheimer's disease has increased.

Numbers, rates and causes of death are reported by NRS.

- The 3-year average annual number of deaths of all ages from 2019-2021 was 331 in Argyll and Bute with a near equal distribution between the male (49.3 %) and female (50.7 %) population.
- For this time period the number of deaths among men was notably higher in those aged 65-79. For people 90 years and older the average number of annual deaths was more than double as high in the female than in the male population. This is likely due to the higher percentage of women in that age group than men.
- The 3-year average annual number of deaths in people aged 15-44 from 2019-2021 was 26, which translate to a rate of 101.8 per 100,000. This rate did not differ significantly from the Scottish average. Due to low numbers of deaths in smaller area, confidence intervals for death rates at locality and intermediate geography level are very broad. The only intermediate geographies differing significantly from the council area average had no death in the population aged 15-44 registered during that time frame.
- A positive, linear correlation between death rate among 15–44-year-olds and the income deprivation rank at intermediate geography level exists. The higher the income deprivation of the area is the higher is the death rate for 15–44-year-olds in this area.
- Following the World Health Organisation (WHO) categorisation of causes of death the 3 most common causes of deaths for the 3-year average of 2019-2021 in Argyll and Bute were Ischaemic heart diseases, Dementia and Alzheimer's disease and diseases that fall in the other category. The proportion of ischaemic heart diseases on all causes of deaths decreased over the last two decades in all localities while the proportion of deaths due to dementia and Alzheimer's disease increased.
- The age and sex standardised rate of early deaths (under the age of 75) from cancer generally decreased in Argyll and Bute over the last two decades with improvements stalling in the most recently available years.
- The 3-year average age and sex standardised rate of early deaths from cancer at 2019-2021 in Argyll and Bute was 143.2. It did not differ significantly from the

Scottish average. The rate in council localities and intermediate geographies did not differ significantly from the council area average.

- The age and sex standardised rate of early deaths (under the age of 75) from coronary heart disease in Argyll and Bute has generally decreased over the last two decades with improvements stalling in the most recently available years.
- The 3-year average age – and sex standardised rate of early deaths from cancer at 2018-2020 in Argyll and Bute was 50.0. It did not differ significantly from the Scottish average. The rate in council localities and intermediate geographies did not differ significantly from the council area average.
- A positive, linear correlation exists between both the age and sex standardised rate per 100,000 of early deaths from cancer and coronary heart diseases and the income deprivation by intermediate geography. The higher the income deprivation of the area the higher the rate of early deaths from both conditions was. The correlation is weaker for early deaths from cancer than for early deaths from coronary heart diseases.
- The age and sex standardised rate of deaths by suicide in Argyll and Bute has stayed mostly stable over the last two decades. The most recently available years have seen a slight upward trend in OLI and BC and a downward tendency in MAKI. The rate in HL shows some fluctuation without a clear trend.
- The 5-year average age and sex standardised rate of deaths by suicide for 2017-2021 in Argyll and Bute was 15.5. It did not differ significantly from the Scottish average. The rate in council localities did not differ significantly from the council area average.

## Health behaviour

Information on health behaviours have been taken from the Scottish Health Survey.

- The percentage of current smokers decreased overall in Argyll and Bute and Scotland in the most recently available years (Fig. 7).
- The 5-year average percentage of participants of the Scottish Health Survey currently smoking in 2018-2022 in Argyll and Bute was 16 %. It did not differ significantly from the Scottish average.
- The percentage of adults who meet the moderate or vigorous physical activity (MVPA) guidelines overall decreased for men and women in Argyll and Bute in the last decade, while the Scottish average for both sexes increased (Fig. 8).



- The 5-year average percentage of participants of the Scottish Health Survey meeting the MVPA guidelines in 2018-2022 in Argyll and Bute was 64% for women and 69% for men. At the same time it was 62% for women and 71% for men in Scotland.

## **Chronic disease and long-term conditions**

Most cancer cases occur in older age groups. Therefore, we show age and sex standardised rates to allow a fairer comparison of cancer registration across areas and between periods. The differences in rates between areas might still be due to other influencing factors rather than an actual difference in cancer incidence. Higher levels of deprivation are associated with some types of cancer [15]. Differences in smoking prevalence and other risk factors may also contribute.

Type 2 diabetes is an important cause of morbidity. The condition is progressive and increases the risk of coronary heart disease and other health problems. Type 2 diabetes is more common at older ages and in deprived areas. Prevalence of type 2 diabetes is linked to continuing inequalities in diet, weight and physical activity that need to be addressed [12].

Asthma is a common chronic disease of the small airways in the lung. Public Health Scotland, experimental prevalence data suggests that in 2021/22, 6.3% of the Scottish population registered with a GP had a diagnosis of asthma. The disease can affect anyone but usually begins in childhood. Hospital admission represents a loss of control of a person's asthma and is a significant adverse outcome. Around three-quarters of emergency, admissions are estimated to be preventable. Higher rates of hospital admission are related to deprivation.

- In the financial year 2022/23, the percentage of the population with at least one physical long-term condition (LTC) was 21.5 % in HL, 24.1 % in OLI, 25.6 % in MAKI and 27.1 % in BC (Source Linkage Files). Physical LTC include: cardiovascular, neurodegenerative, and respiratory conditions, as well as other organ conditions (namely liver disease and renal failure), arthritis, cancer, diabetes, and epilepsy.
- The rate of LTC in the population increased with age in each locality
- In BC:
  - In the population 0-64 1.4 in 10 people had at least 1 LTC
  - In the population 65-74 4.2 in 10 people had at least 1 LTC
  - In the population 75-85 6.3 in 10 people had at least 1 LTC
  - In the population 85+ 7.8 in 10 people had at least 1 LTC
- In HL:
  - In the population 0-64 1.1 in 10 people had at least 1 LTC

- In the population 65-74 4.2 in 10 people had at least 1 LTC
- In the population 75-85 6.0 in 10 people had at least 1 LTC
- In the population 85+ 8.2 in 10 people had at least 1 LTC
- In MAKI:
  - In the population 0-64 1.4 in 10 people had at least 1 LTC
  - In the population 65-74 4.4 in 10 people had at least 1 LTC
  - In the population 75-85 6.3 in 10 people had at least 1 LTC
  - In the population 85+ 7.9 in 10 people had at least 1 LTC
- In OLI:
  - In the population 0-64 1.3 in 10 people had at least 1 LTC
  - In the population 65-74 4.6 in 10 people had at least 1 LTC
  - In the population 75-85 6.6 in 10 people had at least 1 LTC
  - In the population 85+ 8.4 in 10 people had at least 1 LTC
- Multimorbidity, people with two or more conditions simultaneously, was less common in the population under 65 years than 65 years and older in all localities. For BC it was 3.5 % vs. 27 %, for HL 2.3 % vs. 27.2 %, for MAKI 2.9 % vs. 27.8 %, for OLI 2.8 % vs. 29.2 % respectively (Source Linkage Files).
- The physical LTCs with the highest prevalence in Argyll and Bute were cancer (7.09 %), arthritis (6.9 %), coronary heart disease (5.5 %), asthma (4.03 %) and diabetes (3.38 %). These conditions were the most prevalent in Scotland at the same time, with arthritis being the most prevalent and diabetes the fifth most prevalent. The ranking of most prevalent physical long-term conditions in BC and MAKI equalled Argyll and Bute overall. In HL and OLI atrial fibrillation ranked fifth highest instead of diabetes (Source Linkage Files).
- The age and sex standardised rate of cancer registration in Argyll and Bute and its localities has stayed relatively constant over the last two decades (PHS, SMR06).
- The 3-year average age and sex standardised rate of cancer registrations at 2018-2020 in Argyll and Bute was 592.6. It did not differ significantly from the Scottish average. The rate in council localities and intermediate geographies did not differ significantly from the council area average (PHS, SMR06).
- The age-adjusted prevalence of type 2 diabetes in 2023 in Argyll and Bute was 4.59 %. The prevalence in BC (6.99 %) was significantly higher, the rate in OLI (4.85 %) was significantly lower than the council area average (SCI-Diabetes).
- The age and sex standardised hospitalisation rate of coronary heart disease patients in Argyll and Bute decreased over time. Rates in OLI have increased in the most recently available years, diverging from the local authority area trend (PHS, SMR01).

- The 3-year average age and sex standardised hospitalisation rate of coronary health disease patients at 2019/20-2021/22 in Argyll and Bute was 358.4. It did not differ significantly from the Scottish average. The rate in council localities and intermediate geographies did not differ significantly from the council area average (PHS, SMR01).
- The age and sex standardised hospitalisation rate of asthma patients in Argyll and Bute generally decreased over time. Although the rates in the localities fluctuated in the past two decades, they landed at comparable values in HL and MAKI at both 2002/02-2004/05 and 2019/20-2021/22 (PHS, SMR01).
- The 3-year average age and sex standardised hospitalisation rate of asthma patients at 2019/20-2021/22 in Argyll and Bute was 59.1. It did not differ significantly from the Scottish average. The rate in council localities and intermediate geographies did not differ significantly from the council area average (PHS, SMR01).
- The age and sex standardised hospitalisation rate of COPD patients in Argyll and Bute generally decreased over time (PHS, SMR01).
- The 3-year average age and sex standardised hospitalisation rate of COPD patients at 2019/20-2021/22 in Argyll and Bute was 150.2. It was significantly lower than the Scottish average (207.4). The rate in council localities and intermediate geographies did not differ significantly from the council area average (PHS, SMR01)f.

## **Dementia and frailty**

Dementia and frailty are a major cause of disability and dependency among older people. Frailty is a state of health and is related to the ageing process. It refers to a person's mental and physical vulnerability and ability to recover from changes in health resulting from relatively minor injury and illness [16]. Prevalence estimates are based on recent population studies [17, 18]. Being able to identify and assess dementia and frailty allows early intervention to increase independence, slow progression and reduce the risk of adverse outcomes.

- The estimated crude prevalence of frailty in people aged 60 and over in Argyll and Bute was 14.41 % in 2021. It was comparable to the Scottish average of 14.33%. The prevalence in council localities did not differ significantly from the council area average ([18]; NRS).
- The estimated crude prevalence of dementia in Argyll and Bute was 2.1 % in 2021. It was higher than the Scottish average of 1.58%. The prevalence in BC (2.43 %) was significantly higher than the council area average. The crude prevalence for the council area is calculated by applying age and sex specific prevalence estimates to

the 2021 mid-year population estimate for the region. The percentage of people 60 years and older in the population will influence the estimated crude prevalence ([17]; NRS).

## **Mental health and wellbeing**

Good mental wellbeing is one of Scotland's Public Health priorities [11]. Good mental health improves outcomes in education, employment and overall health and wellbeing.

- The percentage of the population with prescription for anxiety, depression or psychosis in Argyll and Bute generally increased in the last decade but stalled in the most recently available years. An increase in prescribing over time does not necessarily suggest an increased prevalence of mental health conditions but could be due to an improvement in access (PHS, Prescribing Information System).
- The 2020/21 percentage of the population with prescription for anxiety, depression or psychosis was 18.8 % in Argyll and Bute. It was significantly lower than the Scottish average (19.3 %). The percentage was significantly higher in BC (22.9 %) and significantly lower in OLI (17.5 %) and HL (16.1 %) than the council area average (PHS, Prescribing Information System).
- The age and sex standardised hospitalisation rate of psychiatric patients in Argyll and Bute have markedly decreased over the past two decades. The rate in HL has stalled in the last decade (PHS, SMR04).
- The 3-year average age and sex standardised hospitalisation rate of psychiatric patients at 2019/20-2021/22 in Argyll and Bute was 177.3. It was significantly lower than the Scottish average (229.8). The rate in council localities did not differ significantly from the council area average (PHS, SMR04).
- The Scottish Health Survey (SHeS) includes both the General Health Questionnaire (GHQ-12) and the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). The percentage of SHeS participants 13 years and above with a GHQ-12 score of 4 or higher generally increased in men and women in both Argyll and Bute and Scotland over the last decade. A score of 4 or above in the GHQ-12 can be an indicator of mental ill health (Fig. 9). In the same time period the mean WEMBS score dropped for men and women in both Argyll and Bute and Scotland. A higher WEMWBS score expresses a higher level of mental wellbeing (Fig. 10).
- The GHQ-12 was recorded for 388 participants from Argyll and Bute in the 2018-2022 period. The 5-year average percentage of GHQ scores 4 and above among

SHeS participants 13 years or older from 2018-2022 was 49.1% for women and 49.9% in men in Argyll and Bute and 48.7% in women and 49.1% in men in Scotland.

- The WEMWBS was recorded for 384 participants from Argyll and Bute in the 2018-2022 period. The 5-year average percentage of GHQ scores 4 and above among SHeS participants 13 years or older from 2018-2022 was 27% in women and 12% in men in Argyll and Bute and 23% in women and 18% in men in Scotland.
- The 5-year average mean score of the WEMWBS among SHeS participants from 2018-2022 was 49% for women and 50% in men in Argyll and Bute and 49% in women and 49% in men in Scotland.

## **Alcohol and Drug use**

Reducing the use of and harm from alcohol, drugs and other substances is a national public health priority [12]. There is no safe level of drinking alcohol and no completely safe level of drug use. People's use of alcohol and drugs may incur harm from many issues.

Alcohol and drug use can have a significant impact on physical and mental health, as well as long term social impacts, including family break-ups, domestic abuse, unemployment, homelessness and financial problems. There are increased risks of accidents, injuries, violence and antisocial behaviour. Substance use by parents and carers can also have a huge adverse effect on children and young people's health and wellbeing.

There is a clear socio-economic gradient with alcohol and drug-related admission rates known to increase with area deprivation. For many people, multiple disadvantages contribute to substance use, which in turn contributes to further disadvantage.

The alcohol-related hospital admission rate and drug-related hospital admission rate for 2022/23 has been published on local authority and national level by the time of writing. Information on locality or intermediate zone level, as well as information on the 95% confidence intervals of measures are not available at this time and will be presented for 2021/22.

- The age and sex standardised alcohol-related hospital admission rate per 100,000 in Argyll and Bute and Scotland decreased overall in the time period from 2002/03 to 2022/23. Where the rate is decreasing since 2019/20 on national level, it noticeably increased from 2020/21 to 2021/22 in Argyll and Bute from 522 to 690, which was significantly higher than the Scottish average of 2021/22 (611). In 2022/23 the rate was 532 in Scotland and 686 in Argyll and Bute (Fig. 11). CB was the only locality in

Argyll and Bute that had a significantly higher rate (885) than both the council and Scottish average in 2021/22 (PHS, SMR01) (Fig. 12).

- The age and sex standardised alcohol-related hospital admission rate per 100,000 in Argyll and Bute's localities showed high variation throughout the years. From 2002/03 to 2021/22 the rate in all localities by HL overall decreased. The rate in HL overall showed a slight increase over the time period (PHS, SMR01) (Fig.13).
- The alcohol-related hospital admission rate in 2021/22 varied significantly between intermediate geographies. The intermediate geographies of Oban South (OLI), Helensburgh Centre (HL), Dunoon, Greater Lochgilphead and Hunter's Quay) all had a significantly higher alcohol-related hospital admission rate than the council area average (PHS, SMR01) (Fig. 14).
- A positive, linear correlation exists between the age and sex standardised rate per 100,000 of alcohol-related hospital admissions and the income deprivation by intermediate geography. The higher the income deprivation of the area the higher the standardised rate of alcohol-related hospital admissions.
- The age and sex standardised alcohol-related hospital admission rate per 100,000 among people aged 11-25 years generally decreased in Argyll and Bute over the last two decades. The decrease is stalling in the most recently available years both in Argyll and Bute and Scotland (PHS, SMR01).
- The 3-year average age and sex standardised alcohol-related hospital admission rate per 100,000 for people aged 11-25 years from 2019/20-2021/22 was 295.11. It did not differ significantly from the Scottish average (PHS, SMR01).
- The five-year average age and sex standardised rate of alcohol-specific deaths per 100,000 increased in A&B over the last decade from 2012-2016 to 2018-2022, while it stayed mostly stable in Scotland. The rates in the localities are available up to 2017-2021. They showed some variation in trend. BC marked an overall decrease while all other localities marked an overall increase in the standardised rate in the time period (NRS).
- The 5-year average age and sex standardised rate per 100,000 of alcohol-specific deaths at 2017-2021 in Argyll and Bute was 22.9. It did not differ significantly from the Scottish average. The rate in council localities did not differ significantly from the council area average (NRS).
- The age and sex standardised rate of drug-related hospital admissions per 100,000 stayed mostly stable in Argyll in Bute and its localities until around 2014, after which a steep and ongoing increase can be observed (PHS, SMR01).

- The 3-year average age and sex standardised drug-related hospital admission rate at 2019/20-2021/22 in Argyll and Bute was 153.2. It was significantly lower than the Scottish average (228.3). The rate in council localities did not differ significantly from the council area average (PHS, SMR01).
- The age and sex standardised rate of drug-related hospital admissions among people aged 11-25 years, per 100,000 increased in Argyll in Bute in the most recently available years. A similar trend can be observed for Scotland overall, with a notable decline from the three-year average of 2018/19-2022/21 to 2019/20-2021/22 (PHS, SMR01) (Fig. 16).
- The 3-year average age and sex standardised drug-related hospital admission rate per 100,000 among people aged 11-25 years for 2019/20-2021/22 in Argyll and Bute was 135.26. It did not differ significantly from the Scottish average (PHS, SMR01).
- The age and sex standardised rate of drug-related deaths per 100,000 generally increased over time both in Argyll and Bute and Scotland overall. The rate in Argyll and Bute shows a strong variation throughout the years (NRS) (Fig. 17).
- The age and sex standardised rate of drug-related death in 2021 in Argyll and Bute was 12.28. It was significantly lower than the Scottish average (25.24) (NRS).
- In 2022 the majority of drug related deaths in Argyll and Bute overall occurred in the age group of 45-54 (38%), followed by 25-34 (31%) and 35-44 (23%). All drug-related deaths in MAKI occurred in the age group of 45-54. All drug-related deaths in OLI occurred in the group 35-44 (66.7%) and 25-34 (33.3%). All drug-related deaths in H&L occurred in the group 25-34 (67%) and 45-54 (33%). All drug-related deaths in C&B occurred in the group 45-54 (50%), 35-44 (17%), 55-64 (17%) and 25-34 (16%) (Alcohol and Drug Partnership A&B).
- In 2022 the majority of drug related deaths in Argyll and Bute overall occurred among men (67%) (Alcohol and Drug Partnership A&B).
- In January to March 2024 74.5% of community referrals for alcohol misuse in the Alcohol and Drug Partnership Argyll and Bute were completed within the LDP target time of 3 weeks or less. It was 87.5% for drug misuse clients and 100% for community referrals for co-dependency. The average over all reporting Scottish ADPs in the same time period was 91%, 94% and 91% respectively (Scottish Government).
- In January to March 2024 61% of ongoing community referrals for alcohol misuse in the ADP Argyll and Bute exceeded the LDP target waiting time of 3 weeks. It was 79% for drug misuse clients and 70% for community referrals for co-dependency.

The average over all reporting Scottish ADPs in the same time period was 16%, 17% and 15% respectively (Scottish Government).

- The percentage of adults self-reporting to consume hazardous/ harmful amounts of alcohol in the Scottish Health Survey (SHeS) decreased in men and women in Argyll and Bute over time. In the Scottish average the percentage for men decreased over time while it stayed mostly stable for women. The percentage among women was consistently lower than among men (Fig. 18).
- The 5-year average of the percentage of adults self-reporting to consume hazardous/ harmful amounts of alcohol in the Scottish Health Survey from 2018-2022 was 32% for men and 15% for women in Argyll and Bute and 31% and 16% respectively in Scotland.

## **External causes of harm to health**

External causes are a common cause of harm to health. They include accidents and unintentional injuries that occur in diverse settings, including the home, the workplace, leisure and sports activities and road transportation. The road traffic accident indicator only includes people admitted or who died as a result of a road traffic accident. Road traffic accidents that result in slight injury, serious injury or death have been reducing over the last decade. Effective accident prevention requires multi-agency action within national and local policy and plans.

- The age and sex standardised hospitalisation rate of road traffic accident patients per 100,000 generally decreased in Argyll and Bute and its localities over time (PHS).
- The 3-year average age – and sex standardised hospitalisation rate of road traffic accident patients per 100,000 at 2018-2020 in Argyll and Bute was 63.5. It did not differ significantly from the Scottish average. The rate in council localities and intermediate geographies did not differ significantly from the council area average (PHS).

## **Emergency care**

An emergency admission is when a person is admitted to a hospital urgently and unexpectedly. Emergency admissions often occur via Accident and Emergency departments but can result directly from a GP consultation or consultant clinic.

Emergency admission rates are highest in the very young and old. Generally, rates increase with patient age from young adulthood and are related to deprivation.



A proportion of emergency hospital admissions are likely to be preventable. High emergency or multiple admissions rates can also indicate that primary and community services may be stressed or not in place to prevent hospital admission.

Reducing emergency admission rates would indicate that people are being supported in managing their care appropriately at home with less reliance on hospital use. Work to achieve this includes health improvement and prevention, reducing accidents, improving home safety, and providing support to carers and social care.

- The age and sex standardised hospitalisation rate of emergency patients per 100,000 generally decreased in Argyll and Bute and most of its localities over time. The rate in HL stayed overall on a stable level (PHS, SMR01).
- The 3-year average age and sex standardised hospitalisation rate of emergency patients per 100,000 at 2019-2021 in Argyll and Bute was 6,296.3. It was significantly lower than the Scottish average (7,234.0). The rate in BC (6,828.9) was significantly higher than the council area average (PHS, SMR01).
- The hospitalisation rate of emergency patients varied significantly between intermediate geographies. The intermediate geographies of Dunoon (BC), Hunter's Quay (BC), Helensburgh East (HL), Greater Lochgilphead (MAKI) and Oban South (OLI) had significantly higher rates than the council area average. Bute (BC) and Helensburgh North (HL) had significantly lower rates than the council area average (PHS, SMR01).
- A positive, linear correlation exists between the age and sex standardised hospitalisation rate of emergency patients per 100,000 and the income deprivation by intermediate geography. The higher the income deprivation of the area the higher the standardised hospitalisation rate of emergency patients.
- The age and sex standardised rate of patients 65 years and older with multiple emergency admissions per 100,000 stayed generally stable in Argyll and Bute and most of its localities over time. The rate in HL overall increased during the last two decades approaching council area levels (PHS, SMR01).
- The 3-year average age and sex standardised rate of patients 65 years and older with multiple emergency admissions per 100,000 at 2019-2021 in Argyll and Bute was 4,398.8. It was significantly lower than the Scottish average (4,997.9). The rate in council localities did not differ significantly from the council area average. The intermediate geography of Bute (BC) was the only area with a significantly lower and the intermediate geography of Oban South (OLI) the only area with a significantly higher rate than the council area average (PHS, SMR01).

## Current and future needs

- The stalling in both male and female life expectancy at birth points to underlying problems for the population's health. Austerity politics have been described as a likely important influencing factor for stalling in life expectancy. Those living in deprived areas are more affected. The problem is more pronounced in the male than in the female population. Measures to address health inequalities are needed. This includes measures to address income deprivation, e.g. income maximisation, debt advice, and signposting to support options.
- A stalling decline of early death rates from cancer and coronary heart disease illustrate a need to counter this trend. A further investigation could help identify and address the highest access barriers along the path of prevention, early detection and treatment. Solutions need to address the inequalities of this health outcome, with the population in income deprived areas facing a higher burden.
- Continuous need to offer support and services addressing deaths due to suicide
- A decrease in adults meeting MVPA guidelines according to the Scottish Health Survey could point towards a need for accessible physical activity. Regular exercise is one of Scotland's Public Health priorities [12]. The participation numbers of the Scottish Health Survey in Argyll and Bute are not large enough to generalise findings to the total population and need to be interpreted with care.
- With a natural aging population an increased need for services supporting individuals with physical LTCs and multimorbidity and frailty is likely to increase. Patients need to be enabled to self-manage their conditions and receive support where appropriate.
- Increasing numbers of people with dementia and Alzheimer's disease. Services need to be trained in the provision of care for dementia and Alzheimer patients and access to early diagnosis and support is needed.
- Ongoing need to offer support and services to prevent and treat drug misuse and dependency. People facing disadvantages like substance use have a higher risk to experience additional disadvantages, such as homelessness, offending, mental ill health or violence. To support people and prevent one disadvantage leading to more an integrated multi-service support is needed [23].

## Existing assets

- Decreasing trend in hospitalisation of asthma and COPD patients suggests an access to good support and service for patients to manage their conditions

- Regular Money Counts classes are offered through Health improvement team to support people with financial worries.
- The decreasing trend in hospitalisation rates of road traffic accident patients suggest a successful collaboration between agencies addressing the issue

## Indicators

Indicators	Source
Male life expectancy at birth over time	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Male life expectancy at birth by area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Male life expectancy at birth by intermediate geography in the area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Female life expectancy at birth over time	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Female life expectancy at birth by area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Female life expectancy at birth by intermediate geography in the area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Variation in male life expectancy associated with income deprivation by intermediate geography	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Variation in female life expectancy associated with income deprivation by intermediate geography	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Average annual deaths all ages by sex	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Average annual deaths by age group and sex	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Deaths aged 15-44 years by area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Deaths aged 15-44 years by income deprivation rank for intermediate geography	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Top ten causes of death in the area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>

Top ten causes of death in the area in 2019-2021 compared to 2001-2003	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Early deaths from cancer over time	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Early deaths from cancer by area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Early deaths from cancer by intermediate geography in the area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Early deaths from coronary heart disease over time	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Early deaths from coronary heart disease by area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Early deaths from coronary heart disease by intermediate geography in the area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Early deaths from cancer by income deprivation rank for intermediate geography	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Early deaths from coronary heart disease by income deprivation rank for intermediate geography	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Deaths from suicide over time	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Deaths from suicide by area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Percentage of current smoker	Scottish Health Survey Annex A – Fig. 7
Percentage of adults meeting MVPA guidelines	Scottish Health Survey Annex A – Fig. 8
Percentage of population with one or more Long-Term Physical Health Conditions	PHS LIST Locality Profile – April 2024
Multimorbidity of physical long-term conditions by age group in 2022/23	PHS LIST Locality Profile – April 2024
Prevalence of the five most common physical LTCs as a percentage of the population across geographical areas.	PHS LIST Locality Profile – April 2024
Cancer registrations over time	<a href="#">Public Health Profiles – Adult health and wellbeing</a>

Cancer registrations by area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Prevalence of type 2 diabetes by area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Coronary heart disease patient hospitalisations over time	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Coronary heart disease patient hospitalisations by area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Coronary heart disease patient hospitalisations by intermediate geography in the area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Asthma patient hospitalisation rate over time	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Asthma patient hospitalisation rate by area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Asthma patient hospitalisations by intermediate geography in the area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
COPD patient hospitalisations over time	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
COPD patient hospitalisations by area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
COPD patient hospitalisations by intermediate geography in the area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Estimated prevalence of frailty in people aged 60 and over by area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Estimated prevalence of dementia by area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Population prescribed drugs for anxiety, depression or psychosis over time	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Population prescribed drugs for anxiety, depression or psychosis by area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Psychiatric patient hospitalisations over time	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Psychiatric patient hospitalisations by area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>

Percentage score 4+ in General health questionnaire (GHQ-12) over time	Scottish Health Survey Annex A – Fig. 9
Mean score of WEMWBS over time	Scottish Health Survey Annex A – Fig. 10
Alcohol-related hospital admissions 2000/01 – 2022/23	PHS SMR01 Annex A – Fig. 11
Alcohol-related hospital admissions by locality, 2021/22	<a href="#">Public Health Profiles – Adult health and wellbeing</a> Annex A – Fig. 12
Alcohol-related hospital admissions by locality over time	PHS SMR01 Annex A – Fig. 13
Alcohol-related hospital admissions by intermediate geography in the area	PHS SMR01 Annex A – Fig. 14
Alcohol-related hospital admissions by income deprivation rank for intermediate geography	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Alcohol-related hospital admissions, aged 11-25 years over time	PHS SMR01 Annex A – Fig. 15
Alcohol-related hospital admissions, aged 11-25 years, 2019/20-2021/22	PHS SMR01 as presented on ScotPHO Online PRofile
Alcohol-specific deaths over time	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Alcohol-specific deaths by area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Drug-related hospital admissions over time	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Drug-related hospital admissions by area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Drug-related hospital admissions, aged 11- 25, over time	PHS SMR01 Annex A – Fig. 16
Drug-related deaths over time	NRS Annex A – Fig. 17
Drug-related deaths by demographic characteristics by localities	ADP A&B

Percentage of alcohol, drug and co-dependency referrals completed within 3 weeks	Scottish Government - Drug and Alcohol Treatment Waiting Times
Percentage of alcohol, drug and co-dependency referrals ongoing for longer than 3 weeks	Scottish Government - Drug and Alcohol Treatment Waiting Times
Percentage of adults consuming hazardous/ harmful amounts of alcohol over time	Annex A – Fig. 13
Road traffic accident patient hospitalisations over time	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Road traffic accident patient hospitalisations by area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Road traffic accident patient hospitalisations by intermediate geography in the area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Emergency patient hospitalisations over time	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Emergency patient hospitalisations by area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Emergency patient hospitalisations by intermediate geography in the area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Emergency patient hospitalisations by income deprivation rank for intermediate geography	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Patients 65 years and over with multiple emergency hospital admissions over time	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Patients 65 years and over with multiple emergency hospital admissions by area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Patients 65 years and over with multiple emergency hospital admissions by intermediate geography in the area	<a href="#">Public Health Profiles – Adult health and wellbeing</a>

## What do we know about the end of life care for our population?

Understanding mortality patterns and place of death is important to help provide appropriate care and resources. A 2012 report found that most people prefer not to die in a hospital but at home, in a care home or a hospice [19].

The proportion of deaths occurring outside of hospitals has increased in the most recently available years. Patterns of the place of death changed further during the COVID-19 pandemic, with increased deaths at home during and between pandemic waves. If this pattern is sustained, primary, community and palliative care resources will be needed to support families and individuals at home.

- The percentage of deaths in hospitals decreased in all four localities over the last two decades. It is still the most common place of deaths in Argyll and Bute (44.5 %) and all its localities but HL in the three year average of 2019-2021, ranking from 37.5 % (HL) to 48.7 % (BC) (NRS).
- The percentage of deaths at home or non-institutionalised increased overall in all four localities over the last two decades. In HL it is the most common place of deaths in the three year average of 2019-2021. In OLI the percentage of death at home or non-institutionalised and in hospitals was nearly equal at that time point. In Argyll and Bute overall (40.5 %) and BC and MAKI specifically it was on the second place (NRS).
- The proportion of deaths in care homes did not show a linear de- or increase in any of the localities over time. It was the third most common place of deaths in the three year average of 2019-2021 in Argyll and Bute (14.6 %) and its localities with the percentage of all deaths in this setting varying from 9.7 % (MAKI) to 20.4 % (HL) (NRS).
- The percentage of deaths in hospices was consistently highest in HL over the last two decades. In all other localities consistently less than 1 % of all deaths were in hospices. In the three year average of 2019-2021 the percentage of deaths in hospices ranked from 0 % (OLI) to 1.3 % (HL). End of Life Care is delivered differently in Argyll and Bute with less use of specialist hospice provision (NRS).
- The percentage of dementia deaths in a homely setting of all dementia deaths did generally increase in Argyll and Bute and its localities over the last two decades. This includes deaths at home, in a care home or a hospice (NRS).
- The percentage of dementia deaths in a homely setting on all death in a homely setting has overall increased in Argyll and Bute and its localities over the last two decades (NRS).



- The average annual percentage of dementia deaths in a homely setting on all death in a homely setting for the 2019-2021 period in Argyll and Bute was 16.4 %. The percentage in council localities did not differ significantly from the council area average (NRS).

### Current and future needs

- Hospitals are still the most common place of deaths in 3 localities in Argyll and Bute, which illustrates the need to improve access end of life care in homely settings.
- With an aging population the need for end of life support will increase in Argyll and Bute. The demand for support in a homely setting is likely to increase, which can lead to higher numbers of unpaid carers, that will need support, and a need for higher capacities of services.
- An increasing number of people with dementia and Alzheimer’s disease brings the need for accordingly informed services and capacities to offer suitable support and care in a homely setting.

### Existing assets

- Increase in deaths at home or non- institutionalised settings

### Indicators

Indicator	Source
Deaths by place of death over time	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Dementia deaths in a homely setting as a percentage of all dementia deaths	<a href="#">Public Health Profiles – Adult health and wellbeing</a>
Dementia deaths in a homely setting as a percentage of all deaths in a homely setting	<a href="#">Public Health Profiles – Adult health and wellbeing</a>

## What do we know about the life circumstances of our population?

### Income and employment

- Median gross weekly income data is available through the Annual Survey of Hours and Earnings. It covers a sample of employees, that are not self-employed. In 2023 the median gross weekly pay for a full-time worker with their place of work in Argyll and Bute was £657.8, while it was £702.8 on average in Scotland and £682.6 on average in the UK. The pay differed between women and men, with the average gross weekly pay for male full-time workers in Argyll and Bute being £671.9 (Scotland: £727.9, UK: 728.3) and for female full time workers £579.0 (Scotland: £670.8, UK: £629.1) (NOMIS 2024).
- In 2022, the ratio of total jobs to population aged 16-64 in Argyll and Bute was 0.92, which was higher than the Scottish (0.81) and UK (0.87) average (NOMIS 2024).
- In 2022, 66.7% of employee jobs in Argyll and Bute were full-time, compared to 67.3% in Scotland and 68.8% in the UK. Employee jobs exclude self-employed, government-supported trainees and British Armed Forces (NOMIS 2024).
- In 2023, 13.9% of employee jobs in Argyll and Bute were in 'Accommodation and Food Service Activities', with Scotland having 8.4% and the UK 8.0% in that area. 12.5% were in 'Human Health and Social Work activities', which was lower than the Scottish (15.7) and UK (13.5%) average. 11.1% of employee jobs in Argyll and Bute were in 'Public Administration and defence; compulsory social security', which was higher than the Scottish (6.5%) and the UK average (4.7%) (NOMIS 2024). The high percentage of employees in the latter category might be due to the naval base HMNB Clyde, situated in HL.

### Neighbourhoods

In 2022 250 people participated in the Scottish Household Survey in Argyll and Bute. The sample is not representative of the Argyll and Bute population and results have to be interpreted with caution. Views are unlikely to be homogenous throughout Argyll and Bute and place of sampling.

In the Scottish Household Survey from 2022

- 50% of participants from Argyll and Bute agreed with the statement that there are welcoming places and opportunities to meet new people. This was comparable to the Scottish average (53%) (Fig.19).

- 94.9% of participants from Argyll and Bute rated their neighbourhood as a very or fairly good place to live. This was comparable to the Scottish average (95.9%) (Fig.20).
- 83% of participants from Argyll and Bute rated the strength of feeling of belonging to the community as very or fairly strong. This was the same percentage as in Scotland overall (Fig.21).
- 82% of participants from Argyll and Bute perceived their neighbourhood as safe when walking alone after dark. This was comparable to the Scottish average (81%) (Fig.22).
- 92 % of participants from Argyll and Bute agreed that, if they were alone and needed help, they could rely on someone in their neighbourhood to help them. In Scotland overall 87 % agreed.
- 49% of participants from Argyll and Bute reported to engage in some type of volunteering. In Scotland overall 46% reported the same (Fig.23).

### Current and future needs

- The Scottish Government recognises that the cost of living can be 15% to 30% higher in remote rural parts of Scotland than in urban parts of the UK due to higher transport, food and heating costs in these areas. This can make the rise of cost of living more acute in these areas [20]. The lower gross median weekly pay for a full-time worker in Argyll and Bute compared to the Scottish and UK average might highlight a risk for the population to be acutely impacted by the rise of the cost of living and highlight the need for support, e.g. advice on income maximisation, debt advice, and signposting to support options.

### Existing assets

- In the Scottish Household Survey a high satisfaction rate with the neighbourhood was reported by most participants of Argyll and Bute

### Indicators

Indicator	Source
Average gross weekly full-time pay by location	NOMIS 2024
Job density	NOMIS 2024

Percentage of full-time employee jobs	NOMIS 2024
Percentage of employee jobs by sector	NOMIS 2024
Percentage of Scottish Household Survey participants agreeing that there are welcoming places and opportunities to meet new people	Scottish Household Survey Annex A – Fig.19
Percentage of Scottish Household Survey participants that rated their neighbourhood as a very or fairly good place to live	Scottish Household Survey Annex A – Fig.20
Percentage of Scottish Household Survey participants feeling a very or fairly strong feeling of belonging to their community	Scottish Household Survey Annex A – Fig.21
Percentage of Scottish Household Survey participants perceiving their neighbourhood as safe when walking alone after dark	Scottish Household Survey Annex A – Fig.22
Percentage of Scottish Household Survey participants agreeing that, if they were alone and needed help, they could rely on someone in their neighbourhood to help them	Scottish Household Survey
Percentage of Scottish Household Survey participants participating in some form of volunteering	Scottish Household Survey Annex A – Fig.23

## **What do we know about Community Justice in Argyll and Bute?**

### **Community Justice**

The National Strategy for Community Justice in Scotland and the Community Justice Performance Framework provide the overall context for this section. The Crimes and offences recorded by Police Scotland are undergoing analysis via our Community Justice Partnership and the associated Strategic Needs and Strengths Assessment work. Police Scotland report quarterly into Argyll & Bute governance structures, providing robust monitoring and scrutiny of crimes and their wider contributions across key public protection policy areas.

Changes to the way some crimes and offences are recorded means it is not a straightforward comparison/analysis over the years, and percentage increases can seem significantly high due to lower numbers. For example, initial analysis by Police Scotland L Division, covering Argyll and West Dunbartonshire, shows that during 2023-2024 between 40 and 50 per cent of all sexual crimes were non-recent (previously referred to as historical).

The Argyll & Bute Community Justice Plan 2024-2027 will be published towards the end of 2024.

### **Crimes and offences recorded by the police**

For statistical purposes contraventions of Scottish criminal law are divided into crimes and offences. The term “crime” is generally used for the more serious criminal acts. The less serious are termed “offences”. The distinction is made only for statistical reporting purposes and has no impact on how the police investigate reports of criminal activity. The perceived seriousness of the offence is generally related to the maximum sentence that can be imposed [21].

Recorded Crime in Scotland Bulletin, 2023-24 publication provides a range of national data from 2013-14, some of which is available at a local authority area level and referenced below. Adjustments made to improve recording of crimes/offences means not all years are directly comparable.

### **Crimes**

Figures 24 & 25 provide a summary of the crimes recorded for Argyll & Bute and Scotland per 10,000 of the population 2018-2024, some years are impacted by the way in which crimes are recorded and so not all are directly comparable.

- In 2023/24 the rate of crime recorded by the police per 10,000 people in Argyll and Bute was 394, increasing from 362 in 2022/23. For Scotland, the relative numbers are 550 in 2023/24 from 531 in 2022/23 (Tab. 3).
- Over the period of 2013-2024, the rate per 10,000 people for Argyll and Bute has remained below the national rate.
- Of the five active **Crime Groups**, Argyll & Bute recorded increases for the year 2023/24 in four. For Scotland recorded increases are noted for three of the five Crime Groups.

Table 3 provides an overview of the last two years data, previous years can be found in the Recorded Crime in Scotland Bulletin of the Scottish Government.

### Offences

Figures 26 & 27 provide a summary of the offences recorded for Argyll & Bute and Scotland per 10,000 of the population 2018-2024, some years are impacted by the way in which offences are recorded and so not all are directly comparable.

- In 2023/24 **the rate of offences recorded by the police per 10,000 people** in Argyll and Bute was 376, decreasing from 378 in 2022/23. For Scotland, the relative numbers are 320 in 2023/24 from 316 in 2022/23 (Tab. 4).
- Over the period of 2013-2024, the rate per 10,000 people for Argyll and Bute has remained above the national rate.
- Of the three Offence **Groups**, Argyll & Bute recorded increases for the year 2023/24 in two. For Scotland recorded increases are noted for two of the Offence Groups.

Table 4 provides an overview of the last two years data, previous years can be found in the Recorded Crime in Scotland Bulletin of the Scottish Government.

### Domestic abuse

The Scottish Government publication *Domestic Abuse in Scotland* annual statistical report provided ten-year data between 2013/14 and 2022/23. Domestic abuse recorded by the police does not reveal the incidence of all domestic abuse committed in Scotland, as not all incidents are reported to the police.

The definition of domestic abuse case used by the Scottish Police is 'Any form of physical, verbal, sexual, psychological or financial abuse which might amount to criminal conduct and which takes place within the context of a relationship. The relationship will be between

partners (married, cohabiting, civil partnership or otherwise) or ex-partners. The abuse can be committed in the home or elsewhere including online' [22].

- From 2021/22 to 2022/23, the rate of domestic abuse incidents recorded by the police per 10,000 population in Argyll and Bute reduced by 13%, from 90 to 78 (774 incidents to 687 incidents). This was the largest reduction within the last decade. This reduction was at a greater rate than that for Scotland at 3%, from 118 to 114. However, it followed a spike of 15% from 2020/21 to 2021/22 in Argyll and Bute, whereas nationally there was an overall reduction of 1% for that year (Tab. 5).
- From 2016/17 to 2022/23 the rate of incidents of domestic abuse recorded by the police per 10,000 population showed a higher increase in Argyll and Bute (7%, 73 to 78) compared to Scotland (5%, 109 to 114). The annual number of incidents recorded for Argyll and Bute in this time fluctuated between 643-687.

## Disposals

A disposal is the outcome of court proceedings. The Argyll and Bute and Scotland data in the table 6 and 7 is extracted from the Scottish Government Justice Analytical Services Criminal Disposals Dashboard [23].

- Between 2020 and 2024, the stark variations in court business outputs because of Covid-19 related lockdowns are evident. The number of all disposals in Argyll and Bute dropped to a low of 829 in 2020/2021 and increased since then to 1,580 in 2023/2024. For Scotland the numbers of all disposals overall increased from 107,785 in 2020/2021 to 183,426 in 2023/2024 (Tab. 6 & 7).
- In 2023/2024, the percentage of Monetary and Other disposals on all disposals was higher in Argyll and Bute (77%) than in the Scottish average (72%).
- The number of Community disposals continuously rose from 2020/21 to 2023/24 after a drop from 2019/20 to 2020/21.
- The number of custodial disposals increased sharply from 60 in 2022/23 to 129 in 2023/24. Further analysis and monitoring of the increase in Custodial Disposals is underway through the Community Justice Partnership
- Community Disposals imposed are new cases each year, therefore the data below does not represent the overall caseload of Justice Social Work. Internal Justice Social Work data indicates orders being imposed post-lockdown are longer in length, higher percentage include a supervision requirement, which reflect the increasing complexities of cases. The impact of all these factors means that Justice Social Work are managing higher numbers of cases in practice

Whilst indications are that Argyll & Bute backlog of trials due to lockdown are eased, Scottish Courts and Tribunal Service are still working through the backlog of trials, at a national level.

## Community Justice Performance Framework

The national Community Justice Performance Framework contains a range of indicators across 10 national outcomes, the first year for reporting is 2023-2024. These will be published annually as part of our Community Justice Partnership reporting to Community Justice Scotland

A summary is noted below:

<b>National Community Justice Outcome</b>	<b>National Indicator(s) - sourced from CJPF</b>	<b>Indicator Result 2023/2024</b>
More people successfully complete diversion from prosecution	Number of diversion from prosecution: i) assessments undertaken ii) cases commenced iii) cases successfully completed.	i) 124 ii) 88 iii) 89
More people in police custody receive support to address their needs	Number of: i) referrals from custody centres.	Not yet available.
More people are assessed for and successfully complete bail supervision	Number of: i) assessment reports for bail suitability ii) bail supervision cases commenced iii) bail supervision cases completed	i) 57 ii) 15 iii) 9
More people access services to support desistance and successfully complete community sentences	Percentage of: i) CPOs successfully completed ii) DTTOs successfully completed	Available from Scottish Government during 'winter' 2024.



<b>National Outcome</b>	<b>National Indicator(s) - sourced from CJPF</b>	<b>Indicator Result 2023/2024</b>
More people have access to, and continuity of, health and social care following release from a prison sentence	Number of transfers in drug/alcohol treatments from: i) custody to community	0
More people have access to suitable accommodation following release from a prison sentence	Number of: i) homeless applications where prison is last known address	10 out of 492
More people with convictions access support to enhance their readiness for employment	Participation in employability services: i) percentage of people with convictions	6% (20 of 298)
More people access voluntary throughcare following a short-term prison sentence	Number of: i) voluntary throughcare cases commenced	2

### **Current and Future Needs**

- The need for accessible support for victims of domestic abuse with consideration for the remote and rural structure of Argyll and Bute that highlights transport as an accessibility issue.

### **Existing assets**

- A steady decrease of the percentage of custodial disposals on all annual disposals illustrates the progress in the national vision to reduce the use of custodial sentences and maximise the use of community-based sentences (where appropriate) as described in the Scottish Government Vision for Justice and Community Justice Strategy.

## Indicators

Indicator	Source
Crime rate per 10,000 population recorded by the police, over time, Argyll and Bute and Scotland	Recorded Crime, Scottish Government Annex A - Fig. 24, 25, Tab. 3
Offence rate per 10,000 population recorded by the police, over time, Argyll and Bute and Scotland	Recorded Crime, Scottish Government Annex A - Fig. 26, 27, Tab. 4
Rate of domestic abuse incidents recorded by the police per 10,000 population, over time	Domestic abuse recorded by the police in Scotland, Scottish Government Annex A - Tab. 5
Number and percentage of disposals, over time, Argyll and Bute and Scotland	Justice Analytical Services Criminal Disposals Dashboard, Scottish Government Annex A - Tab. 6, 7

## What do we know about what our population says about their needs?

The Shaping Places for Wellbeing Programme is a project jointly delivered between the Improvement Service and PHS in partnership with local authorities and health boards. It's aim is to improve the wellbeing in Scotland and reduce inequalities in the population, while addressing the health of the planet at the same time [24].

One of the seven project towns chosen was Dunoon, where the programme ran from May 2022 to June 2024. Part of the project included creating a quantitative data profile on the town to identify key areas of inequalities. This profile was sense checked and supplemented by qualitative engagement with local stakeholders, community groups and practitioners working locally.

While the engagement was focused on the local setting of Dunoon, the insights created can give indications on similar needs in other parts of Argyll and Bute and identify topical areas for further investigation.

- The quantitative data profile for Dunoon identified several groups facing significant inequalities: people experiencing poverty, people affected by substance use, and people living in neighbourhoods experiencing deprivation.
- Transport was a significant factor for people seeking employment and using key services. A limited public transport was identified as a hurdle, as it creates a reliance on car use, that not everyone has access to.
- Local natural spaces were seen as an asset but needed to be accessible by transport and maintained by funding to be fully used.
- A lack of available activities, especially activities that are not weather dependent, may impact the mental health and behaviour especially of young people.
- Mental health was seen as a key local issue. Young people, older men, unpaid Carers, volunteers and people with substance dependencies were highlighted as specific risk groups in need of support. Concerns were raised for around the limited capacities of some mental health organisations and offers for young people once they leave school, the lack of referrals from statutory or community services to mental health and a perceived lack of integration of mental health treatment in substance user support. Mental ill health was seen as a causative factor in addiction and a limit to employability, which can lead to income inequalities.

- Limited childcare option, caring responsibilities and fuel costs negatively impacted income, work opportunities and wellbeing. Relevant factors contributing to in-work poverty were fuel poverty and a shortage of private rental accommodations.
- The third sector was highlighted as a vital provider of services in the community. Concerns were raised about the stability of the third sector, due to a limited staff capacity and problems with volunteer retention, due to volunteer fatigue and increasing caring responsibilities of volunteers. A wish for more communication and collaboration between third sector organisations and a stronger partnership with statutory and formal services was highlighted. Perceived barriers for collaboration between third sector organisation were the lack of capacities among staff and the perception of competition for funding.
- People in Dunoon generally felt safe and well connected to their community, with variation in the perception among age groups. A close-knit community was both identified as an asset but also a potential challenge for welcoming new members. This could be a factor when recruiting and retaining new workforce to the area.

### **Current and future needs**

- People experiencing poverty, people affected by substance use, and people living in neighbourhoods experiencing deprivation face inequalities that services need to be aware of and address. People facing disadvantages like substance use or poverty are at a higher risk of additional disadvantages, such as violence, offending or homelessness. Addressing and preventing these multiple, severe disadvantages requires an integrated multi-service support [27].
- Affordable, reliable and accessible transport is a core need for people in Dunoon that can be translated to Argyll and Bute considering the remote and rural character of the area. It can present a hurdle for daily life, employment and the access to key services, as well as accessing natural resources. When providing services limited mobility especially of younger people needs to be taken into account.
- Access to mental health services and integration with other services. This need was also highlighted by the Hard Edges Scotland report on severe, multiple disadvantages [27].
- There is a need to ensure the sustainability of the third sector and support communication and cooperation as well as strengthening partnership with the HSCP.

## **Existing assets**

- A strong feeling of community and safety among the local population, that has also been expressed by participants in the Scottish Household Survey.

## What do we know about housing?

### Properties and Households

- In 2022 Argyll and Bute was estimated to have 42,664 households. This marks an increase by 0.7% from 2021 to 2022. The increase in Scotland overall in the same time was 0.8% to 2,549,797 (NRS, Household estimates).
- As of April 2024, 49,348 properties were registered for council tax in Argyll and Bute. A quarter of which were situated in the housing market area (HMA) of Helensburgh and Lomond, followed by Lorn (18%), Cowal (18%) and Mid Argyll (12%). The HMA with the lowest percentage of all dwellings was Coll and Tiree (1%) (Council Tax Records) (Fig. 28).
- The percentage of ineffective stock is calculated by dividing the number of empty properties and second homes through the number of properties in the HMA. These are properties that are not being utilised as someone's main residence. Second homes have the largest contribution to ineffective housing stock. The percentage of ineffective stock in Argyll and Bute overall was 10.9%, ranging from 32.4% in Coll & Tiree to 4.9% in Helensburgh and Lomond (Council Tax Records) (Fig. 29).
- The number of completed new build houses fluctuated between 103 and 409 by financial years in Argyll and Bute over the last 25 years. In 2022/23 205 new houses were completed (Scottish Government) (Fig. 30).

### Household projections

The household projections are based on the population projections and trends in household formation. The assumptions used for the population projections, such as future migration, fertility and mortality, will therefore affect the household projections.

The household projections have some limitations. A projection is a calculation showing what happens if particular assumptions are made. The household projections are trend-based and are not, therefore, policy-based forecasts of what the Government expects to happen. No forecast is made of possible future changes that may alter these trends, such as economic and social change, or of imbalances between housing supply and demand. In particular, the assumptions used in the projections do not take account of the potential impact of the COVID-19 pandemic.

- While the overall projections suggest that there will be a long-term decrease in the number of households in Argyll and Bute, there are variations between household

types and areas. Thus, one person households and 2 adults with no children are the main proportion of households in Argyll and Bute, by far, and both types are projected to increase marginally in number over the next decade; while single parent households, couples with children, and households with 3+ adults are all set to decline proportionately over the same period.

## **HOME Argyll**

- As of April 2024, 3,137 people were on the HOME Argyll waiting list, of which 2,139 (68%) were in housing need and had been allocated points on the list (Tab. 8). The percentage of applications with an identified housing need and allocated points on all applications ranged from 83% on Coll and Tiree to 55% in Mull and Iona (Fig. 31). The largest percentage of the latter were in the HMA of Lorn (26%), Helensburgh & Lomond (23%) and Cowal (17%) (Tab. 32).
- As of April 2024, the majority of applicants (55%) were on the waiting list for a one bedroom accommodation (Tab. 9).
- In 2023/24 the total number of lets through HOME Argyll was 763, of which 43% were for 1 bed, 41% for 2 bed, 15% for 3 bed and 2% for 4 bed accommodations. The HMA with the most lets was Lorn (25%) and the one with the least Coll & Tiree (0.3%) (Tab. 10, Fig.34, Fig.35).
- The pressure ratio for 2023/24 was 3:1 for Argyll and Bute, meaning for every one social house that becomes available there are three households on the list. It was highest in the HMA of Coll & Tiree (12:1) and lowest in Bute (1:1). The pressure ratio varied by property type between HMA (Tab. 11).

## **Affordability**

- The average residential property price in Argyll and Bute and Scotland have been increasing over the most recently available years. From the financial year 2021/22 to 2022/23 prices in Argyll and Bute increased by 11.2%, while the Scottish average increase was 7.1%.
- The standard affordable ratio is set at 3.5 times the household income. Based on average mean household income levels of £41,265 (CACI, 2022) only 25% of local households would be able to afford the average house price in Argyll & Bute

## Wheelchair housing

- Distribution of wheelchair housing in Argyll and Bute is available for 2020. In the absence of data on the prevalence of wheelchair users by HMA, the distribution of wheelchair housing distribution over HMAs is compared to the distribution of population over HMAs as of mid-year 2020. To interpret the results the underlying assumption is that the prevalence of wheelchair users is equal in each HMA. Lorn is the only HMA in which the distribution of wheelchair housing (19%) and population percentage (19%) match. Both Helensburgh and Lomond that holds 30% of Argyll and Bute population but only 7% of wheelchair accessible housing and Cowal home to 16% of Argyll and Bute population and 7% of wheelchair accessible housing show the highest mismatch of population to wheelchair accessible housing.

## Homelessness

If a household is unintentionally homeless (or threatened with homelessness), the local authority must offer settled accommodation. Until this is available, the local authority must offer temporary accommodation.

If a household is intentionally homeless (or threatened with homelessness), the local authority has no statutory duty to provide settled accommodation (although they may choose to do so). There is a duty to provide temporary accommodation and advice and assistance to help the household secure alternative accommodation.

Temporary accommodation must be offered to all households while awaiting an assessment decision.

Data on homelessness presented are taken from the Scottish Government report on homelessness in Scotland.

- After a decrease of homelessness applications in the beginning of the 2010s, the number of applications stayed relatively stable in Argyll and Bute and Scotland overall over the last decade, with a noticeable increase from 2021/22 to 2022/23. In the financial year 2022/ 2023 511 applications for homelessness were registered in Argyll and Bute, which is a 29% increase from 2021/22 (Fig. 36). For 5% of applications at least one member of the household experienced rough sleeping the night before.
- 83% of all homelessness applications in 2022/2023 were assessed to be unintentional homelessness, which was a higher percentage than in the Scottish



average (81%). 4% of applications in Argyll and Bute were assessed as intentional homelessness. The other 13% applications were either not eligible, lost contact or withdrew before the assessment decision or resolved homelessness before the end of assessment (Tab. 12).

- In 2022/2023 the rate of households assessed as homeless per 10,000 households in Argyll and Bute was 104, which was lower than the Scottish average (126). Households assessed as homeless in Argyll and Bute made up for 1% of all households assessed as homeless in Scotland.
- The average time from application to assessment in 2022/23 in Argyll and Bute was 19 days, which was lower than the Scottish average (21 days).
- The number of households in temporary accommodations stayed generally stable in Argyll and Bute over the last decade while it increased in Scotland overall in the same time period (Fig. 37). In the financial year 2022/23 128 households were in temporary accommodations in Argyll and Bute. Of those 30 (23%) were households including pregnant women or children (Fig. 38).
- The number of children in temporary accommodations overall stayed steady in Argyll and Bute in the last decade with a noticeable peak in 2018. In Scotland the number steadily increased since 2014 (Fig. 39). In the financial year 2022/2023 60 children stayed in temporary accommodations in Argyll and Bute. 25% of children in Argyll and Bute stayed in temporary accommodations from housing associations, 8% in local authority furnished accommodations and the rest in other forms of temporary accommodations. For Scotland overall the percentages were 29%, 39% and 31% (including all other types of accommodation listed) respectively (Fig. 40).
- In 2022/2023 the rate of households in temporary accommodation per 10,000 households in Argyll and Bute was 30, which was lower than the Scottish average (59). Households in temporary accommodation in Argyll and Bute made up for 1% of all households in temporary accommodation in Scotland (Scottish Government: Homelessness in Scotland).
- The average total time spent in temporary accommodation for cases that closed increased overall in Argyll and Bute and Scotland over time. In 2022/23 the average was 226 days in Argyll and Bute and 223 in Scotland (Fig. 41).
- Most households that were assessed as unintentionally homeless or threatened by homelessness found accommodation through registered social landlords (RSL). Argyll and Bute is a stock transfer local authority, which means that the ownership of council housing has been transferred and is provided through housing associations. In 2022/23 in Argyll and Bute the outcome for 77% of cases were RSL. In Scotland

overall the most common outcome (46%) was local authority tenancy from a local authority, followed by RSL (32%) (Fig. 42).

- The average time from assessment to closure for applications assessed as homeless or threatened with homelessness in 2022/23 in Argyll and Bute was 202 days, which was lower than the Scottish average (266 days) (Fig. 43).

### **Current and future needs**

- In June 2023 the Argyll and Bute council was the first local authority in Scotland to declare a housing emergency. To meet the need of affordable housing partners, stakeholders, investors and communities will need to work together. In the process it is important to consider specific housing needs including wheelchair accessible housing, that is currently not equally accessible in all HMAs.
- An ongoing need for fast processing times, to keep time in temporary accommodation low.
- People facing disadvantages like homelessness have a higher risk to experience additional disadvantages, such as substance use, offending, mental ill health or violence. To support people experiencing multiple disadvantages or to prevent one disadvantage leading to more an integrated multi-service support is needed [25].

### **Existing assets**

- Multiagency work on response for housing emergency

## Indicators

Indicator	Information presented in
Household estimates	National Records Scotland
Number and percentage of properties by Housing Market Area	Council Tax Records Annex A – Fig.28
Percentage of ineffective stock by Housing Market Area	Council Tax Records Annex A – Fig.29
Number of completed new build houses over time	Scottish Government Annex A – Fig. 30
Household Type, Principal Projection, Argyll & Bute, 2021-2031	Argyll and Bute Local housing strategy 2022-2027
Number of people on the HOME Argyll waiting list	Home Argyll Annex A – Tab. 8
Percentage of applicants with points on all application on Home Argyll waiting list by HMA	Home Argyll Annex A – Fig. 31
Percentage of Home Argyll applications (with points only) by HMA	Home Argyll Annex A – Fig. 32
HOME Argyll Waiting List by type of property and HMA	Home Argyll Annex A – Tab. 9
Number of HOME Argyll lets by property type, 2023/24	Home Argyll Annex A – Fig. 33
Number of HOME Argyll lets by HMA, 2023/24	Home Argyll Annex A – Tab. 10
Percentage of HOME Argyll lets by HMA, 2023/24	Home Argyll Annex A - Fig. 34
Percentage of HOME Argyll lets by property type and HMA, 2023/24	Home Argyll Annex A - Fig. 35
HOME Argyll Pressure Ratios as at 2023/24 by HMA	Home Argyll Annex A – Tab. 11
Average residential property price over time	Argyll and Bute Local Housing Strategy – Annual Report 2023
Percentage of households able to afford average house price	Argyll and Bute Local Housing Strategy – Annual Report 2023

Distribution of wheelchair housing compared to distribution of population by percentage	Housing Need & Demand Assessment Technical Supporting Paper 11 Core Output 4: Wheelchair Users & Disabled Persons Housing Needs (April 2021)
Number of homelessness applications	Scottish Government: Homelessness in Scotland Annex A – Fig. 36
Applications where at least one member of the household experienced rough sleeping, as a proportion of all applications, by local authority	Scottish Government: Homelessness in Scotland
Homelessness assessment decisions, by local authority	Scottish Government: Homelessness in Scotland Annex A – Tab. 12
Rate of households assessed as homeless per 10,000 households	Scottish Government: Homelessness in Scotland
Average time from homelessness application to assessment	Scottish Government: Homelessness in Scotland
Households in temporary accommodation as at 31 March, by local authority	Scottish Government: Homelessness in Scotland Annex A – Fig. 37
Households with children or a pregnant woman in temporary accommodation as at 31 March, by local authority	Scottish Government: Homelessness in Scotland Annex A – Fig. 38
Number of children in temporary accommodation as at 31 March, by local authority	Scottish Government: Homelessness in Scotland Annex A – Fig. 39
Percentage of children in temporary accommodation by accommodation type	Scottish Government: Homelessness in Scotland Annex A – Fig. 40
Rate of households in temporary accommodation per 10,000 households	Scottish Government: Homelessness in Scotland
Average duration (days) in temporary accommodation for cases that closed	Scottish Government: Homelessness in Scotland Annex A – Fig. 41

<p>Outcomes for households assessed as unintentionally homeless or threatened with homelessness, as a proportion of all outcomes, by local authority: 2022-23</p>	<p>Scottish Government: Homelessness in Scotland Annex A – Fig. 42</p>
<p>Average time (days) from assessment to closure for applications assessed as homeless or threatened with homelessness, by local authority: 2002-03 to 2022-23</p>	<p>Scottish Government: Homelessness in Scotland Annex A – Fig. 43</p>

## **What do we know about the effect of severe and multiple disadvantages (SMD) in our population?**

The Hard Edges Scotland report (2019) was commissioned by Lankelly Chase and supported by The Robertson Trust. It brings separate datasets together to reveal how some harms interconnect in the lives of people in Scotland [25].

Homelessness, alcohol- or drug dependency, criminal offending, domestic violence or abuse or mental ill health are severe disadvantages that can bring individuals to engage with services. It is recognized that experiencing a such a disadvantage heightens the risk of experiencing another. The Hard Edges Scotland report illustrates that this can often be due to failure to address a disadvantage. This leads to people experiencing severe and multiple disadvantages that cannot effectively be met by one-issue services but call for integrated multi-service support.

While efforts have been made to improve the data landscape surrounding SMD on a national and local level the intersectionality of the issue can not yet be expressed by the available data sources.

Some findings of the Hard Edges Scotland report are highlighted in the report.

- Significant background factors that can increase the likelihood of experiencing SMD are poverty and childhood trauma. It can cause SMD to span over generations.
- People facing SMD have an extraordinarily poor quality of life including sharply heightened risks of both morbidity and mortality [25, 26], poverty and multiple deprivation, and social and economic exclusion.
- Rates of all aspects of SMD, except for domestic violence and abuse, tend to be higher in urban than in rural areas. Generally, the proportion of rural residents falls as the level of complexity of disadvantages rises. The geographical spread of service users in rural areas can make it difficult to make specialist services accessible to those in need. Travel times and costs in rural areas can make it difficult for service users to attend appointments.
- Higher levels of SMD experience are associated with a greater propensity to live in deprived neighbourhoods.

## Current and Future Need

- Furthering the existing linkages between services to address SMD and exploring which further connections are needed to provide effective support for people affected by SMD.
- Establishing and improving the data landscape illustrating the intersectionality in disadvantages faced by service users to monitor local needs.
- Making support services accessible to a rural population, which includes considering ways to mitigate the hurdle of traveling costs.
- With poverty as a significant background factor among people experiencing SMD, the increase in the percentage of children living in low-income families in Argyll and Bute is illustrating the increase in population at risk for SMD. This shows a growing need to establish and strengthen support for children and young people in poverty from facing additional disadvantages, e.g. through interventions in schools or educational settings.

## What do we know about people caring and being cared for?

### Social Work and Social Care

This chapter summarises information on Social Care in Argyll and Bute based on the Source Social Care Dataset by PHS, which includes elements of Social Work. As these elements can not be clearly separated in this source, both are included together. Social Work and Social Care are two distinct fields. Social care services give people the support, practical help and personal care that they need to live as independently as possible in the community. Social Worker is a protected title, whose tasks include supporting and advocating for people, families and carers in need and engaging people and structures to address life challenges and enhance wellbeing. Social Work and Social Care services in the context of this chapter include care at home, care home, meals, community alarm/telecare, housing support, social worker and day care. People involved in choosing and controlling their support through Self-Directed Support options are also included. The statistic only includes support provided internally or commissioned by the HSCP. Information on fully privately provided or funded social care services are not captured.

- The rate of people receiving Social Work and Social Care services per 1,000 population increased in Argyll and Bute in the most recently available years, while it stayed mostly stable in Scotland overall (Fig. 44).
- In the financial year 2022/23 50.9 people per 1,000 population received Social Work and Social Care services or support by Argyll and Bute HSCP. For Scotland the rate was 42.8.
- The rate of clients per 1,000 Social Work and Social Care clients in Argyll and Bute was 635.4 for women and 365.7 for men in 2022/23. The rates for men and women diverged strongest in the age groups 75 years and above (Fig. 45).
- The rate of clients over all age groups per 1,000 Social Work and Social Care clients in Argyll and Bute in 2022/23 for all recorded client groups was highest for older adults, referred to in national publication as “elderly and frail individuals”, (160) followed by people with physical and sensory disability (115) (Fig. 46).
- In 2022/23 social workers were the most common type of Social Work and Social Care accessed by clients (4,375) in Argyll and Bute, followed by community alarms or telecare (2,990), home care (2,005) and care homes (865) (Fig. 47).



## Care homes

Care home information for adults is provided through the Care Home Census for Adults in Scotland, via the Care Inspectorate's online eForms system. All care homes for adults in Scotland are invited to participate in the annual Care Home Census.

The Care Inspectorate is the independent regulator of social care and social work services across Scotland.

Care homes for adults are designed to care for adults (aged 18 years and over) with high levels of dependency and who need a complete package of 24-hour care. Care homes provide accommodation, nursing, personal care or personal support to vulnerable adults who are unable to live independently.

Care homes offer three broad service types:

They provide a homely setting where people can receive the care and support they need, often to meet complex healthcare and functional needs, and to maintain or enhance their wellbeing.

They provide respite care for shorter time periods lasting days or weeks only.

They can contribute to a step-down, step-up service that may, for example, aim to improve or restore the functional independence of people who have been discharged from hospital.

- The number of residents in adult care homes generally declined in Argyll and Bute over the last decade. The number of residents in adults care homes generally declined in Scotland overall during this time period, with a sharp decline from 2019 to 2021 and an increase from 2022 to 2023. This trend is likely due to the Covid-19 pandemic. As of the 31 March 2023 the overall number of residents, including long stay, short stay and respite residents in care homes in Argyll and Bute was 422 (Fig. 48).
- From 2013 to 2023 the median age of adult care home residents at admission rose from 83 to 85 in Argyll and Bute and from 81 to 83 on average in Scotland (Fig. 49).
- The median length of ongoing stays for long stay adult care home residents generally decreased over the last two decades in Argyll and Bute from 2.5 in March 2010 to 1.2 years in March 2023. The length in the Scottish average stayed mostly stable over this time period from 2.1 in March 2010 to 1.8 in March 2023. Data for 2020 is unavailable (Fig. 50).
- The median length of completed stays for long stay adult care home residents stayed mostly stable over the last two decades in Argyll and Bute from 1.1 in 2009/2010 to

1.3 years in 2022/2023. The length in the Scottish average stayed mostly stable over this time period from 1.7 years in 2009/2010 to 1.4 years in 2022/2023. Data for 2020 is unavailable (Fig. 51).

- The majority of all care home residents, including long stay, short stay and respite residents, stayed in care homes of the private sector over time in Argyll and Bute. The percentage of residents in voluntary run and non profit care homes diminished over time in Argyll and Bute. In 2023 76% of all care home residents in Argyll and Bute stayed in private sector care homes and 24% in care homes of the local authority or health board (Fig. 52).
- As of March 2023 the most common health characteristic of long-stay residents in adult care homes was medically diagnosed dementia (58%), followed by requirement for nursing care (40%) and other physical disabilities or chronic illness (30%). They were the most common health characteristics for Scotland but in different order with 53%, 64% and 33% of all adult care home residents respectively (Tab. 13).
- As of March 2023 the occupancy of adult care homes for all adults, according to the care home census, was at 80% in Argyll and Bute and 85% in Scotland. This measure of occupancy is calculated on the basis of all existing beds. The number of serviced, i.e. available, beds is lower. This means that even if a care home has all available beds occupied this measure of occupancy might be below 100%. The occupancy calculated on use of available beds (ie beds that can be staffed) remains on average over 95%. In Argyll and Bute this number was entirely made up from occupancy in older adult care homes. Values for learning disability care homes were omitted for 2023 (Tab. 14).
- As of March 2023, the percentage of long-stay residents aged 65 and above that was mainly or fully publicly funded was lower in Argyll and Bute (56%) than the Scottish average (65%) (Fig. 53).

## Care at home

Care at Home (previously named Home Care) are a variety of support types intended to help people with assessed support needs to live at home, including in sheltered housing or equivalent accommodation. For reporting purposes the term 'Care at Home' includes personal care and a wide range of practical support to enable a person to function as independently as possible in the community. Tasks largely are focused on personal care, medication prompt or administration and meal preparation.

Information on Care at Home is provided through the Source Social Care Dataset by PHS.

- The rate per 1,000 population receiving care at home for all ages stayed mostly stable in Argyll and Bute from 24.3 in 2018/19 to 23.3 in 2022/23 and the Scottish average from 16.8 in 2018/19 to 16.4 in 2022/23 (Fig. 54). The rate during January to March 2023 for all ages was 17.4. It ranged from 15 in OLI to 19.4 in CB. In the financial year 2022/23 2,005 people received care at home, receiving a total of 1,162,890 hours of care.
- In the financial year 2022/23 the client group overall receiving Care at Home with the highest rate per 1,000 people in Argyll and Bute was older adults, referred to in national publication as “elderly and frail individuals”, (144.3), followed by people with physical/ sensory disabilities (139.4). They were the most common client groups in all age groups 65 and over. Among 18-64 year olds people with learning disabilities (305.9), physical/ sensory disability (200) and mental health issues (117.6) were the most common (Fig. 55).
- In the financial year 2022/23 65.8% of people receiving Care at Home services had an active community alarm or telecare service at the same time. This was higher than the Scottish average (51.4 %).
- In January to March 2023 the rate of A&E attendances per 1,000 of those who receive Care at Home services for all ages in Argyll and Bute was 126.7, which was lower than the Scottish Average (155.6).
- There is a mixed economy of provision in Argyll and Bute of internal and external providers of Care at Home. Internal services are run by the HSCP but technically registered with the Local Authority. More services are internally provided on the West of Argyll and Bute. According to PHS, in January to March 2023 the majority of Care at Home services were provided by the private sector in Argyll and Bute (73.2%), followed by services provided by the HSCP (13.1%). There were no services provided by the third sector. In Scotland overall most Care at Home services were provided by the local authority, HSCP or NHS health board (46.3%) followed by the private sector (45.5%) and third sector (7.4%) (Fig. 56).

### **Self-directed services (SDS)**

Self-Directed Support was introduced in Scotland on the 1 April 2014 following the Social Care Self-Directed Support Scotland Act 2013. Its introduction means that people assessed as requiring social care support in Scotland have the right of choice, control and flexibility to meet their personal outcomes. Health and Social Care Partnerships are required to ensure that people are offered a range of choices on how they receive their social care support.

They can choose one or more of the available options, which are:

- Option 1: Taken as a Direct Payment.
- Option 2: Allocated to an organisation that the person chooses and the person is in charge of how it is spent.
- Option 3: The person chooses to allow the council to arrange and determine their services.
- Option 4: The person can choose a mix of these options for different types of support.

The information presented relate to services and support with HSCP involvement, either by providing or commissioning the care and support. Data on care and support that is paid for and organised entirely by the persons themselves (i.e. 'self-funded') is not generally available.

Information on SDS is provided through the Source Social Care Dataset by PHS.

- In the financial year 2021/22 2,170 people in Argyll and Bute used SDS. This was a decrease of 3.1% in comparison to 2020/21.
- The rate per 1,000 population choosing any SDS overall increased from 18.9 in 2017/18 to 25.2 in 2021/22 in Argyll and Bute and from 17.3 to 18.9 in the Scottish average (Fig. 57). The steepest increase was in the rate of Option 3 chosen.
- In the financial year 2021/22 the option for self-directed services with the highest choosing rate per 1,000 population in all age groups over 18, was option 3 in both Argyll and Bute (22.6 over all age groups) and in the Scottish average (16.2 over all age groups), which means the person chose to allow the council to arrange and determine their services. The least chosen option overall among all ages in Argyll and Bute (1.3) was option 2, in which the person chose an organisation their funds are allocated to and is then in charge of how it is spent. In the Scottish average it was option 4 (1) (Fig. 58)
- Since 2018/19 the only SDS option chosen among people under 18 years of age in Argyll and Bute was option 1, the direct payment. In the Scottish average option 1 was the most commonly and option 3 the second most commonly chosen SDS option among people 17 or younger in all years since 2017/18.
- The rate per 1,000 self-directed service clients for all age groups in 2020/21 was highest for the group of older adults, referred to in national publication as “elderly and frail individuals”, (237), followed by people with physical and sensory disabilities (185) and learning disabilities (92). All SDS clients under 18 years in Argyll and Bute of age fell in the group of people with physical and sensory disabilities (500). In the

18-64 years old the rate was highest for learning disabilities (384), followed by physical and sensory disability (244) (Fig. 59).

- In the financial year 2021/22 the SDS support need most common per 1,000 SDS clients over all ages in Argyll and Bute was personal care (919), followed by housing support (159) and other support (129). In the Scottish average the most common support need was personal care (659), followed by equipment and temporary adaptations (177) and domestic care (125) (Fig. 60).

## Balance of care

The balance of care describes the share of people receiving care in home-based or institutional settings. Local data for the balance of care was provided through the Argyll and Bute Ministerial Strategic Group integration performance indicators.

- In 2022/23 the percentage of Argyll and Bute's population receiving care as long stay residents in care homes
  - was 0.5% among the whole population, which stayed at a stable level since 2017/18. It was lower than the Scottish average of 0.6%
  - was 1.7% among the 65 years old and older population, which did not change compared to the previous year, but declined since the 2.5% in 2013/14. It stayed consistently lower than the Scottish average, which was 2.7% in 2022/23.
  - was 3.6% among the 75 years old and older population, which did not change compared to the previous year, but declined since the 5.4% in 2013/14. It stayed consistently lower than the Scottish average, which was 5.4% in 2022/23.
- In 2022/23 the percentage of Argyll and Bute's population receiving Care at Home
  - was 1.5% among the whole population, which decreased from 1.7% which had been the stable level since 2018/19. It stayed consistently higher than the Scottish average, that was 1.1% in 2022/23.
  - was 4.2% among the 65 years old and older population, which had been decreasing from 5.2% since 2018/19. It had stayed consistently higher than the Scottish average since 2017/18 but was lower in 2022/3 than the Scottish average of 4.3%.
  - was 7.7% among the 75 years old and older population, which was a decrease from 8.8% in 2021/22 and a decrease from 10.2% in 2013/14. It had stayed consistently higher than the Scottish average since 2013/14 but was the same as the Scottish average in 2022/23.

- In 2022/23 the percentage of Argyll and Bute’s population receiving care as inpatients under the category ‘Geriatric Long Stay’ in community or large hospitals
  - was 0.4% among the whole population, which was an increase from 0.3% in 2021/22. It was higher than the Scottish average of 0.3%.
  - was 0.9% among the 65 years old and older population, which was an increase from 0.8% in 2021/22. It was the same as the Scottish average.
  - was 1.4% among the 75 years old and older population, which was an increase from 1.2% in 2021/22. It was lower than the Scottish average of 1.6%.

## Unpaid carers

- The 5-year average percentage of people providing any regular help or care for any sick, disabled or frail person from 2018-2022 according to the Scottish Health Survey was 13 % in Argyll and Bute. It did not differ significantly from the Scottish average (15 %). The percentage among women in Argyll in Bute was slightly higher (15 %) than among men (11 %).

Unpaid Carers provide care and support for family members, partners, friends, or neighbours, affected by physical or mental illness, disability, frailty or an addiction. [Five Carer Centres across A&B](#) offer a wide range of supports to unpaid carers, working in partnership with the HSCP to deliver statutory services.

Not all carers see themselves as carers which can keep them from accessing available support ( Argyll and Bute Carer’s Strategy, 2024-2027). At the time of this report, Scotland’s census 2022 data on unpaid carers is not yet available. We present the number of Carers supported by Carer Centres in Argyll and Bute. Carers may register and deregister with a centre within the span of a year, due to changing support needs. This movement within a year is not captured by the numbers presented.

- From the end of June 2023 to the end of June 2024 the number of adult unpaid Carers registered with Carer Centres in Argyll and Bute rose from 2,110 to 2,551 (20.9% increase).
  - The numbers in the Carer Centre OLI rose from 672 to 724 (7.7% increase)
  - The numbers in the Carer Centre Helensburgh & Lomond rose from 812 to 1,004 (23.6% increase)
  - The numbers in the Carer Centre Cowal and Bute rose from 358 to 445 (24.3% increase)

- The numbers in the Carer Centre for MAKI rose from 268 to 378 (41% increase)
- From the end of March 2023 to the end of March 2024 the number of young unpaid Carers (under 18 years) registered with Carer Centres in Argyll and Bute rose from 606 to 745 (22.9% increase).
  - The numbers in the Carer Centre OLI rose from 109 to 153 (40.4% increase)
  - The numbers in the Carer Centre Helensburgh & Lomond rose from 242 to 315 (30.2% increase)
  - The numbers in the Carer Centre Cowal and Bute rose from 139 to 155 (11.5% increase)
  - The numbers in the Carer Centre MAKI rose from 116 to 122 (5.2% increase)
- The majority of unpaid carer's in Argyll and Bute in 2023 was female (69%) (Argyll and Bute Carer Census 2023).

## **Health and Care Experience survey 2022**

The Health and Care Experience survey uses a random sample of people registered with general practices in Scotland to ask about accessing and using their general practice out of hour services, aspects of care and support provided by local authorities and other organisation and caring responsibilities and related support.

- 38% of participants agreed that they felt supported to continue providing care. This is higher than the Scottish average (30%) (Fig. 61 & 62).
- 55% of participants in Argyll and Bute agreed that their health, support and care services seemed to be well coordinated. This was on a comparable level to the Scottish average (54%) (Fig. 61 & 62).
- 63% of participants in Argyll and Bute agreed that they were supported to live as independently as possible. This was on a comparable level to the Scottish average (65%) (Fig. 61 & 62).

## **Current and future needs**

- The increase in the rate of people receiving social work and social care support suggest an ongoing need for services, especially social workers as the most accessed form of support.
- Dementia as a key health characteristic for long-stay adult care home residents, which indicates the need for dementia informed support in care homes and the need

for support and services to allow people with dementia to receive Care at Home as long as possible if they so wish.

- Further efforts are needed to guarantee every client receiving social care in Argyll and Bute gets the chance to self-direct how they want this support to be organised. The fact, that clients under the age of 18 only chose option 1 of the SDS, suggests that they might need access to more support options outside of the direct payment.
- In the last two years the work of Carer Centres has been intensively promoted both in the community and within the HSCP Argyll and Bute. This raise in awareness is the likely cause for the rise in the number of registered unpaid carers with carer centres seen throughout Argyll and Bute. Considering the aging population of Argyll and Bute, which will likely increase the number of people with care needs, it is likely that the need for support of unpaid carers will continue to increase.

### Existing assets

- The high percentage use of community alarms and telecare service indicates that these tools are well accepted among service users.
- The increase in median age of adult care home residents at admission and the decrease in length of stay over the last decade, might indicate that A&B residents receive the support allowing them to stay at home for longer. This would be in accordance with the strategic priorities around care closer to home.
- A higher share of the population in A&B receiving Care at Home than in the Scottish average. This highlights success in A&B around the strategic priority to provide care, where safe and possible, at home or in a homely setting.
- A decreasing share of population over 65 and 75 in A&B receiving care in care homes, that is lower than in the Scottish average, might illustrate the availability of alternative options for care in Argyll and Bute.
- The increase in use of SDS indicates that more and more people receiving care in Argyll and Bute have autonomy over how this care is organised
- The increase in registrations of carers with carer centres throughout Argyll and Bute, shows that this resource for support is used and accepted.

### Indicators

Indicators	Source/ Reference
Rate of people receiving Social Care services or support per 1,000 population	PHS, Source Social Care Dataset Annex A – Fig. 44



Rate of people receiving Social Care services by age and sex, 2022/23	PHS, Source Social Care Dataset Annex A – Fig. 45
Rate per 1,000 population receiving Social Care services or support of people receiving Social Care services by client group	PHS, Source Social Care Dataset Annex A – Fig. 46
Number of people by type of Social Care service	PHS, Source Social Care Dataset Annex A – Fig. 47
Number of residents in adult care homes	Care Home Census Annex A – Fig. 48
Median age of adult care home residents at admission	Care Home Census Annex A – Fig. 49
Median length of ongoing stays of long stay care home residents in years over time	Care Home Census Annex A – Fig.50
Median length of completed stays of long stay care home residents in years over time	Care Home Census Annex A – Fig.51
Percentage of adult care home residents by care home sector	Care Home Census Annex A – Fig. 52
Percentage of adult care home long-stay residents by health characteristics	Care Home Census Annex A – Tab. 13
Occupancy rate of adult care homes	Care Home Census Annex A – Tab. 14
Percentage of long-stay residents aged 65 and above by funding type	Care Home Census Annex A – Fig. 53
Number of people receiving care at home	PHS, Source Social Care Dataset
Rate of people by 1,000 population supported with care at home over time	PHS, Source Social Care Dataset Annex A – Fig. 54
Rate of people per 1,000 population receiving care at home by age group	PHS, Source Social Care Dataset Annex A – Tab. 15
Rate of people receiving care at home by clientele group	PHS, Source Social Care Dataset Annex A – Fig. 55
Percentage of people receiving care at home services receiving technology enabled care	PHS, Source Social Care Dataset

Rate of A&E attendance for people receiving care at home services	PHS, Source Social Care Dataset
Percentage of care at home services by sector	PHS, Source Social Care Dataset Annex A – Fig. 56
Number of people using self-directed services (SDS)	PHS, Source Social Care Dataset
Rate per 1,000 population choosing any self-directed support option over time	PHS, Source Social Care Dataset Annex A – Fig. 57
Percentage of people receiving self-directed support by age group and options chosen	PHS, Source Social Care Dataset Annex A – Fig. 58
Rate per 1,000 SDS clients of people accessing SDS by client group	PHS, Source Social Care Dataset Annex A – Fig. 59
Rate per 1,000 SDS clients of people accessing SDS by support need	PHS, Source Social Care Dataset Annex A – Fig. 60
Percentage of Argyll and Bute’s population receiving care as long stay residents in care homes	Argyll and Bute MSG integration performance indicators
Percentage of Argyll and Bute’s population receiving care at home	Argyll and Bute MSG integration performance indicators
Percentage of Argyll and Bute’s population receiving care as inpatients under the category ‘Geriatric Long Stay’ in community or large hospitals	Argyll and Bute MSG integration performance indicators
Percentage of people providing any regular help or care for any sick, disabled or frail person by sex	Scottish Health Survey
Number and Percentage of adult unpaid carers registered with carer centres in Argyll and Bute	Argyll & Bute Carer Centres Dashboard
Number and Percentage of young unpaid carers registered with carer centres in Argyll and Bute	Argyll & Bute Carer Centres Dashboard
Unpaid carers registered with carer centres in Argyll and Bute by sex	Carer Census 2023

Carers who feel supported to continue in their caring role	Health and Care Experience survey Annex A – Fig. 61 & 62
Percentage of adults supported at home who agreed that their health and social care services seemed well coordinated	Health and Care Experience survey Annex A – Fig. 61 & 62
Percentage of adults supported at home who agreed that they are supported to live as independently as possible	Health and Care Experience survey Annex A – Fig. 61 & 62

## What do we know about our provision of services?

### Waiting times

For the waiting times of inpatients, day cases and outpatients individual patients are counted more than once if they are waiting to attend more than one scheduled hospital appointment or admission, so these numbers do not reflect the actual number of individuals involved. Consequently, figures for the number of ongoing waits of patients waiting for a new outpatient attendance and those waiting for treatment as either an inpatient or day case should not be added together to determine the proportion of the total population waiting for these types of care.

Many residents of Argyll and Bute access services in neighbouring health boards, especially in Greater Glasgow and Clyde (GGC). Therefore, waiting times for Argyll and Bute residents can not be fully captured by waiting times within NHS Highland and HSCP Argyll and Bute alone.

- The Treatment Time Guarantee states that following the decision to treat, all eligible patients should wait no longer than 12 weeks for treatment as an inpatient or day case. The percentage of inpatients and day cases in all specialities with completed waits shorter than 12 weeks declined over the last decade in both NHS Highland and Scotland overall. The percentage stayed stable in the last two years. By December 2023 the percentage in NHS Highland and Scotland was 58% (Fig. 63 & Tab. 16). December 2023 the median time waited in NHS Highland and Scotland was 61 days (PHS, Waiting Times Data Mart).
- New national standard for outpatients states that 95% of new outpatients should wait no longer than 12 weeks from referral to being seen. The percentage of new outpatients in all specialities with completed waits shorter than 12 weeks declined over the last decade in both NHS Highland and Scotland overall. By December 2023 the percentage in NHS Highland was 60% and in Scotland it was 62%. By December 2023 the median time waited in NHS Highland was 54 days and in Scotland 48 days (PHS, Waiting Times Data Mart) (Fig. 64 & Tab. 16).
- The 18 Weeks referral to treatment (RTT) standard applies to the entire patient journey from the initial referral to the start of treatment. Achieving the standard depends on waiting times for diagnostic tests, outpatient appointments, and inpatient and day case treatment. 18 Weeks RTT performance is based on adjusted waits for consultant led treatments and fully measurable completed patient journeys. The RTT standard is 90% of all patients being treated within 18 weeks. The percentage of RTT

completed within 18 weeks generally decline in NHS Highland and Scotland over time. In December 2023 the percentage in NHS Highland was 64% and in Scotland 66% (PHS, 18 weeks Referral to Treatment) (Fig. 65).

- The Scottish Government standard states that 90% of people should start their psychological therapy treatment within 18 weeks of referral. The percentage of patients who started psychological therapies in NHS Highland within 18 weeks or less generally declined over the most recently available years. For the period October-December 2023 the percentage was 81.5% (PHS, Psychological Therapies Waiting Times) (Fig. 66).
- The Scottish Government standard states that 90% of people should start their treatment within 18 weeks of referral to psychological therapies. The percentage of patients who started psychological therapy treatment with Child and Adolescent Mental Health Services (CAMHS) in NHS Highland within 18 weeks or less generally stayed stable over 2023 after an increase from 2022. For the period October-December 2023 the percentage was 71.5% (PHS, Psychological Therapies Waiting Times) (Fig. 67).
- The Scottish standard is set to 95% of Acute and Emergency (A&E) patients not waiting longer than 4 hours from arrival to admission, discharge or transfer. As of the March 2024 82.7% of A&E attendances in Argyll and Bute were seen within 4 hours of arrival. It was 67.4% in the Scottish average (PHS, accident and emergency).

## **Hospital and Community Care**

- The emergency admission rate per 100,000 in Argyll and Bute, NHS Highland and Scotland returned to pre-pandemic levels after a noticeable drop in 2020/21. The rate in HL over time is lower than in any other Argyll and Bute locality (PHS, SMR01).
- The emergency admissions rate per 100,000 was highest in all Argyll and Bute localities among the 75+ age group and lowest among the age group 0-17 years old (PHS, SMR01).
- As of 2022/23 the emergency admission rate per 100,000 in Argyll and Bute was 9,927. It was lower than the Scottish average (10,367). In the Argyll and Bute localities it ranged from 8,369 (HL) to 10,838 (CB) (PHS, SMR01).
- The rate of unscheduled acute specialty bed days per 100,000 increased in Argyll and Bute and its localities, NHS Highland and Scotland since 2020/21 (PHS, SMR01).

- As of 2022/23 the rate of unscheduled acute specialty bed days per 100,000 in Argyll and Bute was 89,816. It was higher than the Scottish average (77,178). In the Argyll and Bute localities it ranged from 76,744 (HL) to 116,313 (CB) (PHS, SMR01).
- The A&E attendance rate per 100,000 in Argyll and Bute generally increased over the last years with a noticeable drop in 2020/21, that is likely due to the Covid-19 pandemic. The rate in Scotland returned mostly to pre-pandemic levels. The rate in MAKI showed a steep increase since 2020/21 while the rate in the other Argyll and Bute localities followed the council area trend (PHS, A&E Datamart).
- As of 2022/23 the A&E attendance rate per 100,000 in Argyll and Bute was 23,989. It was higher than the Scottish average (26,382). In the Argyll and Bute localities it ranged from 8,444 (CB) to 36,345 (OLI) (PHS, A&E Datamart).
- The emergency readmission rate at 28 days per 1,000 discharges in Argyll and Bute, NHS Highland and Scotland stayed generally stable over the most recently available years with a small peak in 2020/21. This peak was visible in rates on OLI and HL level as well (PHS, SMR01).
- As of 2022/23 the rate of delayed discharges among 65 years old and above per 100,000 in Argyll and Bute was 44,141. It was lower than the Scottish average (50,362). In the Argyll and Bute localities it ranged from 26,969 (HL) to 60,080 (CB) (PHS, Delayed Discharges).
- As of 2022/23 the potentially preventable admission rate per 100,000 in Argyll and Bute was 1,476. It was lower than the Scottish average (1,638). In the Argyll and Bute localities it ranged from 1,285 (H&L) to 1,619 (OLI) (PHS, SMR01).
- As of 2022/23 the rate of unscheduled mental health speciality bed days per 100,000 in Argyll and Bute was 10,888. It was lower than the Scottish average (18,735). In the Argyll and Bute localities it ranged from 9,724 (MAKI) to 12,555 (OLI) (PHS, SMR04).

### **Current and future needs**

- In order to assess all needs of Argyll and Bute's residents relating to their waiting times on treatment, information on waiting times for services access in other health boards need to be acquired
- The higher rate of A&E attendances and unscheduled bed days in Argyll and Bute compared to the Scottish average might indicate a need for better preventive support.

## Existing Assets

- Lower rates in emergency admissions, potentially preventable admissions and unscheduled mental health speciality bed days than the Scottish average.

## Indicators

Indicators	Source/ Reference
Percentage of inpatients/ day cases on waiting list having waited 12 weeks or less from referral to treatment	PHS, Waiting Times Data Mart Annex A – Fig. 63 & Tab. 16
Median time waited (days) for completed waits for inpatients/ day cases	PHS, Waiting Times Data Mart
Percentage of outpatient who waited 12 weeks or less from referral to being seen	PHS, Waiting Times Data Mart Annex A – Fig.64 & Tab.16
Median time waited (days) for completed waits for outpatient	PHS, Waiting Times Data Mart
Percentage of referral to treatment (RTT) completed within 18 weeks	PHS, 18 weeks Referral to Treatment Annex A – Fig. 65
Percentage of patients starting Psychological Therapies in 18 weeks or less after referral	PHS, Psychological Therapies Waiting Times Annex A – Fig. 66
Percentage of patients starting treatment with CAMHS in 18 weeks or less after referral	PHS, Psychological Therapies Waiting Times Annex A – Fig. 67
Percentage of A&E patients not waiting longer than 4 hours from arrival to admission, discharge or transfer	PHS, accident and emergency
Emergency admission rate per 100,000	LIST Locality Profile, April 2024
Emergency admission rate per 100,000 by age group	LIST Locality Profile, April 2024
Rate of unscheduled acute specialty bed days per 100,000	LIST Locality Profile, April 2024
A&E attendances per 100,000 population	LIST Locality Profile, April 2024
Emergency readmission rate at 28 days per 1,000 discharges	LIST Locality Profile, April 2024

Delayed discharge bed days per 100,000 population aged over 65	LIST Locality Profile, April 2024
Potentially preventable emergency admissions per 100,000	LIST Locality Profile, April 2024
Rate of unscheduled mental health speciality bed days per 100,000	LIST Locality Profile, April 2024



## What do we know about health and social care workforce?

General practitioners (GP) are an important first point of contact in the health care system. Information on GPs are added from PHS National Primary Care Clinician Database. These information are limited. Further information on health board level is available through the General Practice Workforce Survey 2023. Due to a relatively low participation rate of 64.1% for NHS Highland, compared to the Scottish average of 80.7%, and general data quality concerns highlighted by NHS Education for Scotland around the current product, numbers from this survey are not included in this chapter.

- The number, as headcount, of all GPs overall stayed generally steady in Argyll and Bute over the last decade. The number of female GP has increased while the number of male GPs has decreased over time. A similar trend can be observed in Scotland overall (PHS, National Primary Care Clinician Database) (Fig. 68).
- As of 2022 of the 111 (headcount) GPs in Argyll and Bute 60 (54%) were female. Of the 5,209 GPs in Scotland 3,217 (62%) were female (PHS, National Primary Care Clinician Database).

The HSCP Argyll and Bute consists both of a workforce employed by NHS Highland and the Argyll and Bute council. Key workforce indicators are summarised in the workforce report. The last workforce report is from March 2024. More recent information on the NHS Highland workforce were accessed through the Headcount Dashboard, containing data directly from the electronic Employee Self Service (eESS).

- As of July 2024, the NHS staff in the departments A&B Children, Families & Justice, A&B Mental Health LD & Addiction Services, A&B Older Adults & Hospital Services, A&B Primary Care and Argyll and Bute Central was 1,624, which marked a 2% increase compared to 1,592 in July 2023. In that time the Whole Time Equivalent (WTE) rose from 1,284.27 to 1,319.63, which marks an increase of 2.8%.
- As of the end of March 2024 the headcount for the HSCP A&B council workforce was 796, which was a 1.8% increase from 782 in September 2023.

### Age profile

- As of July 2024, 37 (2.3%) of the 1,624 NHS Highland staff members in Argyll and Bute were under 25 years of age, 830 (51.1%) were 50 years or older, 302 (18.6%) 60 years or older and 75 (4.6%) 65 years and older.

- As of the end of March 2024, 33 (4 %) of the 796 HSCP A&B council staff members were 25 years of age or younger, 386 (49%) were 50-64 years of age and 36 (5%) were 65 years of age or older.

### **Sex distribution**

- As of July 2024, 85% of the NHS Highland workforce in Argyll and Bute was female.
- As of the end of March 2024, 84% of the HSCP A&B council workforce was female.

### **Contract type**

- As of July 2024, 97% of contracts with NHS Highland in Argyll and Bute were permanent, which had been consistent since December 2022.
- As of the end of March 2024, 95% of the HSCP A&B council workforce had a permanent contract.
- As of July 2024, 48.7% of the NHS Highland workforce worked part time, which was a 0.9% increase since July 2023.
- As of the end of March 2024, 51.3% of the HSCP A&B council workforce worked part time, which was a 1.8% decrease since July 2023.

### **Time to fill vacancies**

Time to fill vacancies is the count of time between a post added to the recruitment system and the start date of the candidate. The fill period is therefore reliant on timely and accurate data input.

- As of March 2024, the time for the HSCP A&B council workforce was 61 days and for the NHS posts 199 days. Reasons for the difference can be due to the notice period for a post, as well as professional positions and higher bands being correlated with longer time to fill. The average board time to fill a vacancy was 135 days.
- As of March 2024, there were 194 NHS vacancies for the HSCP A&B with the majority (49%) being in Nursing and Midwifery. At the same time there were 29 council vacancies for the HSCP.

### **Absence due to sickness**

- In February 2024, the mean sickness absence rate in percentage for the NHS HSCP A&B workforce was 5.54%, which was at a comparable level to February 2023 (5.3%). It was lower than the NHS Highland average of 6.51% and the NHS Scotland

average of 6.45%. The national target for NHS Scotland for sickness absence rates is 4% or less.

- In the period of February 2023 to February 2024 the mean sickness absence rates for the NHS HSCP A&B workforce were lowest in August and September (4.4% each) and highest in January (6.7%). It was higher every month than the national NHS target for sickness absence rates of 4%.
- The days lost due to sickness per full time equivalent for the council HSCP workforce was 2.22 in March 2024, which was comparable to the level in March 2023 (2.51). In the period of March 2023 to March 2024 it was lowest in October (1.58).
- The most common reason for sickness absence among the NHS workforce for the 12-month period from March 2023 to March 2024 was unknown/ unspecified (29.17%), followed by influenza symptoms including cold, cough or flu (15.16%) and gastro-intestinal problems (14.13%). Psychiatric illnesses like anxiety, stress, depression or others were the fourth most common reason for sickness absences (7%). Covid-related illnesses were responsible for 4.81% of sickness absences.
- The most common reason for sickness absence among the HSCP council workforce in the quarter January to March 2024 for both long and short term was stress, depression, mental health and fatigue.

### Current and future needs

- A need to protect the HSCP workforce against stress and fatigue related mental ill health and support those experiencing burnout. With high number of vacancies especially in NHS nursing positions, high sickness absence rates can put additional stress on the workforce. This is especially true in winter months.

### Existing assets

- The HSCP has a high rate of workforce on permanent contracts both employed with the council and the NHS.

### Indicators

Indicators	Source
Number (headcount) of GPs by sex over time	PHS, National Primary Care Clinician Database Annex A – Fig.68

A&B HSCP Headcount of workforce	NHS Highland, Workforce Planning, Headcount Report Argyll and Bute IJB, Workforce Report, March 2024 Argyll and Bute IJB, Workforce Report, September 2023
A&B HSCP NHS workforce number of WTE	NHS Highland, Workforce Planning, Headcount Report
A&B HSCP staff by age group	NHS Highland, Workforce Planning, Headcount Report Argyll and Bute IJB, Workforce Report, March 2024
A&B HSCP staff by sex	NHS Highland, Workforce Planning, Headcount Report Argyll and Bute IJB, Workforce Report, March 2024
A&B HSCP staff by contract type	NHS Highland, Workforce Planning, Headcount Report Argyll and Bute IJB, Workforce Report, March 2024
Time to fill vacancies for A&B HSCP staff in days	Argyll and Bute IJB, Workforce Report, March 2024
A&B HSCP vacancies by job type	Argyll and Bute IJB, Workforce Report, March 2024
Sickness absence rate for NHS HSCP A&B	Argyll and Bute IJB, Workforce Report, March 2024
Days lost due to sickness for A&B HSCP staff	Argyll and Bute IJB, Workforce Report, March 2024
Reason for sickness absence for A&B HSCP staff	Argyll and Bute IJB, Workforce Report, March 2024

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## Annex A

### What do we know about the composition of our population?

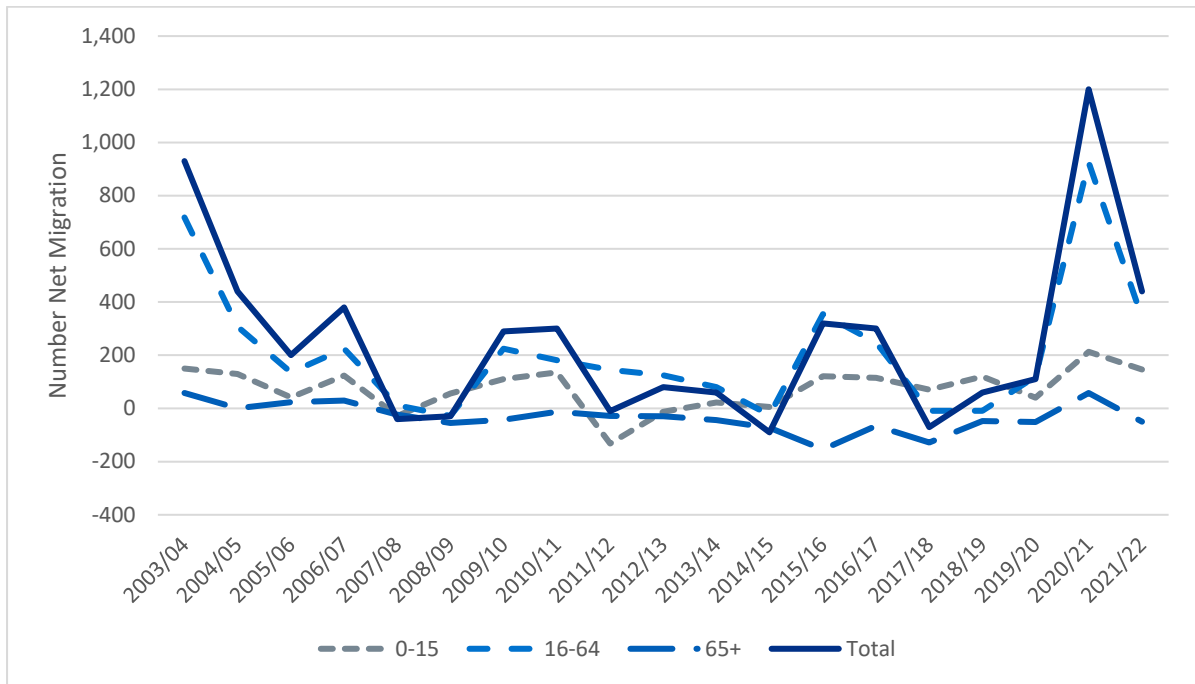
Table 1 Argyll and Bute Island Population as by census 2011 and 2022

Island	2011	2022	Percentage change 2011-2022
Bute	6,498	6,047	-7
Coll	195	176	-10
Colonsay	124	117	-6
Easdale	59	61	3
Gigha	163	187	15
Iona	177	178	1
Islay	3,228	3,180	-1
Jura	196	258	32
Kerrera	34	61	79
Lismore	192	190	-1
Luing	195	178	-9
Mull	2,800	3,063	9
Seil	551	580	5
Tiree	653	700	7
Total	15,065	14,976	-1

Source: Island population, census 2011 & census 2022, Islands with a population >25 included.

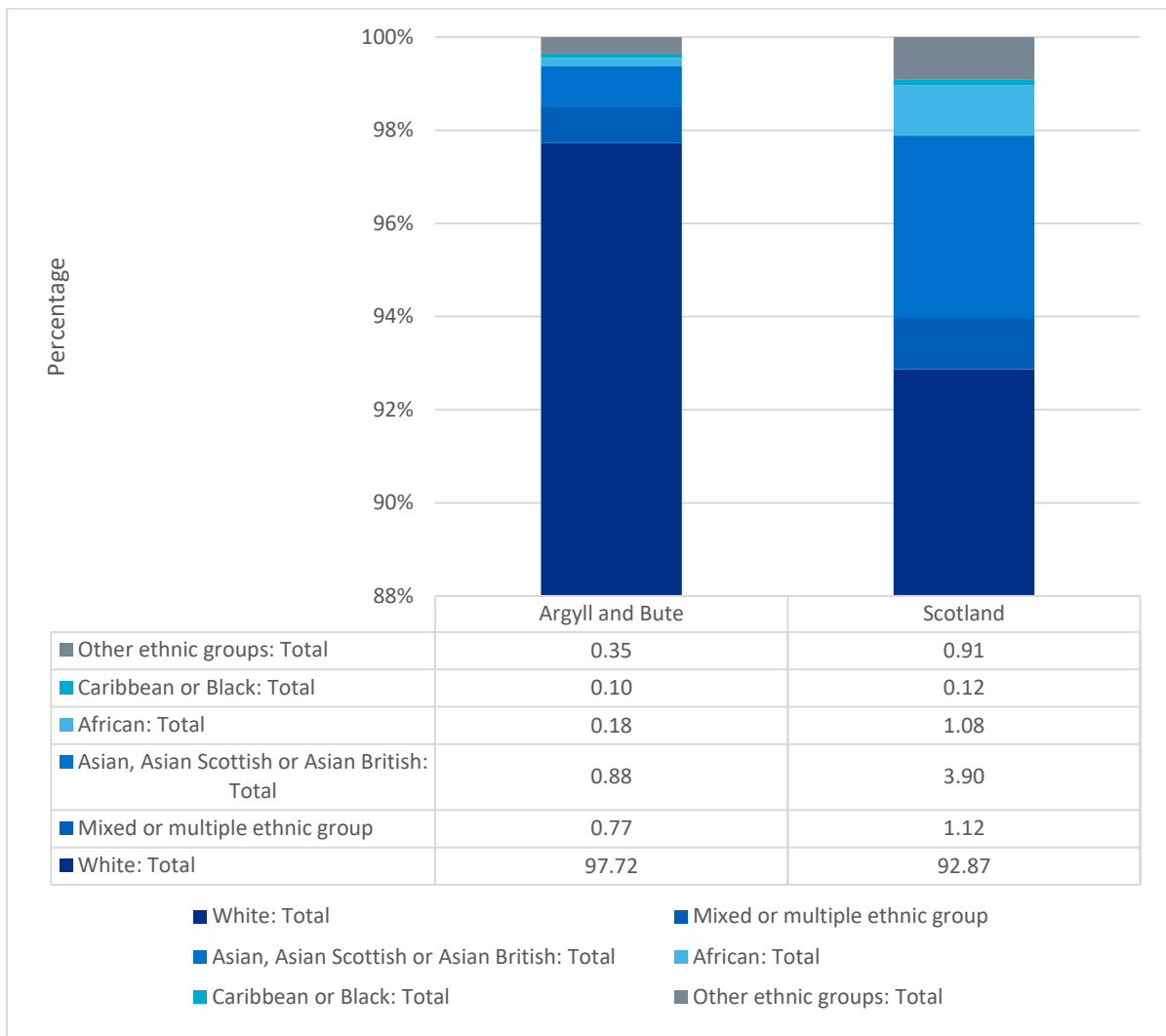


**Figure 1 Net migration as number by age group, Argyll and Bute, 2003/04 to 2021/22**



Source: NRS, Local Area Migration

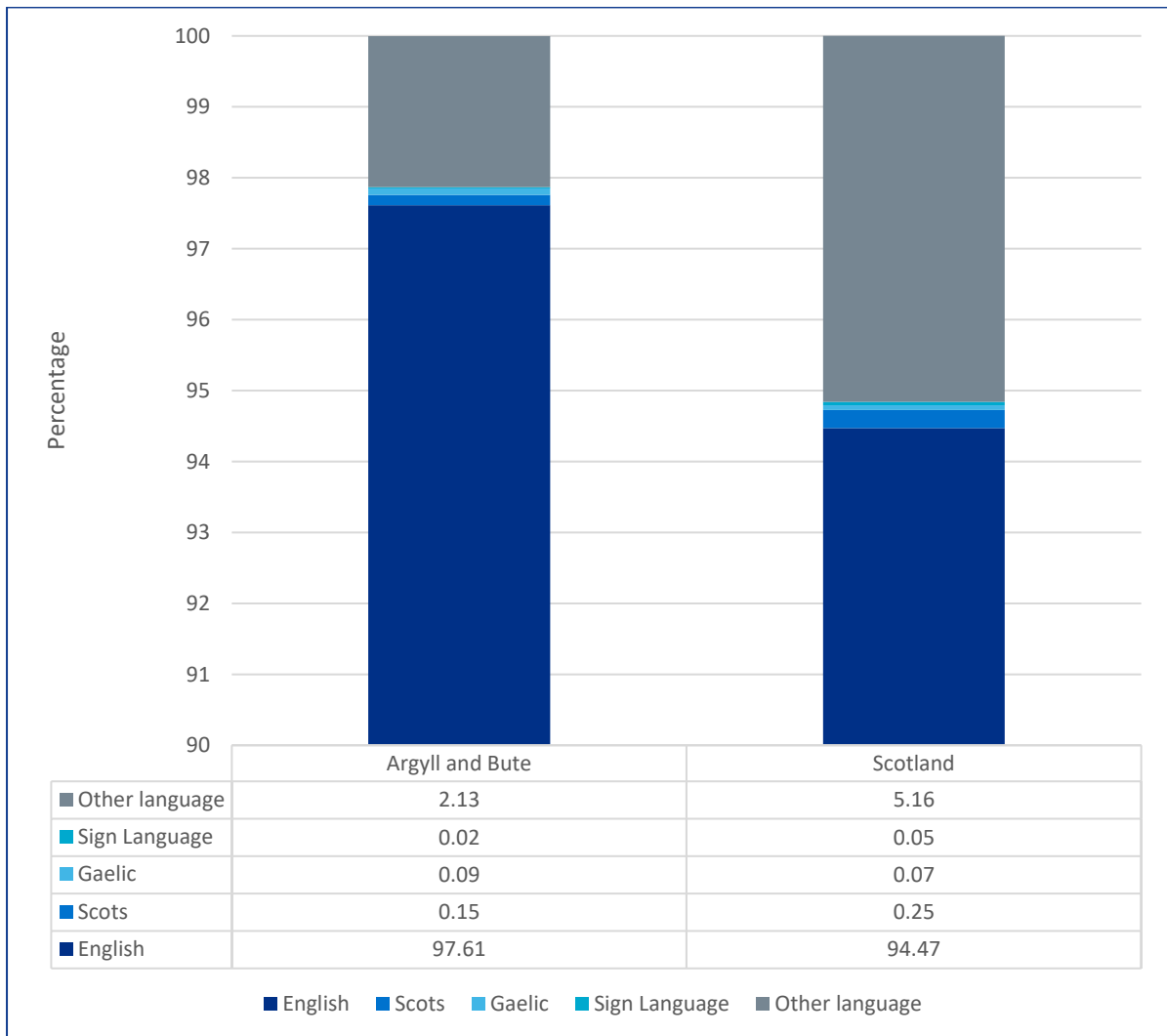
**Figure 2 Percentage of population by ethnic group, Argyll and Bute and Scotland, 2022**



**Source: Scottish Census 2022 - UV201 Ethnic group**

The y-axis does not start at 0.

**Figure 3 Percentage of population over 3 years of age by main language, Argyll and Bute and Scotland, 2022**

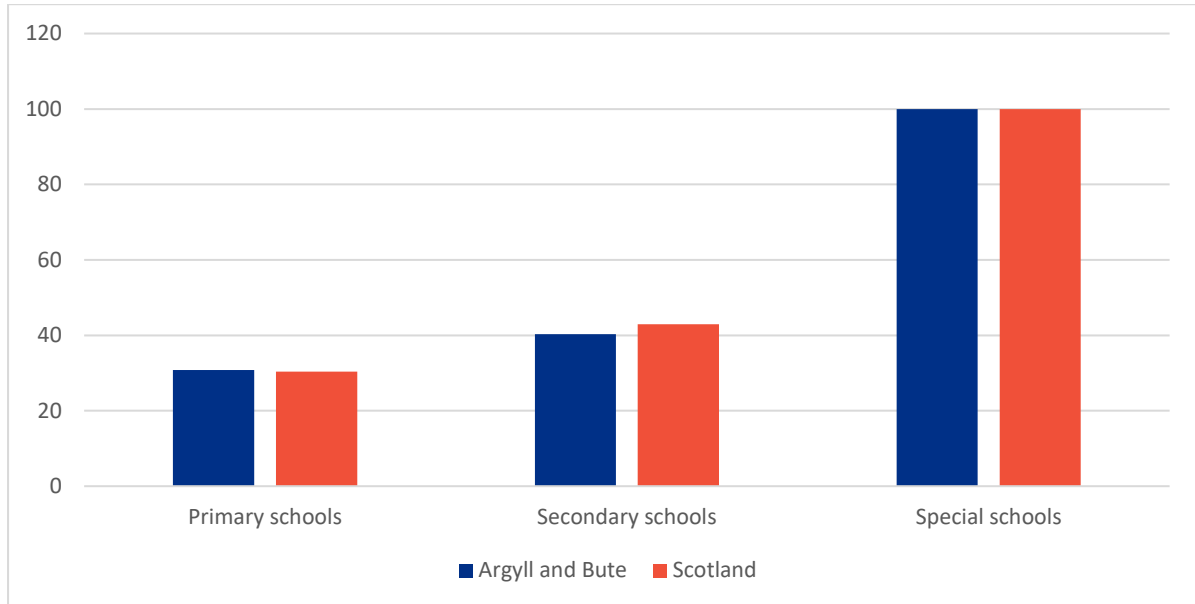


**Source: Census 2022, Table UV212 - Main language**

The y axis does not start at 0.

## What do we know about the health and wellbeing of our children and young people?

**Figure 4 Percentage of pupils with Additional Support Needs (ASN) by school form, Argyll and Bute, 2023**



Source: Pupil census 2023

**Table 2 Number and Percentage of pupils by Additional Support Need (ASN) status and reason for ASN by School type, Argyll and Bute, 2023**

Pupils	Primary school				Secondary school				Special school			
	Argyll and Bute		Scotland		Argyll and Bute		Scotland		Argyll and Bute		Scotland	
	Nr.	%	Nr.	%	Nr.	%	Nr.	%	Nr.	%	Nr.	%
Number of pupils	5,267		384,72		4,600		313,06		45		7,742	
			5				1					
Number of pupils with ASN	1,624	30.8	116,92	30.4	1,853	40.3	134,37	42.9	45	100.0	7,742	100.0
			3				1					
Number of pupils with ASN for whom reason for support is reported	1,614	99.4	116,85	99.9	1,853	100.0	134,30	100.0	45	100.0	7,740	100.0
			8				7					
<b>Reasons for support</b>												
Autistic spectrum disorder	174	10.8	11,739	10.0	223	12.0	14,554	10.8	29	64.4	3,886	50.2
Bereavement	21	1.3	1,848	1.6	29	1.6	3,571	2.7	0	0.0	49	0.6
Communication Support Needs	90	5.6	7,235	6.2	96	5.2	3,777	2.8	9	20.0	2,841	36.7
Deafblind	0	0.0	26	0.0	c		25	0.0	0	0.0	22	0.3
Dyslexia	82	5.1	7,205	6.2	330	17.8	23,508	17.5	0	0.0	139	1.8

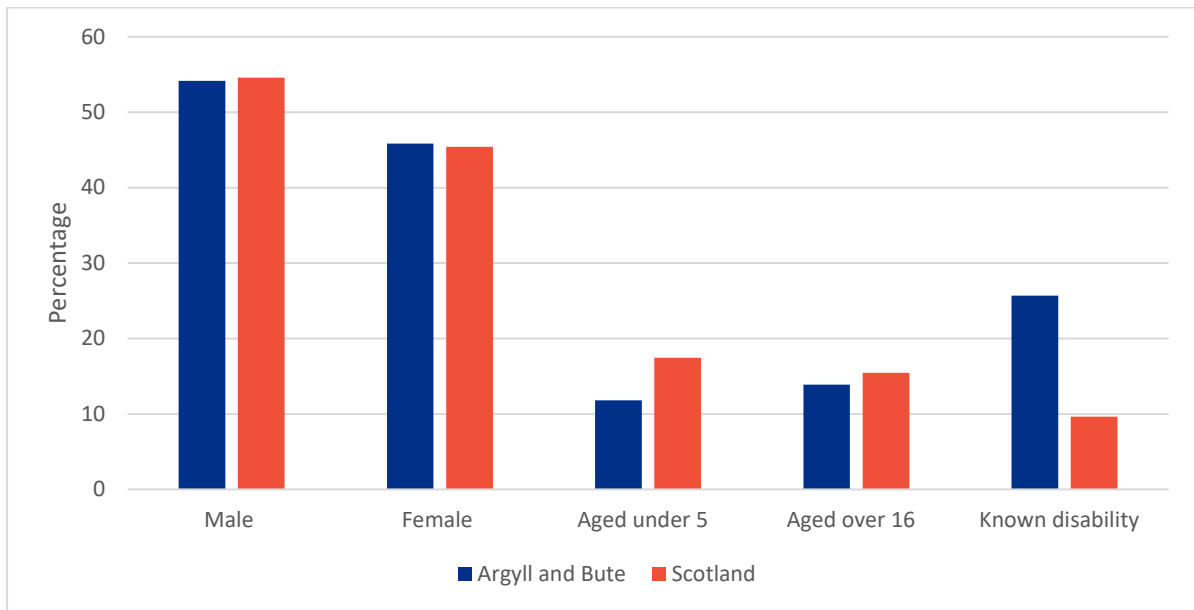
English as an additional language	106	6.6	28,664	24.5	82	4.4	22,912	17.1	0	0.0	418	5.4
Family Issues	166	10.3	11,927	10.2	150	8.1	13,851	10.3	c		465	6.0
Hearing impairment	41	2.5	1,454	1.2	54	2.9	2,021	1.5	c		372	4.8
Interrupted learning	22	1.4	2,862	2.4	43	2.3	7,922	5.9	0	0.0	225	2.9
Language or speech disorder	201	12.5	11,214	9.6	90	4.9	5,996	4.5	13	28.9	2,387	30.8
Learning disability	83	5.1	3,255	2.8	73	3.9	3,851	2.9	18	40.0	4,546	58.7
Children with care experience (also referred to as <i>Looked after</i> )	86	5.3	3,743	3.2	96	5.2	5,080	3.8	c		335	4.3
Mental health problem	14	0.9	1,412	1.2	97	5.2	9,241	6.9	c		231	3.0
More able pupil	16	1.0	1,046	0.9	46	2.5	1,838	1.4	0	0.0	c	
Not disclosed/ declared	10	0.6	126	0.1	0	0.0	150	0.1	0	0.0	12	0.2
Other	137	8.5	12,707	10.9	43	2.3	12,211	9.1	c		735	9.5
Other moderate learning difficulty	181	11.2	14,876	12.7	195	10.5	15,651	11.7	c	c	897	11.6

Other specific learning difficulty (e.g. numeric)	154	9.5	10,710	9.2	258	13.9	15,853	11.8	c	c	639	8.3
Physical health problem	114	7.1	6,615	5.7	149	8.0	9,798	7.3	c		1,125	14.5
Physical or motor impairment	105	6.5	2,776	2.4	130	7.0	4,115	3.1	8	17.8	1,403	18.1
Risk of Exclusion	0	0.0	377	0.3	14	0.8	1,495	1.1	0	0.0	79	1.0
Social, emotional and behavioural difficulty	451	27.9	27,218	23.3	580	31.3	33,709	25.1	c		2,151	27.8
Substance Misuse	c		213	0.2	c		406	0.3	0	0.0	28	0.4
Visual impairment	30	1.9	1,664	1.4	49	2.6	2,608	1.9	c		741	9.6
Young Carer	232	14.4	1,882	1.6	329	17.8	4,666	3.5	c		20	0.3

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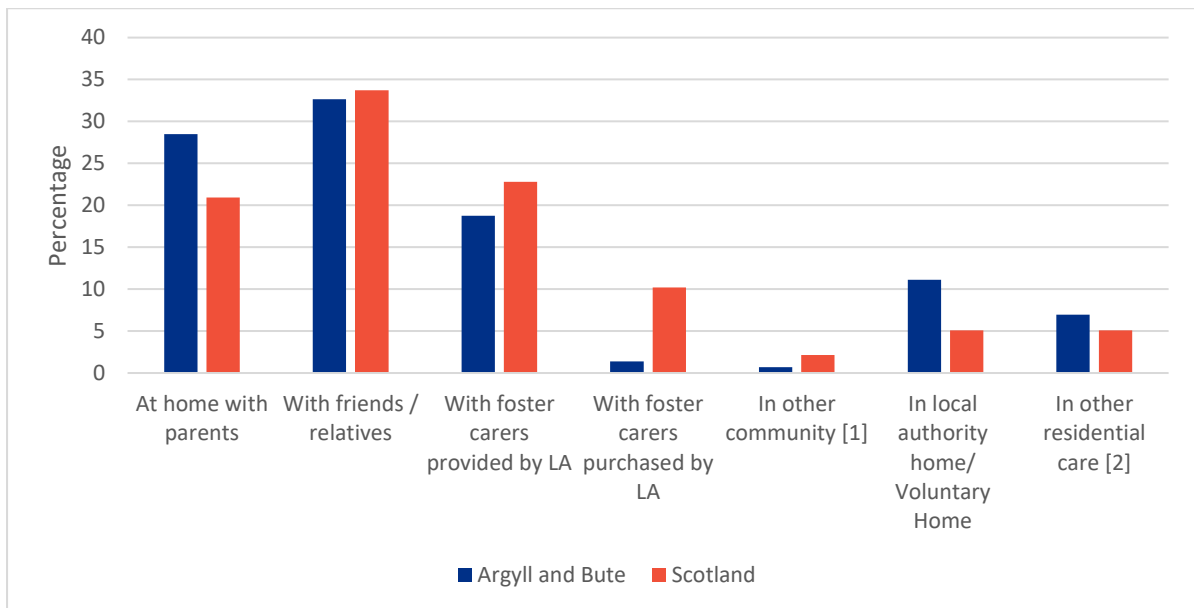
Source: Pupil census 2023

**Figure 5 Percentage of children with care experience by demographic characteristics, Argyll and Bute and Scotland, July 2022**



Source: Children Social Work statistics 2021/22

**Figure 6 Percentage of children with care experience by placement type, Argyll and Bute and Scotland, July 2022**



Source: Children Social Work statistics 2021/22

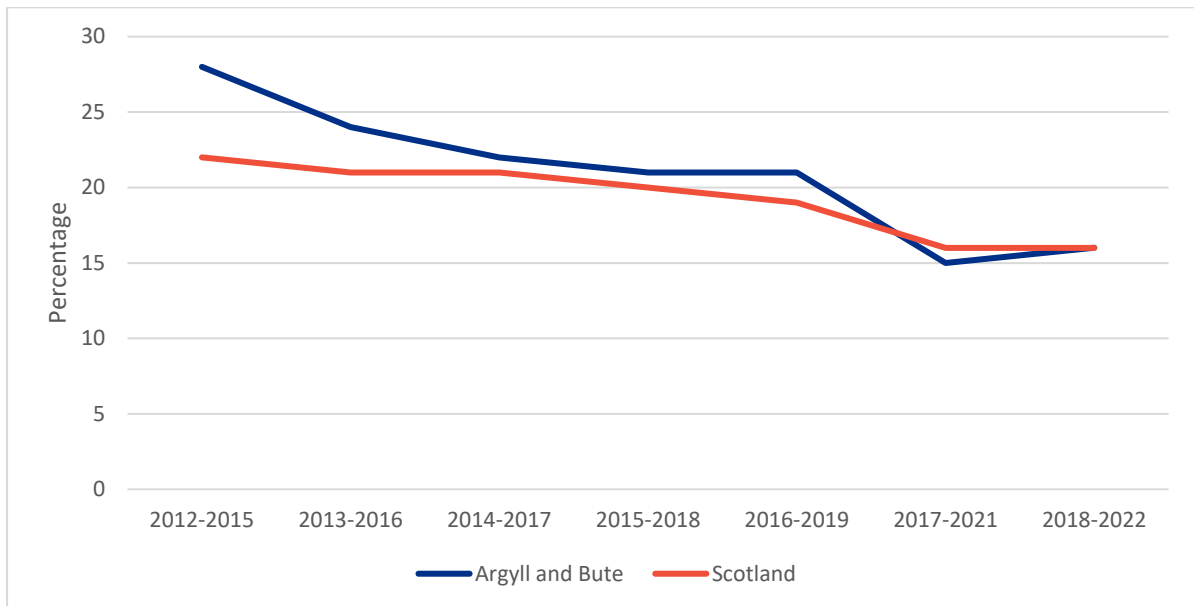
[1] Includes with prospective adopters.

[2] Includes crisis care, secure accommodation and residential school.



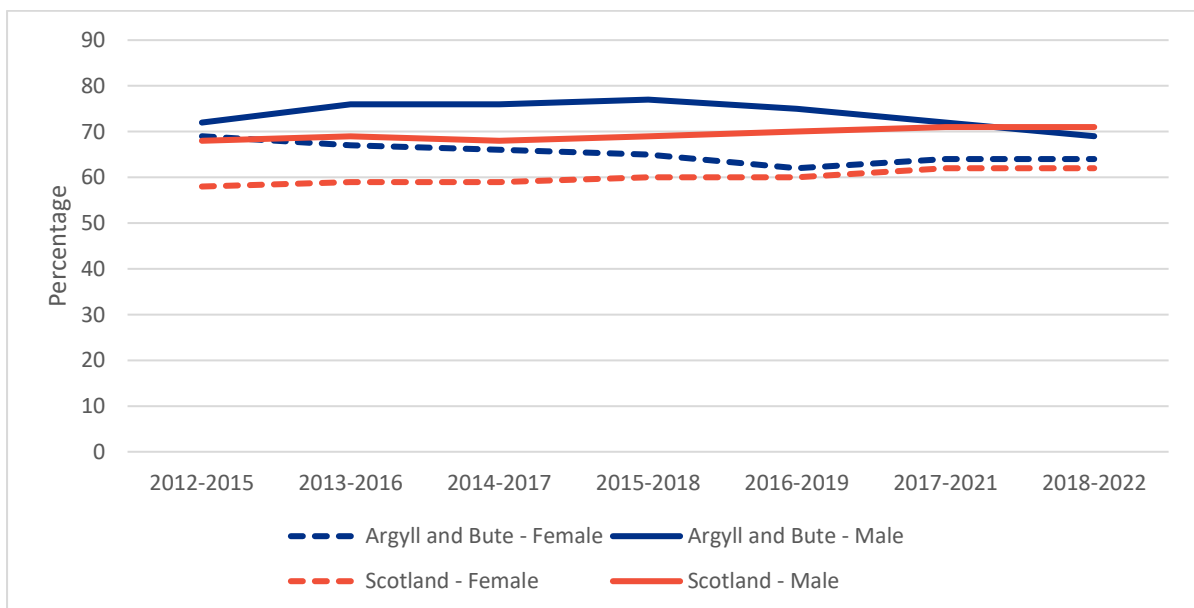
## What do we know about the health and wellbeing of our adult population?

**Figure 7 Percentage of current smoker, Argyll and Bute and Scotland, 2012-2015 – 2018-2022**



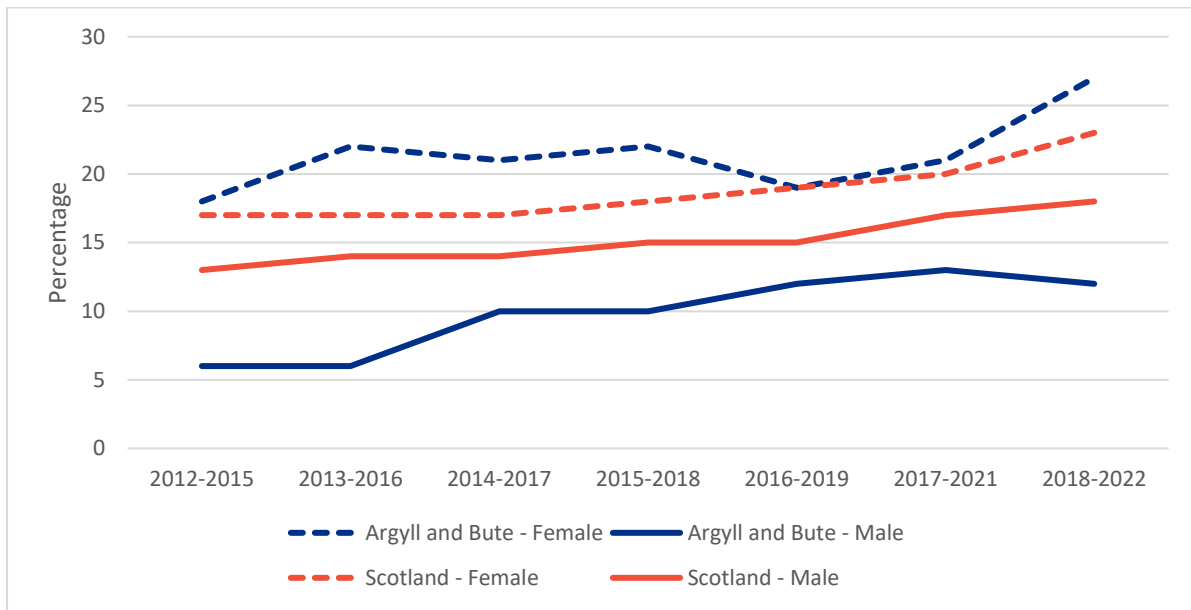
Source: Scottish Health Survey

**Figure 8 Percentage of adults meeting Moderate and Vigorous Physical Activity (MVPA) recommendation for physical activity by sex, Argyll and Bute and Scotland, 2012-2015 – 2018-2022**



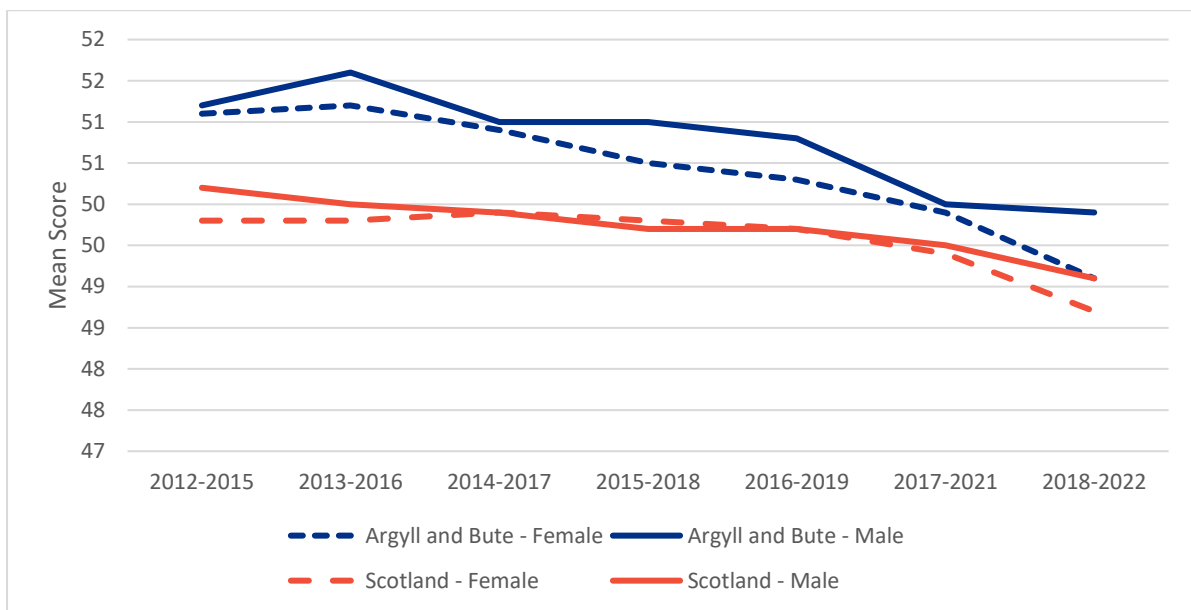
Source: Scottish Health Survey

**Figure 9 Percentage of Scottish Health Survey participants aged 13 and older with a General Health Questionnaire(GHQ-12) score 4+, Argyll and Bute and Scotland, 2012-2015 – 2018-2022**



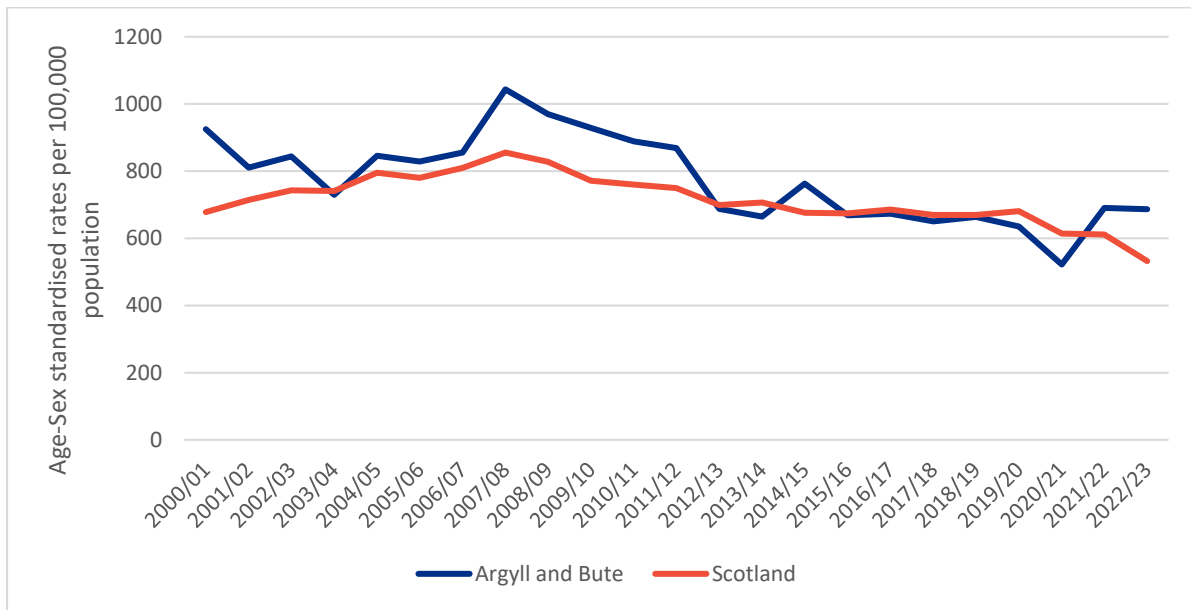
Source: Scottish Health Survey

**Figure 10 Mean Score of Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) among Scottish health Survey, Argyll and Bute and Scotland, 2012-2015 – 2018-2022**



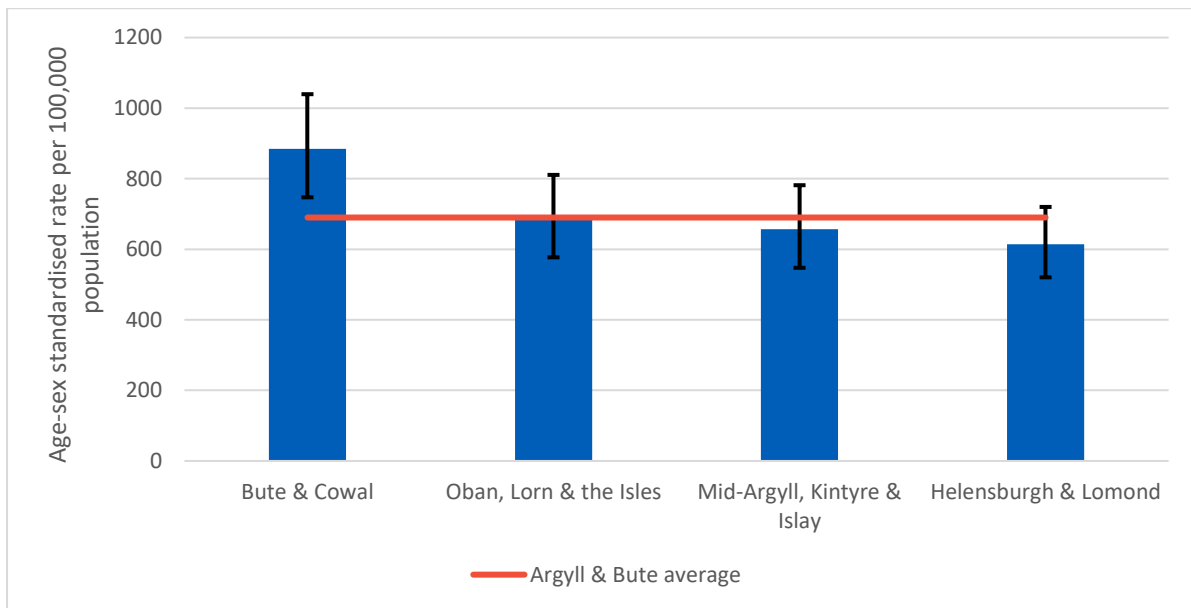
Source: Scottish Health Survey

**Figure 11 Alcohol-related age-sex standardised hospital admissions rate per 100,000, Argyll and Bute and Scotland, 2000/01 – 2022/23**



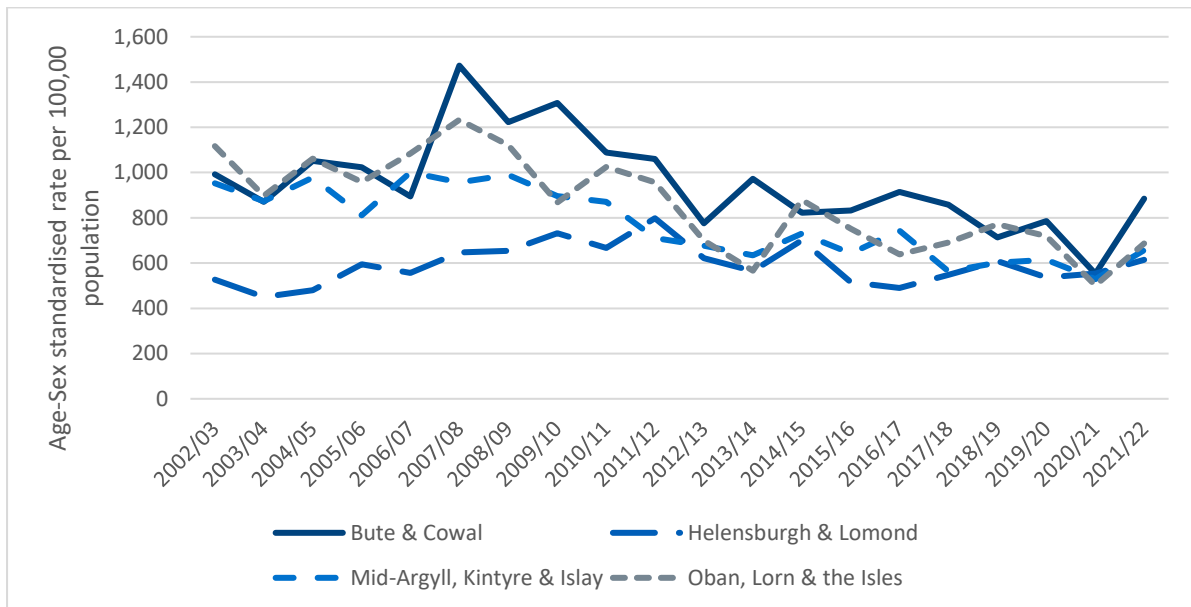
Source: Public Health Scotland (SMR01)

**Figure 12 Alcohol-related age-sex standardised hospital admissions rate per 100,000 by locality compared against the Argyll and Bute average, 2021/22**



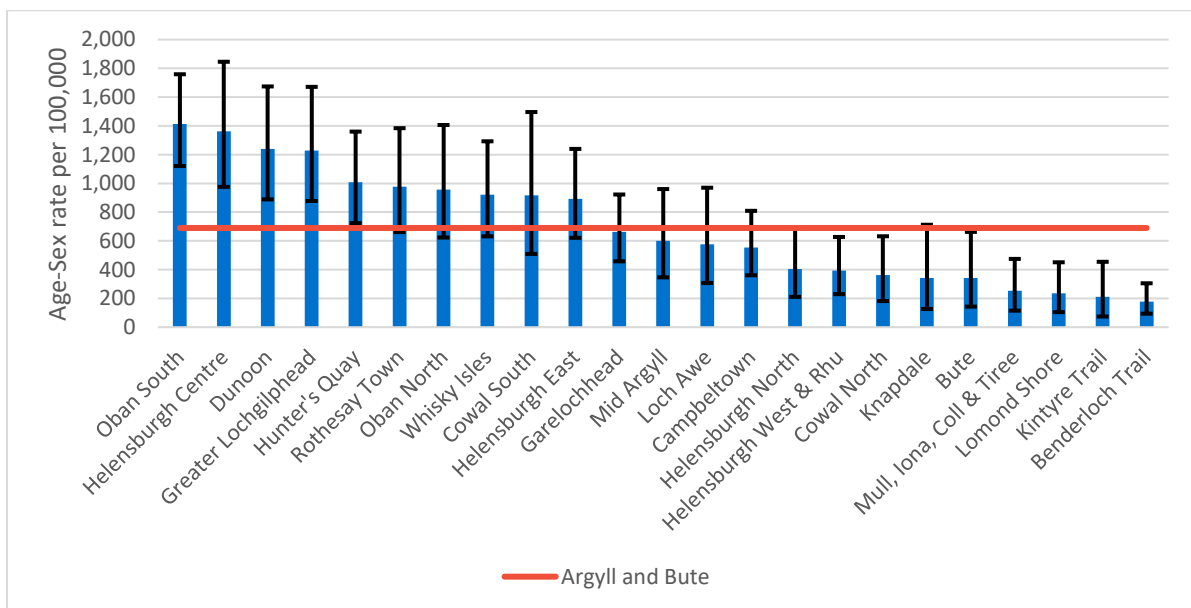
Source: Public Health Scotland (SMR01)

**Figure 13 Alcohol-related age-sex standardised rate of hospital admissions by 100,000 by locality, 2002/03 – 2021/22**



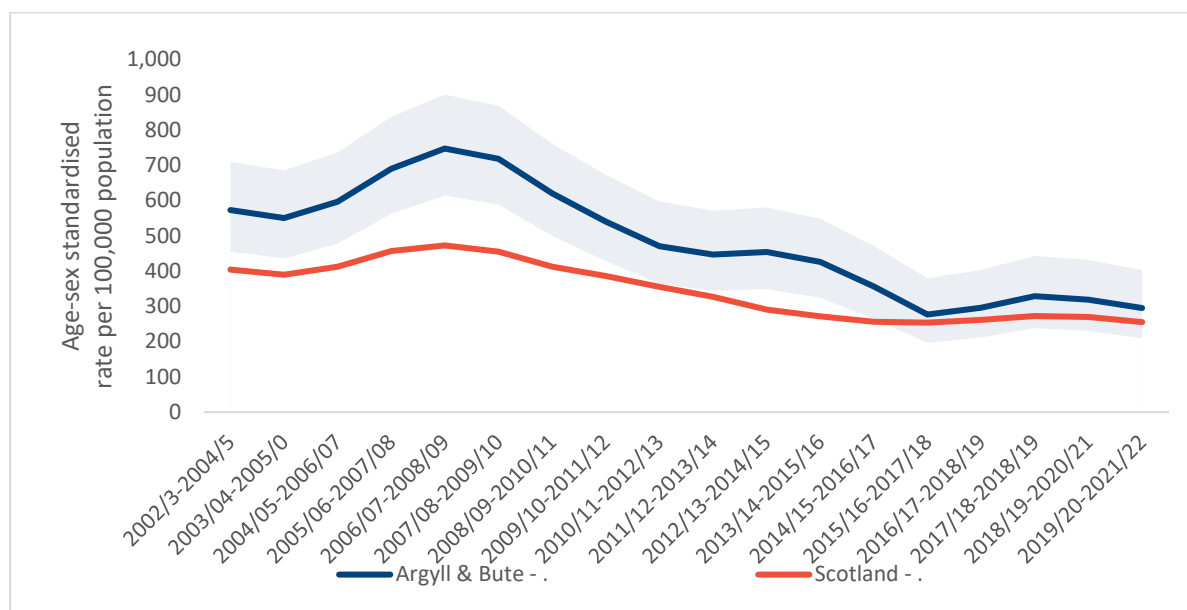
Source: Public Health Scotland (SMR01)

**Figure 14 Alcohol-related age-sex standardised hospital admissions rate per 100,000 by intermediate zone, compared against the Argyll and Bute average, 2021/22**



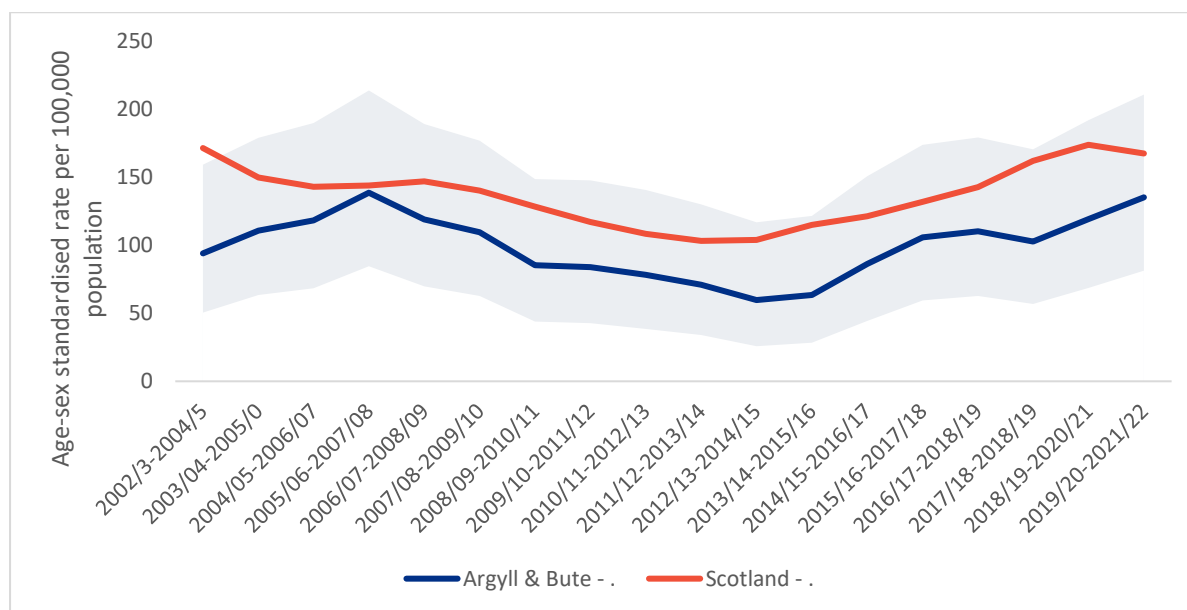
Source: Public Health Scotland (SMR01)

**Figure 15 Alcohol-related age-sex standardised hospital admissions rate per 100,000 for population aged 11-25 years, Argyll and Bute and Scotland, 2002/03-2004/05 – 2019/20-2021/22**



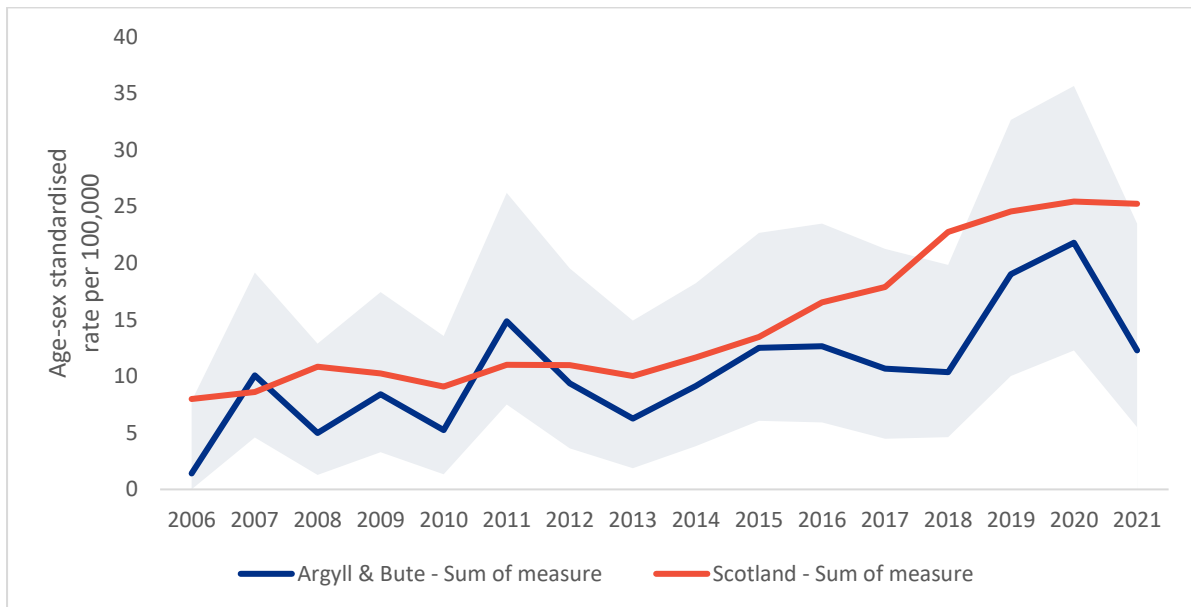
Source: Public Health Scotland (SMR01), 95% confidence interval illustrated for Argyll and Bute

**Figure 16 Age-Sex standardised drug-related hospital admission rate per 100,000 for population aged 11-25 years, Argyll and Bute and Scotland, 2002/03-2004/05 – 2019/20-2021/22**



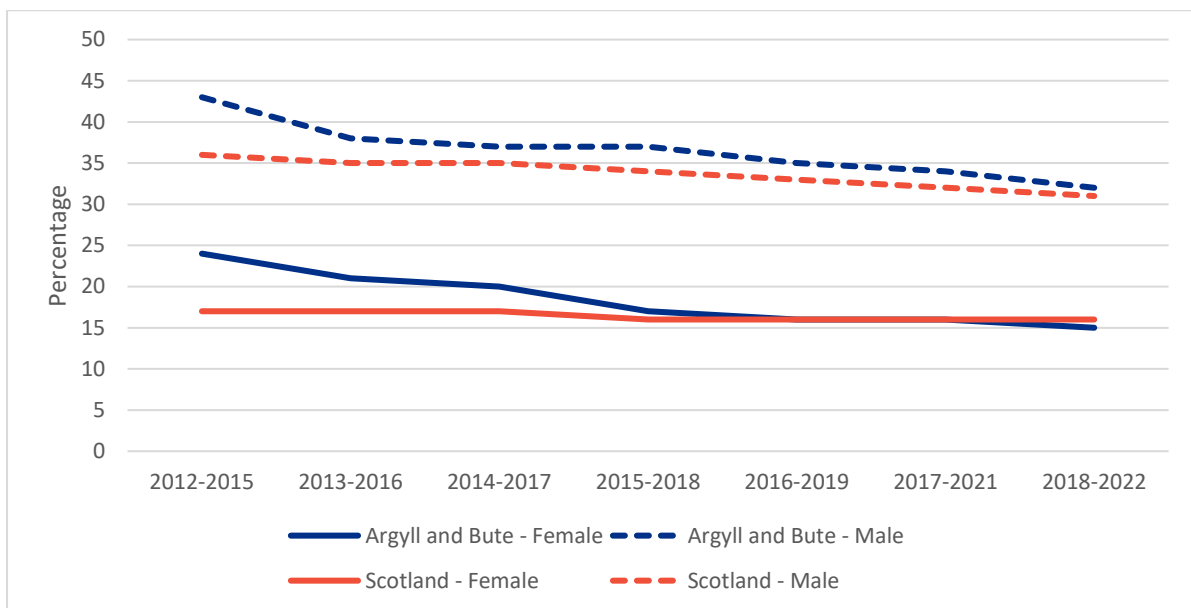
Source: Public Health Scotland (SMR01), 95% confidence interval illustrated for Argyll and Bute

**Figure 17 Age-sex standardised drug-related death rate per 100,000 population, Argyll and Bute and Scotland, 2006 - 2021**



Source: National Records of Scotland (NRS), 95% confidence interval illustrated for Argyll and Bute

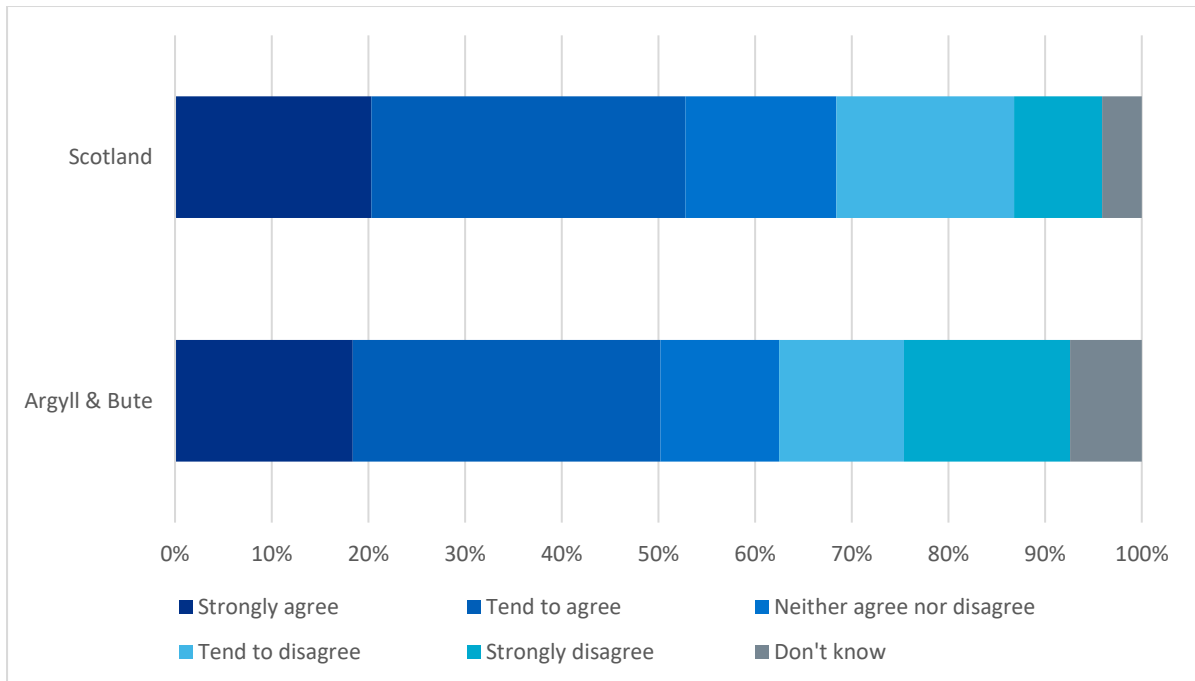
**Figure 18 Percentage of adults consuming hazardous/ harmful amounts of alcohol, Argyll and Bute and Scotland, 2012-2015 – 2018-2022**



Source: Scottish Health Survey, 2022

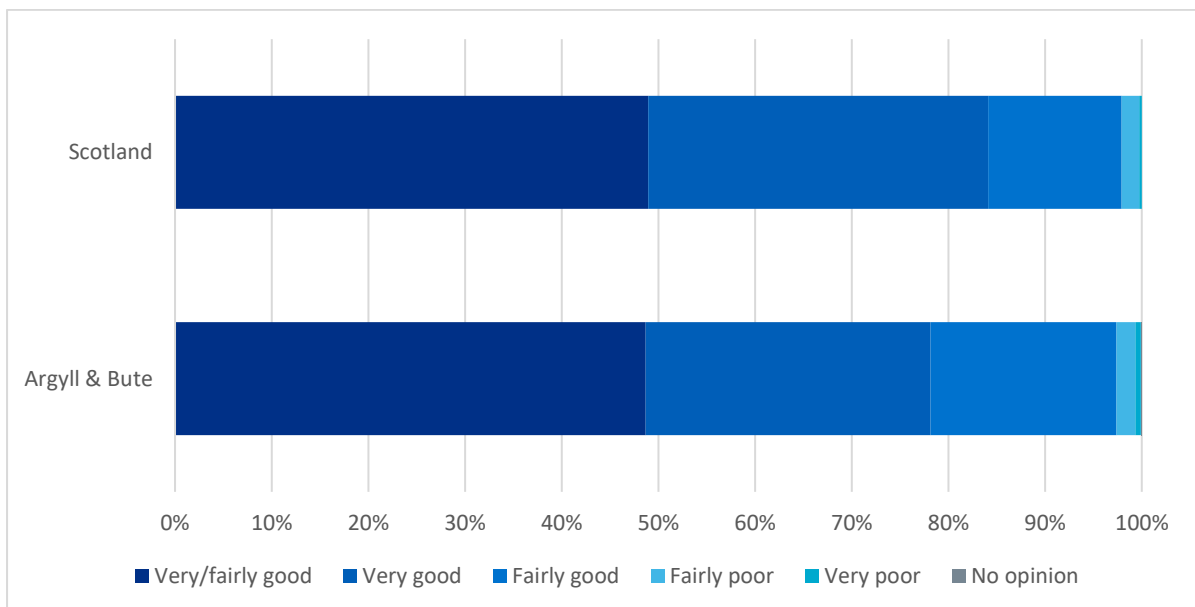
## What do we know about the life circumstances of our population?

**Figure 19 Rating of welcoming places and opportunities to meet new people by answer category, Argyll and Bute and Scotland, 2022**



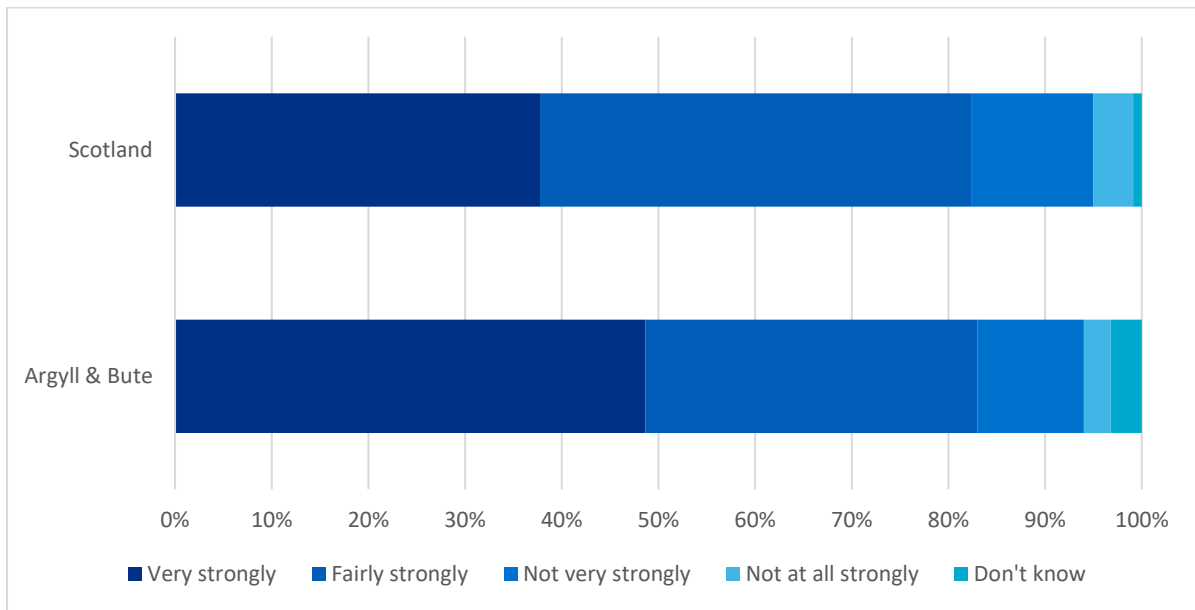
Source: Scottish Household Survey, 2022

**Figure 20 Rating of neighbourhood as a place to live by answer category, Argyll and Bute and Scotland, 2022**



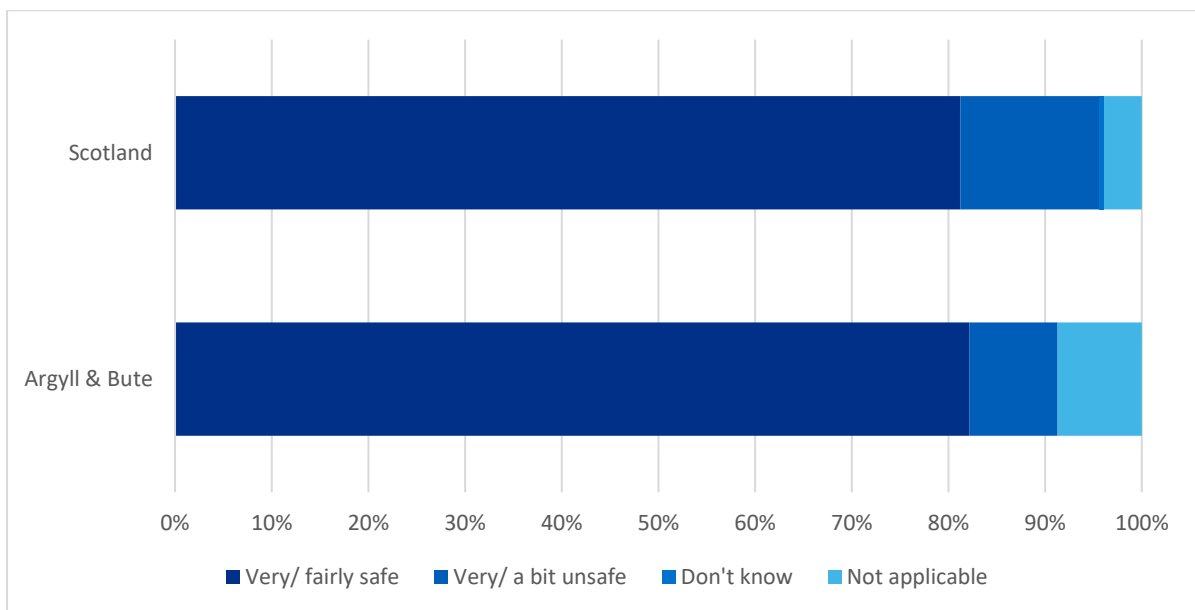
Source: Scottish Household Survey, 2022

**Figure 21 Rating of strength of feeling of belonging to community by answer category, Argyll and Bute and Scotland, 2022**



Source: Scottish Household Survey, 2022

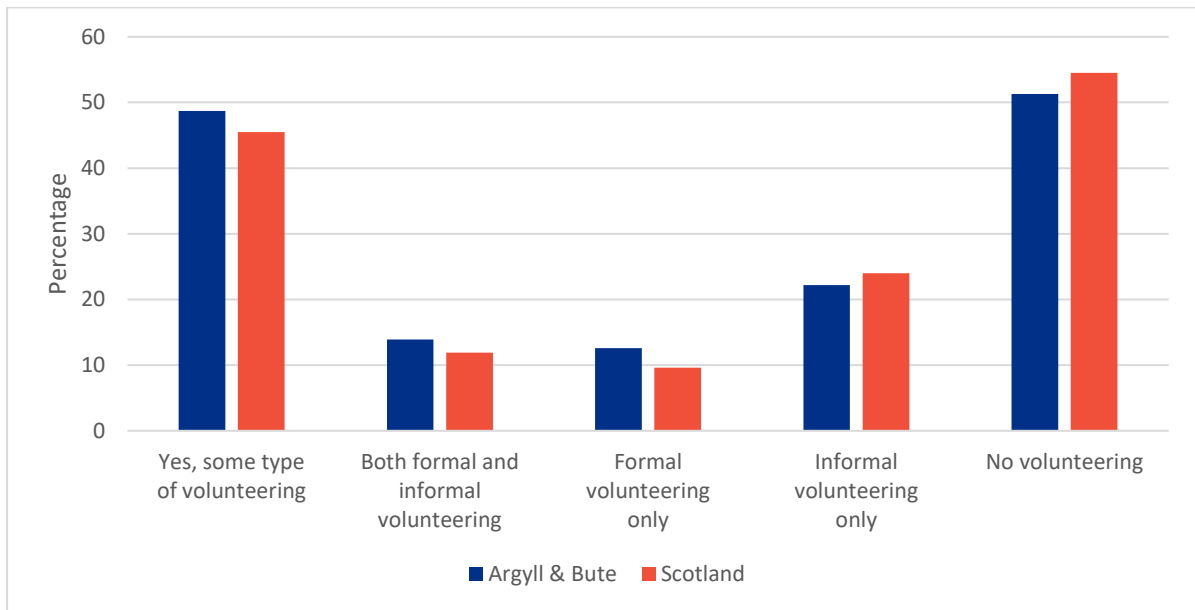
**Figure 22 Rating of perceptions of safety when walking alone in their neighbourhood after dark, Argyll and Bute and Scotland, 2022**



Source: Scottish Household Survey, 2022



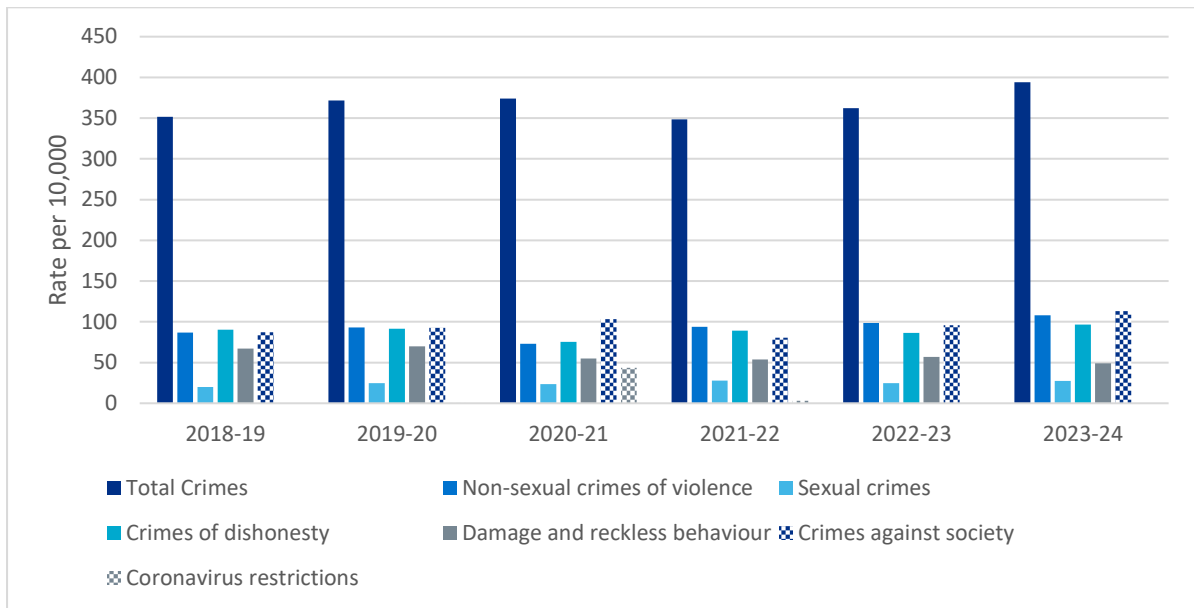
**Figure 23 Percentage of Scottish Household Survey participants with volunteering experience in the last 12 months by answer category, Argyll and Bute and Scotland, 2022**



Source: Scottish Household Survey, 2022

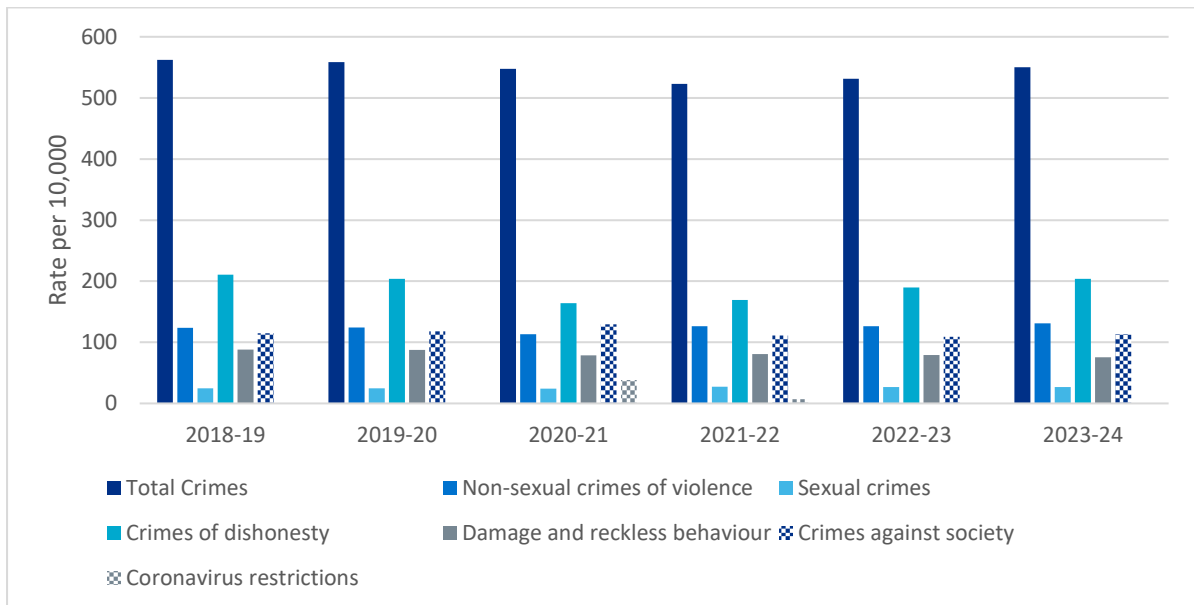
## What do we know about Community Justice in Argyll and Bute?

**Figure 24 Rate of crime recorded by the police per 10,000, Argyll and Bute, 2018/19 - 2023/24**



Source: Recorded Crime – 2023/24, Scottish Government

**Figure 25 Rate of crime recorded by the police per 10,000, Scotland, 2018/19 - 2023/24**



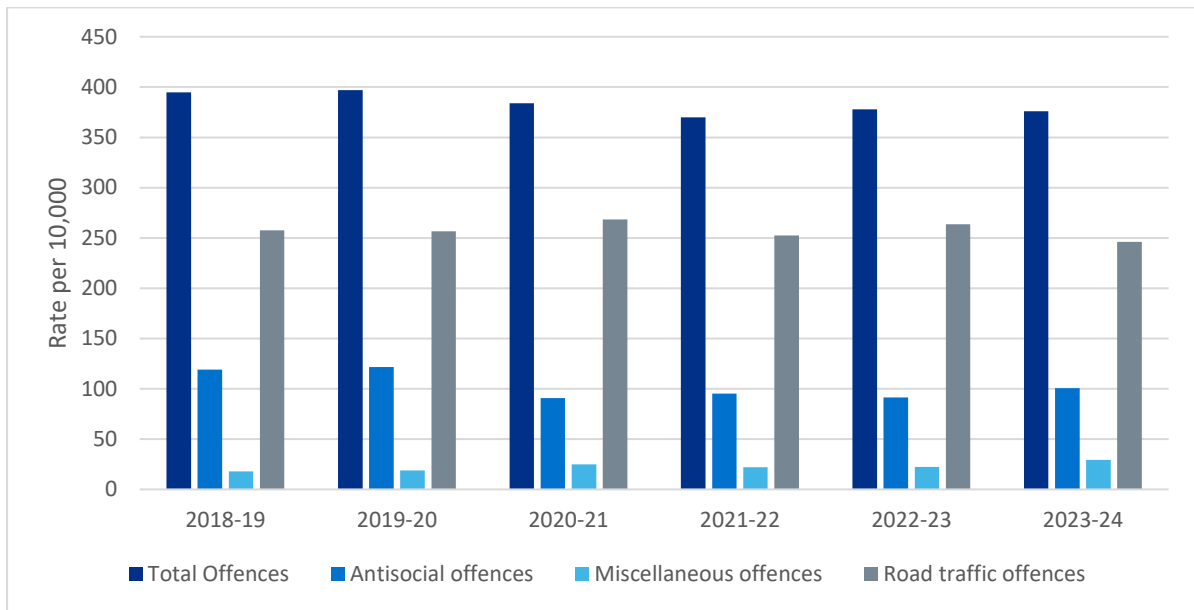
Source: Recorded Crime – 2023/24, Scottish Government

**Table 3 Number and rate per 10,000 of crimes recorded by the police, Argyll and Bute and Scotland, 2022/23 – 2023/24**

Crime Group	Argyll and Bute					Scotland				
	Number		Rate per 10,000			Number		Rate per 10,000		
	2022/23	2023/24	2022/23	2023/24	Percentual Change	2022/23	2023/24	2022/23	2023/24	Percentual Change
Non-sexual crimes of violence	866	950	98	108	10.2	68,870	71,463	126	131	4.0
Sexual crimes	217	240	25	27	8.0	14,602	14,484	27	27	0.0
Crimes of dishonesty	759	850	86	97	12.8	103,393	111,054	190	204	7.4
Damage and reckless behaviour	501	431	57	49	-14.0	43,123	41,129	79	75	-5.1
Crimes against society	843	993	96	113	17.7	59,374	61,650	109	113	3.7
<b>Total</b>	<b>3,186</b>	<b>3,464</b>	<b>362</b>	<b>394</b>	<b>8.8</b>	<b>289,362</b>	<b>299,780</b>	<b>531</b>	<b>550</b>	<b>3.6</b>

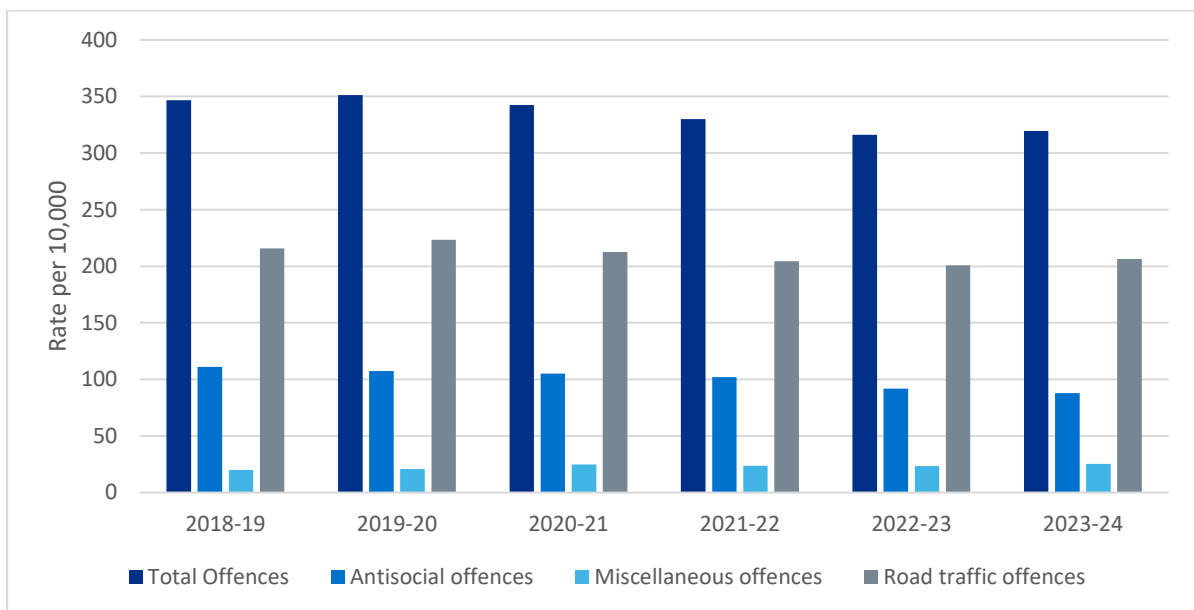
Source: Recorded Crime – 2023/24, Scottish Government

**Figure 26 Rate of offences recorded by the police per 10,000, Argyll and Bute, 2018/19 - 2023/24**



Source: Recorded Crime – 2023/24, Scottish Government

**Figure 27 Rate of offences recorded by the police per 10,000, Scotland, 2018/19 - 2023/24**



Source: Recorded Crime – 2023/24, Scottish Government

**Table 4 Number of offences recorded by the police, Argyll and Bute and Scotland, 2022/23 – 2023/24**

Offence Group	Argyll and Bute			Scotland		
	2022/23	2023/24	Percentual change	2022/23	2023/24	Percentual change
Antisocial Total	804	884	10	50,094	47,808	-5
Miscellaneous Total	198	257	30	12,793	13,848	8
Road traffic Total	2,319	2,164	-7	109,320	112,417	3
All offences	3,321	3,305	0	172,207	174,073	1

Source: Recorded Crime – 2023/24, Scottish Government

**Table 5 Number and rate per 10,000 of domestic abuse cases reported to the police, Argyll and Bute and Scotland, 2020/21-2022/23**

Year	Number of Incidents	Rate per 10,000 population	% change from previous year	% of incidents including a crime or offence	% change in rate
					2016/17 to 2022/23
Argyll and Bute 2022-2023	687	78	-13 %	47	9 %
2021-2022	774	90	15 %	46	
2020-2021	667	78	-2 %	39	
Scotland 2022-2023	61,934	114	-3 %	39	4%
2021-2022	64,807	118	-1 %	39	
2020-2021	65,251	119	4 %	40	

Source: Domestic abuse recorded by the police in Scotland, 2022/23

**Table 6 Number and percentage of disposals by group, Argyll and Bute, 2018/19 - 2023/24**

<b>Financial Year</b>	<b>All disposals</b>	<b>Community</b>	<b>% of Disposals</b>	<b>Custody</b>	<b>% of Disposals</b>	<b>Monetary</b>	<b>% of Disposals</b>	<b>Other</b>	<b>% of Disposals</b>
2023-24	1,580	233	15%	129	8%	335	21%	883	56%
2022-23	1,549	220	14%	60	4%	366	24%	903	58%
2021-22	1,157	159	14%	68	6%	292	25%	638	55%
2020-21	829	111	13%	69	8%	202	24%	436	53%
2019-20	1,344	213	16%	123	9%	416	31%	592	44%
2018-19	1,367	215	16%	119	9%	462	34%	571	42%

Source: Scottish Government Justice Analytical Services Criminal Disposals Dashboard

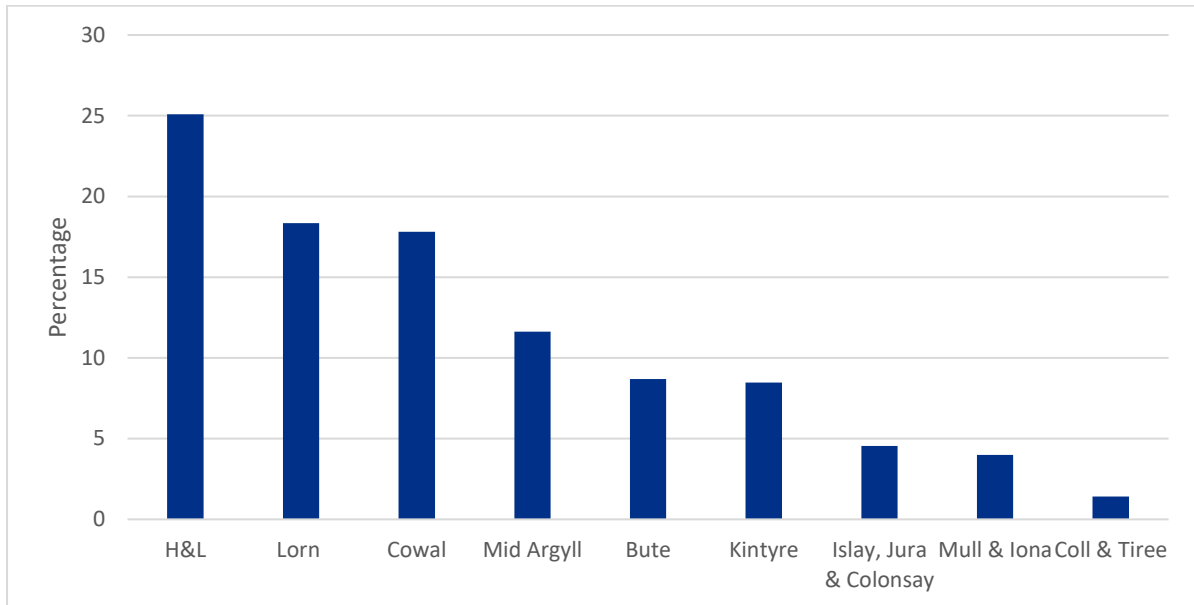
**Table 7 Number and percentage of disposals by group, Scotland, 2018/19 - 2023/24**

<b>Financial Year</b>	<b>All disposals</b>	<b>Community</b>	<b>% of Disposals</b>	<b>Custody</b>	<b>% of Disposals</b>	<b>Monetary</b>	<b>% of Disposals</b>	<b>Other</b>	<b>% of Disposals</b>
2023-24	183,426	29,925	16%	21,018	11%	32,984	18%	99,499	54%
2022-23	192,665	30,065	16%	18,726	10%	38,533	12%	105,341	55%
2021-22	162,636	26,238	16%	16,700	10%	34,444	58%	85,254	52%
2020-21	107,785	18,713	17%	14,388	13%	21,758	-54%	52,926	49%
2019-20	169,307	31,584	19%	21,790	13%	43,897	-12%	72,036	43%
2018-19	170,103	28,628	17%	23,006	14%	46,894	7%	71,575	42%

Source: Scottish Government Justice Analytical Services Criminal Disposals Dashboard

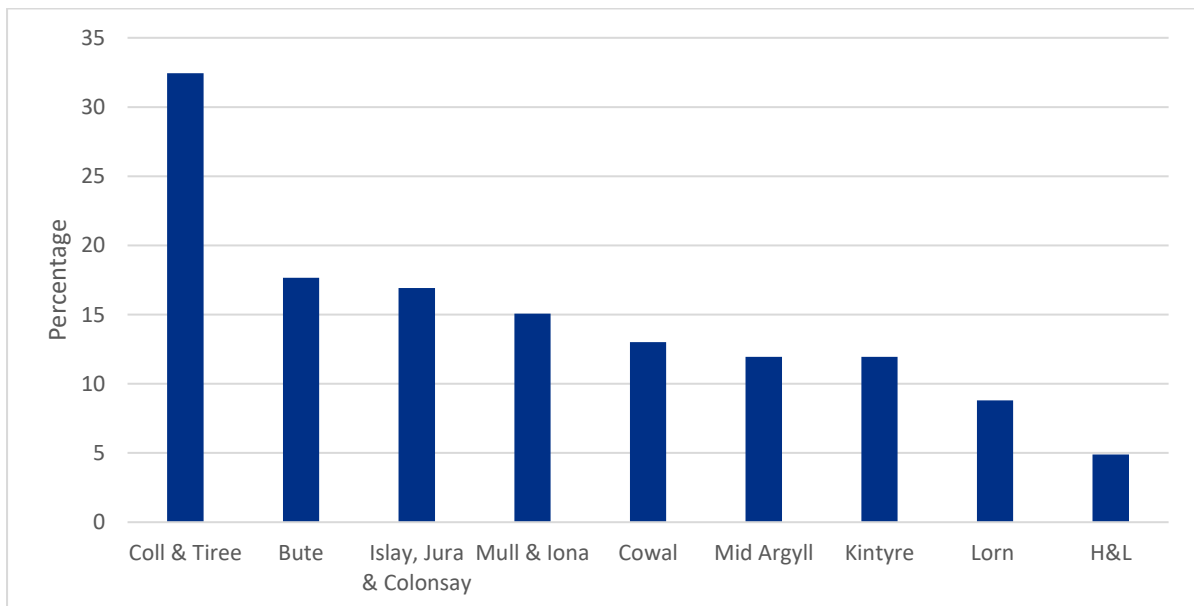
## What do we know about housing?

**Figure 28 Distribution of properties by Housing Market Area, Argyll and Bute, April 2024**



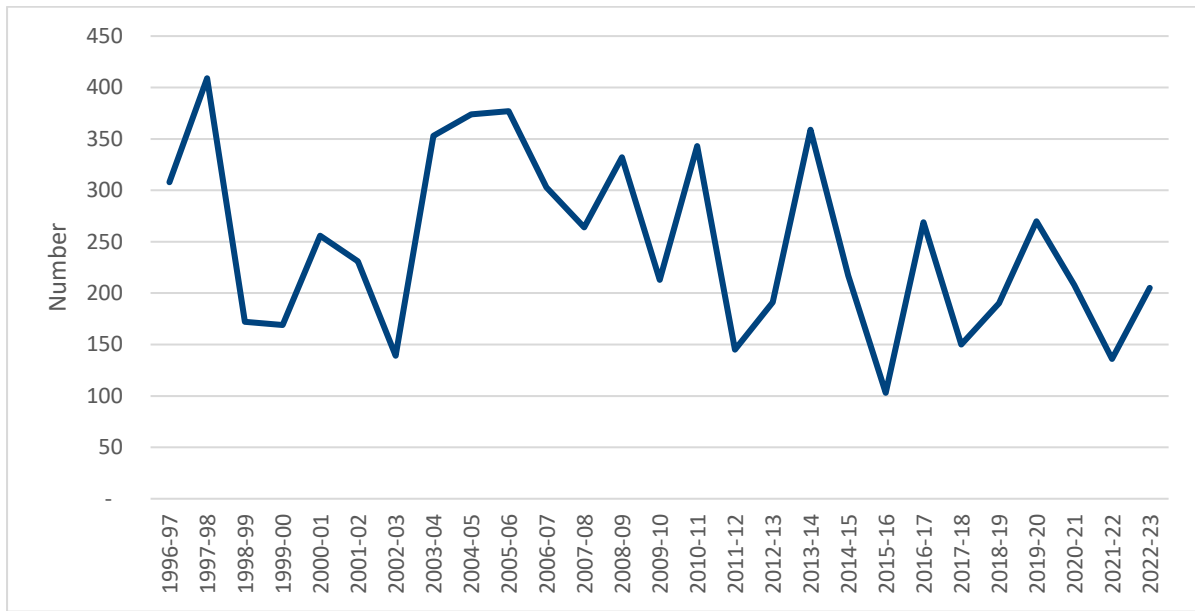
Source: Council Tax Records April 2024

**Figure 29 Percentage of ineffective housing stock by Housing Market Area, Argyll and Bute, April 2024**



Source: Council Tax Records April 2024

**Figure 30 Annual New Housing Supply, Argyll and Bute, 1996/97 -2022/23**



**Source: Scottish Government, Housing Statistics**

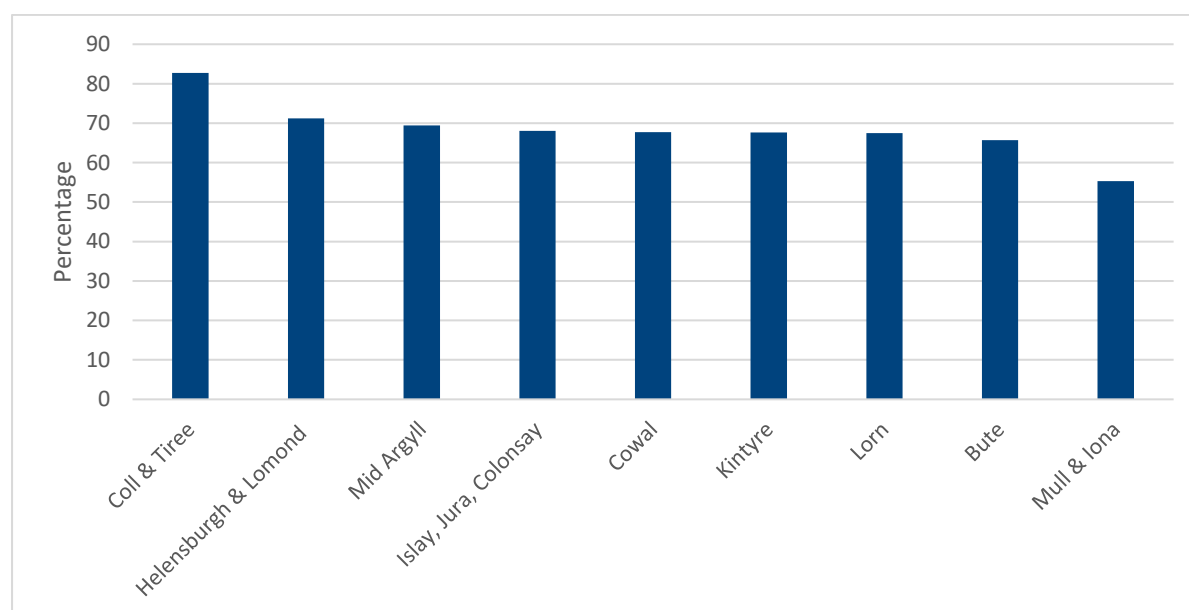


**Table 8 Number of applicants for HOME Argyll by Housing Market Area (HMA), Argyll and Bute, April 2024**

HMA	Number of all applicants	Number of applicants with points only	Percentage of applicants with points only
Cowal	523	354	68
Bute	245	161	66
Mid Argyll	301	209	69
Kintyre	198	134	68
Islay, Jura, Colonsay	216	147	68
Lorn	817	551	67
Mull & Iona	103	57	55
Coll & Tiree	29	24	83
Helensburgh & Lomond	705	502	71
Total	3137	2139	68

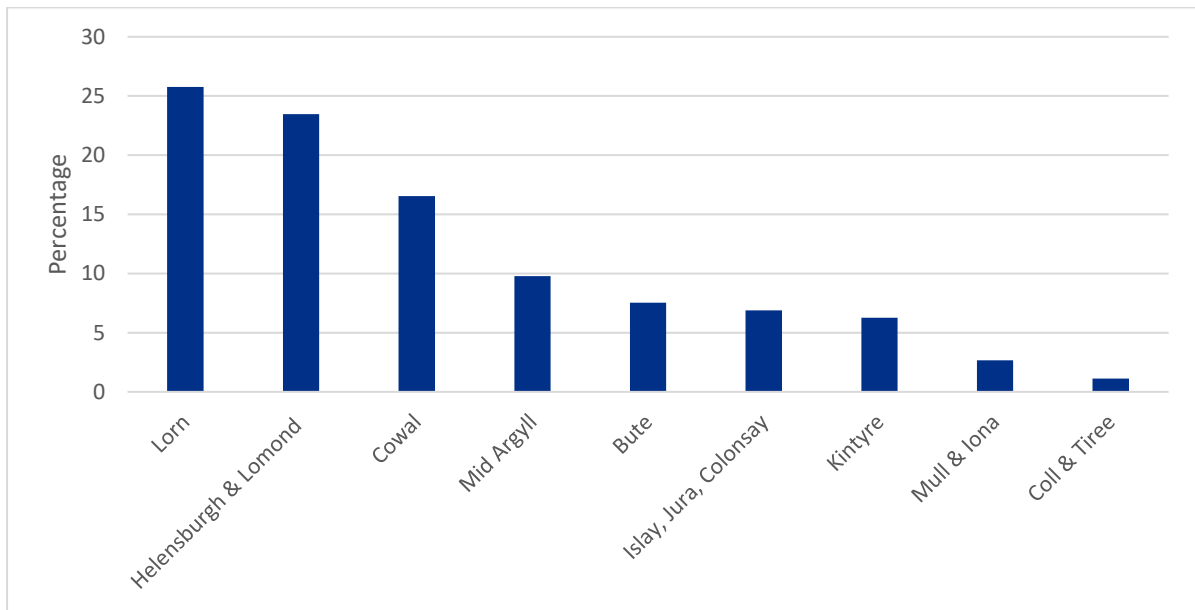
Source: HOME Argyll waiting list at April 2024

**Figure 31 Percentage of applicants with points on all application on Home Argyll waiting list by Housing Market Area (HMA), Argyll and Bute, April 2024**



Source: HOME Argyll waiting list, April 2024

**Figure 32 Percentage of applicants with points by Housing Market Area (HMA) on all applicants with points on the Home Argyll waiting list, Argyll and Bute, April 2024**



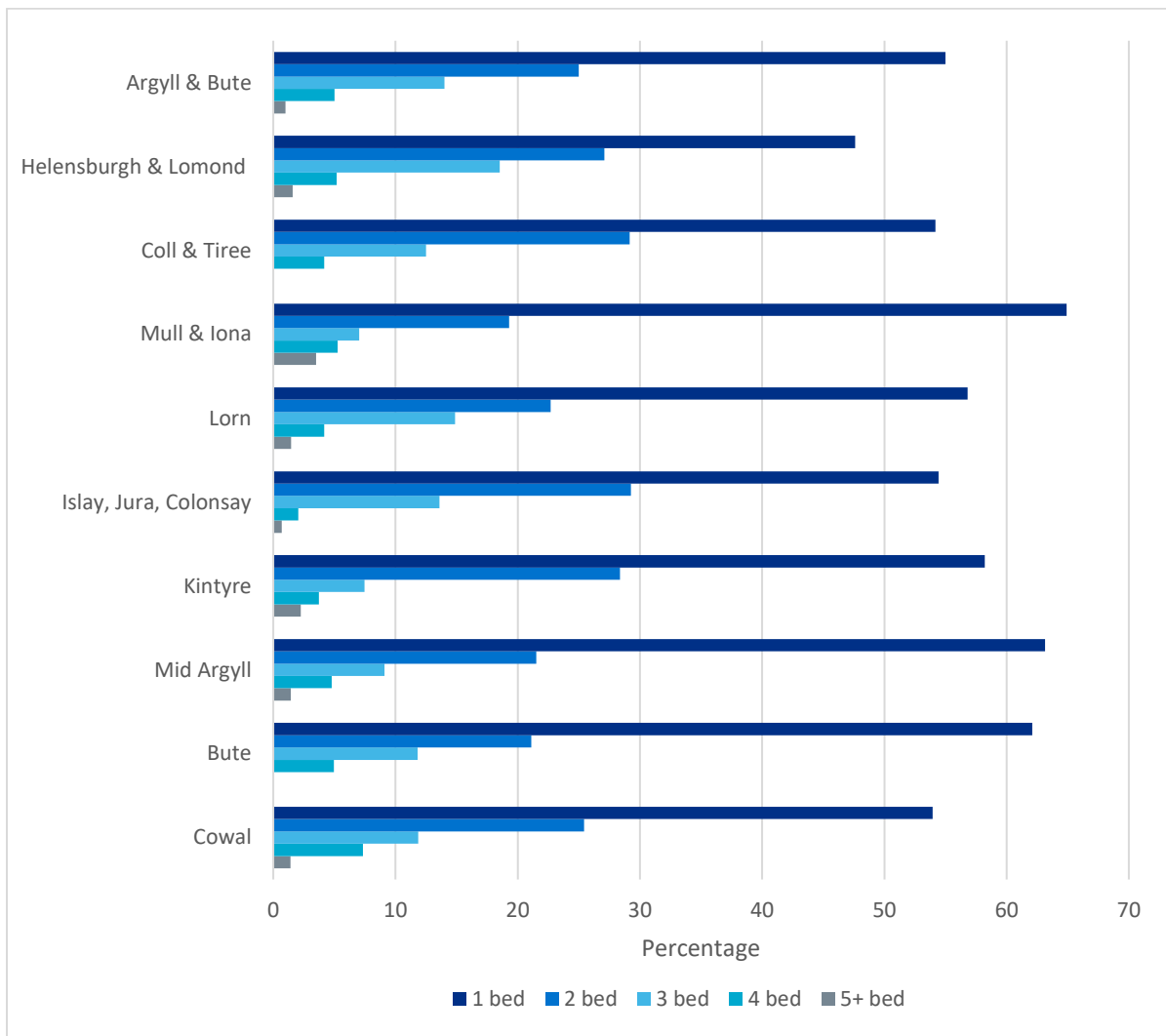
Source: HOME Argyll waiting list, April 2024

**Table 9 HOME Argyll Waiting List by type of property and Housing Market Area (HMA), April 2024**

HMA	1 bed		2 bed		3 bed		4 bed		5+ bed		Total
	Total	%	Total	%	Total	%	Total	%	Total	%	
Cowal	191	54	90	25	42	12	26	7	5	1	354
Bute	100	62	34	21	19	12	8	5	0	0	161
Mid Argyll	132	63	45	22	19	9	10	5	3	1	209
Kintyre	78	58	38	28	10	7	5	4	3	2	134
Islay, Jura, Colonsay	80	54	43	29	20	14	3	2	1	1	147
Lorn	313	57	125	23	82	15	23	4	8	1	551
Mull & Iona	37	65	11	19	4	7	3	5	2	4	57
Coll & Tiree	13	54	7	29	3	13	1	4	0	0	24
Helensburgh & Lomond	239	48	136	27	93	19	26	5	8	2	502
<b>A&amp;B TOTAL</b>	<b>1183</b>	<b>55</b>	<b>529</b>	<b>25</b>	<b>292</b>	<b>14</b>	<b>105</b>	<b>5</b>	<b>30</b>	<b>1</b>	<b>2139</b>

Source: HOME Argyll waiting list, April 2024

**Figure 33 HOME Argyll waiting list by type of property by HMA, Argyll and Bute, April 2024**



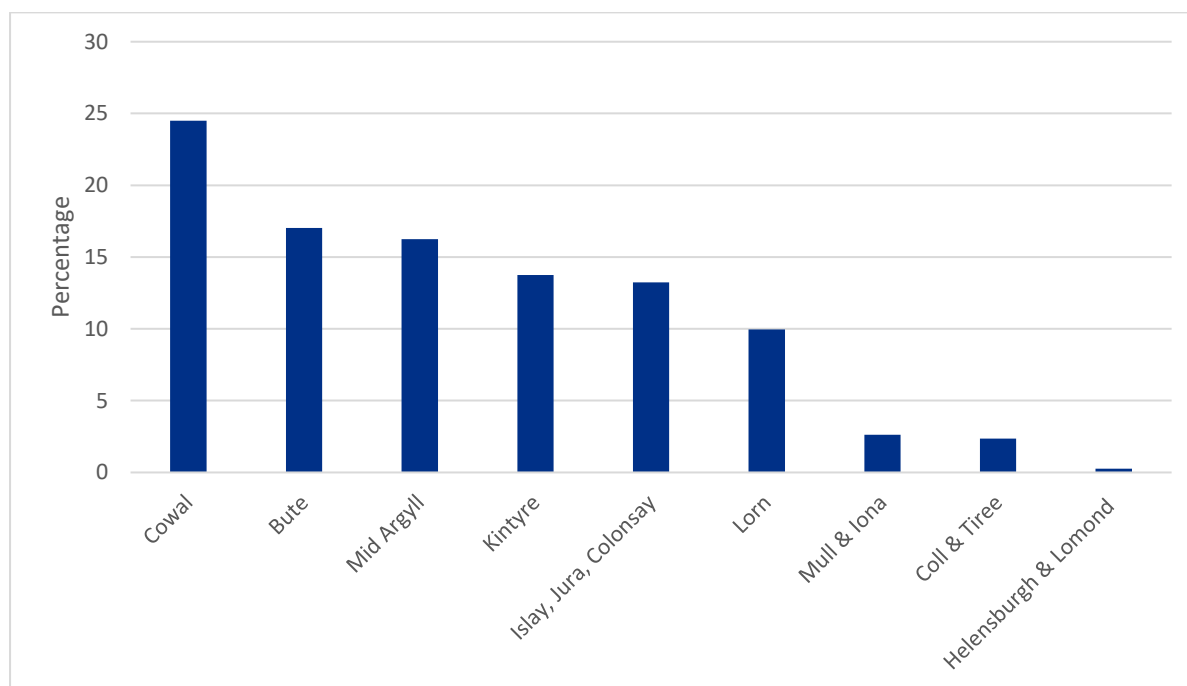
**Source: HOME Argyll waiting list, April 2024**

**Table 10 Number of HOME Argyll lets by property type and Housing Market Area (HMA), 2023/24**

HMA	1 bed	2 bed	3 bed	4 bed	5+ bed	Total
Cowal	48	39	14	4	0	105
Bute	73	43	13	1	0	130
Mid Argyll	46	59	18	1	0	124
Kintyre	33	31	11	1	0	76
Islay, Jura, Colonsay	6	8	3	1	0	18
Lorn	70	78	36	3	0	187
Mull & Iona	11	8	1	0	0	20
Coll & Tiree	1	1	0	0	0	2
Helensburgh & Lomond	40	45	15	1	0	101
<b>A&amp;B TOTAL</b>	<b>328</b>	<b>312</b>	<b>111</b>	<b>12</b>	<b>0</b>	<b>763</b>

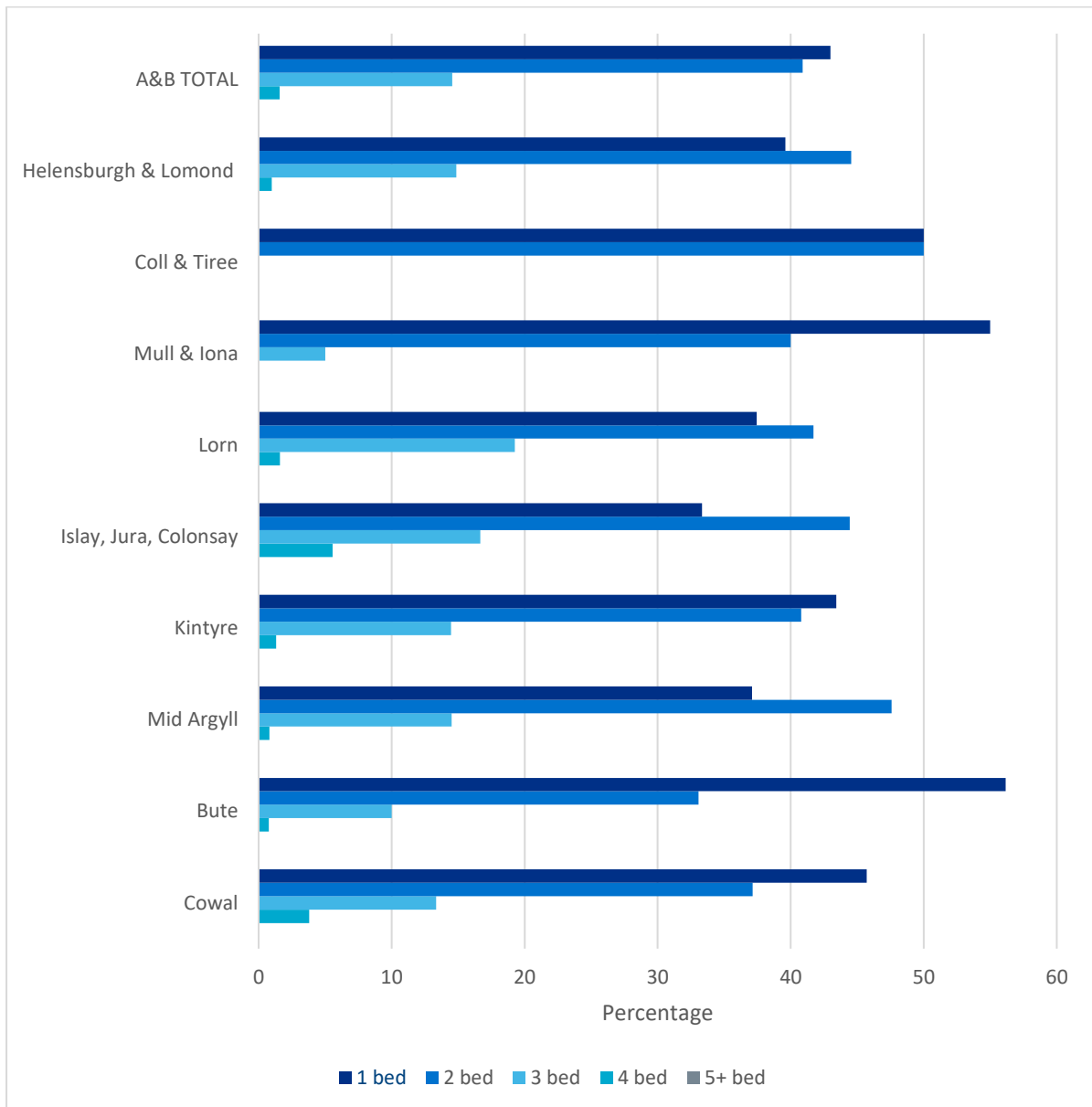
Source: HOME Argyll Lets 2023/24 report at April 2024

**Figure 34 Percentage of HOME Argyll lets by Housing Market Area, Argyll and Bute, 2023/24**



Source: HOME Argyll Lets 2023/24 report, April 2024

**Figure 35 Percentage of HOME Argyll lets by property type and Housing Market Area, Argyll and Bute, 2023/2024**



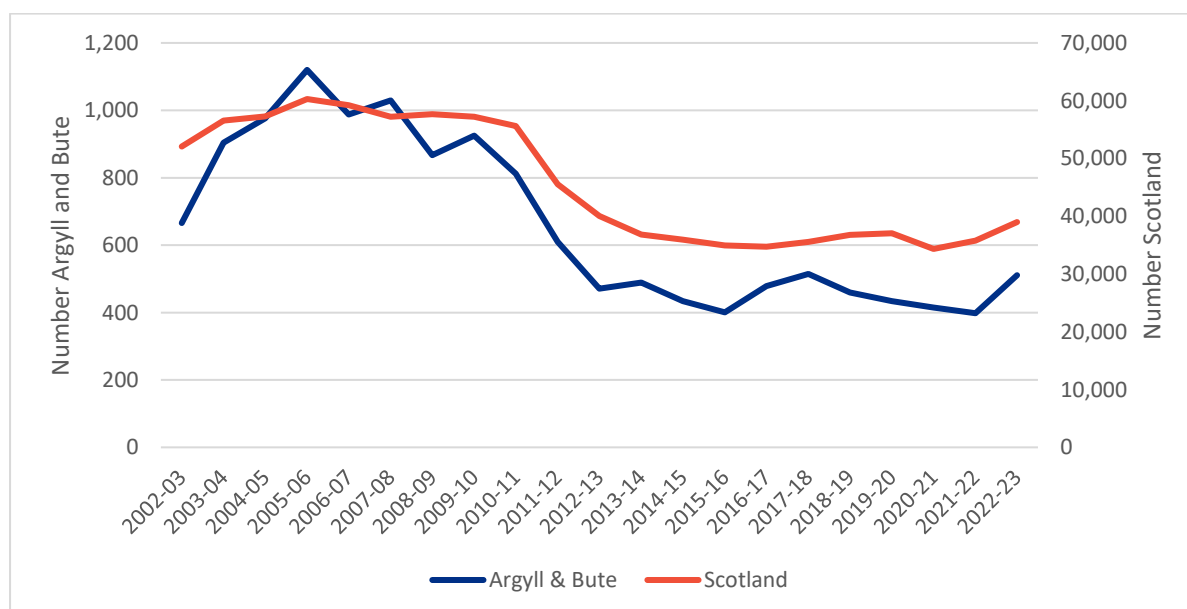
Source: HOME Argyll Lets 2023/24 report, April 2024

**Table 11 HOME Argyll Pressure Ratios by Housing Market Area (HMA), Argyll and Bute, 2023/24**

HMA	1 bed	2 bed	3 bed	4 bed	5+ bed	Overall Pressure Ratio
Cowal	4:1	2:1	3:1	7:1	5:0	3:1
Bute	1:1	1:1	1:1	8:1	0:0	1:1
Mid Argyll	3:1	1:1	1:1	10:1	3:0	2:1
Kintyre	2:1	1:1	1:1	5:1	3:0	2:1
Islay, Jura, Colonsay	13:1	5:1	7:1	3:1	1:0	8:1
Lorn	5:1	2:1	2:1	8:1	8:0	3:1
Mull & Iona	3:1	1:1	4:1	3:0	2:0	3:1
Coll & Tiree	13:1	7:1	3:0	1:0	0:0	12:1
Helensburgh & Lomond	6:1	3:1	6:1	26:1	8:0	5:1

Source: HOME Argyll Pressure Ratios, 2023/24

**Figure 36 Number of homelessness applications, Argyll and Bute and Scotland, 2002/03 – 2022/23**



Source: Scottish Government: Homelessness in Scotland

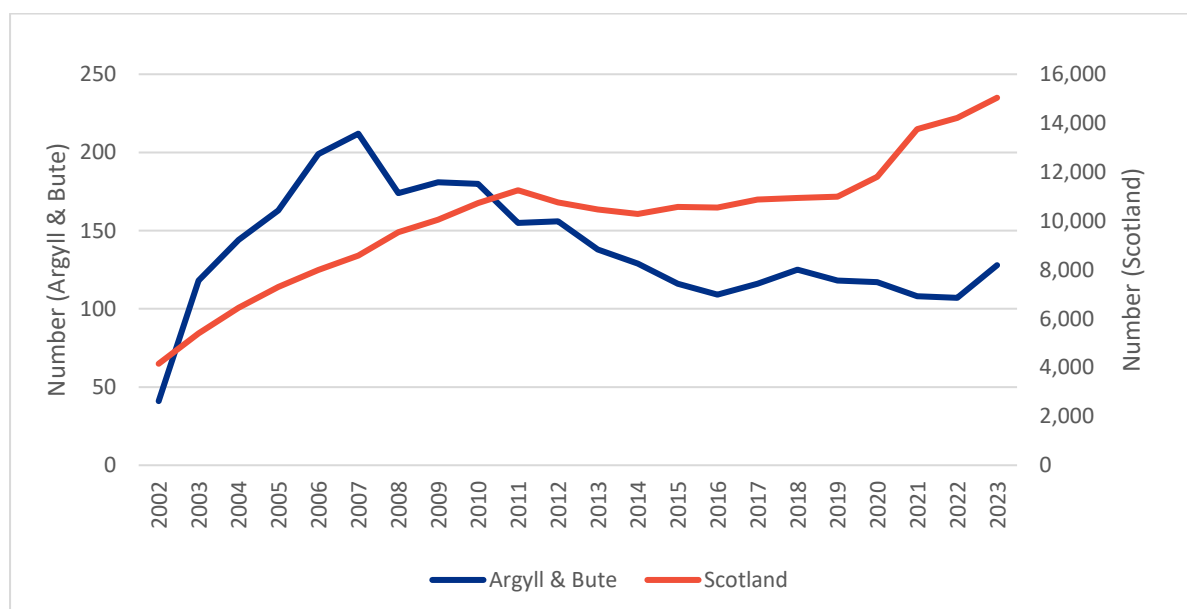
The graph includes two vertical axis with different ranges, left axis numbers for Argyll and Bute, right axis numbers for Scotland.

**Table 12 Homelessness assessment decisions of all assessments, Argyll and Bute and Scotland: 2022-23**

Area	All applications Nr.	Unintentionally homeless (or threatened)	Percent-		Intentionally homeless (or threatened)	Percent-		Other
		Nr.	age	Nr.	age	Nr.	age	
Argyll & Bute	510	425	83	20	4	65	13	
Scotland	39105	31730	81	510	1	6865	18	

**Scottish Government: Homelessness in Scotland**

**Figure 37 Households in temporary accommodations, Argyll and Bute and Scotland, 2002 - 2023**

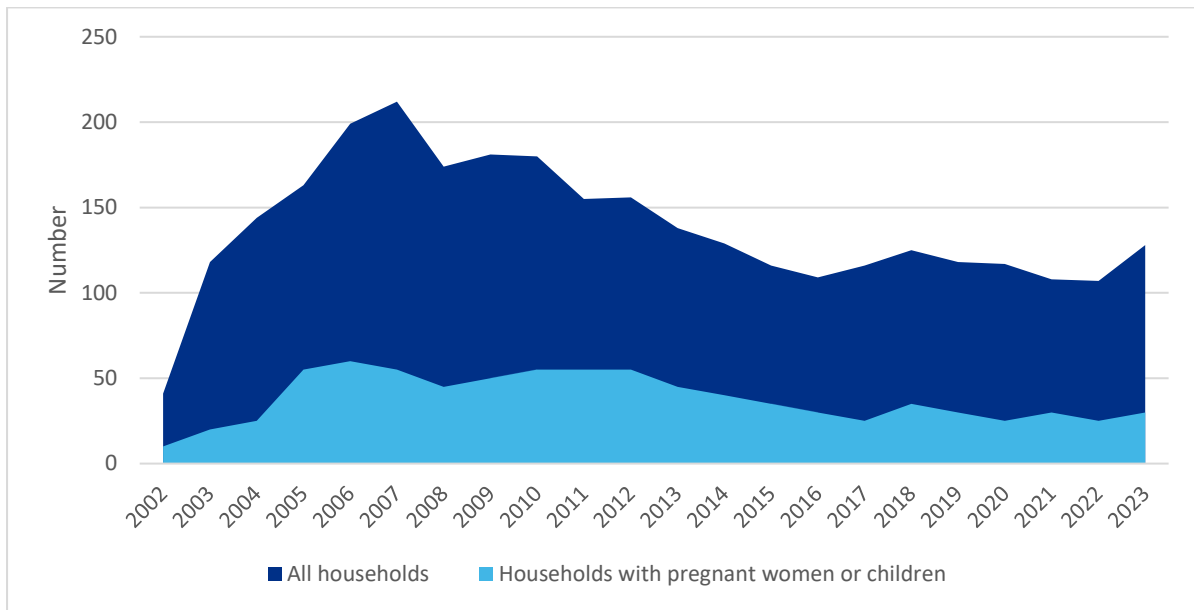


**Source: Scottish Government: Homelessness in Scotland**

The graph includes two vertical axis with different ranges, left axis numbers for Argyll and Bute, right axis numbers for Scotland.

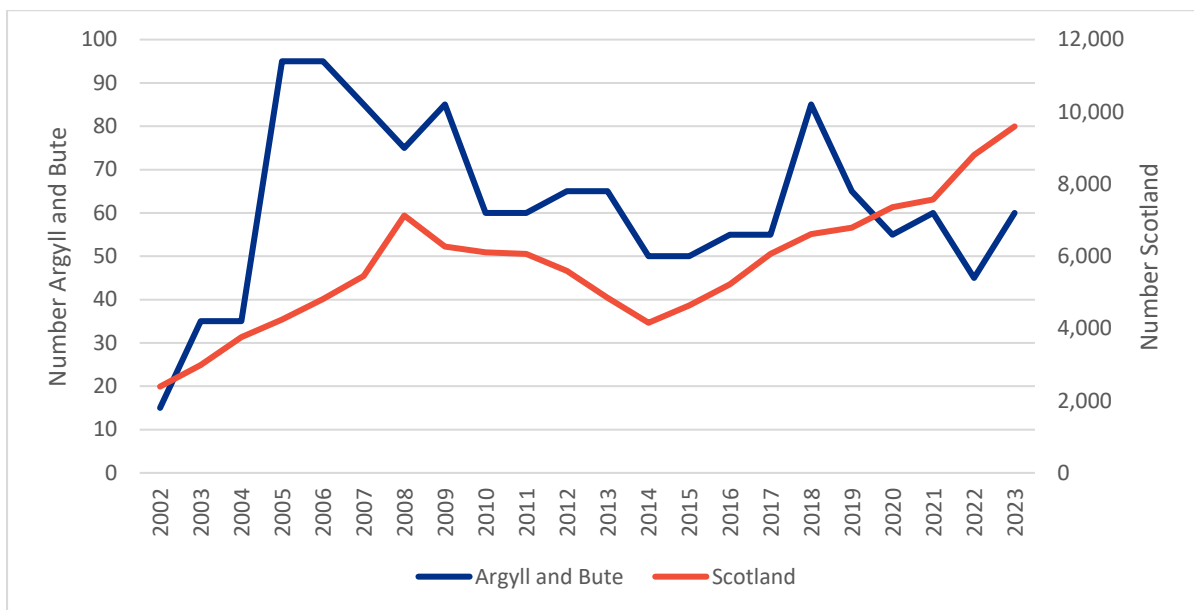


**Figure 38 All households and households with pregnant women or children in temporary accommodation, Argyll and Bute, 2002 - 2023**



Source: Scottish Government: Homelessness in Scotland

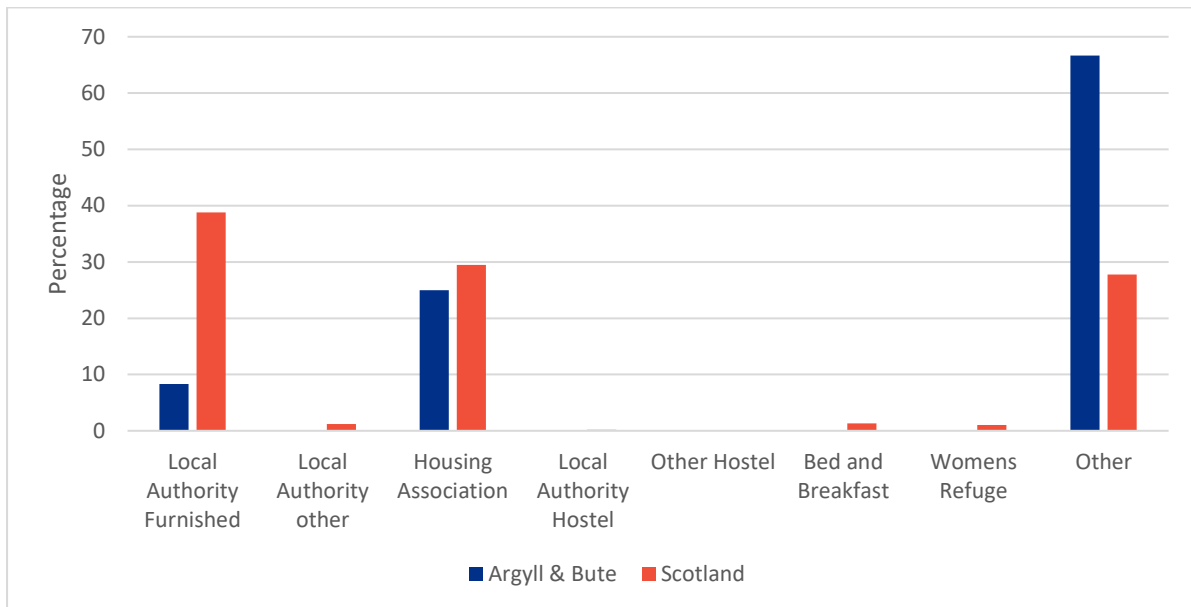
**Figure 39 Number of children in temporary accommodation, Argyll and Bute and Scotland, 2002 - 2023**



Source: Scottish Government: Homelessness in Scotland

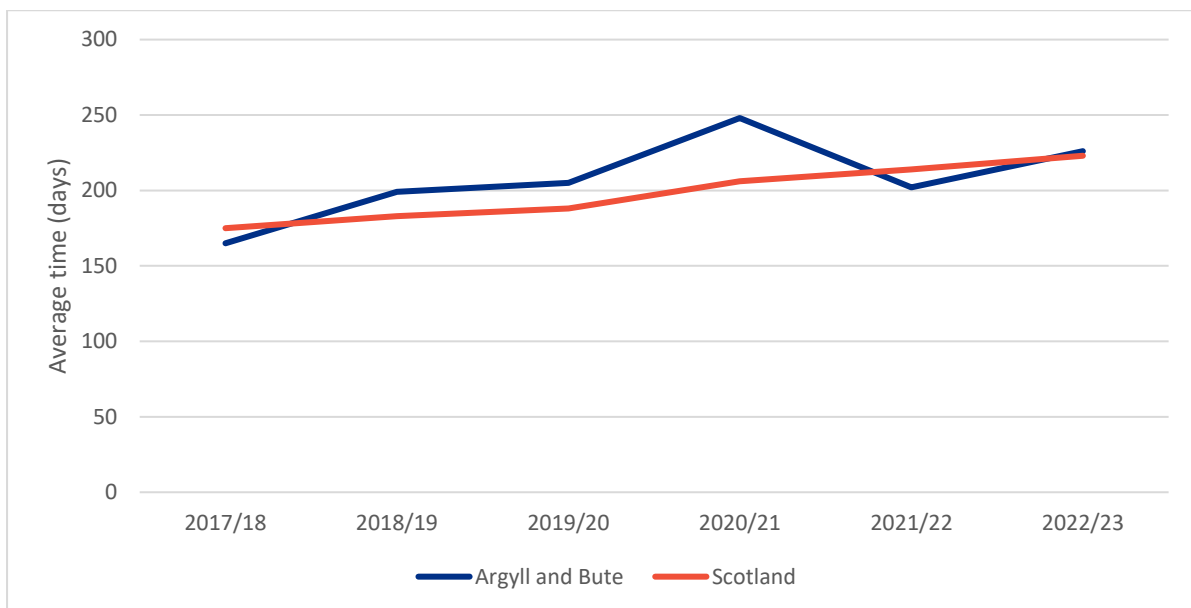
The graph includes two vertical axis with different ranges, left axis numbers for Argyll and Bute, right axis numbers for Scotland.

**Figure 40 Percentage of children in temporary accommodation by accommodation type, Argyll and Bute and Scotland, 2023**



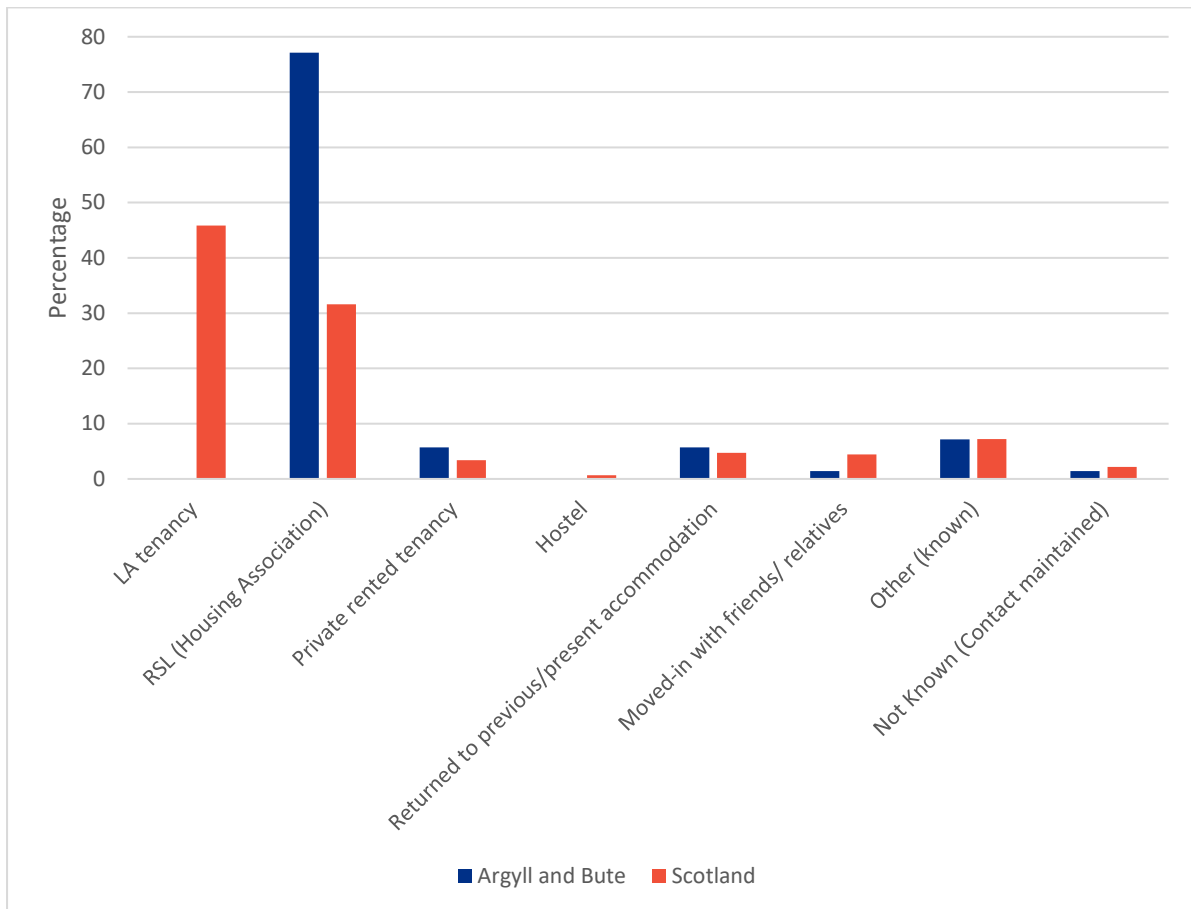
Source: Scottish Government: Homelessness in Scotland

**Figure 41 Average total time (days) spent in temporary accommodation for cases that closed, Argyll and Bute and Scotland, 2017/18 – 2022/23**



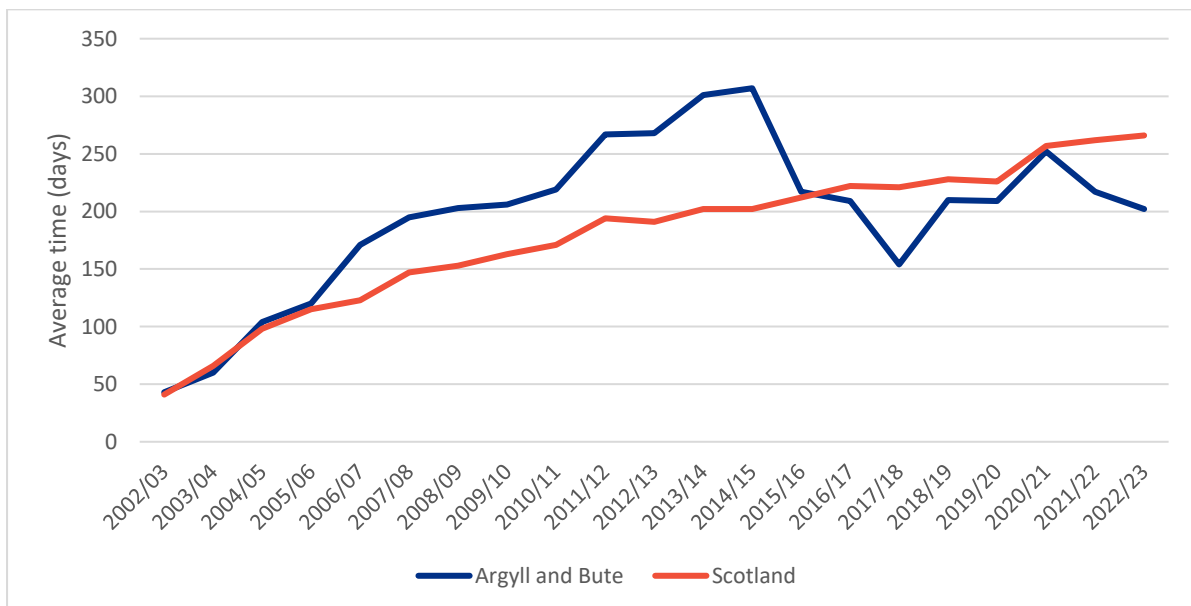
Source: Scottish Government: Homelessness in Scotland

**Figure 42 Outcomes for households assessed as unintentionally homeless or threatened with homelessness, as a proportion of all outcomes, Argyll and Bute and Scotland, 2022/23**



**Scottish Government: Homelessness in Scotland**

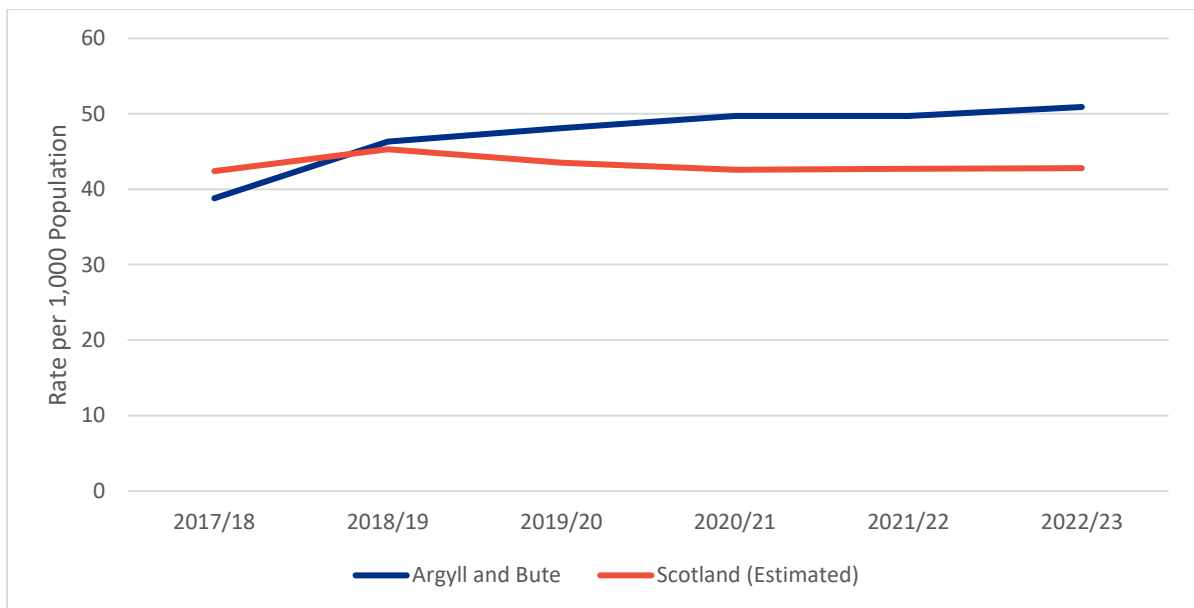
**Figure 43 Average time (days) from assessment to closure for applications assessed as homeless or threatened with homelessness, Argyll and Bute and Scotland, 2002/03 – 2022/23**



Source: Scottish Government: Homelessness in Scotland

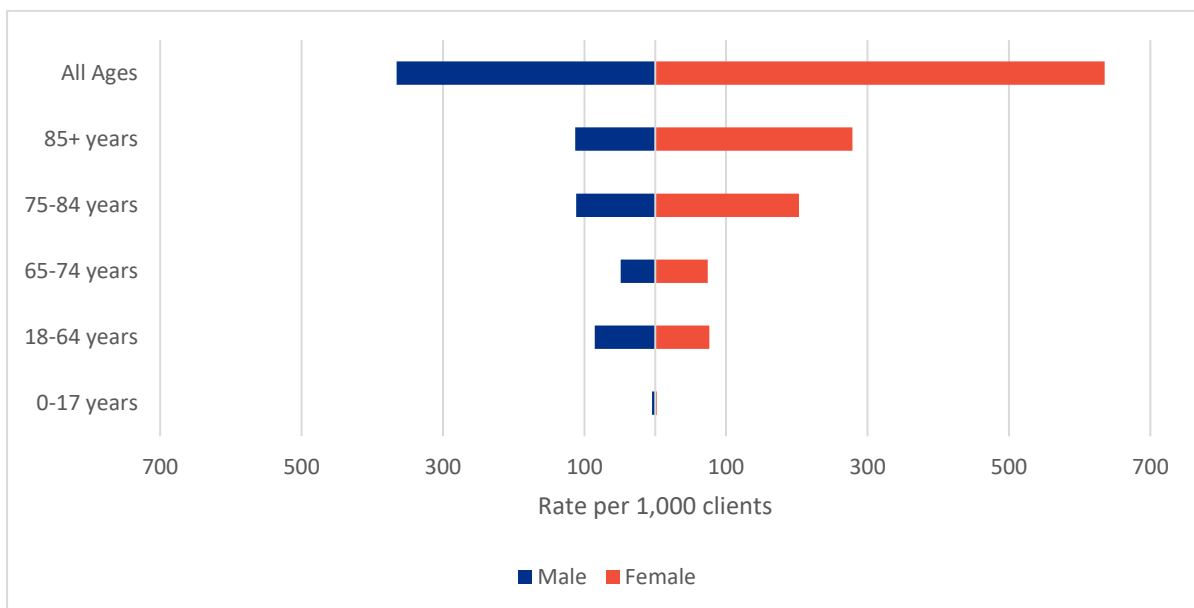
## What do we know about people caring and being cared for?

**Figure 44 People receiving social work and social care services as rate per 1,000 population, Argyll and Bute and Scotland (estimated), 2017/18 – 2022/23**



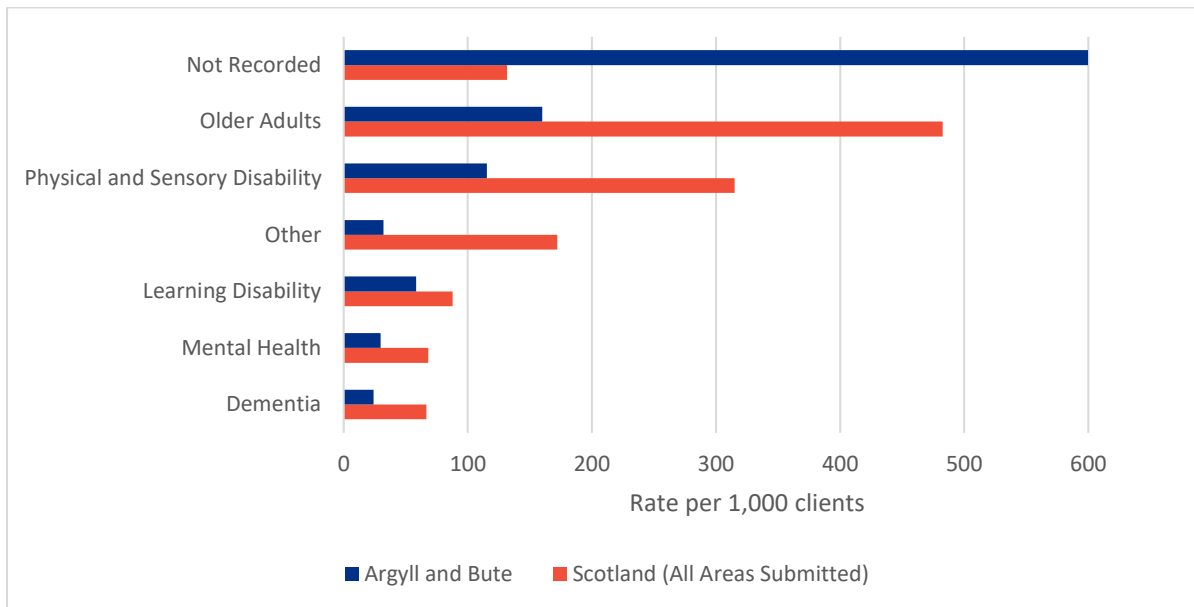
Source: PHS, People supported through Social Care Services, Source Social Care Dataset

**Figure 45 People receiving social work and social care services as rate per 1,000 clients by age group and sex, Argyll and Bute and Scotland, 2022/23**



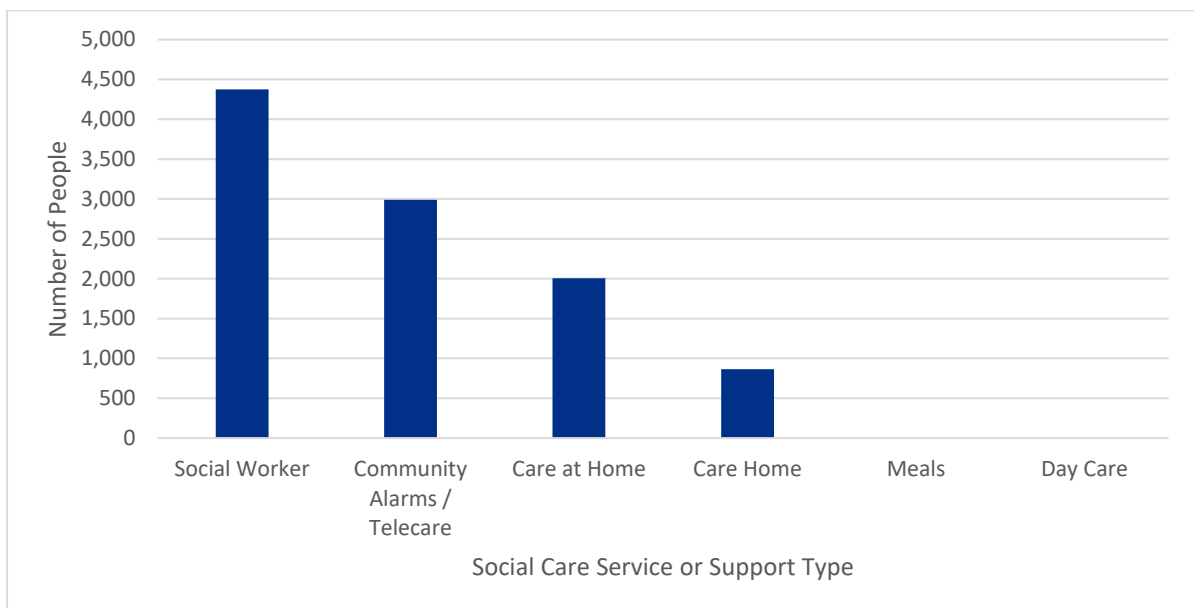
Source: PHS, People supported through Social Care Services, Source Social Care Dataset

**Figure 46 People as rate per 1,000 clients receiving social work and social care services by client group, All Ages, Argyll and Bute and Scotland, 2022/23**



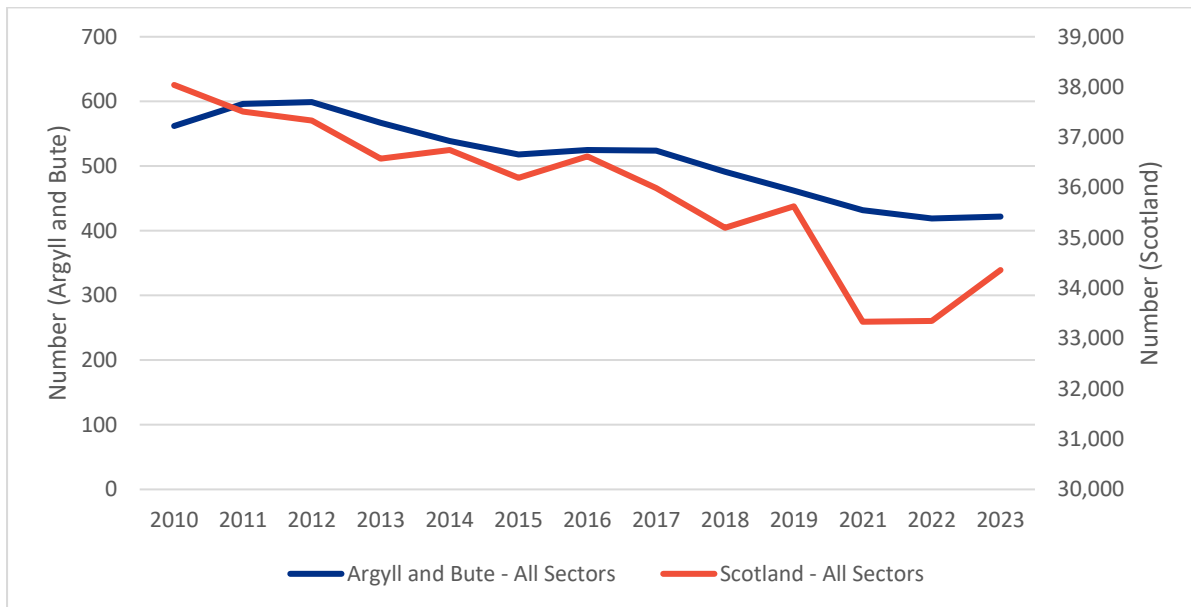
**Source: PHS, People supported through Social Care Services, Source Social Care Dataset**

**Figure 47 Number of people by type of social work and social care service, All Ages, Argyll and Bute, 2022/23**



**Source: PHS, People supported through Social Care Services, Source Social Care Dataset**

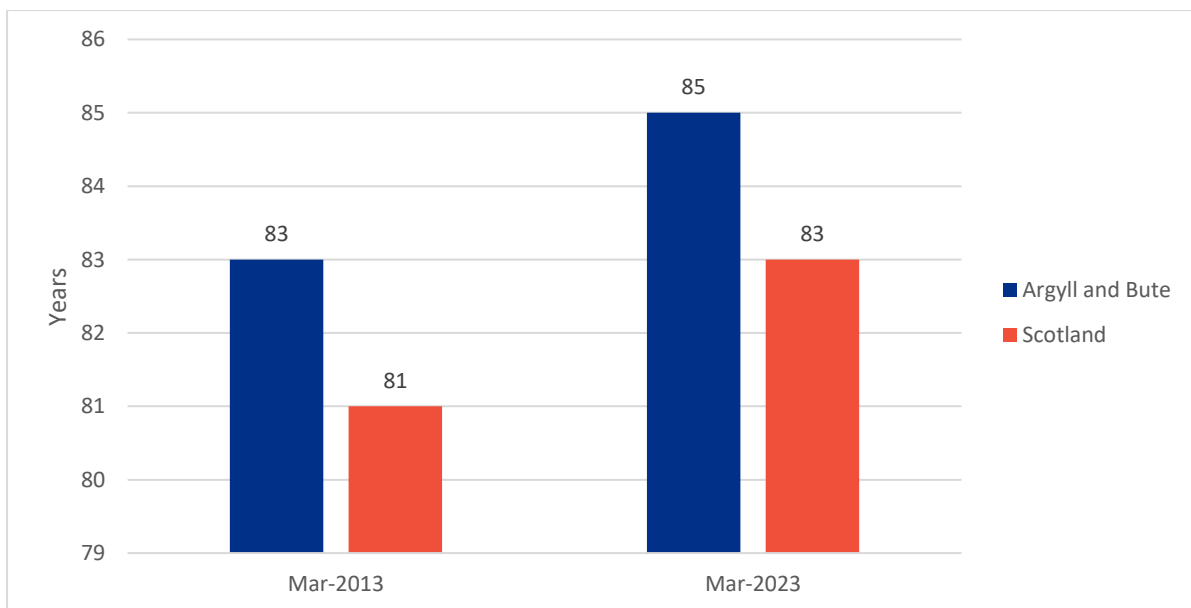
**Figure 48 Number of adult care home residents (all types of stay), Argyll and Bute and Scotland, 2010 - 2023**



**Source: Care Home Census Scotland, 2020 data is not available**

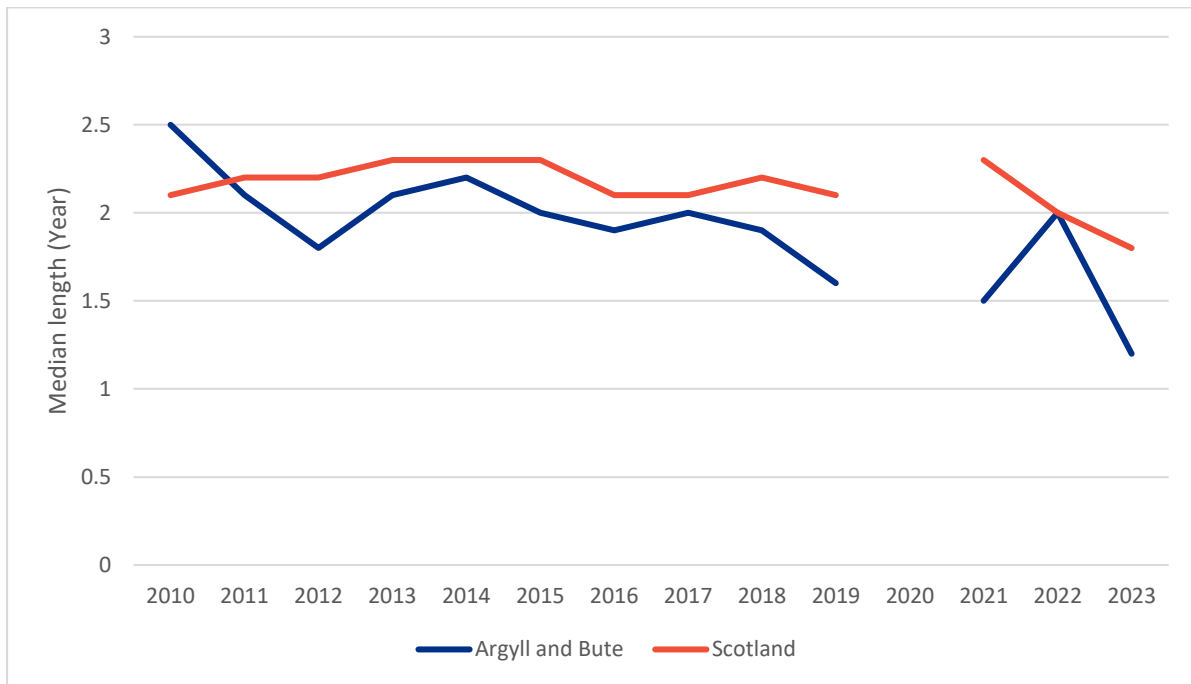
The graph includes two vertical axis with different ranges, left axis numbers for Argyll and Bute, right axis numbers for Scotland.

**Figure 49 Median age of care home residents at admission, Argyll and Bute and Scotland, March 2013 vs. March 2023**



**Source: Care Home Census Scotland**

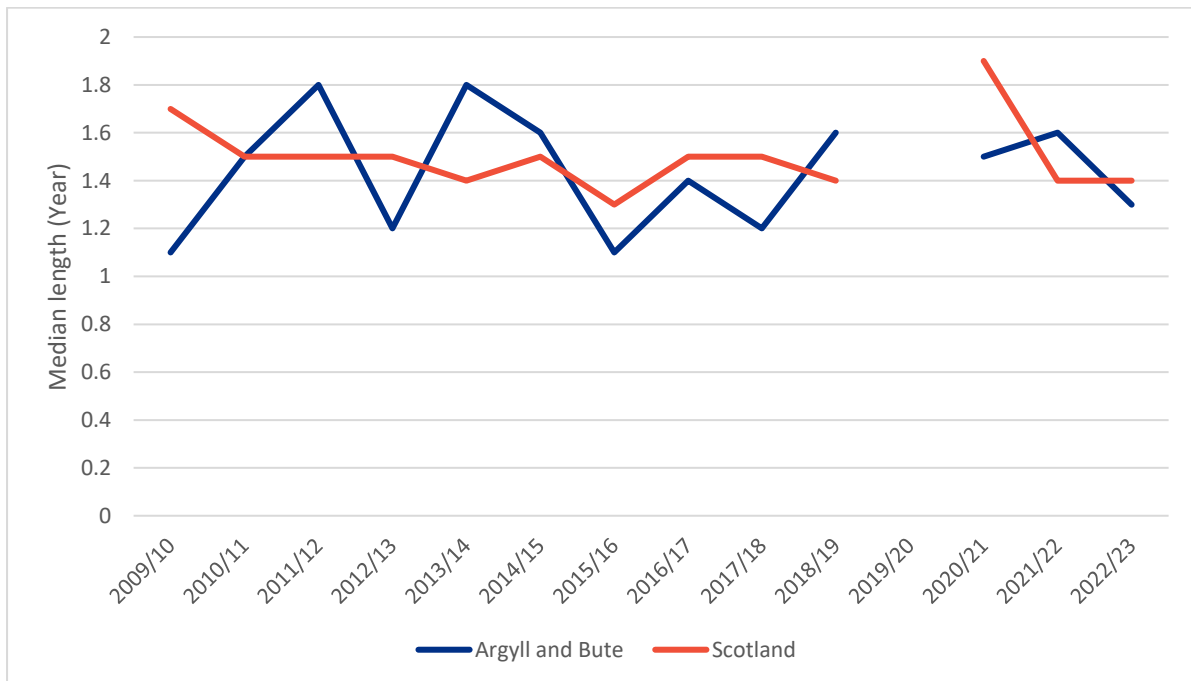
**Figure 50 Median length of ongoing stays of long stay care home residents in years, Argyll and Bute and Scotland, 2010 - 2023**



Source: Care Home Census Scotland, 2020 data is not available

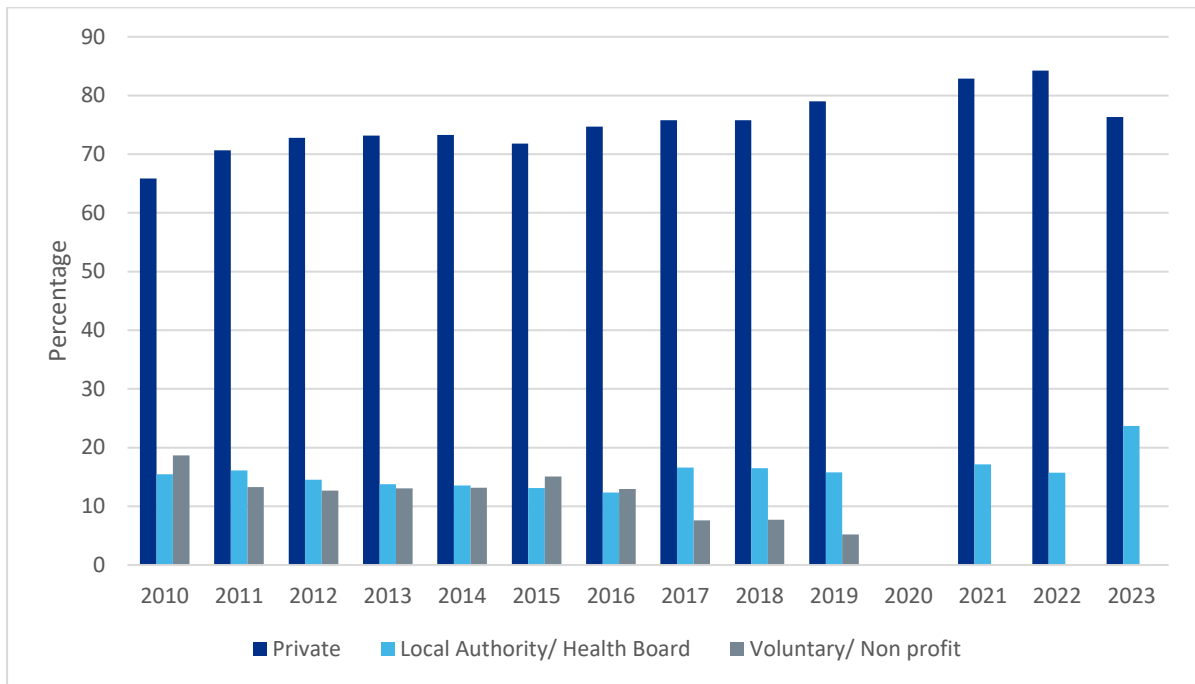
Data as of March each year

**Figure 51 Median length of completed stays of long stay care home residents in years, Argyll and Bute and Scotland, 2009/10 – 2022/23**



Source: Care Home Census Scotland, 2020 data is not available

**Figure 52 Percentage of Long Stay, Short Stay and Respite stay care home residents by care home sector, Argyll and Bute, 2010-2023**



**Source: Care Home Census Scotland, 2020 data is not available**

Data as of March each year



**Table 13 Percentage of long-stay residents in adult care homes by health characteristic, 2023**

<b>Health Characteristic</b>	<b>Percentage</b>	
	<b>Argyll and Bute</b>	<b>Scotland</b>
Long Stay Residents with Dementia Medically Diagnosed	58	53
Long Stay Residents Requiring Nursing Care	40	64
Long Stay Residents with Other Physical Disability or Chronic Illness	30	33
Long Stay Residents with Visual Impairment	16	10
Long Stay Residents with Dementia Not Medically Diagnosed	11	5
Long Stay Residents with Hearing Impairment	10	7
Long Stay Residents with Neurological Conditions	7	6
Long Stay Residents with None of These	5	6
Long Stay Residents with Mental Health Problems	3	9
Long Stay Residents with Alcohol Related Problems	3	4
Long Stay Residents with Acquired Brain Injury		2
Long Stay Residents with Drug Related Problems		0
Long Stay Residents with Learning Disabilities		7

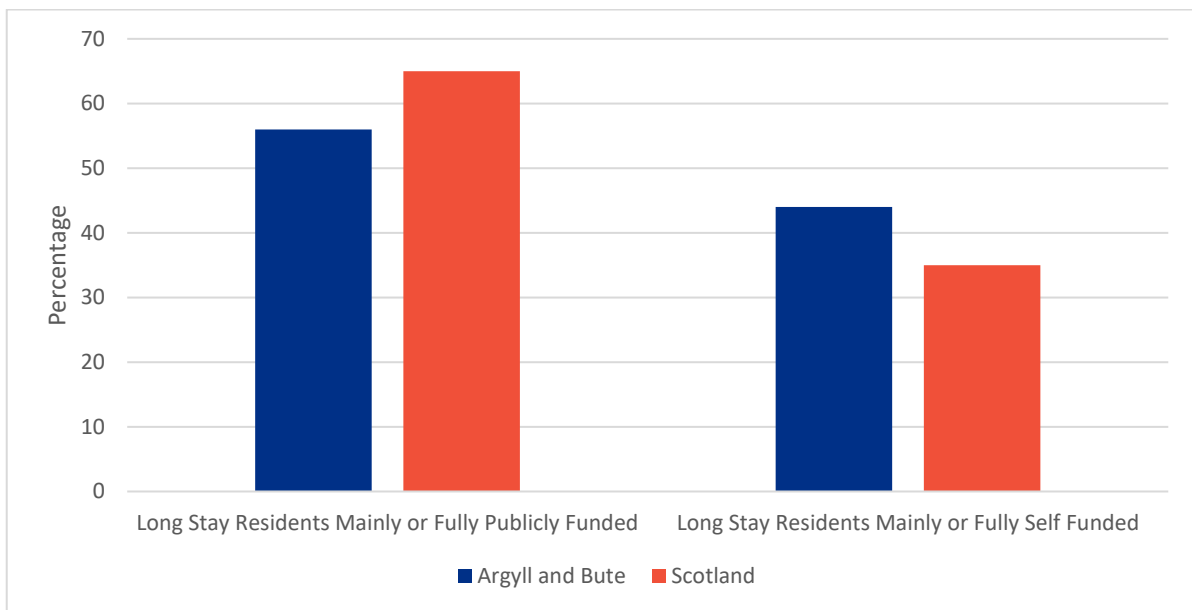
**Source: Care Home Census Scotland**

**Table 14 Occupancy of care homes for adults by clientele groups and region, 2023**

Client group	Percentage	
	Argyll and Bute	Scotland
All Adults	80	85
Learning Disabilities	.	88
Mental Health Problems	0	91
Older People Aged 65 and Older	80	85
Other Groups	0	70
Physical and Sensory Impairment	0	86

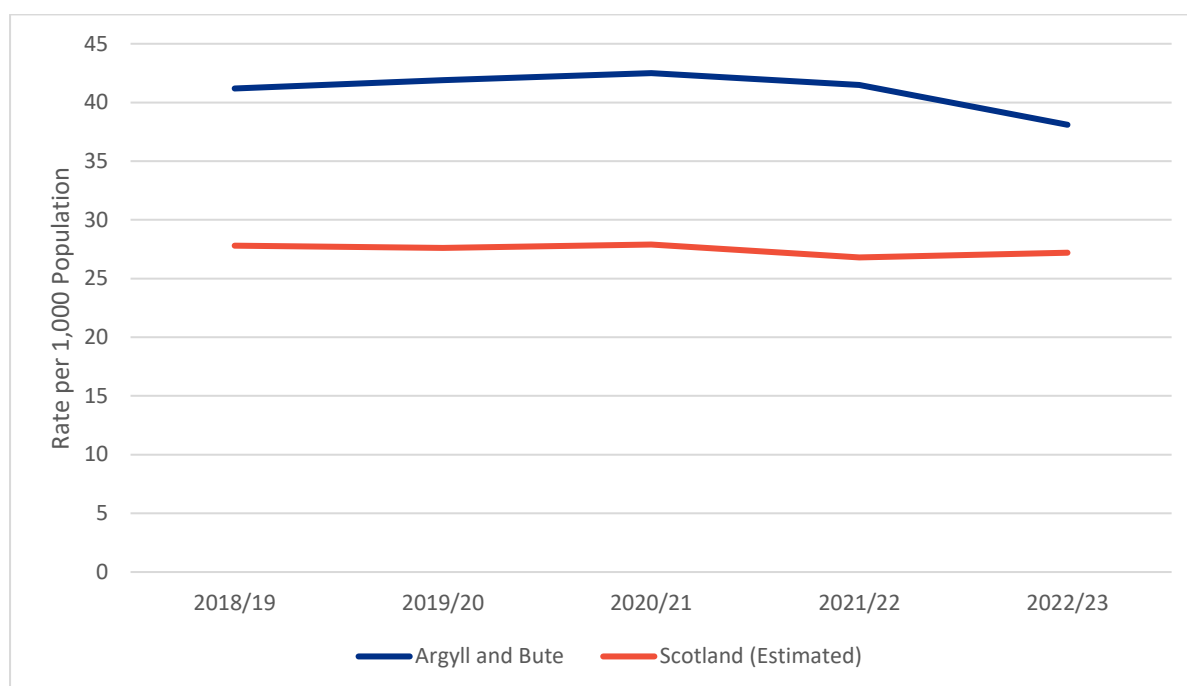
Source: Care Home Census Scotland, small values were omitted from statistic by PHS

**Figure 53 Percentage of long-stay residents aged 65 and above that are self-funded or public funded, Argyll and Bute and Scotland, 2023**



Source: Care Home Census Scotland

**Figure 54 Number of people support with Care at Home as a rate per 1,000 population, Argyll and Bute and Scotland (Estimated), 2018/19 – 2022/23**



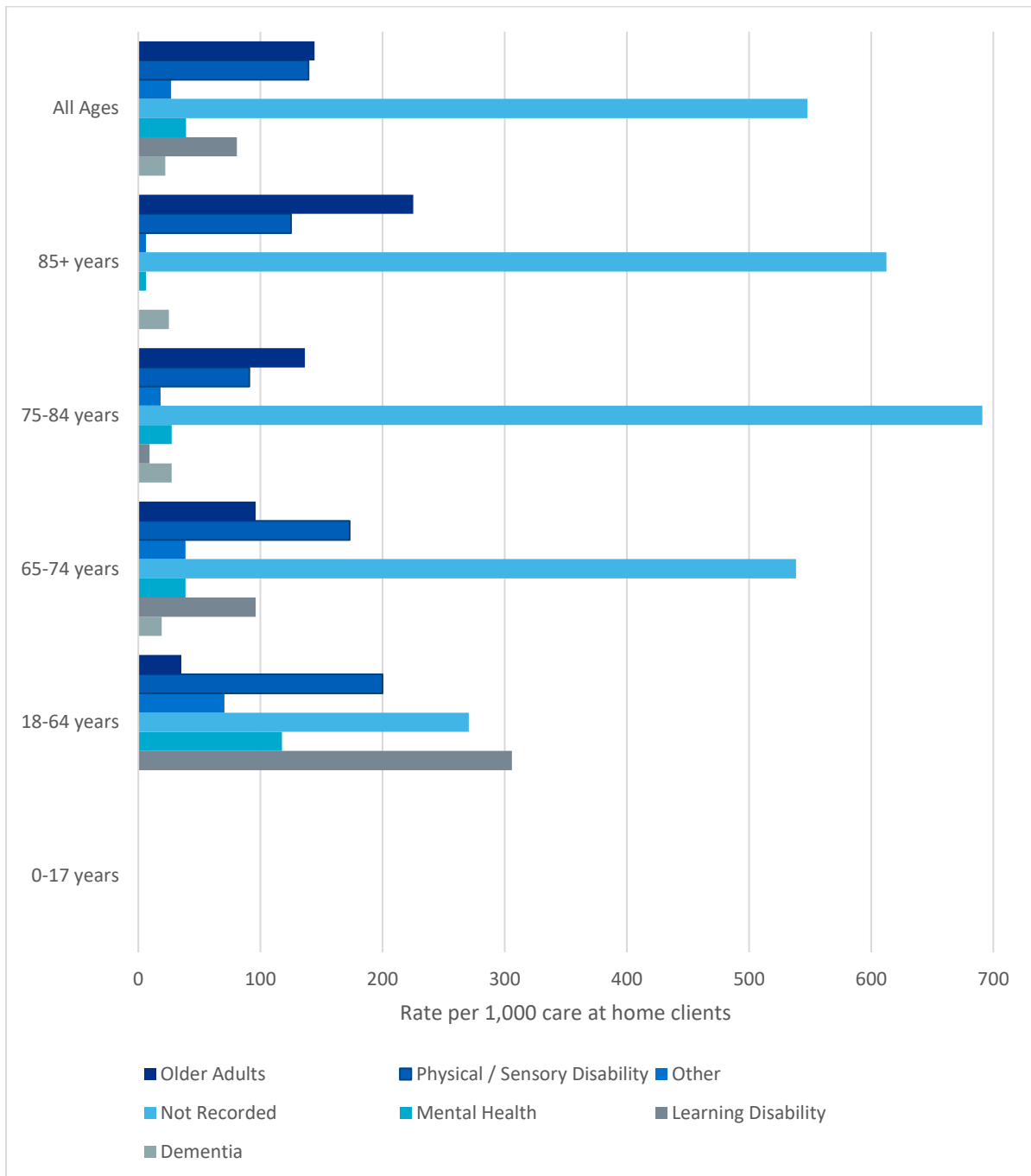
Source: Insights in social care: statistics for Scotland, Care at Home services provided and/or funded by health and social care partnerships in Scotland

**Table 15 People receiving Care at Home as rate per 1,000 population by age group, Argyll and Bute and Scotland, Jan-April 2022/23**

Location	0-17 years	18-64 years	65-74 years	75-84 years	85+ years	All Ages
Argyll and Bute	0	7	16	52	210	17.4
Scotland (Estimated)	0.1	4.2	17.5	59.9	168.5	12.3
<b>Locality</b>						
Bute and Cowal	0	9.3	14	48.8	186.4	19.4
Helensburgh and Lomond	0	5.8	16.5	53.9	239.7	16.8
Mid-Argyll, Kintyre and Islay	0	6.3	15.4	48.2	193.5	16.5
Oban, Lorn and the Isles	0	5.9	14.9	52.4	214	15

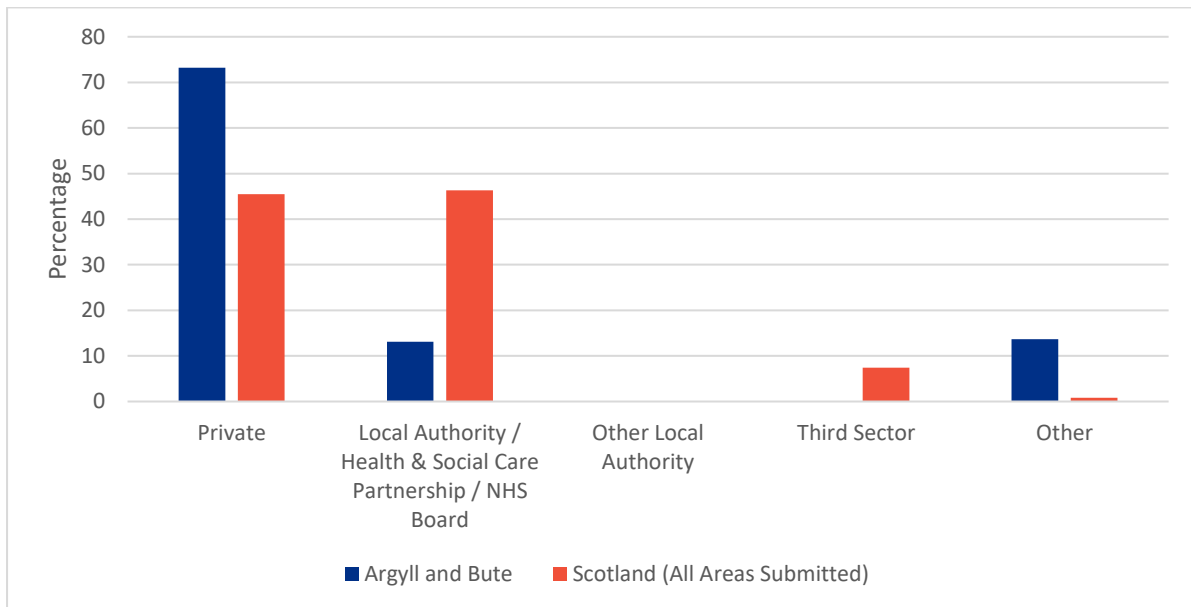
Source: PHS, Insights in social care: statistics for Scotland, Care at Home services provided and/or funded by health and social care partnerships in Scotland 2022/2023, Source Social Care Dataset

**Figure 55 Number of people supported with Care at Home services as a rate per 1,000 people by age group and client group, Argyll and Bute, 2022/23**



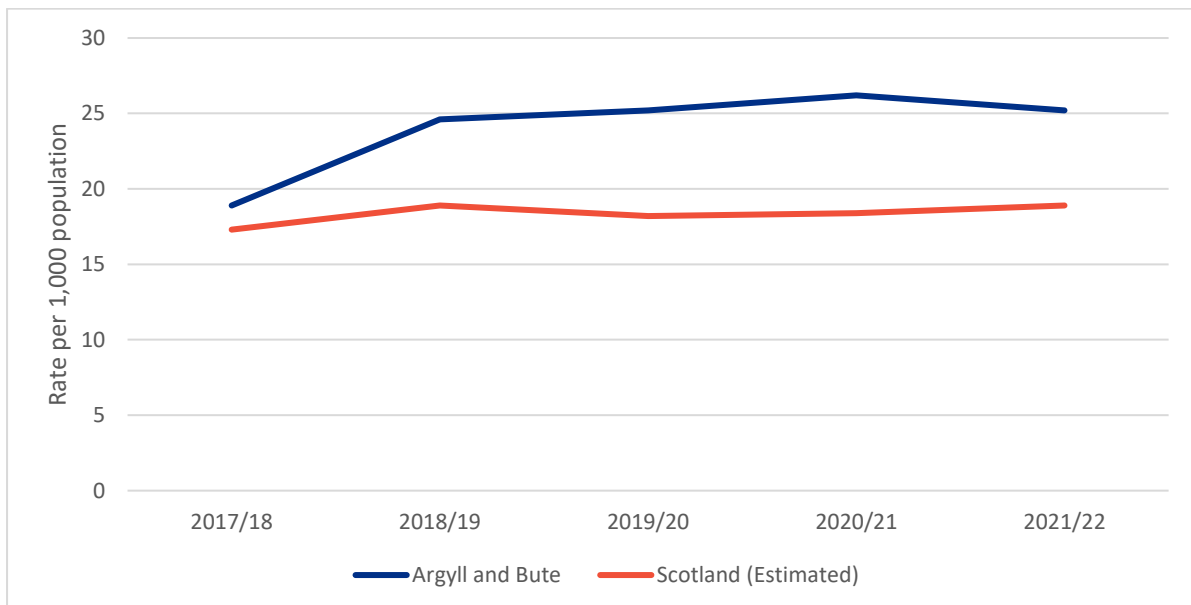
Source: PHS, Insights in social care: statistics for Scotland, Care at Home services provided and/or funded by health and social care partnerships in Scotland 2022/2023, Source Social Care Dataset

**Figure 56 Percentage of people receiving Care at Home services by sector of service provider, Argyll and Bute and Scotland, Jan-Mar 2023**



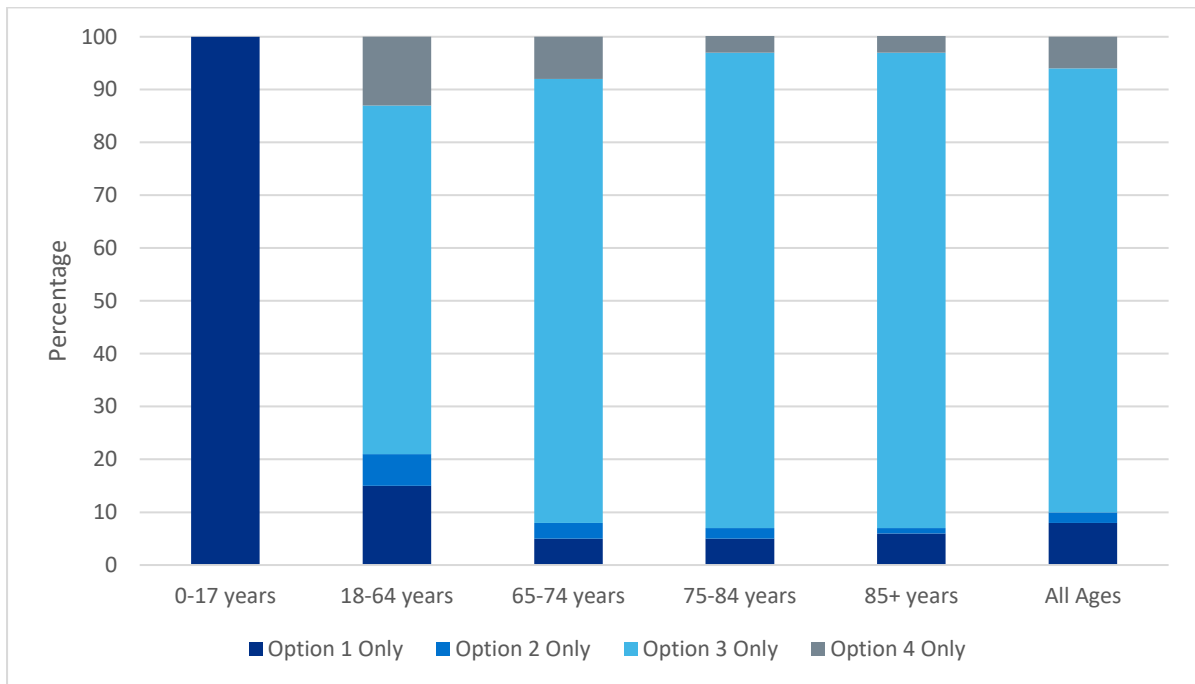
Source: PHS, Insights in social care: statistics for Scotland, Care at Home services provided and/or funded by health and social care partnerships in Scotland 2022/2023, Source Social Care Dataset

**Figure 57 Number of people as a rate per 1,000 population choosing any self-directed support option, Argyll and Bute and Scotland (Estimated), 2017/18 – 2021/22**



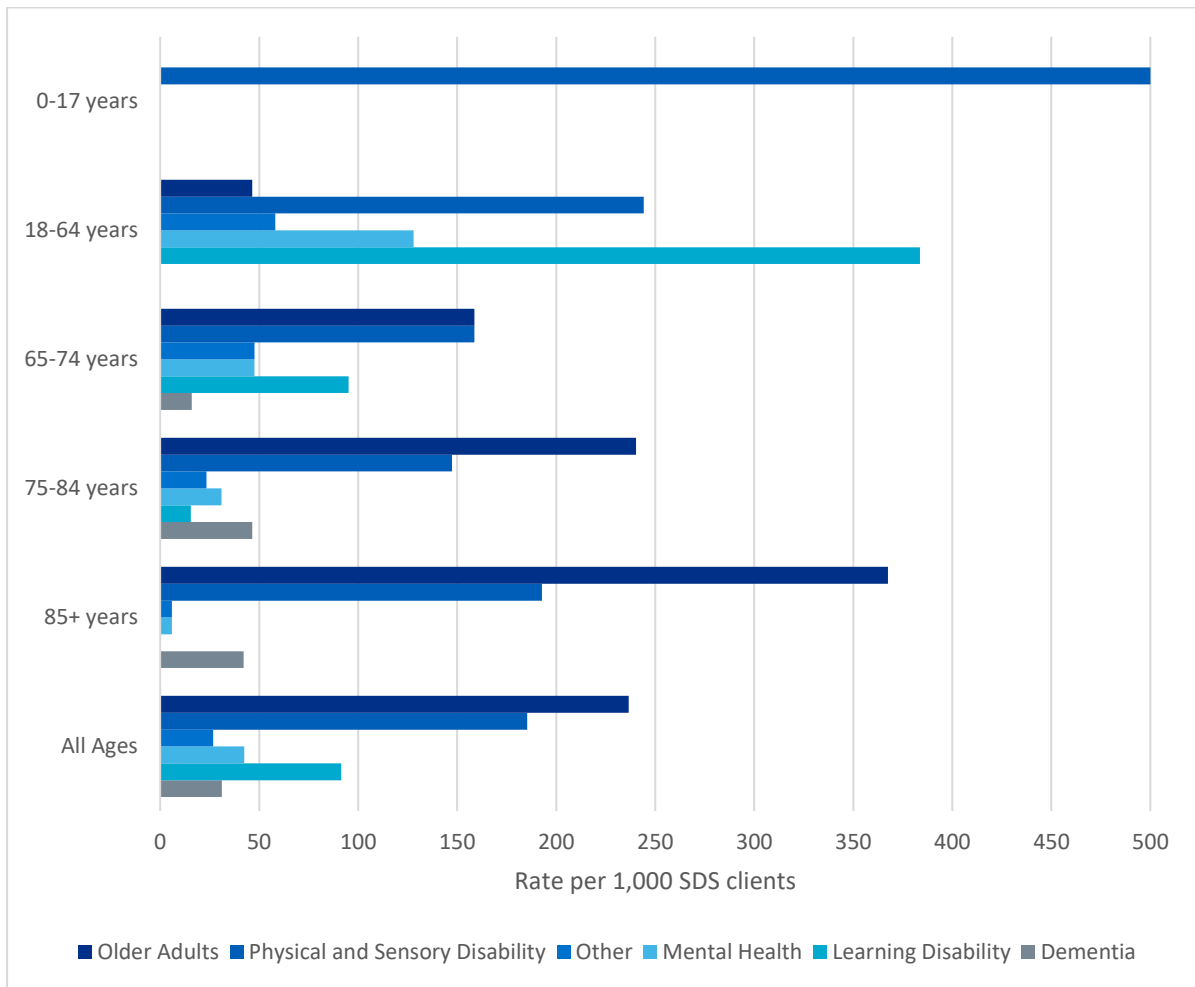
Source: PHS, Insights in social care: statistics for Scotland - Support provided or funded by health and social care partnerships in Scotland 2021/22, Source Social Care Dataset

**Figure 58 Percentage of people receiving self-directed support by age group and options chosen, Argyll and Bute, 2021/2022**



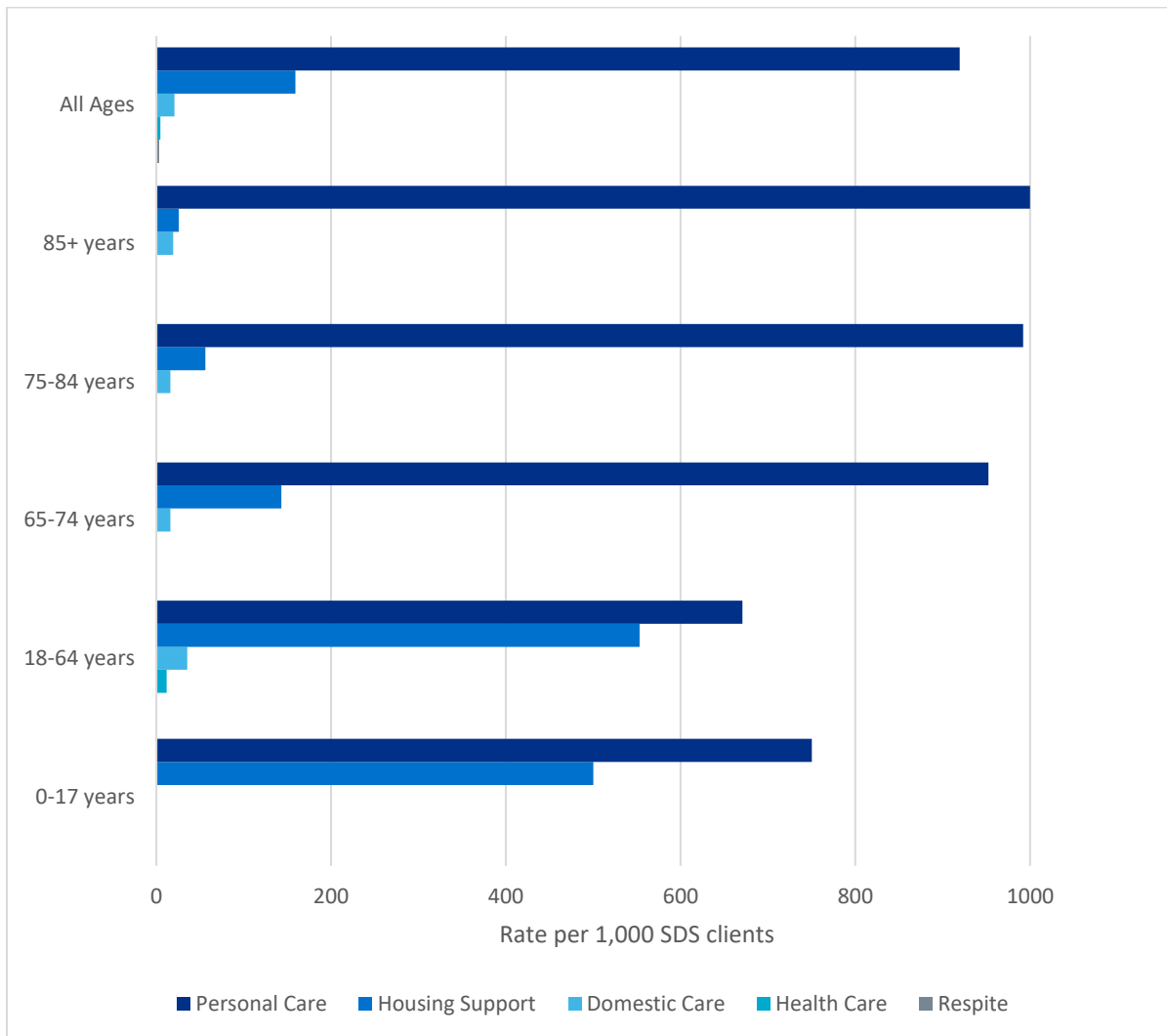
**Source: PHS, Insights in social care: statistics for Scotland - Support provided or funded by health and social care partnerships in Scotland 2019/20 - 2020/21, Source Social Care Dataset**

**Figure 59 Rate per 1,000 Self-Directed Support clients (all options combined) by client grouping and age group, Argyll and Bute, 2020/21**



**Source: PHS, Insights in social care: statistics for Scotland - Support provided or funded by health and social care partnerships in Scotland, 2020/21, Source Social Care Dataset**

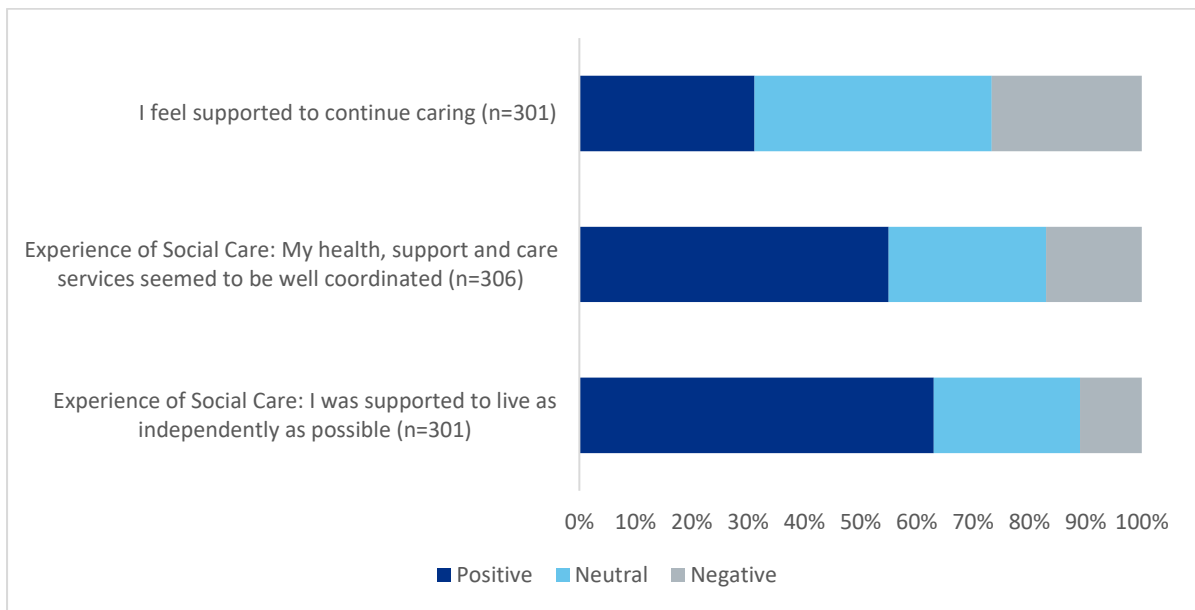
**Figure 60 Rate per 1,000 SDS clients, all ages, receiving SDS by assessed support need, Argyll and Bute, 2021/22**



**Source: PHS, Insights in social care: statistics for Scotland - Support provided or funded by health and social care partnerships in Scotland, 2021/22, Source Social Care Dataset**

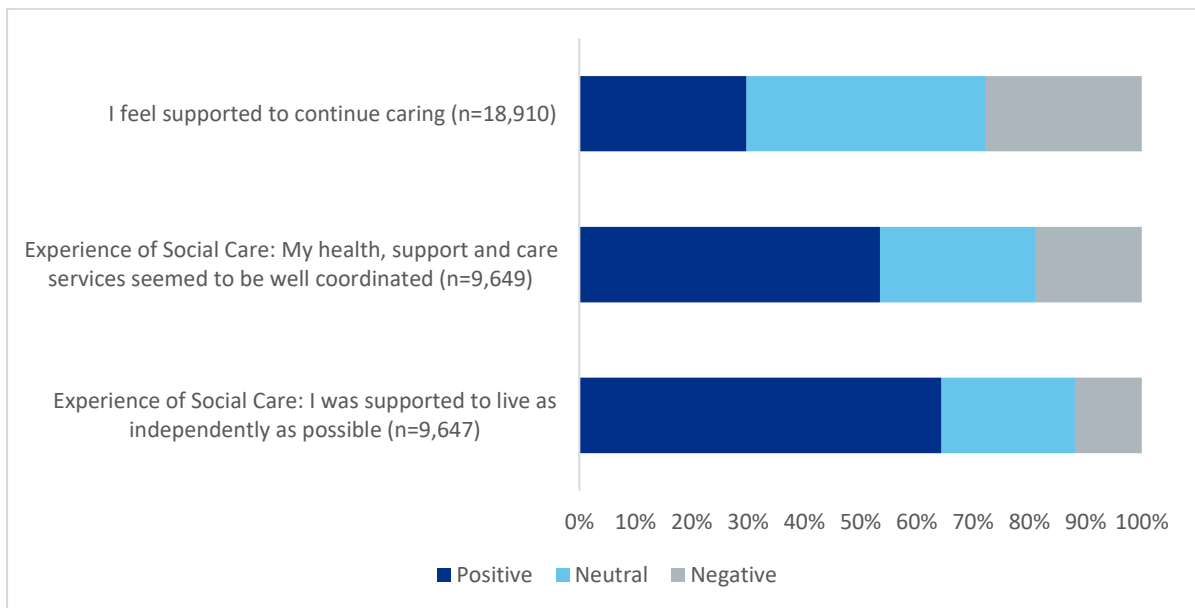


**Figure 61 Rating of care experiences by category, Argyll and Bute, 2022**



Source: Health and Care Experience survey, 2022

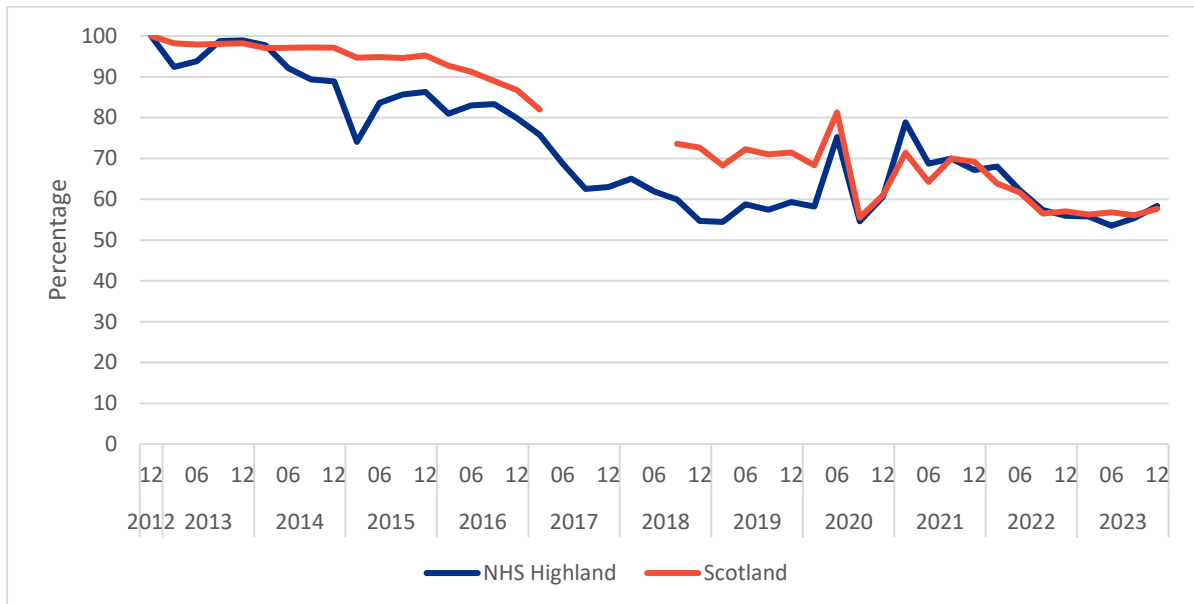
**Figure 62 Rating of care experiences by category, Scotland, 2022**



Source: Health and Care Experience survey, 2022

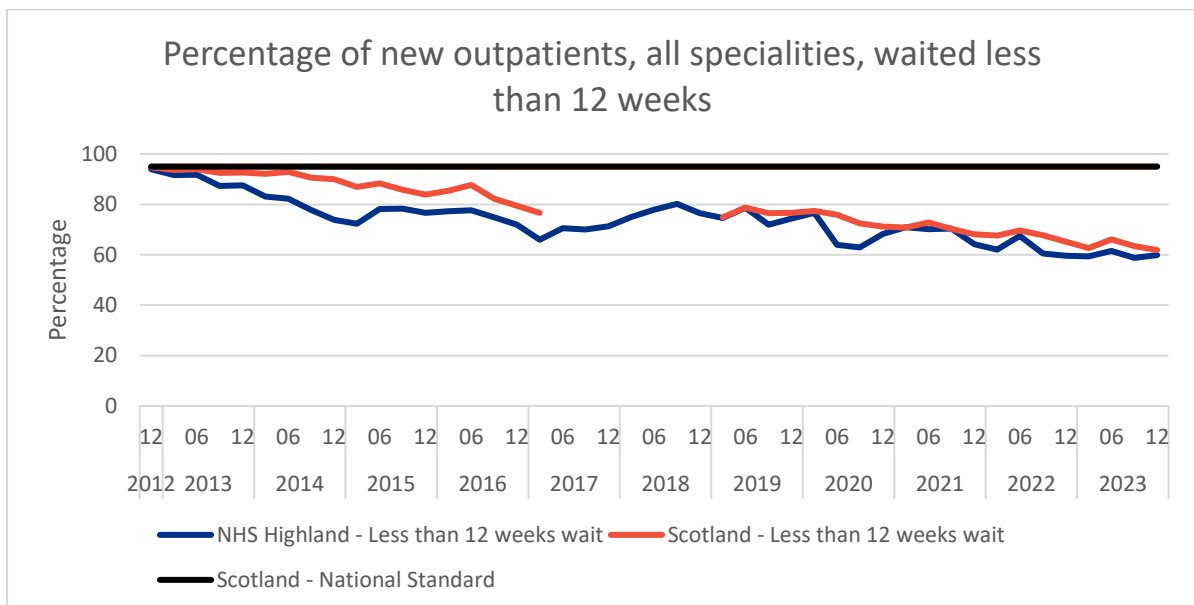
## What do we know about our provision of services?

**Figure 63 Percentage of completed waits in inpatients/ day cases of all specialities that waited less than 12 weeks between decision to treat and beginning of treatment, NHS Highland and Scotland, over time**



Source: PHS, The Waiting Times Data Mart

**Figure 64 Percentage of new outpatients completed waits, all specialities, that were less than 12 weeks between referral and being seen, NHS Highland and Scotland, over time**



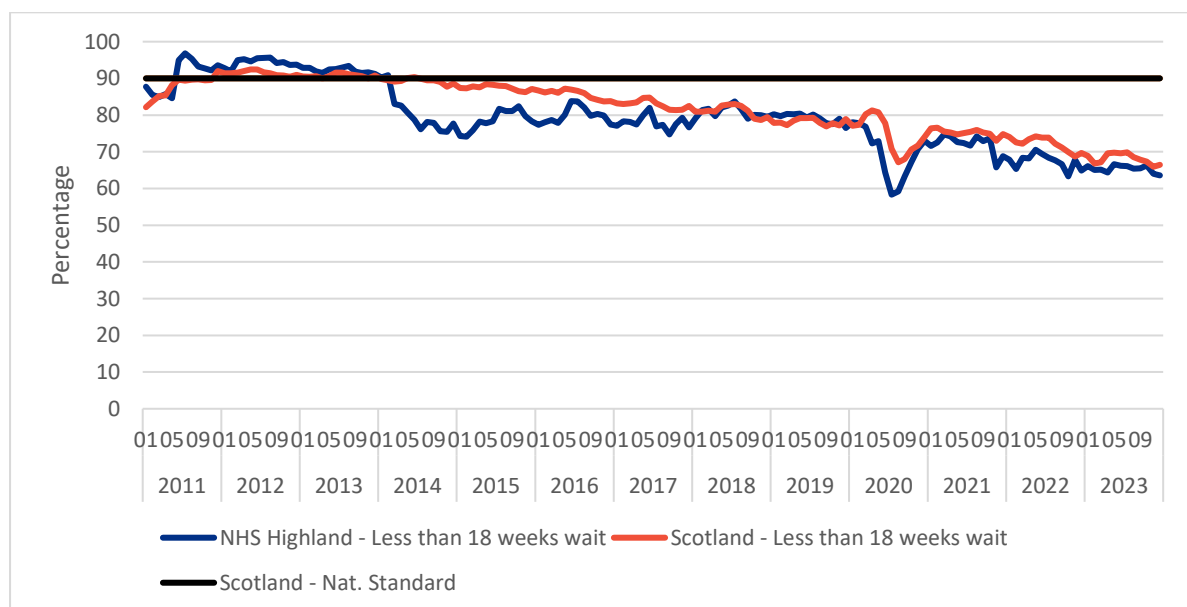
Source: PHS, The Waiting Times Data Mart

**Table 16 Completed waits for all specialities by patient type, NHS Highland and Scotland, 31.12.2023**

<b>Patient type</b>		
<b>Inpatient/Day case</b>	<b>NHS Highland</b>	<b>Scotland</b>
Number patients seen	3,681	61,992
Number patients waited over 12 Weeks	1,532	26,257
Percentage waited less than 12 weeks	58	58
Median time waited (days)	61	61
<b>New Outpatient</b>		
Number patients seen	13,104	310,870
Number patients waited over 12 Weeks	5,253	118,511
Percentage waited less than 12 weeks	60	62
Median time waited (days)	54	48

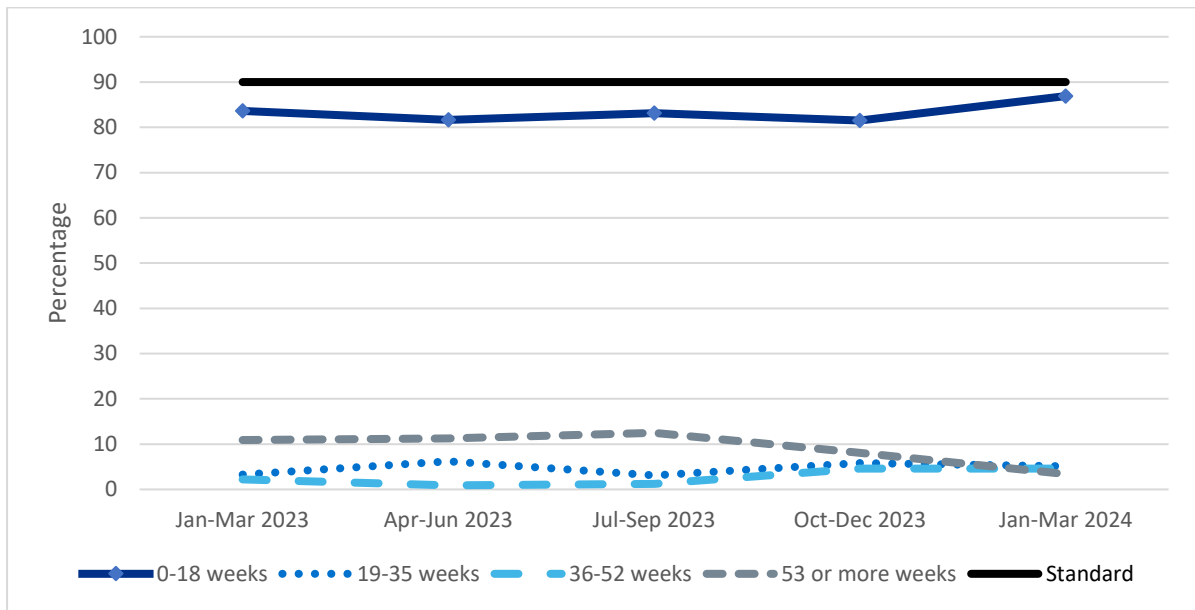
Source: PHS, The Waiting Times Data Mart, 31.12.2023

**Figure 65 Percentage of referrals that started treatment within 18 Weeks from initial referral, NHS Highland and Scotland, over time**



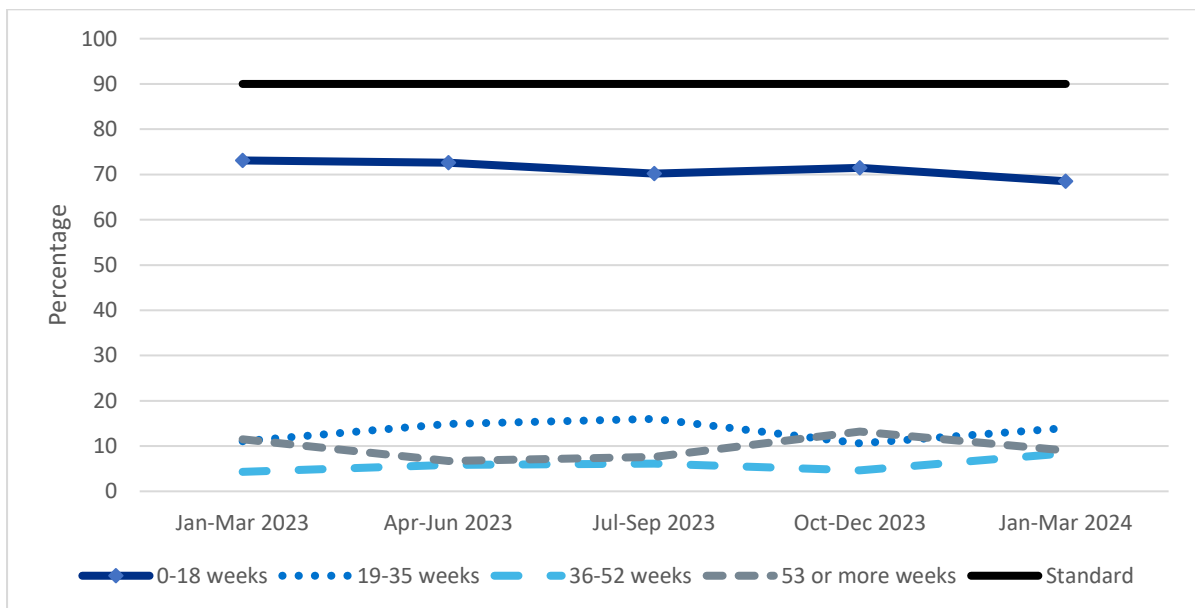
Source: PHS, 18 Weeks Referral to Treatment

**Figure 66 Percentage of patients who started treatment for psychological therapies by weeks waited from referral, NHS Highland, Jan-Mar 2023 – Jan-Mar 2024**



Source: PHS, Psychological Therapies Waiting Times

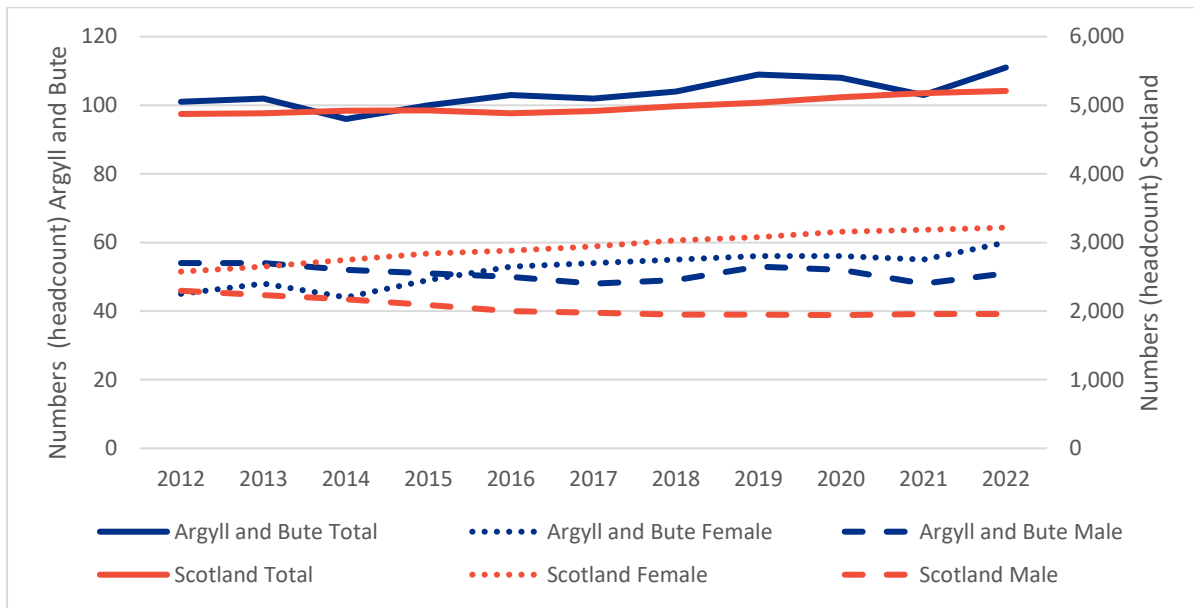
**Figure 67 Percentage of patients who started treatment for psychological therapies with child and adolescent mental health services by weeks waited from referral, NHS Highland, Jan-Mar 2023 – Jan-Mar 2024**



Source: PHS, Psychological Therapies Waiting Times

## What do we know about our health and social care workforce?

**Figure 68 Number (headcount) of GPs by sex, Argyll and Bute and Scotland, 2012 - 2022**



**Source: PHS, National Primary Care Clinician Database (NPCCD)**

The graph includes two vertical axis with different ranges, left axis numbers for Argyll and Bute, right axis numbers for Scotland.