

THE HEALTH OF THE PEOPLE OF HELENSBURGH AND LOMOND

Executive summary

Needs assessment report

June 2007

EXECUTIVE SUMMARY

This needs assessment has been carried out alongside the health needs assessment work in the public health department in NHS Greater Glasgow and Clyde. The aim has been to contribute to the development of a clinical strategic framework for the population served by the Vale of Leven Hospital, Alexandria.

A small working group was formed to advise on the process which met on a number of occasions over the period of the assessment. As well as examining data from statutory agencies and formal sources the group felt it was important to capture the perceived needs of the local communities. This was achieved by recording views at a series of roadshow events where a summary of the health needs assessment was presented in different formats and residents used a 'talking wall' to describe their views which highlighted concerns over transport and access.

Argyll and Bute is an area that has similar causes of death in terms of disease processes compared to the rest of Scotland and as a whole is healthier and has longer life expectancy for both sexes. The accident rate and specifically the road traffic accident rate is worse than the Scottish average and alcohol consumption appears to be problematic. Helensburgh and Lomond, where it can be determined, has similar patterns.

Deprivation is scattered throughout the area, with only ten areas of concentrated multiple deprivation lying in the 15% most deprived in Scotland, two of which are in Helensburgh. One of the SIMD domains used to calculate the multiple deprivation index is geographic access and this kind of deprivation is widespread in the locality.

Many of the poorer aspects of health (e.g. low rates of breast feeding, higher levels of alcohol consumption, higher rates of coronary heart disease) increase with greater social disadvantage. We can assume that such health inequalities exist in Helensburgh and Lomond as in the rest of Scotland.

Despite differences in assumptions from different sources regarding varying degrees of inward migration, we know that the Helensburgh and Lomond population is likely to become increasingly elderly. This not only increases demand on services but with a smaller younger population fewer people are available to generate tax revenue for growth of services and labour to provide the required health and social care services.

The secondary care demand has shown increased activity over the past three years. The NHS is currently "managing chronic disease with an acute care mentality" (Scottish Executive 2005¹). This (Kerr) report goes on to state "the next twenty years will see an ageing population, a continuing shift in the pattern of disease towards long term conditions and a growing number of older people with multiple conditions and complex needs. These changes in themselves will make the current model of health care delivery unsustainable."

There is a need to ensure that as our population becomes older and relatively healthier the increasing numbers of long term conditions will need to be managed more

¹ Scottish Executive (2005) *Building a Health Service Fit for the Future*, Edinburgh, Scottish Executive

effectively and efficiently through planned anticipatory care and better planning around emergency care. This will require promoting preventative care particularly in disadvantaged areas, the active promotion of self care, the development of expert patients, with less dependence on clinicians for those low/medium risk patients as well as the identification and proactive management of high risk individuals.

Finally, team working will need to be enhanced, across disciplines in primary care, and between primary and secondary care, and between health and social care providers, recognising that optimal care may require proportionally more investment in social care as opposed to health care. Part of this picture of care will be ease of access for patients to different parts of this care pathway.