



20220929 FINAL Locality Planning Update Appendix 1

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Summary Table

Indicators	Data Type	Time Period	Forres and Lossiemouth Locality	Buckie Locality	Elgin Locality	Keith and Speyside Locality	Moray HSCP	Scotland
Demographics								
Total population	count	2020	30,033	19,898	30,399	15,380	94,930	5,466,000
Gender ratio male to female	ratio	2020	1:0.96	1:1.06	1:1.05	1:1.02	1:0.97	1:1.05
Population over 65	%	2020	22	25	19	25	21	19
Population in least deprived SIMD quintile	%	2020	20	0	17	0	12	20
Population in most deprived SIMD quintile	%	2020	1.8	0	6.7	0	2.7	20
Housing								
Total number of households	count	2020	13,761	9,702	14,594	7,778	45,835	2,653,521
Households with single occupant tax discount	%	2020	34	34	34	33	34	38
Households in Council Tax Band A-C	%	2020	61	70	61	70	65	59
Households in Council Tax Band F-H	%	2020	8.4	3.8	8.6	5.7	7	13
General Health								
Male average life expectancy in years	mean	2016-2020*	79.8	79.3	78.6	79.8	78.9	76.8
Female average life expectancy in years	mean	2016-2020*	83.1	82.4	82.1	82.5	81.8	81
Early mortality rate per 100,000	rate	2018-2020	97	94.9	140.4	82.8	110	116
Population with long-term condition	%	2020/21	21	24	23	25	23	20

*At HSCP and Scotland level, the time period is a 3-year aggregate (2018-2020)

PHS LIST Locality Profiles

Indicators	Data Type	Time Period	Forres and Lossiemouth Locality	Buckie Locality	Elgin Locality	Keith and Speyside Locality	Moray HSCP	Scotland
Lifestyle & Risk Factors								
Alcohol-related hospital admissions per 100,000	rate	2019/20	526	352	553	499	474	673
Bowel screening uptake	rate	2017 - 2019	67	68	68	67	68	62
Unscheduled Care								
Emergency admissions per 100,000	rate	2020/21	6,992	7,337	8,339	7,659	7,599	9,467
Unscheduled bed days per 100,000	rate	2020/21	50,761	61,901	53,426	60,111	55,426	64,439
A&E attendances per 100,000	rate	2020/21	18,653	18,057	24,415	17,627	20,194	20,421
Last 6 months of life spent in community setting	%	2020/21	91	92	92	92	92	90
Potentially Preventable Admissions per 100,000	rate	2020/21	922	1,136	1,168	962	1,051	1,180
Unscheduled Care (Mental Health Hospitals)								
Emergency admissions per 100,000	rate	2020/21	186	196	257	254	222	252
Unscheduled bed days per 100,000	rate	2020/21	12,563	6,775	14,685	11,912	11,929	23,674
Readmissions (28 days) per 1,000	rate	2020/21	70	26	28	79	49	84

PHS LIST Locality Profiles

Notes for this profile:

- All years shown are calendar years unless otherwise specified.
- Upper and lower 95% confidence intervals are shown throughout this document where available. In charts, these are displayed as shaded areas either side of trend lines, or as black error bars in bar charts. Confidence intervals show the range of possible values and a certainty that the true value falls within them.
- Definitions for the indicators shown are available in Appendix 1.
- Any zero figures for some indicators will indicate either suppression of small data or a complete lack of data available for this locality

Demographics

Summary:

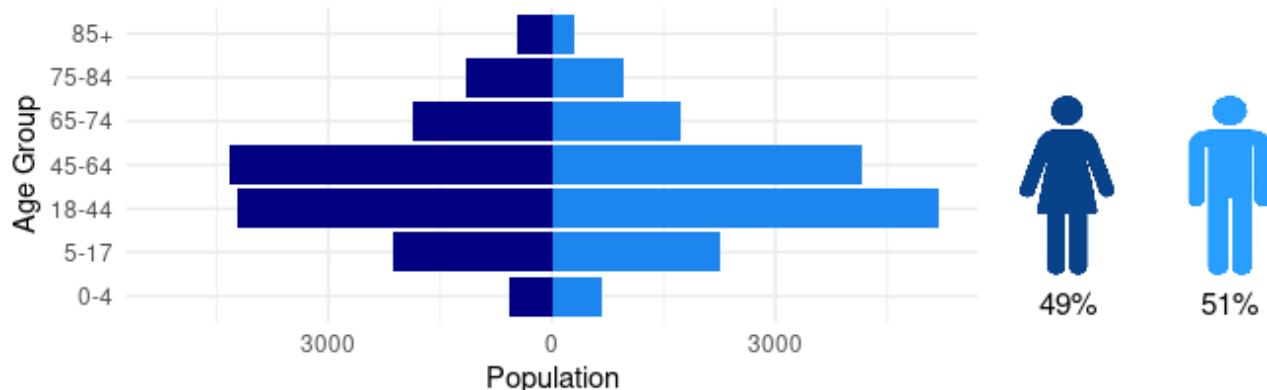
For the most recent time periods available, Forres and Lossiemouth Locality had:

- A total population of **30,033** people, where **51%** were male, and **22%** were aged over 65.
- 20%** of people lived in the least deprived SIMD quintile, and **1.8%** lived in the most deprived quintile.

Population

In 2020, the total population of Forres and Lossiemouth locality was 30,033. The graph below shows the population distribution of the locality.

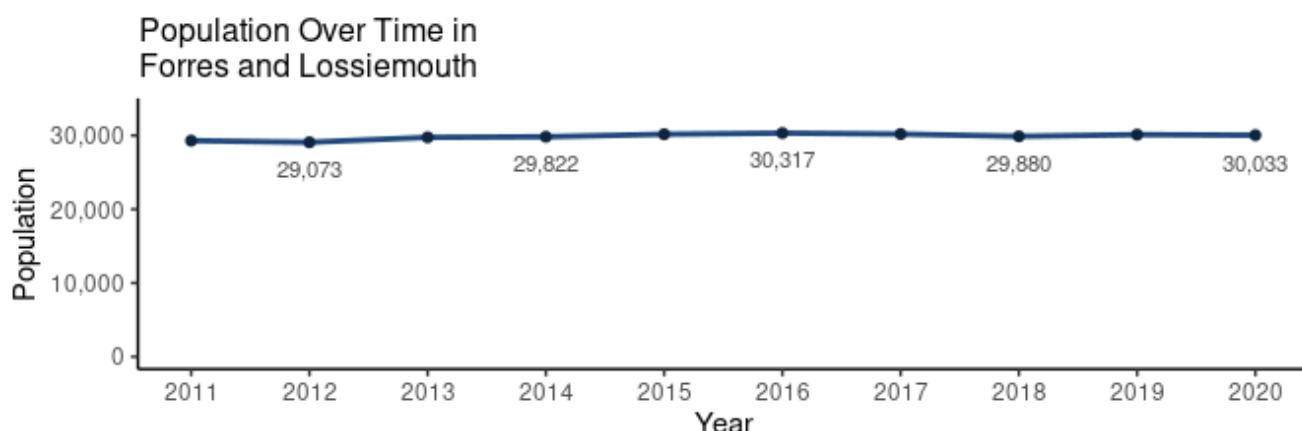
Figure 1: Population breakdown in Forres and Lossiemouth.



Source: National Records Scotland

Figure 2 shows the historical population of Forres and Lossiemouth, along with the NRS population projections. The population has been rising in general, however it has fallen since last year. The population in Forres and Lossiemouth is estimated to NA from NA to NA
Please see the footnotes for more information on how the population projections were calculated¹.

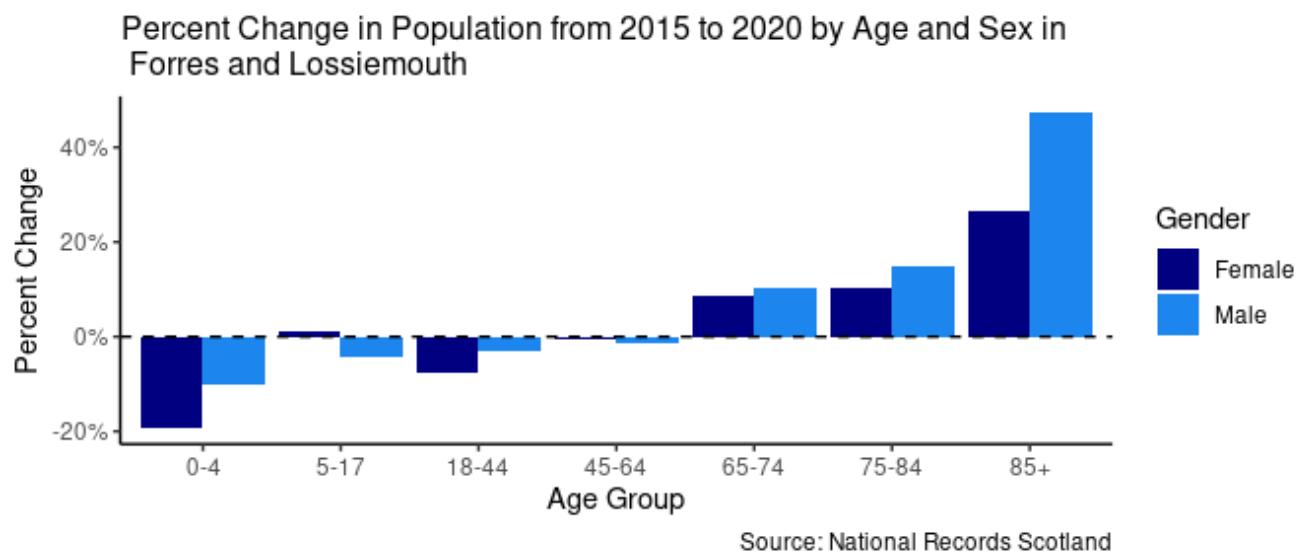
Figure 2: Population time trend and projection.



Source: National Records Scotland

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

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



Deprivation

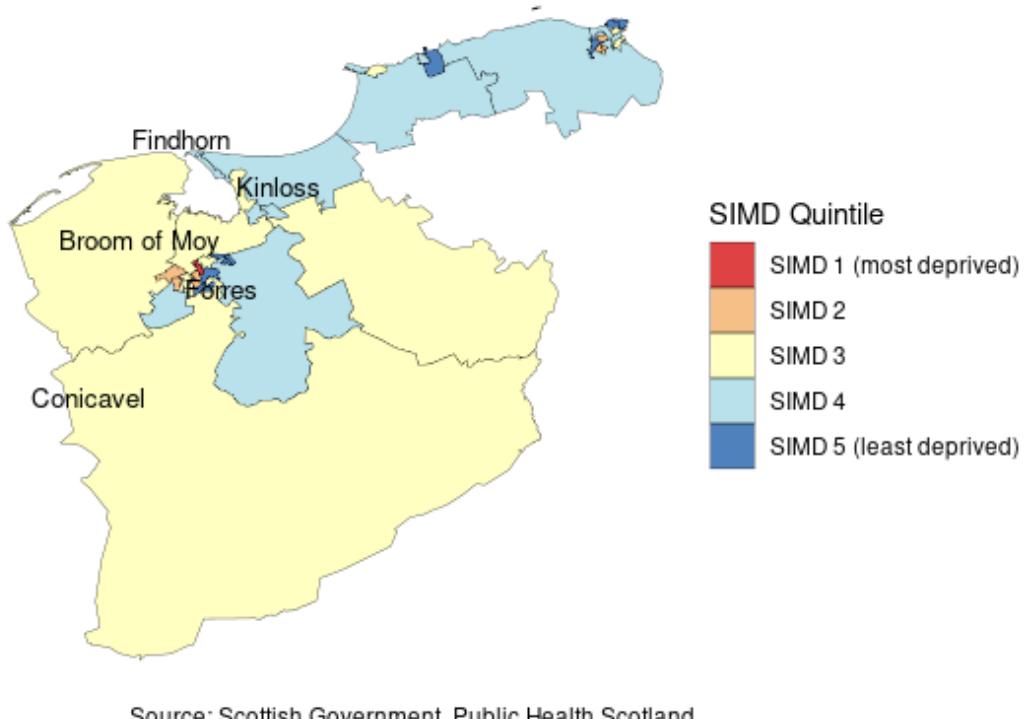
The following section explores the deprivation structure of Forres and Lossiemouth through the Scottish Index of Multiple Deprivation (SIMD). The SIMD ranks all datazones in Scotland by several of factors: Access, Crime, Education, Employment, Health, Housing and Income. Based on these ranks, each datazone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

Of the 2020 population in Forres and Lossiemouth, **1.8%** live in the most deprived SIMD Quintile, and **20%** live in the least deprived SIMD Quintile. The following table details the percent of the population living in the 2016 SIMD Quintiles, the percent living in the 2020 SIMD Quintiles, and their difference for comparison.

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

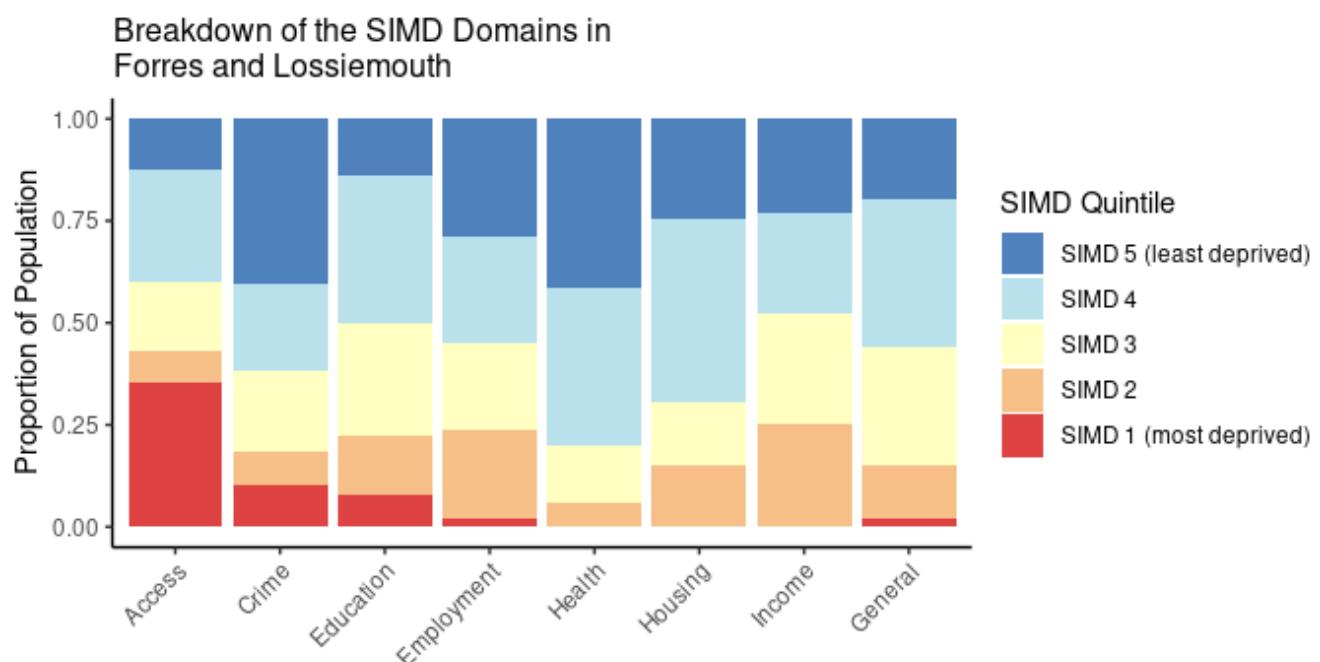
Quintile	Percent of Pop (2016)	Percent of Pop (2020)	Difference
SIMD 1	0.0%	1.8%	1.8%
SIMD 2	10.6%	13.2%	2.7%
SIMD 3	32.3%	29.1%	-3.3%
SIMD 4	29.2%	36.2%	6.9%
SIMD 5	27.8%	19.7%	-8.1%

Figure 4: Map of Data Zones within Forres and Lossiemouth coloured by SIMD quintiles.



Source: Scottish Government, Public Health Scotland

Figure 5: Proportion of the population that reside in each 2020 SIMD quintile by domain.

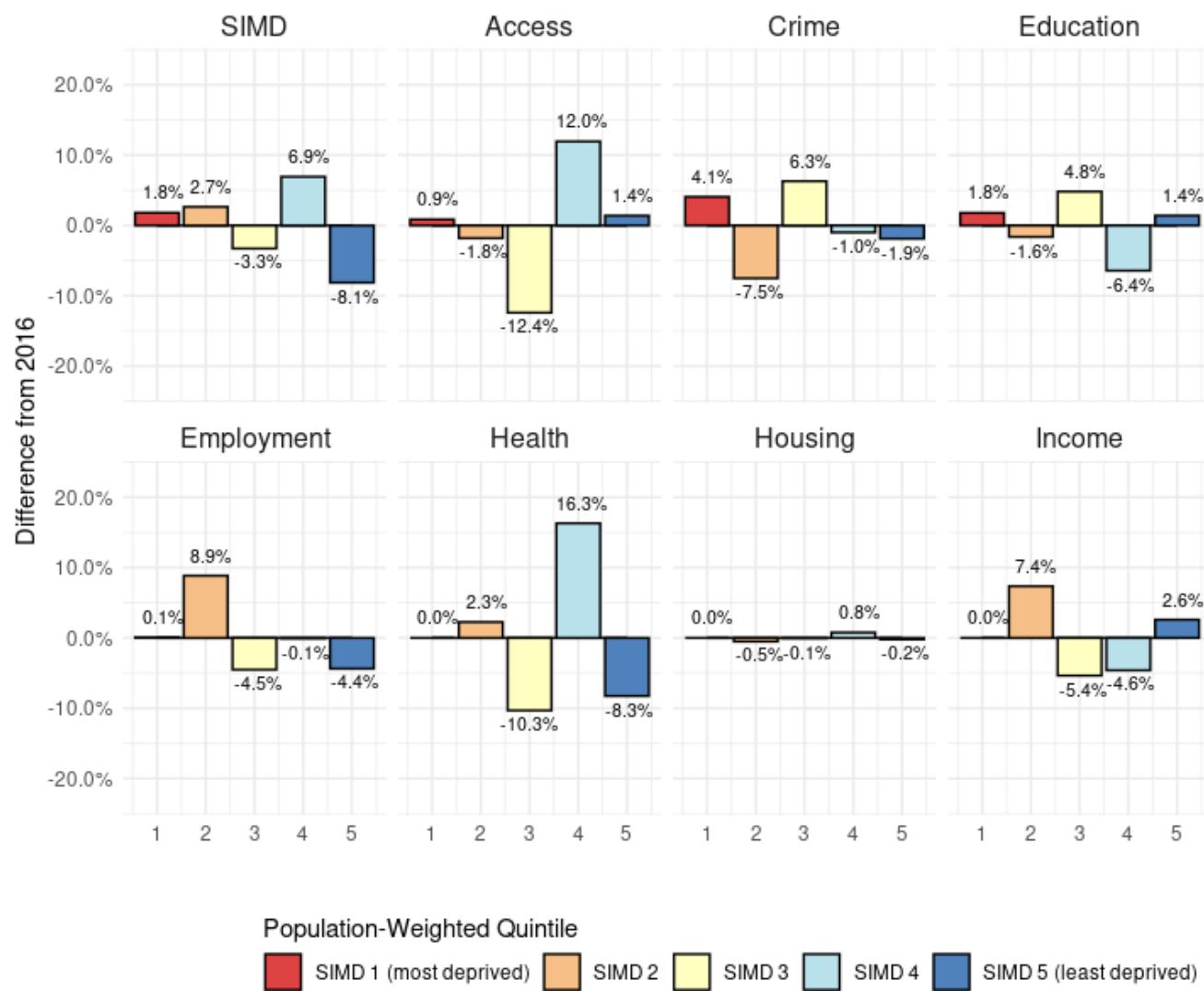


Source: Scottish Government, Public Health Scotland, National Records Scotland

Figure 6: Percentage population living in the 2016 and the 2020 SIMD and Domain Quintiles

Figure 6 presents a comparison between the 2016 Scottish Index of Multiple Deprivation figures, and the new 2020 SIMD figures. The percentages of the population living within each SIMD quintile and domain quintile were calculated first using the 2016 SIMD datazone classifications, and then the 2020 SIMD classifications. The differences in these percentages are plotted in Figure 6. Negative values on the y axis indicate a decrease in percent of the population living within a quintile, while positive values indicate an increase in percent of the population living within a quintile. **Please note that quintiles have been weighted by the Scottish population so, any local changes in SIMD quintile do not necessarily indicate a difference in deprivation, but rather a difference in deprivation in comparison to the rest of Scotland.**

Difference in Percent of the Population Living In Deprivation Domain Quintiles
SIMD 2016 Versus SIMD 2020 in Forres and Lossiemouth



Source: Scottish Government, National Records Scotland

Households

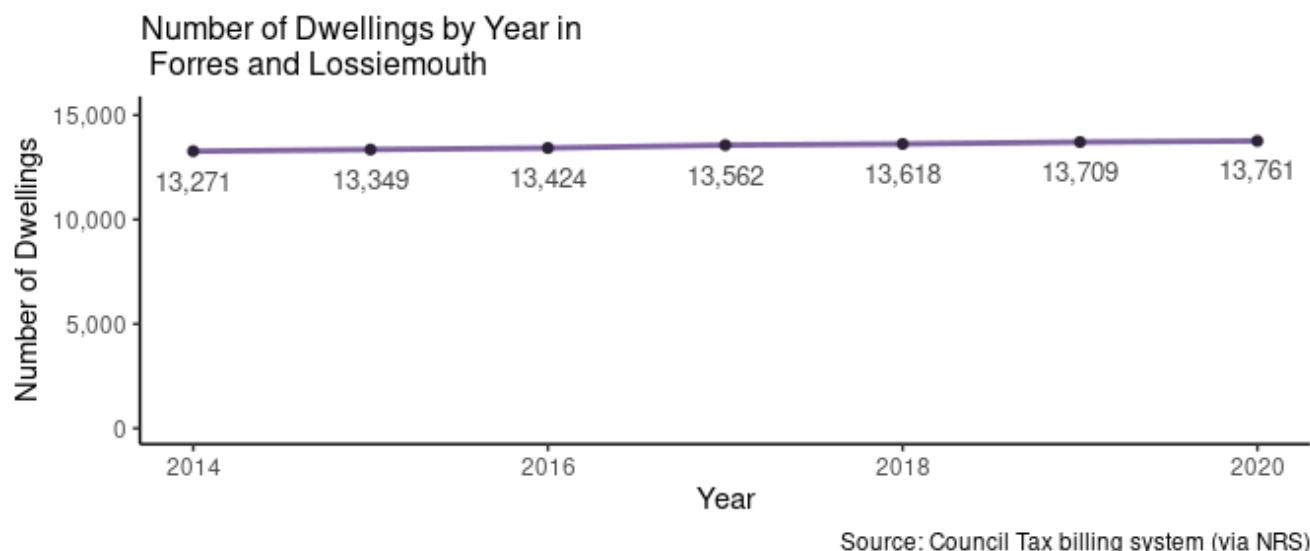
Summary:

For the most recent time periods available, Forres and Lossiemouth Locality had:

- 13,761 dwellings, of which: 95% were occupied and 1.7% were second homes.
- 34% of dwellers received a single occupant council tax discount, and 4.9% were exempt from council tax entirely.
- 61% of houses were within council tax bands A to C, and 8.4% were in bands F to H.

The graph below shows the number of dwellings in Forres and Lossiemouth from 2014 to 2020.

Figure 7: Number of dwellings time trend.



Of the total number of dwellings in 2020, 34% (4,726 households) were occupied by an individual receiving a single occupant council tax discount. Furthermore, 4.9% (673 households) were occupied and exempt from council tax.

There were 238 dwellings classed as a second home in 2020, these dwellings made up 1.7% of the households in Forres and Lossiemouth.

Table 2: Breakdown of dwelling types by year for Forres and Lossiemouth locality.

Year	Total Dwellings	Occupied Dwellings	Vacant Dwellings	Single Occupant Tax Discount	Council Tax Exempt Dwellings	Second Homes
2014	13,271	12,591	480	4,537	609	194
2015	13,349	12,675	460	4,594	624	211
2016	13,424	12,746	446	4,638	628	230
2017	13,562	12,840	491	4,744	646	230
2018	13,618	12,810	572	4,793	653	234
2019	13,709	12,982	482	4,841	657	245
2020	13,761	13,031	492	4,726	673	238

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

Figure 8: Breakdown of households by council tax band for Forres and Lossiemouth in 2020.

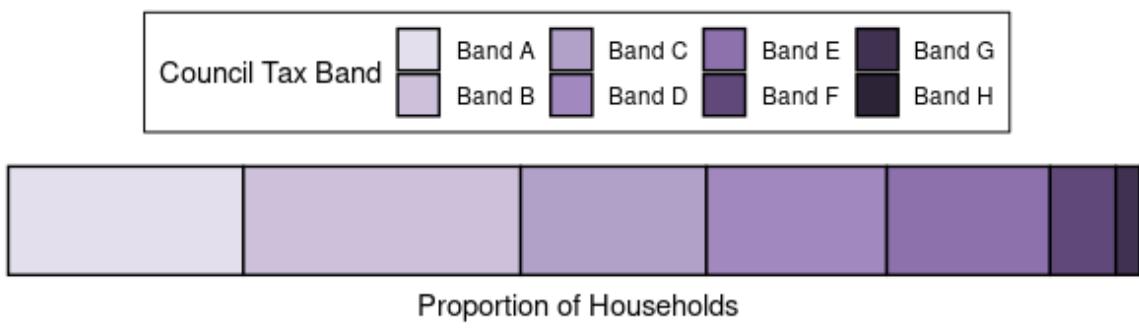
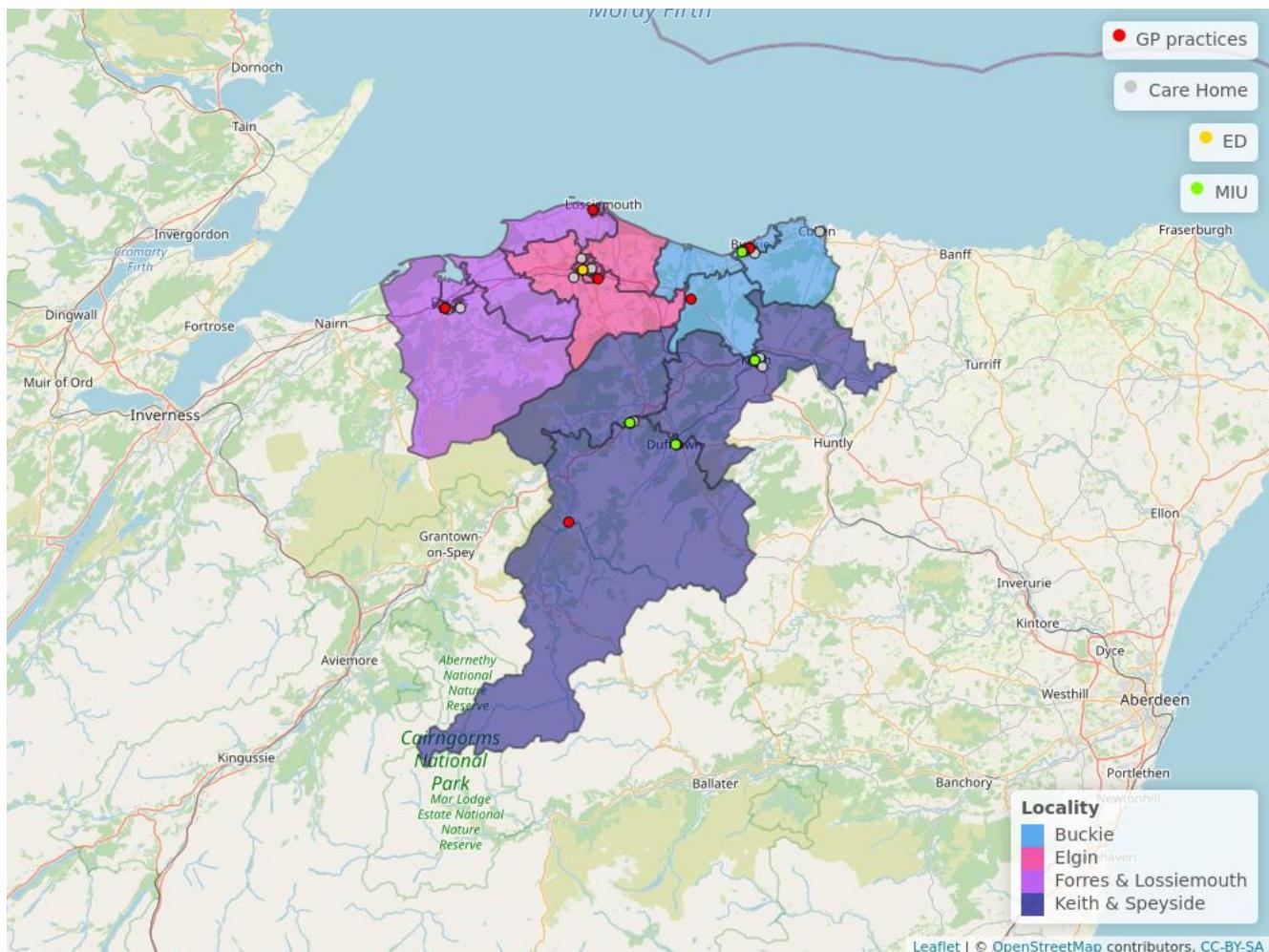


Table 3: Percentage of households by council tax band for Forres and Lossiemouth in 2020.

Tax Band	A	B	C	D	E	F	G	H
Percent of households	21%	24%	16%	16%	14%	5.8%	2.1%	0.48%

Services

Figure 9: Map of GP practices by locality in Moray HSCP².



ED = Emergency Department, MIU = Minor Injuries Unit (or other)

Table 4: Number of each type of service in Forres and Lossiemouth Locality².

Service Type	Service	Number
Primary Care	GP Practice	3
A&E	Emergency Department	0
	Minor Injuries Unit	0
Care Home	Elderly Care	2
	Other	1

General Health

Summary:

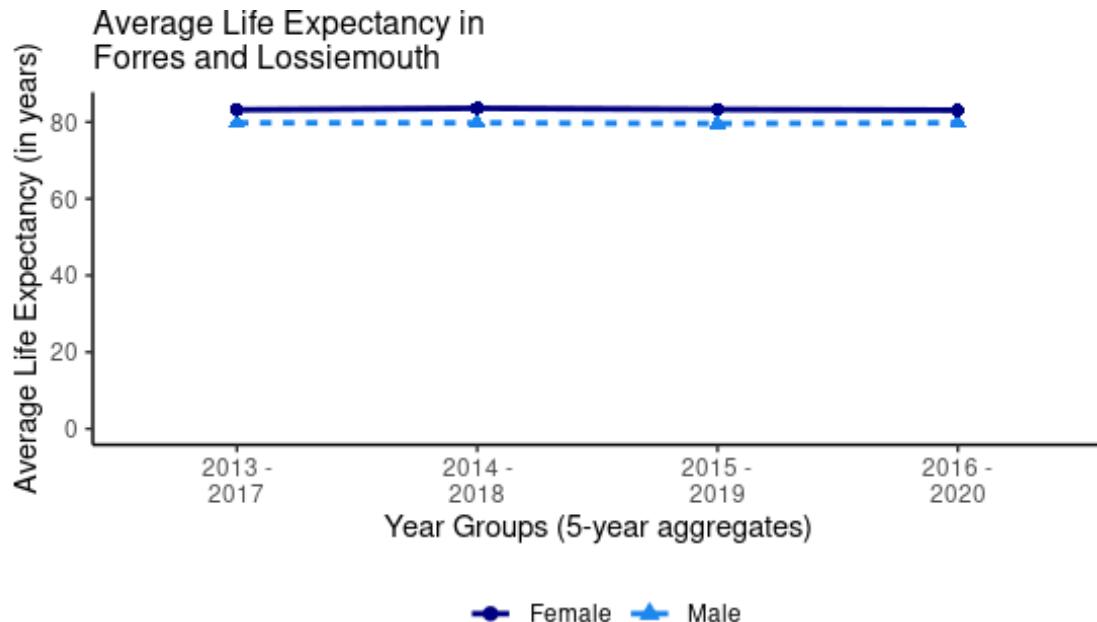
For the most recent time periods available³, **Forres and Lossiemouth Locality had:**

- An average life expectancy of **79.8** years for males and **83.1** years for females.
- A death rate for ages 15 to 44 of **97** deaths per 100,000 age-sex standardised population⁴
- 21%** of the locality's population with at least one long-term physical health condition.

Life Expectancy

In the latest time period available from 2016-2020 (5 year aggregate), the average life expectancy in the Forres and Lossiemouth locality was **79.8** years old for men, and **83.1** years old for women. A time trend since 2013-2017 can be seen in figure 10

Figure 10: Average life expectancy in men and women over time.



Source: ScotPHO

Table 5 provides the average life expectancy for men and women in different areas for the latest time period available. Please note that these are 5 year aggregates for the locality from 2016-2020, but 3 year aggregates from 2018-2020 at partnership, Health Board, and Scotland level.

Table 5: Average life expectancy in years for the latest time periods (2016-2020 aggregated years for the locality; 2018-2020 aggregated years for other areas).

	Locality	Partnership	Health Board	Scotland
	83.1	81.8	82	81
	79.8	78.9	78.3	76.8

Where Locality = Forres and Lossiemouth, Partnership = Moray HSCP, Health Board = NHS Grampian.

Deaths, aged 15-44

The following chart shows a trend of death rates among 15-44 year olds per standardised 100,000 population⁴ by area (i.e. Early mortality rate per 100,000). In the most recent aggregate time period available (from 2018-2020), the mortality rate in Forres and Lossiemouth locality was 97 deaths per standardised 100,000 population. Figure 12 then provides comparisons of deaths for all localities in Moray HSCP, for the two latest time aggregates available.

Figure 11: Deaths aged 15-44 years by geographical area and over time.

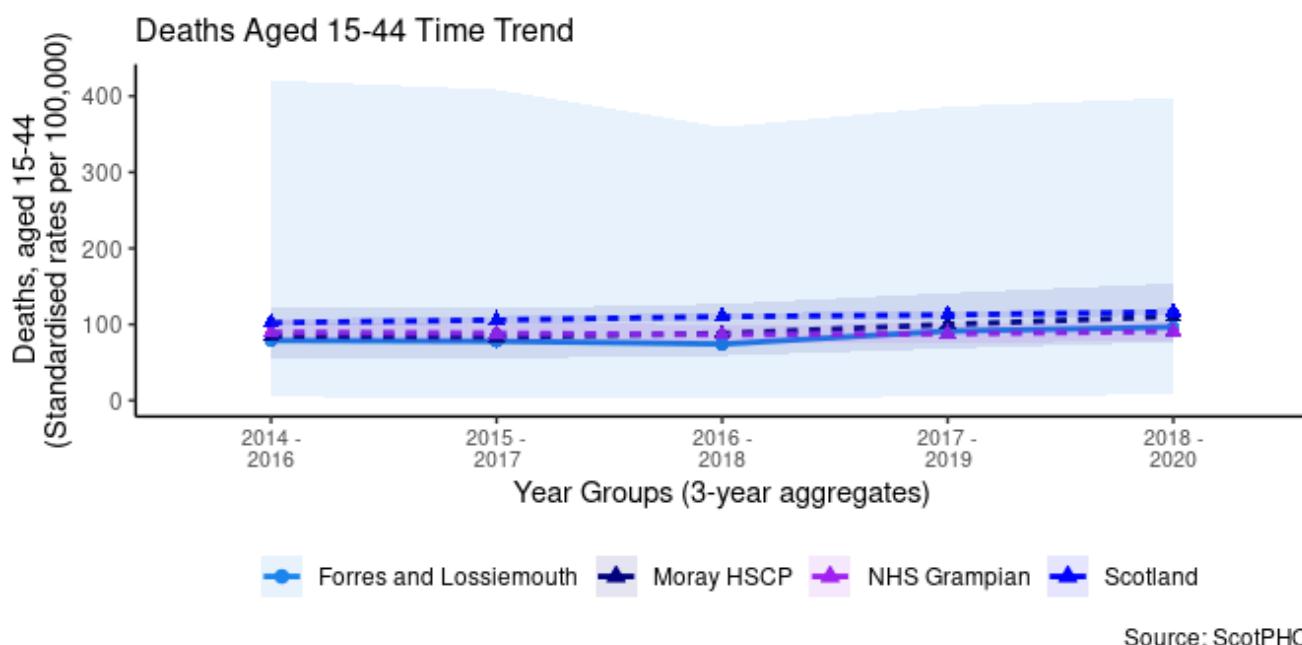
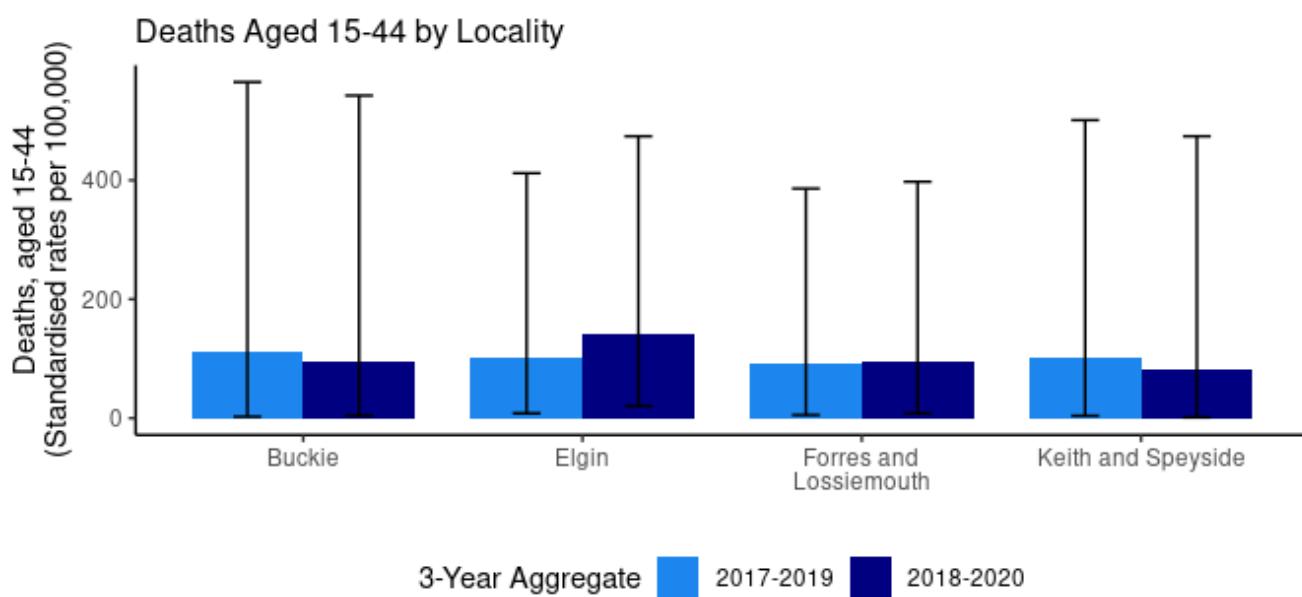
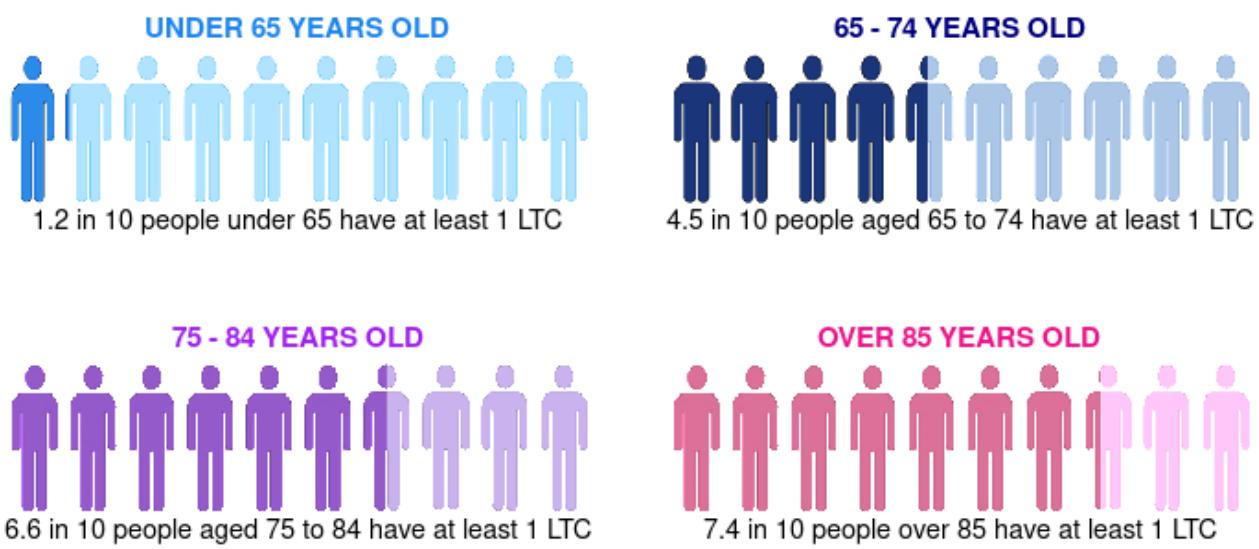


Figure 12: Deaths at ages 15-44 in Moray HSCP localities.



Long-Term Physical Health Conditions and Multimorbidity

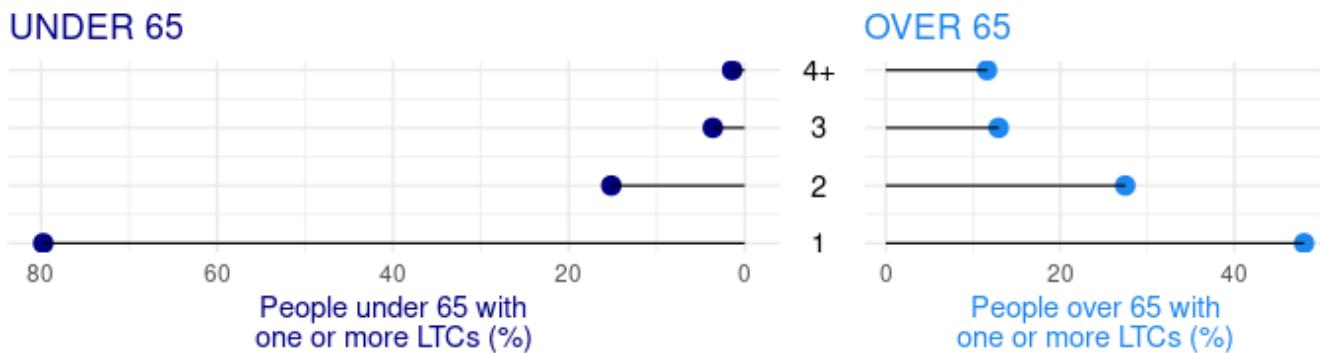
In the financial year 2020/21, in Forres and Lossiemouth Locality, **21%** of the total population had at least one physical long-term condition (LTC). These include: cardiovascular, neurodegenerative, and respiratory conditions, as well as other organ conditions (namely liver disease and renal failure), arthritis, cancer, diabetes, and epilepsy. *Please see footnotes for information and caveats on identifying LTCs.*⁵



The co-occurrence of two or more conditions, known as multimorbidity, is broken down in figure 13, distinguishing between age groups. Note that this chart excludes the population in the locality who do not have any physical long-term conditions. Figure 13 therefore shows that among the people who have a LTC, **20%** of those under the age of 65 have more than one, compared to **52%** of those aged over 65.

Figure 13: Multimorbidity of physical long-term conditions by age group in 2020/21.

Multimorbidity – Percentage people with 1, 2, 3 or 4+ LTCs among those with a LTC in Forres and Lossiemouth Locality

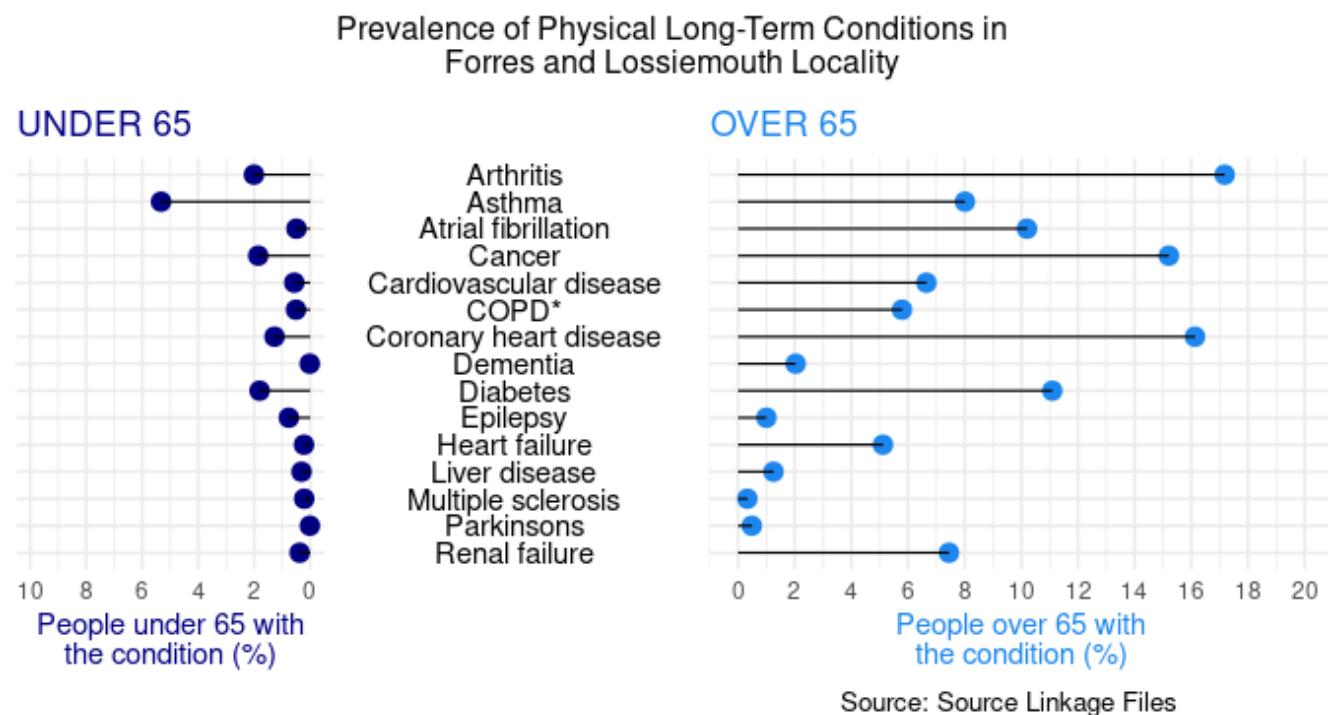


Source: Source Linkage Files

Most common physical Long-Term Conditions (LTCs)

Below is a breakdown of the physical LTCs, for the financial year 2020/21. Figure 14 shows the prevalence of different LTCs in each age group in Forres and Lossiemouth locality, and Table 6 illustrates the top 5 physical LTCs across all ages at locality, partnership, and Scotland level.

Figure 14: Percentage people with each physical LTC, split by age group.



*COPD: Chronic Obstructive Pulmonary Disease

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

Top 5 Physical Long-Term Conditions

	Forres and Lossiemouth Locality	Moray HSCP	Scotland
1	Asthma 5.9%	1 Asthma 6.3%	1 Arthritis 5.6%
2	Arthritis 5.2%	2 Arthritis 5.4%	2 Cancer 5.1%
3	Cancer 4.6%	3 Cancer 4.9%	3 Coronary heart disease 4.7%
4	Coronary heart disease 4.4%	4 Coronary heart disease 4.9%	4 Asthma 4.7%
5	Diabetes 3.7%	5 Diabetes 4.1%	5 Diabetes 3.2%

Lifestyle and Risk Factors

Summary:

Mental and physical wellbeing has close ties with people's lifestyles and behaviours. Financial security, employment and location are influences that often have a bearing on these choices. Issues can develop when alcohol, smoking or drug use shape lives. This section provides data on drug-related hospital admissions, alcohol-related hospital admissions, alcohol-specific mortalities and bowel screening uptake, to give an overview of some of the lifestyles and behaviours for Forres and Lossiemouth locality. These can give an idea of quality of life and prosperity.

For the most recent time periods available³, Forres and Lossiemouth had:

- **526** alcohol-related hospital admissions per age-sex standardised 100,000 population⁴. This is a lower rate of admissions than for Scotland (673).
- a **67%** uptake of bowel cancer screening for the eligible population.

Alcohol-related Hospital Admissions

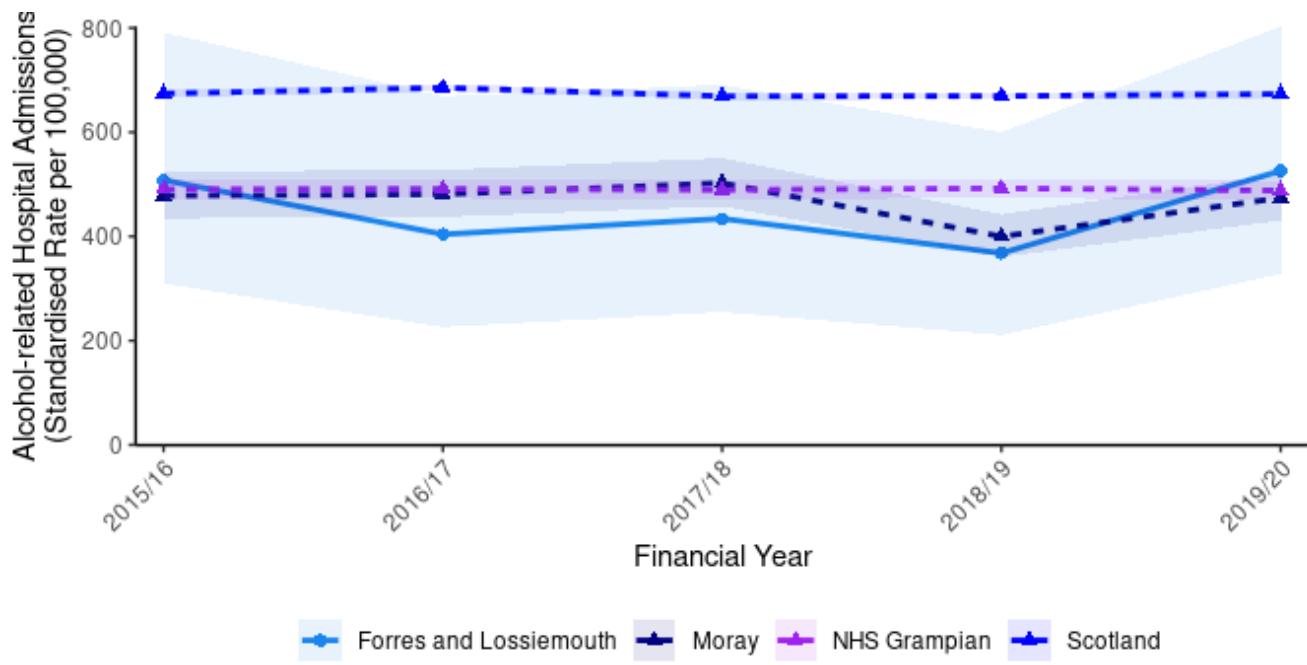


There were 526 alcohol-related hospital admissions per age-sex standardised 100,000 population⁴ in Forres and Lossiemouth locality for the most recent time period available (3 year financial year aggregate for 2019/20).

This is a 3.6% increase since 2015/16 (3 financial year aggregates).

A trend of the change in alcohol-related hospital admissions for Forres and Lossiemouth locality compared with Scotland, Moray HSCP and NHS Grampian is shown in the chart below from 2015/16 onwards.

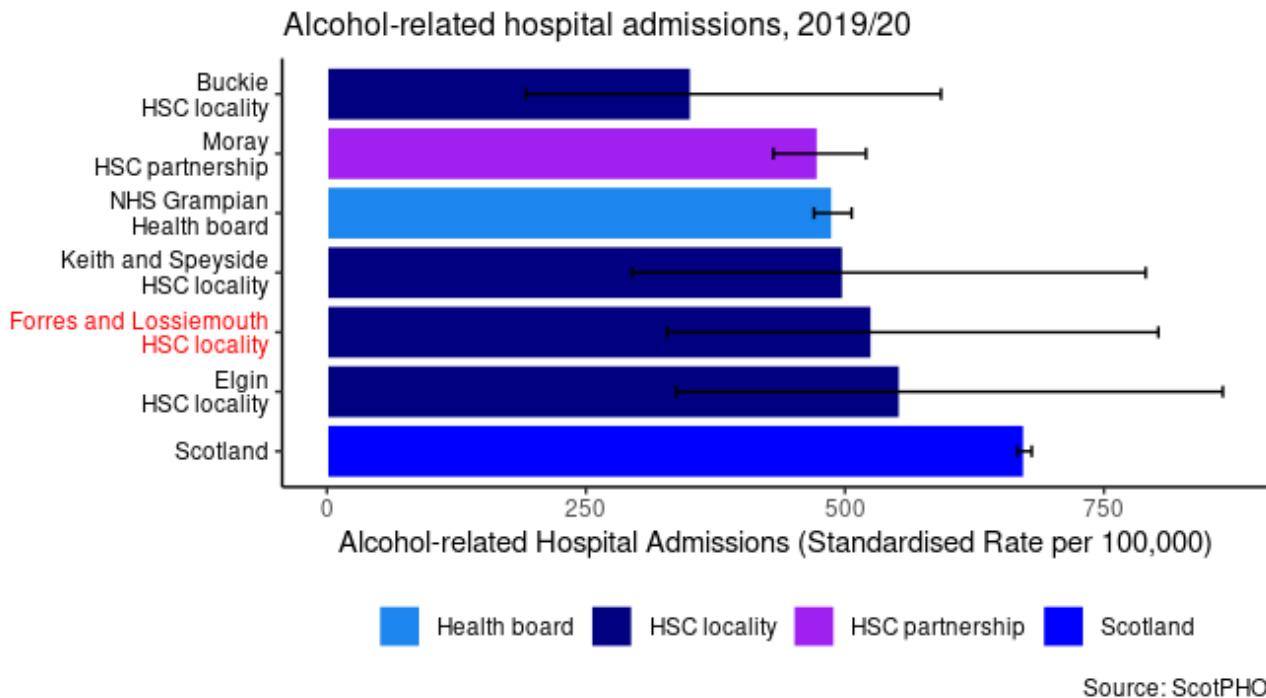
Figure 15: Trend of Alcohol-related Hospital Admission Rates by geographical area.



Source: ScotPHO

A comparison of areas at the most recent time period (2019/20 aggregated financial years) is available below. This shows Forres and Lossiemouth locality has a higher rate of admissions (526) than Moray Partnership (474), and a lower rate of admissions than Scotland (673) overall.

Figure 16: Comparison of Alcohol-related Hospital Admission Rates for the period 2019/20.



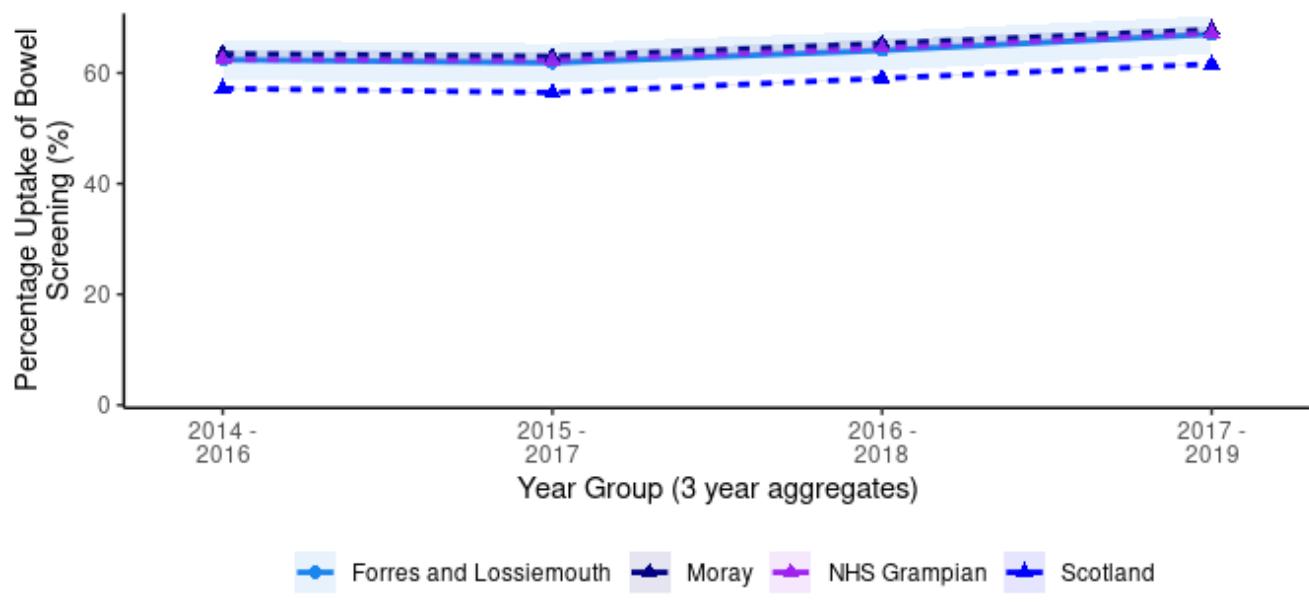
Source: ScotPHO

Bowel Screening Uptake

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

A trend of the percentage uptake of bowel screening among the eligible population is shown below for Forres and Lossiemouth locality compared with Scotland, Moray HSCP and NHS Grampian. Data is suppressed into 3 year aggregates. The 2017 - 2019 uptake rate for Forres and Lossiemouth is **67%**.

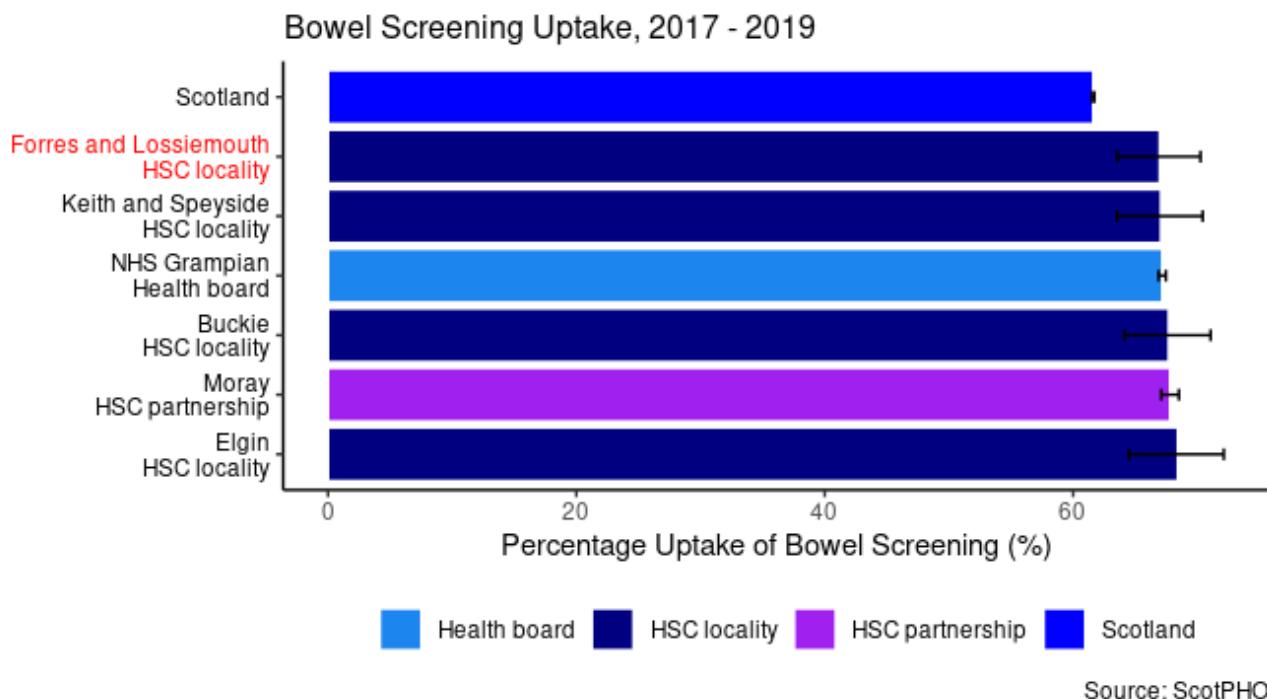
Figure 17: Trend of Bowel Screening Uptake for eligible men and women, by geographical area.



Source: ScotPHO

Compared with Scotland, Forres and Lossiemouth locality has a higher percentage uptake of bowel cancer screening for the period 2017 - 2019.

Figure 18: Comparison of Bowel Screening Uptake for 2017 - 2019.



Hospital and Community Care

This section includes acute hospital data, delayed discharge bed days and A&E attendances.

For the most recent time periods available, Forres and Lossiemouth had:

- **6,992** emergency hospital admissions per 100,000 population.
- **50,761** unscheduled acute specialty bed days per 100,000 population.
- **18,653** A&E attendances per 100,000 population.
- **599** emergency hospital admissions from falls per 100,000 population.
- **94** emergency readmissions (28 day) per 1,000 discharges.
- **922** potentially preventable hospital admissions per 100,000 population.
- People on average spent **91%** of their last 6 months of life in a community setting.

Emergency Admissions

Figure 19: Emergency admissions by age group

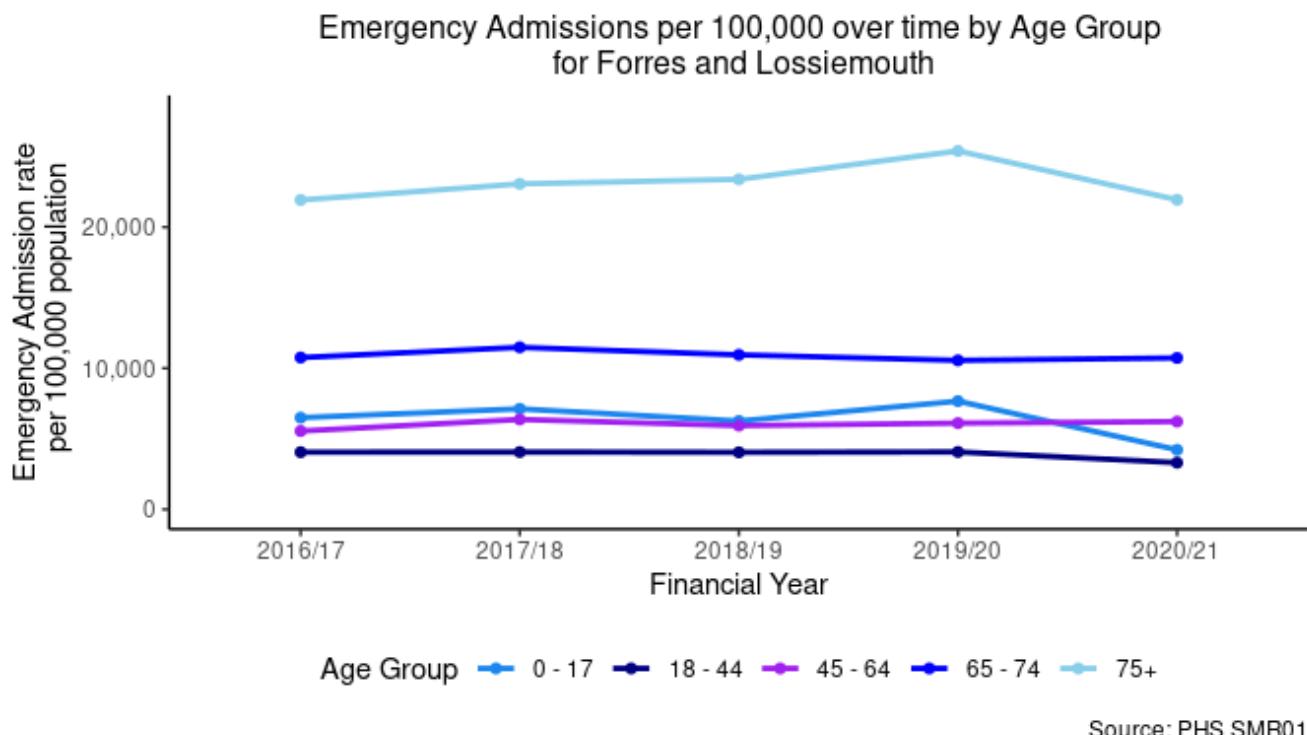
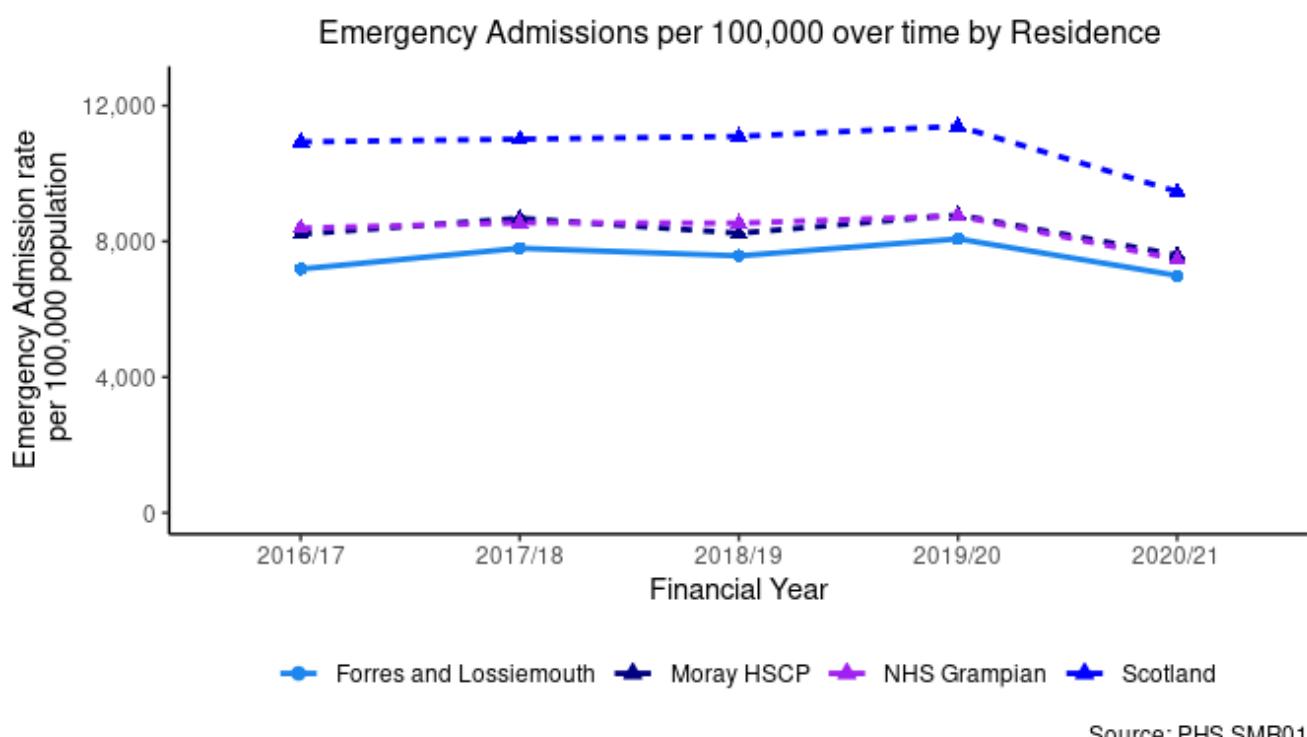


Figure 20: Emergency admissions by geographical area



Unscheduled Acute Bed Days

Figure 21: Unscheduled bed days by age group

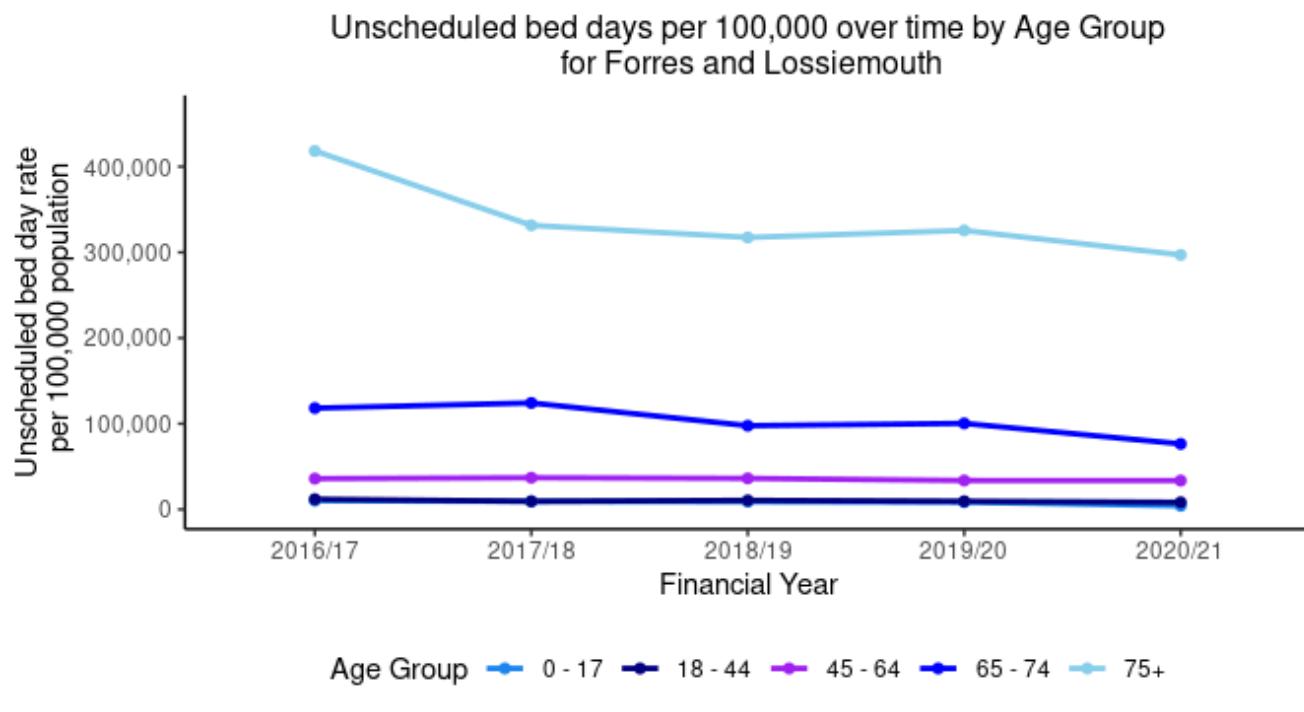
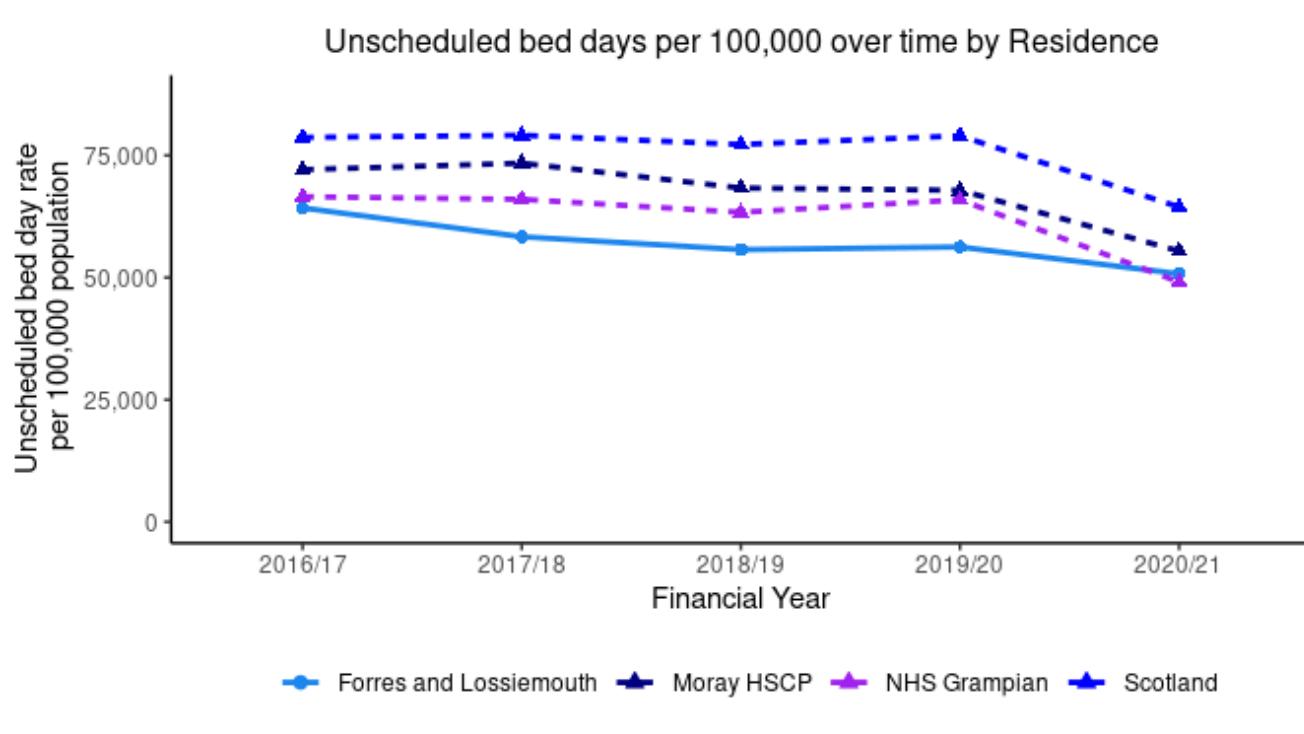


Figure 22: Unscheduled bed days by geographical area



A&E Attendances

Figure 23: A&E attendances by age group

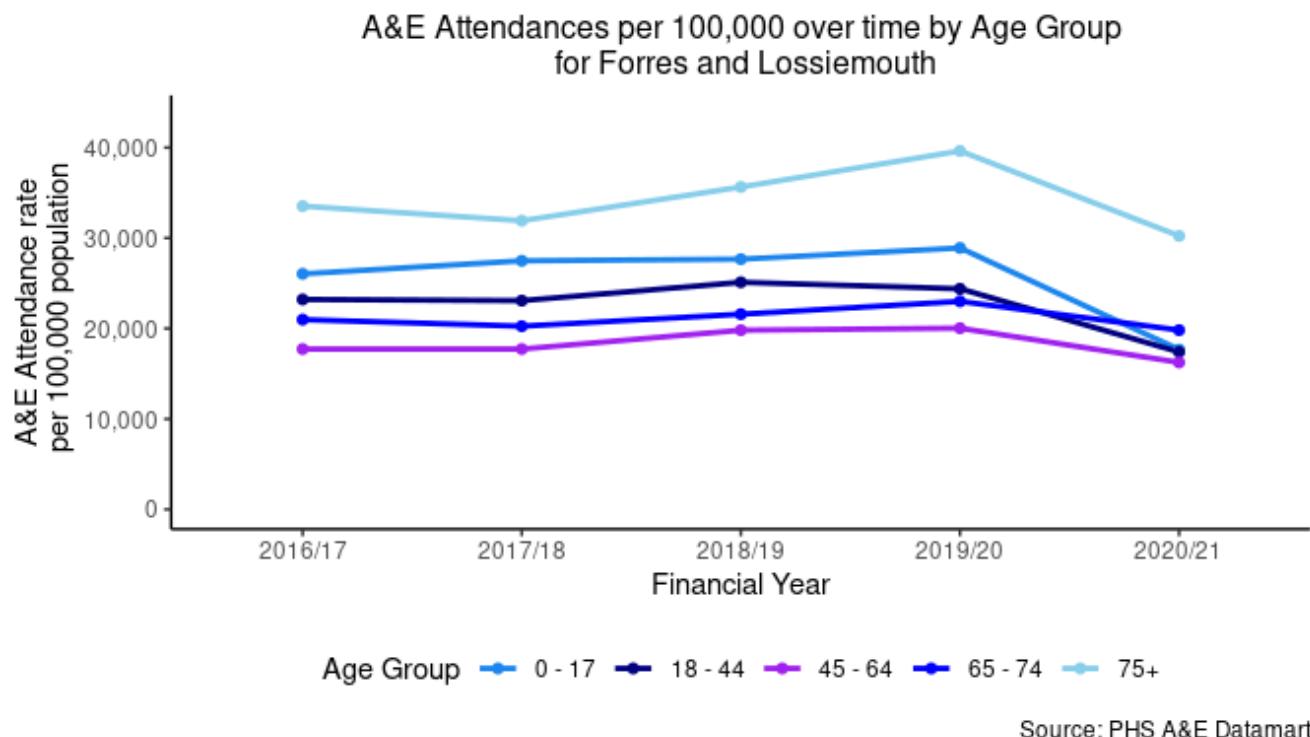
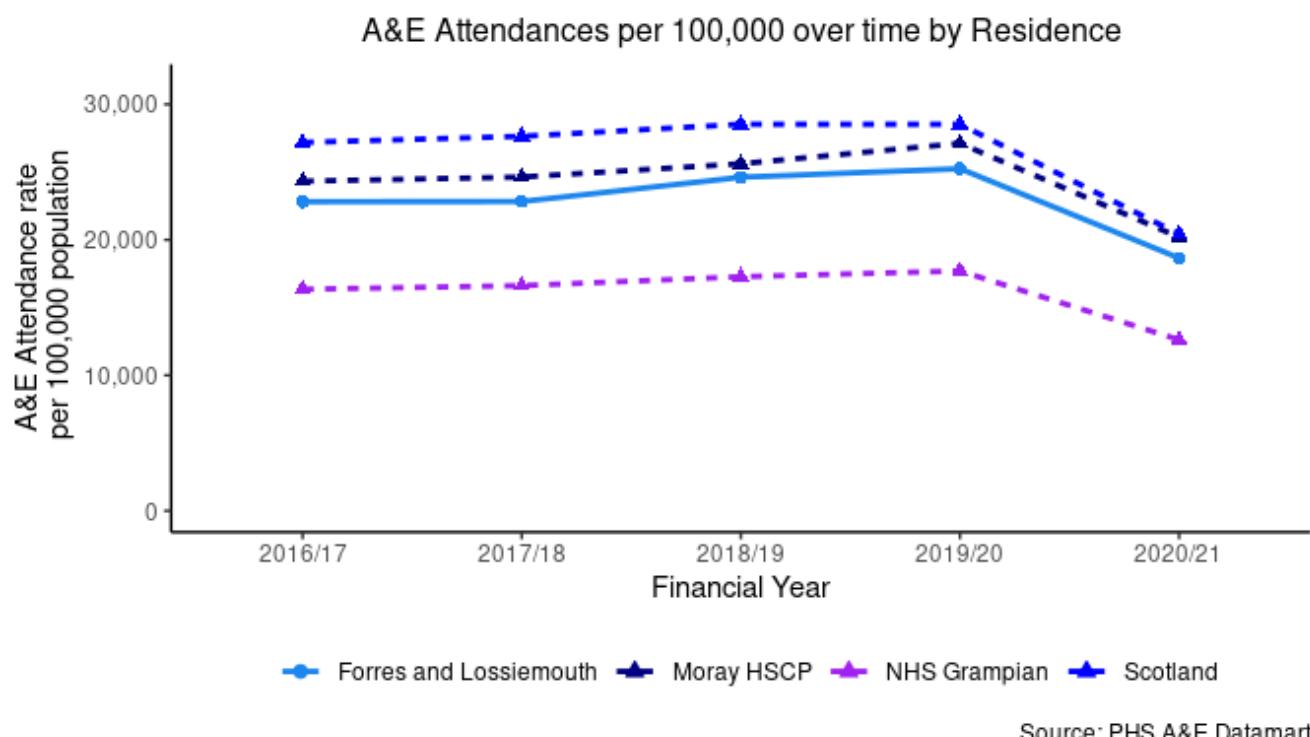


Figure 24: A&E attendances by geographical area



Emergency Admissions from a Fall

Figure 25: Falls by age group

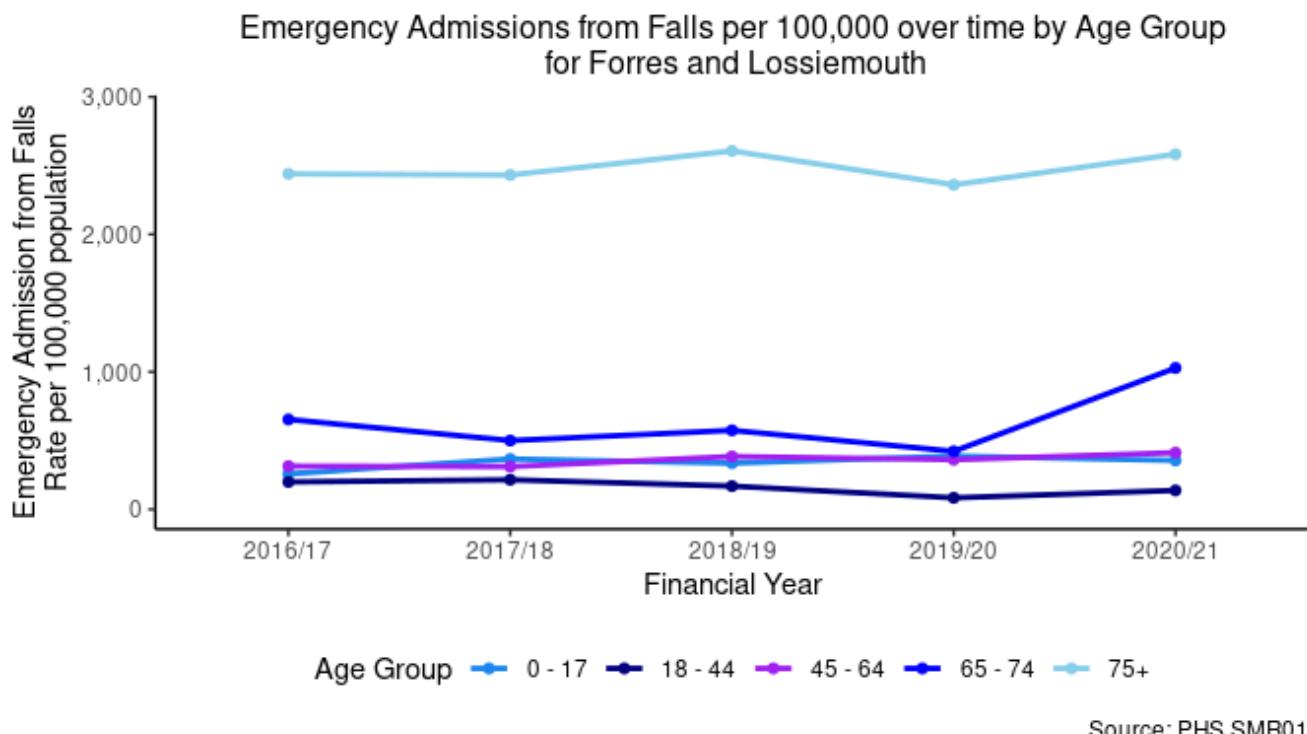
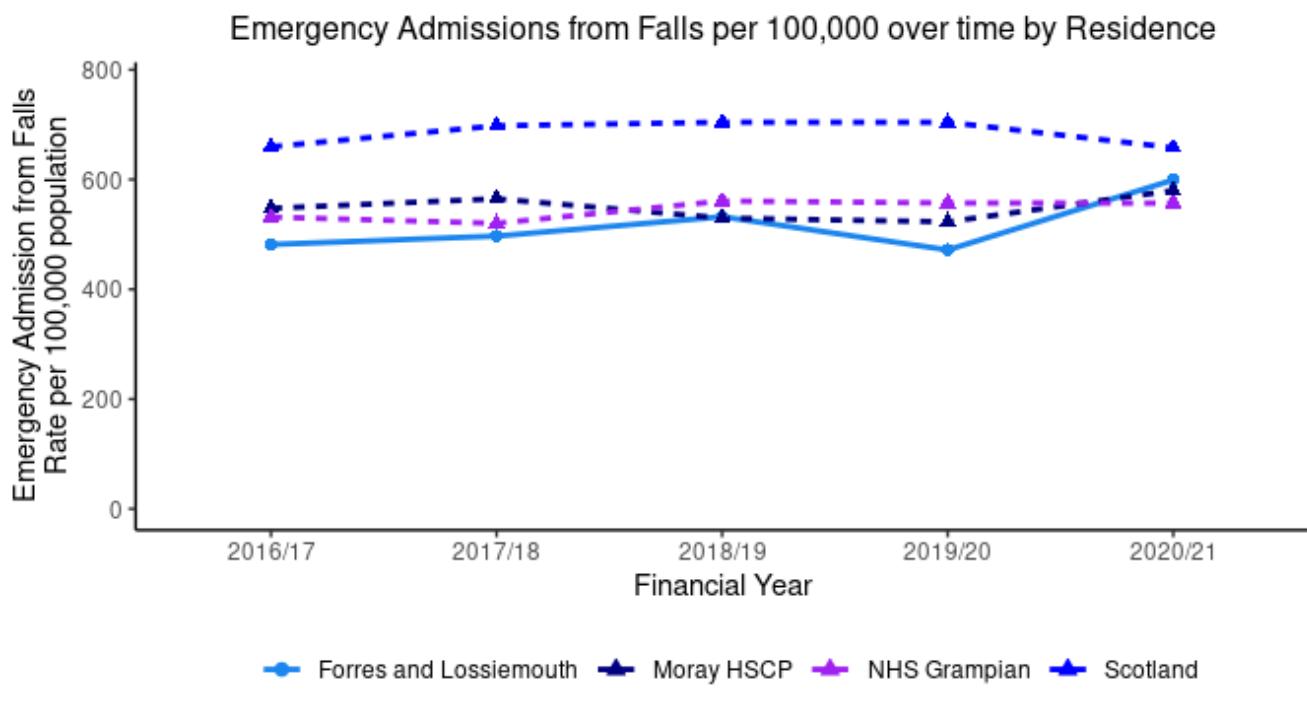
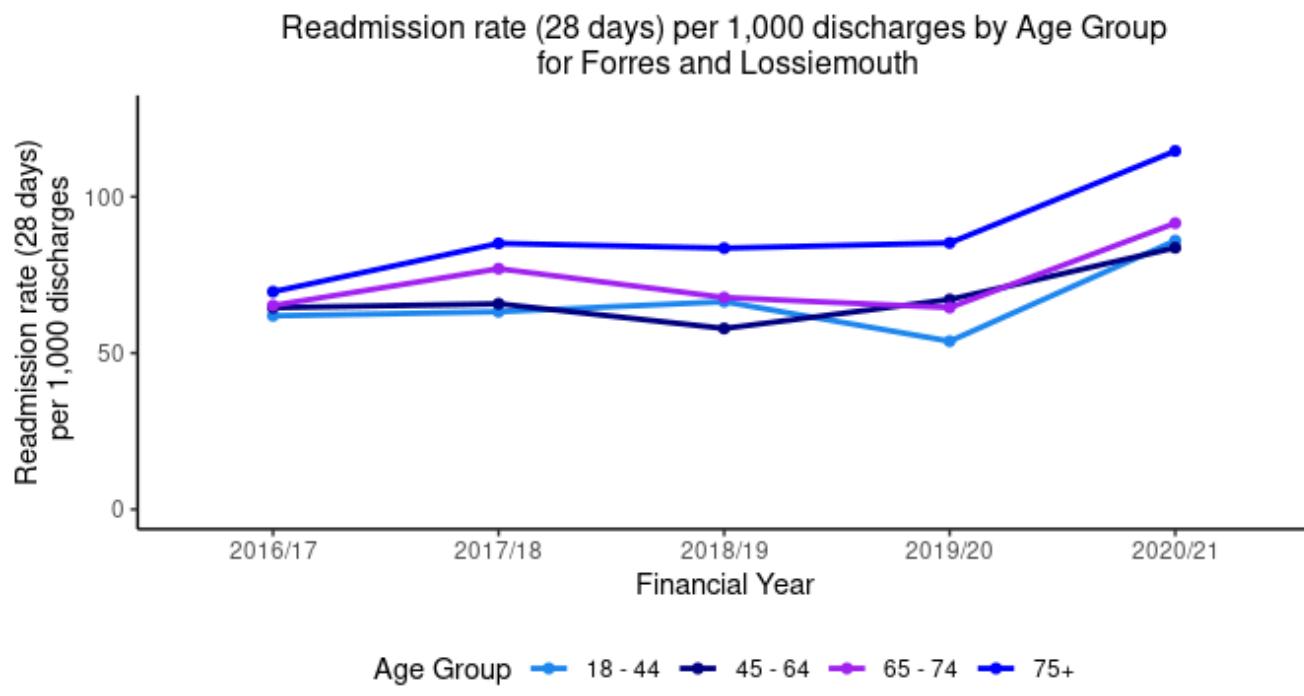


Figure 26: Falls by geographical area



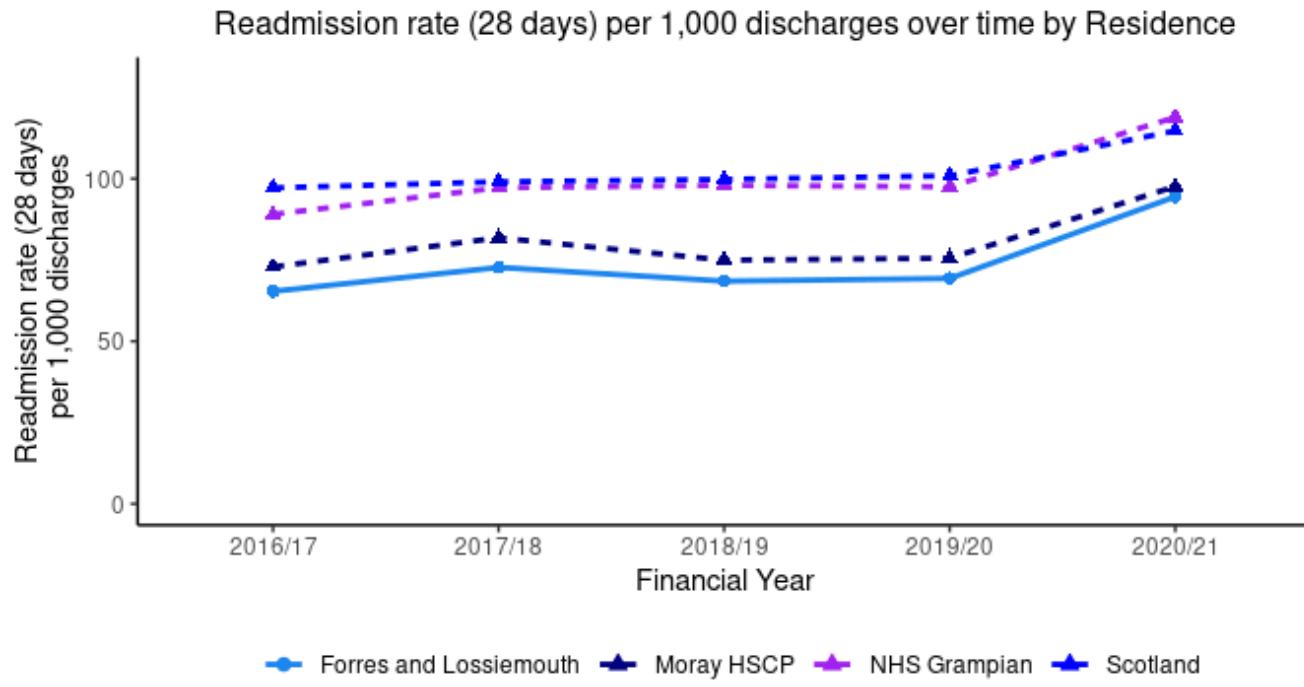
Emergency Readmissions (28 days)

Figure 27: Emergency readmissions by age group



Source: PHS SMR01

Figure 28: Emergency readmissions by geographical area



Source: PHS SMR01

Potentially Preventable Admissions (PPAs)

Information on which conditions are counted as PPAs is available in Appendix 3.

Figure 29: PPAs by age group

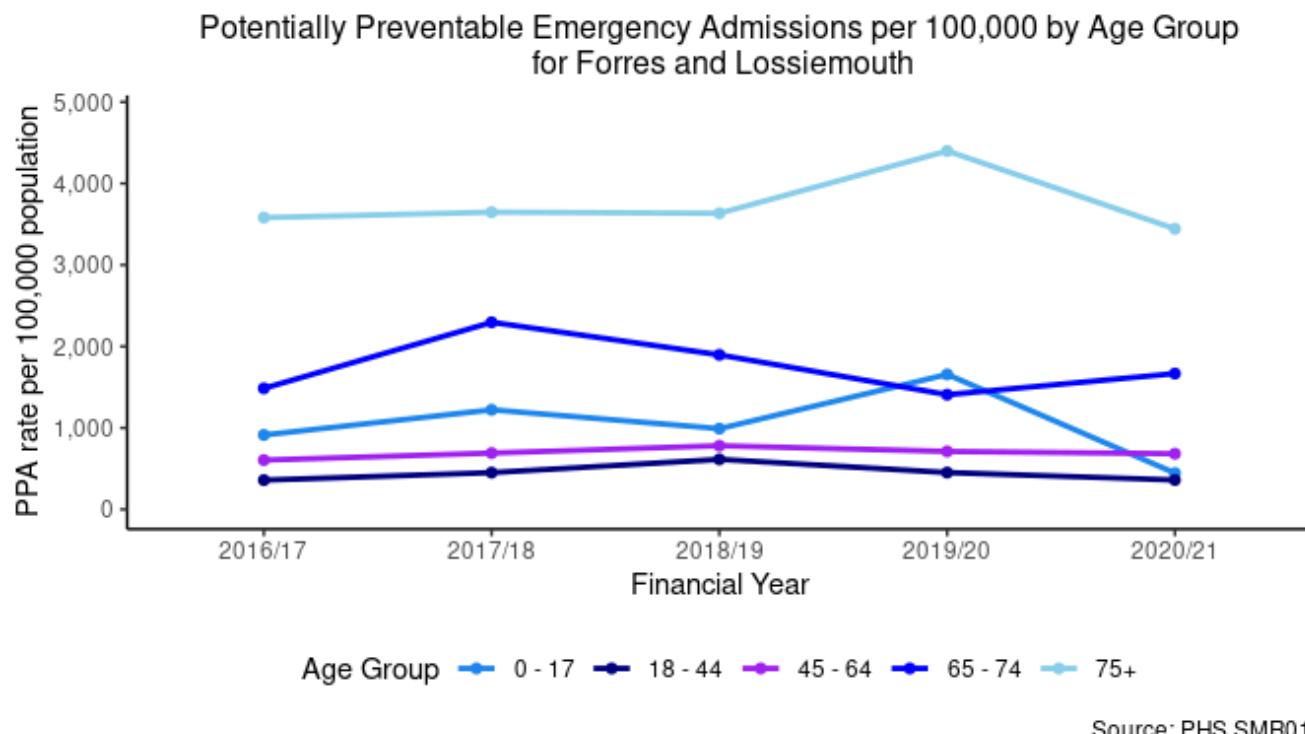
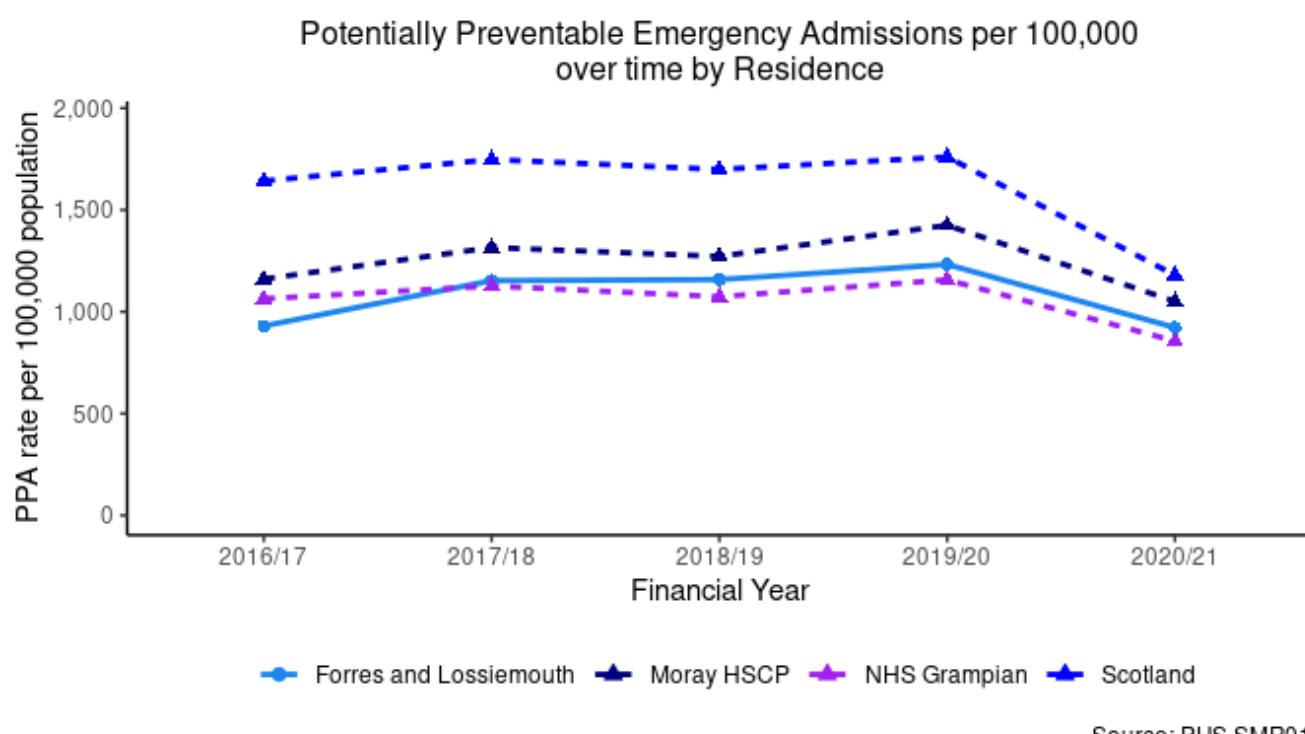
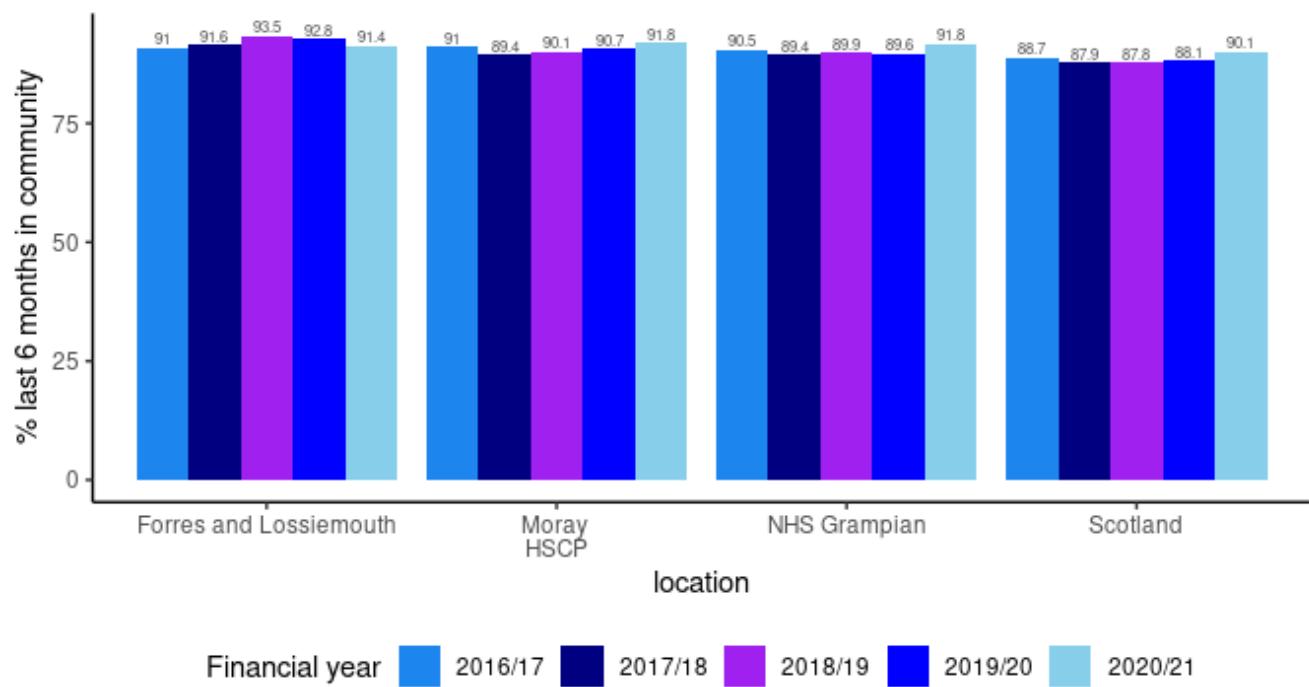


Figure 30: PPAs by geographical area



% Last 6 months in a Community Setting

Figure 31: Last 6 months in a community setting by geographical area



Source: NRS Death Records, PHS SMR01, SMR01E, SMR04

Mental Health related Unscheduled Care

This section looks at mental health related unscheduled care indicators.

For the most recent time periods available, Forres and Lossiemouth had:

- **186** emergency mental health specialty admissions per 100,000.
- **12,563** unscheduled mental health specialty bed days per 100,000.

Emergency Admissions (MH)

Figure 32: MH Emergency admissions by age group

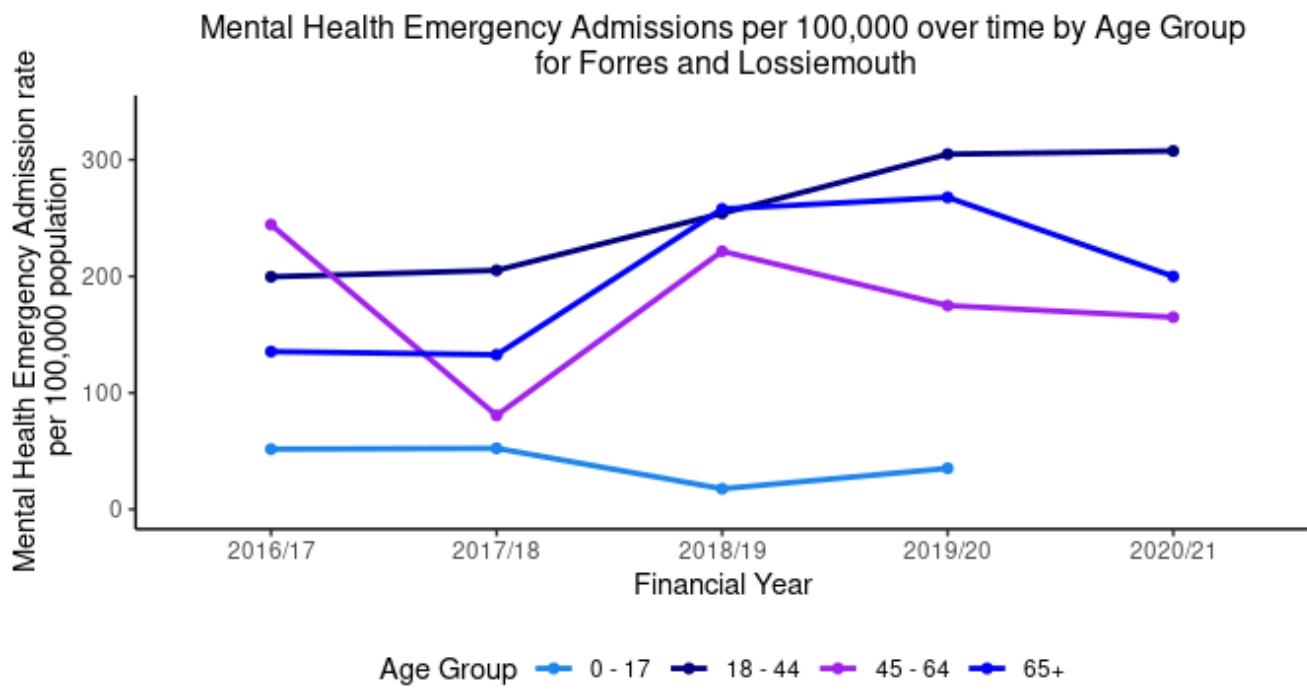
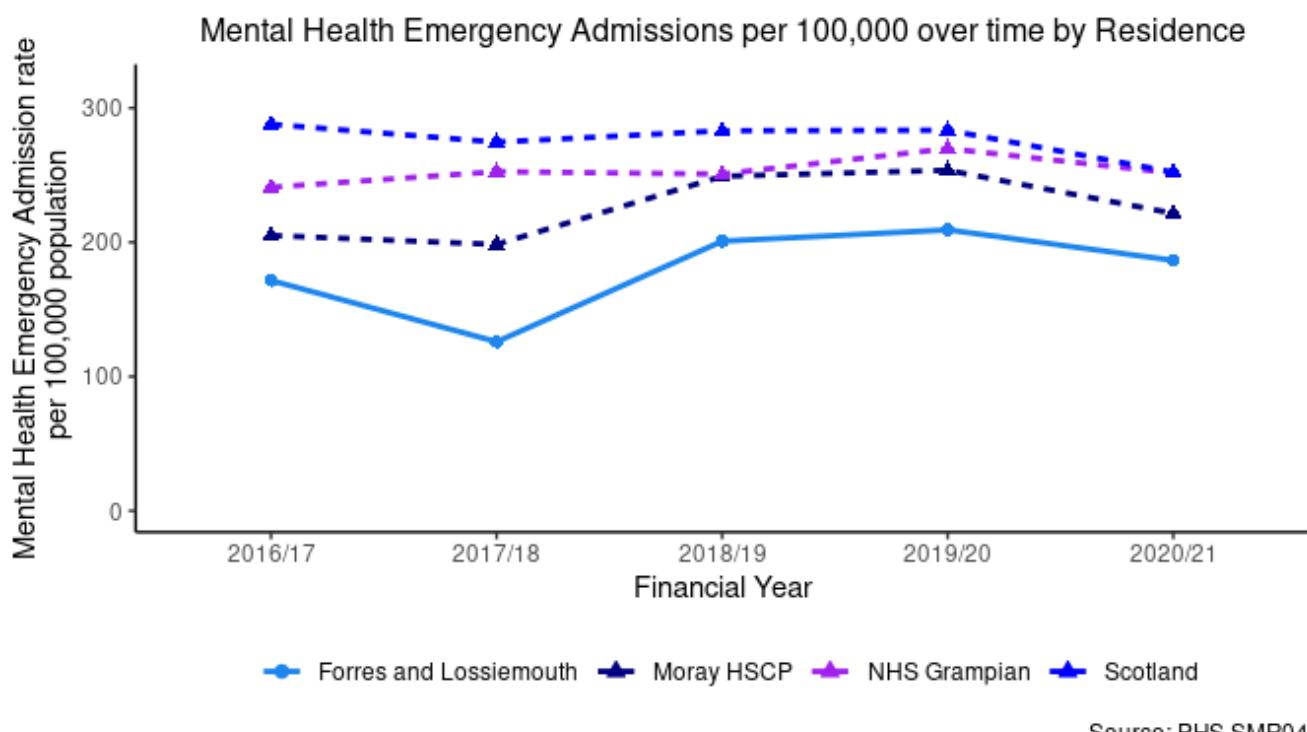


Figure 33: MH Emergency admissions by geographical area



Unscheduled Bed Days (MH)

Figure 34: MH Unscheduled bed days by age group

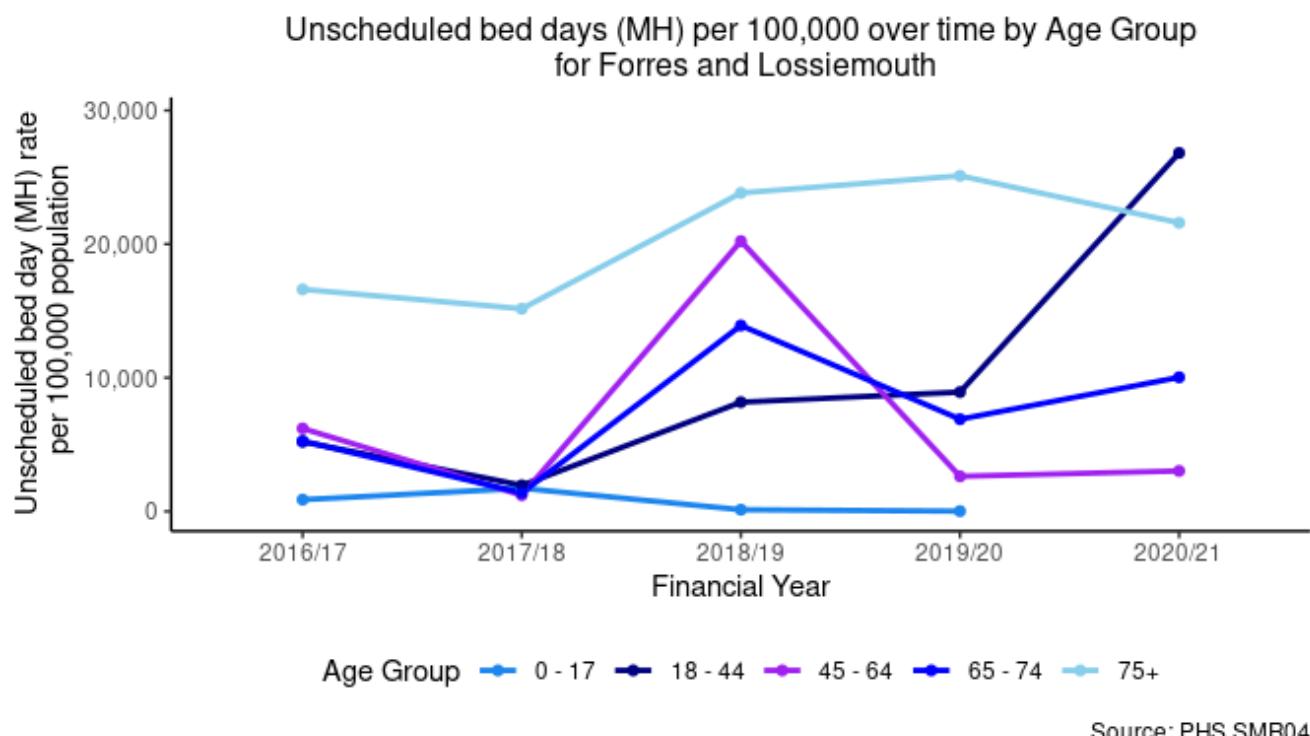
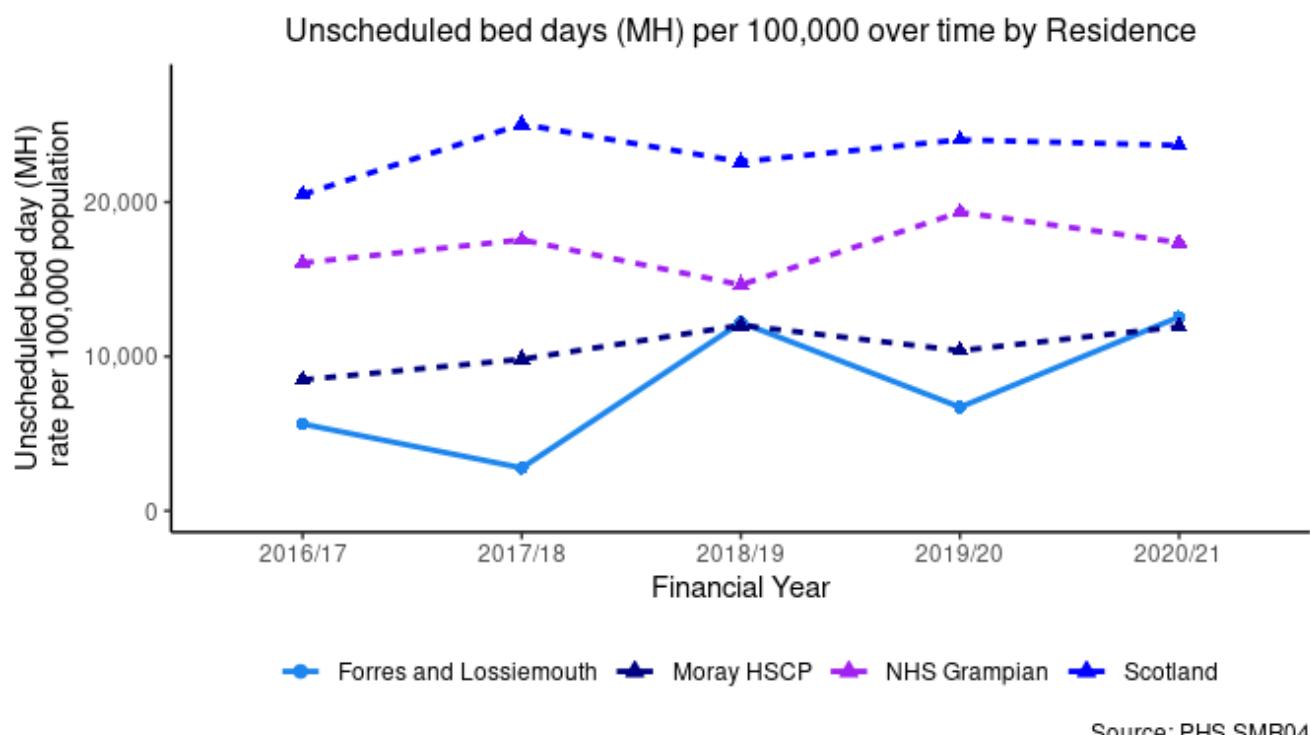


Figure 35: MH Unscheduled bed days by geographical area



Footnotes

1. Population projections are not currently provided by NRS at the locality level. To explore how the population in Forres and Lossiemouth is expected to change in the future, the percent changes in population projection to 2025 for Moray by age group and gender were calculated from the NRS Local Authority Population Projections. These percent changes were then applied to the Forres and Lossiemouth 2018 mid-year population estimates (also split by age group and gender) to obtain population projection estimates for Forres and Lossiemouth, based on the projections for the HSCP and the current population structure of the locality.
2. Care Home Data included in the Services Map and Table was sourced from the [Care Inspectorate](#). [GP Practice](#) data from October 2021, and [Hospital](#) and [A&E](#) data was sourced from Public Health Scotland Open Data. Only services that are within the physical boundary of the HSCP or Locality are included in the map and table, so there may be services outside Moray which people may use but are not shown.
3. The data used in General Health and Lifestyle & Risk factors sections (except for long-term conditions) of this locality profile are taken from [ScotPHO](#). There may be more recent data available for the indicators elsewhere.
4. Data taken from ScotPHO is often reported using the European Age-Sex Standardised Rate per 100,000. This allows for comparisons across different areas to be made. However, for the proposed Moray Localities, the standardised rates have not yet been calculated - to compensate for this, the averaged standardised rates across the IZ within the new localities have been used where IZ ScotPHO data is available.
5. Physical long-term conditions data comes from the Source Linkage Files, and the conditions are identified using ICD-9 and ICD-10 codes in the diagnosis fields. Please note that the Source Linkage Files data only contains information on people who have had contact with the NHS through either inpatient admissions, outpatient attendances, daycare attendances, A&E attendances or through prescribed items, the data does not show all service users in Scotland who have been diagnosed with an LTC as not all of these individuals will have used these services. Also note that LTC rates are based on an adjusted population indicator in the Source Linkage Files so that population sizes are closer to the official estimates.

Appendices

Appendix 1: Indicator Definitions

Indicator	Definition
% last 6 months of Life Spent in a Community Setting	The percentage of time spent by people in their last 6 months of life in the community. Community includes care home residents as well as those living in their own home. Considers all hospital activity (e.g. geriatric long stay (GLS), mental health, acute). Inpatient activity with a care home location code recorded in SMR is included within the Community percentage for all years presented. This activity represents beds funded by the NHS which are located within a care home.
A&E Attendances	Attendance rates to A&E departments for patients by residence per 100,000 population. Includes all ages.
Alcohol-related hospital admissions	General acute inpatient and day case stays with diagnosis of alcohol misuse in any diagnostic position (ICD-10 code: E24.4, E51.2, F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K85.2, K86.0, O35.4, P04.3, Q86.0, R78.0, T51.0, T51.1, T51.9, X45, X65, Y15, Y57.3, Y90, Y91, Z50.2, Z71.4, Z72.1). All rates have been standardised against the European standard population (ESP2013) and 2011-based population estimates.
Alcohol-specific deaths	Alcohol related deaths (based on new National Statistics definition): 5-year rolling average number and directly age-sex standardised rate per 100,000 population. (ICD-10 codes from the primary cause of death: E24.4,F10,G31.2,G62.1,G72.1,I42.6,K29.2,K70,K85.2,K86.0,Q86.0,R78.0,X45,X65,Y15).
Bowel Screening Uptake	Bowel screening uptake for all eligible men and women invited (aged 50-74): 3-year rolling average number percentage. Eligible men and women are posted a guaiac-based faecal occult blood test kit (FOBT) which should be completed at home. This involves collecting 2 samples from each of 3 separate bowel movements. The kit is returned in a pre-paid envelope to the central screening centre in Dundee and tested for hidden traces of blood in the stool. Individuals who have a positive FOBT result are referred to their local hospital for assessment and, where appropriate, offered a colonoscopy as the first line of investigation.
Cancer Registrations	New cancer registrations: 3 year rolling average number and directly age-sex standardised rate per 100,000 population. All rates have been standardised against the European standard population (ESP2013) and 2011-base population estimates. ICD10: C00-C96 excluding C44 (principal diagnosis only).
Death, aged 15-44	Deaths from all causes (ages 15-44 years), 3 year rolling average number and directly age sex standardised rate per 100,000 population. All rates have been standardised against the European standard population (ESP2013). Deaths assigned to year based on death registration date.
Delayed Discharge Bed days	Number of days people aged over 18 spend in hospital when they are ready to be discharged per 100,000 population. Note that this may not always reflect the council area responsible for the person's post hospital discharge planning. The HSCP total is based on the area responsible for

	the person's post hospital discharge planning, which reflects what is published nationally.
Drug-related hospital admissions	General acute inpatient and day case stays with diagnosis of drug misuse in any diagnostic position (ICD10: F11-F16, F18, F19, T40.0-T40.9), 3-year rolling average number and directly age-sex standardised rate per 100,000 population. All rates have been standardised against the European standard population (ESP2013) and 2011-based population estimates.
Emergency Admissions	Rate of emergency (non-elective) admissions of patients of all ages per 100,000 population. This has been separated into two indicators – one for acute specialty and one for mental health specialty stays. An emergency admission is defined as being a new continuous spell of care in hospital where the patient was admitted as an emergency. The total number of emergency admissions is then calculated by counting the number of continuous spells in hospital within a financial year. (See also the "Hospital Care in Mental Health Specialities" definition).
Emergency Admissions from a Fall	Rate of acute emergency admissions (non-elective) of patients of all ages where a fall was logged as an ICD-10 code. ICD-10 codes W00-W19 were searched for in all diagnostic positions, in conjunction with the admission type codes 33 (Patient injury, home accident), 34 (Patient injury, incident at work) and 35 (Patient injury, other).
Emergency Readmissions (28 day)	The rate of readmissions of all adults (18+) within 28 days of an admission per 1,000 discharges. An emergency readmission is where the subsequent admission is an emergency and occurs up to and including 28 days from the initial admission. The initial admission can be of any type but must end within the time period of interest
Hospital Care in Mental Health Specialties	Mental health admission data is taken from SMR04, which holds records on patients receiving inpatient care in mental health (psychiatric) facilities. Episodes beginning with a transfer have also been included in these figures, as well as emergency admissions as many of these episodes will have started as unplanned acute admission. Therefore the initial unscheduled admission need not have been to a mental health long stay speciality.
Life expectancy, females	Estimated female life expectancy at birth in years, multi-year average (over 3 years for NHS Boards and Local Authorities, 5 years for Intermediate zones). Mortality data are based on year of registration. They also include non-Scottish residence so the number of deaths match those produced by NRS.
Life Expectancy, males	Estimated male life expectancy at birth in years, multi-year average (over 3 years for NHS Boards and Local Authorities, 5 years for Intermediate zones) Mortality data are based on year of registration. They also include non-Scottish residence so the number of deaths match those produced by NRS.
Physical Long-Term Conditions	Health conditions that last a year or longer, impact a person's life, and may require ongoing care and support. The LTCs presented are: Arthritis, Atrial Fibrillation, Cancer, Coronary Heart Disease, Chronic Obstructive Pulmonary Disease (COPD), Cerebrovascular Disease, Dementia, Diabetes, Epilepsy, Heart Failure, Liver Failure, Multiple Sclerosis, Parkinson's, and Renal Failure.
Population prescribed drugs for	Estimated number and percentage of population being prescribed drugs

anxiety/depression/psychosis	for anxiety, depression or psychosis.
Potentially Preventable Admissions (PPA)	Emergency admissions (non-elective) of patients of all ages for conditions based on 19 “ambulatory care sensitive conditions” from “The health of the people of NEW South Wales - Report of the Chief Medical Officer”. These conditions result from medical problems that may be avoidable with the application of public health measures and/or timely and effective treatment usually delivered in the community by the primary care team. Please see complete list of ICD-10 codes included in Appendix 3.
Unscheduled Bed days	Rate of unscheduled bed days of patients of all ages per 100,000 population. Takes the bed days spent only within the year of measurement – stays that overlap financial years will have their respective days counted either side. This has been separated into two indicators – one for acute speciality and one for mental health specialty stays.
Mental health A&E attendances	Rate of MH-related A&E attendances of patients of all ages per 100,000. Filters the initial diagnosis code upon arrival as 'Psychiatric'
Mental health NHS24 calls	Rate of MH-related NHS24 calls of patients of all ages per 100,000. Filtered using the Mental Health grouping category in the call nature field of the Unscheduled Care database

Appendix 2: Date of Indicator Data Extractions

Section	Indicator	Date of data extraction
Demographics	Population structure	2021-09-09
Demographics	Population projection	2021-09-09
Demographics	SIMD2016	2021-09-09
Demographics	SIMD2020	2021-09-09
Households	Household estimates	2021-10-06
Households	Household in each council tax band	2021-10-06
Services	GP Practice locations	2021-10-08
Services	Care Home locations	2021-10-08
Services	A&E locations	2021-10-08
General Health	Life expectancy males	2021-10-08
General Health	Life expectancy females	2021-10-08
General Health	Deaths ages 15-44 years	2021-10-09
General Health	LTC multimorbidity	2021-10-09
General Health	New cancer registrations	2021-10-09
General Health	% and number of people with a prescription for anxiety, depression or psychosis	2021-10-09
Lifestyle & Risk Factors	Drug-related hospital admissions	2021-10-18
Lifestyle & Risk Factors	Alcohol-related hospital admissions	2021-10-18
Lifestyle & Risk Factors	Alcohol-specific mortality	2021-10-18
Lifestyle & Risk Factors	Bowel screening uptake	2021-10-18
Hospital and Community Care	Emergency Admissions (Acute)	2021-10-18
Hospital and Community Care	Unscheduled bed days (Acute)	2021-10-18
Hospital and Community Care	A&E Attendances	2021-10-18
Hospital and Community Care	Delayed discharge bed days	2021-10-18
Hospital and Community Care	Fall emergency admissions	2021-10-18
Hospital and Community Care	Emergency Readmissions (28 day)	2021-10-18
Hospital and Community Care	% last 6 months in community setting	2021-10-18
Hospital and Community	Potentially Preventable Admissions (PPAs)	2021-10-18

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Care		
Hospital Care (Mental Health Specialty)	Emergency Admissions	2021-10-18
Hospital Care (Mental Health Specialty)	Unscheduled bed days	2021-10-18
Hospital Care (Mental Health Specialty)	A&E Attendances	2021-11-01
Hospital Care (Mental Health Specialty)	NHS24 Calls	2021-11-01

Appendix 3: Conditions included as Potentially Preventable Admissions (PPAs)

Condition	ICD10 codes included	Comments
Ear Nose And Throat	H66, J028, J029, J038, J039, J06, J321	NA
Dental	K02, K03, K04, K05, K06, K08	NA
Convulsions And Epilepsy	G40, G41, R56, O15	NA
Gangrene	R02	NA
Nutritional Deficiencies	E40, E41, E43, E550, E643, M833	NA
Dehydration And Gastroenteritis	E86, K522, K528, K529	NA
Pyelonephritis	N10, N11, N12	NA
Perforated Bleeding Ulcer	K250, K251, K252, K254, K255, K256, K260, K261, K262, K264, K265, K266, K270, K271, K272, K274, K275, K276, K280, K281, K282, K284, K285, K286	Excludes episodes with following main OPCS4 codes: S06, S57, S68, S70, W90, X11
Cellulitis	L03, L04, L080, L088, L089, L980	NA
Pelvic Inflammatory Disease	N70, N73	NA
Influenza And Pneumonia	J10, J11, J13, J181	NA
Other Vaccine Preventable	A35, A36, A370, A379, A80, B05, B06, B161, B169, B26	NA
Iron Deficiency	D501, D508, D509	NA
Asthma	J45, J46	NA
Diabetes Complications	E100, E101, E102, E103, E104, E105, E106, E107, E108, E110, E111, E112, E113, E114, E115, E116, E117, E118, E120, E121, E122, E123, E124, E125, E126, E127, E128, E130, E131, E132, E133, E134, E135, E136, E137, E138, E140, E141, E142, E143, E144, E145, E146, E147, E148	NA
Hypertension	I10, I119	Exclude episodes with following main OPCS4 codes: K01 - K50, K56, K60 - K61
Angina	I20	Exclude episodes with main OPCS4 codes: K40, K45 K49, K60, K65, K66
COPD	J20, J41, J42, J43, J44, J47	J20 only included if secondary diagnosis has one of J41 - J44,

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		J47
Congestive Heart Failure	I110, I50, J81	Exclude episodes with following main OPCS4 codes: K01 - K50, K56, K60 - K61