

Locality Profile

Mid Argyll Locality

October 2021

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Notes for this profile:

- All years shown are calendar years unless otherwise specified.
- Upper and lower 95% confidence intervals are shown throughout this document where available. In charts, these are displayed as shaded areas either side of trend lines, or as black error bars in bar charts. Confidence intervals show the range of possible values and a certainty that the true value falls within them.
- Definitions for the indicators shown are available in Appendix 1 in the accompanying summary document.
- Any zero figures for some indicators will indicate either suppression of small data or a complete lack of data available for this locality
- Data should be interpreted with caution. Data based on smaller population sizes are expected to vary more by chance than data based on areas of larger population size. Differences over time or between areas are likely to be due to multiple factors, which can include underlying rates of illness, diagnoses rates, and local data recording practices.

Demographics

Summary:

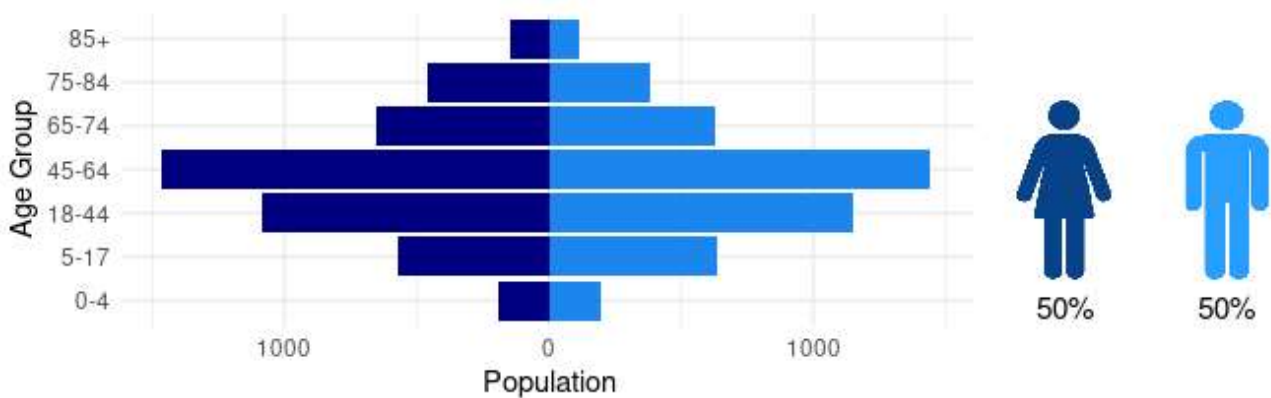
For the most recent time periods available, Mid Argyll Locality had:

- A total population of **9,118** people, where **50%** were male, and **26%** were aged over 65.
- **0%** of people lived in the least deprived SIMD quintile, and **0%** lived in the most deprived quintile.

Population

In 2020, the total population of Mid Argyll locality was 9,118. The graph below shows the population distribution of the locality.

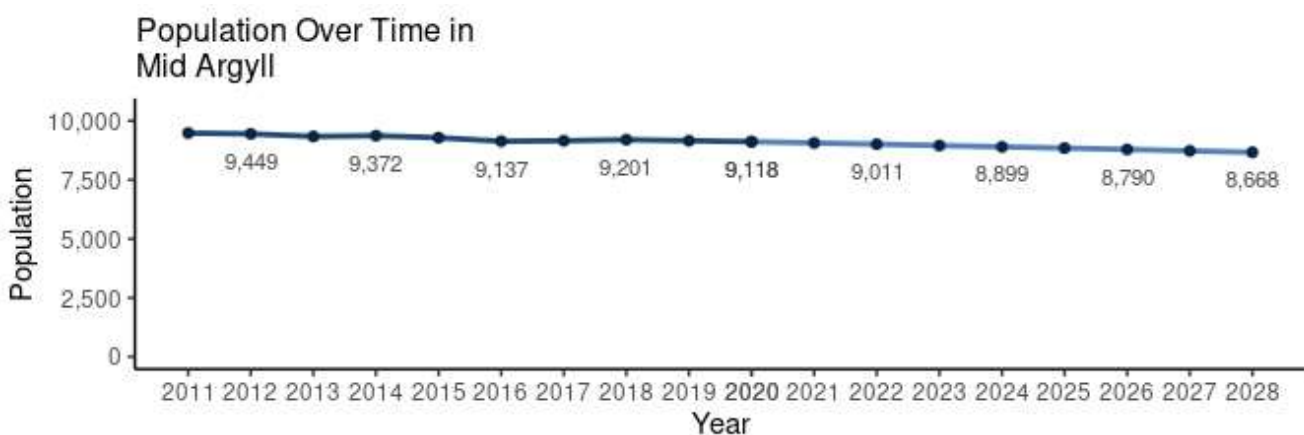
Figure 1: Population breakdown in Mid Argyll.



Source: National Records Scotland

Figure 2 shows the historical population of Mid Argyll, along with the NRS population projections. The population has been falling. The population in Mid Argyll is estimated to decrease by 3% from 2020 to 2025 *Please see the footnotes for more information on how the population projections were calculated*¹.

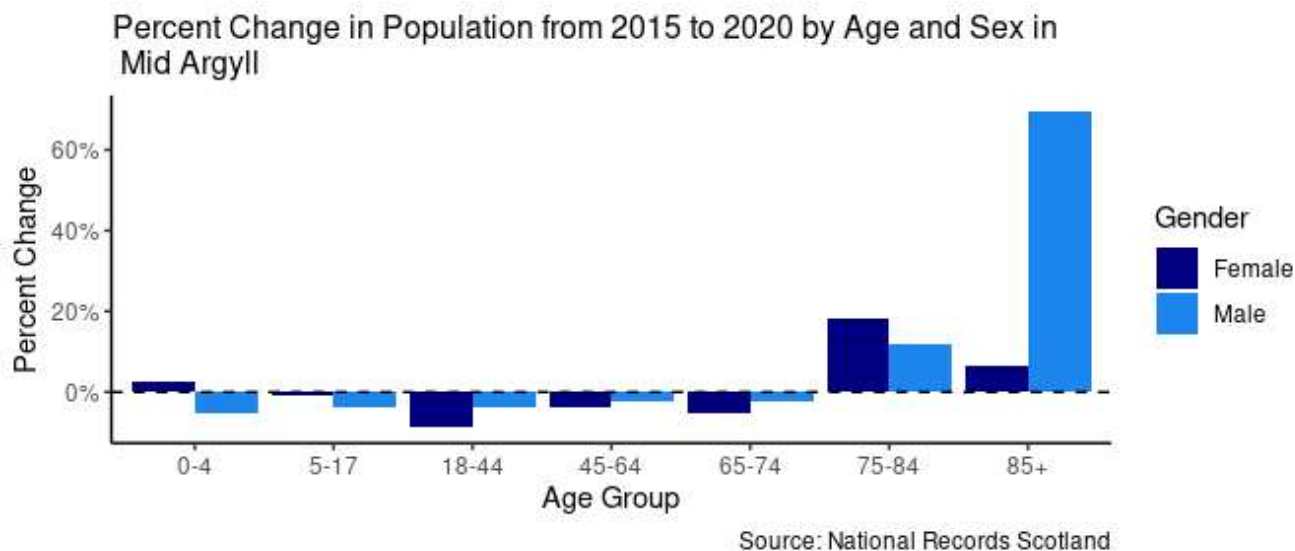
Figure 2: Population time trend and projection.



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

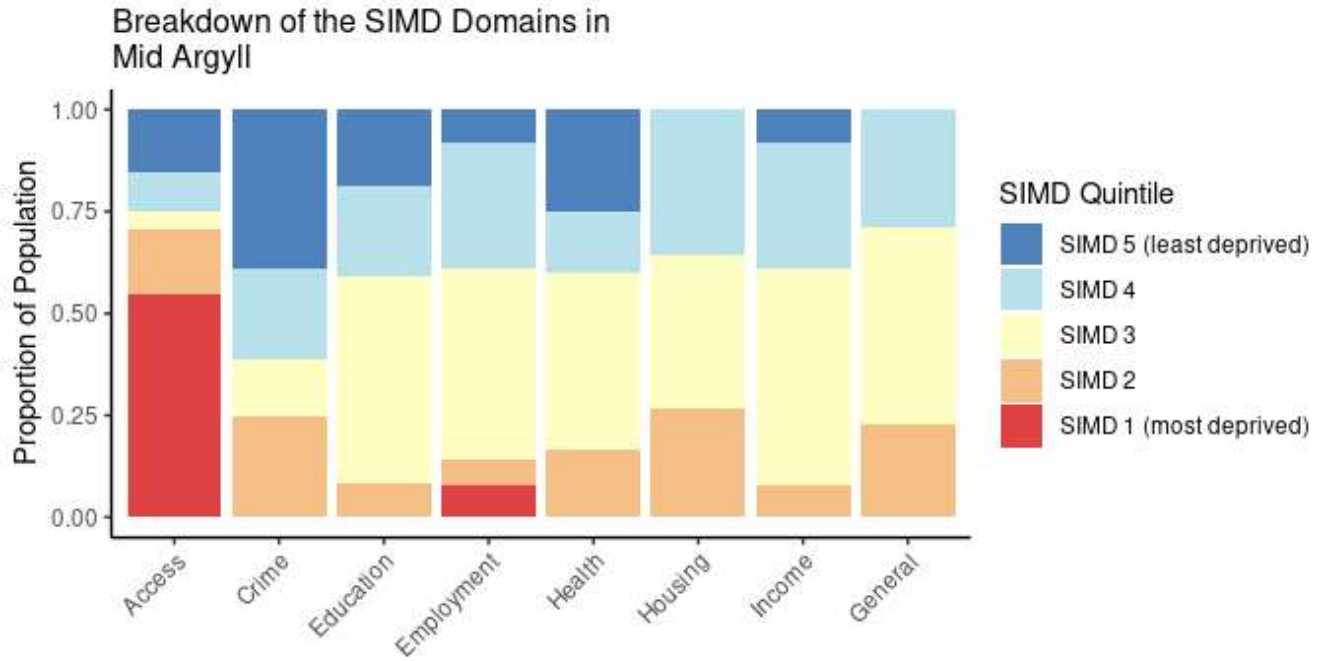
The following section explores the deprivation structure of Mid Argyll through the Scottish Index of Multiple Deprivation (SIMD). The SIMD ranks all datazones in Scotland by a number of factors; Access, Crime, Education, Employment, Health, Housing and Income. Based on these ranks, each datazone is then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

Of the 2020 population in Mid Argyll, **0%** live in the most deprived SIMD Quintile, and **0%** 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%	0.0%	0.0%
SIMD 2	8.4%	22.7%	14.3%
SIMD 3	58.9%	48.6%	-10.3%
SIMD 4	32.8%	28.7%	-4.0%
SIMD 5	0.0%	0.0%	0.0%

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



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

Households

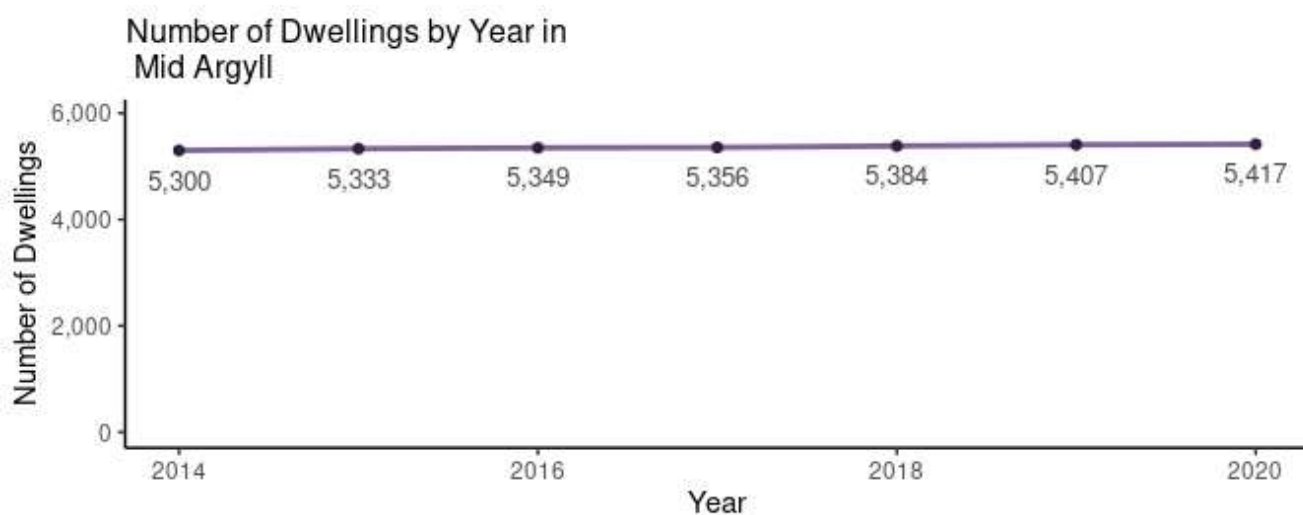
Summary:

For the most recent time periods available, Mid Argyll Locality had:

- **5,417** dwellings, of which: **87%** were occupied and **8%** were second homes.
- **32%** of dwellers received a single occupant council tax discount, and **0.79%** were exempt from council tax entirely.
- **55%** of houses were within council tax bands A to C, and **14%** were in bands F to H.

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

Figure 5: Number of dwellings time trend.



Source: Council Tax billing system (via NRS)

Of the total number of dwellings in 2020, 32% (1,737 households) were occupied by an individual receiving a single occupant council tax discount. Furthermore, 0.79% (43 households) were occupied and exempt from council tax.

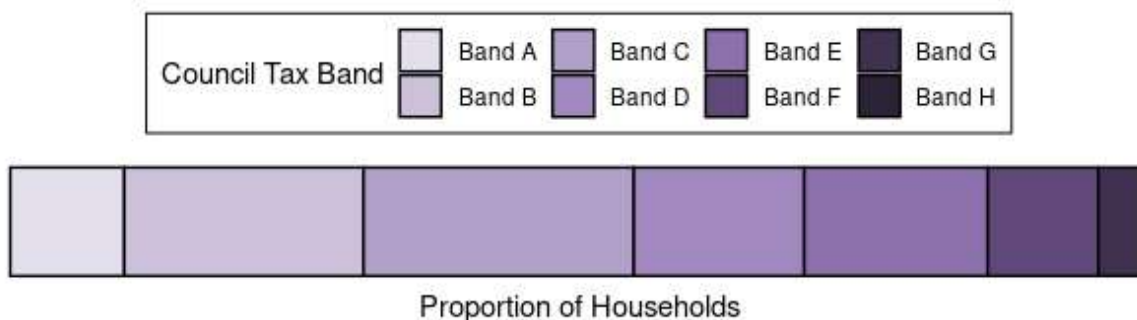
There were 431 dwellings classed as a second home in 2020, these dwellings made up 8% of the households in Mid Argyll.

Table 2: Breakdown of dwelling types by year for Mid Argyll locality.

Year	Total Dwellings	Occupied Dwellings	Vacant Dwellings	Single Occupant Tax Discount	Council Tax Exempt Dwellings	Second Homes
2014	5,300	4,603	260	1,693	43	437
2015	5,333	4,634	267	1,674	46	432
2016	5,349	4,626	286	1,703	38	437
2017	5,356	4,697	233	1,737	40	426
2018	5,384	4,711	235	1,728	46	438
2019	5,407	4,711	264	1,708	48	432
2020	5,417	4,709	278	1,737	43	431

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

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



Source: Scottish Assessors' Association (via NRS)

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

Tax Band	A	B	C	D	E	F	G	H
Percent of households	10%	21%	24%	15%	16%	9.7%	4%	0.35%

General Health

Summary:

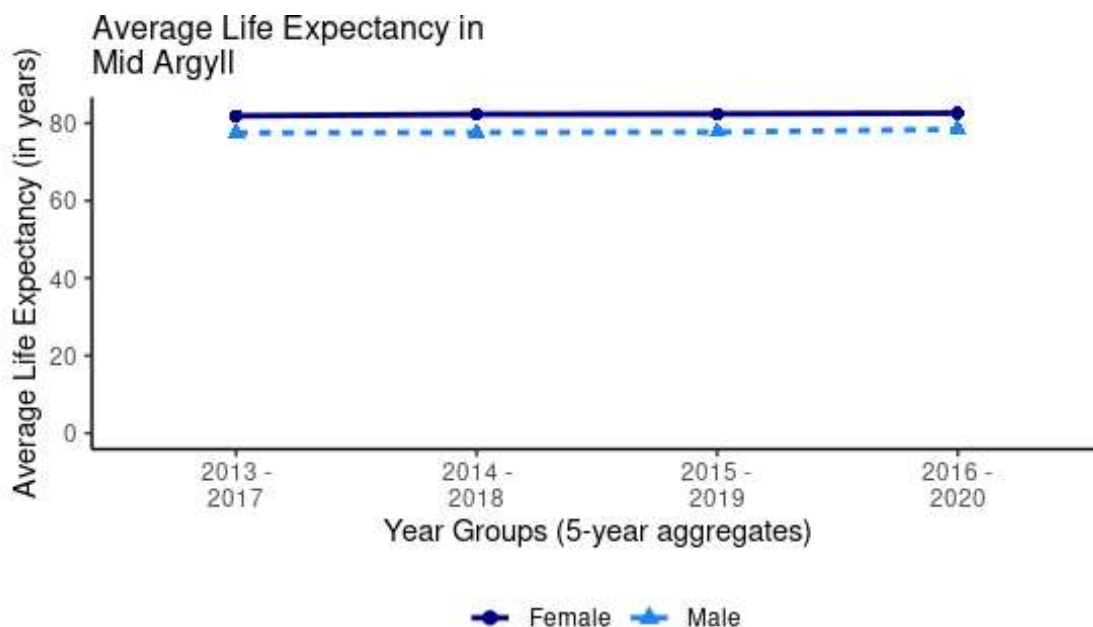
For the most recent time periods available³, Mid Argyll Locality had:

- An average life expectancy of 78.4 years for males and 82.6 years for females.
- A death rate for ages 15 to 44 of 110 deaths per 100,000 age-sex standardised population⁴
- 24% of the locality's population with at least one long-term physical health condition.
- A cancer registration rate of 539 registrations per 100,000 age-sex standardised population⁴
- 17.61% of the population being prescribed medication for anxiety, depression, or psychosis.

Life Expectancy

In the latest time period available from 2016-2020 (5 year aggregate), the average life expectancy in Mid Argyll locality was 78.4 years old for men, and 82.6 years old for women. A time trend since 2013-2017 can be seen in figure 8.



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



Source: ScotPHO

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

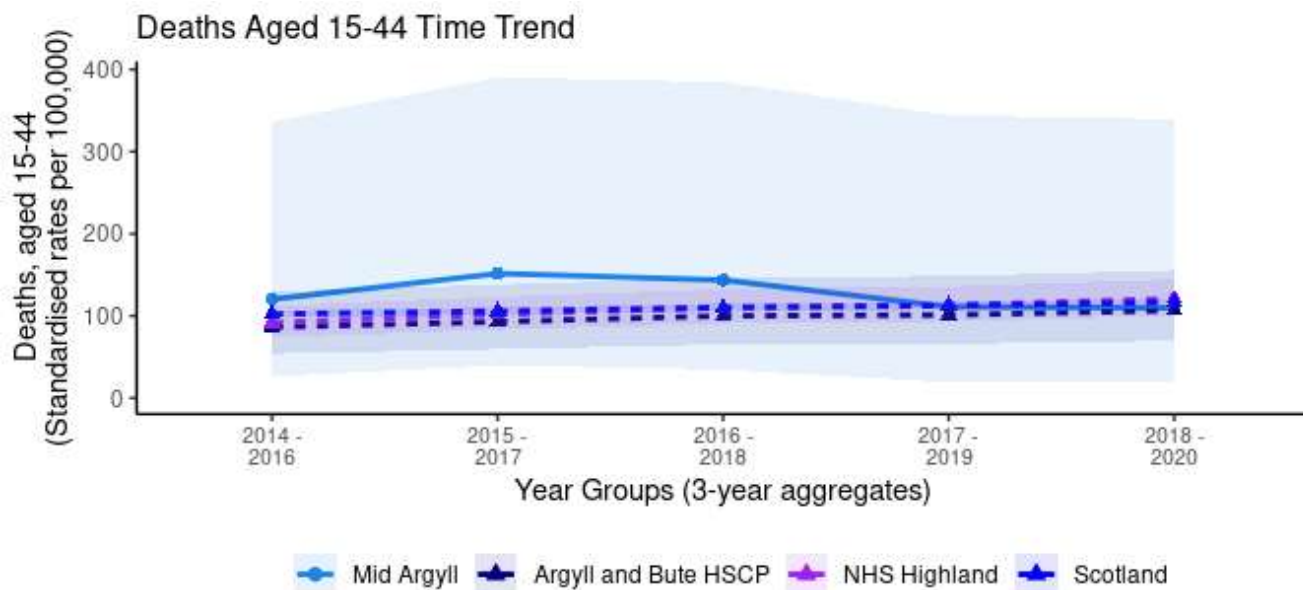
	Locality	Partnership	Health Board	Scotland
	82.6	81.6	81.8	81
	78.4	78	77.6	76.8

Where Locality = Mid Argyll, Partnership = Argyll and Bute HSCP, Health Board = NHS Highland.

Deaths, aged 15-44

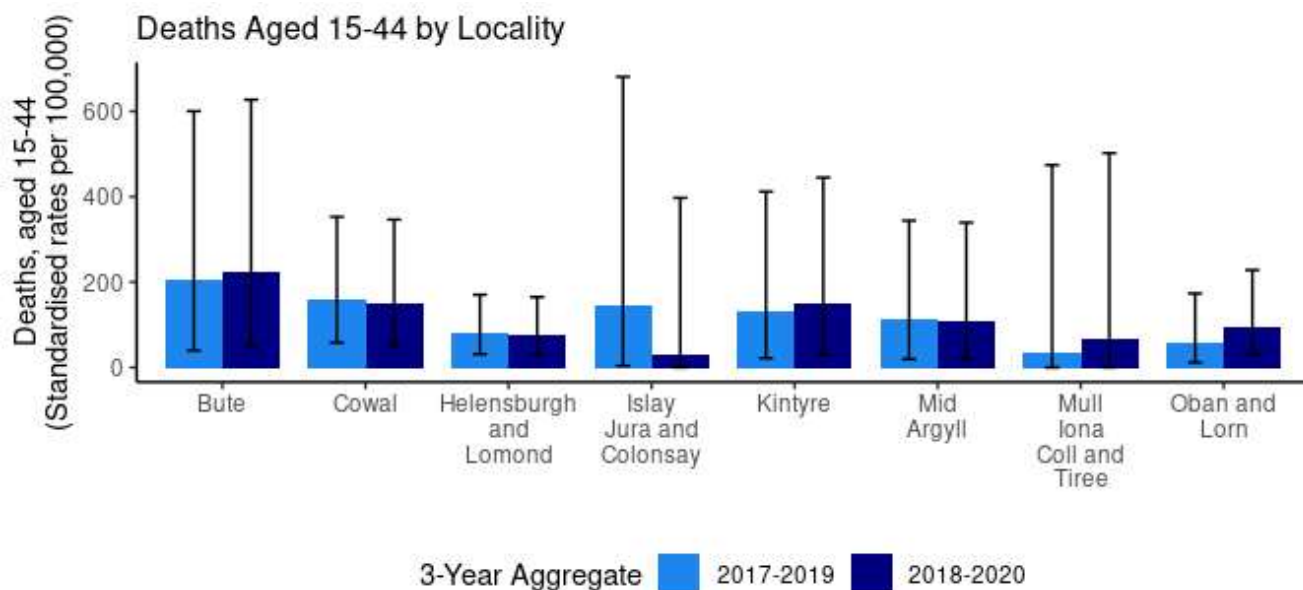
The following chart shows a trend of death rates among 15-44 year olds per 100,000 age-sex standardised population⁴ by area (i.e. Early mortality rate per 100,000). In the most recent aggregate time period available (from 2018-2020), the mortality rate in Mid Argyll locality was **110** deaths per 100,000 population. Figure 10 then provides comparisons of deaths for all localities in Argyll and Bute HSCP, for the two latest time aggregates available.

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



Source: ScotPHO

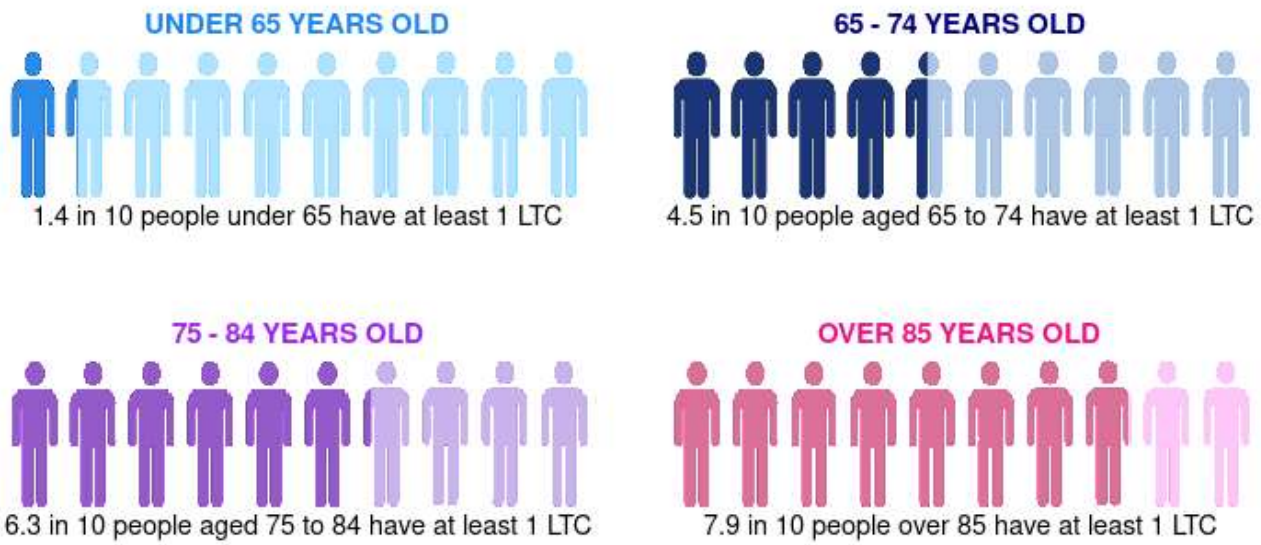
Figure 10: Deaths at ages 15-44 in Argyll and Bute HSCP localities.



Source: ScotPHO

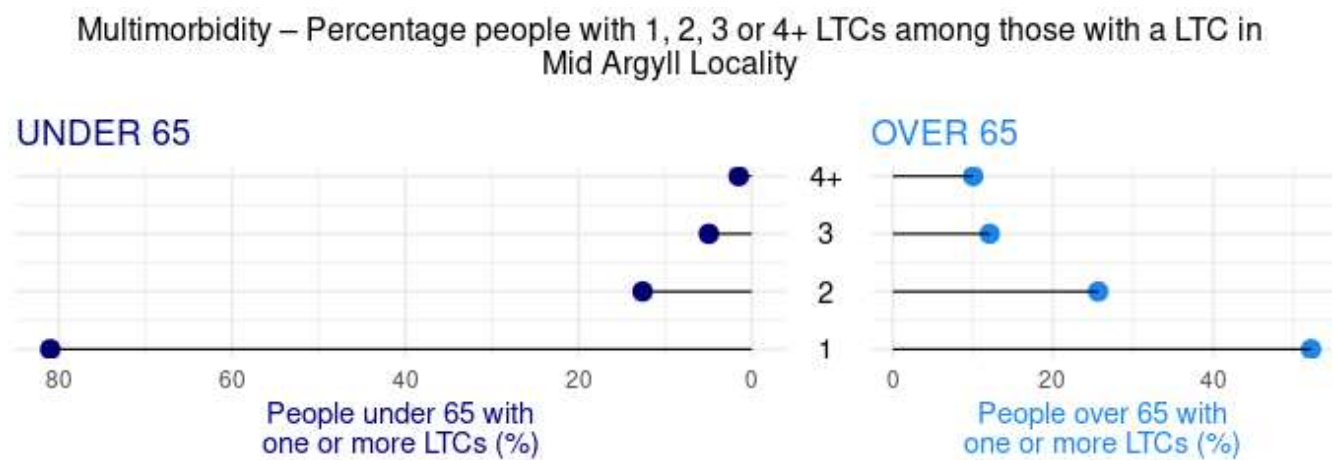
Long-Term Physical Health Conditions and Multimorbidity

In the financial year 2020/21, in Mid Argyll Locality, **24%** of the total population had at least one physical long-term condition (LTC). These include: cardiovascular, neurodegenerative, and respiratory conditions, as well as other organ conditions (namely liver disease and renal failure), arthritis, cancer, diabetes, and epilepsy. *Please see footnotes for information and caveats on identifying LTCs.*⁵



The co-occurrence of two or more conditions, known as multimorbidity, is broken down in figure 11, 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, **19%** of those under the age of 65 have more than one, compared to **48%** of those aged over 65.

Figure 11: Multimorbidity of physical long-term conditions by age group in 2020/21.

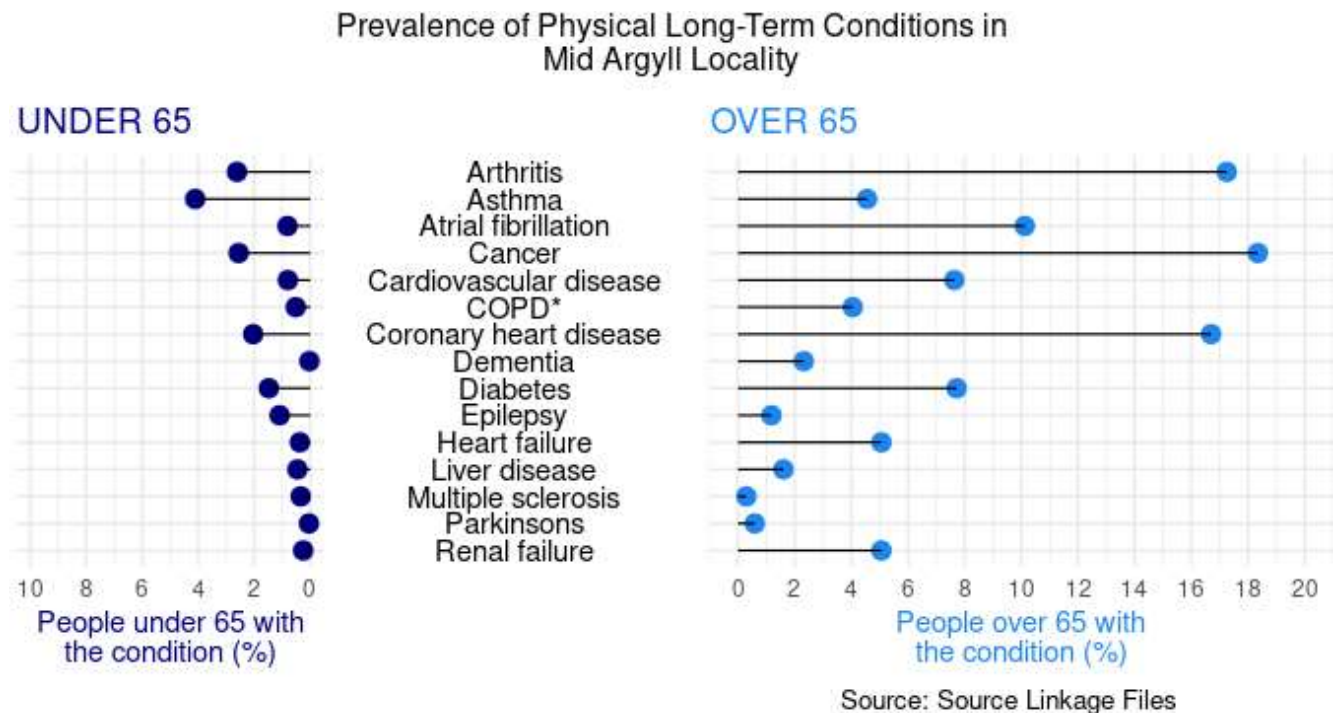


Source: Source Linkage Files

Most common physical Long-Term Conditions (LTCs)

Below is a breakdown of the physical LTCs, for the financial year 2020/21. Figure 12 shows the prevalence of different LTCs in each age group in Mid Argyll locality, and Table 6 illustrates the top 5 physical LTCs across all ages at locality, partnership, and Scotland level.

Figure 12: 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).

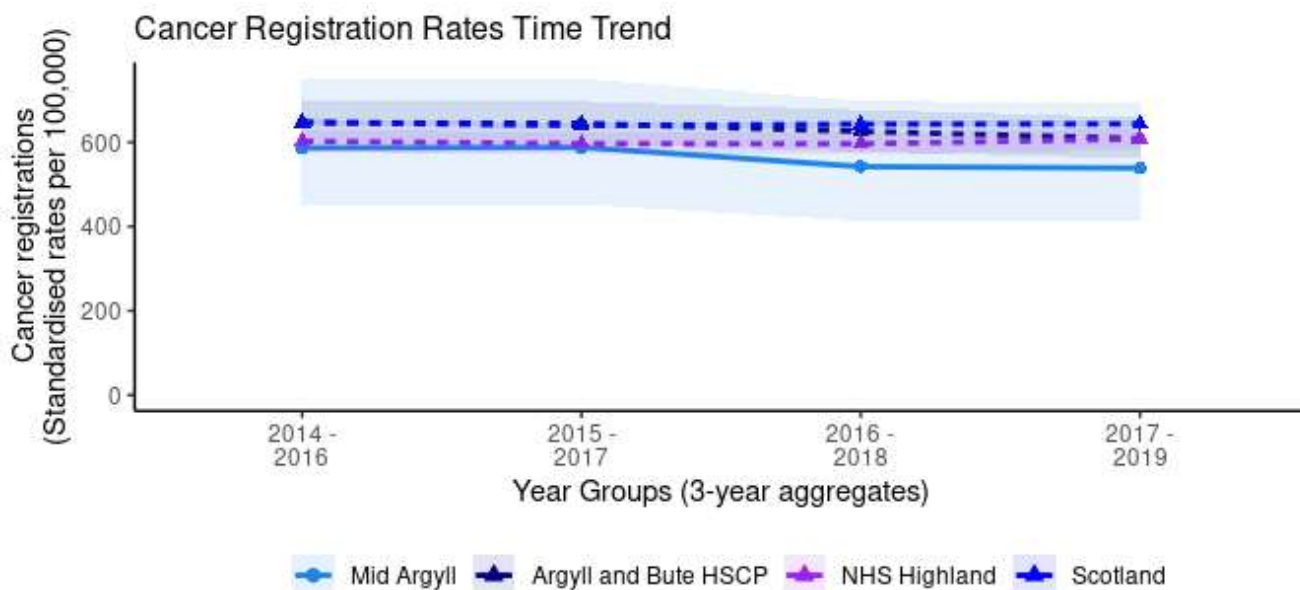
Top 5 Physical Long-Term Conditions

	Mid Argyll Locality	Argyll and Bute HSCP	Scotland
1	Cancer 6.7%	Arthritis 6.9%	Arthritis 5.6%
2	Arthritis 6.4%	Cancer 6.6%	Cancer 5.1%
3	Coronary heart disease 5.8%	Coronary heart disease 5.5%	Coronary heart disease 4.7%
4	Asthma 4.2%	Asthma 3.8%	Asthma 4.7%
5	Atrial fibrillation 3.2%	Diabetes 3.2%	Diabetes 3.2%

Cancer Registrations

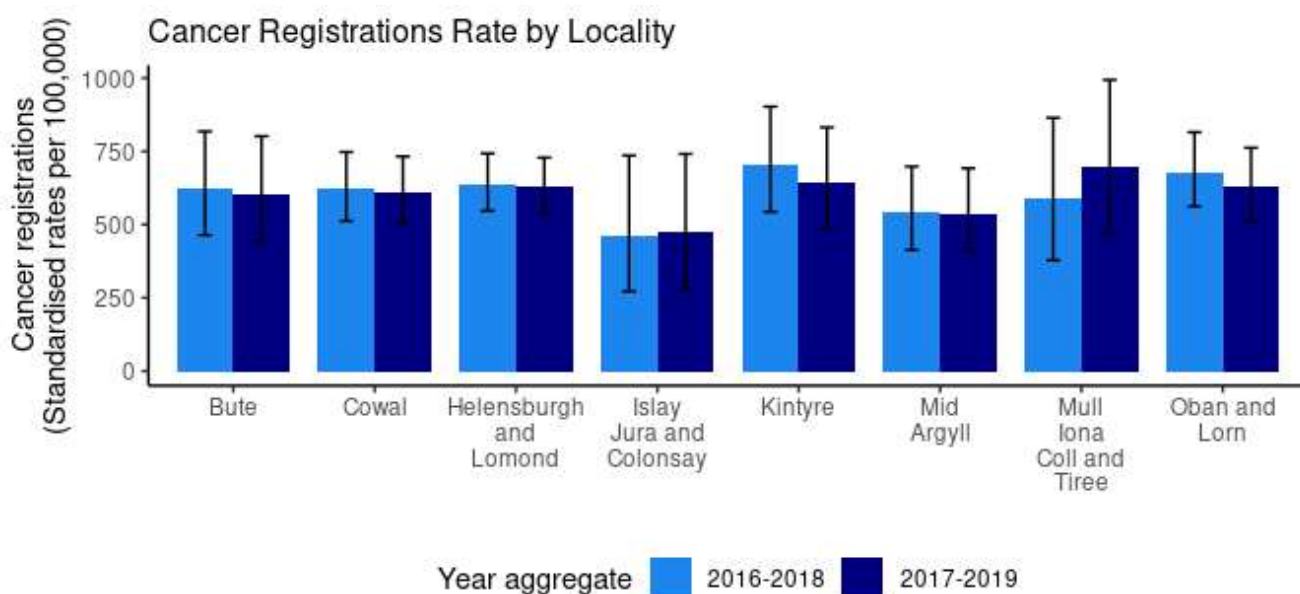
For the period 2017-2019, there were 62 new cancer registrations per year on average (539 registrations per 100,000 age-sex standardised population) in Mid Argyll locality. This is a 0.65% decrease in cancer registrations rate from the previous aggregate period 2016-2018. Figure 13 shows changes over time since 2014-2016, and Figure 14 compares the rates of localities in Argyll and Bute HSCP for the two latest available time periods.

Figure 13: Cancer registration rate over time and by geographical area.



Source: ScotPHO

Figure 14: Cancer registration rates in Argyll and Bute HSCP localities.



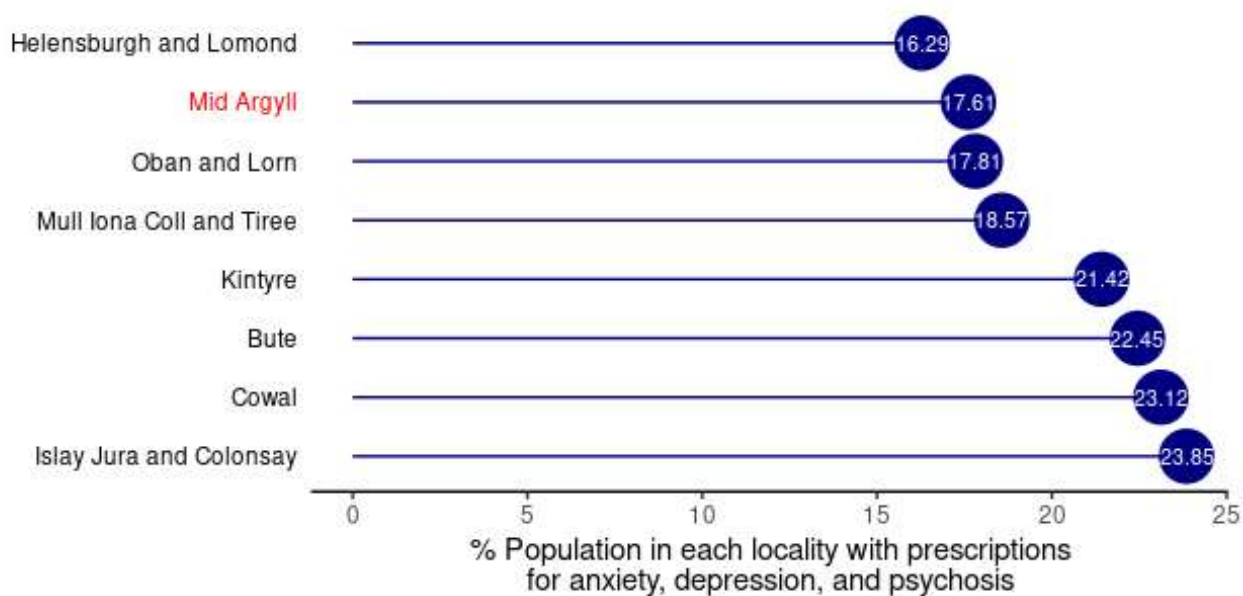
Source: ScotPHO

Anxiety, Depression, and Psychosis Prescriptions



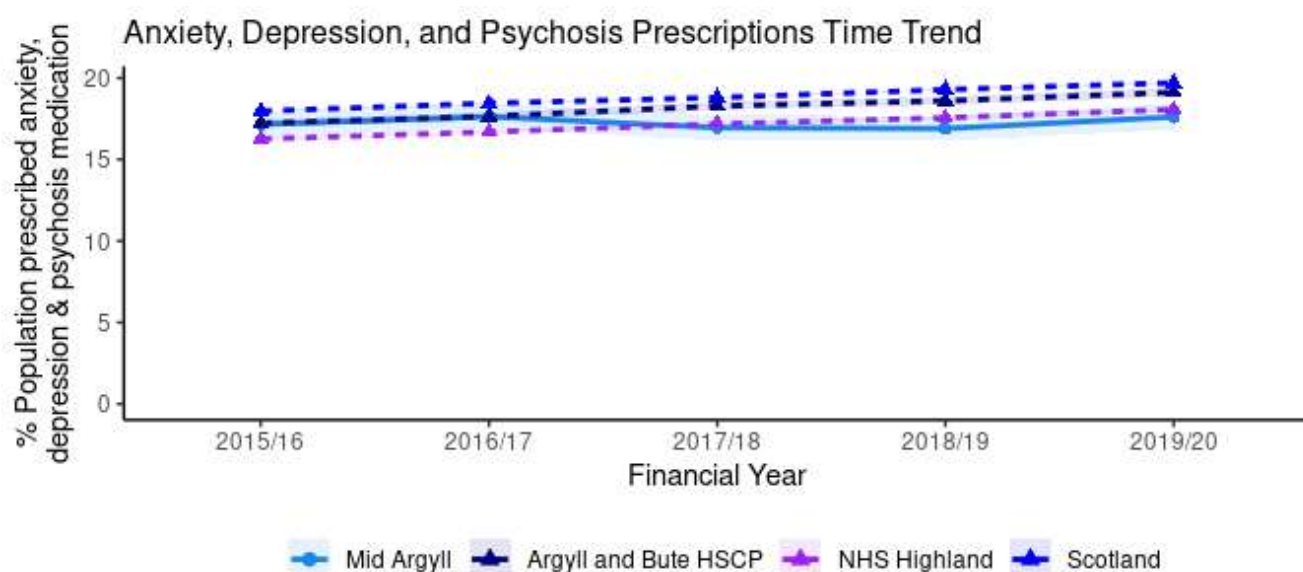
In the 2019/20 financial year, 17.61% of people were prescribed medication for anxiety, depression, or psychosis (ADP) in Mid Argyll Locality. This is a 4.2% increase from the previous financial year. Note that medicines are classified according to their main original licensed use but can be prescribed for reasons other than their original licensed indication.

Figure 15: Percentage population prescribed ADP medication in Argyll and Bute HSCP localities.



Source: ScotPHO

Figure 16: ADP prescriptions over time and by geographical area.



Source: ScotPHO

Behavioural Factors

Summary:

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

For the most recent time periods available³, Mid Argyll had:

- **65** drug-related hospital admissions per 100,000 age-sex standardised population⁴. This is a lower rate of admissions than for Scotland (221).
- **620** alcohol-related hospital admissions per 100,000 age-sex standardised population⁴.
- **24** alcohol-specific mortalities per 100,000 age-sex standardised population⁴.
- a **63%** uptake of bowel cancer screening for the eligible population.

Drug-related Hospital Admissions

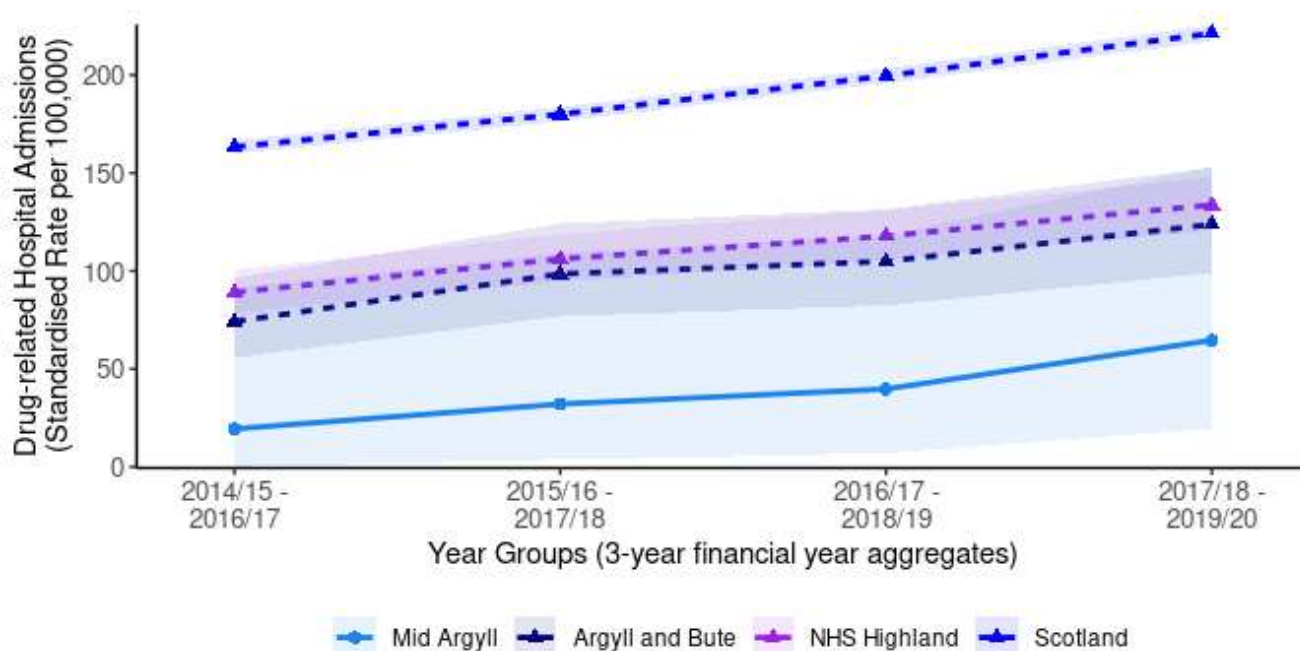


There were 65 drug-related hospital admissions per 100,000 age-sex standardised population⁴ in Mid Argyll locality for the most recent time period available (3 year financial year aggregate for 2017/18 - 2019/20).

This is a 242% increase since 2014/15 - 2016/17 (3 financial year aggregates).

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

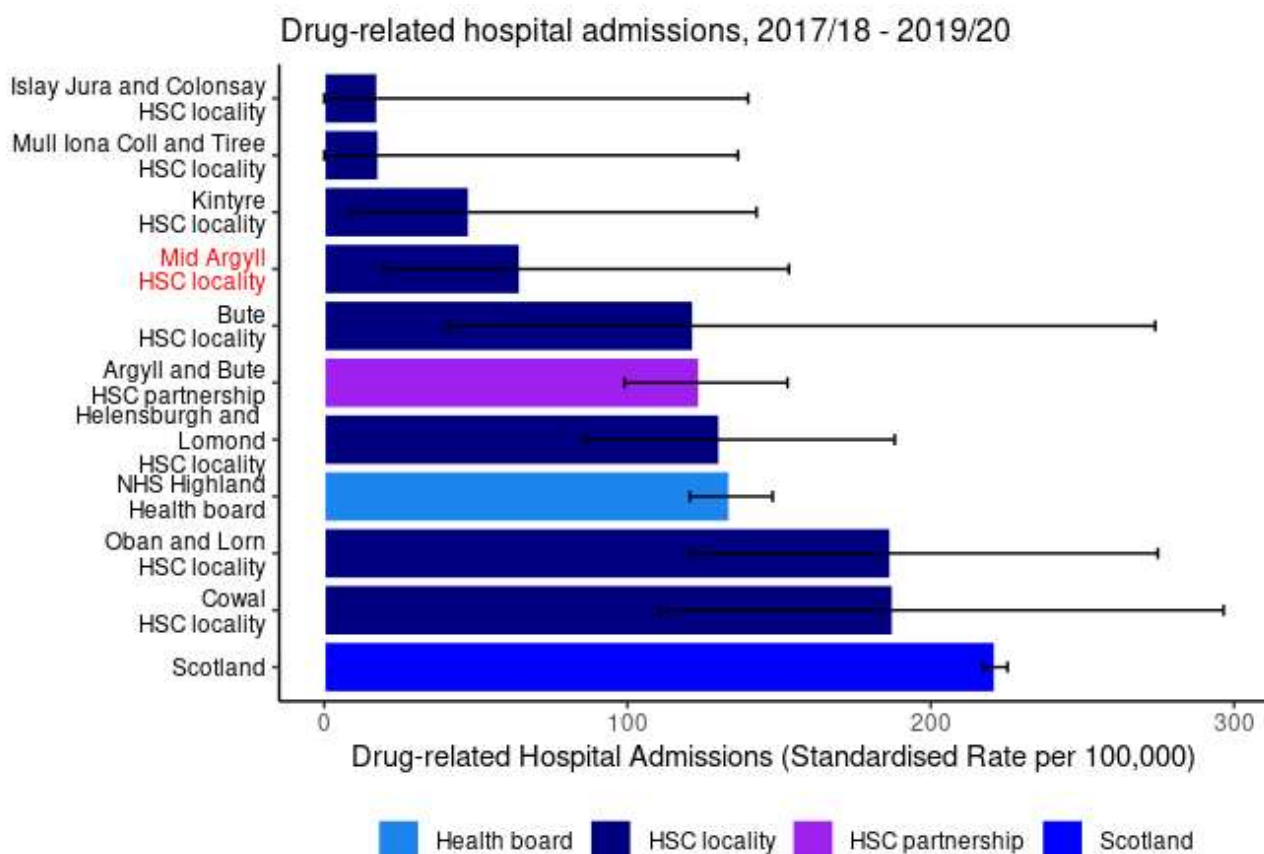
Figure 17: Trend of Drug-related Hospital Admission Rates by geographical area.



Source: ScotPHO

A comparison of areas at the most recent time period (2017/18 - 2019/20 aggregated financial years) is available below. This shows Mid Argyll locality has a lower rate of admissions (65) than Argyll and Bute Partnership (124), and a lower rate of admissions than Scotland (221) overall.

Figure 18: Comparison of Drug-related Hospital Admission Rates for the period 2017/18 - 2019/20.



Source: ScotPHO

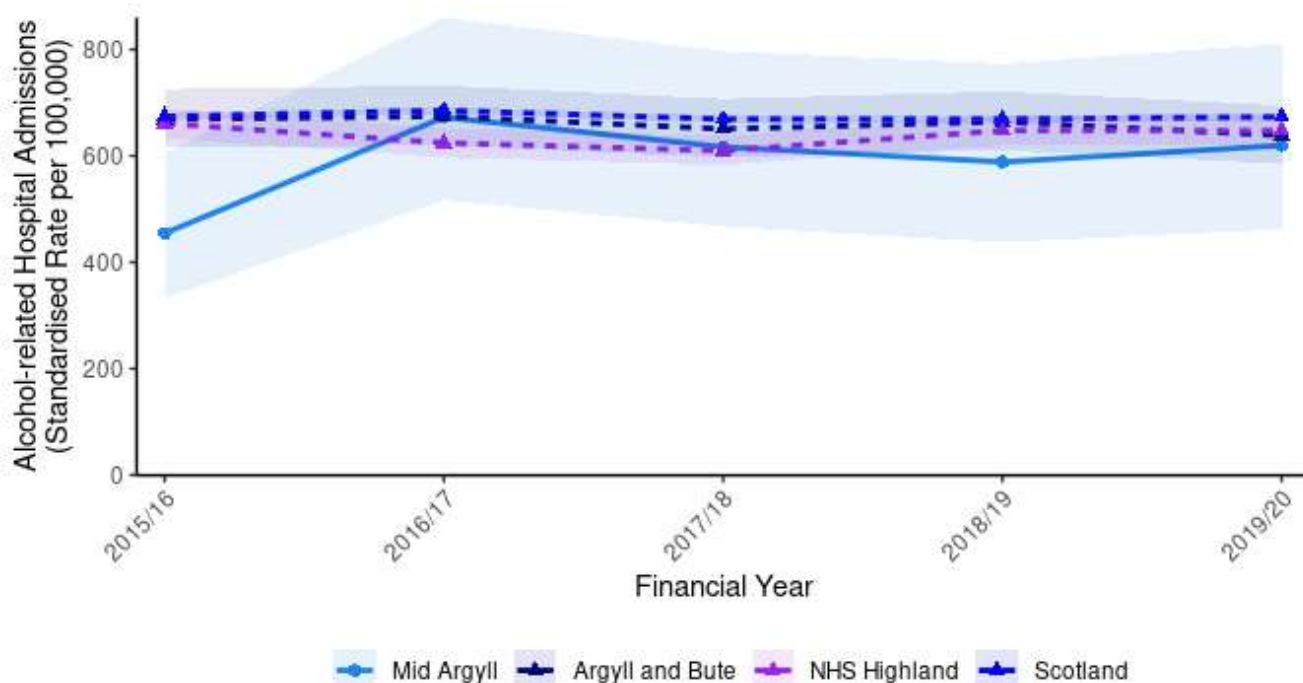
Alcohol-related Hospital Admissions



The 2019/20 alcohol-related admissions rate is 620 per 100,000 age-sex standardised population⁴, which is a 36% increase overall since 2015/16.

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

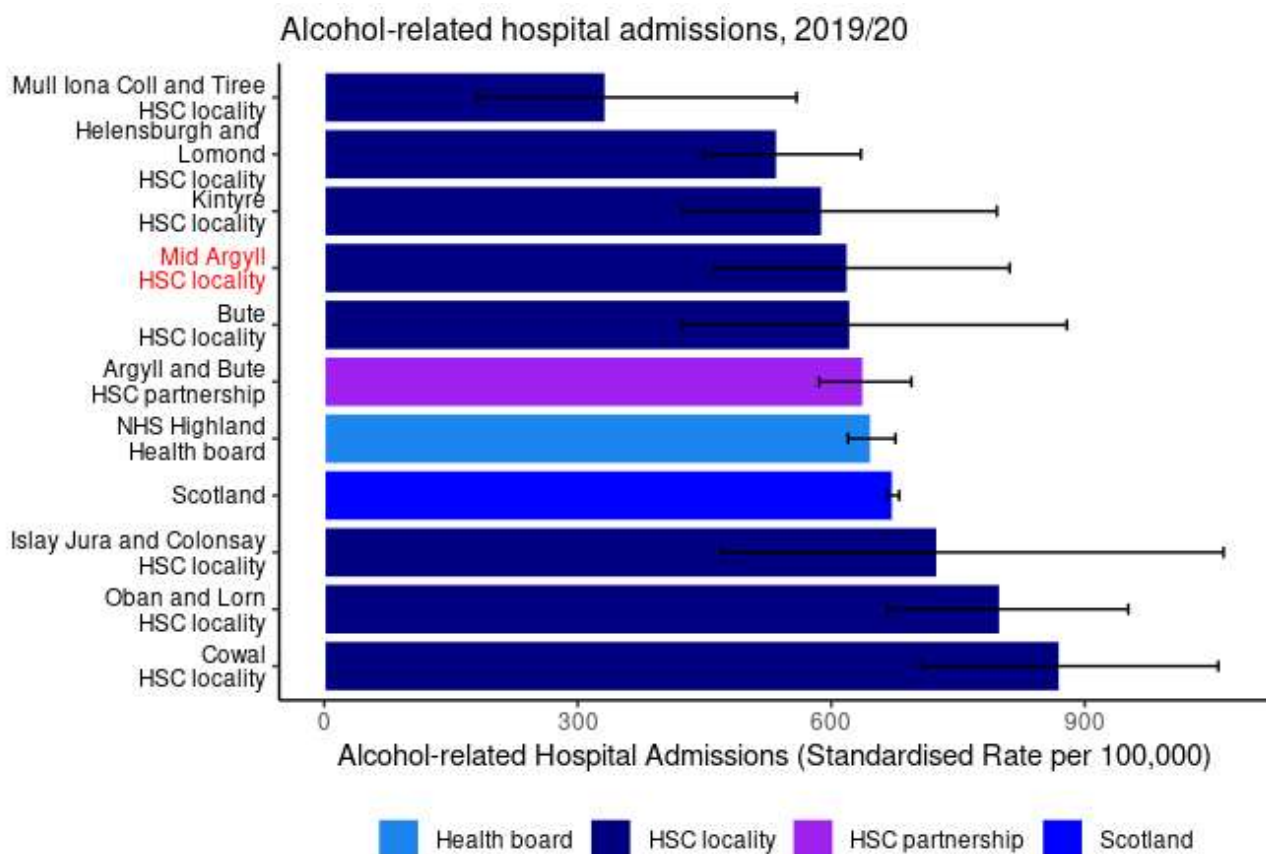
Figure 19: Trend of Alcohol-related Hospital Admission Rates by geographical area.



Source: ScotPHO

Comparison across different areas for 2019/20 is shown in Figure 20. This shows that Mid Argyll locality had a lower alcohol-related hospital admissions rate (620) compared to Scotland (673).

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

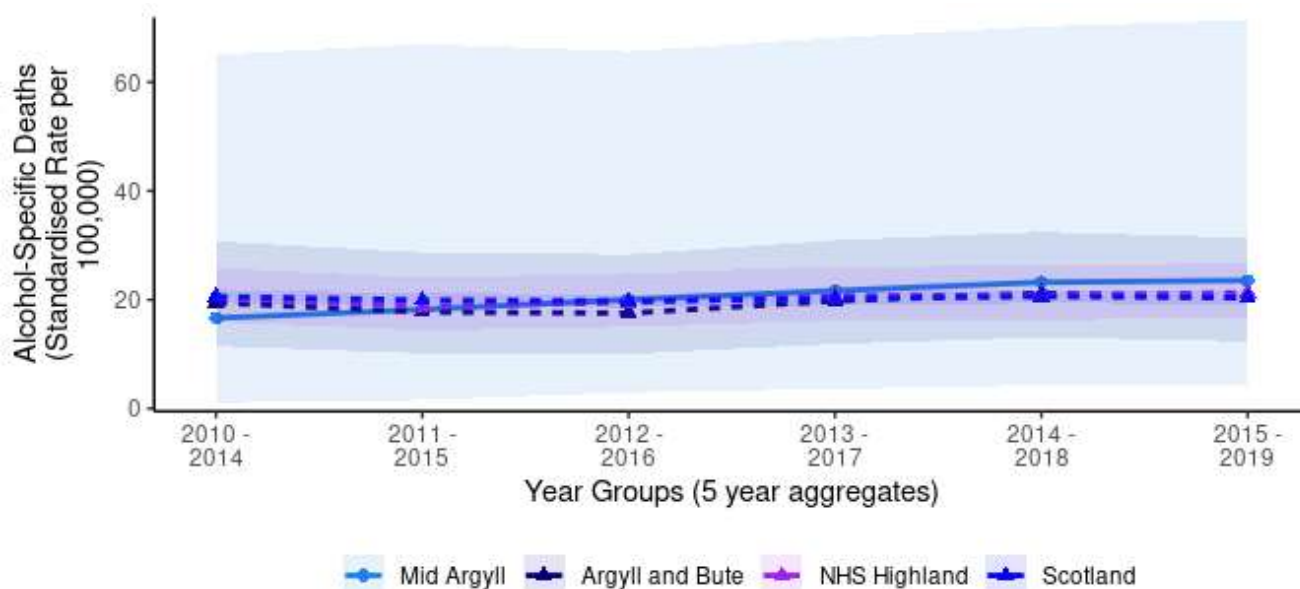


Source: ScotPHO

Alcohol-Specific Deaths

Data on alcohol-specific deaths is available as 5 year aggregates. The rate of alcohol-specific deaths is currently higher in Mid Argyll than the rate in 2010 - 2014 (42% change).

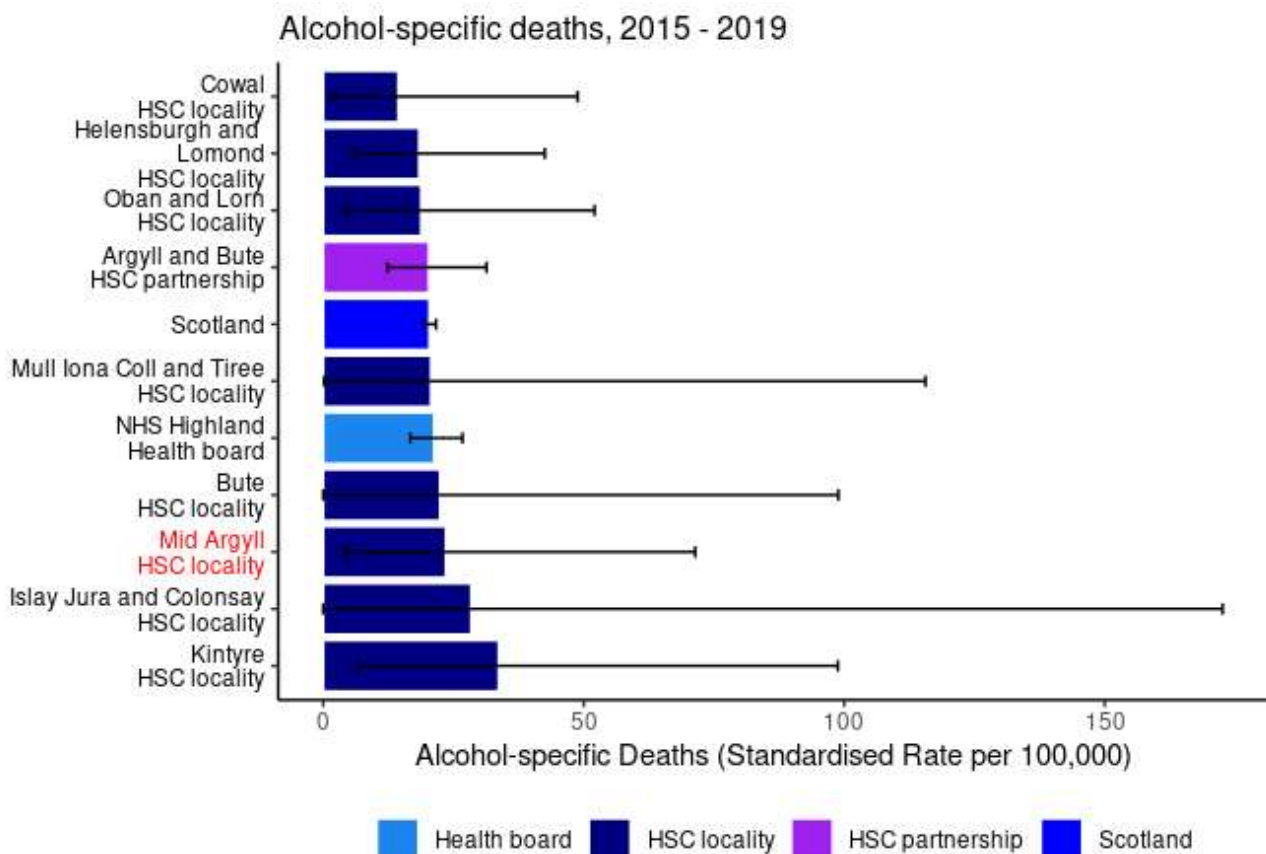
Figure 21: Trend of Alcohol-Specific Death Rates by geographical area.



Source: ScotPHO

A comparison across different areas illustrates that Mid Argyll locality has a higher alcohol-specific death rate compared to Scotland as a whole.

Figure 22: Comparison of Alcohol-related Death Rates for the period 2015 - 2019 (5 year aggregate).



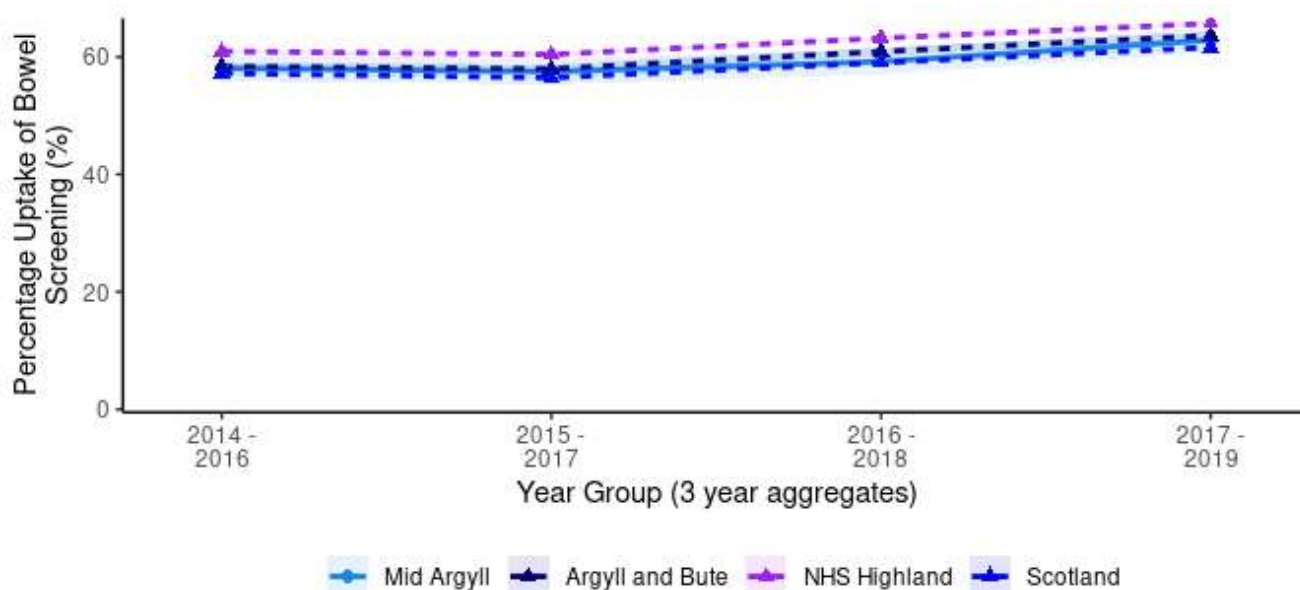
Source: ScotPHO

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 Mid Argyll locality compared with Scotland, Argyll and Bute HSCP and NHS Highland. Data is suppressed into 3 year aggregates. The 2017 - 2019 uptake rate for Mid Argyll is **63%**.

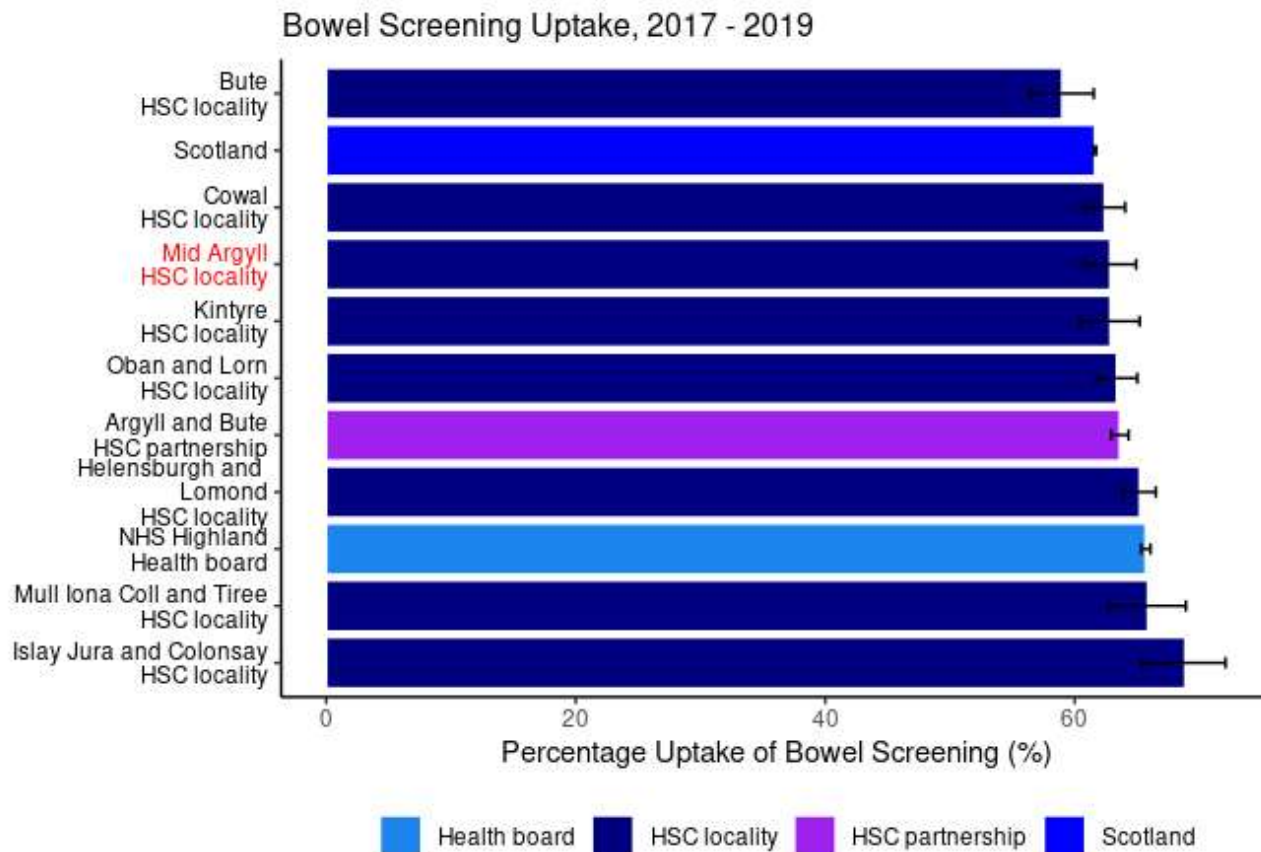
Figure 23: Trend of Bowel Screening Uptake for eligible men and women, by geographical area.



Source: ScotPHO

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

Figure 24: Comparison of Bowel Screening Uptake for 2017 - 2019.



Source: ScotPHO

Hospital and Community Care

This section includes acute hospital data, delayed discharge bed days and A&E attendances. Note that for 2020 onwards, data are impacted by the COVID-19 pandemic (refer to footnote 6)

For the most recent time periods available, Mid Argyll had:

- **8,763** emergency hospital admissions per 100,000 population.
- **54,859** unscheduled acute specialty bed days per 100,000 population.
- **4,891** A&E attendances per 100,000 population.
- **9,837** delayed discharge bed days per 100,000 population.
- **998** emergency hospital admissions from falls per 100,000 population.
- **92** emergency readmissions (28 day) per 1,000 discharges.
- **823** potentially preventable hospital admissions per 100,000 population.
- People on average spent **92%** of their last 6 months of life in a community setting.

Emergency Admissions

Figure 25: Emergency admissions by age group

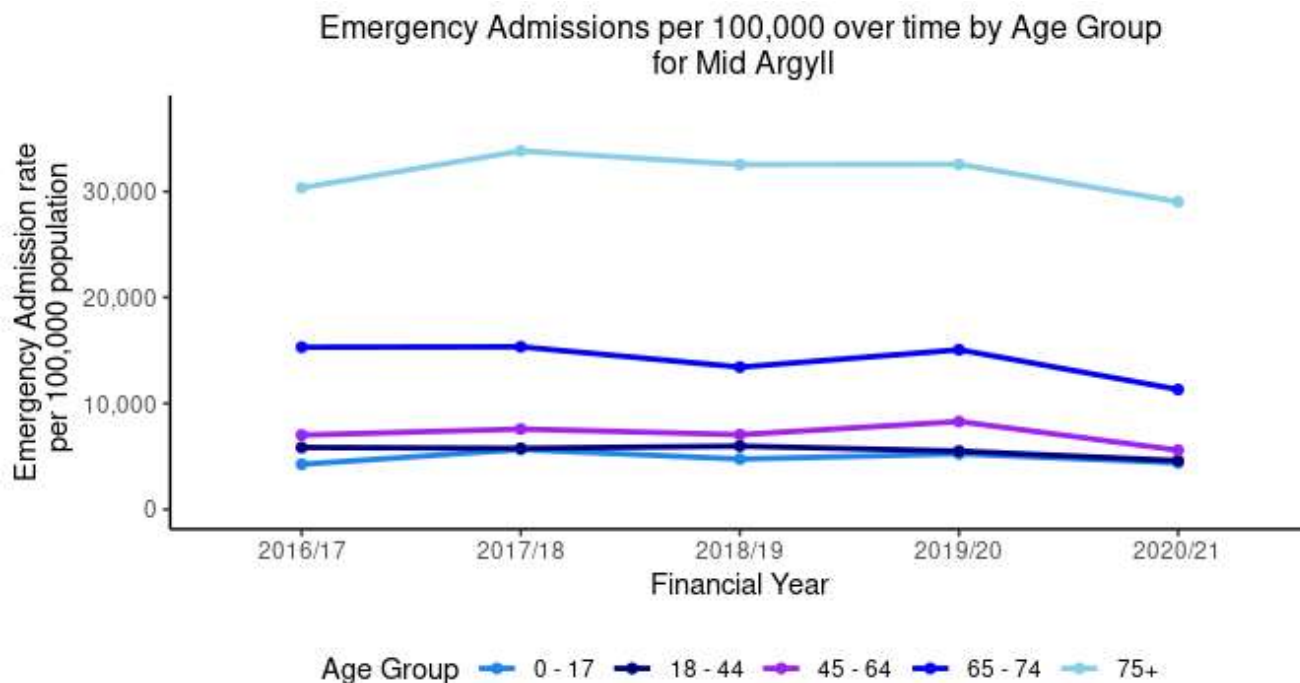
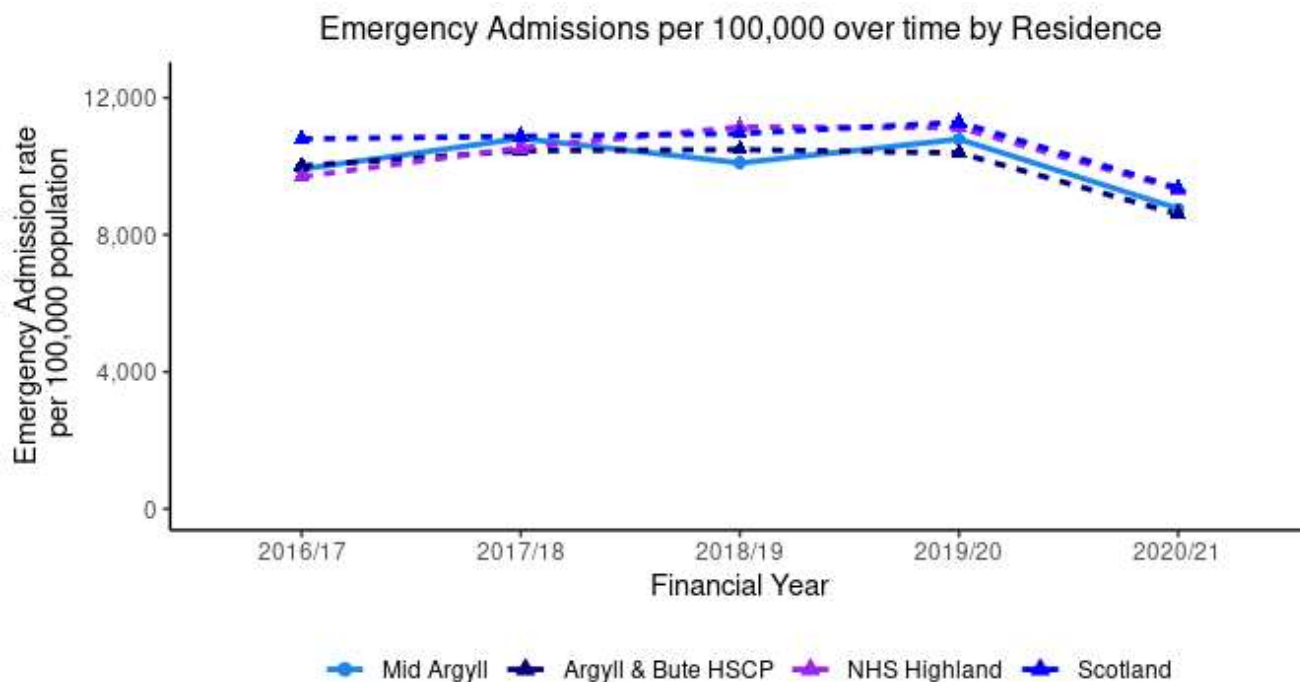


Figure 26: Emergency admissions by geographical area



Unscheduled Acute Bed Days

Figure 27: Unscheduled bed days by age group

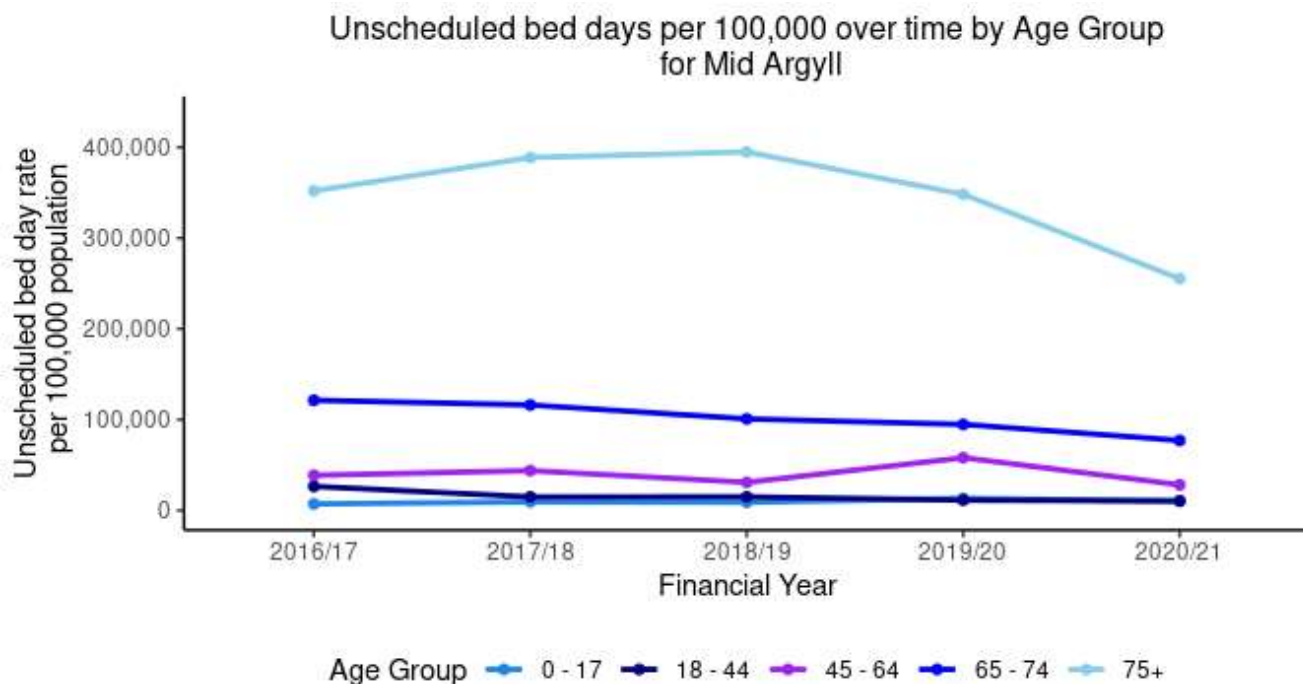
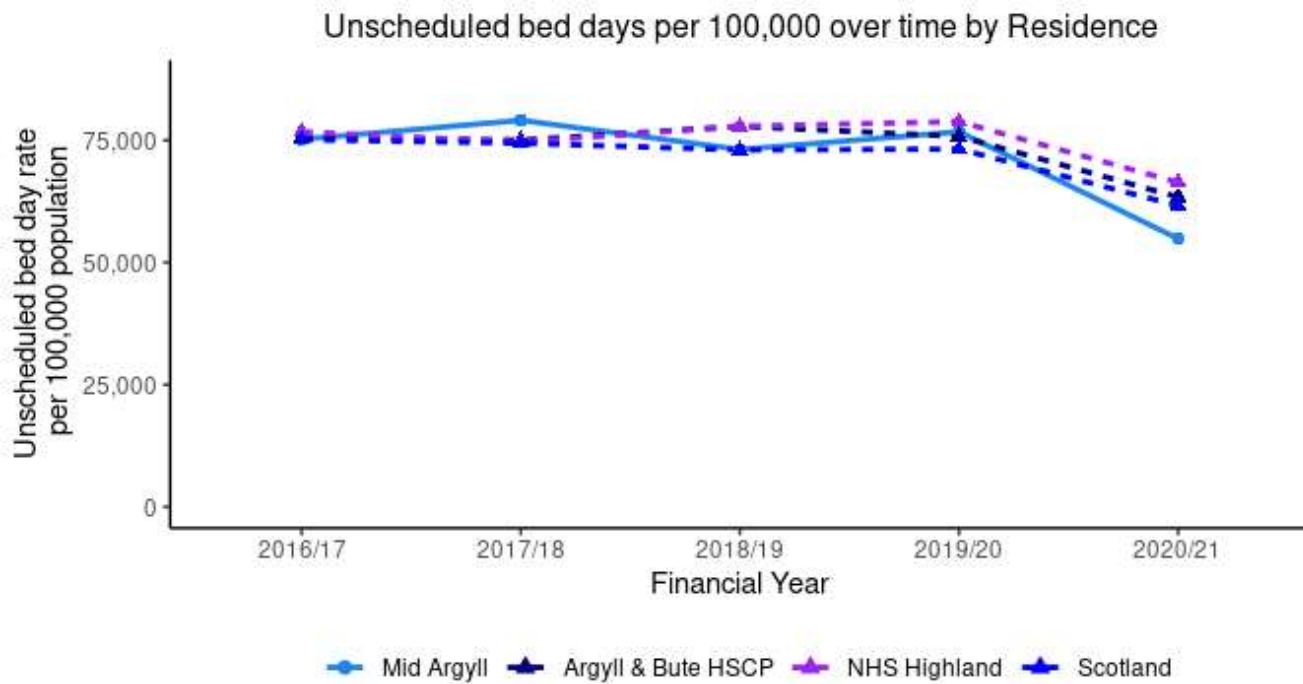
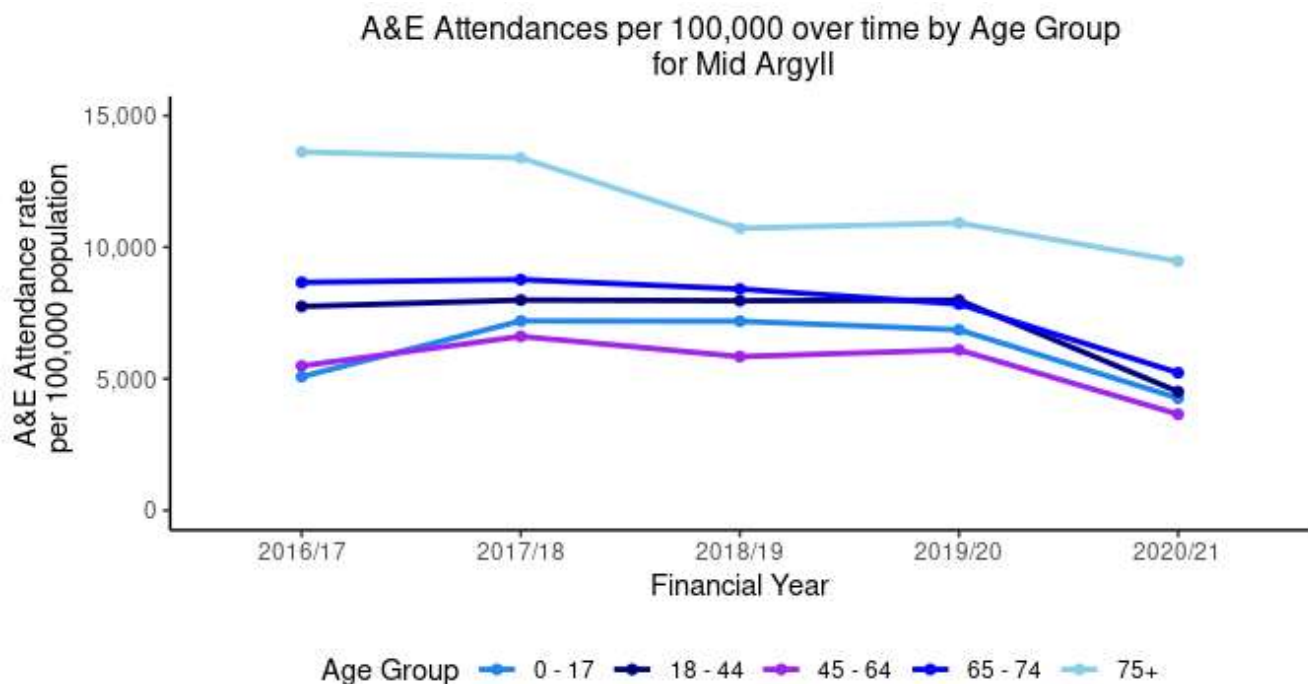


Figure 28: Unscheduled bed days by geographical area



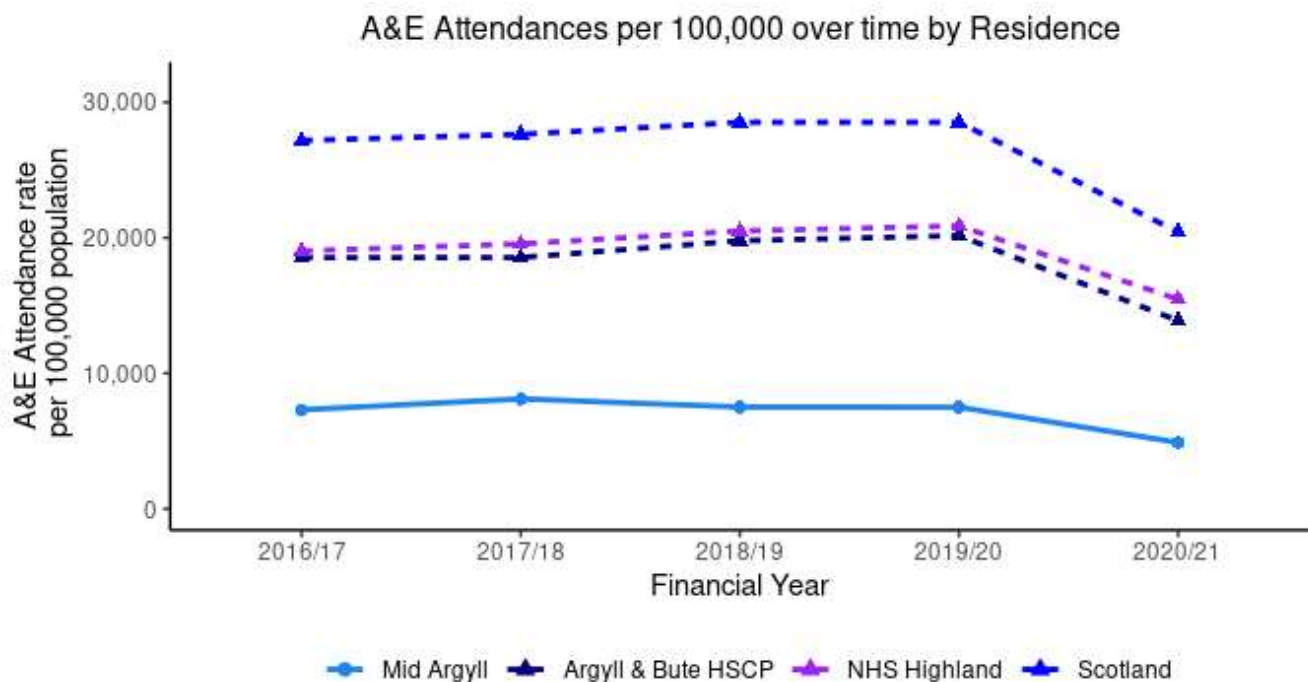
A&E Attendances

Figure 29: A&E attendances by age group



Source: PHS A&E Datamart

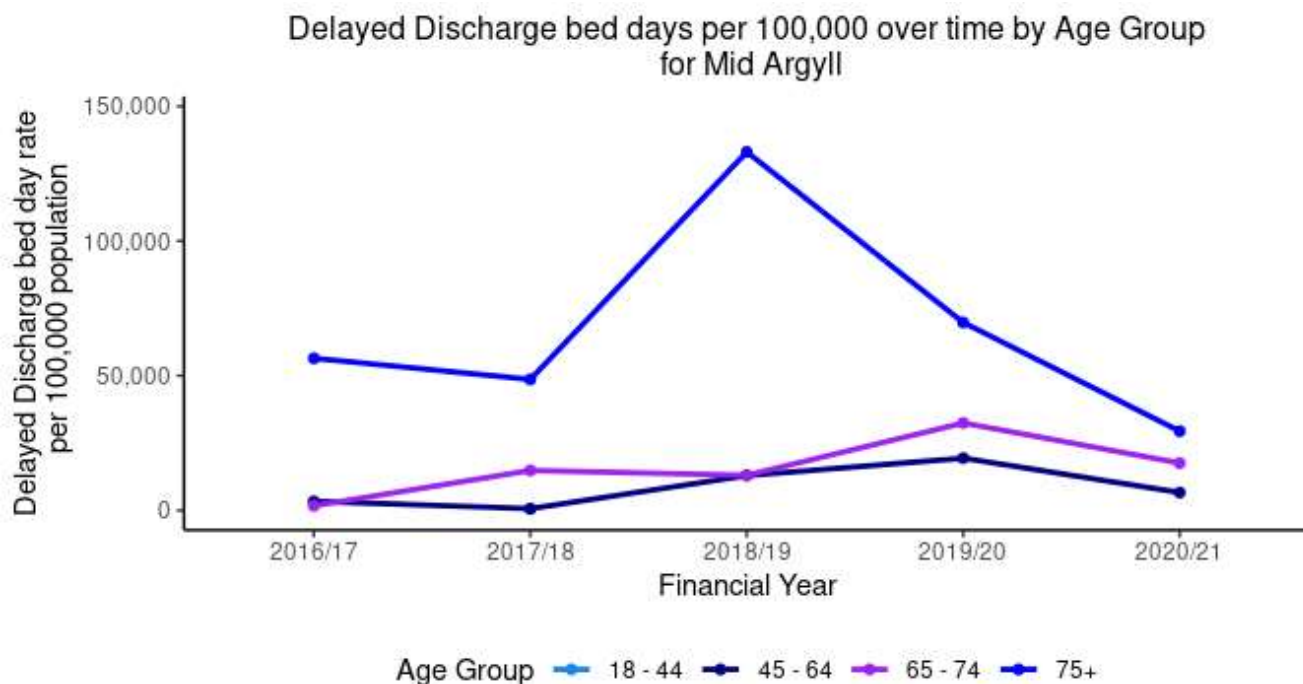
Figure 30: A&E attendances by geographical area



Source: PHS A&E Datamart

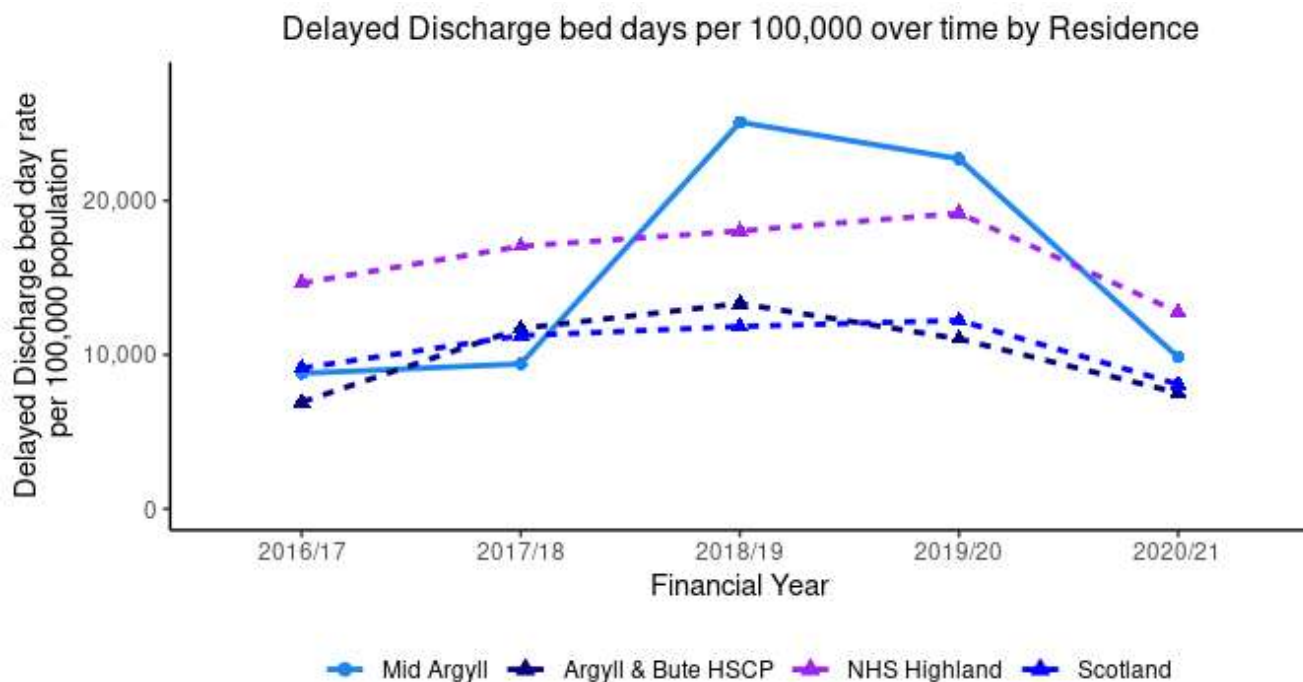
Delayed Discharge Bed Days

Figure 31: Delayed discharge bed days by age group



Source: PHS Delayed Discharges

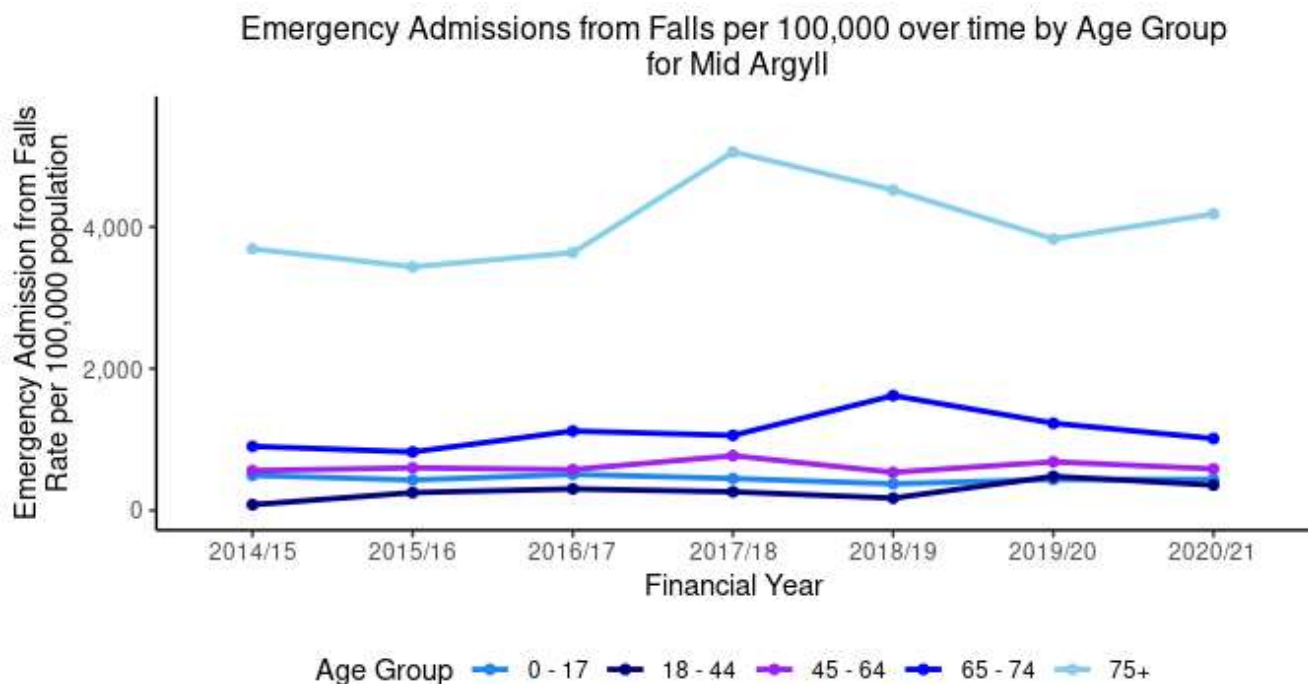
Figure 32: Delayed discharge bed days by geographical area



Source: PHS Delayed Discharges

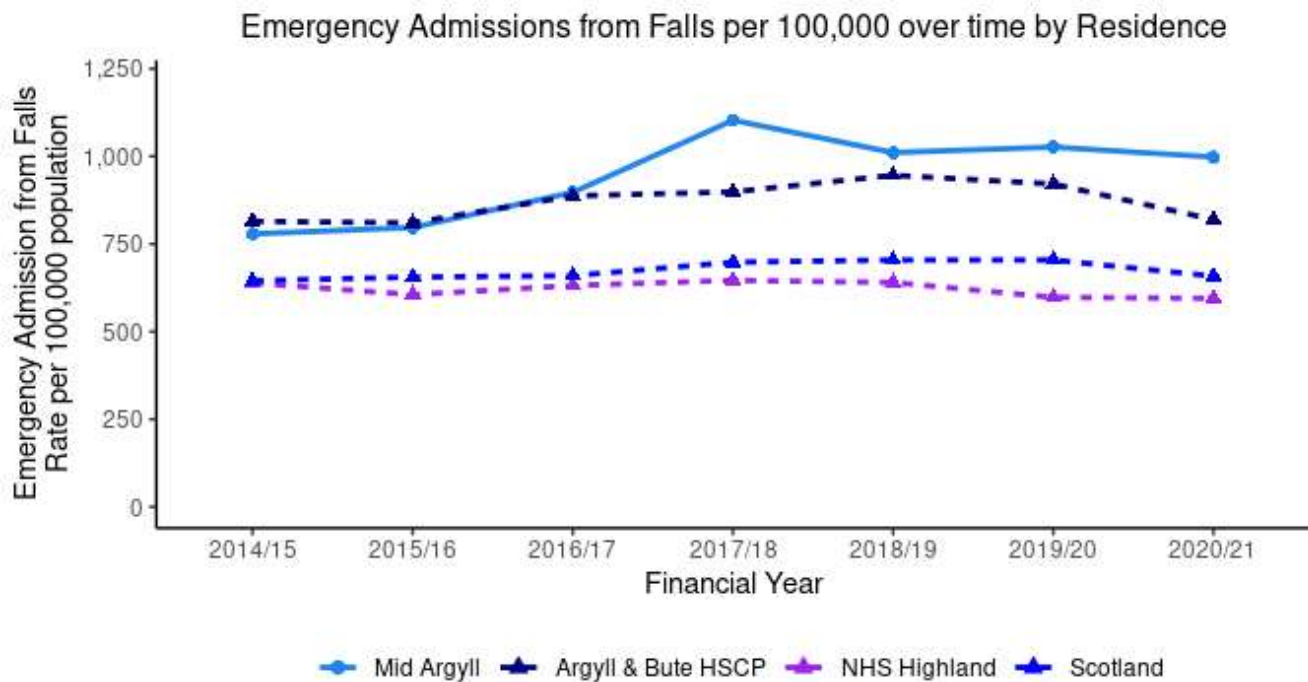
Emergency Admissions from a Fall

Figure 33: Falls by age group



Source: PHS SMR01

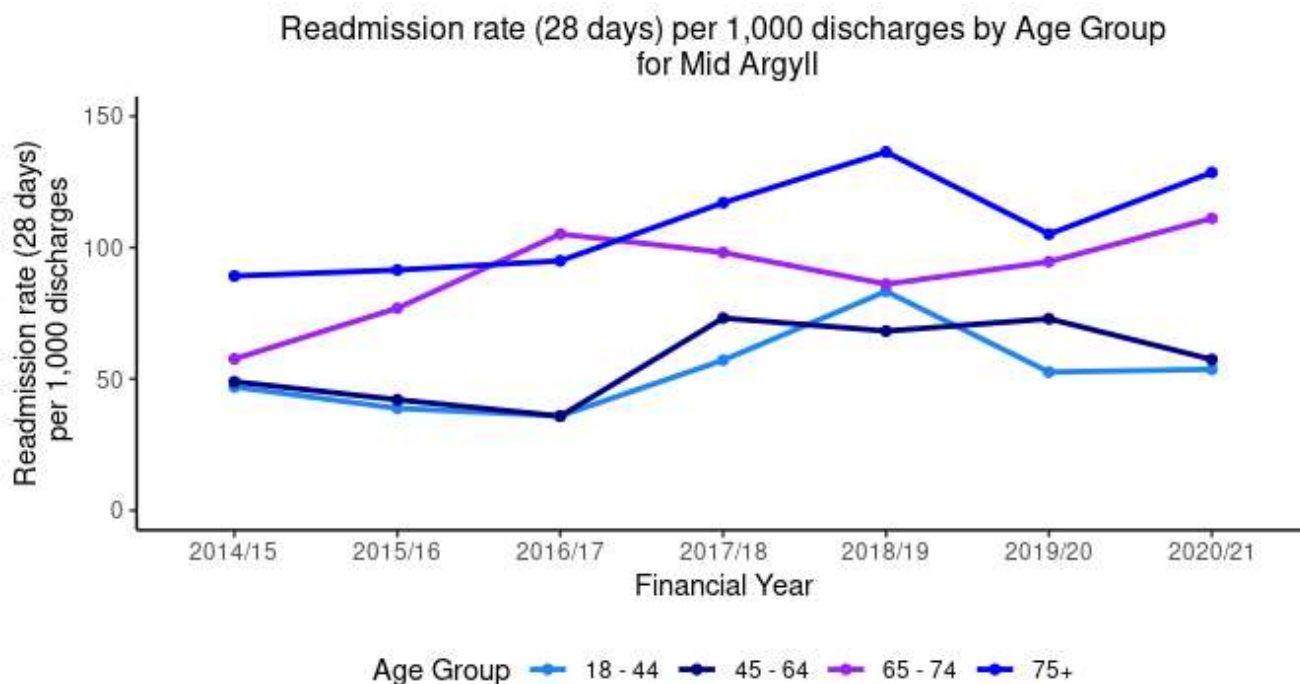
Figure 34: Falls by geographical area



Source: PHS SMR01

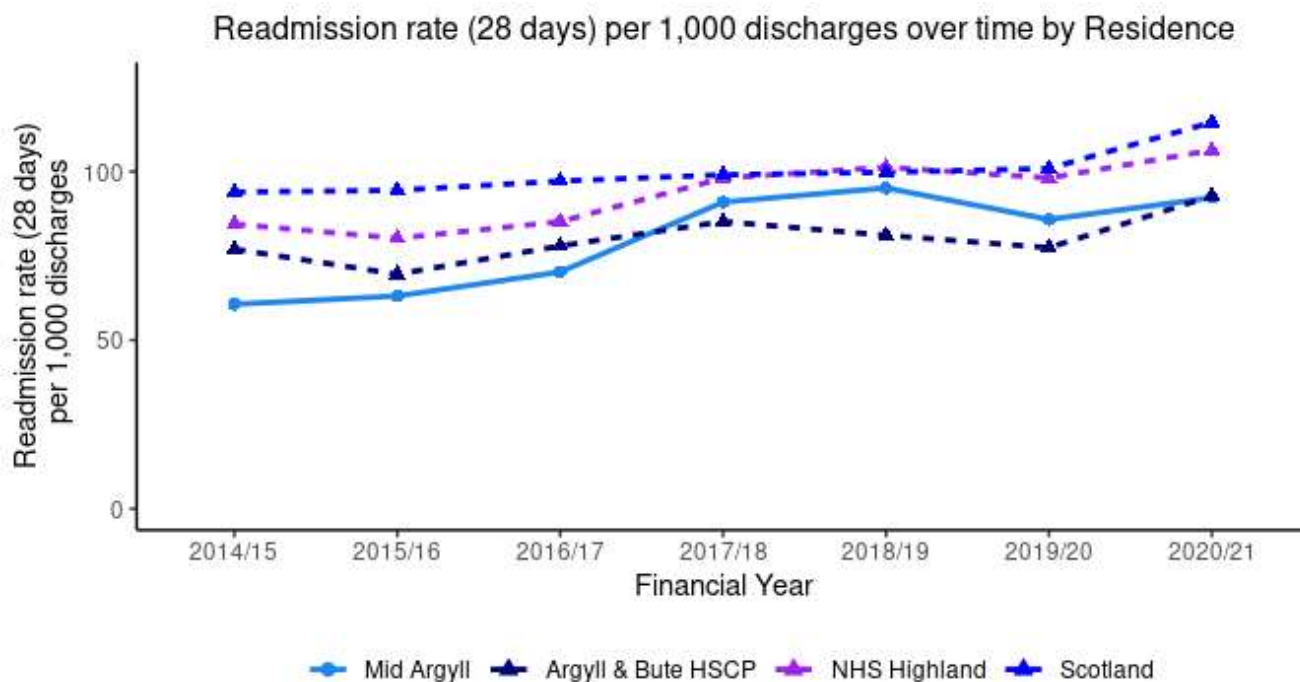
Emergency Readmissions (28 days)

Figure 35: Emergency readmissions by age group



Source: PHS SMR01

Figure 36: 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 in the accompanying summary document.

Figure 37: PPAs by age group

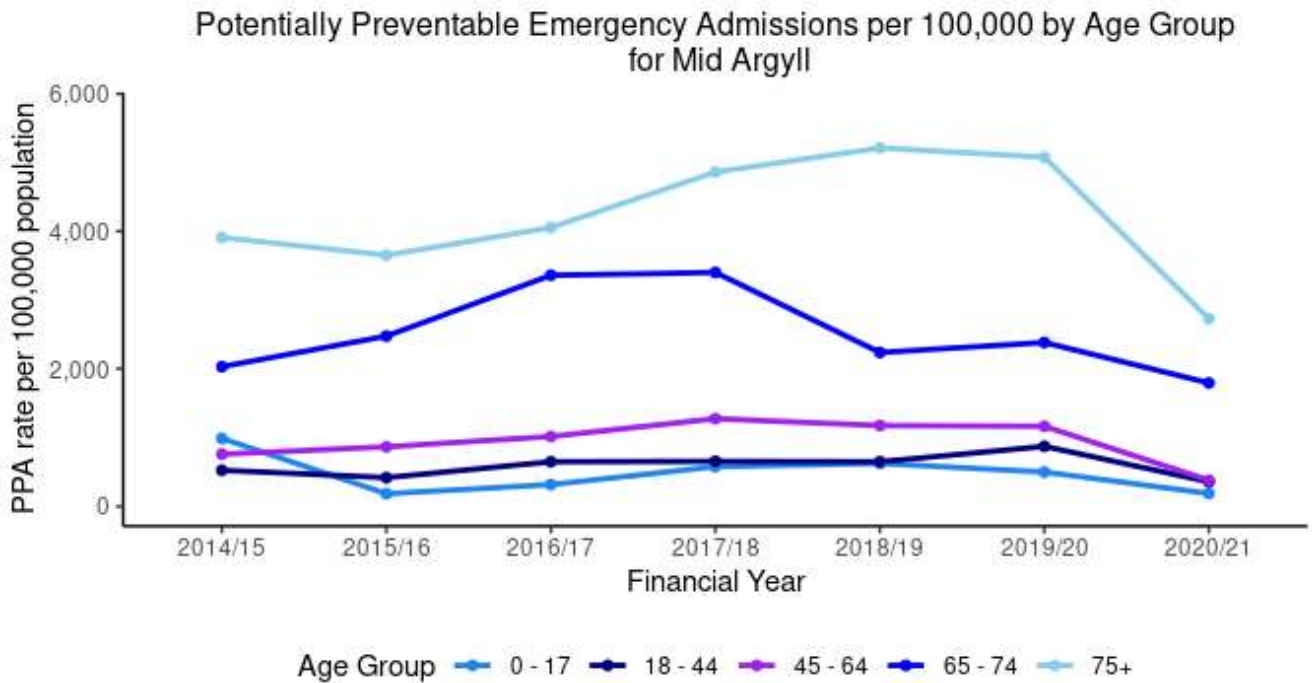
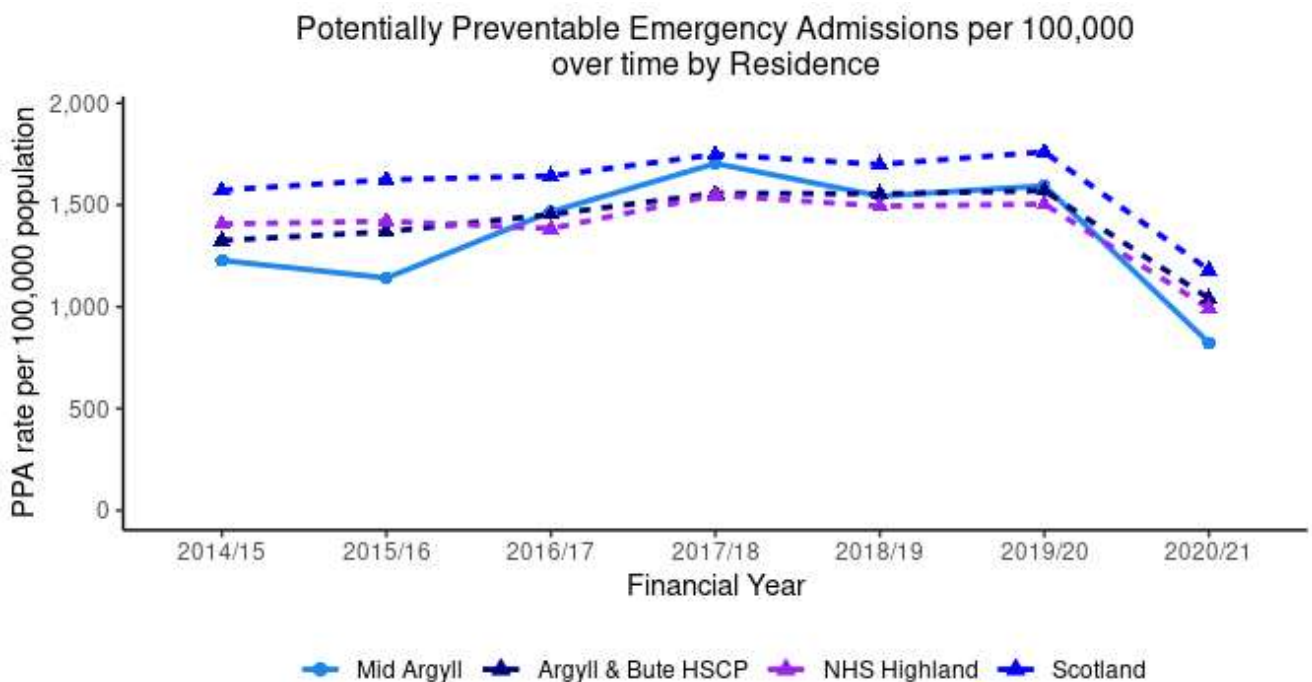
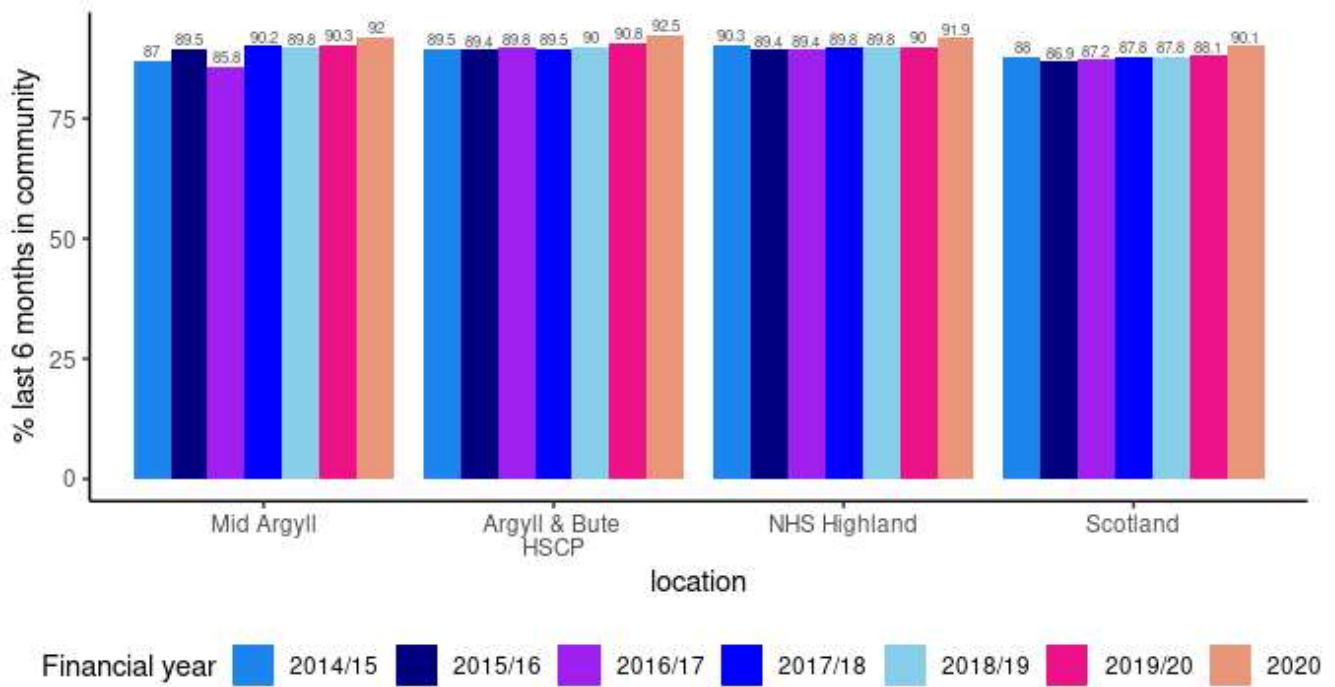


Figure 38: PPAs by geographical area



% Last 6 months in a Community Setting

Figure 39: Last 6 months in a community setting by geographical area



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

Footnotes

1. Population projections are not currently provided by NRS at the locality level. To explore how the population in Mid Argyll is expected to change in the future, the percent changes in population projection to 2025 for Argyll and Bute by age group and gender were calculated from the NRS Local Authority Population Projections. These percent changes were then applied to the Mid Argyll 2018 mid-year population estimates (also split by age group and gender) to obtain population projection estimates for Mid Argyll, 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 Argyll and Bute which people may use but are not shown.
3. The data used in General Health and Behavioural 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. For more information on how these rates are calculated, please refer to www.isdscotland.org/Products-and-Services/GPD-Support/Population/Standard-Populations/
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, daycase 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.
6. From 2020 onwards, data are impacted by the COVID-19 pandemic. PHS Scotland has produced a dashboard to explore the wider impacts of COVID-19 on the healthcare system. For more information, please see <https://scotland.shinyapps.io/phs-covid-wider-impact/>