



Renfrewshire
Health & Social Care
Partnership

Renfrewshire's Profile to inform Strategic Commissioning

April 2018

Table of Contents

1 Introduction.....	4
1.1 Background.....	4
1.2 Strategic Needs Assessment.....	5
1.3 Scottish Index of Multiple Deprivation	8
1.4 Next Steps.....	10
2 Population.....	11
2.1 Current Population.....	11
2.2 Projections of future population.....	12
2.3 Dependency ratio.....	13
2.4 Population considerations/implications.....	14
3 Life Circumstances.....	15
3.1 Births.....	15
3.2 Life expectancy and healthy life expectancy.....	15
3.3 Premature mortality.....	16
3.4 End of life care.....	17
3.5 Cause of death.....	18
4 Population Health.....	19
4.1 Children and Young People.....	19
4.2 General Health.....	25
4.3 Long Term Health Conditions.....	27
4.3.1 Dementia.....	29
4.3.2 Cancer.....	31
4.3.3 Diabetes.....	34
4.4 Multi-Morbidity.....	35
4.5 High Health Gain Individuals.....	35
4.6 Disability and Supporting Independent Living.....	37
4.7 Self-Directed Support.....	41
4.8 Mental Health and Wellbeing.....	42
5 Current Provisions of Health and Social Care Services.....	45
5.1 Workforce.....	45
5.2 GP Services.....	47
5.3 Carers.....	48

5.4	Secondary Care Activity.....	49
5.5	Unscheduled Care.....	51
5.5.1	A&E Attendances.....	51
5.5.2	Emergency Admission to Hospital.....	52
5.6	Delayed Discharge from Hospital.....	57
5.7	Social Care Services.....	59
5.8	Care and Support at Home.....	61
5.9	Care Homes.....	63
5.10	Telecare.....	65
5.11	Experience of Care Recipients.....	66
6	Lifestyle/Risk Factors.....	66
6.1	Smoking.....	67
6.2	Alcohol.....	71
6.3	Drugs.....	73
6.4	Diet and Obesity.....	75
6.5	Physical Activity.....	76
7	Environmental Factors.....	80
7.1	Housing.....	80
7.2	Fuel Poverty.....	86
7.3	Employment, Benefits and Financial Issues.....	86

1 Introduction

1.1 Background

The integration of health and social care is a key Scottish Government Programme of reform designed to improve care and support for those who use health and social care services. The legislation relating to the integration of health and social care is set out in the Public Bodies (Joint Working) (Scotland) Act 2014.

A list of 9 high-level statements of what health and social care partners are attempting to achieve through integration have been produced. These are known as the National Health and Wellbeing Outcomes.

By working with individuals and local communities, health and social care partnerships will support people to achieve the following outcomes:

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.

Outcome 2: People, including those with disabilities or long terms conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected.

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Outcome 5: Health and social care services contribute to reducing health inequalities.

Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

Outcome 7: People using health and social care services are safe from harm.

Outcome 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services.

1.2 Strategic Needs Assessment

Each health and social care partnership is required by the legislation to produce a detailed strategic plan. Renfrewshire's Strategic Plan explains how the partnership will make changes and improvements to develop health and social care services for the people of Renfrewshire over the next three years.

In order for the partnership to produce a detailed Strategic Plan that best meets the needs of its local population, we first require a clear understanding of the health and care needs of the population, from both the perspective of the NHS and Local Authority, and other key stakeholders.

Need is the discrepancy between "what is" and "what should be". This document aims to bring together the available data in order to describe the current pattern and level of supply of these services and where possible identify the extent of the gap between need and supply.

Understanding the differing levels of need and service provision across the partnership will be key to the future success of the partnership. Therefore the ability to assess need at locality level is extremely important. Initial drafts of this document will focus on information and analysis at partnership level and future versions will begin to drill down to locality level.

For the purpose of strategic locality planning, Renfrewshire has been split into two Wellbeing Localities: Paisley and West Renfrewshire, with neighbourhood areas identified under each locality. The two locality areas were agreed in tandem with wider Community Planning Partnership place based planning aspirations. The findings of the consultation undertaken in recent years in respect of place based planning informed the decision-making process and resulted in the geography which reflects the make-up of Renfrewshire and the natural community neighbourhood areas that fall into each locality area.

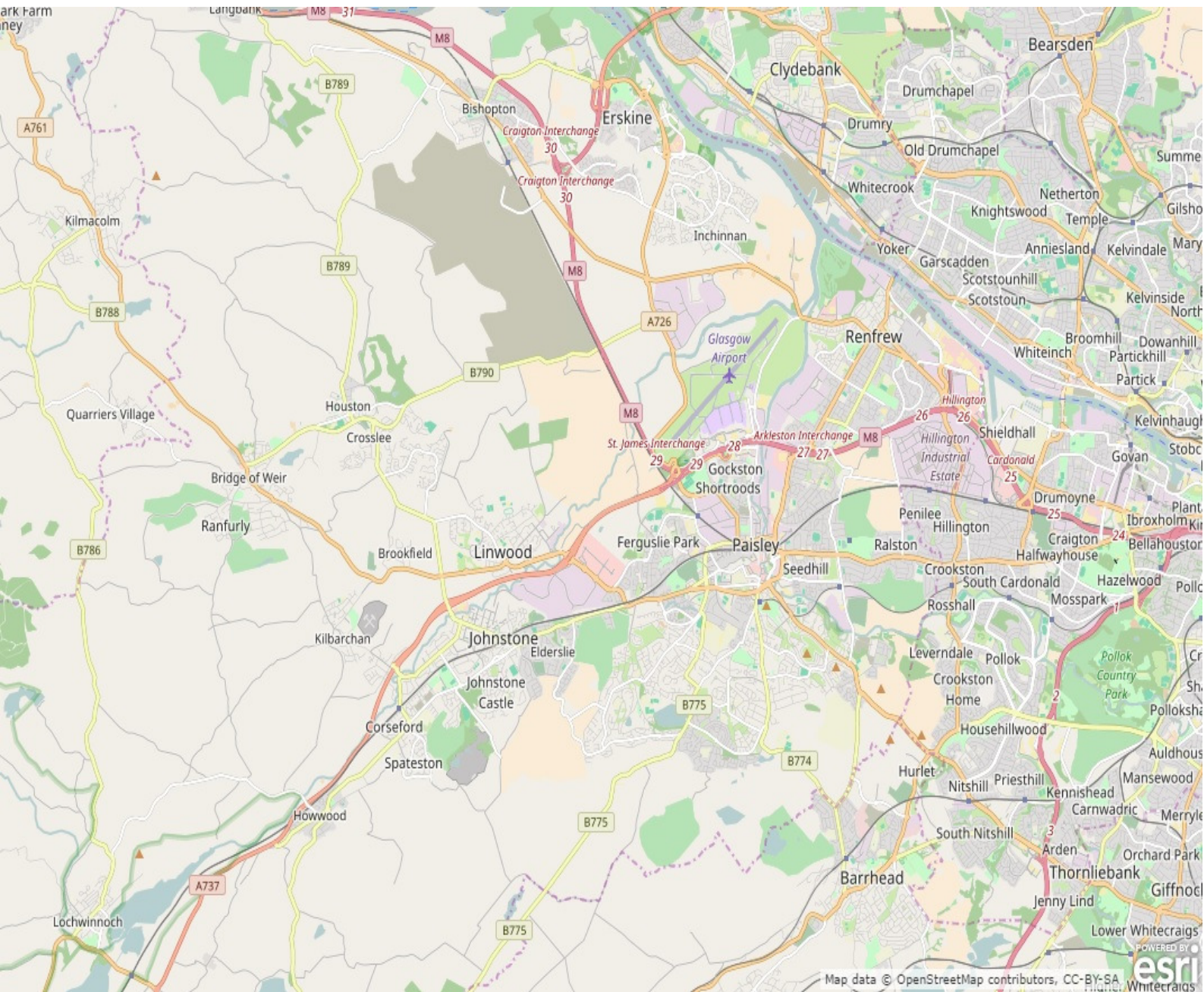
The following map shows an outline view of Renfrewshire and is split into the two wellbeing localities, Paisley and West Renfrewshire. The borders within the localities show the intermediate geographies; these are geographic areas comprised of multiple datazones. Datazones are small clusters of households of between 500 and 1,000 people and there are 38 individual intermediate datazones in Renfrewshire. For example, the Paisley locality is made up of 15 intermediate geographies, including Ralston, Dykebar, Ferguslie, Foxbar, and Paisley North.

Paisley Wellbeing Locality

Population: approximately 71,000

West Renfrewshire Locality

Population: approximately 103,000

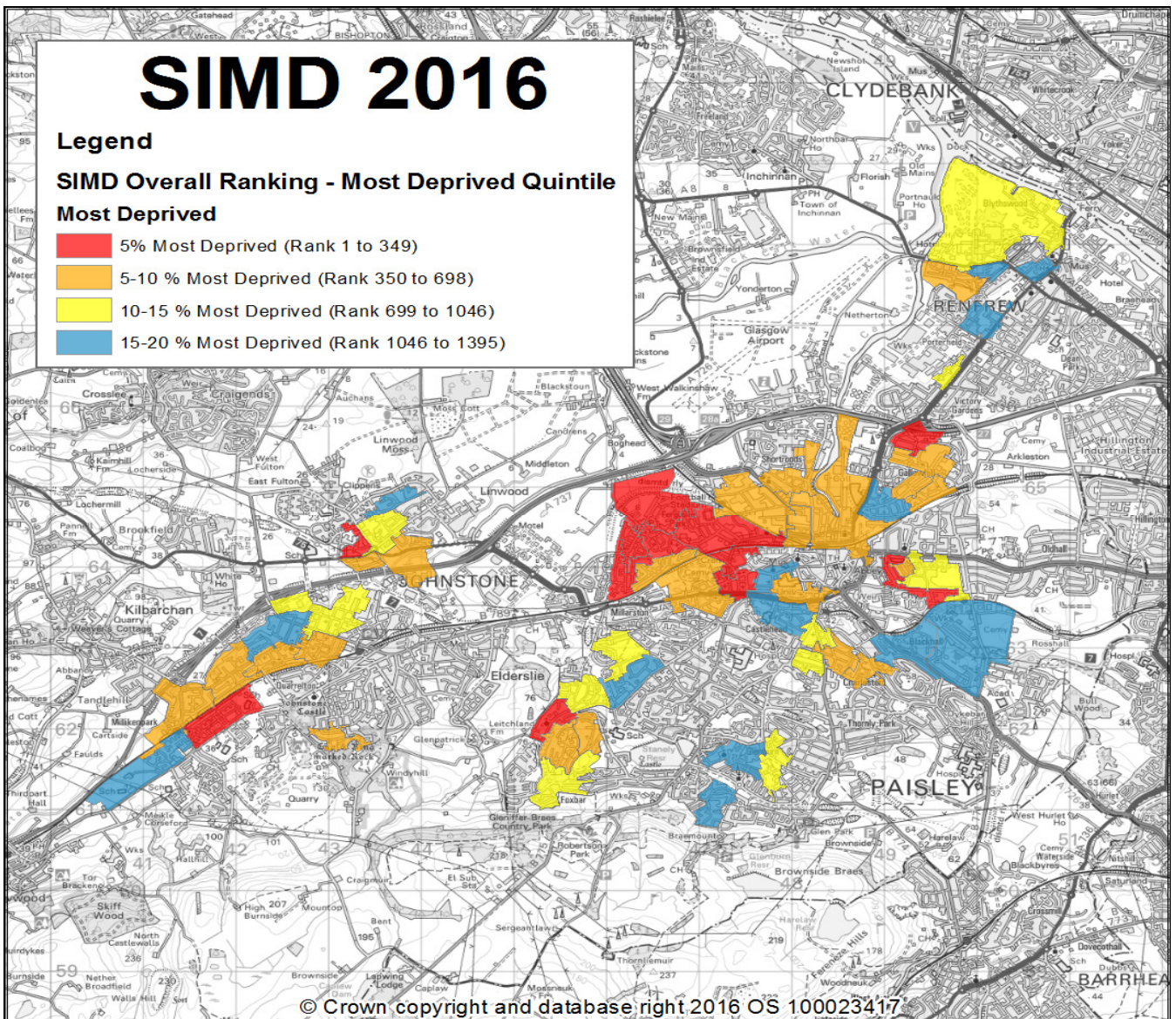


Locality	Intermediate Geography	Council Wards
Paisley	Paisley Central Paisley East Paisley North East Paisley Ralston Paisley North West Paisley Ferguslie Paisley North Paisley Glenburn East Paisley South Paisley South East Paisley Dykebar Paisley Foxbar Paisley Glenburn West Paisley South West Paisley West	Paisley East & Ralston Paisley North West Paisley South Paisley South West
West Renfrewshire	Bishopton Bridge of Weir Elderslie & Phoenix Johnstone South East Johnstone South West Renfrewshire Rural South & Howwood Erskine Central, Erskine East & Inchinnan Erskine West Houston North Houston South Linwood North Linwood South Renfrewshire Rural North & Langbank Johnstone North East Johnstone North West Kilbarchan Lochwinnoch Paisley Gallowhill & Hillington Renfrew West Renfrew South Renfrew East Renfrew North	Bishopton, Bridge of Weir & Langbank Johnstone South, Elderslie & Howwood Erskine & Inchinnan Houston, Crosslee & Linwood Johnstone North, Kilbarchan & Lochwinnoch Renfrew South & Gallowhill Renfrew North

1.3 Scottish Index of Multiple Deprivation (SIMD)

The Scottish Index of Multiple Deprivation (SIMD) measures a number of factors across seven domains including employment, income, health and education, to give an overall score of deprivation for small geographic areas of roughly equal population sizes called datazones.

These datazones across Scotland are ranked from 1 (most deprived) to 5,123 (least deprived)¹. The datazones can then be grouped into equal percentage groups called deciles based on this ranking, so the most deprived 512 datazones across the country would be in the first decile; the least deprived 512 would be in the tenth decile. The number of datazones in Renfrewshire included in each decile group can then be calculated. Chart 1.3A below shows the distribution of SIMD decile score for datazones in Renfrewshire along with the population within those deciles.



¹ Based on SIMD 2001 datazones

Chart 1.3A SIMD Deciles and Population Size Renfrewshire

SIMD 2016 Decile	Total Population	%
1	26,491	15%
2	19,950	11%
3	18,765	11%
4	15,560	9%
5	13,255	8%
6	18,044	10%
7	8,948	5%
8	19,936	11%
9	24,036	14%
10	9,245	5%
Grand Total	174,230	

Source: SIMD 2016

The chart shows that just over 26% of the population of Renfrewshire (46,441 people) are in the top 20% most deprived datazones in Scotland. This has an effect on demands on health and social care services as those in the most deprived areas are more likely to have greater need and use of services. The rest of the population is relatively evenly spread across the other deciles, except in the least deprived decile. There are 12 data zones in Renfrewshire in the top 10% least deprived in Scotland.

Figure 1.3B shows the number of datazones in Renfrewshire which are in the most deprived 5% and 20% in Scotland by the type of deprivation domain.

Level	Overall	Income	Employment	Health	Education	Housing	Access	Crime
5% most deprived	13	10	14	25	8	4	1	16
20% most deprived	61	61	60	70	44	57	43	54

The main deprivation issues in the most deprived 5% are health, crime and employment whereas for the most deprived 20% these become health, income and employment.

In the two key domains of income and employment the number of people categorised as in deprivation by the 2016 release has decreased by 6% in the income domain and by 15% in the employment domain. While welfare reform at a UK level has led to changes in the eligibility of claimants to benefits used to calculate the income domain, the methodology used to calculate the employment domain has remained the same.

1.4 Next Steps

This Strategic Needs Assessment will be continually developed over the lifetime of the Strategic Plan, with the data used to maximise intelligence for planning and commissioning.

2 Population

According to the latest official statistics from the National Records of Scotland the population of Renfrewshire is 174,560 people. The breakdown of this figure into age groups and sex is shown in the table below. There are more women than men in every age group except for those aged 0-15 and 16-29. Overall, Renfrewshire's population matches the rest of Scotland with the exception being the 45-59 age group, where the percentage population is higher in Renfrewshire, and the 16-29 age group where the percentage population is slightly lower than the rest of Scotland.

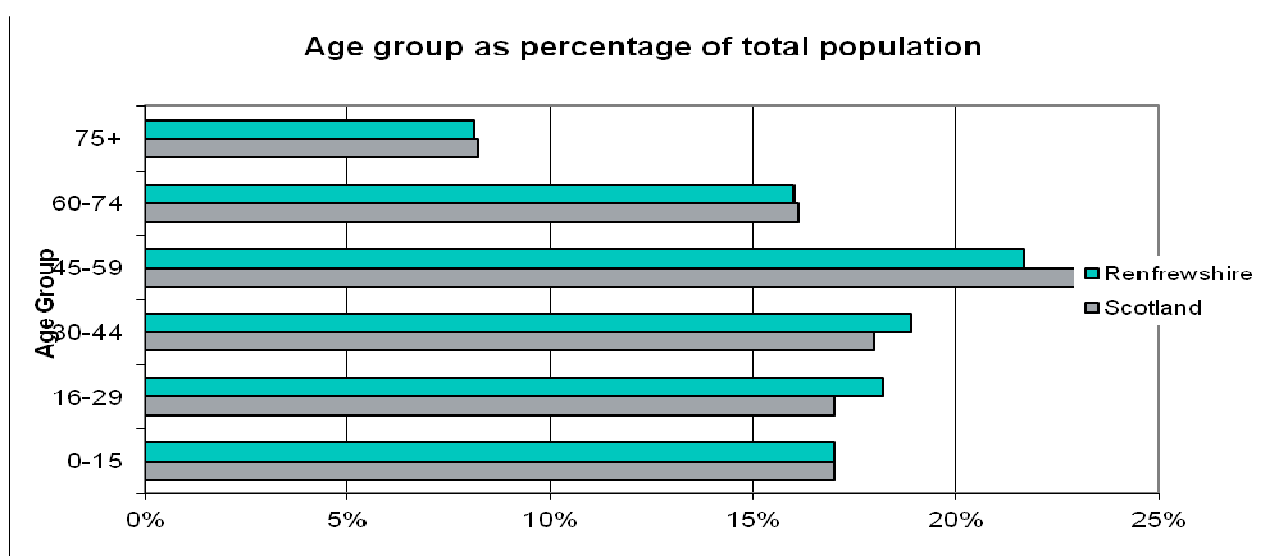
2.1 Current Population

Renfrewshire	Total	Males	Females
0-15	29,831	15,145	14,686
16-29	29,887	15,194	14,693
30-44	31,897	15,198	16,699
45-59	40,388	19,374	21,014
60-74	28,172	13,295	14,877
75+	14,385	5,720	8,665
Total	174,560	83,926	90,634

Table 2.1A Renfrewshire Population Profile

Source: NRS mid-year population estimates 2016

Chart 2.1B Renfrewshire age distribution compared to Scotland



Source: NRS mid-year population estimates 2016-based

2.2 Projections of future population

The size and make-up of the population going forward will be a key consideration when planning and delivering health and social care services. The 2016-based NRS (National Register of Scotland) population projections (Table 2.2A) below show the estimated change in the population to 2039.

Table 2.2A Population Projections to 2039

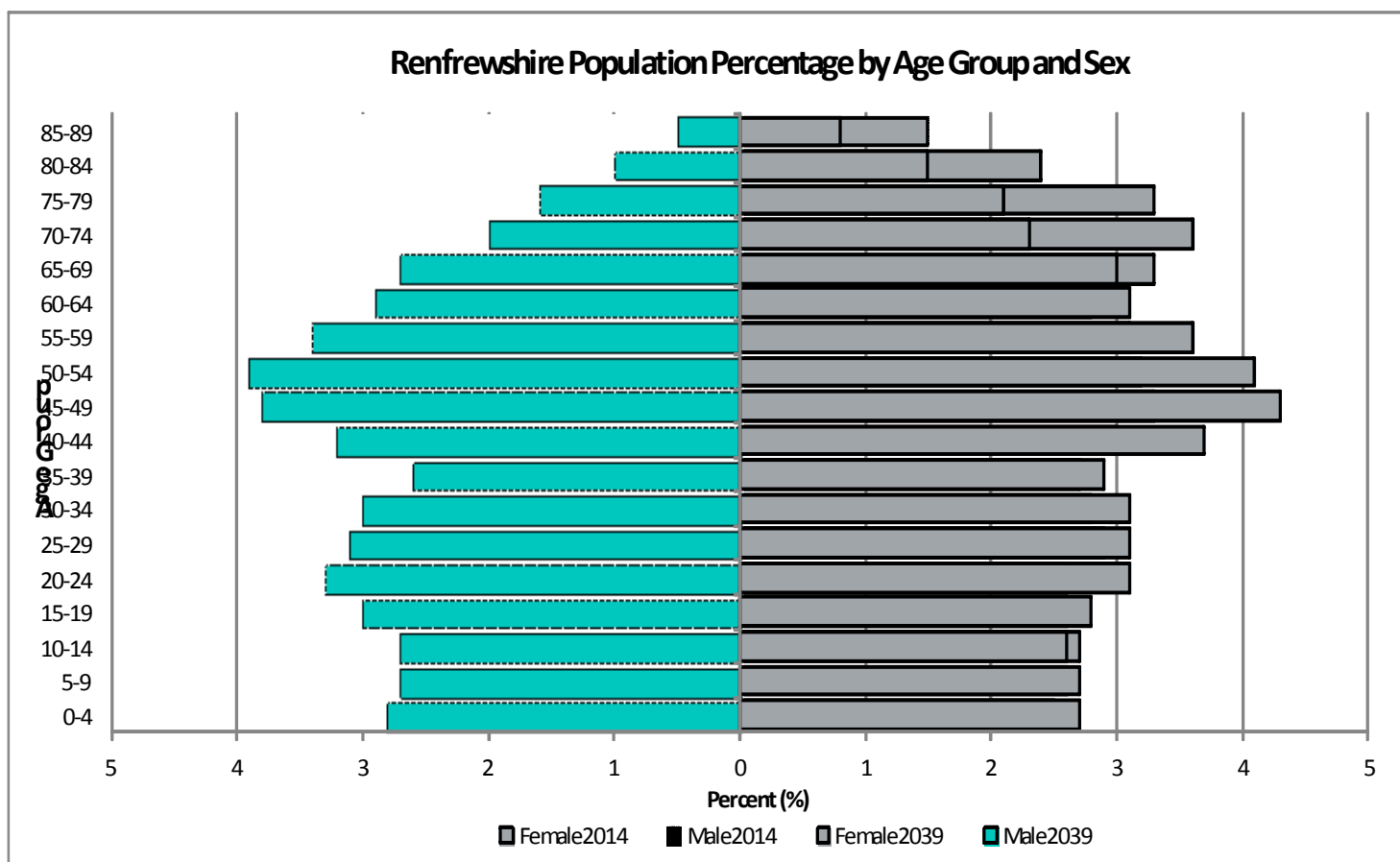
Age Group	2014		2024		2034		2039	
	Number	%	Number	%	Number	%	Number	%
0-15	29,973	17%	29,701	17%	29,531	17%	29,181	17%
16-49	76,167	44%	69,523	40%	68,845	40%	67,698	39%
50-64	36,330	21%	38,035	22%	30,765	18%	30,227	18%
65-75	17,480	10%	19,911	12%	23,916	14%	22,033	13%
75+	13,074	8%	16,179	9%	19,941	11%	22,517	13%
Total	173,024	100%	173,349	100%	172,998	100%	171,656	100%

Source: NRS population projections, 2016-based

The projections show that the percentage of the population in older age groups is due to rise, with an expected increase of over 70% for those aged 75+ from 8% in 2014 to 13% in 2039.

Chart 2.2B overleaf breaks this down further to show the split by gender and into more age group categories in the shape of a population pyramid. The lighter shaded areas are the projected population figures superimposed on top of the current population figures for each age group. The chart shows that the pyramid is projected to become top heavy, creating an inverted pyramid. There will be more people in older age groups than in younger age groups for both men and women.

Chart 2.2B - Projected Population Age distribution in Renfrewshire



Source: NRS population projections, 2016-based

2.3 Dependency Ratio

The dependency ratio is a measure of the proportion of the population seen as economically dependent upon the working age population. The definition generally used in Scotland is: 'those aged under 16 or of state pensionable age, per 100 working age population'. Table 2.3A illustrates the projected change in dependency ratio for Renfrewshire and Scotland to 2039.

Table 2.3A – Projected Dependency Ratios to 2039

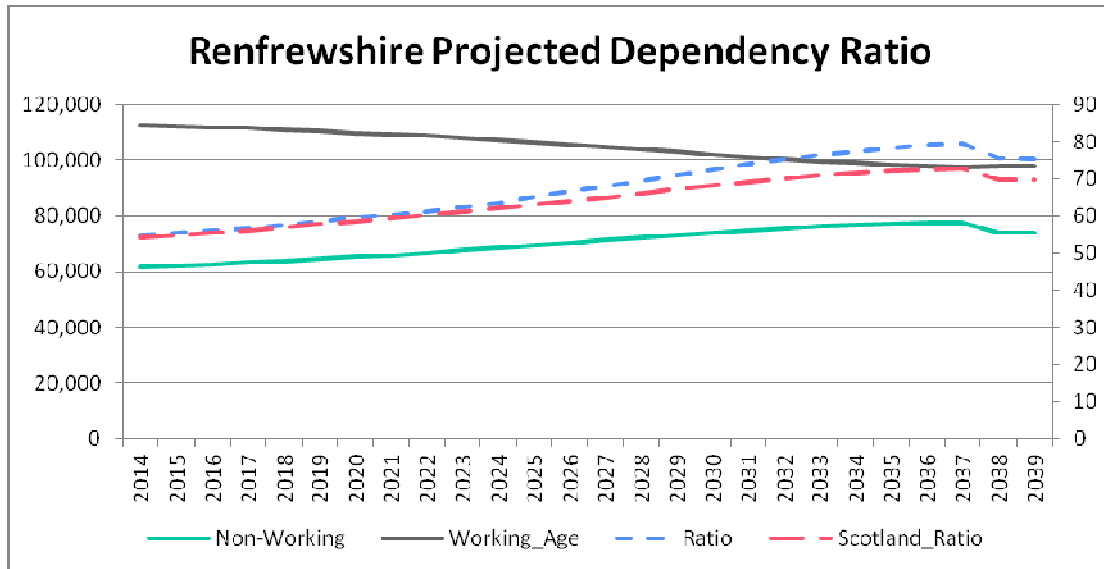
Year	2015	2020	2025	2030	2035	2037	2039
Renfrewshire	55.4	59.6	65.1	72.5	78.4	79.5	75.3
Scotland	54.8	58.6	63.1	68.4	72.1	72.9	69.7

Source: NRS population projections

Renfrewshire is projected to follow a similarly upward pattern to Scotland as a whole, increasing slightly from 2023 onwards. Chart 2.3B examines this trend more closely. The green line represents the increasing dependency ratio and the pink dashed line represents the dependency ratio for Scotland. The chart helps explain why there is a projected increase in the ratio. There is a

decreasing population of working aged individuals while the non-working age population steadily increases. As the population ages, the working age population is not being replaced by the generation following. According to the NRS projections, the population in Renfrewshire is set to decrease by 2,641 between 2014 and 2039; additionally by 2039 there will be 14,655 fewer people of working age.

Chart 2.3B Renfrewshire Projected Dependency Ratio



Source: NRS population projections

The projected increases in the dependency ratio could potentially have a significant impact. There are projected to be more individuals of a non-working age as a proportion of those of a working age. This will impact upon the services required locally, the numbers of unpaid and family carers, and on the local economy.

2.4 Population Considerations/Implications

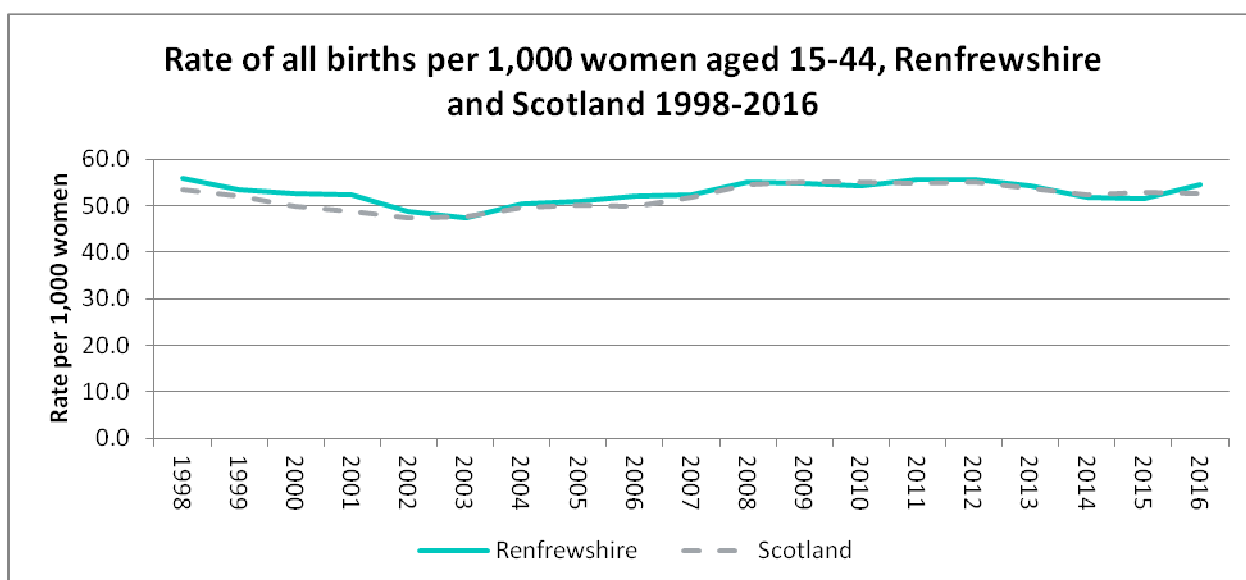
The population in Renfrewshire is currently 174, 560 (2016). Population projections estimate that there will be a decrease of just over 1.6% with approximately 171,656 people living in Renfrewshire in 2039.

3 Life Circumstances

3.1 Births

There were 1,738 births in Renfrewshire in 2016. The actual rate of births per 1,000 women aged 15-44 has not changed significantly over that 18-year period. The 2016 rate, 54.5, was above the Scottish figure of 52.6. A trend comparison between the Renfrewshire and overall Scottish birth rates is demonstrated in Chart 3.1A and it shows that the birth rate in Renfrewshire is now higher than the Scottish average since 2013.

Chart 3.1A Rate of all births per 1,000 women aged 15-44, Renfrewshire and Scotland 1998-2016



Source: ISD Scotland

3.2 Life expectancy and healthy life expectancy

Life expectancy is an estimate of how many years a person might be expected to live. As table 3.2A illustrates, female life expectancy at birth is greater than male life expectancy in Renfrewshire and in Scotland. Both male and female life expectancy at birth is lower in Renfrewshire than the Scottish average.

While life expectancy at birth has improved for both males and females in Renfrewshire since 2001, there has been a greater improvement for males.

Table 3.2A Life expectancy in Renfrewshire and Scotland, 2001-2003 and 2014-2016

	Renfrewshire		Scotland	
	Male	Female	Male	Female
Life Expectancy				
2001-03	71.9	78.1	73.5	78.8
2014-16	76.4	80.2	77.1	81.1
% change 2001 – 03 to 2014-16	6.2%	2.7%	4.9%	2.9%

Source: National Records of Scotland

Healthy life expectancy is an estimate of how many years a person might live in a 'healthy' state. The chart below (figure 3.2B) compares life expectancy and healthy life expectancy in Renfrewshire and Scotland based on data for the five-year period 2009-2013. It shows that both life expectancy and healthy life expectancy is lower in Renfrewshire than in Scotland.

Figure 3.2B Healthy life expectancy in Renfrewshire and Scotland 2009-2013

	Renfrewshire		Scotland	
	Male	Female	Male	Female
Healthy Life Expectancy				
5-year period 2009-2013	61.2	64.1	63.1	65.3

Source: <http://www.scotpho.org.uk/population-dynamics/healthy-life-expectancy/data/local-authorities/>

3.3 Premature Mortality

Premature mortality is a measure of the number of deaths that occur under the age of 75 and can be used as an indicator of the poor health of a population. The fewer deaths that occur under the age of 75, the healthier the population is judged to be. In 2016 there were 784 deaths under the age of 75 across Renfrewshire, 37.8% of the total deaths.

Table 3.3A Deaths under the age of 75, 2016

Area	Male	Female	Total
Renfrewshire	451	333	784

Source: National Records of Scotland

Table 3.3B Deaths under the age of 75 as percentage of all deaths, 2016

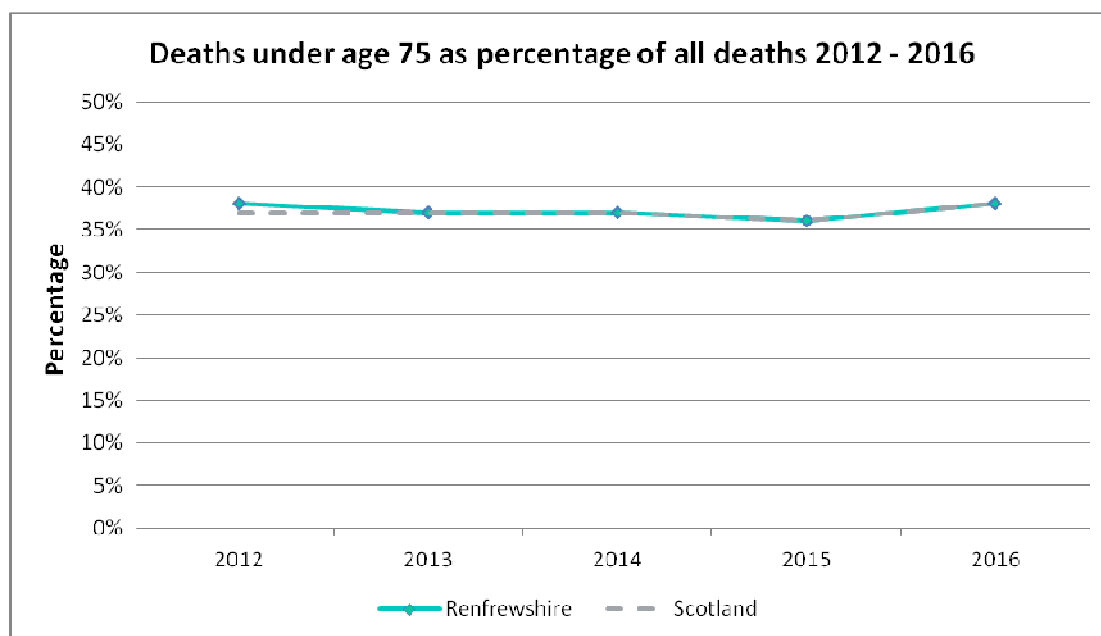
Area	Deaths under age 75	Total Deaths	% Deaths under age 75
Renfrewshire	784	2,070	37.9%
Scotland	21,313	56,728	37.6%

Source: National Records of Scotland

The percentage of deaths occurring under the age of 75 has been gradually decreasing across Scotland between 2012 and 2015. Over the same time

period the percentage of deaths under 75 followed the same pattern in Renfrewshire. In 2016, both Scotland and Renfrewshire had a slight increase of 2% of deaths under 75 with both reporting 38%. Chart 3.3C demonstrates this and compares the percentage of deaths under 75 between the different areas.

Chart 3.3C Trend in deaths under age 75 as a percentage of all deaths between 2012 and 2016



Source: National Records of Scotland Births, Deaths and Other Vital Events

3.4 End of Life Care

End of life care is an important measure to indicate whether adequate plans and structures have been put in place to allow patients to spend their last six months of life at home or in the community and not in an acute hospital setting, in accordance with each individual patient's wishes.

Just fewer than 9 out of every 10 patients in Renfrewshire spent the last six months of their life at home or in the community; this has been the case for every year between 2010/11 and 2016/17. The percentage nationally is similar.

Table 3.4A Percentage of last six months of life spent at home or in a community setting

Council Area	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17p
Renfrewshire	85.7%	85.2%	86.3%	87.2%	86.5%	87.5%	87.1%
Scotland	85.3%	85.9%	86.2%	86.1%	86.3%	86.8%	87.3%

Source: ISD Scotland and National Records of Scotland; p: provisional

3.5 Cause of Death

In 2016 there were 2,078 deaths registered in Renfrewshire. Just under 54% of those deaths were caused by cancer and diseases of the circulatory system (including cardiovascular disease and strokes).

Table 3.5A Number and percentage of deaths (all ages) by cause 2016

Cause of Death	N	%	Scotland %
Cancer	577	27.8%	28.0%
Diseases of the circulatory system	539	25.9%	26.7%
Diseases of the digestive system	114	5.5%	5.3%
Diseases of the nervous system	137	6.6%	6.0%
Diseases of the respiratory system	281	13.5%	12.9%
External causes	65	3.1%	3.6%
Mental and behavioural disorders	158	7.6%	7.2%
Other	207	10.0%	10.3%
Total	2,078	100.0%	100.0%

Source: AcaDMe

For people aged under 75, the percentage of deaths from cancer was higher than the deaths for all ages, but the percentage of deaths from circulatory disease was lower.

Table 3.5B Cause of death for people aged under 75 Renfrewshire, 2016

Cause of Death	% Renfrewshire	% Scotland
Cancer	35.5%	36.4%
Diseases of the circulatory system	22.4%	21.8%
Diseases of the digestive system	7.4%	7.0%
Diseases of the nervous system	4.3%	4.1%
Diseases of the respiratory system	10.2%	9.7%
External causes	7.7%	8.7%
Mental and behavioural disorders	2.0%	2.5%
Other	10.5%	9.8%

Source: ISD Scotland, AcaDMe

In comparison with national figures, the percentage of all deaths in Renfrewshire caused by diseases of the respiratory system is slightly higher at 10.2% than the Scottish figure of 9.7%.

The percentage of all deaths caused by cancer and diseases of the circulatory system has not significantly changed in Renfrewshire between 2012 and 2016.

Table 3.5C Number and percentage of deaths caused by cancer and diseases of the circulatory system in Renfrewshire between 2012 and 2016

Renfrewshire	2012		2013		2014		2015		2016	
Cause of death	N	%	N	%	N	%	N	%	N	%
Cancer	533	27.5%	535	28.5%	534	28%	564	28.3%	574	27.7%
Diseases of the circulatory system	581	30.0%	510	27.2%	490	25.7%	516	25.9%	534	25.8%

Source: National Records of Scotland

Table 3.5D Number and percentage of deaths caused by cancer and diseases of the circulatory system in Scotland between 2012 and 2016

Scotland	2012	2013	2014	2015	2016
Cause of death	Scotland %	Scotland %	Scotland %	Scotland %	Scotland %
Cancer	28.9%	29.0%	29.2%	27.9%	28.0%
Diseases of the circulatory system	28.9%	28.5%	27.7%	27.41%	26.7%

Source: National Records of Scotland

4. Population Health

4.1 Children and Young People

Protecting and promoting the health of children is, in itself, an important goal, but it is also critical to improving the health of the whole population and reducing inequalities in health over the longer term. NHS Scotland provides a universal health promotion programme to all children and their families known as the child health programme. This includes childhood immunisations, needs assessment, health promotion and parenting support. The following section includes some basic information on some of those programmes and activities.

In terms of the age of the mother, the percentage of maternities for women under 20 was similar in Renfrewshire and Scotland in 2016.

Table 4.1A Percentage of maternities by mother's age 2016p

Maternities by mother's age	% Under 20	% 20-24	% 25-29	% 30-34	% 35+
Renfrewshire	4.0%	15.5%	28.0%	32.8%	19.6%
Scotland	3.9%	15.9%	27.8%	31.5%	20.9%

Source: ISD Scotland; p - provisional

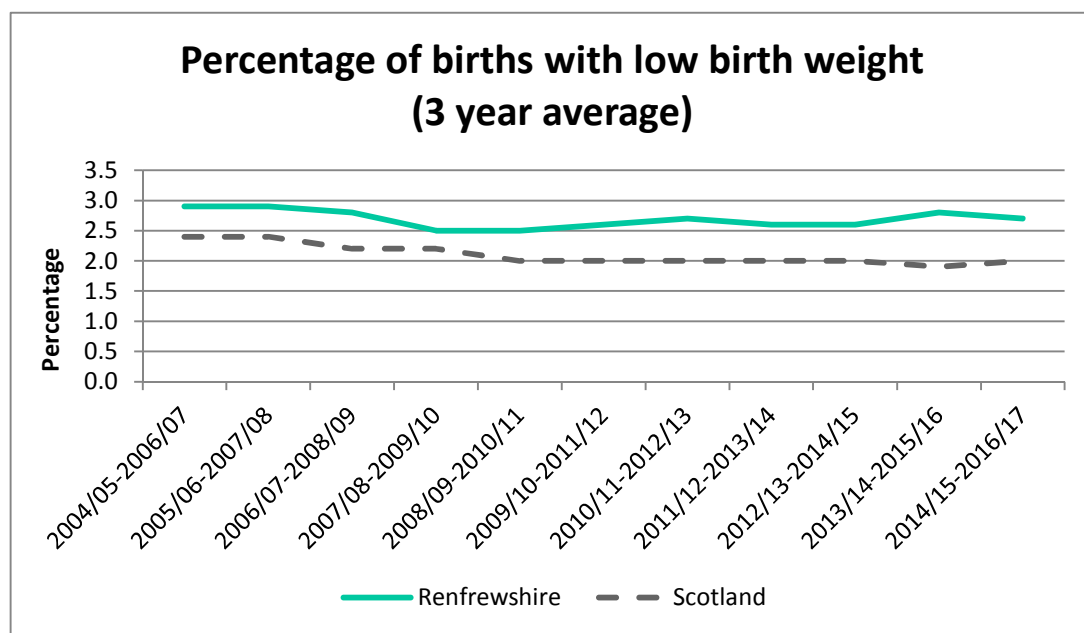
Birth Weight

Low birth weight babies are defined as those which weigh less than 2,500 grams at birth. This can be further subdivided into very low birth weight babies (<1,500g) and extremely low birth weight babies (<1000g).

Low birth weight babies are at risk from increased mortality and morbidity. They are more likely to suffer from respiratory distress and require ventilation in intensive care units immediately after birth. In the longer term, low birth weight babies are also more likely to have some form of disability than those with a normal birth weight.

There are a number of factors associated with low birth weight babies. This includes smoking, the age of the mother (younger and older mothers are more likely to have low birth weight babies), deprivation and whether the birth is a multiple birth. In Renfrewshire between 2014/15 and 2016/17 2.7% of all full term babies had a low birth weight. This was higher than the Scottish figure of 2.0%. The chart below shows a comparison of birth weights between Renfrewshire and Scotland between 2004/05 and 2016/17.

Chart 4.1B Percentage of births with low birth weight, Renfrewshire and Scotland



Source: ScotPHO

Smoking in pregnancy

The most recent figures for women smoking in pregnancy show the overall rate in Renfrewshire is a little less than the national average. This is as a total and also when comparing figures within deprivation quintiles, with the exception being Quintile 5 (least deprived) where the rate was 0.6% higher. Smoking in pregnancy is related to other health issues, particularly the low birth weight of babies and child health. Approximately one in seven women in Renfrewshire smoked during pregnancy.

Table 4.1C Smoking during pregnancy

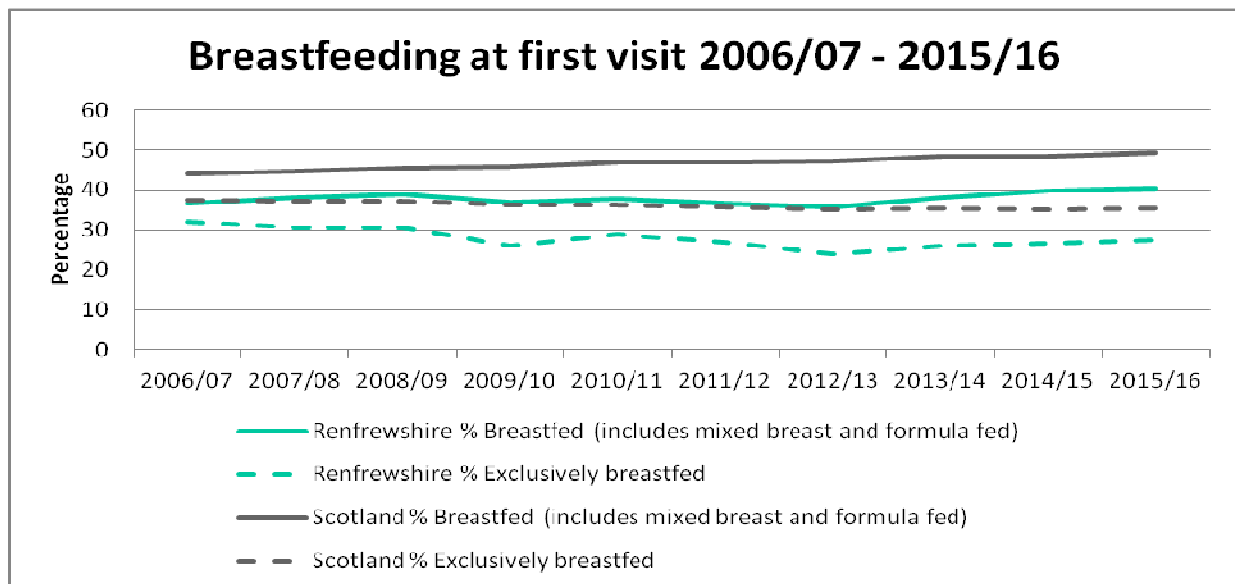
Smoking during pregnancy (% of women)	Renfrewshire	Scotland
Quintile 1 (Most Deprived)	23.6	28.6
Quintile 2	15.4	20.3
Quintile 3	8.1	13.8
Quintile 4	4.7	8.5
Quintile 5 (Least Deprived)	4.6	4.0
All	13.8	16.3

Source: ScotPHO Tobacco Control Profile, 2015

Breastfeeding

There is good evidence demonstrating the short and long term health benefits of breastfeeding for both mothers and infants, including a reduced risk of infection and childhood obesity. Breastfeeding statistics are published annually by ISD. The chart below shows the trend of breastfeeding at the first routine child health review. The percentage of breast fed babies (both mixed and exclusively breast fed) is lower in Renfrewshire than the Scotland average. Breastfeeding in Renfrewshire has fallen slightly from the 2006/07 levels, but has been rising again in the last few years from lows in 2012/13.

Chart 4.1D Breastfeeding at first visit Renfrewshire and Scotland
NB: 2016/17 data recorded differently – please see Chart 4.1E

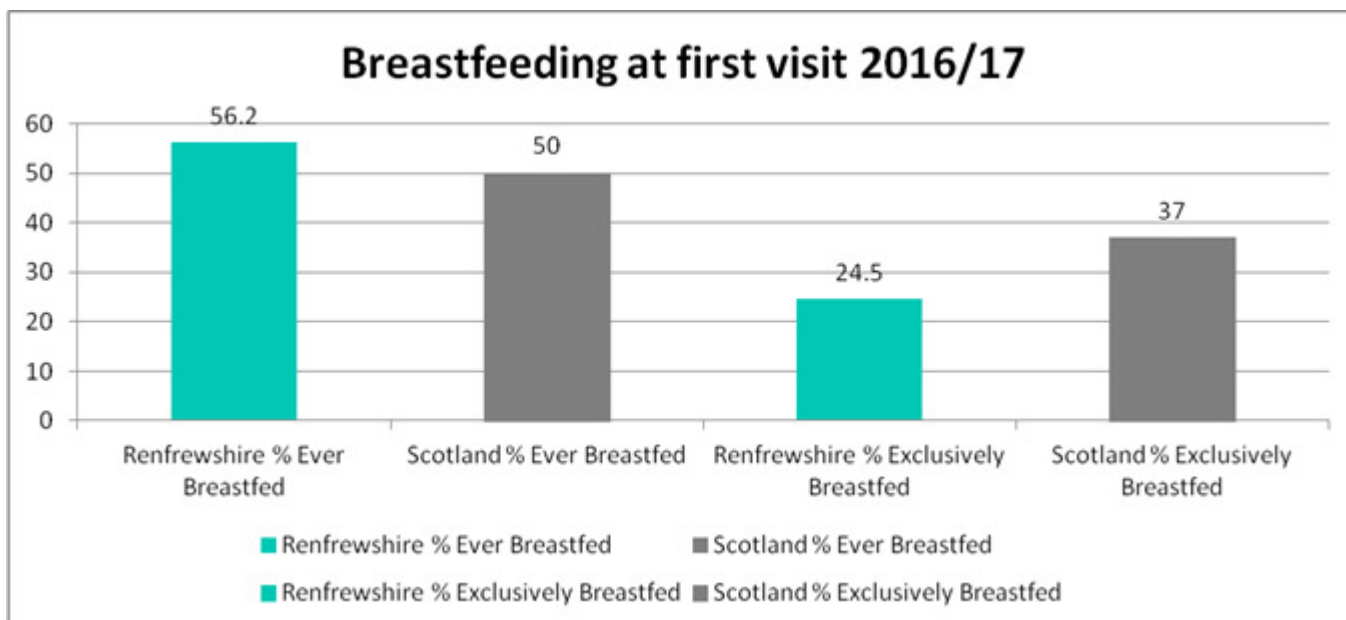


Source: ISD Scotland

*2016/17 data not available on ISD, data from SharePoint

Chart 4.1E Breastfeeding at first visit Renfrewshire and Scotland

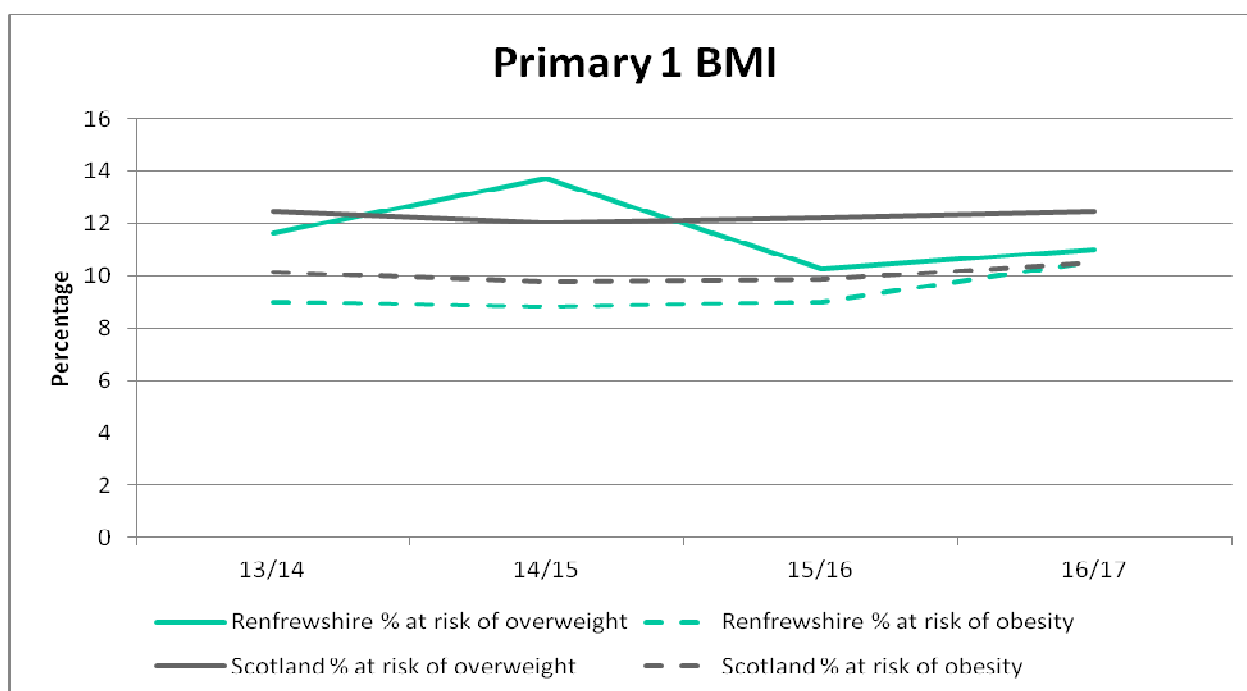
2016/17 breastfeeding data is now recorded as % ever breastfed and % exclusively breastfed at first visit. This is illustrated in the chart below as it now cannot be compared in Chart 4.1D.



Child Weight and Growth

Child weight and growth can be used as a marker of their general nutritional and physical health. If a child is short, under or overweight for their age, then this may be an indicator of an underlying health or social problem. The child health programme operated by NHS Boards in Scotland offers routine reviews at various stages of a child's life. Height and weight is collected as part of the review when children are in Primary 1 at school, and the measurements can be used to derive estimates of the prevalence of overweight and underweight children. Chart 4.1E below shows the percentage of children in Primary 1 in Renfrewshire and Scotland who are at risk of being overweight or obese from 2013/14 to 2016/17. It shows that children in Renfrewshire are now at slightly lower risk of weight problems compared to the national average since 2015/16.

Chart 4.1F Body Mass Index at Primary 1



Source: ISD Scotland

Immunisations

Children in Scotland are protected through immunisation against many serious infectious diseases. Vaccination programmes aim both to protect the individual and to prevent the spread of these illnesses within the population.

In Scotland the target of the national immunisation programme is for 95% of children to complete courses of the following routine childhood immunisations by 24 months of age: Diphtheria, Tetanus, Pertussis, Polio, Hib, Men C and Pneumococcal Conjugate Vaccine (PCV). An additional target of 95% uptake of one dose of Measles, Mumps and Rubella (MMR) vaccine by 5 years old (with a supplementary measure at 24 months) was introduced in 2006 to focus efforts to reduce the number of susceptible children entering primary school. The most recent figures on immunisation from September 2015 are shown in tables 4.1F and 4.1G below.

Table 4.1G Immunisations complete by 24 months (Children born 1 Apr to 30 June 2015)

% completed primary and booster course by 24 months	DTP/Pol/Hib	MMR1	Hib/MenC	PCVB
Renfrewshire	98.9	97	97.3	96.8
Scotland	97.7	94.8	95.3	95.0

Source: ISD Scotland

Table 4.1H Immunisations complete by 5 years (Children born 1 Apr to 30 June 2015)

% completed primary and booster course by 5 years	DTP/Pol/Hib	MMR1	Hib/MenC	DTP/Pol	MMR2
Renfrewshire	98.5	97.2	96.4	95.1	94.9
Scotland	98.2	97.1	96.5	93.2	92.5

Source: ISD Scotland

The immunisation uptake in Renfrewshire is comparable to the national average. We are performing slightly better at both the 24-month and five-year courses, and just slightly lower for Hib/Men C vaccination at the five-year immunisation course.

Child and Infant Mortality

There have been low numbers of still born babies and deaths for children aged 0-9 in the decade from 2005 to 2016 (Table 4.1J). However the rate of still births is lower in Renfrewshire than in Scotland in nine of those twelve years. This information is show in Table 4.1L overleaf.

Table 4.1J Still Births and Deaths age 0-9, 2005-2016

Year	Still Births	Deaths age 0-9
2005	10	8
2006	8	5
2007	9	7
2008	12	16
2009	6	8
2010	7	10
2011	8	8
2012	13	12
2013	5	4
2014	5	9
2015	5	3
2016	2	7

Sources: ISD Scotland and National Records of Scotland

Table 4.1K Rate of Still Births Renfrewshire and Scotland 2005-2016

Year	Still Births Rate per 1000 births Renfrewshire	Still Births Rate per 1000 births Scotland
2016	1.1	2.7
2015	3.0	3.2
2014	2.9	3.7
2013	2.8	3.6
2012	6.9	4.4
2011	4.2	4.7
2010	3.7	5.1
2009	3.1	5.1
2008	6.2	5.0
2007	4.9	5.3
2006	4.3	5.0
2005	5.4	4.8

Source: ISD Scotland

In July 2016 there were 681 Looked After Children in Renfrewshire. Table 4.1J below shows a breakdown by placement type.

Table 4.1L Looked After Children by Age and Sex

Placement type	Number of Children
Pre adoption	14
Foster Care	214
Residential Care	32
Residential School, including disability	9
Secure Accommodation	1
LAC related carers/friends/relatives	183
LAC at home	221
LAC other in the community	7
Total	681

Source: Renfrewshire Council

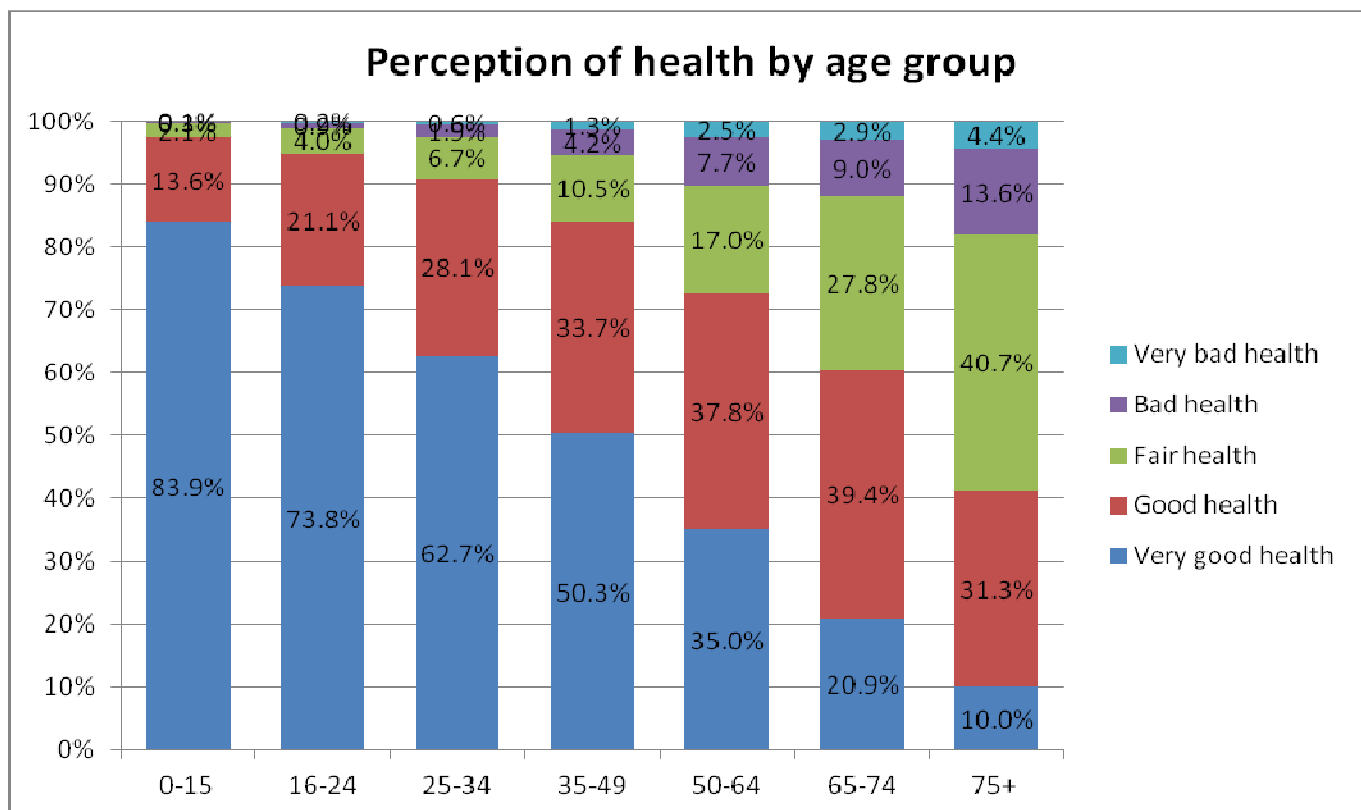
4.2 General Health

According to the 2011 Scotland Census:

- 81% of the population in Renfrewshire considered their health to be very good or good.
- 13% considered themselves in fair health.
- 6% assessed their health as bad or very bad.

The Census question on self-assessed health is a subjective, but nevertheless useful, measure. The chart below shows the breakdown of health by age group. As age increases, the percentage of people assessing their health as fair or bad/very bad also increases. For example, nearly 2 in 10 people aged 75+ reported their health as being bad/very bad, compared with less than 2 in 100 people aged 16-24.

Chart 4.2A Self-perception of health by age group



Source: 2011 Census

The 2014 Health and Wellbeing Survey carried out in Renfrewshire also asked respondents about their perceptions of their own health. Between 2008 and 2014 there was a rise in the proportion that had a positive perception of their general health in Renfrewshire. This is shown in Table 4.2B. The next set of survey results for Renfrewshire is due mid 2018.

Table 4.2B Positive Perceptions of General Health in Renfrewshire

Year	Positive perception of health
2008	67.2%
2011	80%
2014	77%

Source: 2014 Renfrewshire Health and Wellbeing Survey

There was also a slight increase in the percentage of survey respondents who had a positive perception of their overall quality of life in Renfrewshire between 2008 and 2014. This is shown in Table 4.2C below.

Table 4.2C Positive Perceptions of Overall Quality of Life in Renfrewshire

Year	Positive perception of Overall Quality of Life
2008	85.9%
2011	71%
2014	92%

Source: 2014 Renfrewshire Health and Wellbeing Survey

4.3 Long Term Health Conditions

Long term conditions (LTCs) are health conditions that last a year or longer, impact on a person's life and may require ongoing care and support. LTCs can have a serious impact upon a person's personal life but can also have a serious economic impact on health and social care services. 60% of all deaths are attributable to long term conditions and account for 80% of all GP consultations.

Table 4.3A overleaf shows the number of patients in Renfrewshire known to GP practices as having selected conditions as at March 2016.

Table 4.3A Numbers and rate of patients known to GP practices having selected conditions as at March 2016 (rate is a raw prevalence rate per 100 patients)

	2011/12		2012/13		2013/14		2014/15		2015/16	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Atrial Fibrillation	2,625	1.48	2,720	1.53	2,843	1.60	2,930	1.65	3,011	1.69
Asthma	10,329	5.80	10,388	5.86	10,297	5.81	10,786	6.06	10,864	6.09
Cancer	3,176	1.78	3,409	1.92	3,629	2.05	3,962	2.23	4,109	2.30
Coronary Heart Disease (CHD)	8,205	4.61	8,159	4.60	8,201	4.62	8,132	4.57	8,103	4.54
Chronic Kidney Disease (CKD)	5,676	3.19	5,499	3.10	5,425	3.06	5,408	3.04	5,517	3.09
Chronic Obstructive Pulmonary Disease (COPD)	3,330	1.87	3,383	1.91	3,477	1.96	3,573	2.01	3,711	2.08
Dementia	1,441	0.81	1,416	0.80	1,411	0.80	1,377	0.77	1,441	0.81
Depression	18,588	10.45	11,174	6.30	12,038	6.79	12,983	7.30	13,536	7.58
Diabetes	8,130	4.57	8,498	4.79	8,886	5.01	9,118	5.12	9,447	5.29
Heart Failure	1,515	0.85	1,585	0.89	1,653	0.93	1,711	0.96	1,725	0.97
Hypertension	24,916	14.00	25,157	14.19	25,543	14.40	25,528	14.35	25,808	14.46
Mental Health	1,704	0.96	1,716	0.97	1,792	0.97	1,736	0.98	1,810	1.01
Osteoporosis	-	-	-	-	447	0.26	147	0.08	220	0.12
Peripheral Arterial Disease	-	-	-	-	1,546	0.87	1,541	0.87	1,526	0.85
Rheumatoid arthritis	-	-	-	-	1,020	0.58	1,048	0.59	1,092	0.61
Stroke & Transient Ischaemic Attack (TIA)	3,496	1.96	3,478	1.96	3,575	2.02	3,661	2.06	3,782	2.12

Source: Quality and Outcomes Framework (QOF) www.isdscotland.org/qof

The evidence from the QOF registers supports the trend in the COPD statistics mentioned in the section on smoking above. The number and rate of patients with COPD is increasing in Renfrewshire, from 3,330 people on the QOF registers in 2011/12 to 3,711 in 2015/16.

The following subsections will look at particular LTCs in more detail:

4.3.1 Dementia

Dementia presents a significant challenge to individuals, their carers and health and social care services across Scotland.

Data from the QOF demonstrates that the rate of individuals in Renfrewshire with dementia has remained fairly static at 0.81 in 2011/12, 0.80 in 2013/14 and 2014/15, and 0.81 in 2015/16. This estimated prevalence is similar to the Scottish figure of 0.8 people per 100.

This data on dementia is from the QOF. The indicators for dementia within for 2015/16 were: the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 15 months (threshold target 35%-70%); and the percentage of patients with a new diagnosis of dementia recorded in the preceding 1 April to 31 March with a record of FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels recorded between 6 months before or after entering on to the register (threshold target 40%-80%).

The dementia data from the QOF has been measured against Geriatric Consultant registers in Renfrewshire as a quality check of the data, and the prevalence data from both sources matched.

Table 4.3.1A Rate of Dementia in Renfrewshire (per 100 people)

Year	2011/12	2012/13	2013/14	2014/15	2015/16
Rate (per 100 people)	0.81	0.80	0.80	0.77	0.81

Source: Quality and Outcomes Framework (QOF) www.isdscotland.org/qof

Dementia Provision

The Dementia Strategy 2017-2020 was published in June 2017. Similar to the previous strategies, the Renfrewshire Dementia Strategy Group will develop a work plan to ensure the required actions and outcomes of the national strategy are achieved. This will aim to ensure that the in-patient and community services across statutory, independent and third sector agencies, develop person centred services that assist people with dementia to live as independently as possible and be treated with dignity and respect.

The aims of the Scottish Dementia Strategy are important as Renfrewshire has an ageing population, and more people in the future will be at risk of developing dementia. The prevalence rates for older people with dementia aged 65+ is approximately 7% of the older population and an anticipated 25% for people aged over 85. At present there are around 2,750 people in Renfrewshire that have a form of dementia. It is anticipated that this will increase to around 4,400 people by 2030; an increase of around 40%.

The actions and outcomes of the Scottish Dementia Strategy have helped to shape local dementia services. Recent developments include:

- A change in the way assessment and diagnostic services are provided, leading to an increase in weekly appointments from 9 to 16. This has resulted in a reduction in the waiting time for an appointment from 17 weeks to 4 weeks.
- The introduction of Post Diagnostic Support, which ensures that all people that receive a new diagnosis of dementia will receive ongoing support from a named link worker or Dementia Care Coordinator.
- A review of existing information relating to services to ensure it is dementia friendly.
- The training of around 700 Renfrewshire HSCP staff using Promoting Excellence, a staff development tool based on the care of people with dementia.
- Review of existing approaches to assessment, and use of complementary assessment tools to focus on enabling people with dementia to live safely at home for as long as possible, and to facilitate effective care at times of transition, including the use of advance statements and life story work.
- Fast track mental health assessment with the aim of preventing hospital admission and facilitating appropriate care at home.
- The development of an Older Peoples Mental Health Liaison service, which provides advice and support to acute hospitals and care homes on the appropriate care and treatment for people with a diagnosis of dementia.
- Developments within acute hospitals and care home settings to enable appropriate training and development of staff to provide support and care to people with a diagnosis of dementia.
- Enabling access to the Dementia Care Pathway for people whose care is provided in these settings.
- The development of a Dementia Friendly Communities project, which will increase awareness, within non health and social care groups and organisations, of the challenges a person with a diagnosis of dementia faces on a daily basis. The aim of this is to assist people with a dementia diagnosis to feel respected and remain as independent as possible while still feeling connected to their communities.

The Dementia Care Pathway is focused on a handful of key issues. This includes diagnosis, post-diagnostic support, community services, care in other

settings, and coordination and case management. A brief summary of these key aspects can be found below:

Diagnosis

Access to comprehensive diagnostic services is essential to ensure that appropriate advice and support is given to individuals at the earliest opportunity, including access to local services if required.

Post-Diagnostic Support

Access to information and advice will enable people with dementia and their family to put in place a support system which can adjust to changing needs at a pace and level which best meets their needs and circumstances. Post diagnostic support enables people to plan for the future, maintain independence and live well with their condition.

Community Services

People with dementia should be supported to maintain a normal life, sustaining family and community relationships. This support should be provided in the home for as long as is possible and appropriate. Access to support is arranged when it is needed and tailored to meet personal choices.

Care in other settings

There will be occasions where people with dementia can no longer be cared for within the home. When this occurs, support will be given to ensure ongoing care is provided within the most appropriate setting, be this hospital or care home.

Coordination and Case Management

Services will be provided on individual need, delivered flexibly to take account of changing circumstances. A partnership approach will be taken to assessment, monitoring and review to ensure people with dementia have their needs assessed and services are delivered in a seamless way.

4.3.2 Cancer

Cancer Registrations

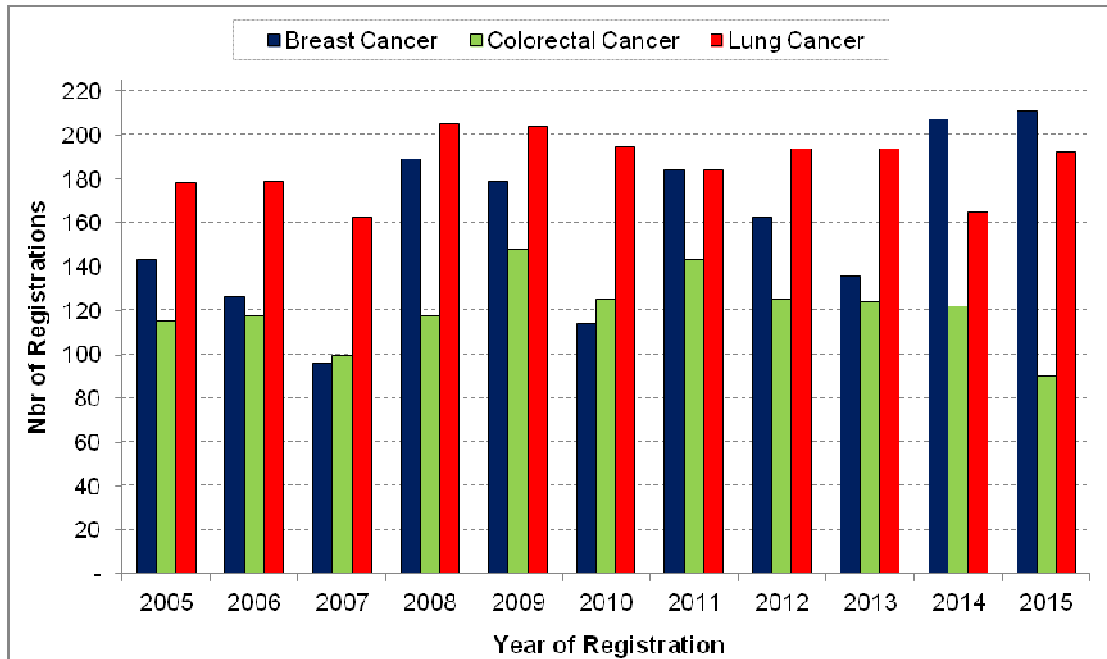
In 2015, there were 1,104 diagnoses of cancer in Renfrewshire. This was a slight increase from the previous year. The table below shows the trend in cancer registrations in Renfrewshire from 2005 to 2015. The risk of developing cancer increases as a person gets older, and this, coupled with an increasing elderly population means that the number of cancer registrations is set to rise.

Table 4.3.2A Cancer registrations in Renfrewshire from 2004-2015

Cancer Registrations	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
All Cancers	939	935	863	1066	1093	951	1087	1042	1038	1056	1104

Source: Scottish Cancer Registry, ISD

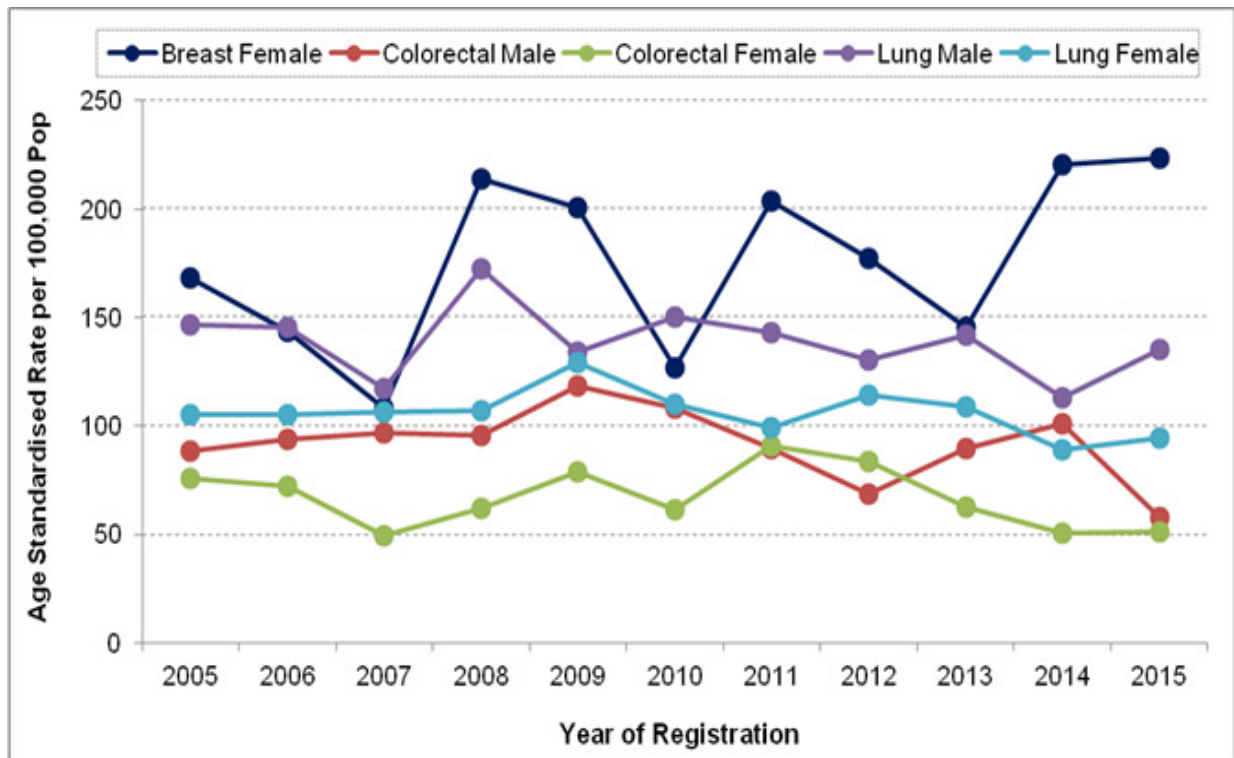
Chart 4.3.2B shows the number of registrations for breast, colorectal and lung cancer from 2004 to 2014. These three cancers account for approximately half of all cancer diagnoses in Renfrewshire.



Source: Scottish Cancer Registry, ISD

Chart 4.3.2C overleaf shows the cancer incidence rate in Renfrewshire for breast, colorectal and lung cancer between 2004 and 2015 for men and women. This is an age standardised rate per 100,000 population. For women, the highest rate of incidence was in breast cancer and for men the highest rate was in lung cancer. The rate of breast cancer incidence peaks every three years. This is a result of the cycle of the breast screening programme in Scotland where all women between the age of 50 and 70 are invited to a breast screening appointment approximately every three years.

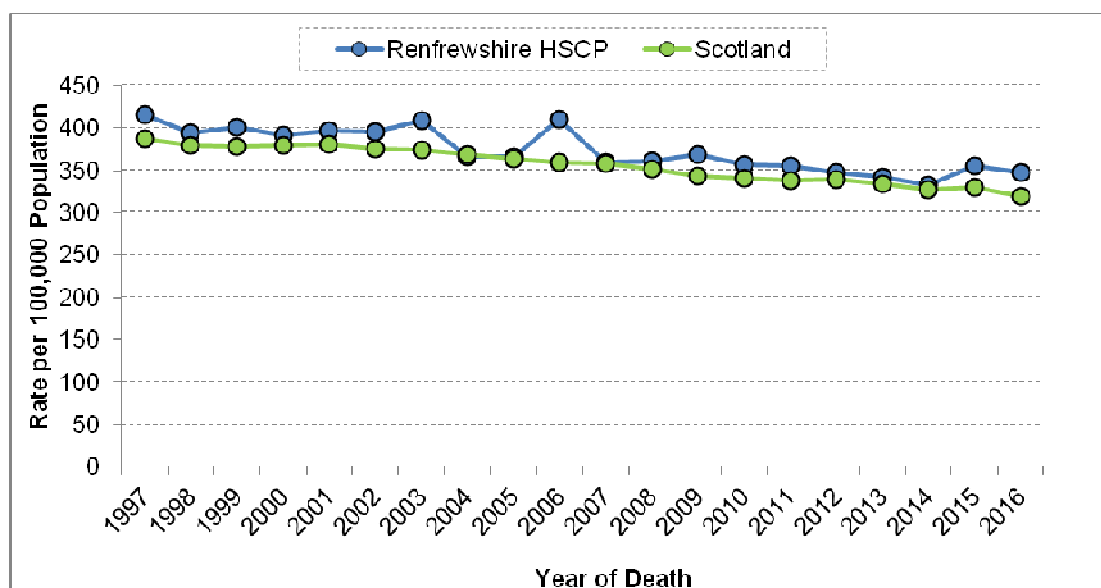
Chart 4.3.2C Age standardised cancer incidence rate in Renfrewshire 2005-2015



Cancer mortality

In Renfrewshire, the age-standardised cancer mortality rate has fallen in the ten years from 2005 to 2014. In 2005, the rate per 100,000 people was 366.0 and this had fallen to 332.9 by 2014. There was an increase to 355.7 in 2015, however the rate decreased to 347.4 in 2016. Chart 4.3.2D overleaf shows, the rate was lowest in 2014. The mortality rate in Renfrewshire is above the Scottish figure, but below that of NHS Greater Glasgow and Clyde as a whole.

Chart 4.3.2D Age Standardised Cancer Mortality Rate per 100,000 Individuals in Renfrewshire, 1997-2016



The number of cancer deaths in Renfrewshire followed a similar pattern to the mortality rate in the ten years between 2005 and 2014, although they have risen by 8.5% between 2014 and 2016.

Table 4.3.2E – Number of cancer deaths in Renfrewshire

Renfrewshire HSCP	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Number of Cancer Deaths	513	560	507	515	541	531	516	532	533	528	562	573

The figures above represent an 11.7% increase in the number of cancer deaths in Renfrewshire between 2005 and 2016.

Cancer incidence in Scotland is projected to rise by a third over the next 10 years. In the five years between 2023 and 2027, it is estimated that there will be over 204,000 new cases of cancer across the whole country.

4.3.3 Diabetes

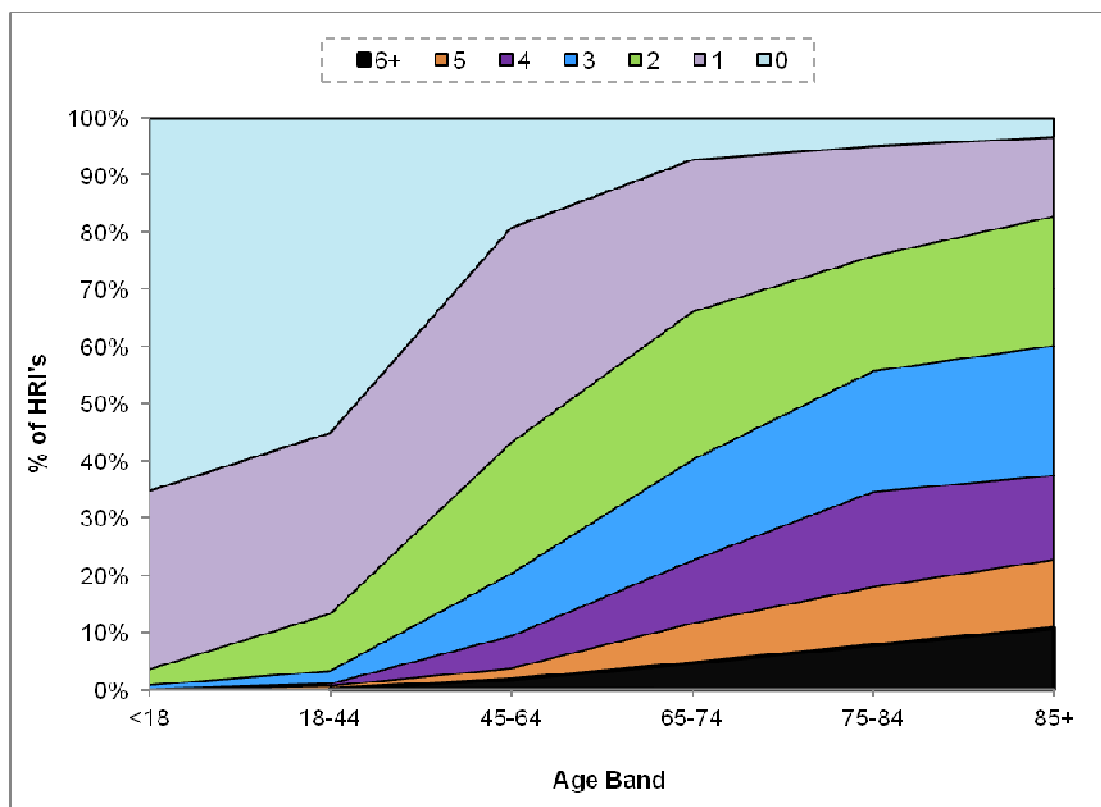
The number and rate of Renfrewshire patients on the QOF register with diabetes has increased by 16.2% over the five years from 2011/12 to 2015/16.

In 2015/16 there were 9,447 patients with diabetes on the QOF register, up from 8,130 in 2011/12. The crude prevalence rate in 2015/16 in Renfrewshire was 5.29 per 100 people, up from 5.12 in 2014/15. In comparison, the Scottish rate was lower at 4.97 per 100 people.

4.4 Multi-Morbidity

In light of ageing populations, Renfrewshire is facing a future with more people with multiple long term conditions (also referred to as multi-morbidities). Figure 4.4A demonstrates that patients have more conditions as they age.

Figure 4.4A High Health Gain Individuals (HHGIs) Identified in 2015/16, Broken Down by Number of LTCs and Age Band



Multiple morbidities bring both person-centred as well as financial challenges (Christie, 2011). Patients with multiple complex long term conditions are currently making multiple trips to hospital clinics to see a range of uncoordinated specialist services. A proposed way forward could be to look at developing new pathways and guidelines away from the current disease specific models to generic approaches focused on the holistic needs of patients (Lunt, 2013, p.17). The latter ties in with the 2020 Vision and the values of designing services around the patient. For example, we need to ensure patients do not have to unnecessarily attend five different, disjointed, specialists for the five different conditions they have.

4.5 High Health Gain Individuals

Health and social care resources are not utilised evenly across the population and gaining a better understanding about the cohort of individuals who account for disproportionate levels of resource could allow for more effective planning and delivery of services and an improved service user experience.

ISD Scotland have undertaken cost per patient analysis on inpatient and day case hospital admissions (including all acute specialties, maternity, geriatric long stay inpatient care, and psychiatric inpatient care), A&E attendances, consultant-led outpatient clinics and community prescribing in order to define “High Health Gain Individuals (HHGIs)”. The calculation of HHGIs is based on health resource use only and does not include social care resource use. The SOURCE team in ISD Scotland is currently working on a set of health and social care indicators that will allow social care to be added to analysis of High Health Gain individuals in the future.

For the current analysis, HHGIs have been defined as the cohort of individuals who account for 50% of total expenditure.

In Renfrewshire in 2015/16, 4,120 (2.4% of the population) consumed 50% of the total expenditure. Total costs decreased by 0.03% from the previous financial year, while the number of high resource individuals increased. Table 4.5A below shows a breakdown of patients, bed days, costs and episodes for high resource individuals and all patients between 2012/13 and 2015/16.

Table 4.5A High Health Gain Individuals in Renfrewshire 2010/11 – 2015/16

Renfrewshire		Financial Year			
		2012/13	2013/14	2014/15	2015/16
Number of Patients	HRIs	3,656	3,811	3,745	4,120
	All Patients	147,263	147,834	148,787	149,717
	% HRI	2.5%	2.6%	2.5%	2.8%
Number of Bed Days	HRIs	181,163	173,576	184,779	170,906
	All Patients	241,274	230,650	245,854	227,121
	% HRI	75.1%	75.3%	75.2%	75.2%
Episodes/Attendances/ Items	HRIs	274,520	294,426	295,571	337,880
	All Patients	3,368,559	3,457,495	3,250,401	3,633,842
	% HRI	8.1%	8.5%	8.3%	9.3%
Cost (£)	HRIs	£85,055,310	£84,716,500	£90.2M	£87.3M
	All Patients	£170,125,720	£169,438,180	£180.5M	£174.7M
	% HRI	50.0%	50.0%	50.0%	50.0%
Cost Per Capita	HRIs	£23,265	£22,229	£24,085	£21,189
	All Patients	£1,155	£1,146	£1,213	£1,167

Source: Integrated Resource Framework, ISD Scotland

As health and social care integration progresses and more information becomes available at patient/service user level from different sources, this analysis will be expanded to locality level. This will allow a more detailed examination of the combination of services that HHGIs use and to explore opportunities to improve pathways of care in line with National Health and Wellbeing Outcome 9.

4.6 Disability and Supported Independent Living

Learning Disabilities

In June 2013 the Scottish Government launched *The Keys to Life*, a national 10-year strategy for people with learning disabilities. This followed on from the previous national learning disabilities strategy, *The Same As You?* published in 2000.

The Keys to Life has a more explicit focus on improving the health outcomes for people with learning disabilities. It recognises research evidence which shows that people with learning disabilities have the poorest health of any group in Scotland, and the strategy therefore intends to address this inequality.

Table 4.6A Number of adults with learning disabilities known to local authorities per 1,000 population 2011 – 2016

	2011	2012	2013	2014	2015	2016
Renfrewshire	7.4	6.2	5.8	5.5	5.4	4.1
Scotland	6.0	6.0	5.9	6.0	6.1	5.2

Source: Learning Disabilities Statistics Scotland, National Records of Scotland

The number of adults with a learning disability known to local authorities nationally decreased from 27,218 in 2015 to 23,186 in 2016, a decrease of 4,032. Renfrewshire reported a total of 778 in 2015 reducing to 716 in 2016, a decrease over the same period of 62 (0.1%). Local GP data confirms that within Renfrewshire the majority of adults known to services are aged between 35 and 55 (49%) and a growing number of older adults over 65 (19%), some of whom are over 80.

The Keys to Life outlines four Strategic Outcomes; A Healthy Life, Choice and Control, Independence and Active Citizenship. Many of these themes are already clear priorities for Renfrewshire HSCP's Learning Disabilities Services. For example the Mirin and Milldale Day Opportunities services are cited within the national strategy as good practice examples not only in terms of their location within leisure centres, which encourages healthier activities, but also in terms of their encouraging engagement of people with learning disabilities in the wider community.

Renfrewshire Learning Disabilities Service (RLDS) currently provides health and social care services to over 500 adults with learning disabilities in Renfrewshire. A fully integrated community health and social work team will, through assessment, review and care management, ensure the development of robust care and support plans to assist the adult with learning disabilities to meet their outcomes, underpinned by current legislation and national outcomes.

The community team health staff consisting of nursing, physiotherapy, occupational therapy, speech & language therapy, psychology and psychiatry will ensure that specialist health treatments and interventions are delivered. Where appropriate, the team will link with acute and mainstream health

provision. The social work team consisting of social workers and social work assistants will work closely with the health staff to develop the care plan and will ensure all statutory responsibilities are taken forward, including adult protection and adults with incapacity.

To support the community team a full range of services have been developed: day, respite and supported living services provide for around 470 service users across the full range of learning disabilities. These services are provided by a number of in-house and external care providers, working in partnership to offer care and support within the individual's own home, day and residential care.

The Anchor Day Service provides support to adults with more profound levels of learning disability, many of whom will also have complex health care needs including epilepsy, dysphagia, sensory, physical and communication impairments. The service can provide for up to 48 adults each day and offers a wide range of experiences through the use of specialised facilities and activities including a hydro pool, sensory stimulation, touch trust, both within and outwith the services.

The Flexicare service is based within the Anchor resource and provides social and leisure support to people with learning disabilities and/or autism. The support is provided by volunteers and sessional workers who are recruited, trained and supported by Flexicare staff. Services include 1-1 befriending, small group befriending, larger social groups, and specific interest groups such as drama and creative arts. The service supports over 200 adults.

The Mirin and Milldale Day Services are co-located within leisure centres, provide support to adults with moderate to severe learning disabilities, some of whom will have additional health care needs. Both services utilise the wide range of facilities within their own area, the leisure centre and within other community resources. Each service can provide for 75 adults each day.

Spinners Gate Resource Centre has been developed to provide both a base for direct services Community Network and Gateway Intensive Support Service, and as a community resource providing accessible community premises. The Renfrewshire Head Injury Project is also based within the centre.

The Community Network service, which provides support for up to 30 adults each day who present with moderate learning disabilities and who are able to travel independently, offer support to assist the service users to maximise their everyday living skills, access a wide range of opportunities in their community, identify and minimise risk, and maintain and develop their social networks.

The Gateway (Intensive Support Service) currently provides support for 17 individuals each day who have complex autism and communication challenges, which significantly impacts on their everyday lives. Through the implementation of therapeutic interventions and a wide range of strategies and activities, the service creatively supports individuals to achieve their personal outcomes.

Working in partnership, Capability Scotland offer day opportunities to a maximum of 32 adults with mild to moderate learning disabilities, to gain skills and experience associated with work experience and employment.

In addition to the day opportunities, many adults with learning disabilities remain within the family home and Respite Care is provided to support the family carers to maintain their caring role. This service is provided by a number of external providers in partnership with the HSCP, with the majority of service users accessing Weavers Linn, a purpose built residential respite unit provided by the Partnership.

Weavers Linn, a 10 bed residential facility, currently supports over 120 service users and their families to access respite throughout the year. The service provides for adults across the full spectrum of need including adapted resources to support adults with complex health needs and autism.

Autism Connections is a new service based within Spinners Gate Resource Centre. The team provide advice, direct support and training to Renfrewshire Learning Disability Services working with adults with autism. The team also provide advice and training to services within the wider RHSCP and to families living with autism.

Additionally, there are a number of adults across the full spectrum of learning disability that are provided with care and support either within their own home or within residential care both in Renfrewshire and out of area. Renfrewshire HSCP provides these services by working in partnership with a range of external care providers.

To ensure ongoing improvements in the lives for those with learning disabilities, RLDS will work to assist the service users to meet their outcomes. Renfrewshire Health and Social Care Partnership is currently in the process of developing an Adult Commissioning Strategic Plan to include adults with learning disabilities, recognising the links with mental health, addictions, criminal justice and older adults, in order to continue to meet need and demand in the future.

A newly appointed Participation Officer has been employed to work with individuals and groups of people with learning disabilities in order to maximise opportunities for inclusion, involvement and engagement. A key area being progressed is the involvement of people with learning disabilities in shaping future services and having a meaningful presence and role within our communities.

Physical Disabilities

In September 2015, the Scottish Government announced a plan to tackle inequality and advance disabled people's human rights.

In healthcare, some of the key aspects of the plan are:

- More support for independent living for all disabled people who will have more say about how their support will be managed and provided.
- Health, social care and other support services working together to remove the barriers faced by all disabled people.
- Increased opportunities for disabled people to be involved in community development and service delivery.

In Renfrewshire there were over 6,500 people recorded as having a physical disability in the 2011 Census.

Table 4.6B Number of people with a physical disability

Area	Physical Disability	Percentage of total population
Renfrewshire	12,593	7.2%

Source: 2011 Census

The majority of people who have a physical disability in Renfrewshire are over the age of 50. Table 4.6C below also shows the proportion of those with a physical disability increases as people age. Only 1.1% of the population aged 16-24 had a physical disability in 2011, compared to 34.6% for those aged 85 and over.

Table 4.6C Number of people in Renfrewshire with a physical disability by age and sex

Age	Male	Female	Total	Percentage of total population with physical disability	Percentage of age group with physical disability
0-15	163	118	281	2.2%	0.9%
16-24	113	105	218	1.7%	1.1%
25-34	285	189	474	3.7%	2.3%
35-49	847	943	1790	7.5%	4.6%
50-64	1777	1840	3617	28.6%	10.3%
65-74	1231	1449	2680	21.2%	16.6%
75-84	954	1449	2403	19.0%	24.1%
85+	346	813	1159	9.2%	34.6%

Source: 2011 Census

Supported Independent Living

Adaptations and Equipment

In the period between 1/4/16 and 31/3/17, Renfrewshire HSCP carried out 941 small adaptations and provided 7,688 pieces of equipment for people with disability issues. A breakdown of type of adaptation made is in Table 4.6D.

**Table 4.6D Adaptations made/Equipment Provided Renfrewshire HSCP
1/4/16-31/3/17 Social Care**

Equipment Category	Number
Bathing	1,449
Beds & associated Equipment	671
Moving and Handling Equipment	489
Pressure Care	131
Seating	297
Small Aids	83
Toileting	2,112
Mobility	103
Kitchen/Household	865
Children	34
Sensory Impairment	471
Grab rails	909
Not categorised	74
Total	7,688

Source: Renfrewshire Health and Social Care Partnership

12% of adaptations carried out by the Partnership involve installing a handrail or grab rail.

There are a number of different reasons for equipment to be provided. Bathing, beds and toileting make up just over 55% of all the pieces of equipment provided and the majority are for care in the community and hospital discharge reasons.

4.7 Self-Directed Support

Direct payments have been available in Scotland since 1996 and any adult who has been assessed as needing care and support services can apply to receive a direct payment. They allow people to choose and buy the services they need instead of receiving them directly from the local authority.

In 2013 the Scottish Parliament passed a new law on social care support (the Social Care (Self-directed Support) (Scotland) Act 2013), which gives people the choice in how their social care and support is provided to them. SDS gives people control over their own budget and allows them to choose how it is spent. There are four options:

Option 1: taken as a direct payment (a cash payment)

Option 2: allocated to a provider the individual chooses. The Council or funder holds the budget but the person is in charge of with whom it is spent.

Option 3: the Council can arrange a service chosen by the individual.

Option 4: the individual can choose a mix of these options.

According to the 2016-17 Scottish Social Survey, there were 2,110 clients in Renfrewshire receiving self-directed support, with 206 clients choosing the option of direct payments. The number of clients choosing direct payments (Option 1) and the value of those payments since 2007/08 are shown in the Table below:

Table 4.7A Number of people receiving Direct Payments (and value of payments) 2007-08 to 2016-17

Direct Payments	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
No. Clients	45	59	77	77	87	42	46	29	48	206
Value of payments (£thousands)	£498	£496	£444	£684	£764	£366	£398	£376	£63	£2,050

Table 4.7B Direct Payments expenditure per 100,000 population

	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
No. Clients	26	34	44	44	50	24	26	17	27	117
Expenditure	£157	£289	£287	£256	£391	£438	£211	£228	£215	£36

Source: Scottish Social Care Survey 2016/17

4.8 Mental Health and Wellbeing

A well functioning mental health system has a range of community, inpatient and crisis mental health services that support people with severe and enduring mental illness.

In March 2017 the Scottish Government published its Mental Health Strategy to cover the period 2017-2027. Among the key areas of change outlined were:

- Prevention and early intervention
- Access to treatment, and joined up accessible services
- The physical wellbeing of people with mental health problems
- Rights, information use, and planning.

Actions to achieve this include:

- Increasing the mental health workforce by 800 additional mental health workers in our hospitals, GP surgeries, prisons and police stations
- Improving support for preventative and less intensive services (tiers 1 and 2 Child and Adolescent Mental Health Services (CAMHS)) to tackle issues earlier

- Reviewing the role of counselling services in schools
- Testing and evaluating the most effective and sustainable models of supporting mental health in primary care
- Establishing a bi-annual forum of mental health stakeholders to help guide the implementation of actions in the coming years.

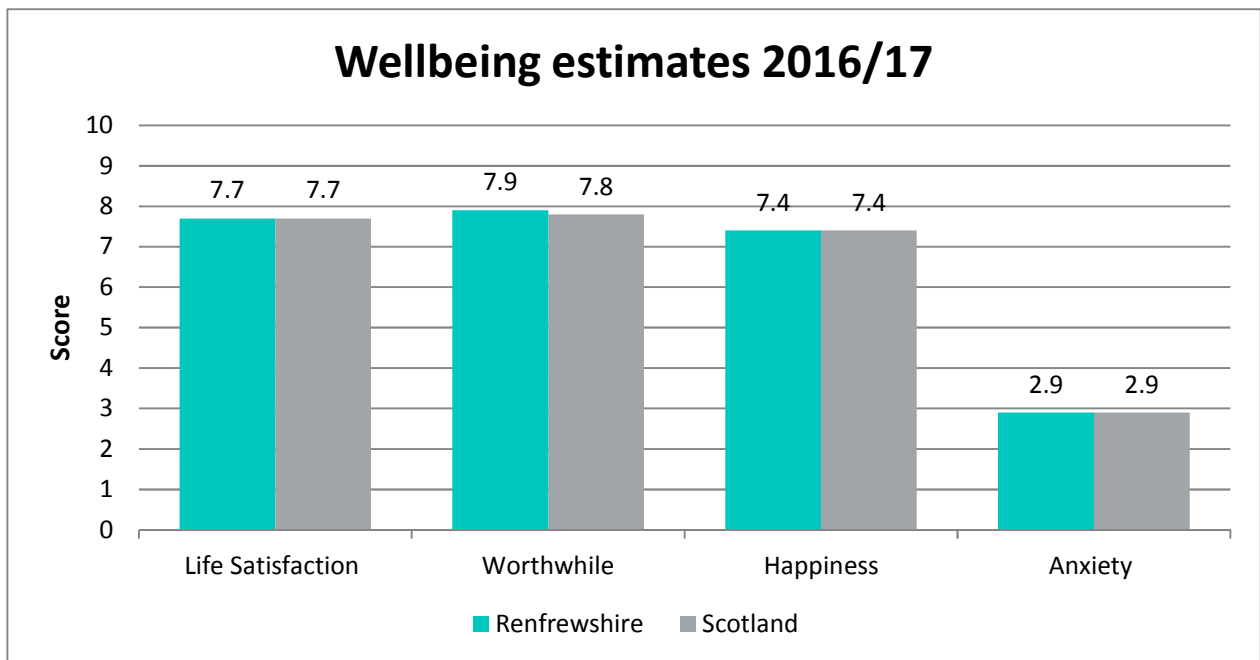
The vision:

“A Scotland where people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma.”

Mental Wellbeing

Wellbeing is linked to mental health in that it attempts to measure how happy and content people are in their everyday lives. This data has been collected by the Office for National Statistics as part of their UK Annual Population Survey since 2011. The average scores for Renfrewshire and Scotland for 2016 and 2017 are show in Chart 4.8A overleaf. The chart shows that on average, Renfrewshire’s mental health wellbeing is comparable to the Scottish average. This has increased from previous years.

Chart 4.8A Wellbeing Estimates 2016-2017



Source: Office of National Statistics

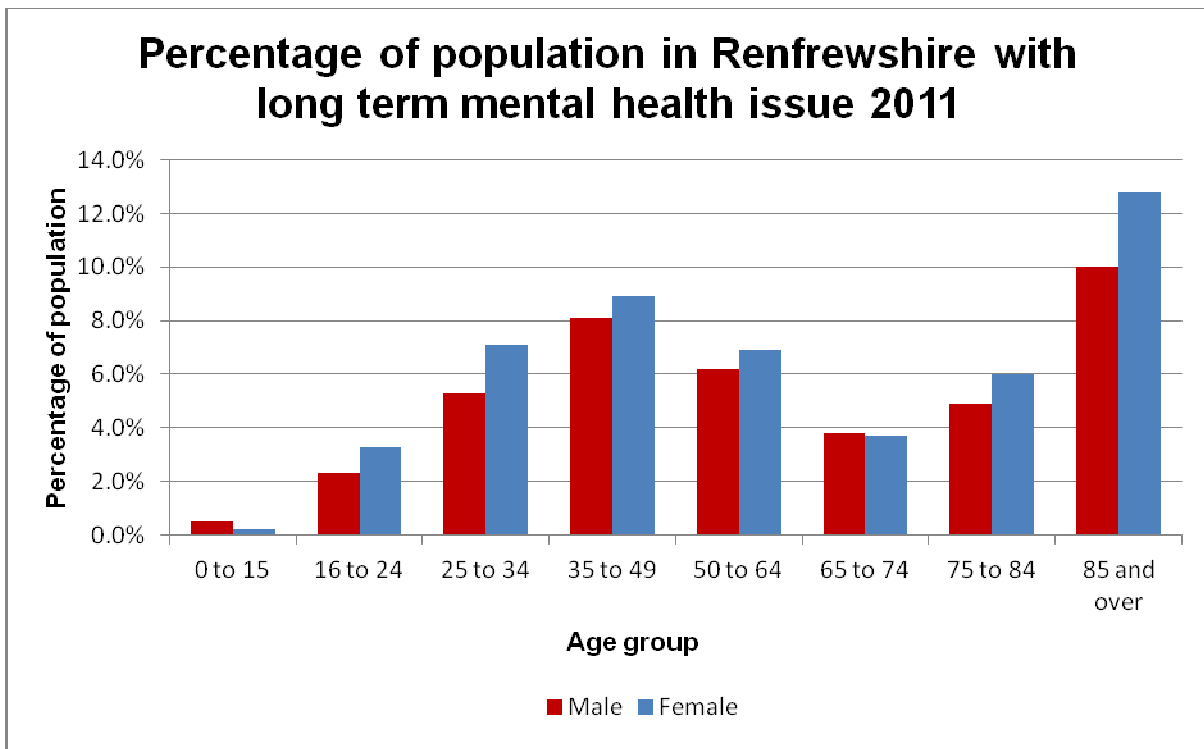
Mental Health

In Scotland, at least one person in four will experience a mental health problem at some point in their lives, and one in six has a mental health problem at any one time. This means that today in Renfrewshire, using the one in four estimation, over 35,500 adults are experiencing a mental health problem in an average year.

Health issues that are included within the area of mental health range from common problems such as dementia, stress and depression, to more severe issues like schizophrenia, bipolar affective disorder and other psychoses.

In the 2011 Census return, 5.2% of Renfrewshire’s population reported suffering a mental health condition (approximately 9,000 people). This suggests that almost three-quarters of people who may be experiencing mental health challenges either do not consider this a long-term condition or are reluctant to publicly acknowledge it. The distribution of this group by age and sex is shown in Chart 4.8B overleaf.

Chart 4.8B Percentage of population with long term mental health condition in Renfrewshire by age group and sex 2011



Source: 2011 Census

At 5.2%, Renfrewshire has a slightly higher percentage of people with a mental health condition than the Scottish average of 4.4%.

The Scottish Public Health Observatory’s (ScotPHO) profile of Renfrewshire states that the percentage of people prescribed medication for anxiety, depression or psychosis in 2015 was 19.4%, higher than Scotland overall (18%). The rate for psychiatric hospitalisations in 2014 was 281.9, higher than the 2011-13 rate of 254 and also higher than the Scottish rate of 269.7, which has dropped from 292 in 2011-13. However within Renfrewshire there is a great deal of variation, with psychiatric admissions per 100,000 people ranging from 72.5 in Houston South to 461.7 in Paisley East.

The rate of deaths from suicide, which is strongly linked to mental health problems, is 13.8, which was similar to the Scottish rate of 14.1. However in some parts of Renfrewshire, it is considerably higher – 32.1 in Paisley Dykebar and 39.0 in Paisley Dykebar.

There is also a strong link between mental health problems such as depression and over consumption of alcohol. In 2014/15, the rate for alcohol-related hospital stays was 944.3/100,000 in Renfrewshire, 38.7% higher than the Scottish level of 680.8/100,000.

Source: ScotPHO Health and Wellbeing Profiles

5 Current Provision of Health and Social Care Services

5.1 Workforce

Renfrewshire HSCP's Organisational Development and Service Improvement Strategy embraces the commitments detailed within Renfrewshire Council's 'A Better Future, A Better Council' and NHS Greater Glasgow and Clyde's 'Workforce Plan' by ensuring staff involved in health and social care delivery have the necessary training, skills and knowledge to provide the people of Renfrewshire with the highest quality services.

The strategy focuses on three key objectives that support the workforce to be committed, capable and engaged in person centred, safe and effective service delivery and some examples of activity are noted below:

- Development of a Healthy Organisational Culture;
 - The HSCP has a robust and active Joint Staff Partnership Forum in place
 - HSCP staff have positively embraced both iMatter and Dignity At Work Staff Surveys with positive responses to action planning and activity in teams. The HSCP has just completed its second run of iMatter
 - The 2017 Staff Awards saw the largest number of nominations, an increase in categories and the biggest awards event to date
 - An annual programme of staff engagement sessions where frontline staff can come along and have dialogue with the Chief Operating Officer and Senior Management Team members is in place and the Chief Operating Officer and Senior Management Team members make regular visits to team meetings and services with actions taken away from both opportunities.

- Delivering a clear approach to Organisational Development (OD) and Service Improvement;
 - Services have Service Improvement Plans in place, and a focused approach to quality improvement (QI) is in place with 30 team leads taking part in QI training which includes ongoing support and coaching for their improvement activity

- Workforce planning and OD/service improvement (SI) activity is planned, monitored and evaluated at the HSCP Workforce People and Change Group which reports to the IJB. The HSCP has representation on the Renfrewshire Council Strategic Organisational Development and Workforce Planning Board and links with the NHSGGC Strategic OD forum via NHSGGC Heads of OD
 - A specific approach to leadership development has been agreed with a cohort of 30 leaders undertaking significant planned development from late 2017 into 2018.
- Delivering a Workforce Plan for tomorrow's workforce.
 - Service Level Agreements with local Further Education (FE) organisations have been reviewed and actions put in place to increase numbers of specialists in training for difficult to recruit posts such as District Nursing
 - There have been recruitment campaigns to attract applicants to posts such as Mental Health Officers, Care at Home and Home Care
 - Services have been/are under review alongside the development of localities and clusters to ensure that skill mix and distribution of staff is at its most effective to meet the strategic plans of the HSCP.

The Organisational Development and Service Improvement Strategy is subject to annual review and will continue take into account future changes in corporate priorities and objectives; legislative and regulatory changes; and reflect ongoing changes in the profile of the HSCP workforce, their development needs and succession planning as services change in the future to meet service demand.

Table 5.1 Workforce Demographics

Age Bands	Renfrewshire Council Workforce Data		NHS Workforce Data		Renfrew LHCP Total		As % of Available Workforce
	HeadCount	WTE	HeadCount	WTE	HeadCount	WTE	%
16-20	3	2.35	3	3	6	5.35	0.27
21-30	126	104.32	119	107.76	245	212.08	10.60
31-40	192	156.05	243	195.84	435	351.89	17.59
41-50	319	256.26	378	311.37	697	567.63	28.37
51-60	472	382.1	422	356.36	894	738.46	36.91
61-65	97	74.59	46	36.73	143	111.32	5.56
66+	16	10.72	5	3.47	21	14.19	0.71
Total	1225	986.39	1,216	1,014.53	2,441	2,000.92	

Source: NHS Greater Glasgow & Clyde and Renfrewshire Council, January 2018

5.2 GP Services

General practitioner and primary care services are an integral aspect of the provision of healthcare. In 2016 in Renfrewshire, there were 29 practices served by 147 General Practitioners (headcount).

The number of GPs serving Renfrewshire has not changed significantly since 2006 when there were 30 practices in the area.

In 2017, the average list size for Renfrewshire practices was 6,235. This is approximately 274 patients more than the Scottish average of 5,961.

Most of the practices in Renfrewshire treat patients who have high levels of multiple deprivation. The table below shows the Renfrewshire GP practices by their list sizes and the percentage of the list that are in the 15% more deprived areas in Scotland. The practices that do not have high levels of multiple deprivation are the exceptions in the list. These are in West Renfrewshire, for example Bishopton, Erskine, Lochwinnoch and Houston.

Ten practices have approximately a quarter of the practice list in the most deprived areas, with four having lists where approximately a third of the patients are in the most deprived datazones, and one where over two-thirds of the practice list is in the most deprived datazones. These practices are likely to treat more patients with complex health problems and needs due to their deprivation status.

Table 5.2A GP Practices, list sizes and deprivation in Renfrewshire, 2017

Practice Code	Practice List Size	% of practice patients living in datazones defined as the 15% most deprived	Locality (Practice Location)
87112	7,778	0.0	West Renfrewshire
87146	10,307	0.0	West Renfrewshire
87184	8,649	0.0	West Renfrewshire
87235	2,146	0.0	West Renfrewshire
87240	4,352	0.0	West Renfrewshire
87292	6,828	27.0	West Renfrewshire
87305	4,567	25.0	West Renfrewshire
87324	6,539	18.0	West Renfrewshire
87339	5,130	25.0	West Renfrewshire
87343	3,938	27.0	West Renfrewshire
87409	5,742	26.0	West Renfrewshire
87432	4,618	3.0	West Renfrewshire
87466	6,015	26.0	Paisley
87471	8,210	28.0	Paisley
87485	3,649	70.0	Paisley
87490	9,034	39.0	Paisley

87502	7,114	22.0	Paisley
87517	3,208	20.0	Paisley
87521	4,124	27.0	Paisley
87541	6,715	26.0	Paisley
87555	8,830	33.0	Paisley
87560	5,703	40.0	Paisley
87574	3,209	41.0	Paisley
87606	6,314	34.0	Paisley
87625	10,895	27.0	Paisley
87697	6,944	9.0	West Renfrewshire
87700	8,615	10.0	West Renfrewshire
87714	6,600	9.0	West Renfrewshire
87729	4,835	31.0	West Renfrewshire

Source: ISD Scotland, 2017

5.3 Carers

This section is concerned with the work and characteristics of carers in Renfrewshire who provide unpaid health and social care to others, mostly to close friends and relatives.

Information from the 2011 Census returns showed that in Renfrewshire:

- 17,759 people identified themselves as carers, 10% of the population of Renfrewshire at that time.
- Nearly a fourth of those carers (4,619) provided 50 hours or more unpaid care a week.
- 51% of all carers were women.
- 17% of all carers were aged 65 and over, in terms of gender split, 42% of male carers were aged 65 and above and 57% of female carers.

Table 5.3A shows the number of carers in each age group and their general health.

Carers	Very good or good health	Fair health	Bad or very bad health
All ages	13,163	3,260	1,314
0 to 24	1,231	73	9
25 to 49	5,617	892	312
50 to 64	4,583	1,114	495
65 and over	1,732	1,181	498

Source: 2011 Census

The table shows that in Renfrewshire, 15% of carers aged 65 and above are themselves in bad or very bad health.

Experience of Carers

The Scottish Health and Care Experience survey from 2015/16 details the experience of carers in Renfrewshire using a set of questionnaire questions. Respondents are asked to judge how positively or negatively they feel about statements concerning caring responsibilities. The results for Renfrewshire are shown in figure 5.3B below. The next edition of the survey is due for publication in mid 2018.

Figure 5.3B Caring Responsibilities Renfrewshire 2015/16

Caring responsibilities									
	Number of responses	Very Positive	Positive	Neutral	Negative	% Positive 2013/14	% Positive 2015/16	Change from 2013/14	Difference from Scotland
Carers have a good balance between caring and other things in their life	477	24%	39%	21%	16%	70%	63%	-8% ^s	-6% ^s
Caring has had a negative impact on carers' health and wellbeing	457	13%	21%	29%	36%	40%	34%	-6%	-6% ^s
Carers have a say in the services provided for the person they look after	440	11%	34%	33%	22%	47%	46%	-1%	-4%
Local services are well coordinated for the people carers look after	435	10%	28%	39%	23%	46%	38%	-8% ^s	-4%
Carers feels supported to continue caring	442	10%	29%	41%	20%	42%	39%	-3%	-2%

Source: Scottish Health and Care Experience Survey 2015/16

Respondents in Renfrewshire are less positive about carers having a balance between caring and other things in their life and health and wellbeing than respondents for the whole country. The next available results will be from the 2017/18 Survey, due to be published in April 2018.

5.4 Secondary Care Activity

Activity in secondary care settings can be used to assess patterns of behaviour or need of health services. In Renfrewshire this concerns activity at Royal Alexandra Hospital.

Analysis has been carried out to evaluate the patterns of secondary care activity in Renfrewshire. Information and data is available to compare activity between 2012/13 and 2015/16. The types of activity examined are day cases, elective inpatient admissions, emergency admissions (both zero and greater than zero days' stay), elective bed days and emergency bed days. Over the three-year period, there have been a number of changes in activity in Renfrewshire. The table overleaf shows an example of the output using results from General Medicine, a specialty that encompasses a number of different medical specialties.

Table 5.4A Rates of activity in General Medicine 2013/14 - 2016/17

General Medicine Rates (per,1000)					
Activity	2013/2014	2014/2015	2015/2016	2016/2017	% change
Daycases (including elective admissions with a zero length of stay)	20.0	20.1	20.8	27.3	27.0
Elective Inpatient admissions (excluding those with a zero length of stay)	3.5	3.8	3.9	3.5	0
Emergency Inpatient admissions (with a zero length of stay)	17.0	20.1	21.0	20.5	20.6
Emergency Inpatient admissions (excluding those with a zero length of stay)	47.5	48.0	48.0	49.7	4.6
Emergency Bed Days	298.5	308.4	308.2	311.7	4.4

Source: Information Services, NHSGGC

Overall, there has been a significant 27.0% increase in the number of daycases between 2013/14 and 2016/17, while elective inpatient admissions have stayed the same over the same time period. Emergency inpatient admissions have increased by 20.6%.

Further evidence of the changes in the three-year period is demonstrated in the Table below, which shows the number of elective bed days by specialty.

Table 5.4B Elective bed days Renfrewshire 2013/14 - 2016/17

Bed Days					
Specialty	Numbers				
	2013/2014	2014/2015	2015/2016	2016/2017	% change
General Medicine (incl sub specialties)	51,909	53,737	53,800	54,839	1.93
Geriatric Medicine	41,449	41,604	37,711	37,701	-0.02
General Surgery	19,096	18,898	18,072	15,507	-14.19
Trauma and Orthopaedic Surgery	13,697	15,753	14,205	13,016	-8.37
Urology	3,622	3,786	3,195	3,295	3.13
Gynaecology	2,602	2,545	2,627	2,215	-15.68
Cardiothoracic Surgery	1,624	1,635	1,298	1,655	27.50
Haematology	2,890	3,272	3,433	2,961	-13.75
Oncology	2,363	2,030	2,011	1,730	-13.97
Neurosurgery	1,756	1,296	1,640	1,613	-1.65
Other Acute Specialties	21,552	22,205	22,240	23,153	4.11
Total	162,560	166,761	160,232	157,685	-1.59

Source: Information Services, NHSGGC

There has been a substantial increase in the number of cardiothoracic bed days in Renfrewshire between 2013/14 and 2016/17. There has also been a 15% decrease in gynaecology, a 13% reduction in haematology and oncology, and just over a 14% decrease in general surgery.

The conclusion of the analysis of secondary care activity is that there are marked changes in the level of secondary activity in Renfrewshire in a period of three years. The significance of some of these changes is uncertain as it is difficult to attribute a short-term change in activity to a specific cause. There are a number of factors that may influence the change in activity. Some potential reasons are listed below:

Demography – changes in the demographic profile of the area including the number of people within age bands, sex and deprivation.

Epidemiology – changes in incidence of disease and prevalence of disease.

Supply factors – changes in numbers of consultants, clinic sessions and beds.

Health service factors – development of new services. This may include services to prevent admission that reduce activity for some specialties, transfer of activity from inpatient to day care and from secondary to primary care. Additionally, changes in admission and referral criteria between the two years may have had an effect on activity.

Further investigation and analysis is required to explain the changes and this work is ongoing.

5.5 Unscheduled Care

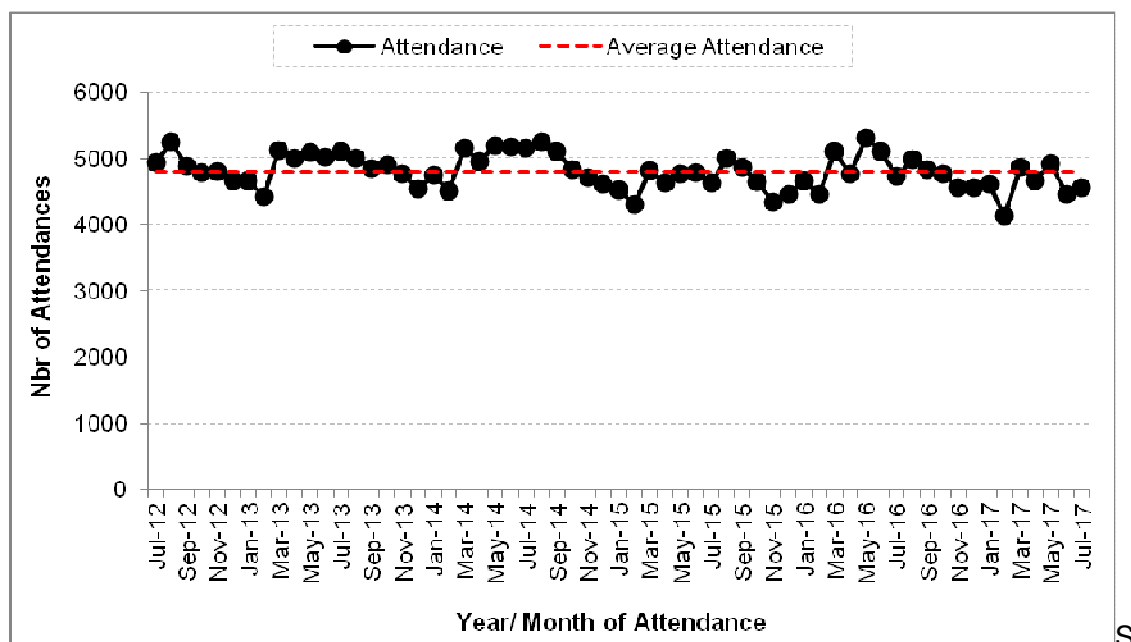
Unscheduled care is the unplanned treatment and care of a patient usually as a result of an emergency or urgent event. Most of the focus on unscheduled care is on accident and emergency attendances, and emergency admissions to hospital. The Scottish Government has made unscheduled care an important area of focus for the health service in Scotland, along with reducing waiting times in A&E and reducing the number of emergency admissions key targets.

5.5.1 A&E Attendances

Renfrewshire is served by a single Accident & Emergency department at the Royal Alexandra Hospital.

The average monthly attendance at the emergency department between July 2012 and July 2017 is 4,794. The highest monthly attendance was 5,321 in May 2016. During this time, the percentage of patients who met the 4-hour waiting times target each month ranged from a high of 95.5% in November 2012 to a low of 71.2% in January 2015. The rate at July 2017 was 85.9%.

Table 5.5.1A Average Monthly attendance at emergency department (July 2012 - July 2017)



Source: ISD Scotland

5.5.2 Emergency Admission to Hospital

The rate of emergency admissions (per 100,000 people) to hospital in Renfrewshire has been higher than the Scotland rate for the last ten years. The actual number of admissions has risen and fallen over the time period.

Table 5.5.2A Emergency admissions to hospital - Renfrewshire

HSCP	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
Renfrewshire	16,234	17,875	18,647	19,206	18,844	18,869
Renfrewshire Rate	9,470	10,437	10,850	11,125	10,891	10,863
Scotland Rate	9,222	9,538	9,851	10,023	9,849	9,871

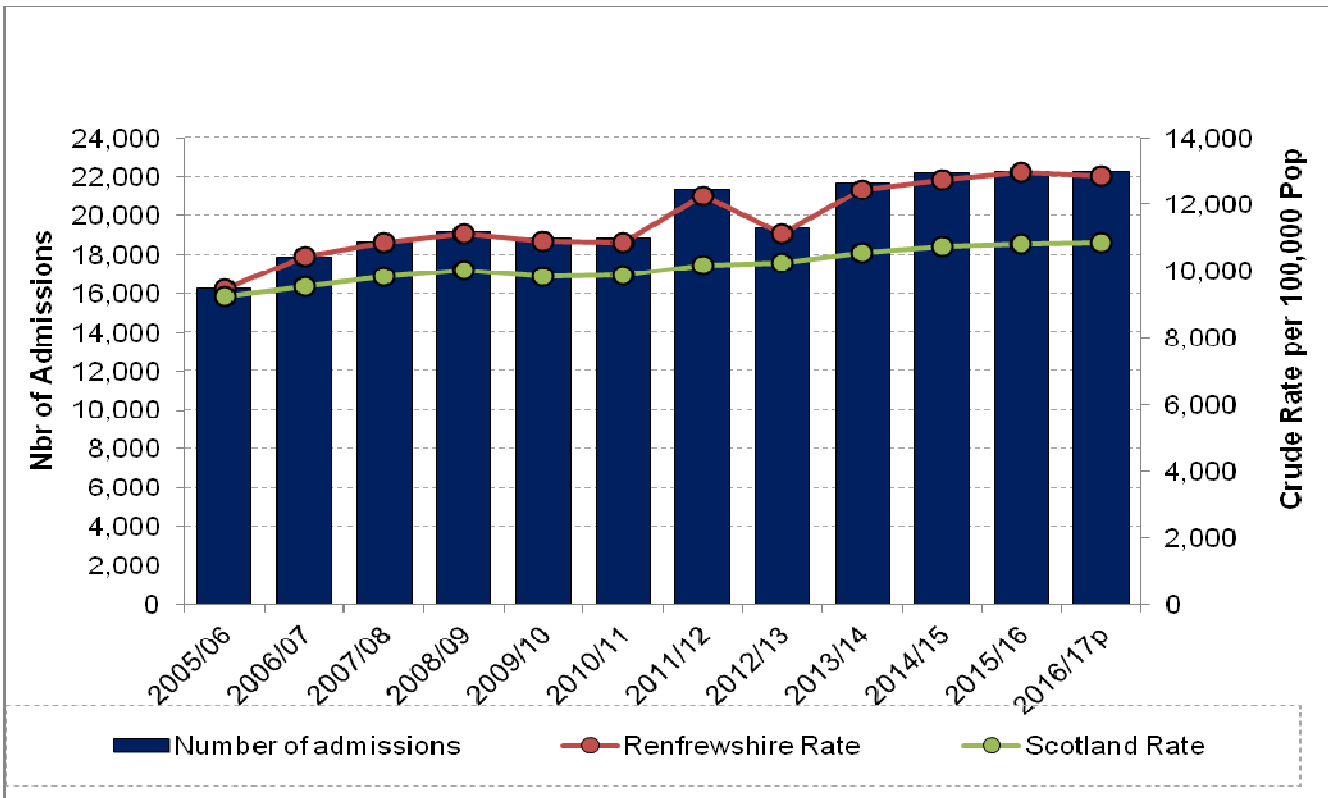
Source: ISD Scotland

HSCP	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17p
Renfrewshire	21,412	19,377	21,680	22,237	22,662	22,440
Renfrewshire Rate	12,256	11,117	12,468	12,763	12,982	12,855
Scotland Rate	10,193	10,278	10,570	10,738	10,827	10,884

Source: ISD Scotland; p - provisional

The information in the tables above is displayed in chart form overleaf.

Chart 5.5.2B Renfrewshire Emergency Admissions 2005/06-2016/17p



Source: ISD Scotland; p: provisional

A primary focus of the work concerning emergency admissions is to reduce the number of patients who make multiple unplanned visits to hospital and who are then admitted.

In Scotland the rate of patients who have multiple emergency admissions (2, 3 or more) has been increasing since 2005. The same is true of Renfrewshire, although the rate of multiple admissions has been greater than in Scotland in each year since 2005.

The table below shows the number and rate of patients who have had 3 or more emergency admissions in Renfrewshire since 2012/13.

Table 5.5.2C Rate and number of patients with 3 or more emergency admissions Renfrewshire 2012/13 – 2016/17p

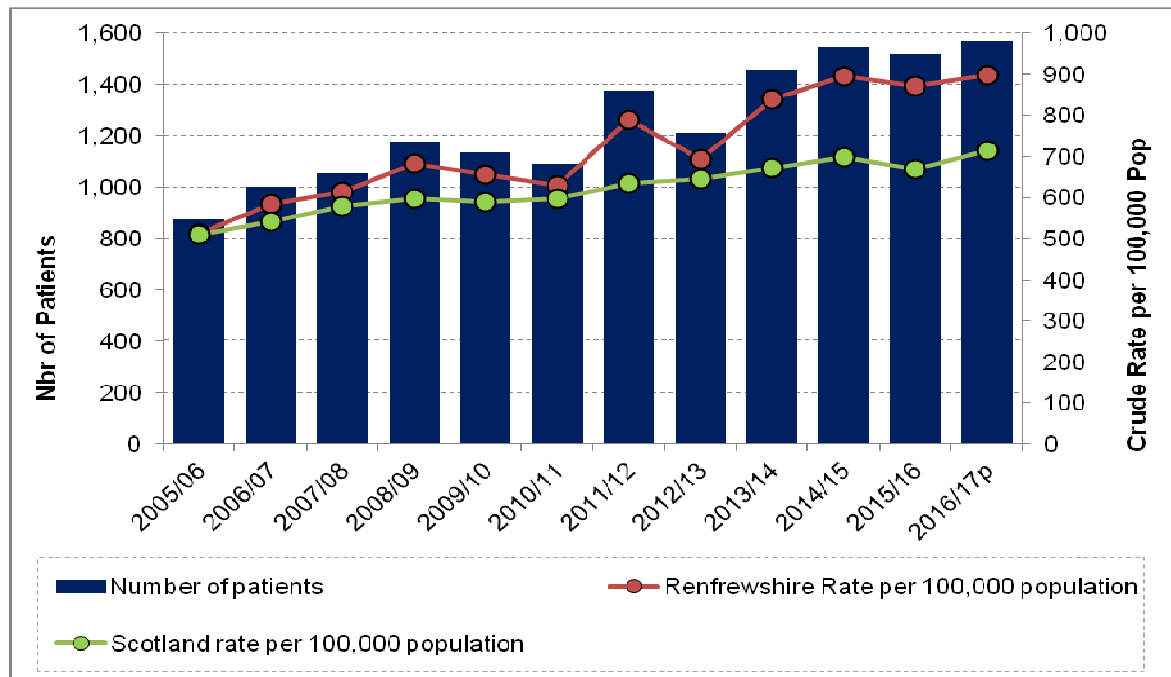
HSCP	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
Renfrewshire No. of Patients	876	1001	1056	1179	1137	1092
Renfrewshire Rate	511	584	614	683	657	629
Scotland Rate	508	542	579	596	591	598

HSCP	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17p
Renfrewshire No. of Patients	1379	1210	1459	1548	1518	1568
Renfrewshire Rate	789	694	839	896	871	898
Scotland Rate	635	645	672	698	670	715

Source: ISD Scotland; p: provisional

The information in the tables above is displayed in chart form below.

Chart 5.5.2D Rate and number of patients with 3 or more emergency admissions Renfrewshire 2012/13 – 2016/17p

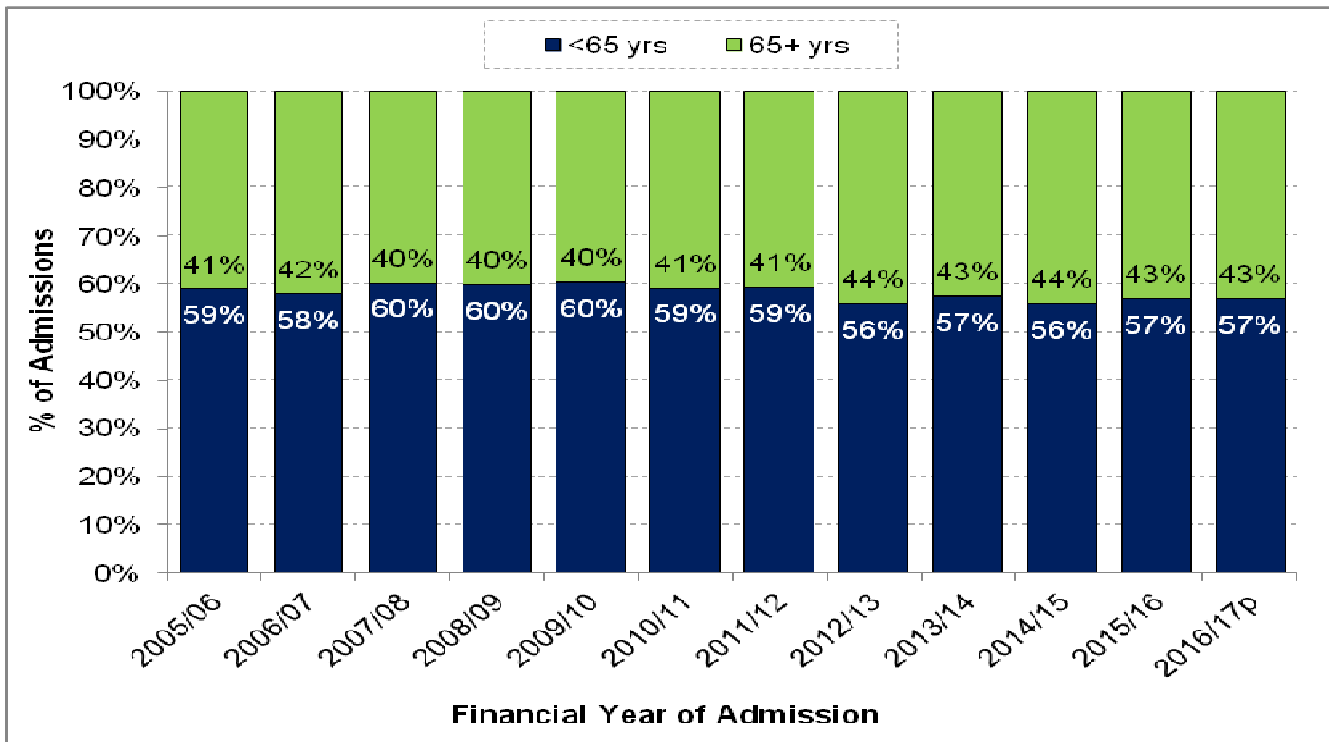


Source: ISD Scotland; p: provisional

Another aspect of the increase in multiple admissions is the number of bed days these patients use. Between 2012/13 and 2016/17p, the number of bed days for patients with 3 or more emergency admissions increased by 15.6% in Renfrewshire, from 36,887 to 42,667 bed days. In contrast, the increase for Scotland in the same time period was 6%.

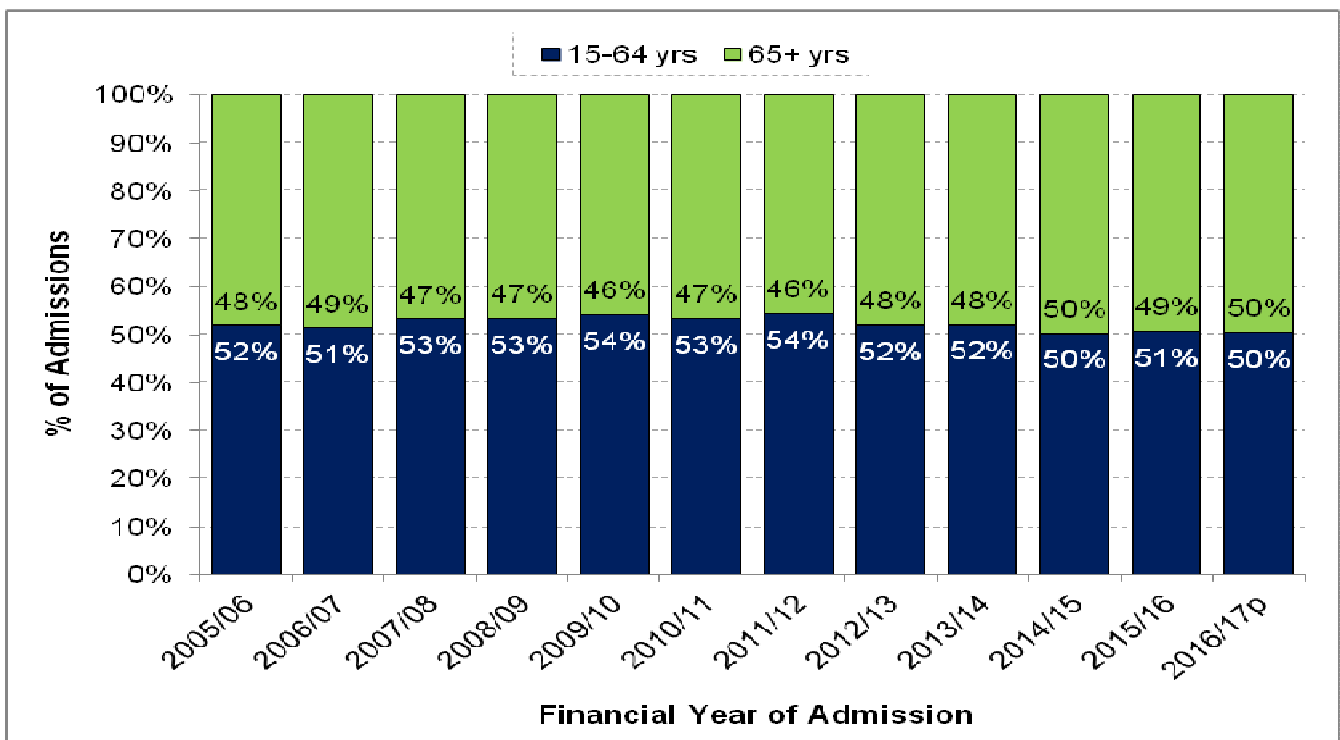
Within the cohort of emergency admissions are those aged 65 and above. This group has become a greater proportion of the total admissions over the last decade. In 2016/17p, 43% of all emergency admissions were for people aged 65 and over. The trend statistics are displayed in the charts overleaf.

Chart 5.5.2E Percentage of emergency admissions in Renfrewshire by age group, under 65 years and 65+ years



Source: ISD Scotland; p: provisional

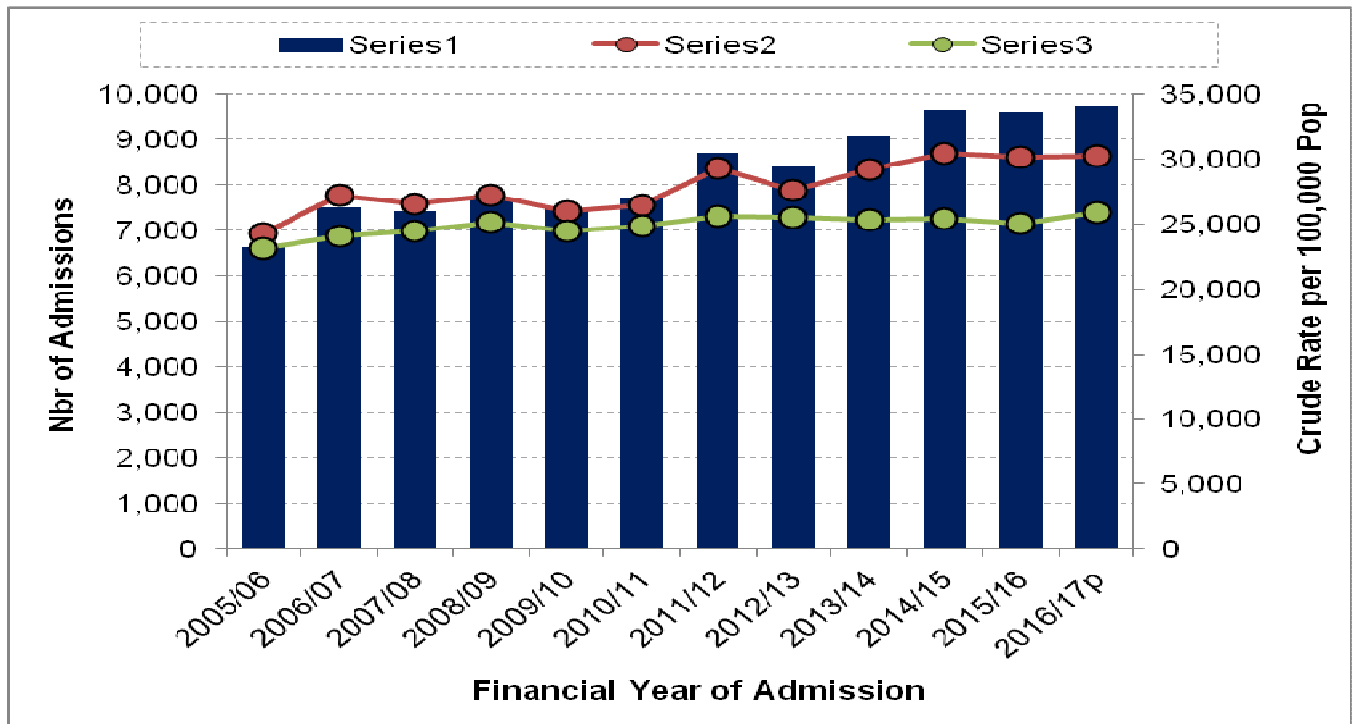
Chart 5.5.2F Percentage of emergency admissions in Renfrewshire by age group, 15-64 years and 65+ years



Source: ISD Scotland; p - provisional.

The rate of emergency admissions for those aged 65 plus per 100,000 is higher in Renfrewshire than the Scottish average. This is demonstrated in the chart below.

Chart 5.5.2G Renfrewshire emergency admissions for patients aged 65 and above, number and rate per 100,000 population 2005/06 – 2016/17



Source: ISD Scotland; p: provisional

Similarly, the rate of multiple emergency admissions for those aged 65 plus is also higher in Renfrewshire than the Scottish average.

The increase in multiple emergency admissions is greater for those aged 65 and above compared to all ages. This is shown in the Table below.

Table 5.5.2H Increase in multiple emergency admissions 2006/07 to 2016/17p

Increase in multiple emergency admissions 2006/07 to 2016/17p	All ages*		65+	
	N	%	N	%
Renfrewshire	1,127	+37.9%	731	+75.1%

* Patients with either 2, 3 or more admissions

Source: ISD Scotland

5.6 Delayed Discharges from hospital

A delayed discharge occurs when a patient, clinically ready for discharge, cannot leave hospital because the other necessary care, support or accommodation for them is not readily accessible and/or funding is not available. The following provides an overview of delayed discharges for Renfrewshire.

Table 5.6A Delayed Discharges by Length of Delay, May 2016

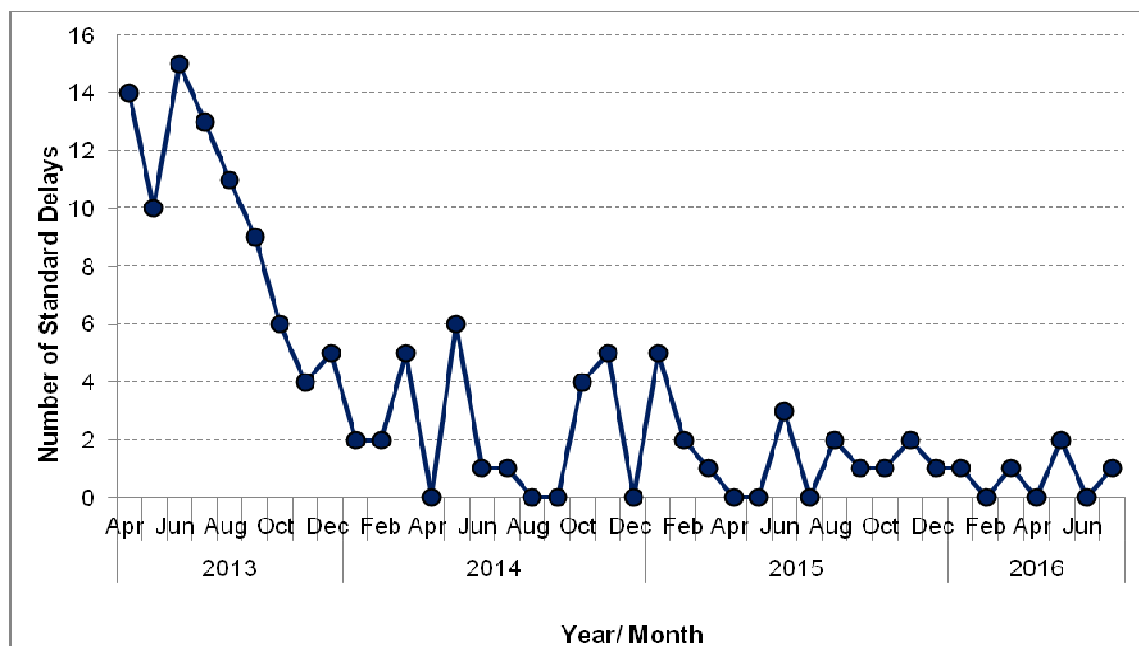
	Total Standard Delay	More than 6 weeks	More than four weeks	More than 2 weeks
Renfrewshire	2	-	-	-

Source: ISD Scotland

1. Health Board figures are based on NHS board area of treatment. Local authority figures are based on local authority of residence. There are a small number of patients experiencing a delay in discharge who are residents of local authorities outwith the NHS board areas in which they are being treated. This may mean that the NHS board area of treatment is not responsible for the patient's post hospital discharge planning. This also means that the combined figures for local authorities within a particular NHS board area might not be equal to the corresponding total for that NHS board area.

Figure 5.6B illustrates the low and fluctuating levels of delayed discharge patients in Renfrewshire from April 2013 to July 2016.

Figure 5.6B Total number of standard delays for Renfrewshire patients, Apr 2013 – Jul 2016



Source: ISD Scotland

Table 5.6C shows the number of bed days lost in the 2016/17 financial year, which for Renfrewshire was 3,205. There was a greater proportion due to Code 9 delays in Renfrewshire than Scotland (56.8%). Code 9 was introduced for very limited circumstances where NHS Chief Executives and local authority Directors of Social Work (or their nominated representatives) could explain why the discharge of patients was outwith their control. 34.1% of the Code 9 delays in Renfrewshire were aged 75+, which is similar to the national average of 61%. As a rate per 1,000 population aged 75+ (Figure 5.6D), Renfrewshire was lower than Scotland, ranking the lowest in the country.

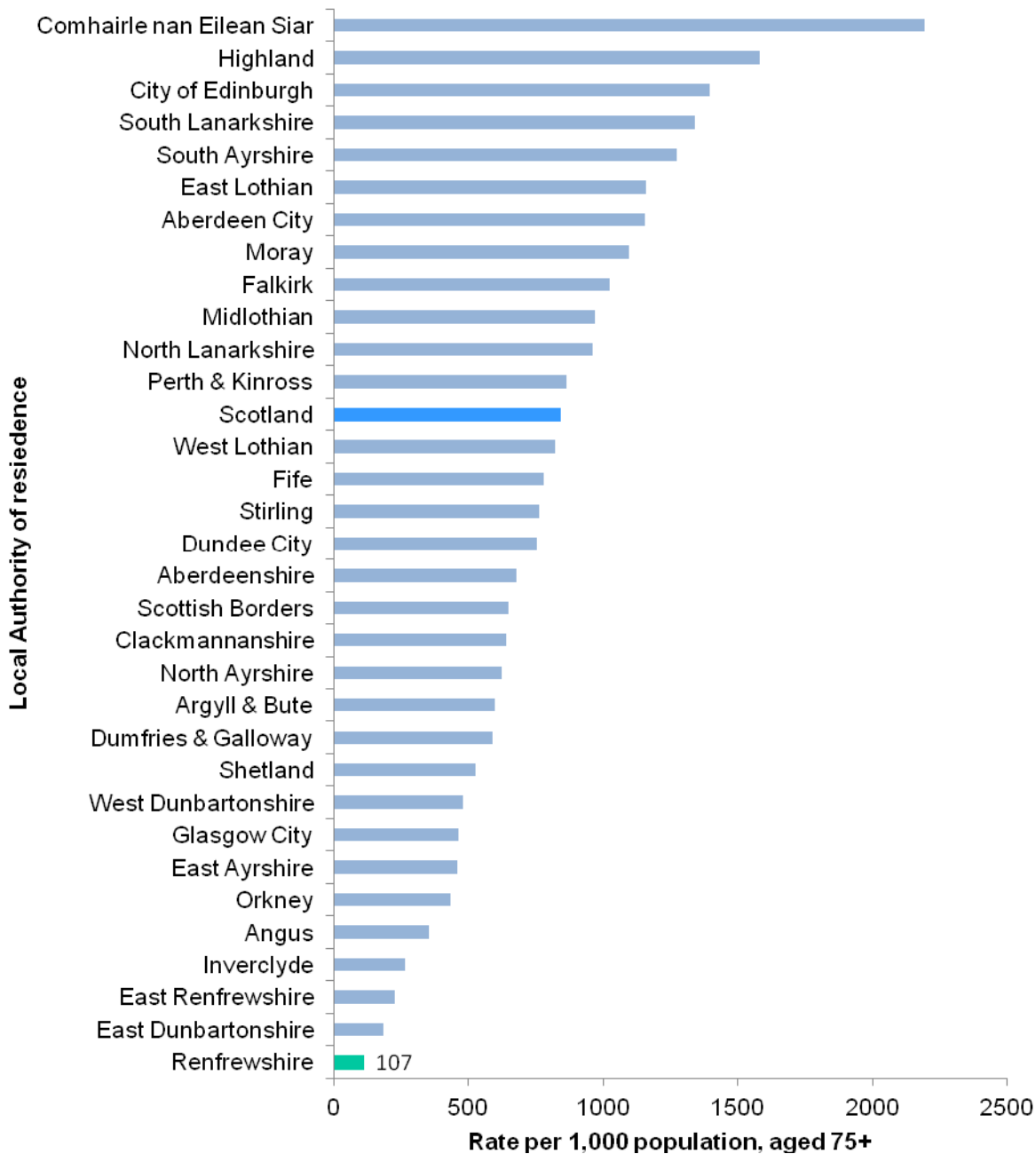
Table 5.6C Bed Days Occupied by Delayed Discharge Patients by Age Group and Delay Type: Apr 2016 - Mar 2017

All ages	Total	Standard	%	Code 9	%
Renfrewshire	3,205	1,383	43.2%	1,822	56.8%
Scotland	532,423	412,341	77.4%	120,082	22.6%
18-74 Years	Total	Standard	%	Code 9	%
Renfrewshire	1,646	355	21.6%	1,291	78.4%
Scotland	160,632	111,503	69.4%	49,129	30.6%
75+	Total	Standard	%	Code 9	%
Renfrewshire	1,559	1,028	65.9%	531	34.1%
Scotland	371,791	300,838	80.9%	70,953	19.1%

Source: ISD Scotland

Figure 5.6D Bed days occupied by delayed discharge patients per 1,000 population aged 75+, Apr 2016 - Mar 2017

Delayed discharge bed day rate per 1,000 population aged 75+; Apr 2016 - Mar 2017



Source: ISD Scotland

5.7 Social Care Services

Social care services provided by the health and social care partnership include home care and community alarm services. The type of service that people received in 2017 is shown in Chart 5.7A and the number of clients by client group in 5.7B.

Chart 5.7A Social Care clients¹ by type of service, 2017

Type of Service	Number
Community Alarm/Telecare	3,430
Social Worker/Support Worker ²	0
Home Care	2,110
Self-Directed Support ² (all options)	830
Housing Support	390
Meals	590
Direct Payments (SDS Option 1)	210

Source: Scottish Social Care Survey 2017

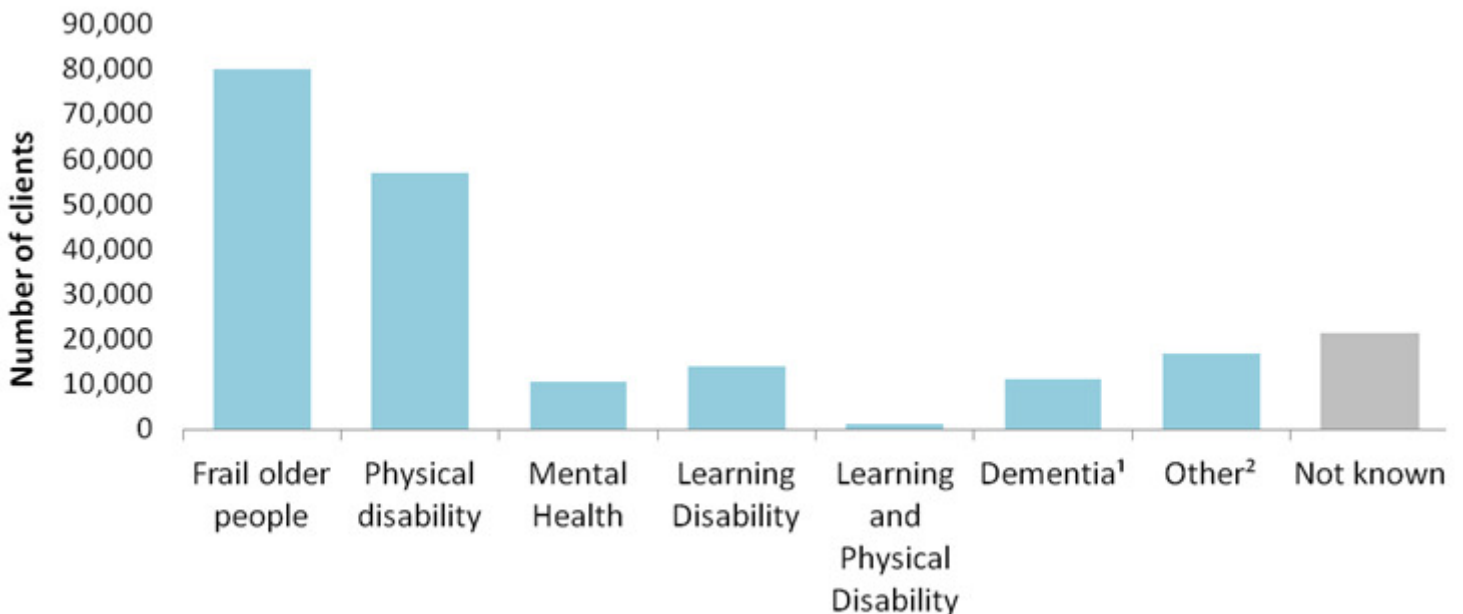
Notes on chart

¹Community Alarm/Telecare, Direct Payments, SDS and Social Worker/Support Worker information are for the financial year. Home Care, Housing Support and Meals data is for the March Census week.

¹Clients can receive multiple social care services.

²Data on Social Worker / Support Workers and Self-Directed Support is in development, and not reported on in detail in this release. Follow-up analysis on these topics will be published at a later date.

Chart 5.7B Number of clients receiving Social Care services, by client group



¹Dementia is known to be under recorded in the social care management information system.

²“Other” includes addictions, palliative care and carers.

Source: Scottish Social Care Survey 2015

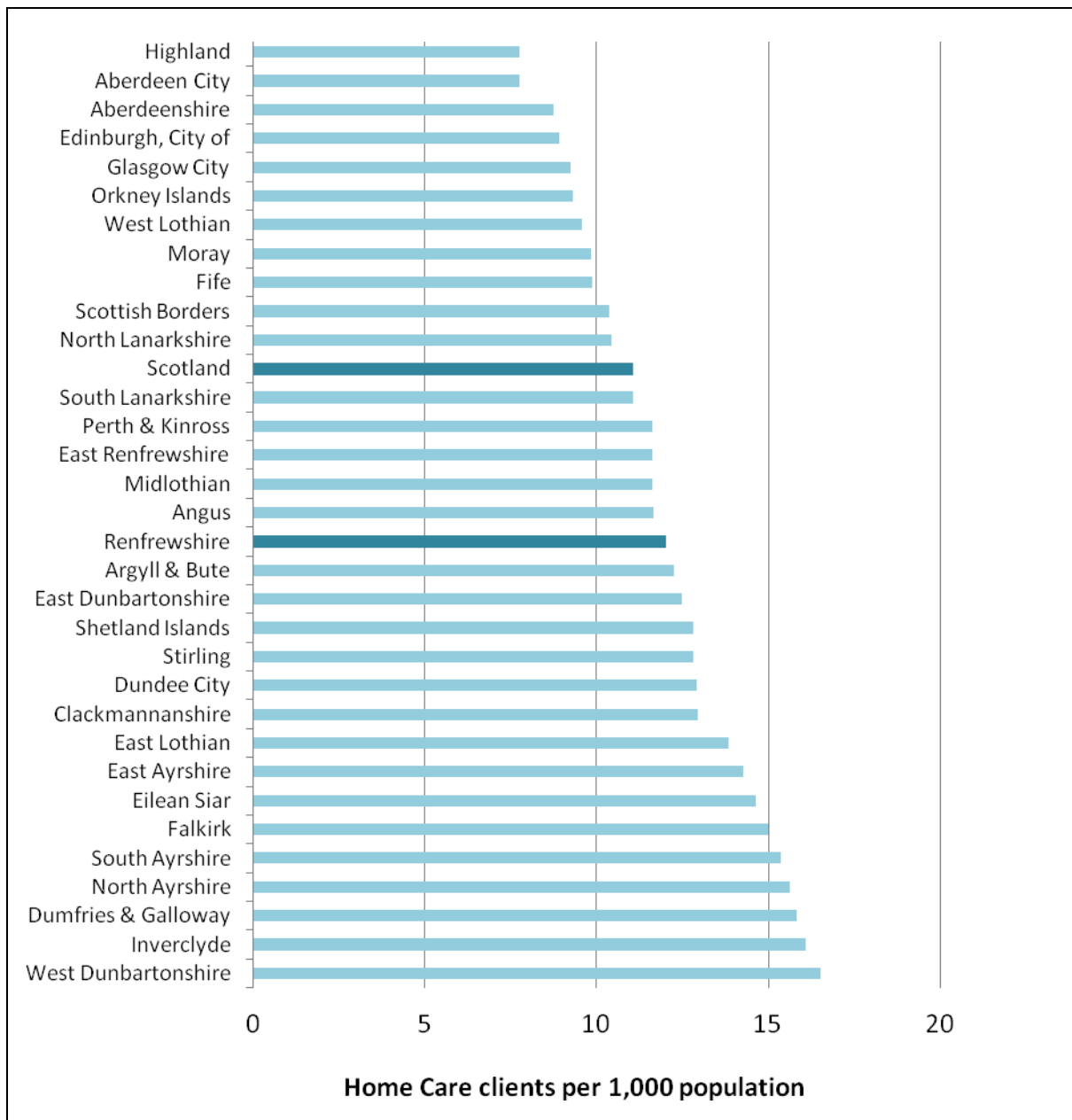
5.8 Care and Support at Home

According to the Scottish Social Care Survey, there were 2,110 people in Renfrewshire who were receiving care and support at home in 2017². This was a decrease of 180 clients from the year before. As a rate per population of 1,000, this works out as 12.0 in Renfrewshire, higher than the Scottish rate of 11.0.

Figure 5.8A overleaf shows the national comparison of the rate of care and support at home between the local authorities in Scotland.

² Social Care Services, Scotland, 2017

Figure 5.8A Clients receiving Home Care: rate per 1,000 population, by Local Authority, 2017



Source: Scottish Social Care Survey 2017

Chart 5.8B demonstrates the steady increase in home care hours provided in Renfrewshire from 29,100 in 2013 to 30,300 in 2017, a rise of 4%. While Chart 5.8C shows the increase in home care clients, from 2,310 clients in 2013 to 1,820 clients in 2017, a decrease of 21%. This means the average hours per client has risen from 14 hours to 15 hours per client.

Chart 5.8B Renfrewshire home care hours (all ages) 2013-2015

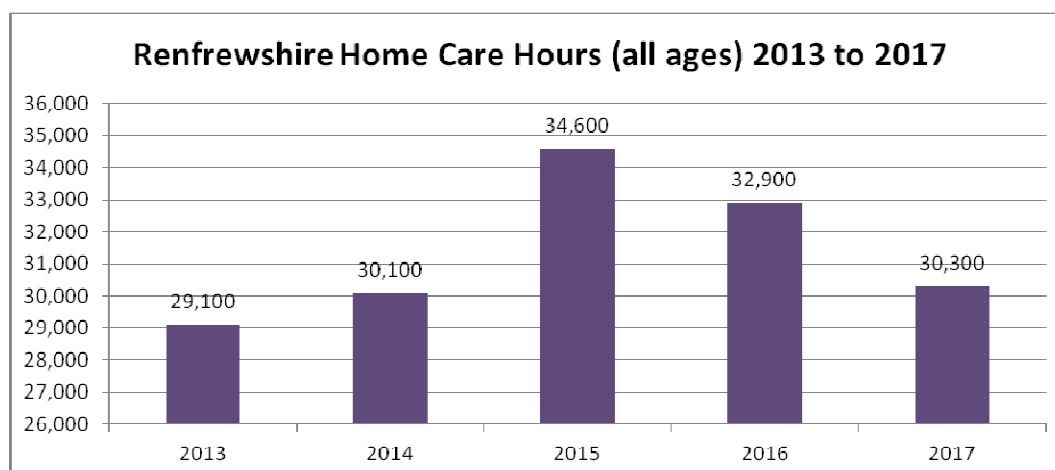
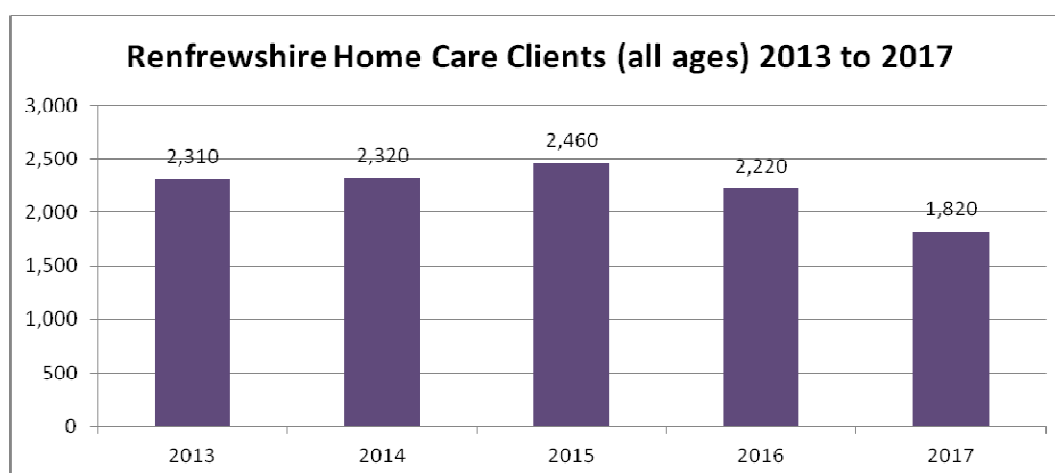


Chart 5.8C Renfrewshire home care hours (all ages) 2013-2017



5.9 Care Homes

There are currently 25 care homes in Renfrewshire, providing services to older people, children and those with learning disabilities. The HSCP contracts with a variety of voluntary and private providers to supply care homes locally. For older people, there are 21 care homes broken down into 15 nursing homes and 6 residential care homes.

In 2016 there were approximately 1,200 residents of care homes in Renfrewshire, with a mean age of 80. Table 5.9A shows the trend in care home residents in Renfrewshire from 2012 to 2016. The number of registered places has decreased by 8% between 2015 and 2016 and the number of short stay/respite residents has also reduced in the five years concerned.

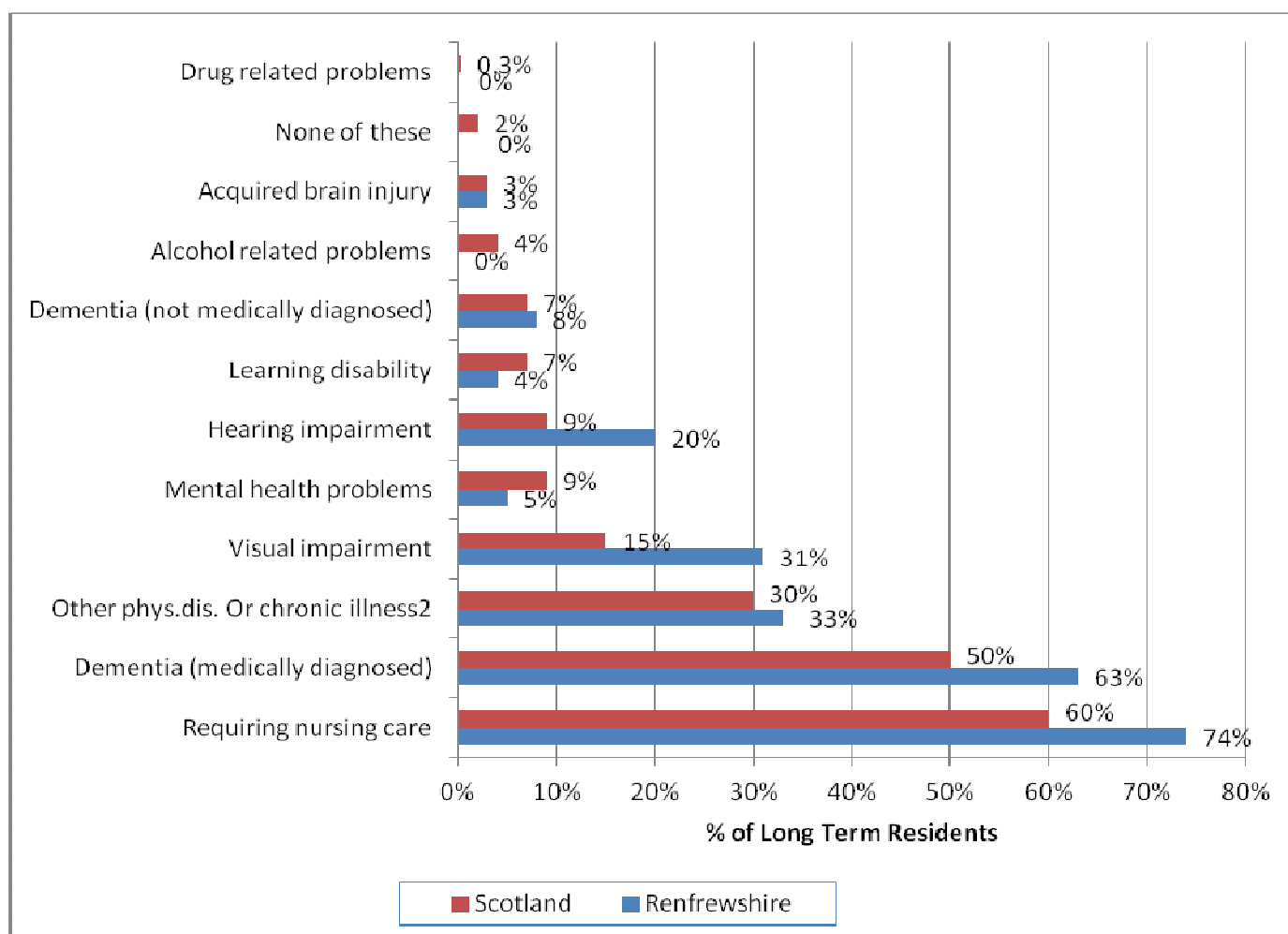
Table 5.9A Number of Care Homes, Registered Places, Residents and Percentage Occupancy 2012 – 2016

Renfrewshire	2012	2013	2014	2015	2016
Total Number of Care Homes	30	29	27	29	25
Total Number of Registered Places	1,518	1,508	1,499	1,543	1,419
Total Number of Residents	1,343	1,326	1,295	1,309	1,235
Total Number of Long Stay Residents	1,291	1,283	1,257	1,272	1,200
Total Number of Short Stay/ Respite Residents	52	43	38	37	35
Percentage Occupancy	88	88	86	85	87

Source: ISD Scotland Scottish Care Homes Census 2016

Chart 5.9B below shows the percentage of long term residents in 2016 that had a health or social care need in Renfrewshire and Scotland. The percentage of those who require nursing care is higher in Renfrewshire as just over three quarters of care home residents have a need for this type of care.

Chart 5.9B Percentage of long term care home population with a health or social care need



Source: ISD Scotland Scottish Care Homes Census 2016

5.10 Telecare

Telecare services use technology to help clients live more independently at home. They include personal alarms and health monitoring devices. The chart below shows the breakdown of telecare users in Renfrewshire by age group between 2011 and 2017. From 2015 local authorities were asked to record all clients receiving Community Alarms/Telecare at any time during the financial year.

Chart 5.10A below shows that the number of users of telecare services dipped in 2012 but has risen fairly steadily over the seven years. The number of users in the 18-64 age group has been suppressed due to small numbers during the same time period; however in 2017 the number increased to 3,060.

Chart 5.10A Telecare users by age group in Renfrewshire 2011-2017

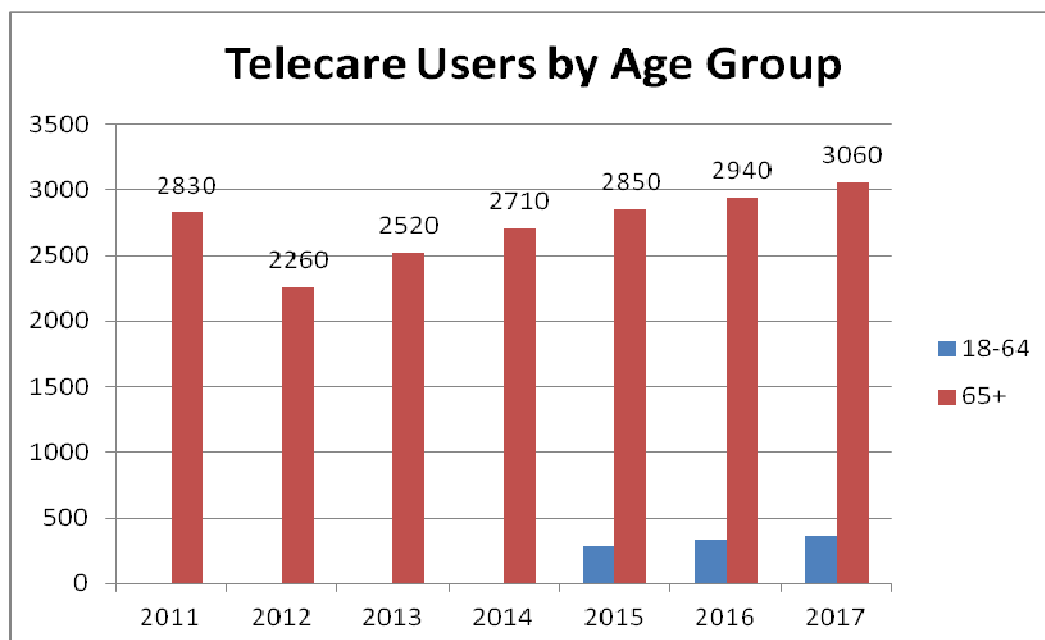


Chart 5.10B shows the number of telecare clients in Renfrewshire who did and did not receive a home care service in 2017. This is all telecare services, including community alarms.

Chart 5.10B Telecare and Home Care service users in Renfrewshire 2017

Renfrewshire	Number of clients
Telecare	3,430
Receiving a home care service	1,210
Not receiving a home care service	2,200



5.11 Experience of Care Recipients

The Scottish Health and Care Experience survey aims to provide local and national information on the quality of health and care services from the perspective of those using them. It is a postal survey sent to a random sample of patients who were registered with a GP in Scotland asking about their experiences of access and using GP practice and out of hours services and their outcomes from NHS treatments. The survey was sent to 10,816 people registered with GP practices in the area, and there were 1,872 responses.

The top and bottom five responses for Renfrewshire are shown in Figure 5.11A.

The top five questions are those with the highest % positive for the HSCP and are sorted by the length of the green bar. The bottom five are those questions with the highest % negative for the HSCP and are sorted by the length of the red bar.

Figure 5.11A Top Five and Bottom Five Results for Renfrewshire HSCP- NO CHANGE

Top 5 Responses (highest % positive scores)			Bottom 5 Responses (highest % negative scores)		
	Question	% positive		Question	% negative
	Patients know enough about how and when to take their medicines	99%		Overall rating of how mistakes are dealt with	50%
	Patients take their prescription as they are supposed to	98%		Caring has had a negative impact on carers' health and wellbeing	36%
	Patients know enough about what their medicines are for	97%		Able to book a doctors appointment 3 or more working days in advance	29%
	Patients have enough time with nurses	97%		Local services are well coordinated for the people carers look after	23%
	Patients find it easy enough for them to get their medicines	96%		Carers have a say in the services provided for the person they look after	22%

Source: The Scottish Health and Care Experience Survey 2015/16

The survey results show respondents were most positive about prescription information and nursing care and less positive about the coordination of services for service users and carers, and how mistakes are dealt with. The 2017/18 Scottish Health and Care Experience Survey is due to be published in April 2018.

6 Lifestyle/Risk Factors

Lifestyle and risk factors have a hugely important effect on a person's health and wellbeing. Behaviours such as smoking, alcohol consumption, drug use and poor diet can have an adverse effect on health. People from less well off and more deprived areas and communities are more likely to

indulge in these behaviours which have a negative impact on health and social outcomes.

6.1 Smoking

Smoking related illnesses not only affect an individual's health and socio-economic outcomes but also put a strain on health services. In NHS Greater Glasgow and Clyde in 2013, there were 28,491* hospital admissions as a result of smoking related illness, 4,605* (16%) of those in Renfrewshire. Reducing the number of people who smoke will therefore help the individual but also reduce the pressure on services.

Table 6.1A shows the percentage of the adult population who smoke in the local authority, compared with the figures for the Board area and Scotland as a whole. Smoking statistics for Renfrewshire come from the 2014 Health and Wellbeing Survey.

*ScotPHO Tobacco Control Profile, 2013

The percentage of the adult population who smoke has decreased in the years the survey has been carried out. In 2008, 35% of the population were recorded as smokers; by 2014 this had fallen to 19%, just under the Scottish average of 20%

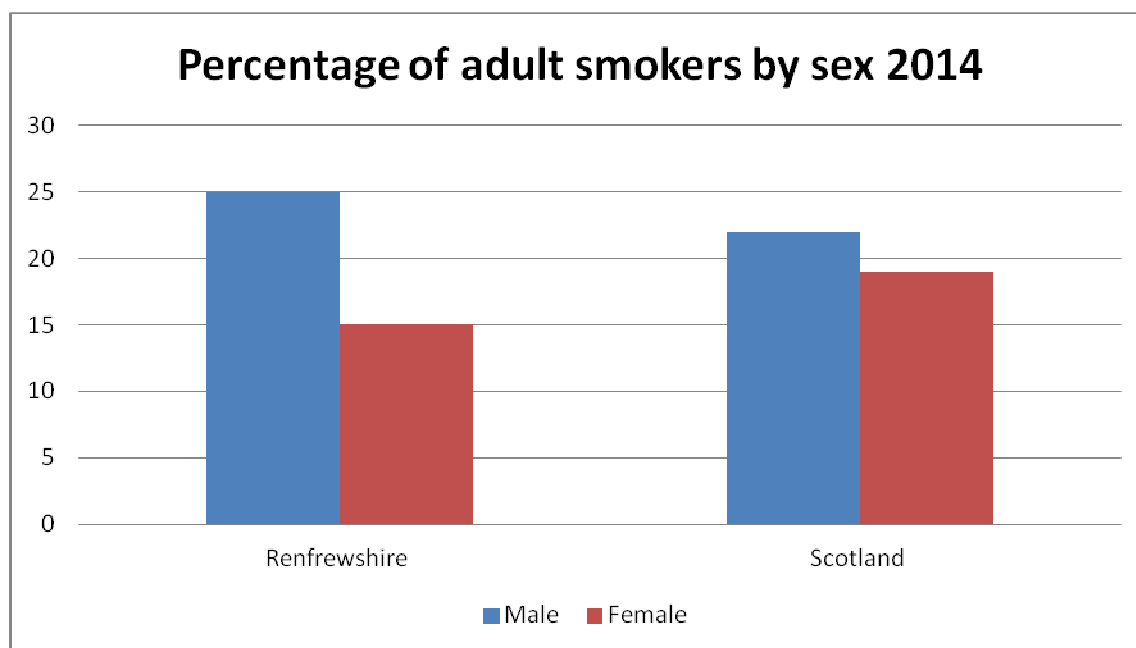
Table 6.1A Percentage adult smokers 2014

Percentage Adult Smokers 2014	
Renfrewshire	19%
Greater Glasgow and Clyde	25%
Scotland	20%

Source: NHS Renfrewshire Health and Wellbeing Survey 2014

Table 6.1B shows a breakdown of those who smoked in 2014 by sex. The smoking rate for men is higher in Renfrewshire compared to the Scottish average, while the rate for women is lower. This has an effect on the rates of smoking related illness and hospital admissions.

Table 6.1B Smoking by Sex



Source: NHS Renfrewshire Health and Wellbeing Survey 2014

According to the Renfrewshire Health and Wellbeing Survey, those aged 25-34 were the age group most likely to be smokers, while those aged 75 or over were the least likely. This is shown in Table 6.1C.

Table 6.1C Smoking by age group

Current Smoker	
Age Group	
16-24	14%
25-34	29%
35-44	22%
45-54	17%
55-64	19%
65-74	12%
75+	10%

Source: NHS Renfrewshire Health and Wellbeing Survey 2014

In 2013, researchers from NHS Greater Glasgow and Clyde carried out a survey on Child and Youth Health and Wellbeing in Renfrewshire. 5,600 questionnaire responses were collated from secondary school pupils. The survey found that 6% of pupils were smokers, 17% had tried smoking and 76% had never smoked. Upper school pupils (S5 and S6) were more likely than middle or lower school pupils to be current smokers. Of the pupils who smoked, over a quarter said that they would not like to stop smoking,

while just over a third said they would like to stop smoking. Two thirds of pupils were exposed to second hand tobacco smoke (3,640 pupils).³

Smoking and deprivation

The smoking rate in the 15% most deprived areas in Renfrewshire was over twice the smoking rate in all other areas in 2014, as shown in Table 6.1D below. Smoking status is strongly linked to deprivation and more people in deprived areas smoke than those in more affluent areas. Smoking contributes to deprivation scores as it causes health problems that lead to increased mortality rates and emergency stays in hospital, two indicators of deprivation in health.

Table 6.1D Proportion of current smokers by deprivation

Current smoker	
Bottom 15% datazones	37%
Other datazones	14%

Source: Renfrewshire Health and Wellbeing Survey Report 2014

Smoking related illness

Table 6.1E shows the rates (per 100,000) of smoking related illnesses in Renfrewshire compared to the Scotland rate.

Table 6.1E Rates of smoking related illness in Renfrewshire and Scotland

Measure	Year	Renfrewshire	Scotland
Smoking attributable admissions	2013	3,432.3	3,156.3
Smoking attributable deaths	2014	377.8	366.8
Lung cancer registrations	2014	137.3	130.3
Lung cancer deaths	2015	110.6	99.3
COPD incidence	2015	194.2	180.8
COPD deaths	2015	75.2	77.0

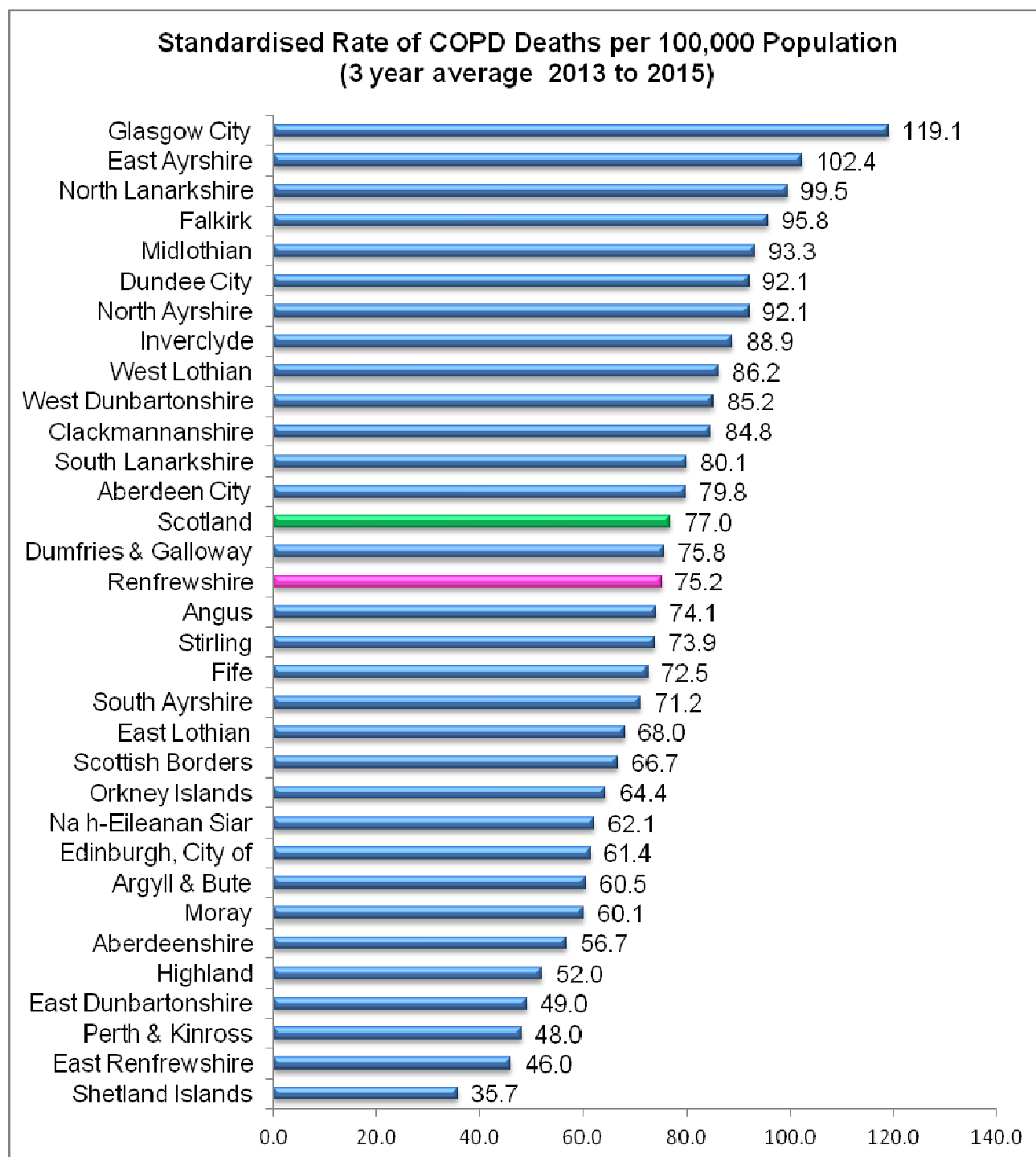
Source: ScotPHO Tobacco Control Profile

Whilst the rate of smoking attributable admissions is 8.7% higher than the Scottish rate, the rate of deaths from COPD is marginally lower than the national average. Chronic obstructive pulmonary disease (COPD) is the name for a collection of lung diseases, including bronchitis and emphysema. The chart overleaf shows the average rate of COPD deaths across the various local authorities in Scotland between 2013 and 2015. During that time period, Renfrewshire's rate of 75.2 was lower than the

³ NHS Greater Glasgow and Clyde Health & Wellbeing Survey of Young People in Renfrewshire, 2013

Scotland rate of 77.0 and slightly higher than the 2014 rate of 72.6 and 76.9 respectively.

Chart 6.1F EASR Standardised rate of COPD deaths per 100,000 population 2013 – 2015



Source: SCOTPHO Tobacco Profile, 2015

6.2 Alcohol

Alcohol related health issues are a major concern for public health in Scotland. Excessive consumption of alcohol can cause both short-term and long-term health and social problems. This includes liver and brain damage, as well as mental health issues. It is also a contributing factor in cancer, stroke and heart disease. The rate of alcohol related hospital stays in Renfrewshire increased between 2012/13 and 2013/14 with a high of 1018.0. Encouragingly the figure has dropped to 944.3 for 2016/17. The number of hospital stays has decreased between 2014/15 and 2015/16 to 1,619, with a slight increase in 2016/17 to 1,634. The rate in Renfrewshire has also been consistently higher than the national rate. This is illustrated in Table 6.2A below.

Table 6.2A Alcohol related hospital stays for Renfrewshire patients, 2012/13-2016/17

	EASR* Standardised Hospital Stay Rate	Number of Hospital Stays	National EASR* Standardised Hospital Stay Rate
2012/13	954.5	1635	699.0
2013/14	1018.0	1718	706.8
2014/15	980.4	1668	676.3
2015/16	945.7	1619	673.2
2016/17	944.3	1634	680.8

Source: ScotPHO, Alcohol Profile

<https://scotpho.nhs.uk/scotpho/profileSelectAction.do>

The 2014/15 decrease is corroborated by the results of the 2014 Renfrewshire Health and Wellbeing survey. It showed the trend for alcohol consumption is falling, with the percentage of respondents who exceeded weekly limits falling from the 2008 and 2011 figures. In the 2014 survey, only 6% of respondents exceeded the recommended weekly limits on alcohol consumption. N.B. These figures are based on older recommended alcohol intake guidelines at the time the survey was carried out.

Table 6.2B Trend in alcohol on exceeding weekly limits (21 units for women; 14 units for men*)

Renfrewshire	
2008	12%
2011	19%
2014	6%

Source: NHS Renfrewshire Health & Wellbeing Survey 2014

* recommended weekly limit is now 14 units for both men and women

Other key points to emerge from the report were that:

- 98% of respondents had two alcohol free days during the week

- 16% binge drink
- 27% exceed the daily limit for alcohol consumption
- 25% never drank alcohol

Renfrewshire has a slightly lower proportion of respondents who said they never drank alcohol than those in the NHS GGC area as a whole (25% Renfrewshire; 29% NHS GGC). Women and those in the over 75 age group were most likely never to drink alcohol, along with those in the bottom 15% deprivation areas. The survey also reported that those most likely to binge drink were men and people aged 45-54. Those most likely to exceed daily limits were men, and people aged 35-54.

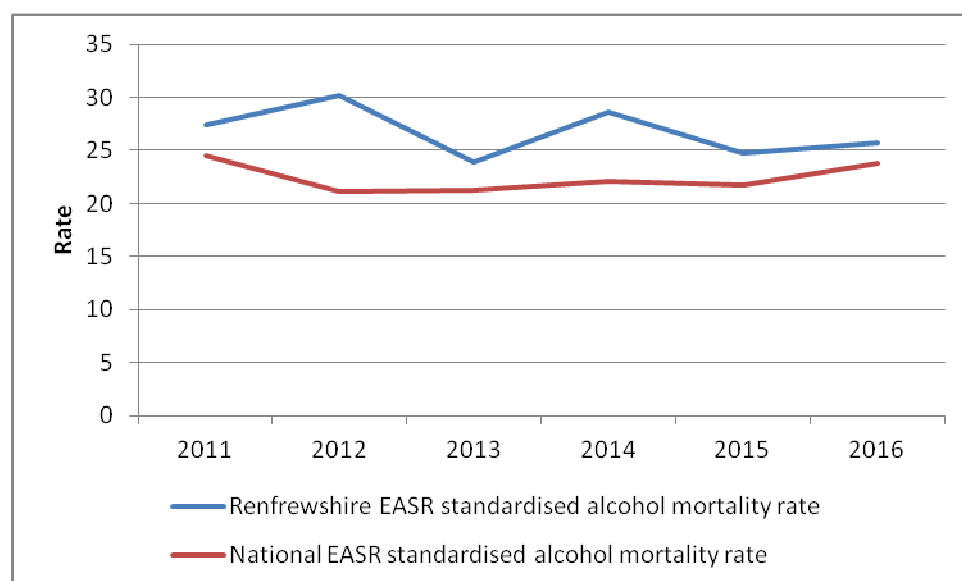
The alcohol mortality rate has fluctuated from 2011 to 2015 in Renfrewshire, however there was an encouraging reduction from 28.6 in 2014 to 24.7 in 2015. Table 6.2C shows the age standardised alcohol mortality rate for Renfrewshire compared to the national average between 2010 and 2014. The figures are also displayed in Chart 6.2D. Alcohol related mortality is the rate per 100,000 people where alcohol is the underlying cause of death.

Table 6.2C Alcohol related mortality

Year	Renfrewshire EASR standardised alcohol mortality rate	National EASR standardised alcohol mortality rate
2011	27.4	24.5
2012	30.2	21.1
2013	23.9	21.2
2014	28.6	22.1
2015	24.7	21.7
2016	25.7	23.8

Source: ScotPHO Alcohol Profile

Chart 6.2D Alcohol related mortality



Source: ISD Scotland/NRS

6.3 Drugs

Table 6.3A shows that drug related hospital stays have increased significantly since 2012/13 and have been consistently higher than the national average. In 2016/17 the rate in Renfrewshire (180.9) was 10% higher than the national average (162.2).

Table 6.3A Drug related hospital stays for Renfrewshire patients, 2012/13-2016/17

	EASR* Standardised Hospital Stay Rate	Number of Hospital Stays	National EASR Standardised Hospital Stay Rate
2012/13	123.4	210	108.0
2013/14	142.2	239	124.5
2014/15	153.4	260	134.1
2015/16	154.1	260	144.8
2016/17	180.9	304	162.2

Source: ScotPHO, <https://scotpho.nhsnss.scot.nhs.uk/scotpho/profileSelectAction.do>

In 2012/13 the estimated number of drug users in Renfrewshire was 2,800. Problem drug use can lead to a number of health and social problems including lung disease, liver damage, blood borne viruses in injecting drug users, and overdose.

Table 6.3B Estimated number of individuals with problem drug use by Council area (ages 15 to 64); 2012/13

Council area	Estimated number of people with a problem drug use
Renfrewshire	2,800

Source: ISD Scotland

The estimated prevalence of those with problem drug use in Renfrewshire has increased when comparing data from 2009/10 with 2012/13. This is in contrast to Scotland as whole, where the estimated prevalent fell slightly as can be seen in Table 6.3C below.

Table 6.3C Estimated prevalence of problem drug use by Council area (ages 15 to 64)

Council Area	Estimated Prevalence 2009/10	Estimated Prevalence 2012/13
	%	%
Renfrewshire	1.86	2.41
Scotland	1.71	1.68

Source: ISD Scotland

Problem drug use is higher amongst males than females. In 2012/13, the estimated prevalence amongst males aged 15-64 in Renfrewshire was 3.6% and for females 1.3%. Both figures were higher than the Scottish average.

Renfrewshire has an average of 0.15 drug related deaths for every 1,000 of the general population (aged 15-65), which is slightly higher than that of Scotland at 0.12. Comparison of five-year average figures between 2006 and 2016 indicates a small rise from 22 to 26 cases (18.2% rise). Drug related deaths in Renfrewshire are reviewed by the Drug Deaths' Action Group led by the Clinical Director. Action continues to ensure Naloxone is offered to clients and families. Harm reduction work continues with staff to educate clients on harmful substances such as street valium. The current rate of drugs deaths in Renfrewshire is 23.9 per 100,000 population (2016).

For those aged under 16, the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) reports on drug use among 13 and 15 year olds. The latest statistics for 2013 show that the percentage of 15 year olds who had reported drug use in the previous year was higher in Renfrewshire than for Scotland as a whole, 23.7% versus 15.5%⁴.

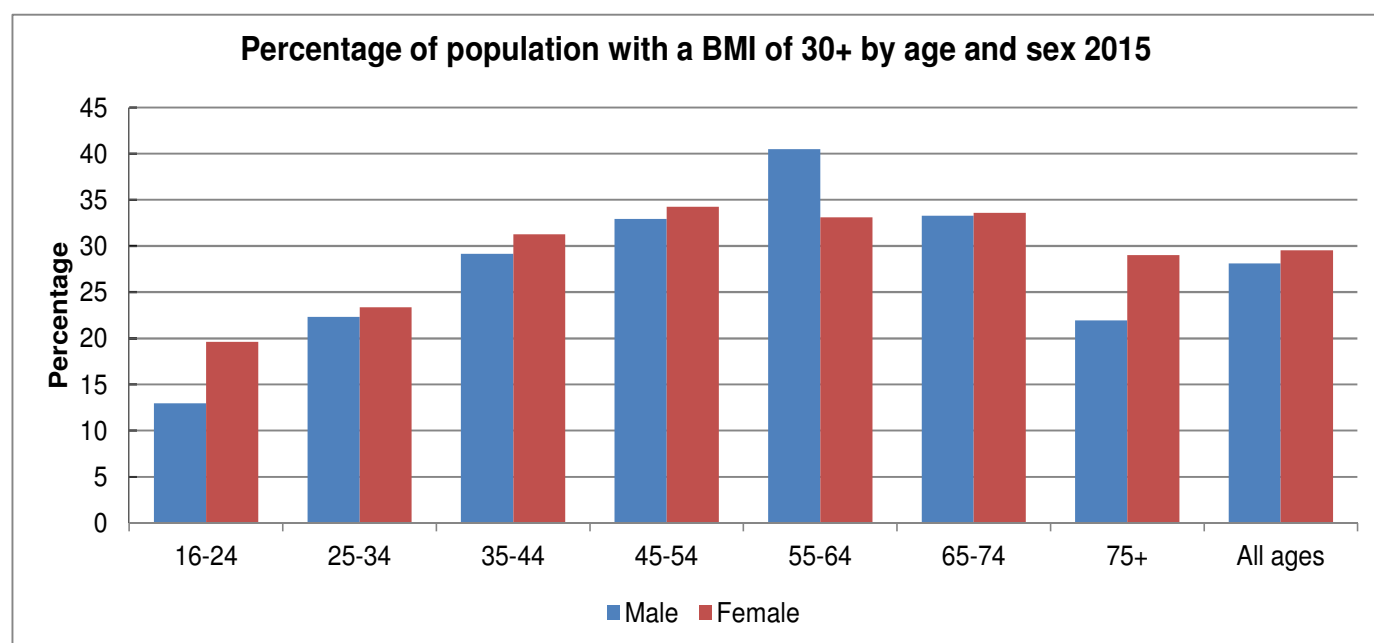
⁴ Scottish Schools Adolescent Lifestyle and Substance Use Survey 2013

6.4 Diet and Obesity

Obesity is when a person's weight increases to an extent that it could potentially cause health problems. Obesity is linked to a number of health problems and diseases. Common complaints include cardiovascular disease and diabetes. One of the major factors that causes an individual to become obese is poor diet.

For Scotland in 2014, it was estimated that 28% of the adult population aged 16+ were classified as being obese (a Body Mass Index of 30 or more). When this is broken down into different age groups and by sex, it shows that obesity is highest for both men between the ages of 55-64 and for women between the ages of 45-54.

Table 6.4A Percentage of population with a BMI of 30 plus – 2015



Source: The Scottish Health Survey 2015

The 2014 Renfrewshire Health and Wellbeing Survey contains information on obesity. This is based on self-reported measures and therefore may not be as accurate as the Scottish Health Survey as people are more likely to overestimate height and underestimate weight when self-reporting. Nevertheless, the survey offers data on obesity that is not readily available from other sources. The results from 2014 showed that half of the survey respondents were overweight with a BMI of 25 or over, while 20% were obese (BMI of 29.2 or over). This showed a decrease from the previous survey in 2011, almost to 2008 levels. This information is shown below in Table 6.4B.

Table 6.4B Percentage Overweight and Obese Renfrewshire

Year	BMI 25+	BMI 30+
2008	49.9%	16.1%
2011	54.1%	19.9%
2014	48.6%	16.5%

Source: NHS Renfrewshire Health and Wellbeing Survey 2014

In Renfrewshire, men are more likely to be overweight than women – 52% of men were overweight in 2014 compared to 45% of women. Similar to Scotland, being overweight increases with age in Renfrewshire, peaking in the 55-64 age group where 64% are overweight.

Those in the highest 15% deprived areas are more likely to be obese. One in four in these areas compared to one in five elsewhere⁵.

6.5 Physical Activity

Regular physical activity of at least moderate intensity provides general health benefits across a range of diseases and across all ages.

- Physical activity reduces the risk of all-cause mortality.
- Physical activity reduces the risk of coronary heart disease, cardiovascular disease and stroke.
- Physical activity is an effective treatment for peripheral vascular disease and high blood pressure.
- Active people have a 30% to 40% lower risk of developing type 2 diabetes compared to inactive people⁶. Also, for those who have already developed type 2 diabetes, risk of premature death is much lower for active and fit patients than for inactive and unfit patients.
- Physical activity promotes strength coordination and balance. This is particularly important for older people, in reducing their risk of falls and helping them to maintain their capacity to carry out common activities of daily living. As a result, physical activity can help older people sustain an independent lifestyle for longer.

The recommendation for physical activity is that adults should engage in at least moderate activity for a minimum of 150 minutes a week (accumulated in bouts of at least 10 minutes) – for example by being active for 30 minutes on five days a week. The results from the 2014 Health and Wellbeing Survey found that those in Renfrewshire were more likely than

⁵ NHS Renfrewshire Health and Wellbeing Survey 2014

⁶ Department of Health Start Active, Stay Active: report on physical activity in the UK, 2011

those in the NHSGGC area as a whole to meet the target (77% Renfrewshire; 68% NHSGGC). This is demonstrated in the table below.

Table 6.5A Proportion who take 30 minutes or more of moderate activity 5 or more times per week and proportion who had been active for 150 minutes or more in past week

Age Group	Meet Target (Active for 150+ minutes per week)
16-24	81%
25-34	82%
35-44	80%
45-54	80%
55-64	73%
65-74	79%
75+	50%

Source: NHS Renfrewshire Health and Wellbeing Survey 2014

There are patterns in terms of age and gender in the proportion of people who are physically active. As age increases, the percentage of those who meet the physical activity target falls, fewer people in the older age groups meet the target.

In terms of gender, overall more woman are active and meet the physical activity target in comparison with men, although the figure (81%) is the same for both men and women in the 16-44 age group. This is shown in Table 6.5B below.

Table 6.5B Physical activity by age group and gender

Age Group	Men	Women
16-44	81%	81%
45-64	76%	79%
65+	61%	70%

Source: NHS Renfrewshire Health and Wellbeing Survey 2014

Respondents in the survey were asked whether they had participated in specific sports and activities in the previous week. Nine in ten (91%) respondents had participated in at least one sport or activity in the last week. The most common types of activity were domestic activity, walking for commuting and walking for recreation.

It was also found that people from deprived areas were less likely than those in other areas to meet the physical activity target or be active for at least 150 minutes per week. This can be seen in Table 6.5C.

Table 6.5C Proportion who take 30 minutes or more of moderate activity 5 or more times per week and proportion who had been active for 150 minutes or more in past week by datazone category

SIMD datazones	Participated in Sport/Activity
Bottom 15% datazones	87%
Other datazones	92%

Source: NHS Renfrewshire Health and Wellbeing Survey 2014

Children, Young People and Physical Activity

The physical activity target for children aged between 5 and 16 is different from the target for adults. It is recommended that children over five should engage in at least 60 minutes of moderate to vigorous physical activity every day.

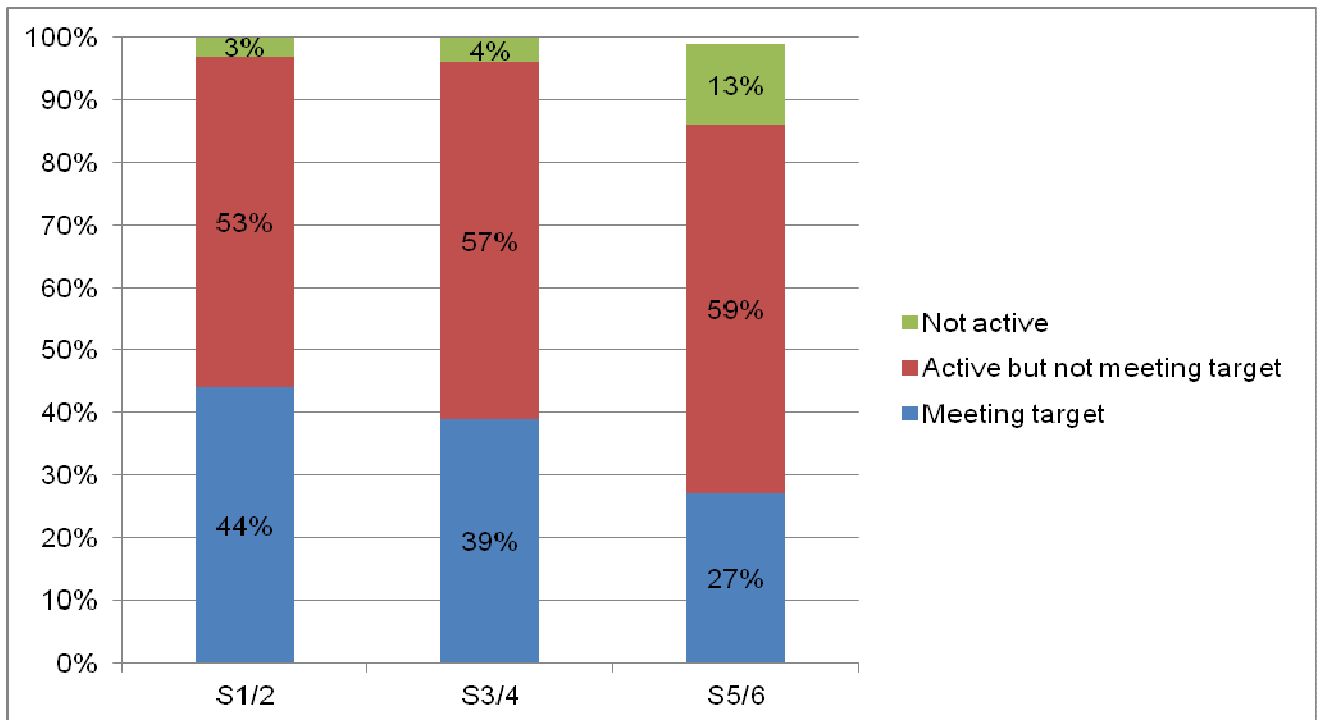
The 2013 Health and Wellbeing Survey of Young People in Renfrewshire asked secondary school pupils about their physical activity over the week prior to the survey.

Responses showed that over a third (37%, 2,072 pupils) met the target of taking 60 minutes or more of physical activity on five or more days per week. 56% were active (3,136 pupils), but not enough to meet the target, while a further 7% (392) were not active at all⁷.

Pupils in the younger school classes were more likely to meet the activity targets than those in the senior school. The chart below shows the physical activity levels by school year groups. It shows that activity decreases and inactivity increases in the older school year groups.

⁷ NHS Renfrewshire Health and Wellbeing Survey of Young People in Renfrewshire, 2013

Chart 6.5D Physical activity by school year groups



Source: NHS Renfrewshire Children and Young People Health and Wellbeing Survey 2013

The survey results also showed that boys were more active than girls, with 45% of boys meeting the activity target compared to 30% of girls⁸.

⁸ NHS Renfrewshire Health and Wellbeing Survey of Young People in Renfrewshire, 2013

7. Environmental Factors

7.1 Housing

Standard of housing affects quality of life. House building has increased in Renfrewshire from a low of 403 in 2012/13 to 784 in 2016/17.

Table 7.1A Supply of new housing in Renfrewshire

	2012-13	2013-14	2014-15	2015-16	2016-17
Scotland	14,069	14,971	16,577	16,780	17,129
Renfrewshire	403	533	439	629	784

Table 7.1B Household Estimates for Scotland by Council Area, June 1991-2016

Between 2006 and 2016, the number of households in Renfrewshire increased by 5.8%, similar to Scotland's increase of 6.6%

Household Estimates	Change 2015 to 2016		Change 2006 to 2016	
	Number	%	Number	%
Renfrewshire	727	0.9%	4,704	5.8%
Scotland	18,085	0.7%	159,596	6.6%

Source: NRS, Estimates of Households and Dwellings in Scotland, 2016

Affordability

House prices in Renfrewshire are considerably lower than in Scotland overall, with an average house price in November 2017 of £119,553, around 82% of the national average of £145,992.

However prices increased by 4.4% between November 2016 and 2017 as shown in the table below.

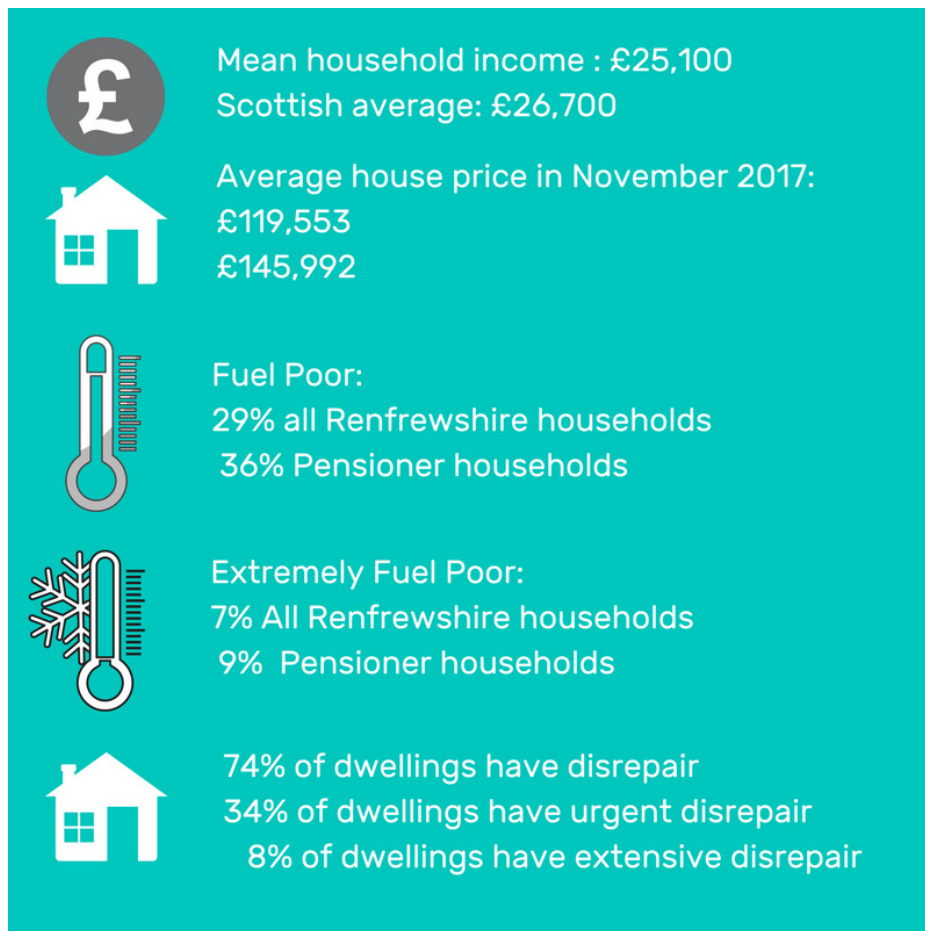
Table 7.1C Annual Price Change by Local Authority for Scotland, November 2017

Area	Nov 2016	Nov 2017	Price Change
Renfrewshire	£114,564	£119,553	+4.4%
Scotland	£145,992	£140,852	-3.5%

Source: UK House Price Index, November 2017

In terms of the profile of housing stock, 55% of dwellings in Renfrewshire are houses, lower than the Scottish average of 63%. This means 45% of the housing stock in Renfrewshire is flats, compared to 37% for the rest of Scotland. Figure 7.1A below shows some basic information about housing in Renfrewshire.

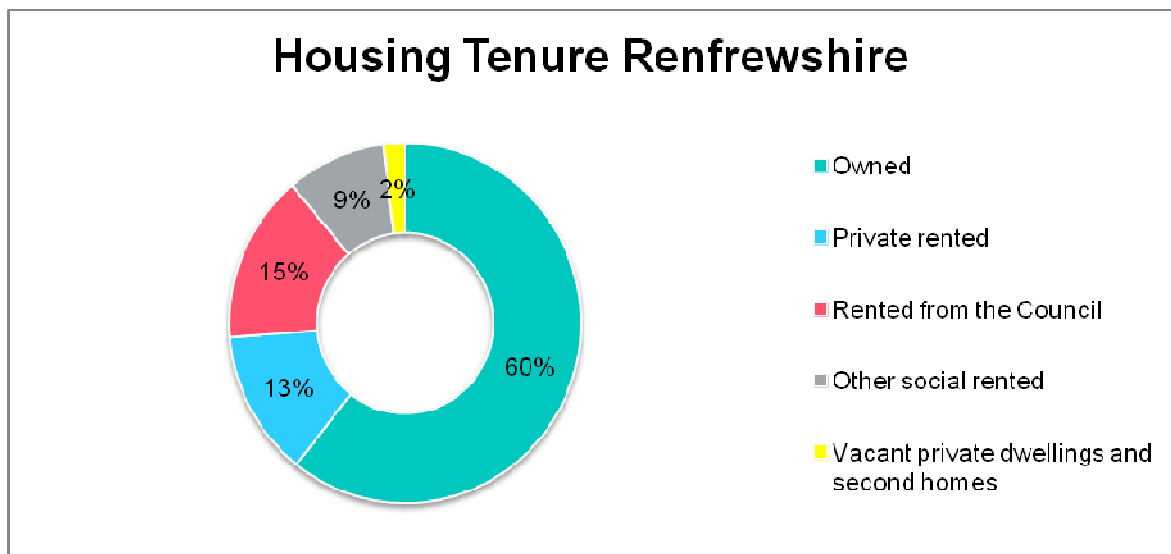
Figure 7.1A Statistics on Housing in Renfrewshire



Source: Scottish House Condition Survey Local Authority Tables 2013-2015, 2014/2016, 2011 Census, Registers of Scotland

In terms of housing tenure, Figure 7.1B, the majority of households in Renfrewshire (60%) are owned. This is comparable to the Scottish average, as is the percentage of people renting with a social landlord, while the percentage of people renting privately is slightly lower at 13% compared to the Scottish average of 15%.

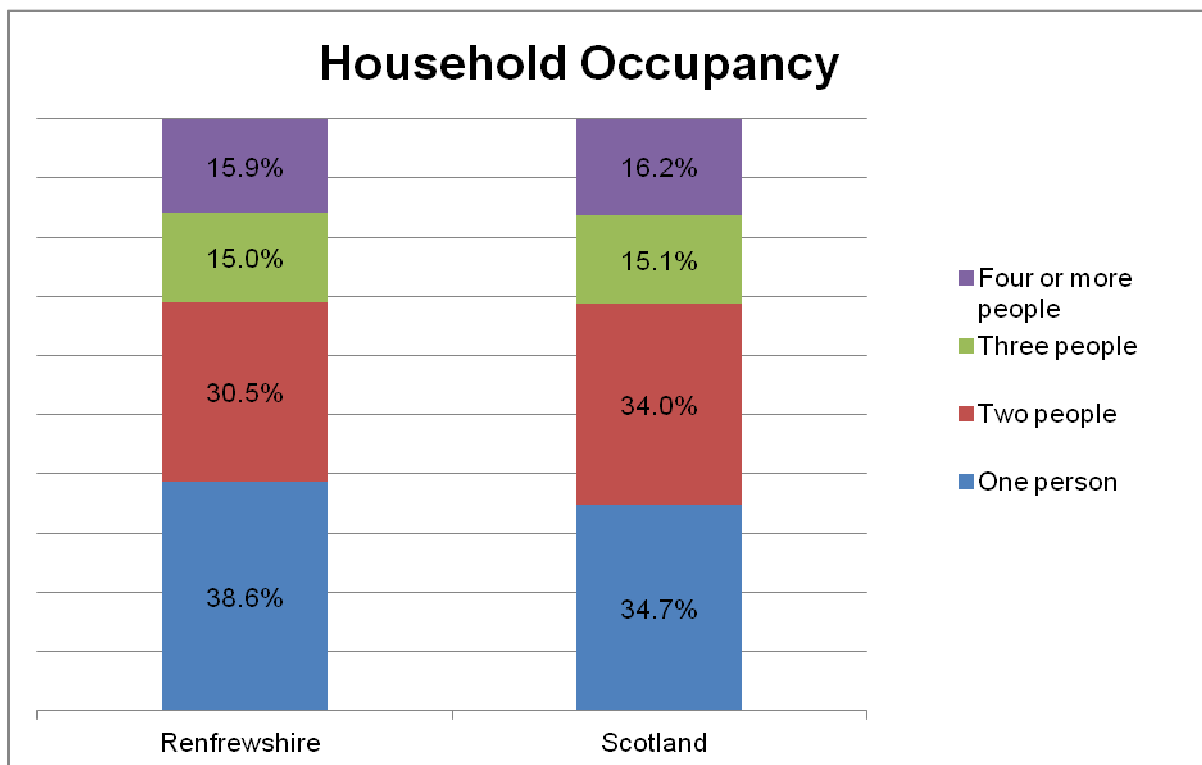
Figure 7.1B Housing Tenure, Renfrewshire 2016



Source: Housing Statistics for Scotland

Chart 7.1C highlights the differences between Renfrewshire and the national average for household occupancy. These are figures for all housing types and tenures. The percentage of single occupancy households in Renfrewshire is 3.9% higher than Scotland at 38.6%.

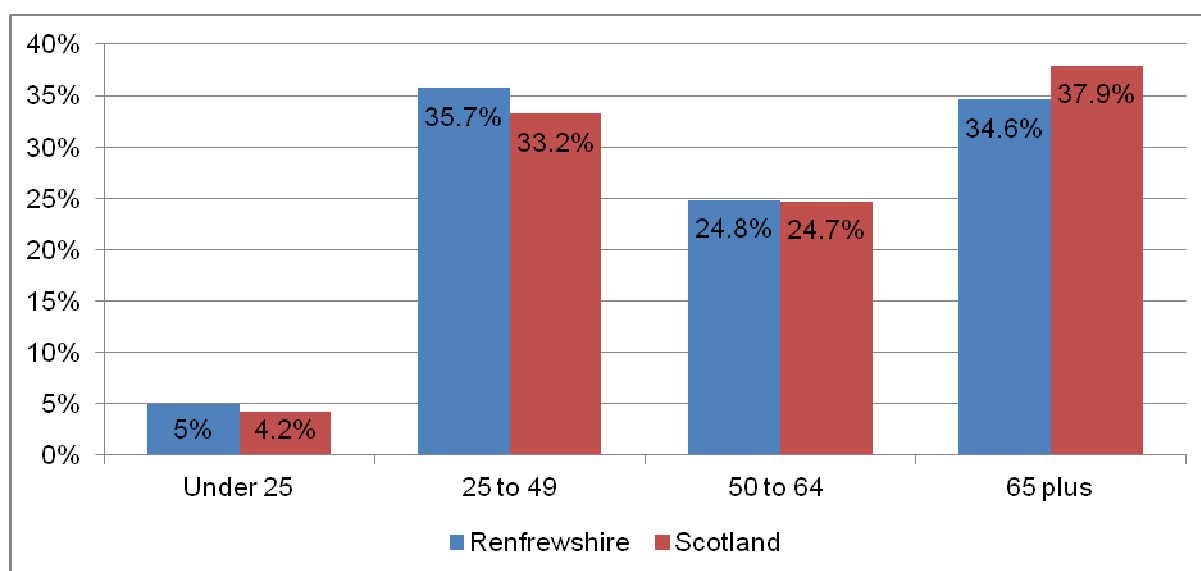
Chart 7.1C Percentage of households by occupancy Renfrewshire and Scotland, 2011



Source: 2011 Census

Chart 7.1D provides further analysis of the single occupancy households by breaking down the total into different age groups. 35.7% of the single households in Renfrewshire are inhabited by people aged 25 to 49, marginally higher than the Scotland figure of 33.2%. The 65 plus age group accounted for 34.6% of single occupancy households in Renfrewshire, slightly less compared to Scotland.

Chart 7.1D Single person household by age group



Source: 2011 Census

Suitability, adapted and specialist provision

The Scottish House Condition Survey 2013-2015 estimates that around 14% of homes in the Renfrewshire area have an adaptation. Furthermore, the survey estimates that around 3% of households in Renfrewshire have a requirement for adaptation. As older households are more likely to live in either owner occupied or social renting sectors, there is likely to be a continuing demand for adaptations services to enable older people to remain independent at home. Information and statistics on adaptations carried out in Renfrewshire can be found in section 4.6 of this document.

Housing has a critical role in terms of improving health and social care outcomes for people as outlined by Renfrewshire’s Housing Contribution Statement, developed in consultation with health, social care and housing providers.

The needs information referred to in the Housing Contribution Statement is contained in the Local Housing Strategy (2016-2021), which identifies housing needs and demands at a local authority level. It sets out various investment programmes to deliver positive outcomes and is the focus for effective housing related strategic planning. The strategy proposes 7 key outcomes over the five-year period:

Outcome 1: The supply of homes is increased

Outcome 2: Renfrewshire will have sustainable, attractive and well designed mixed communities with well functioning town centres

Outcome 3: People live in high quality, well managed homes

Outcome 4: Homes are energy efficient and fuel poverty is minimised

Outcome 5: Homelessness is prevented whenever possible and advice and support is provided to vulnerable households

Outcome 6: People are supported to live independently for as long as possible in their own homes and communities.

Outcome 7: People can access affordable housing that meets their needs at the right time.

The HSCP, Registered Social Landlord partners and Development and Housing Services will work closely together to determine the best way of addressing housing related need, using existing housing stock and housing support services where possible to meet needs.

The key client groups that will potentially require a housing related contribution to improve health and wellbeing are as follows:

- People who are homeless or at risk of homelessness;
- People with mental health conditions;
- People with physical disability, sensory impairment and long term conditions;
- People with addictions;
- Older people;
- Young people (care leavers transitioning from Children's Services to Adult Services).

There are a number of key challenges in terms of delivering positive outcomes and meeting shared priorities, namely:

- Meeting the need for adaptations;
- Appropriate services and accommodation for homeless clients with complex needs;
- Preventing homelessness;

- Improved shared evidence base to identify housing and housing related support requirements for specific groups;
- Appropriate housing to meet particular needs;
- Poverty; and
- Resources.

To read the full Local Housing Strategy (2016-2021) visit

www.renfrewshire.gov.uk/article/3500/Local-Housing-Strategy

7.2 Fuel Poverty

Fuel poverty is a measure based on a calculated spend on energy and fuel compared to the annual household income. If the energy spend is greater than 10% of the household income, then the household is considered to be fuel poor. This includes spending for heating, lighting and appliances, as well as cooking. The implication for being fuel poor is that the household would be unable to use appliances or heat and light their property to a suitable standard. This affects households greatly, especially during the winter months as the colder outside temperature and lack of suitable heating inside increases the risk of developing health problems such as cardiovascular and respiratory conditions. Fuel poverty also means that the dwelling is more susceptible to issues such as damp and mould, which in turn affects the quality of life and health of the people living in it. Extreme fuel poverty is where the cost to fuel the household to the required standard would be greater than 20% of the annual household income.

The table below shows the percentage of households in Renfrewshire that can be considered fuel poor compared to the Scottish average. At 29% Renfrewshire is slightly under the national average for fuel poverty, a 4% drop since the 2012-2014 Scottish House Condition Survey. The national rate has also dropped by 4% to 31%.

Table 7.2A Households in Renfrewshire experiencing fuel poverty

All households	Fuel Poverty
Renfrewshire	29%
Scotland	31%

Source: Scottish House Condition Survey Local Authority Tables 2014-2016

Table 7.2B shows the percentage of pensioner households in Renfrewshire that are fuel poor. Just over three in ten in Renfrewshire are fuel poor, compared to the national figure of 45%.

Table 7.2B Percentage of pensioner households in Renfrewshire that are fuel poor

Pensioner households	Fuel Poverty
Renfrewshire	36%
Scotland	45%

Source: Scottish House Condition Survey Local Authority Tables 2014-2016

There are number of factors that contribute to fuel poverty.

Older properties are more likely to have no insulation or be poorly insulated. This increases heating and fuel costs as well as affecting the quality of life for inhabitants. In 2013/15 just over half (51%) of all dwellings in Renfrewshire were wall insulated (cavity and solid/other).

Information from the NHS Greater Glasgow and Clyde Health and Wellbeing Survey show that 8% of respondents said that they were unable to meet fuel costs, and 10% were occasionally unable to meet fuel costs. In total, 18% of the survey respondents had issues with fuel costs. This is a slightly different measure from the house condition survey but further demonstrates that affordability of fuel is an issue for nearly one in five of the population.

7.3 Employment, Benefits and Financial Issues

Data from the ONS annual population survey for the period October 2016-September 2017 shows the percentage of the population aged 16-74 by their economic activity in Renfrewshire and Scotland as a whole and categorised into those who are economically active (in or seeking employment) and those who are economically inactive (not in or seeking employment). The percentage of people who are economically active is just under 80% of the population of Renfrewshire, higher than the Scottish rate of 77.3%. At 20.2%, the percentage of the population who are economically inactive is a little below the Scottish average. 31.4% of those are long-term sick, which is marginally higher than the figure for the whole of Scotland.

Table 7.3A Percentage of total population by economic activity

Area	Economically active	Unemployed (actively seeking work)	Economically inactive (includes retirees & students)	Long-term sick
Renfrewshire	79.8%	4.6%	20.2%	31.4%
Scotland	77.3%	4.3%	22.7%	28.1%

Source: Office of National Statistics Annual Population Survey

Table 7.3B below shows a snapshot of benefit claimants in Renfrewshire in November 2016. 16,600 people, equating to 14.6% of the working age population (aged 16-64) made a benefit claim that month. The majority were for out of work benefits. Main out of work benefits includes the following groups: job seekers, ESA and incapacity benefits, lone parents and others on income related benefits. For every category of benefits shown in the table, the percentage of the working age population in Renfrewshire making a claim was higher than the Scottish average.

Table 7.3B Number of claims as a percentage of the working age population by benefit category, Renfrewshire and Scotland, November 2016

Benefits Claims November 2016	Renfrewshire (N)	Renfrewshire % (% of population 16-64)	Scotland % (% of population 16-64)
Job seekers	1,700	1.5	1.4
Employment Support Allowance and incapacity benefits	10,040	8.9	7.8
Lone parents	1,100	1.0	0.9
Carers	1,980	1.7	1.7
Others on income related benefits	230	0.2	0.2
Disabled	1,280	1.1	0.9
Bereaved	260	0.2	0.2
Main out-of-work benefits	13,590	12.1	10.8
Total Claimants	16,600	14.6	13.0

Source: DWP benefit claimants – working age client group

Income from state benefits

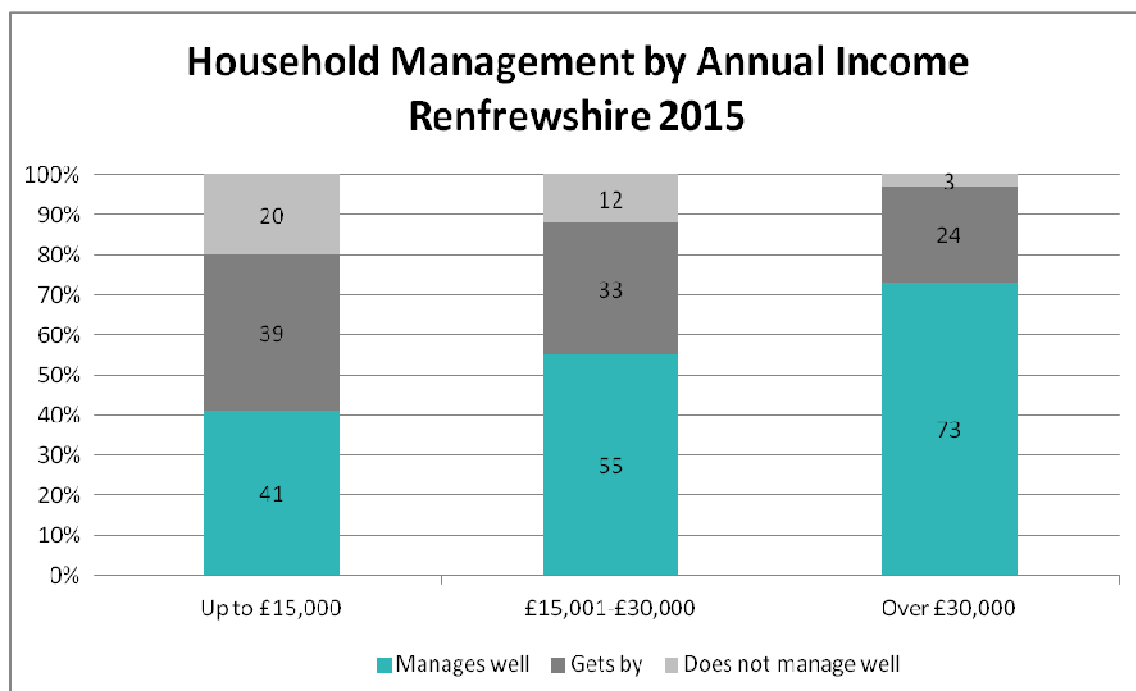
In Renfrewshire, 39% of all respondents in the Health and Wellbeing survey received at least some of their income from state benefits. This was lower than for NHS GG&C as a whole where the proportion was 43%.

13% of respondents in Renfrewshire received all their household income from benefits. Those in older age groups were more likely to receive all household income from benefits. Only 6% of those aged under 25 received all income from benefits, compared to 56% of those aged 65 and over.

A quarter of those residing in the most deprived areas received all income from state benefits.

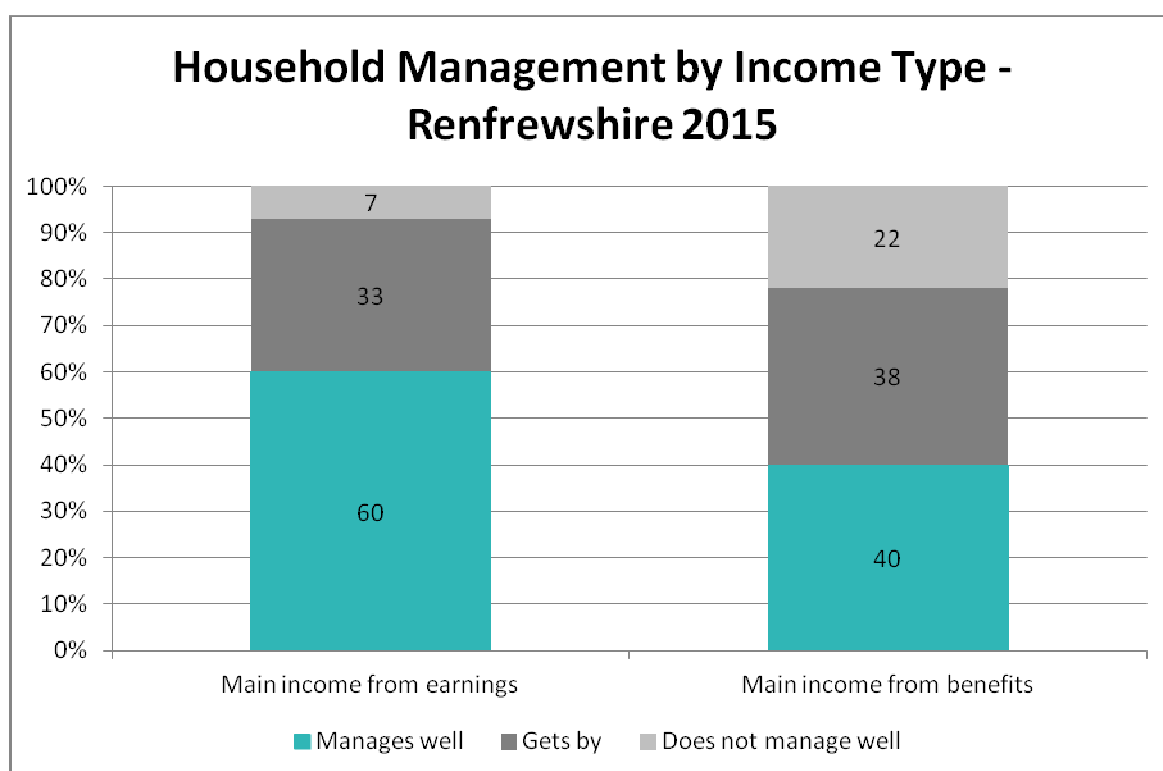
Financial issues and concerns can cause health and social problems. Job insecurity, redundancy, debt and financial problems can all cause emotional distress, affect a person’s mental health and contribute to other health issues. Information from the 2015 Scottish Household Survey shows statistics for how well households manage finances. The charts below show how well households managed their finances by the amount of income and also by the main source of income. As would be expected, households find it harder to manage finances well if they are low earners or their main income is from benefits. In Renfrewshire, for those who earn up to £15,000, the percentage of households who do not manage well (20%) is almost double those who earn between £15,001 and £30,000 (12%) is almost double those who earn between £15,001 and £30,000 (12%).

Table 7.3C Household management by annual household income Renfrewshire



Source: Scottish Household Survey

Table 7.3D Household management by income type Renfrewshire



Source: Scottish Household Survey

Adequacy of household income

Information from the NHS Renfrewshire Health and Wellbeing survey has shown that between 2011 and 2014 there has been a rise in the number of respondents in Renfrewshire who gave a positive view of the adequacy of household income from 60.4% to 78.4.

There has also been a corresponding decline in the proportion of people who find it difficult to meet an unexpected expense of £20, £100, or £1,000. This may be an indicator of the availability of credit through numerous avenues such as credit unions, short term loan provider companies, websites and other services.

Those in the youngest age group are more likely to find it difficult to meet an unexpected expense, however those in Renfrewshire were less likely than those in the NHS GGC area as a whole to have a problem meeting an unexpected expense of £100 (31% Renfrewshire; 38% NHS GGC) or £1,000 (63% Renfrewshire; 70% NHS GGC).

Affected by Welfare Reform

The Health and Wellbeing survey also reported that 9% of respondents in Renfrewshire said they were affected by welfare reform. The majority of those who had been affected (75%) said they had been adversely affected by welfare reform. The group who responded the most that they were affected were those in the 45-54 age groups.

Respondents in the bottom 15% deprivation areas were more likely to have difficulties meeting costs than other less deprived areas. This includes costs associated with rent/mortgage payments, fuel bills, phone bills, council tax/insurance, food or clothes/shoes. Additionally, those in the younger age groups were more likely than older age groups to have difficulty with household costs.