Renfrewshire Health & Social Care Partnership

- DRAFT -
February 2019

Renfrewshire HSCP Market Facilitation Plan – Shaping Health and Care Services for the Future

1. Purpose

1.1 The Scottish Government requires Integration Joint Boards to produce Market Facilitation Plans or Statements to support the objectives of their Strategic Plans as part of a core suite of strategic documents. This is part of the Public Bodies (Joint Working) (Scotland) Act 2014.

1.2 Market facilitation aims to inform, influence and adapt service delivery in Renfrewshire HSCP to offer a diverse range of sustainable, effective and quality care so people can access the right services for themselves and their families at the right time and in the right place.

We also expect that this Plan will give service providers an insight into the changes in the health and care needs of the population of Renfrewshire and the future shape of services that need to be developed and delivered to meet those changing needs.

1.3 Our Market Facilitation Plan informs to our new Strategic Plan 2019-2022. As the process evolves, it will also directly inform financial planning and how we allocate our resources to ensure we achieve best value. This will include the decommissioning of less effective under-utilised or outdated service models, and the commissioning and delivery of person centred, more outcome based services. We want to progress on the clear and continuing basis that we use our available resources as efficiently as possible, obtaining best value.

1.4 The Market Facilitation Plan is a live document which can be used within the HSCP and by our partners and providers to deliver care which meets the changing needs of our population. The plan will evolve as patterns of need change.

1.5 An early draft of this plan was approved by Renfrewshire Integration Joint Board (IJB) in June 2018. Further development and consultation was proposed, and this has taken place through the Strategic Planning Group and the development of the 2019-22 Strategic Plan.

2. National Context

2.1 The provision of health and care services in Scotland is governed by a number of legal frameworks and guided by strategy and policy designed to ensure sustainable services which are safe, effective and person-centred. Key elements are summarised below.

2.2 The Scottish Government's 2020 Vision is that by 2020 everyone is able to live longer, healthier lives at home, or in a homely setting and, that we will have a healthcare system where:

- We have integrated health and social care
- There is a focus on prevention, anticipation and supported self-management
- Hospital treatment is required, and if cannot be provided in a community setting, day case treatment will be the norm
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions
- There will be a focus on ensuring people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

2.3 The Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014 requires Partnerships to assess their performance in relation to the 9 National Health and Wellbeing Outcomes. These outcomes provide a strategic framework for the planning and delivery of health and social care services and are as follows:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term 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.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
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.
7. People using health and social care services are safe from harm.
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.
9. Resources are used effectively and efficiently in the provision of health and social care services.

Since we established our Strategic Plan for 2016-19, our work has been – and will continue to be – shaped by delivering these outcomes.

3. Renfrewshire Context

3.1 Renfrewshire Health and Social Care Partnership was established in June 2015 following formal approval of its Integration Scheme. It is the operational delivery organisation for child and adult health and adult social care services.

3.2 Our vision was developed in partnership with staff:

'Renfrewshire is a caring place where people are treated as individuals and supported to live well'.

In order to deliver our vision and that of the Scottish Government, our Strategic Plan has been developed and describes the high level priorities which direct the HSCP.

Our three strategic priorities are:

1. Improving health and wellbeing
2. The right service, at the right time, in the right place
3. Working in partnership to treat the person as well as the condition.

We do this by:

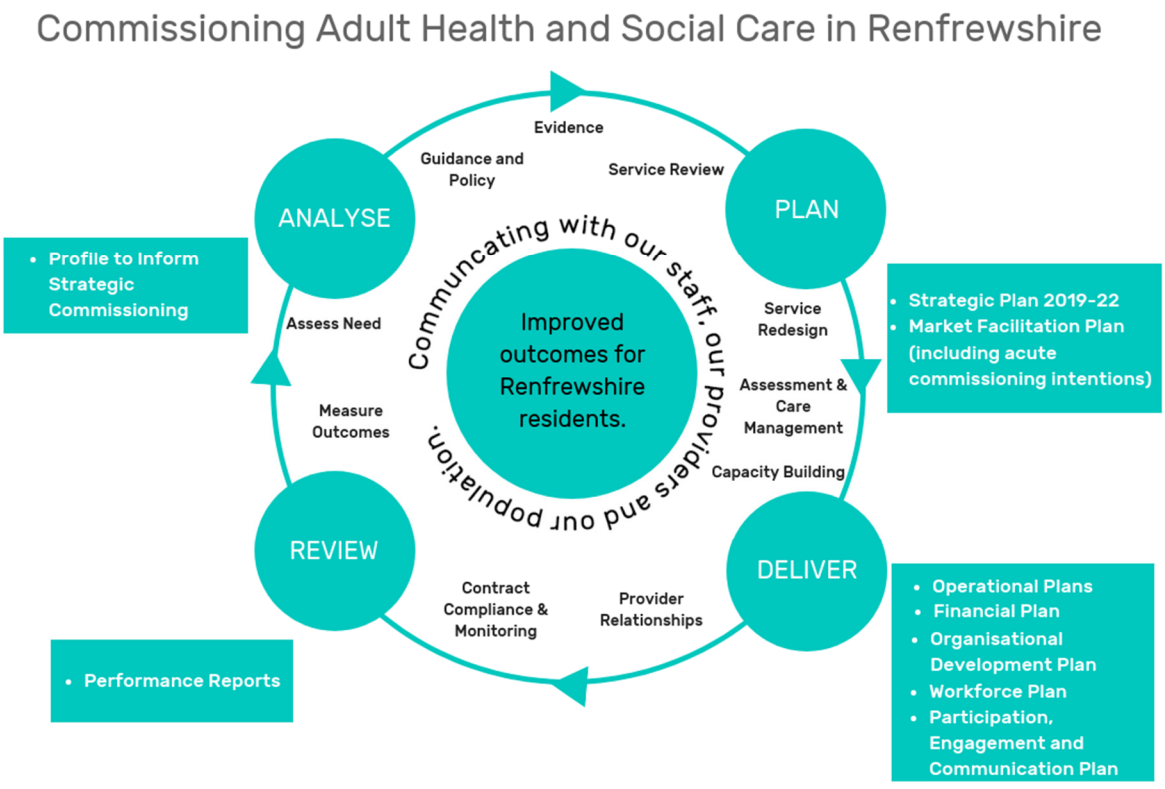
- Bringing services together and improving pathways
- Ensuring services in the community are accessible to all
- Giving people more choice and control
- Helping people to live as independently as possible
- Tackling inequalities and building strong communities
- Focusing on prevention and early intervention

- Providing effective support for carers
- Listening to patients and using service users' feedback to improve services.

3.3 Our Strategic Plan is underpinned by our Financial Plan; this plan provides an overview of the key messages in relation to the Integration Joint Board's financial planning for 2018/19 to 2020/21. It also provides an indication of the challenges and risks which may impact upon the finances of the IJB in the future as we strive to meet the health and social care needs of the people of Renfrewshire. The Financial Plan covers the following key areas of the financial strategy for the Partnership:

- Overview of the long term financial landscape
- Renfrewshire HSCP in context
- Key achievements to date
- Current and future pressures
- Mitigation programmes
- Understanding and addressing the financial challenge
- Medium term financial strategy.

3.4 The diagram below shows the planning and commissioning cycle we follow to improve health and care outcomes in Renfrewshire:



3.5 We recognise we cannot transform health and social care services in isolation. As part of our approach we continue to work in partnership with key stakeholders, our partner organisations (NHSGGC and Renfrewshire Council), Community Planning partners, NHSGGC Acute Services, and third sector organisations and providers.

3.6 The Joint Inspection of Adult Health and Social Care Services in Renfrewshire took place between October and December 2017. Subsequently on 18 April 2018, the Care Inspectorate and Healthcare Improvement Scotland published their findings from the inspection in their report 'Joint Inspection (Adults) the Effectiveness of Strategic Planning in Renfrewshire'. The report highlights that Renfrewshire Health and Social

Care Partnership is making significant progress on improving residents' health and care. In addition, the report acknowledged that the HSCP planned to produce a new Market Facilitation Plan in 2018 which would set out the Partnership's high level summary and medium term commissioning intentions. The report also recommended it would be beneficial if these were set out in further detail in a fully developed Market Facilitation Plan and included in updates to the joint Strategic Plan. These high level commissioning intentions are set out in this document.

4. Future Demand

4.1 In section 5 we set out what these demographic and activity changes mean for services in Renfrewshire and in section 9 we describe how this will help us commission services in the future.

For more information, this document should be read in conjunction with the April 2018 Renfrewshire Profile to inform Strategic Commissioning, available on the Renfrewshire HSCP website at: http://www.renfrewshire.hscp.scot/media/6195/Profile-to-inform-Strategic-Commissioning-Apr-2018/

The following provides a headline summary of a number of the key health and care features to our current and future understanding of need across the Renfrewshire population.

4.2 **Ageing Population** (see Appendix 1)

According to the latest official statistics from the National Records of Scotland, the population of Renfrewshire is 176,830. Projections show the percentage of the population in older age groups is due to rise, with an expected increase of over 75% for those aged 75+. 14% of our population will be over 75 by 2041, compared to 8% in 2016. The size and make-up of our population will be a key consideration when planning and delivering health and social care services in the future.

4.3 **Long Term Conditions**

We will see an increase in people living with long term conditions (LTCs). These are health conditions that last a year or longer, impact on a person's life and may require ongoing care and support.

- By age 65, two-thirds of people will have a long term condition
- By age 75-84, 27% of people will have two or more
- People with LTCs account for over 60% of hospital bed days used
- Most people who need long term residential care have complex needs from multiple long term conditions.

4.4 **Increase in Dementia Rates (**see Appendix 2)

We expect to see a 47% increase in dementia prevalence by 2035.

- Current prevalence is 2,994 people at 2017
- Projected prevalence is 4,400 people by 2035
- Rate of dementia increases with age and is higher for women.

4.5 **Reliance on Unpaid Carers**

Carers in Renfrewshire provide unpaid health and social care to others, mostly to close friends and relatives. Information from the 2011 Census showed that in Renfrewshire:

- 17,759 people identified themselves as carers, 10% of the population of Renfrewshire at that time

- Just over a quarter of those carers (4,619) provided 50 hours or more of unpaid care per 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 compared to 57% of female carers
- 15% of carers aged 65 and above reported themselves as in bad or very bad health.

4.6 **Social Work/Social Care** (see Appendix 3)

Contacts with adult social work services have increased by 31% in the last five years, from 22,338 to 29,259. Care at Home services have also seen significant growth in demand and this is expected to continue over the next 5+ years. In an average week, 14,539 hours of care are delivered to 1,778 clients, 69% of whom are over 75 years of age. The majority of our clients are supported out of hours and at weekends. The increasing demand for out of hours and weekend services has levelled off in the last three years.

4.7 **Care Homes (**see Appendix 4)

Renfrewshire has 22 care homes (three local authority residential homes, 16 private nursing homes and three Third Sector residential homes). Around 1,200 Renfrewshire residents live in care homes. The current vacancy rate is over 10%, and this varies greatly across Renfrewshire. The highest vacancy rates are in our own HSCP residential care homes. So further work will be taken forward to assess how appropriate this model of care is. The average age of residents in Renfrewshire care homes has increased from 82 to 88 over the last five years. This means that the typical care home resident is older, frailer, more likely to have dementia as well as a range of additional long-term conditions.

4.8 **Addictions Service Review**

A comprehensive review of addictions services has been completed in April 2018. The review makes a number of recommendations which will impact on how we plan, commissioning and deliver services going forward. Whilst the review confirms many positives about our services, recommendations include changes to how we manage existing HSCP services, how services link to and work with GP services and some changes to what services do and the models of service we operate. For example, it is proposed that a more robust recovery/aftercare service is commissioned to allow a flow through addictions services, and to let clients explore and manage their own recovery. It is also proposed that a community based drugs service is developed, reducing the need for clients to attend Back Sneddon Street. These proposals have yet to be discussed in detail.

4.9 **Self-Directed Support**

Self Directed Support (SDS) is a term that describes the ways in which eligible individuals and families can have more informed choice and control over how their social care is provided to them, to meet their assessed needs. SDS gives people control over an ‘individual’ budget and lets them choose how it is spent to meet their assessed social care needs.

SDS can be used to purchase things like:

- Local authority services or services from voluntary or private sector organisations to support independent living. This might be support to get washed and dressed, manage medication, or get out and about
- Physical products such as equipment that supports living independently at home
- A short break or respite
- Something else that meets the assessed social care needs.

As more people are allocated and work to mange such a budget, we need to be responding to both what services are available and are delivered and also to the impact this might have on services where the impact of SDS is to reduce the funding available to them and/or the level of demand on them.

5. What do these demographics and demand changes mean for services in Renfrewshire?

5.1 In the context of our aim to deliver care in homes or as close to home and local communities as possible, the issues raised in 4.2 to 4.9 above provide us and service providers with a number of challenges. We have a growing, older population, many of whom will have dementia and multiple and complex needs. We know that many services users rely on unpaid carers, who also need to be appropriately supported and valued. We are successfully supporting more people to stay at home and we have a number of clients with very complex needs in care homes.

Current issues for us:

- We have high and varying vacancy levels in care homes, particularly in our local authority residential homes
- The care sector (Care at Home and care homes) has difficulty recruiting and retaining staff
- We have access to a limited number of places for people under 65
- Beds for people with acquired brain injury or with specific learning disabilities are not always locally available
- Demand for care at home (24/7 availability) is increasing.

5.2 The drive to deliver seamless services through the integration of, or improved joint working between, health and social care and support services is well underway. These are the principles which underpin the development of HSCP delivered services. Providers who reshape their service delivery models will be better placed to respond to future procurement opportunities.

Providers should therefore:

- Consider how their services are, or can be, made ‘early intervention and prevention’ focused and how to support people to be as independent as possible
- Consider how their services interact with local communities and how they support capacity building within those communities
- Recognise that increasingly the ‘purchasing partner will no longer be the Local Authority/NHS but will be the service user. This will require providers to market their services differently and mean they will need to provide easy access to their services
- Develop ways to monitor, evidence and analyse outcomes. Quality, adaptability and reliability will be key to providers’ success in the changing market of adult social care and support

- Create smarter joint working opportunities e.g. sharing resources, expertise and support to increase impact and efficiency
- Explore ways to collaborate across services to deliver best value.

6. Unscheduled Care

6.1 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 GP triaged emergency admissions to hospital. The Scottish Government has made unscheduled care an important area of focus for the health service in Scotland, with maximum waiting times in A&E (to be seen and treated) and reducing the number of bed days used as a result emergency admissions, being key targets. In Renfrewshire, most emergency admissions (86%) are to the Royal Alexandra Hospital (RAH), with 8% going to the Queen Elizabeth University Hospital (QEUH).

6.2 The Integration Joint Board's budget includes a 'set aside' budget for the commissioning of unscheduled care acute hospital services within scope. For 2018/19, the indicative set aside budget for unscheduled acute services in Renfrewshire was £30.5m. This budget has yet to be used to commission services differently. There are opportunities to invest in community services and in early intervention/prevention. The recent review of progress with integration of health and social care proposes that delegated hospital budgets and set aside requirements must be fully implemented by the end of March 2019.

6.3 The Scottish Government Ministerial Strategic Group (MSG) for Health and Wellbeing requires all HSCPs to report on six key indicators. We have set trajectories for indicators one to four and monitor performance on all six on a monthly basis.

The six indicators are:

1. Number of emergency admissions into acute specialties
2. Number of unscheduled hospital bed days
3. Number of A&E attendances and the percentage of patients seen within 4 hours
4. Number of delayed discharge bed days
5. Percentage of last 6 months of life spent in the community
6. Percentage of population residing in non-hospital settings for all adults and for those aged 75+.

The following shows Renfrewshire's status against these six indicators. We have used the most recent validated information available, and where provisional data is used, we have noted this.

6.4 Number of Emergency Admissions

The total number of emergency admissions in 2017/18 of Renfrewshire residents into the NHSGGC acute services was 19,681 a 12% reduction on the 2016/17 figure of 22,487, which was similar to the 2015/16 number of 22,653.

Our trajectory for this indicator for 2018/19 is 21,759, a 3.9% reduction on the 2015/16 baseline.

HSCP	2015/16	2016/17	2017/18
Renfrewshire	22,653	22,487	19,681

6.5 **Number of Unscheduled Hospital Bed Days (acute specialties) - Jill**

2016/17 data (129,209) shows a similar number of unscheduled hospital bed days for acute specialties to the 2015/16 baseline (128,885), while 2017/18 data shows a slight increase to 130,304.

HSCP	2015/16	2016/17	2017/18
Renfrewshire	128,885	129,209	130,304

Early data for 2018/19, which is not yet validated, shows unscheduled hospital bed days for the period April 2018 – September 2018 as 62,544. This, based on the data available, suggests an increase of 1.05% over the same period last year (61,892).

Our target for 2018/19 is 123,820.

6.6 **A&E Attendances** (see Appendix 5)

In 2016/17 the total A&E attendances was 57,486 averaging 4,791 per month. In 2017/18, the total number of A&E attendances was 56,797, a 1.2% decrease on 2016/18. Early data for 2018/19, which is not yet validated, shows the total number of A&E attendances for the period April 2018 – September 2018 as 30,914.

Our target for 2018/19 is 56,119. Current performance shows us 10% above the six-month trajectory of 28,059.

HSCP	2016/17	2017/18
Renfrewshire	57,486	56,797

6.7 **Delayed Discharge Bed Days** (see Appendix 6)

The number of bed days used as a result of patients delayed in their discharge in 2016/17 fluctuated across the months, with a year end total of 3,205.

2017/18 saw an increase in bed days lost to delayed discharges (4,680). The 2018/19 target is 3,205. Performance for the period April 2018 – September 2018 shows 2,805 bed days used as a result of patients delayed in their discharge.

HSCP	2016/17	2017/18
Renfrewshire	3,205	4,680

6.8 **Percentage of last six months of life in a community setting**

Over the last three year period, the percentage of people spending the last six months of life in a community setting has been consistent, averaging at 87.6%.

6.9 **Balance of Care: percentage of population in community or institutional Settings** (see Appendix 7)

In 2015/16 (for those aged 75+), 81.6% lived at home unsupported (possibly with unpaid carers); 9.5% were supported to stay in their own homes (i.e. received care at home services); 7.0% resided in a care home; and 1.9% were in hospital. In three years, there has been an increase in over 75s living at home (supported) and a reduction in the percentage living in a care home.

6.10 **How are we reducing unscheduled care?**

Over the last two years, we have had a major communication drive to provide information to people in Renfrewshire about the best health and care service for their individual need. We also carried out a survey in partnership with the Emergency Department and the University of the West of Scotland to better understand who was using the Emergency Department and how to best share information about appropriate use.

Our Know Who to Turn to campaign has used public events, our website and social media to publicise health and care services and to ensure that people know about the wide range of available services. We hope to reduce demand on A&E services and GPs through this work and direct people to the best service for their need.

This year has also seen the maturing of our six GP clusters in Renfrewshire (two in Paisley and four covering the rest of Renfrewshire). Clusters have developed improvement plans and most of these have a focus to reduce our reliance on unscheduled care. Activity includes supporting local care homes to keep residents at home, working preventatively with high consumers of health and care services and promoting anticipatory care planning.

7. HSCP Workforce

7.1 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.

7.2 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.
- Delivering a clear approach to Organisational Development (OD) and Service Improvement.
- Delivering a Workforce Plan for tomorrow's workforce.

7.3 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.

Workforce Demographics

Age Bands	Renfrewshire Council Workforce Data		NHS Workforce Data		HSCP Total		% of Available Workforce
	Headcount	WTE	Headcount	WTE	Headcount	WTE	%
16-20	3	2.35	3	3	6	5.35	0.25
21-30	126	104.32	114	100.83	240	205.15	10.16
31-40	192	156.05	245	199.54	437	355.59	18.12
41-50	319	256.26	347	284.40	666	540.66	27.61
51-60	472	382.1	411	343.44	883	725.54	36.61
61-65	97	74.59	61	50.63	158	125.22	6.55
66+	16	10.72	6	4.07	22	14.79	0.91
Total	**1,225**	**986.39**	**1,187**	**985.63**	**2,412**	**1972.02**	

Source: Renfrewshire HSCP Jan 2019 data/Renfrewshire Council Jun 2018 data

7.4 Over a third of staff working in the HSCP are aged 51 to 60 and almost half of the workforce are in the 31 to 50 age bracket. The total headcount of 2,412 shows similar numbers of staff in the HSCP are employed by Renfrewshire Council and NHSGGC.

8. Housing

8.1 Renfrewshire Council and Renfrewshire HSCP recognise the importance of good, safe housing and environment in maintaining good health and in sustaining people for as long as possible in their own community. To agree strategic direction at the interface between housing and health policy issues, a joint Development and Housing Services/HSCP Strategic Group has been established. The group is accountable to the Senior Management Team of the HSCP and the Communities, Housing and Planning Services Directorate of the Council.

8.2 Key issues for us to jointly address are:

1. Need for appropriate housing for small/single households.
2. Clustering of accommodation for those who need support.
3. Accessible housing.
4. Community space to help avoid social isolation.
5. Ability to commit to future revenue costs in an annualised budgeting framework.

9. Moving Forward and Shaping the Market

9.1 As we move towards using this plan to commission health and care services, a number of principles are emerging which will direct HSCP planning and review activity. These include:

- We will need more specialist dementia services, and more dementia aware services.
- Services will be working with older, frailer people who are likely to have multiple long term conditions.
- We want to support people at home and in their own community. Services will need to be delivered in homes and care homes.
- We want to develop community resources and community spaces across Renfrewshire to support our efforts to keep people at home.
- We need to maximise utilisation of our estate, and use fit for purpose buildings.
- We have an obligation to deliver best value and to make best use of all resources.
- We need to be responsive to changing demand as people have increased control over their own budget.

- Our services need to be able to meet demand as it arises out of hours and at weekends.
- Accessible housing for small/single households, appropriately clustered for support is required.

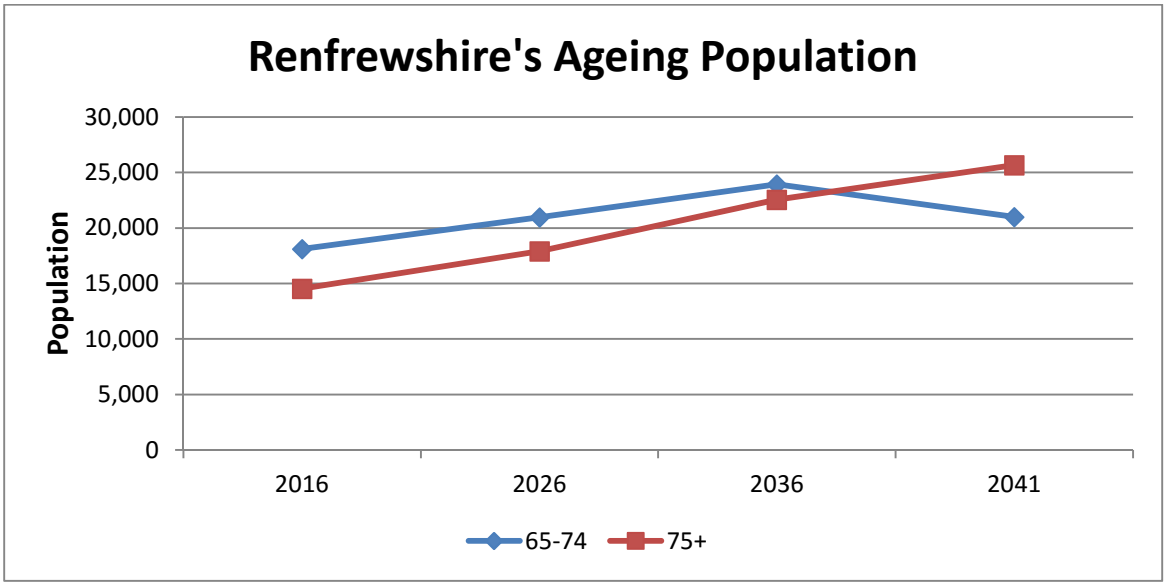
Ageing Population

(See 4.2)

Renfrewshire Population Projections to 2041

	2026		2036		2041	
Age Group	Number	%	Number	%	Number	%
0-15	30,222	17%	29,838	16%	29,516	16%
16-49	73,446	41%	73,410	40%	71,699	39%
50-64	37,071	20%	31,684	18%	33,720	19%
65-74	20,982	12%	23,940	13%	21,008	12%
75+	17,901	10%	22,544	12%	25,660	14%
Total	179,622	100%	181,416	100%	181,603	100%

Source: NRS population projections, 2016-based



Dementia

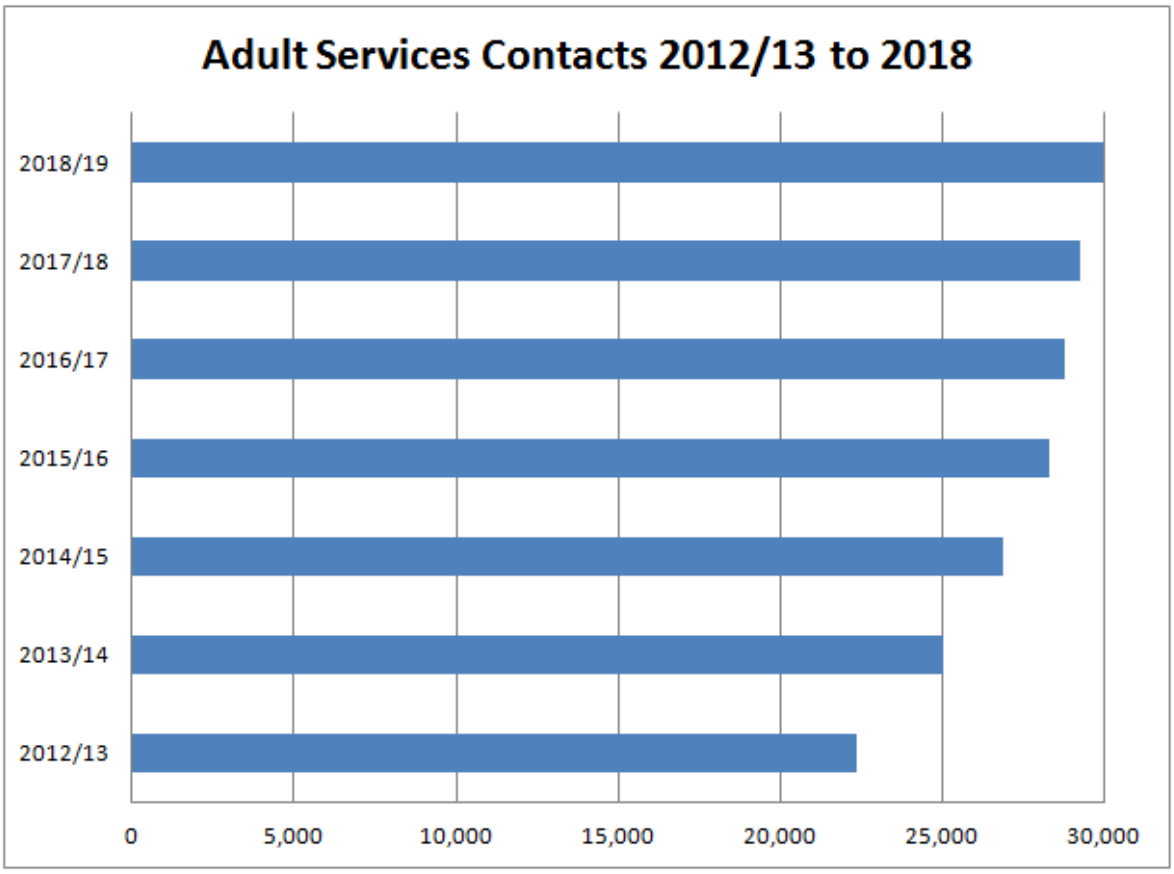
(See 4.4)

Renfrewshire Dementia Prevalence (%)		
Age	**Male**	**Female**
80-84	**14.5**	**16.4**
85-89	**20.9**	**28.5**
90-94	**29.2**	**44.4**
95+	**32.4**	**48.8**

Social Work/Social Care

(See 4.6)

Adult Services – Number of Contacts



2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19*
22,338	25,030	26,864	28,292	28,757	29,259	29,957

* Projection based on 3 quarters

Care at Home

Weekly Snapshot as at 31/12/2018

Age	0-17	18-64	65-74	75-84	85+	Total
Client Numbers	7	233	315	598	625	1,778
Package Hours	53	3,171	2,533	4,305	4,476	14,539
Worker Hours	53	3,626	3,252	5,056	5,117	17,104

Demand for Care At Home Services Out of Hours/Weekends and Overnight (65+)

Access to out of hours home care services 65+ (weekly snapshot as at Q3 end)

Year	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19 Q3
Clients	922	1007	1080	941	1,009	1,141	1,290	1,538	1,532	1,484	1,456	1,443
Total Clients	1,490	1,520	1,525	1,305	1,299	1,416	1,532	1,785	1,751	1,673	1,644	1,617
%	62%	66%	71%	73%	78%	81%	84%	86%	87%	89%	89%	89%

Access to evening/overnight home care services 65+ (weekly snapshot as at Q3 end)

Year	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19 Q3
Clients	350	446	526	515	597	715	839	1,057	1,119	1,102	1,086	1,077
Total Clients	1,490	1,520	1,525	1,305	1,299	1,416	1,532	1,785	1,751	1,673	1,644	1,617
%	23%	29%	34%	39%	46%	50%	55%	59%	64%	66%	66%	66%

Access to weekend home care services 65+ (weekly snapshot as at Q3 end)

Year	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19 Q3
Clients	914	994	1,072	928	1,001	1,138	1,287	1,533	1,526	1,477	1,449	1,438
Total Clients	1,490	1,520	1,525	1,305	1,299	1,416	1,532	1,785	1,751	1,673	1,644	1,617
%	61%	65%	70%	71%	77%	80%	84%	86%	87%	88%	88%	88%

(See 4.7)

Peak Age of Renfrewshire Care Home Clients 75+

Peak age is the most common age of care home residents in any given year.

	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19*
Peak	83	86	85	86	87	88	87*

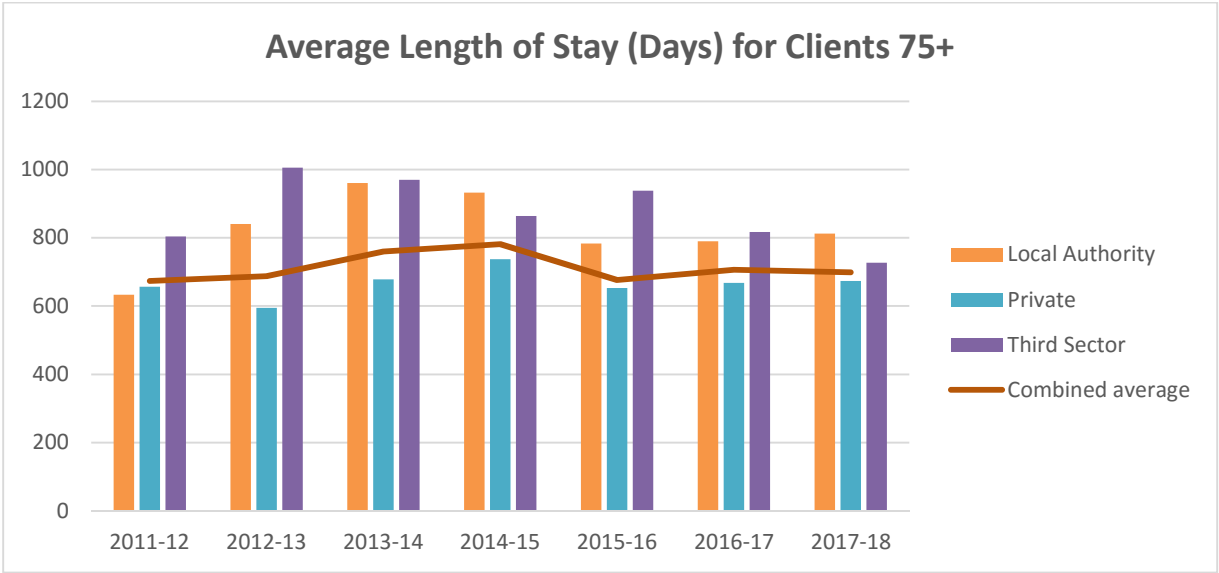
* Current data at February 2019

Average Length of Stay (Days)

75+ (further breakdown to include third sector care homes)

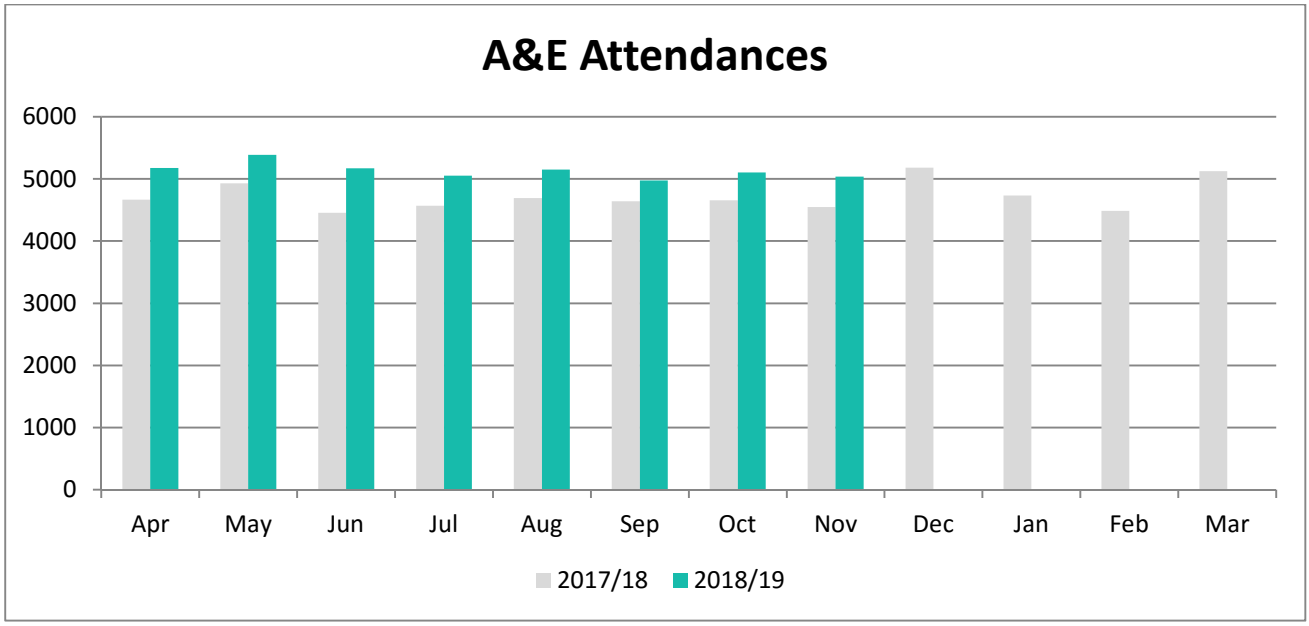
	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19*
Local Authority	840.95	960.31	932.53	782.91	790.34	812.92	939.28*
Private	594.47	678.59	737.80	653.01	668.02	673.25	605.73*
Third Sector	1,005.65	970.01	864.46	938.58	817.47	727.39	684.86*
Combined average	687.89	759.58	781.04	676.37	706.45	698.63	654.96*

* Current data at February 2019



A&E Attendances

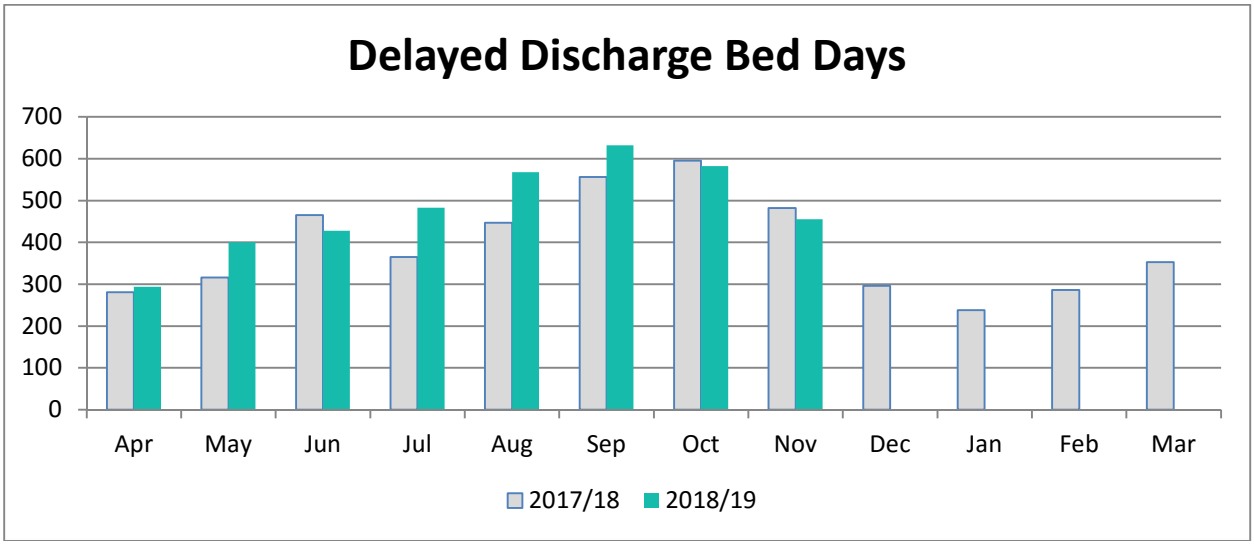
(See 6.6)



2017/18 & Apr 2018-Nov 2019 data

Delayed Discharges (Age 65+)

(See 6.7)



2017/18 & Apr 2018-Nov 2019 data

Performance Measures	2012/13 Actual	2013/14 Actual	2014/15 Actual	2015/16 Actual	2016/17 Actual	2017/18 Actual
Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	12,698	5,835	5,325	3,633	1,910	2,712
Number of acute bed days lost to delayed discharges for Adults With Incapacity, age 65 years & over	2,050	2,288	4,301	2,624	664	652

Balance of Care

(See 6.9)

	Setting	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Renfrewshire Aged 75+	Home (unsupported)	81.3%	80.2%	81.4%	82.4%	82.6%
	Home (supported)	8.8%	9.9%	9.5%	8.7%	8.6%
	Care Home	7.9%	7.8%	7.2%	7.0%	6.9%
	Hospice/Palliative Care Unit	0.0%	0.0%	0.0%	0.0%	0.0%
	Community hospital	0.0%	0.0%	0.0%	0.0%	0.0%
	Large hospital	2.0%	2.1%	1.9%	1.8%	1.8%