

3. PLANNING CONTEXT

3.1 Population

Renfrewshire is the ninth largest Council area in Scotland and has a resident population of 170,000, which is 3% of the total Scottish population. Renfrewshire's population has decreased by 4% over the last 10 years, with a further 8% decrease forecasted to 2031, at a time when Scotland's population will increase by 5%.

The 2007 resident population of Renfrewshire is broadly in line with the Scotland profile, with a slightly larger proportion of children in Renfrewshire (18.2% Renfrewshire, 17.8% Scotland) and a slightly lower percentage of both working age (62.5% Renfrewshire, 62.7% Scotland) and pensionable age (19.3% Renfrewshire, 19.5% Scotland). However, within the general reduction in Renfrewshire's population, a significant increase in the number of 65–80 year olds and the over 80s age group is projected to 2031 (17% and 16% respectively).

The proportion of the Renfrewshire population from a minority ethnic community (1.2%) is approximately half the Scottish average.

3.2 Area Deprivation

Renfrewshire is ranked in the Scottish Index of Multiple Deprivation 2006 as the 8th most deprived local authority in Scotland, with 26,321 people (15.4% of population) living in the most deprived 15% of areas in Scotland. The number of people in Renfrewshire living in the most deprived 15% of areas in Scotland declined from 32,450 in 2004 and to 26,321 in 2006.

3.3 Life Expectancy and Mortality

Both male and female life expectancy at birth in Renfrewshire is lower than the Scottish average (Male: Renfrewshire 73.6 years, Scotland 74.8 years; Female: 78.8 years, Scotland 79.7 years).

Comparing different areas of the community, there is a gap in life expectancy across the neighbourhoods of at least 20 years for men and nearly 12 years for women. In a number of neighbourhoods with lower than average life expectancy, life expectancy appears to have remained static or may even have fallen.

All cause mortality and mortality rates from cancer, coronary heart disease and cerebrovascular disease (in the under 75s) are all above the Scottish average but have all fallen considerably in recent years.

	Rate/ 100,000 Population Renfrewshire	Variation from Scottish Average
All cause mortality	874.2	+11%
Cancer	155.1	+9%
CHD	83.5	+6%
Cerebrovascular Disease	30.1	+24%

3.4 Economy

Renfrewshire is a key part of the West of Scotland economy centred on Glasgow. 40% of people travel out of Renfrewshire to work, 38% of Renfrewshire jobs are filled by commuters from elsewhere.

Manufacturing and export industries play a greater role in Renfrewshire than in Scotland as a whole. Employment is significantly more reliant on large enterprises in Renfrewshire than in Scotland. Employment in Renfrewshire is projected to fall by 3% by 2015.

3.5 Health

Renfrewshire's health outcomes continue to mirror those of Scotland as a whole but this masks the high level of variations that exists between the more affluent areas and those in the SIMD 15% datazones. Narrowing this health gap remains a key priority for Renfrewshire CHP. Partners have recognised this too, and it is reflected in both the Community Plan and the SOA.

Smoking, obesity and alcohol are the three main health factors that require to be addressed most urgently in Scotland. Smoking enforcement activities and prosecutions arising from underage tobacco test purchase initiatives are actively pursued in Renfrewshire. Alcohol is a particularly acute problem in Renfrewshire, which has the fourth highest rate of alcohol related death in males in the UK.

3.6 Housing

There are around 82,000 dwellings in Renfrewshire – 74% are privately owned (69% owner occupied and 5% privately rented) and 26% are rented from the Council and housing associations (17% and 9% respectively). This is broadly similar to the tenure profile for Scotland.

3.7 Community Safety and Protection

Recorded crime figures for 2006/7 indicate that Renfrewshire has the seventh highest crime rate in Scotland and is above the Scottish average for all crimes. Renfrewshire has the third highest rate of non-sexual crimes of violence in Scotland, which is of particular concern. 76% of violent crimes occurred in a public place. Renfrewshire is also in the top quartile for serious assault, crimes of dishonesty, offensive weapons and domestic housebreaking.

Alcohol is a significant factor in both crime and accidents. Over half of all assaults and domestic incidents within the Strathclyde Police Force area involve alcohol, which is also a known factor in 30% of racially motivated crime and 34% of homophobic crime. Alcohol related deaths in Renfrewshire rose by 56% for males and 53% for women between 2001 and 2005 and alcohol is a significant factor in fire deaths.

Youth disorder incidents reduced by 7% between 2006/2007 and 2007/2008, but are still higher than the five year average.

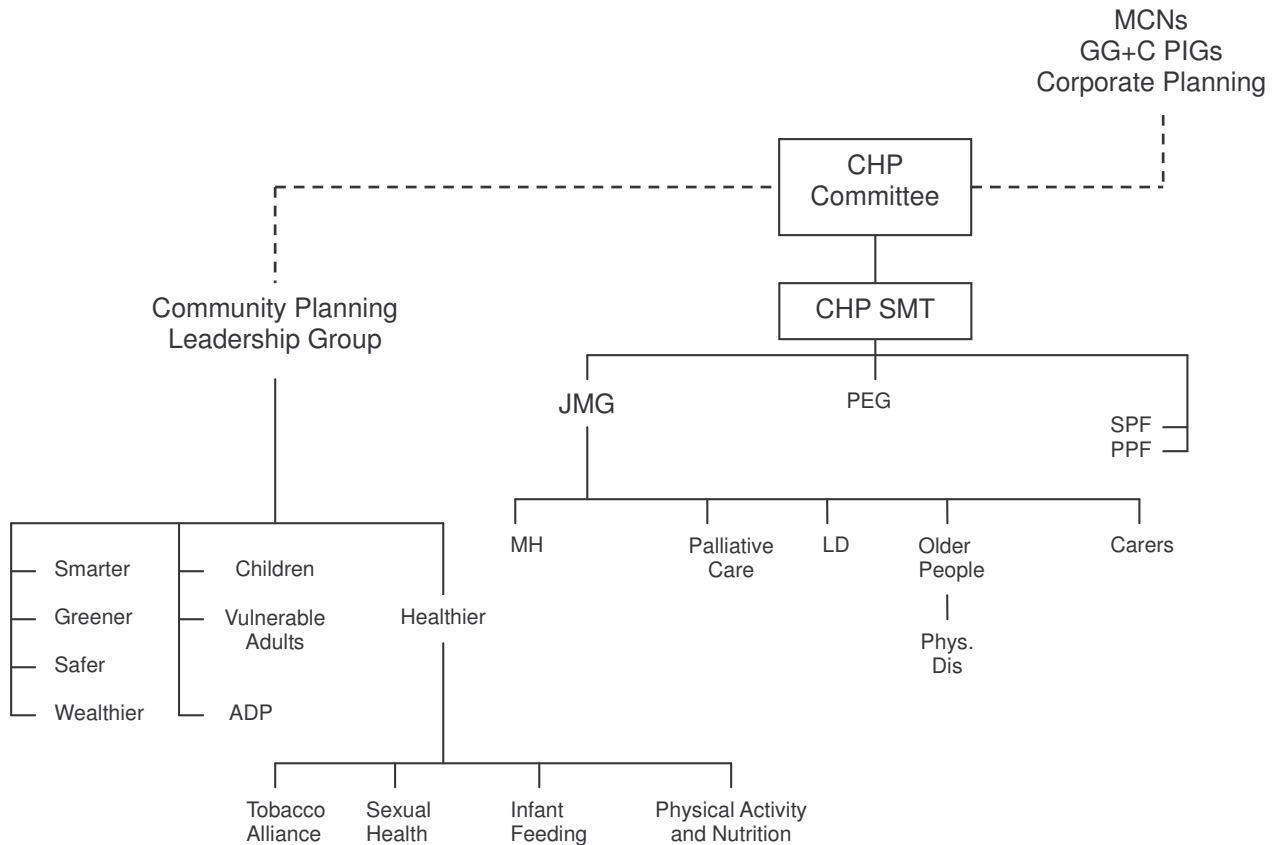
3.8 Localism in Renfrewshire

Representation of the Third Sector movement within community planning structures and capacity building of the scope of the Third Sector is recognised as a key development issue. The objective is to develop thriving and connected communities that are involved and participate in devolved democracy. This ranges from neighbourly support and social interaction through to more formalised voluntary work or direct involvement with voluntary

and community groups.

3.9 Planning Landscape

The health planning landscape in Renfrewshire is complex, reflecting our joint work with Social Work, Community Planning and the role we play as part of NHS Greater Glasgow and Clyde. The diagram below maps out how we plan health services in Renfrewshire.



Glossary	
ADP	Alcohol and Drugs Partnership
CHP	Community Health Partnership
GG+C	Greater Glasgow and Clyde
JMG	Joint Management Group (Health and Social Work SMTs)
LD	Learning Disabilities
MCN	Managed Clinical Network
MH	Mental Health
PEG	Professional Executive Group
PIG	Planning and Implementation Group
Phys Dis	Physical Disability
PPF	Public Partnership Form
SMT	Senior Management Team
SPF	Staff Partnership Forum

In our structure we have a Public Partnership Forum which provides a network for over 200 local residents and groups to have a say in influencing local health services.

Our Staff Partnership Forum provides a formal opportunity for staff representatives in the CHP to input to the decision making process.

Our priorities are driven by the planning and policy frameworks developed across NHS Greater Glasgow and Clyde, by Renfrewshire's Community Plan and Single Outcome Agreement and by two comprehensive health and wellbeing surveys carried out in Renfrewshire during 2008. The two surveys have given us robust information about health behaviour and use of health services for young people and for adults. A boosted sample size for adults has allowed us to analyse the information comparing the most deprived 15% of SIMD datazones with the rest of Renfrewshire and with the wider NHS Board.