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**To: Renfrewshire Integration Joint Board**

**On: 15 September 2017**

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**Report by: Chief Officer**

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**Subject: Performance Management Update 2017/18**

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## **1. Summary**

1.1 This paper updates on the HSCP's performance framework for 2017/18.

1.2 It has been agreed that an update on performance will be presented at all IJB meetings. The full Scorecard updating all performance measures will be presented twice yearly - at mid-year and end of year 2017/18.

1.3 At IJB meetings when the Scorecard is not presented, we will cover performance from Service Areas and include quantitative and qualitative information and exception reporting where appropriate.

1.4 This Performance Paper includes:

- A draft Scorecard with all proposed national and local indicators for 2017/18 set against the nine National Outcomes. Targets are included against the indicators where appropriate. Indicators that have no set targets are included for information only (Appendix 1).
- An update from the Podiatry Service, which is hosted in Renfrewshire for all of NHS Greater Glasgow and Clyde. This includes system wide service improvements and more detailed analysis on the Podiatry Service in Renfrewshire (Appendix 2).
- Data on teenage pregnancy where we have seen considerable reduction on rates over the past few years. We also update on the Pregnancy and Parenthood in Young People Strategy 2016-26; Family Nurse Partnership, and the NHSGGC Sexual Health Review (Appendix 3).

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## **2. Recommendations**

It is recommended that the IJB:

- Agrees the indicators and targets set out in the Scorecard for 2017/18 at Appendix 1.

- Approves the Performance Management Framework for 2017/18 for Renfrewshire HSCP.
- Notes the performance updates for podiatry and teenage pregnancy, detailed in Appendices 2 and 3.

### **3. Performance Reporting in 2017/18**

- 3.1 We have taken into account feedback from IJB members throughout 2016/17 and used this learning to develop our 2017/18 Performance Framework. We have reviewed our indicators in the HSCP Performance Scorecard and included new national indicators where data is now available. Our targets have also been reviewed and updated to ensure they are realistic and improvement in performance can be evidenced.
- 3.2 Currently the year two actions in our Strategic Plan 2016-19 are being reviewed and new priorities identified. In our second year of integration, our aim is to highlight the significant benefits of joint working and show that our services provide high quality, effective care and support to the people of Renfrewshire.

### **4. Annual Performance Report (2016/17)**

- 4.1 The first HSCP Annual Performance Report (2016/17) has been finalised and is now available on our website at:  
  
[http://www.renfrewshire.hscp.scot/media/4410/Annual-Performance-Report-2016-17/pdf/Annual\\_Performance\\_Report\\_2016-17.pdf](http://www.renfrewshire.hscp.scot/media/4410/Annual-Performance-Report-2016-17/pdf/Annual_Performance_Report_2016-17.pdf)
- 4.2 The Report summarises what we have achieved in our first year (April 2016 to March 2017) as an operational HSCP. Our performance is assessed in the context of the arrangements set out in our Strategic Plan 2016-19 and Financial Statement, and includes our achievements and challenges throughout the year.
- 4.3 We would appreciate your feedback on our first report, so please fill in the form on page 70 or online questionnaire at <https://goo.gl/gcltUS> Your feedback will be used to shape the format for the 2017/18 report.

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### **Implications of the Report**

- 1. Financial** – None
- 2. HR & Organisational Development** – None
- 3. Community Planning** – None
- 4. Legal** – Meets the obligations under clause 4/4 of the Integration Scheme.

- 5. **Property/Assets** – None
- 6. **Information Technology** – None
- 7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. The downward trend in teenage pregnancies is welcomed as teenage pregnancy is linked to deprivation. Rates of teenage pregnancy in deprived areas are more than treble those of the least deprived areas.
- 8. **Health & Safety** – None
- 9. **Procurement** – None
- 10. **Risk** – None
- 11. **Privacy Impact** – None

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**List of Background Papers** – None.

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## Draft Renfrewshire Integration Joint Board Scorecard Targets 2017-2018

National Outcome 1. People are able to look after and improve their own health and wellbeing and live in good health for longer	
National Indicators	Target
HSCP/CI/HCES/01 Percentage of adults able to look after their health very well or quite well	-
Local Indicators	
HSCP/HI/ANT/01 Breastfeeding exclusive for 6-8 weeks	21.4%
HSCP/HI/LS/01 Increase in the number of people who assessed their health as good or very good	80%
HSCP/HI/LS/02 Increase the percentage of people participating in 30 minutes of moderate physical activity 5 or more times a week	32%
HSCP/HI/LS/03 Reduce the percentage of adults who smoke	23%
HSCP/HI/LS/04 Reduce the percentage of adults that are overweight or obese	55%
HSCP/HI/MH/01 Increase the average score on the short version of the Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)	57
National Outcome 2. People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	
National Indicators	Target
HSCP/CI/HCES/02 Percentage of adults supported at home who agree that they are supported to live as independently as possible	-
HSCP/CI/HCES/03 Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided	-
HSCP/CI/HCES/15 Proportion of last 6 months of life spent at home or in a community setting	-
HSCP/CI/HCES/18 Percentage of adults with intensive care needs receiving care at home	-
HSCP/CI/HCES/19 Number of days people spend in hospital when they are ready to be discharged, per 1,000 population	-
Local Indicators	
The total number of patients delayed (at census point) (Acute and Mental Health)	-
The total number of delayed discharge episodes at month end (Acute and Mental Health)	-
The total number of bed days occupied by delayed discharge patients (month end) (Acute and Mental Health)	-
HPBS14b1 Number of PSHG awarded to disabled tenants to adapt private homes	-
HPCHARTER22 Percentage of approved applications for medical adaptations completed during the year	99%
HPCHARTER23 The average time (in days) to complete medical adaptation applications	-
HSCP/AS/ACP/02 Number of adults with an Anticipatory Care Plan	440
HSCP/AS/DEM/02 People newly diagnosed with dementia will have a minimum of 1 year's post-diagnostic support (female & male)	100%
HSCP/AS/HC/01.1 Percentage of clients accessing out of hours home care services (65+)	85%
HSCP/AS/HC/02 Percentage of long term care clients receiving intensive home care (National Target: 30%)	30%
HSCP/AS/HC/07 Total number of homecare hours provided as a rate per 1,000 population aged 65+	-
HSCP/AS/HC/09 Percentage of homecare clients aged 65+ receiving personal care	-
HSCP/AS/HC/11 Percentage of homecare clients aged 65+ receiving a service during evening/overnight	-
HSCP/AS/HC/16 Total number of clients receiving telecare (75+) per 1,000 population	-
HSCP/AS/OT/01 Percentage of clients on the OT waiting list allocated a worker within 4 weeks (Social Work Service)	70%
HSCP/AS/OT/04 The average number of clients on the Occupational Therapy waiting list	350

<b>National Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.</b>	
<b>National Indicators</b>	<b>Target</b>
HSCP/CI/HCES/04 Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated	-
HSCP/CI/HCES/05 Percentage of adults receiving any care or support who rate it as excellent or good	-
<b>Local Indicators</b>	
HSCP/AS/AE/01 A&E waits less than 4 hours	95%
HSCP/AS/MORT/01 Percentage of deaths in acute hospitals (65+).	42%
HSCP/AS/MORT/02a Percentage of deaths in acute hospitals (75+) SIMD 1	42%
HSCP/CS/MH/01 Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks	100%
HSCP/EQ/EDT/02 Number of staff trained in Equality and Diversity Training	-
HSCP/HI/SI/01 Number of routine sensitive inquiries carried out	-
HSCP/HI/SI/02 Number of referrals made as a result of the routine sensitive inquiry being carried out	-
HSCP/MH/PCMHT/03 Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks	100%
HSCP/MH/PCMHT/04 Percentage of patients referred to first treatment appointment offered within 9 weeks	100%
HSCP/MH/PT/01 Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies	90%
<b>National Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of service users.</b>	
<b>National Indicators</b>	<b>Target</b>
HSCP/CI/HCES/06 Percentage of people with positive experience of the care provided by their GP practice	-
HSCP/CI/HCES/07 Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	-
HSCP/CI/HCES/17 Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	-
<b>Local Indicators</b>	
HSCP/AS/ANT/04 At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation	80%
HSCP/AS/HA/03 Emergency admissions from care homes	482
HSCP/AS/HA/04 Emergency bed days rate 65+	-
HSCP/HI/ADS/01 Alcohol brief interventions	-
HSCP/HI/ADS/06 Reduce the estimated prevalence of problem drug use amongst 15-64 year olds (percentage of total population age 15-64)	1.86
HSCP/HI/ADS/07 Drug related hospital discharge rate per 100,000	130
HSCP/HI/ADS/08 Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks	91.5%
HSCP/HI/ANT/03 Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population)	3.5
SOA13CHP.04 Reduction in the rate of alcohol related hospital admissions per 1,000 population	8.9
SOA13CHP.11 Reduce the percentage of babies with a low birth weight (<2500g	6%
HSCP/CS/AX/01 Uptake rate of 30-month assessment	80%
HSCP/CS/SPL/01 Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks	100%
HSCP/CS/SPL/02 Number of children seen within 18 weeks for paediatric Speech & Language Therapy assessment to appointment	95%

<b>National Outcome 5. Health and social care services contribute to reducing health inequalities.</b>	
<b>National Indicators</b>	<b>Target</b>
HSCP/CI/HCES/11 Premature mortality rate	-
<b>Local Indicators</b>	
HSCP/HI/AD/01 Smoking cessation - non smokers at the 3 month follow up in the 40% most deprived areas	228
HSCP/HI/ANT/04 Breastfeeding at 6-8 weeks in most deprived areas	19.9%
HSCP/HI/EQ/FI/04 Number of referrals to Financial Inclusion and Employability Services	-
HSCP/HI/EQIA/03 Number of quality assured EQIAs carried out	-
HSCP/HI/GBV/01 Number of staff trained in Gender Based Violence	-
HSCP/HI/LE/01 Reduce the gap between minimum and maximum life expectancy (years) in the communities of Renfrewshire (Bishopton and Ferguslie).	15.3
<b>National Outcome 6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing.</b>	
<b>National Indicators</b>	<b>Target</b>
HSCP/CI/HCES/08 Percentage of carers who feel supported to continue in their caring role (National Survey)	-
HSCP/AS/AS/19 Number of carers' assessments completed for adults (18+)	70
HSCP/AS/AS/20 Number of carers' self assessments received for adults (18+)	-
<b>National Outcome 7. People who use health and social care services are safe from harm.</b>	
<b>National Indicators</b>	<b>Target</b>
HSCP/CI/HCES/09 Percentage of adults supported at home who agree they felt safe.	-
HSCP/CI/HCES/16 Falls rate per 1,000 population aged 65+	-
HSCP/CI/SR/24 Suicide rate	-
<b>Local Indicators</b>	
SOA13SW.06 Reduction in the proportion of adults referred to Social Work with three or more incidents of harm in each year	12%
SOA13SW.08 Reduction in the proportion of children subject to 2 or more periods of child protection registration in a 2 year period	6%
<b>National Outcome 8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.</b>	
<b>National Indicators</b>	<b>Target</b>
HSCP/CI/HCES/10 Percentage of staff who say they would recommend their workplace as a good place to work.	-
<b>Local Indicators</b>	
RSW/H&S/01 No. of planned SW Health & Safety Audits undertaken (both internal and 3rd party)	-
SWPERSOD07b No. of SW employees, in the MTIPD process, with a completed IDP	-
HSCP/CS/H&S/01 % of health staff with completed eKSF/PDP	80%
HSCP/CS/H&S/02 Health sickness absence rate	4%
HSCP/AS/SW/01 Absence and sickness rates for Social Work Adult Services Staff (work days lost per FTE)	2.69 days
HSCP/CS/H&S/03 % of Health Care Support Worker staff with mandatory induction completed within the deadline	100%
HSCP/CS/H&S/04 % of Health Care Support Worker staff with standard induction completed within the deadline	100%
HSCP/CS/H&S/05 Improve the overall iMatter staff response rate	70%
HSCP/CORP/CMP/01 % of complaints within health responded to within 20 days	100%

<b>National Outcome 9. Resources are used effectively in the provision of health and social care services, without waste.</b>	
<b>National Indicators</b>	<b>Target</b>
HSCP/CI/HCES/12 Emergency admission rate (per 100,000 population)	-
HSCP/CI/HCES/13 Emergency bed day rate (per 100,000 population)	-
HSCP/CI/HCES/14 Readmission to hospital within 28 days	-
HSCP/CI/HCES/20 Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	-
<b>Local Indicators</b>	
RSW/ILGB/SW1 Care at home costs per hour (65 and over)	-
RSW/ILGB/SW2 Direct Payment spend on adults 18+ as a % of total social work spend on adults 18+	-
RSW/ILGB/SW3 Net Residential Costs Per Week for Older Persons (over 65)	-
HSCP/AC/PHA/01 Prescribing variance from budget	-
HSCP/AC/PHA/02 Formulary compliance	77.5%
HSCP/AC/PHA/03 Prescribing cost per treated patient	NHS GGC Average



# #lfacing the future together in podiatry

The podiatry service is hosted on behalf of NHS Greater Glasgow & Clyde by Renfrewshire Health & Social Care Partnership

## NHSGG&C Podiatry Service Renfrewshire HSCP briefing



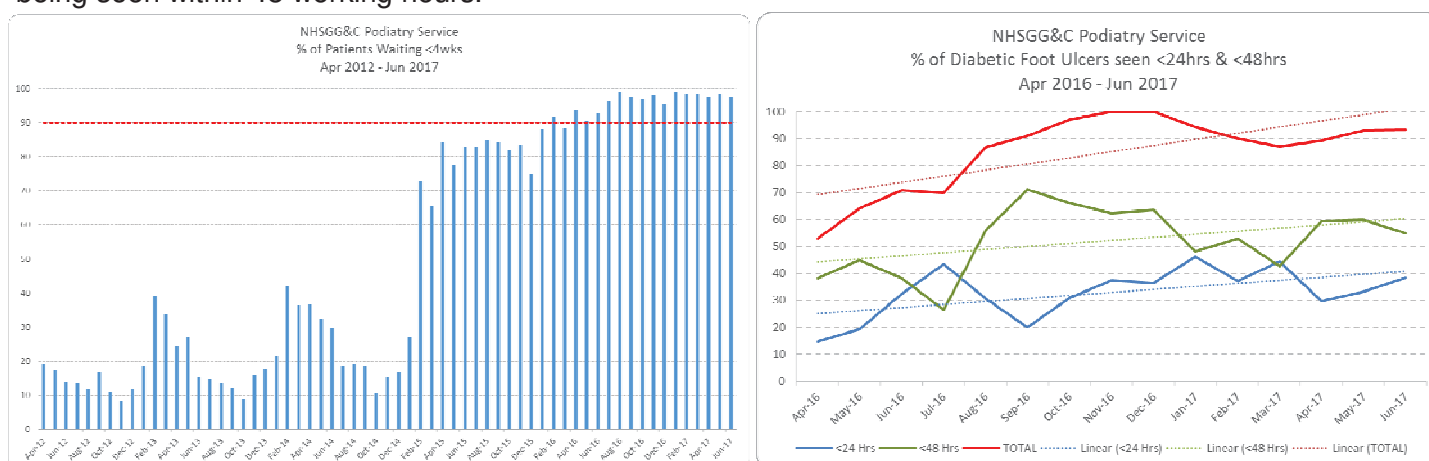
September 2017

### NHSGG&C podiatry service in context

Podiatrists are health care specialists in treating problems affecting the feet and lower limb. They also play a key role in keeping people mobile and active, relieving chronic pain and treating acute infections. NHSGG&C employs around 200 podiatrists in around 60 clinical locations. The Podiatry service is currently providing care to around 40,000 patients across the NHSGG&C board area representing 3.4% of the population.

### NHSGG&C podiatry system wide service improvements

Since April 2012, the podiatry service has been undergoing whole system redesign. The impact of this on service improvement is significant, with waiting times now consistently less than 4 weeks for over 90% of referrals (by some distance the highest performing in Scotland), and 100% of diabetic foot ulcers now being seen within 48 working hours.



In addition to these waiting time improvements, the podiatry service has also delivered the following service and quality improvements:

- 32 prescribing podiatrists across NHSGG&C have issued over 700 prescriptions during the last 6 months – mainly for antibiotics – thereby reducing the need for these patients to attend a GP for prescriptions. In addition 45 podiatrists are able to supply and administer antibiotics via Prescription Only Medicine qualification.
- direct podiatry referral to the vascular service reducing the number of requests to GPs for onward referral
- direct podiatry referral to orthotists for footwear reducing the number of requests to GPs for onward referral
- direct self-referral to podiatry for new patients via the Referral Management Centre call centre:

NHSGG&C Podiatry Service self-referral phone line	
<b>0141 347 8909</b>	
Monday - Friday	0800 - 2000
Saturday	0900 - 1300

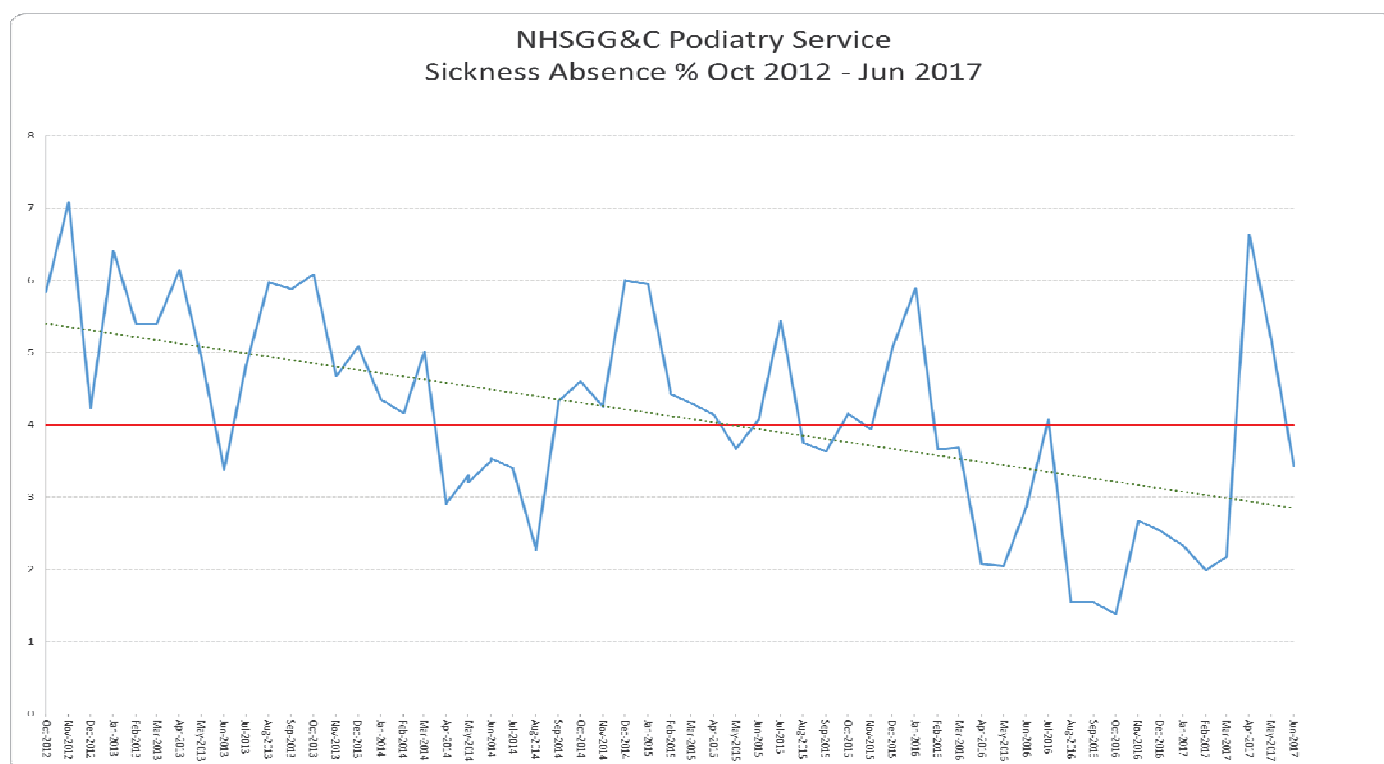
- podiatrists listing patients for orthopaedic surgery thereby preventing referral back to GPs for onward referral
- podiatrists signposting patients to other sources of support for lifestyle changes including smoking cessation; weight reduction and physical activity
- IRMER trained podiatrists are now able to request X-Rays without referring to GP for onward referral

### NHSGG&C podiatry service sickness absence

Since moving to a single system service model in April 2012, sickness absence across the service has reduced by over 50%

2012-13	2013-14	2014-15	2015-16	2016-17
5.3%	5.04%	4.10%	4.26%	2.27%

This improvement is being maintained by consistent and robust application of the attendance management policy across the service.



### Personal foot care

The Scottish Government's 'Personal Foot Care Guidance' was published on 4 September 2013 confirming that personal foot care (PFC) is not classified as podiatry activity. Personal Foot Care Guidance was created in partnership by representatives from the Scottish Government, ADSW, Age Scotland, Care Inspectorate, COSLA, NHS Education Scotland, NHS Podiatry Services, Scottish Care, Scottish Diabetes Foot Action Group, Society of Chiropodists and Podiatrists, and the Podiatry Private Practice Forum Scotland.

If an individual requests personal foot care, the guidance provides a full range of 4 options to which people can be signposted:

- 1 Supported self care for individuals;
- 2 Integrated personal foot care for people receiving care;
- 3 Social enterprise and third sector partnership for people unable to self care;

#### 4 Independent podiatry practice.

The NHS podiatry service across Greater Glasgow & Clyde does not provide personal foot care, however a number of voluntary agencies are setting up personal foot care services, and some independent podiatrists provide personal foot care services at a premium rate.

The aim of personal foot care is twofold: to help individuals look after their own feet and to help individuals support others to look after their feet. This involves carrying out simple tasks that are part of personal hygiene, such as shaving or bathing that an adult, whatever their age, would normally do for themselves if able to. For personal foot care, these tasks include:

##### **Toenail care**

- Clipping and filing toenails, safely and keeping them at a length which feels comfortable

##### **Skin care**

- Checking for cracks and breaks in the skin; smoothing and moisturising dry and rough skin
- Keeping feet clean, dry, comfortable and warm
- Looking for signs of infection or other obvious early problems and seeking professional advice

##### **Checking footwear**

- Checking footwear for comfort, fit, state of repair and safety

As part of its commitment to support and enable self care, NHS Greater Glasgow & Clyde Podiatry Service has not provided PFC since 2013 for people self referring to the service who have no vascular or neurological risk. New referrals to the NHSGG&C Podiatry Service requiring PFC, who have no clinical risks affecting the lower limb, are discharged with advice on self care or supported self care. The full range of resources supporting PFC can be accessed via the following link: [www.lookafteryourfeet.info](http://www.lookafteryourfeet.info)

A number of individuals have contacted elected members about PFC as they have concerns about a perceived change to, or withdrawal of podiatry services. However, Personal Foot Care is not a podiatry activity, and is therefore not undertaken by the NHSGG&C podiatry service (we know this approach is consistent with all other NHS podiatry services across Scotland). Since 2013 we have been seeking to ensure we practice in a consistent way across the NHSGG&C area and consistent with the PFC national guidance. Only patients with a high risk of lower limb ulceration receive toe nail care from the podiatry service. All other individuals requiring PFC are signposted to the PFC Guidance.

## **NHSGG&C Podiatry Service in Renfrewshire**

### **Renfrewshire HSCP podiatry caseload**

The podiatry service in Renfrewshire HSCP has 5,651 patients on the service caseload. This represents around 3.2% of the population – marginally (0.2%) less than the NHSGG&C average. The level of service provided by podiatry to Renfrewshire population is commensurate with that provided to population of NHSGG&C Board area.

### **Patients discharged from Renfrewshire HSCP podiatry service**

The number of patients discharged from the podiatry service in Renfrewshire HSCP during 2016-17, as a % of the caseload, was the lowest for any HSCP across the board area (4.2%). The average for NHSGG&C was 5.4%. This means that a higher percentage of patients from Renfrewshire HSCP referred to Podiatry are retained on the caseload.

## Renfrewshire HSCP diabetic foot ulcers seen within 48 hours

Clyde quadrant (which includes patients seen at the RAH) had the highest % of diabetic foot ulcers seen within 48 hours over the first 6 months of 2017 (97.8%) – the only quadrant to achieve the 95% target for that period. The average performance for NHSGG&C for that period was 91.2%.

## Renfrewshire HSCP podiatry service staffing profile

The podiatry service has redesigned its workforce to ensure that any loss of frontline clinical posts has been kept to a minimum. Since 2012, the profile of redesigned posts has changed the staffing profile to a sustainable model. During the last 5 years of single system working, there has been no reduction in podiatry staffing levels in Renfrewshire HSCP.

### *NHSGGC Podiatry Clinical Workforce Shift by Band 2013-14 to 2021-22*

	2013-14	2014-15	2015-16	2016-22		% adj 2013-22
	WTE	WTE	WTE	WTE	WTE Adj	
<b>Band 8C</b>	1	1	1	1	0.0 wte	<b>0</b>
<b>Band 8B</b>	2	1	0	0	-2.0 wte	<b>-100.0%</b>
<b>Band 8A</b>	9.6	8	6.6	5	-4.6 wte	<b>-47.9%</b>
<b>Band 7</b>	20.43	26.61	26.61	27.5	+7.14 wte	<b>+34.90%</b>
<b>Band 6</b>	34.66	38.48	38.48	36.1	+1.44 wte	<b>+4.15%</b>
<b>Band 5</b>	76.78	66.52	70	64	-12.78 wte*	<b>-16.6%*</b>
<b>Band 4</b>	0	0	0	0	0 wte	<b>0</b>
<b>Band 3</b>	10.83	9.56	8	8	-2.83 wte	<b>-26.1%</b>
<b>WTE TOTAL</b>	<b>155.3</b>	<b>151.17</b>	<b>150.69</b>	<b>141.6</b>	<b>-13.7 wte*</b>	
					<b>152.6*</b>	inc bank

\*Around 11 wte are employed via the podiatry bank, offsetting this reduction in Band 5 staff, and providing flexibility and opportunistic in-year savings via mat leave, vacancy management and long term sickness are covered.

Overall, this represents a reduction of 2.7wte over the redesign period 2012-17, a 1.7% reduction. Savings have been delivered by redesigning vacancies and integrating small historic geographically limited services (e.g. Glasgow City Learning Disability podiatry service) into the mainstream service to provide equity of access and governance.

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September 2017

## Teenage Pregnancy and Sexual Health

### Teenage Pregnancy

A number of teenage girls experience unintended or unwanted pregnancies, although for some this may be a positive life choice. Scotland has a higher rate of teenage pregnancy than most other Northern and Western European countries and reducing unintended teenage pregnancy is a priority for the Scottish Government. Teenage pregnancy is also linked to deprivation with the rates of teenage pregnancy in deprived areas more than treble those of the least deprived areas.

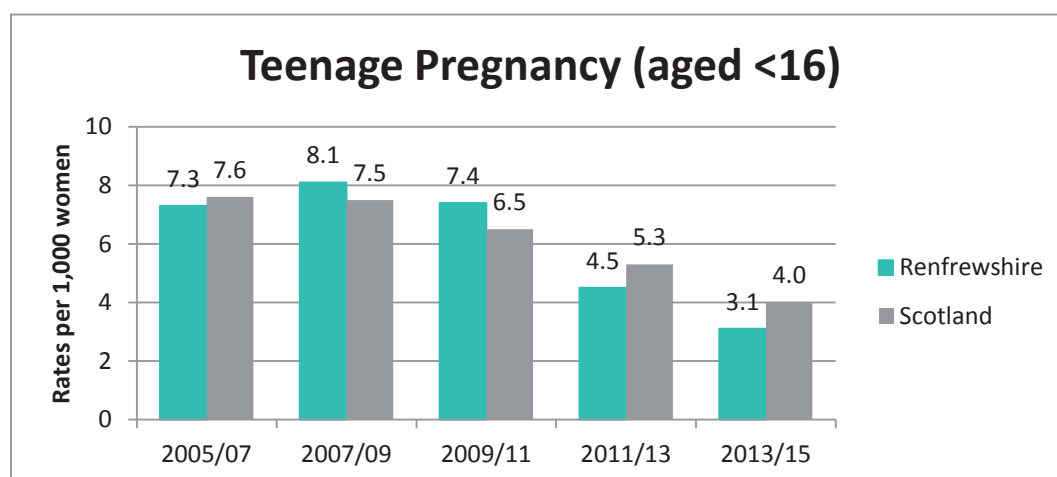
### Data

Data are presented by calendar year and used in the following age groups:

- <16 includes women aged less than 16
- <18 includes women aged less than 18 (including <16s)
- <20 includes women aged less than 20 (including <16s and <18s)

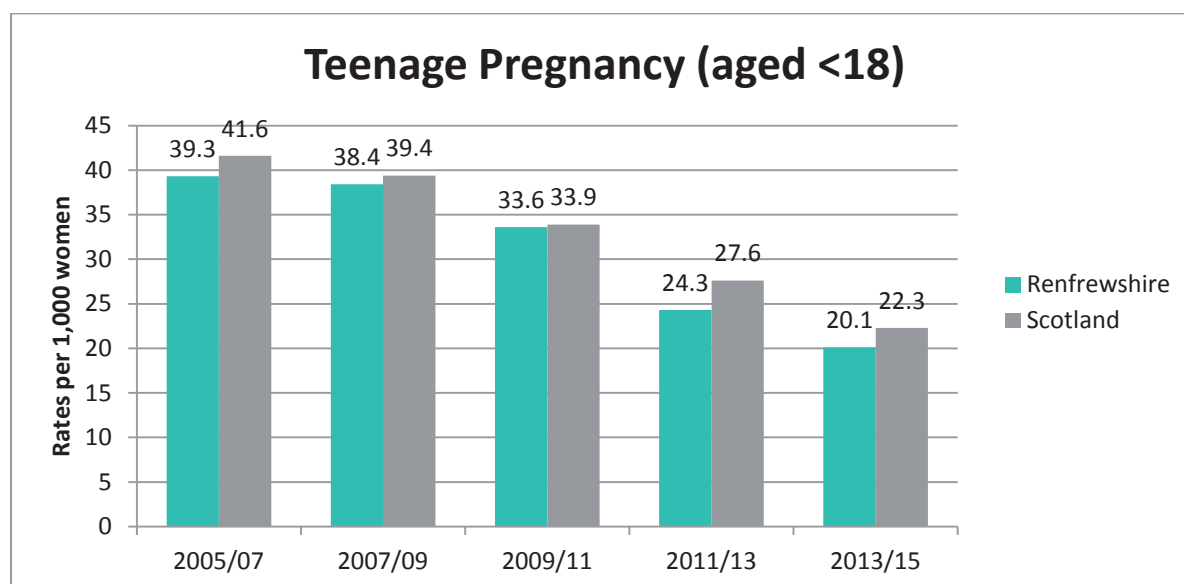
In Renfrewshire and other local council areas, rates for age groups <16 and <18 are shown as three year moving aggregates. This reduces the risk of disclosure (the chance of inadvertently identifying an individual) and to smooth out the fluctuations resulting from small numbers.

We have seen a substantial reduction in the rate of teenage pregnancies for those under 16 years of age. The rate for 2005/07 was 7.3 per 1,000 women. This increased to 8.1 for 2007/09 and then has steadily decreased to a rate of 3.1 for 2013/15. This rate is below the Scottish average of 4.0 per 1,000 women.



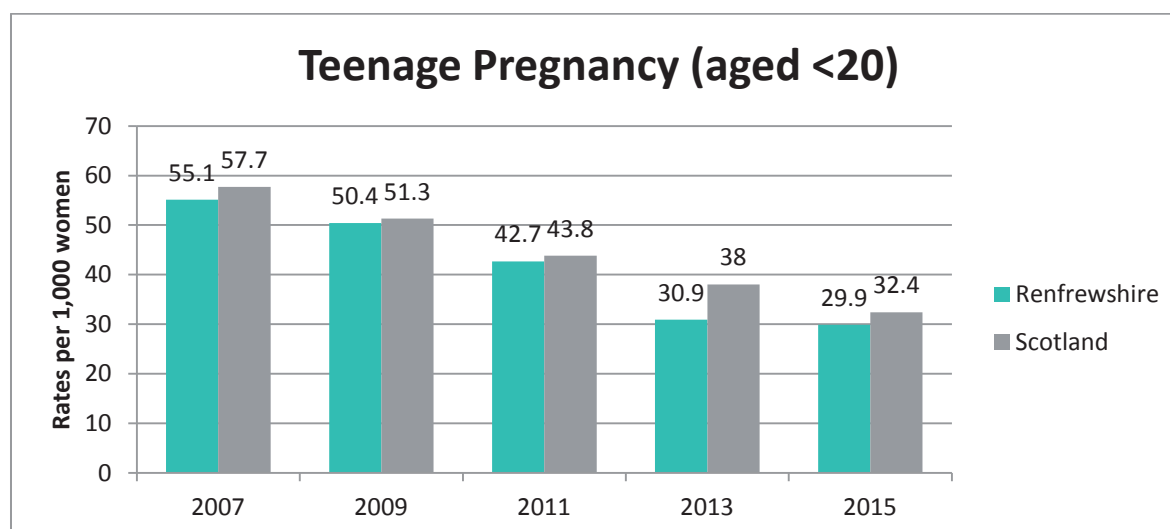
Source: ISD Scotland

Similarly there has been a reduction in the rate of teenage pregnancies for those under 18 years of age. The rate for 2005/07 was 39.3 per 1,000 women. This has steadily decreased to a rate of 20.1 for 2013/15. This rate is below the Scottish average of 22.3 per 1,000 women.



Source: ISD Scotland

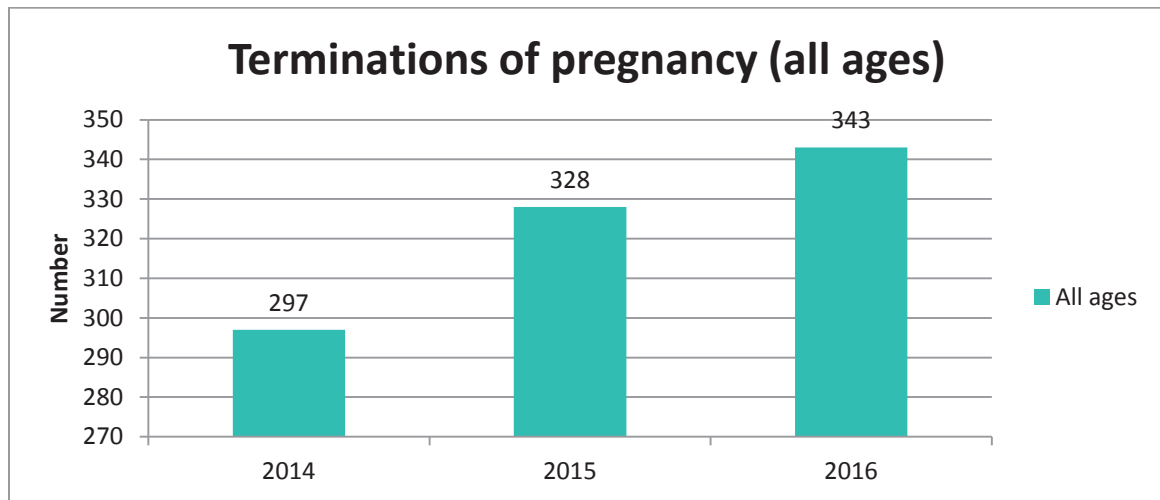
The rate of teenage pregnancies for those under 20 years of age has also decreased. The rate for 2005/07 was 55.1 per 1,000 women. This has steadily decreased to a rate of 29.9 for 2013/15. This rate is below the Scottish average of 32.4 per 1,000 women.



Source: ISD Scotland

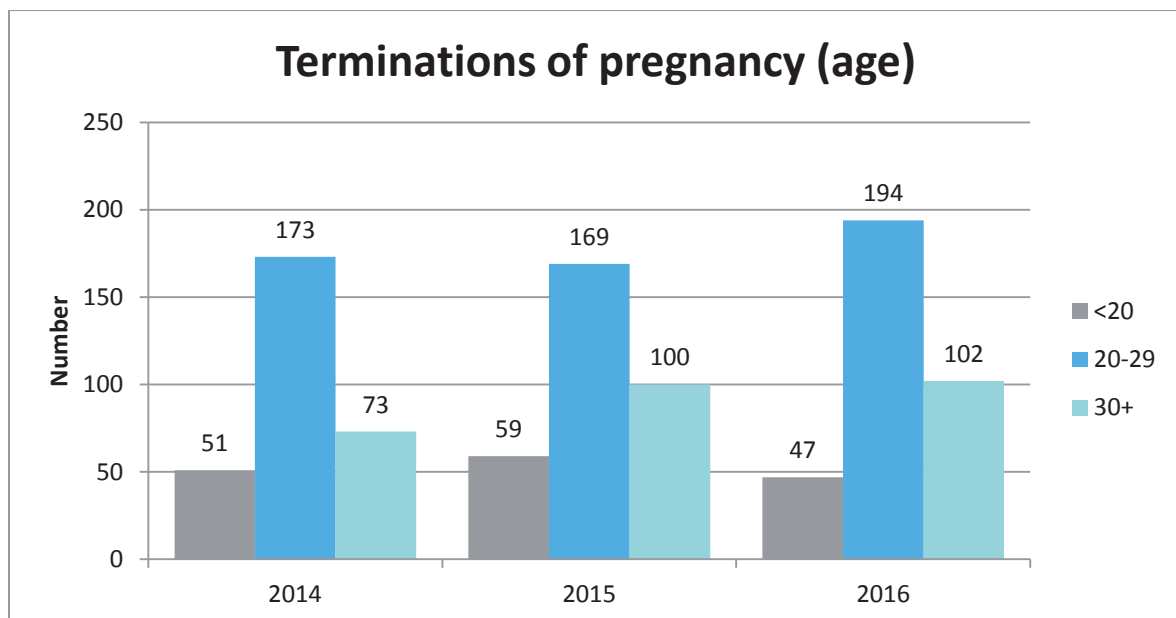
## Terminations of Pregnancy

From 2014 to 2016, there has been a 15.5% increase in the number of terminations of pregnancy in Renfrewshire. The following table shows a steady increase from 297 in 2014, to 328 in 2015 to 343 in 2016.



Source: ISD Scotland

The following table shows that termination of pregnancy in those aged under 20 has decreased from 2014 to 2016. While the numbers for those aged 20-29 and aged 30+ have increased.



Source: ISD Scotland



## **Pregnancy and Parenthood in Young People Strategy 2016-26**

In March 2016 the Scottish Government published 'The Pregnancy and Parenthood in Young People (PPYP) Strategy' <http://www.gov.scot/Resource/0049/00495068.pdf> which aims to drive actions that will decrease the cycle of deprivation associated with pregnancy in young people under the age of 18. The strategy notes that 'evidence shows that having a pregnancy at a young age can contribute to a cycle of poor health and poverty as a result of associated socio-economic circumstances before and after pregnancy (as opposed to the biological effects of young maternal age)'.

The strategy has a number of short, medium and long term outcomes. One of the long term outcomes is a 'reduction in pregnancies and subsequent unintended pregnancies in young people'.

The HSCP will support the development of Renfrewshire's Teenage Pregnancy and Parenthood Strategy via a staff survey to establish the use of the sexual health curriculum resource pack and the delivery of whole school assemblies to promote local Sandyford Services.

### **Family Nurse Partnership**

Family Nurse Partnership (FNP) is a preventive, intensive home visiting programme offered to first time young mothers aged 19 years and under and their families. Young women are offered the programme in early pregnancy and are visited by a specially trained Family Nurse until the baby is two years old. The programme delivers an attachment based therapeutic relationship in order to improve pregnancy outcomes, child health and development and future educational readiness and achievement. The programme effectively diverts young, vulnerable parents away from statutory services. There are 108 young mothers receiving support through Family Nurse Partnership in Renfrewshire with an average age of 18. Areas of improvement include engagement of dads and subsequent positive outcomes for wider family members; a 43% reduction in clients smoking by the end of their pregnancy; and 32% of clients initiated breastfeeding which is higher than the national and local average for the same age group.

### **Sexual Health**

Across NHS Greater Glasgow and Clyde, a sexual health review has been commissioned. Specialist sexual health services are provided by Sandyford, operating out of Paisley and Johnstone in Renfrewshire. Sexual health services are also provided in primary care. The review aims to focus Sandyford activity on vulnerable groups such as young people, those at higher risk of contracting HIV and those requiring specialist services. Workstreams have been set up to look at young people, clinical services, accessibility and workforce. The review will report at the end of 2017.