



**Fife Health  
& Social Care  
Partnership**



# Locality Profile

## Glenrothes

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# Introduction and Background

## Aims of this Profile

This locality profile will describe the population of Glenrothes in areas that are either relevant to the process of Health and Social Care Integration or can be directly influenced by it. It will look at specific locality data and be used to highlight key challenges that affect the population of the locality.

The profile will be part of the locality plan which will detail how Fife Health and Social Care Partnership will integrate Health and Social Care in Glenrothes. The profile will be used to inform and influence this plan through both analysis of the data within and through engagement with those living, working and using services in the community. From these exercises a set of local priorities will be identified for the plan, which will also include details on the activities, interventions and resource that will need to be put in place to meet these.

## What is included in this Profile?

Included in this profile are available data on the health outcomes of the Glenrothes population with respect to health and social care integration. In addition there are data on home care provision, housing and carers. Also included are details and community facilities, as well as perceptions of social care and family health services.

## Who is this Profile for?

This document will be of interest to everyone who lives in the Glenrothes locality, as well as anyone who works in the area of health and social care.

The development of the locality plan very much starts at home and as such we want to fully understand the resources and strengths of the community and build on these. Integral to this is the opinion of the general public, health and social care staff, and independent and voluntary sector workers. This profile will help inform engagement with these groups in the development of the plan.

## Health and Social Care Outcomes

The Scottish Government have set out a broad group of health and social care outcomes that are common to all partnerships in Scotland. These 9 health and social care outcomes help drive the integration of health and social care, and are designed to ensure that partnerships are motivated to meet the needs of people both now and in the future.

These outcomes are summarised below

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 helping 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



## The Vision, Mission & Values of Fife Health & Social Care Partnership

The data presented in this profile will be relevant not only to the locality planning process but also to the Strategic Plan for Health and Social Care Integration if Fife. Therefore it is important, when designing the Locality Profile for Glenrothes, to incorporate and reflect on the key aims of the Strategic Plan for Fife Health and Social Care Partnership.

This Strategic Plan sets out our priorities for 2016–19 and establishes the framework in which we will use our resources.

This Fife wide plan can be viewed here:

[http://publications.fifedirect.org.uk/c64\\_HSCP\\_Approved\\_Strategic\\_Plan\\_2016\\_incl\\_Appendices.pdf](http://publications.fifedirect.org.uk/c64_HSCP_Approved_Strategic_Plan_2016_incl_Appendices.pdf)

Within this document the vision, mission and values of the partnership are identified. These are described below.

**Our Vision** Accessible, seamless, quality services that are personalised and responsive to the changing needs of individuals, designed with and for the people of Fife.

**Our Mission** We will deliver this by working with people in their own communities, using our collective resources wisely. We will transform how we provide services to ensure these are safe, timely, effective and high quality and based on achieving personal outcomes.

**Our Values** Fife Health and Social Care Partnership will be:

- Person-focused
- Integrity
- Caring
- Respectful
- Inclusive
- Empowering

## Fife Health & Social Care Partnership—Strategic Priorities

Also identified within the Strategic Plan are the 4 priorities for Fife Health and Social Care Partnership. Both the locality profile and locality plan will link in to these priorities, as well as any additional local priorities identified.

The following four Strategic Priorities are what Fife Health & Social Care Partnership have identified as key areas which will target many of the issues raised in the Strategic Plan:

- Prevention and Early Intervention
- Integrated and Coordinated Care
- Improving Mental Health Services
- Reducing Inequalities

When producing a Locality Profile for Glenrothes, we must ensure that the methods we follow stay in line with the key aims and priorities laid out in our Strategic Plan. For this reason, our key aims are summarised below for each of our 4 priorities.

### Prevention and Early Intervention

- We will continue to improve access to information, advice and support to enable people and their carers to lead healthier lifestyles and remain as independent as possible and making an active contribution to their families and communities.
- We will develop our capacity to support people at home through new models that provide greater choice and control including timely provision of aids and adaptations and technology to enable care.

- We will focus our activity on supporting people to manage their own conditions and to stay healthy and more independent for longer including more open conversations about death, dying, bereavement and expectations for, and consent to, treatment.
- We will increase access to services including anticipatory care planning that promote early intervention and recovery and reduce the risk of deterioration in health and wellbeing.
- When people become ill and experience difficulties with everyday tasks, we will support them to recover and regain as much independence as possible to remain at home.
- We will work with other services and organisations across community planning in Fife, to tackle the factors that determine good health and wellbeing, including education and skills, jobs and economy, transport and housing.

### Integrated and Coordinated Care

- We will redesign to provide more efficient, integrated services providing coordinated care at home that will enhance the experience of the people who use services and their carers.
- We will work to bring together health and social care teams and the Third and Independent sectors to provide the right level of support at the right time, to meet individual needs and reduce avoidable emergency admissions to hospital.
- We will work to provide coordinated health and social care services to better meet the needs of people requiring care at the end of their lives, and their families and carers.
- We will work with General Practice and the Out of Hours services to deliver more joined up responses ensuring there is a named person for GPs to contact for care coordination.
- We will create a structured, coordinated and strategic approach to community support for people with frailty, including dementia, and their carers to ensure that they remain in the community for as long as possible.
- We will ensure that quality of life and wellbeing is the main focus for health and social care services for people with long-term and life-threatening conditions, and that services work effectively with people at end of life to ensure their needs are met.

### Improving Mental Health Services

- We will continue to shift the balance of care from long stay hospital to community settings.
- We will challenge stigma.
- We will develop the outcomes-based approach to include personal, social and clinical outcomes based on what matters to individuals.
- We will ensure more effective integrated partnership working resulting in clearer pathways facilitating the right support at the right time based on the needs of the individual.
- We will help people realise their aspirations, offer help when they need it, both in an environment of promoting recovery and sustaining relationships.

### Reducing Inequalities

- We will ensure our health and social care services contribute to reducing inequalities in health.
- We will work with people across the different localities in Fife to improve their experience of health and wellbeing, positively contributing to reducing inequalities.
- We will work with our Community Planning Partners to improve equity of access and provision of services to maximise opportunities for people experiencing inequality.
- We will ensure that people have access to appropriate housing and housing adaptations to enable independent living.
- We will work with partners to offer financial advice to people who use our services to ensure that they are in receipt of full entitlement of benefits.

- We will work to reduce inequalities in access and uptake of health and social care services for people living in deprived circumstances.
- Spread and embed poverty reduction initiatives within housing, social and health care settings relating to financial inclusion, digital inclusion, fuel poverty, employability, volunteering and befriending.
- We will work with our employability partners to ensure that every opportunity is explored to help people into work.
- We will work with the Fife Housing Partnership to reduce level of homelessness.

## About Glenrothes

This section will look at some of the demographics of the Glenrothes locality and show how they compare to Fife as a whole and, in some cases, to Scotland.

Glenrothes locality borders Cowdenbeath, Kirkcaldy, Levenmouth and North East Fife localities. Major settlements include Glenrothes, Thornton, Kinglassie, Markinch and Leslie.

### Population



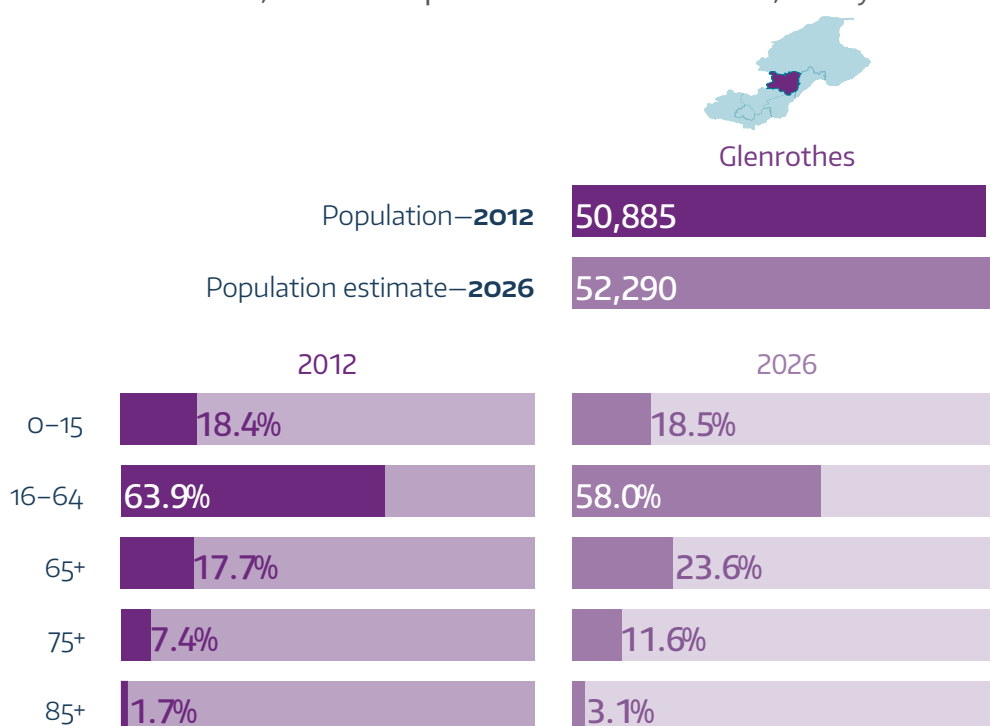
According to 2014 estimates, Glenrothes has a population of 50,600 (13.8% of Fife's total population).

If we look at the population of Glenrothes by gender, Glenrothes is populated by a greater number of females than males, 51.4% vs. 48.6%. (source: NRS)

### Population Projections

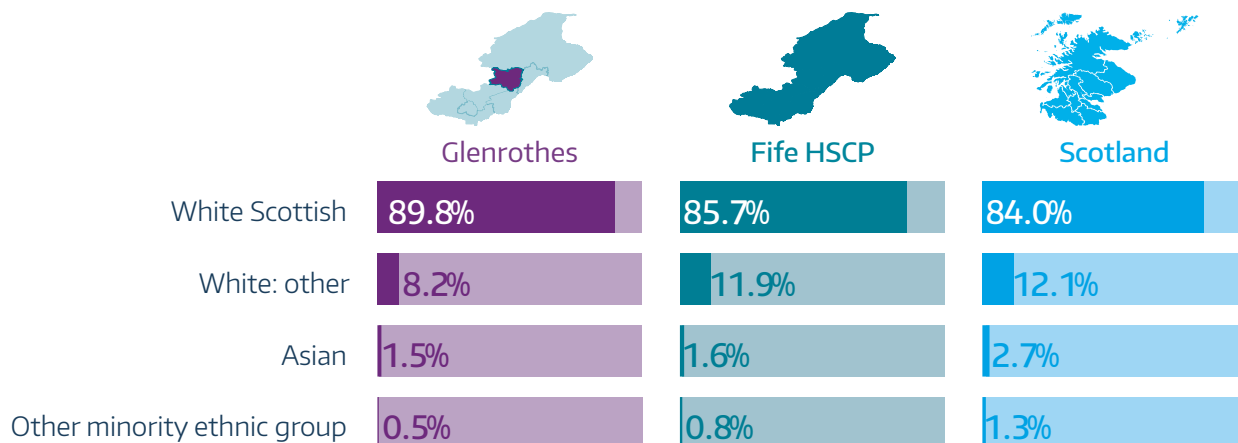
The population projections presented here are aggregated from Council Ward projections produced by the National Records of Scotland. These figures should be taken as an estimate and treated with caution as any differences in factors such as migration, birth/death rates and house building between what is assumed and what transpires will affect the projections into the future.

The latest population projections available at this level are based on 2012 population estimates. In 2012 the population of Glenrothes was estimated to be 50,885. This is predicted to increase to 52,290 by 2026.



As well as the change in numbers there is a marked change in the proportion of the population that will be made up of those over 65. In 2012 the over 65s make up 17.7% of the population whereas in 2026 this group is predicted to make up 23.6%. The proportion of those aged over 75 is predicted to increase from 7.4% to 11.6%. (source: NRS)

## Ethnicity



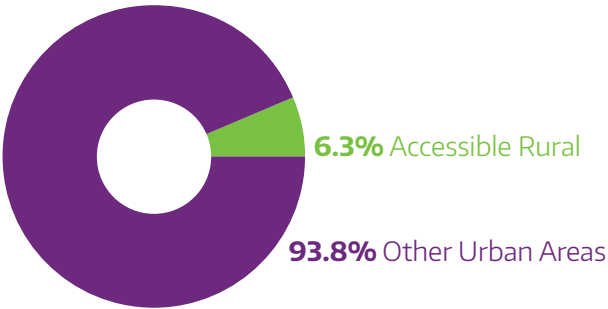
According to the 2011 national census, Glenrothes has 89.8% of it's population reporting as White Scottish. Fife as a whole has 85.7% and Scotland 84.0% for the same statistic.

Glenrothes reports lower figures for the categories of White Other, Asian, and Other than Fife and Scotland.

## Rurality

The Scottish Government Urban Rural Classification provides a standard definition of areas in Scotland. This classification is updated every two years to incorporate the most recent Small Area Population Estimates (SAPE) produced by National Records of Scotland (NRS) and Royal Mail Postcode Address File (PAF).

Scottish Government 6-fold Urban Rural Classification	
1. Large urban areas	Settlements of 125,000 or more people.
2. Other urban areas	Settlements of 10,000 to 124,999 people.
3. Accessible small towns	Settlements of 3,000 to 9,999 people and within 30 minutes drive of a settlement of 10,000 or more.
4. Remote small towns	Settlements of 3,000 to 9,999 people and with a drive time of over 30 minutes to a settlement of 10,000 or more.
5. Accessible rural	Areas with a population of less than 3,000 people, and within a 30-minute drive time of a settlement of 10,000 or more.
6. Remote rural	Areas with a population of less than 3,000 people, and with a drive time of over 30 minutes to a settlement of 10,000 or more.



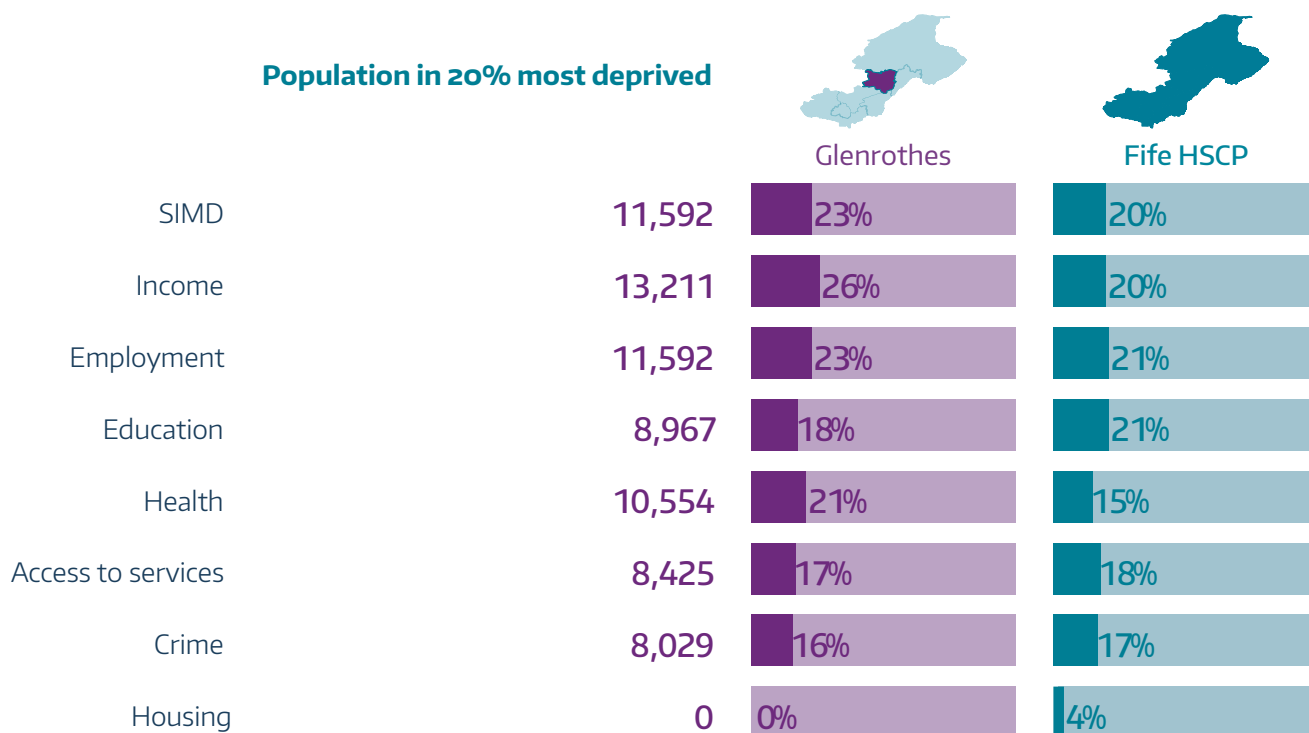
The chart on the left profiles Glenrothes in terms of Urban-Rural classification. We can see that the majority (93.8%) of the population are resident in 'Other Urban Areas' and the remaining population reside in Accessible Rural areas (6.3%).

# Deprivation

## Scottish Index of Multiple Deprivation

The Scottish Index of Multiple Deprivation (SIMD) is a tool for identifying areas of poverty and inequality across Scotland and can help organisations invest in those areas that need it most. The SIMD identifies concentrations of multiple deprivations across all of Scotland in a consistent way. The SIMD ranks small areas (datazones) from most deprived to least deprived. There are 494 datazones in Fife, each of around 750 individuals. 70 of these datazones are in Glenrothes. ‘Deprived’ does not just mean ‘poor’ or ‘low income’. It can also mean people have fewer resources and opportunities. The SIMD 2016 combines 38 indicators across 7 domains, namely: income, employment, education, health, access to services, crime and housing.

The table below shows the population of Glenrothes classed as being in the most deprived 20% in Scotland for the overall index of deprivation and each of the 7 domains, as well as the percentage of the overall population classed as such for both Glenrothes and Fife.



## Overall Index

In Glenrothes locality 11,592 (23%) of individuals live in one of the 20% most deprived areas in Scotland, this compares to 20% over Fife as a whole. Glenrothes has no datazones ranked in the 10 most deprived in Fife. The most deprived is Collydean North, which is the 11th most deprived datazone in Fife and the 380th most deprived in Scotland. (source: SIMD/NRS)

## Income Deprivation

The income domain considers the percentage of people who are income deprived and receive certain benefits or tax credits.

In Glenrothes 13,211 individuals (26%) of individuals live in one of the 20% most income deprived areas in Scotland. This compares to 20% of the Fife population. (source: SIMD/NRS)

## Employment Deprivation

The employment domain considers the percentage of working-age people who are employment deprived and receive certain benefits.

11,592 (23%) individuals in Glenrothes live in one of the 20% most employment deprived areas in Scotland. This compares to 21% for Fife as a whole. (source: SIMD/NRS)

## Education Deprivation

The education domain takes into account data on school attendance, qualifications, proportion of people aged 16 to 19 not in full time education, employment or training, and proportion of 17 to 21 year olds not entering full time higher education.

In Glenrothes 8,957 (17.8%) of individuals live in one of the 20% most educationally deprived datazones in Scotland. For Fife this figure is 21%. (source: SIMD/NRS)

## Health Deprivation

The health domain takes into account the following measures:

- Comparative Illness Factor
- Hospital stays related to alcohol misuse
- Hospital stays related to drug misuse
- Emergency stays in hospital
- Standardised mortality ratio
- Proportion of population being prescribed drugs for anxiety, depression or psychosis
- Proportion of live singleton births of low birth weight

In Glenrothes 10,554 (20.9%) of individuals are deemed to be living in areas classed as being in the 20% of most health deprived areas in Scotland. For Fife this figure is 15%. (source: SIMD/NRS)

## Access Deprivation

Areas are defined as access deprived are those where it is deemed that access to a range of key services are deemed problematic due to geography and financial cost. Travel time and cost by both car and public transport are taken into account when this is calculated to allow for the fact that not everybody will have access to a car. Key services include GP Practices, Post Offices and schools.

In Glenrothes 8,425 (16.7%) individuals live in areas classed as access deprived. This compares to a figure of 18% in Fife as a whole. (source: SIMD/NRS)



## Crime Deprivation

The crime domain considers recorded crimes of violence, sexual offences, domestic housebreaking, vandalism, drugs offences, and common assault per 10,000 people.

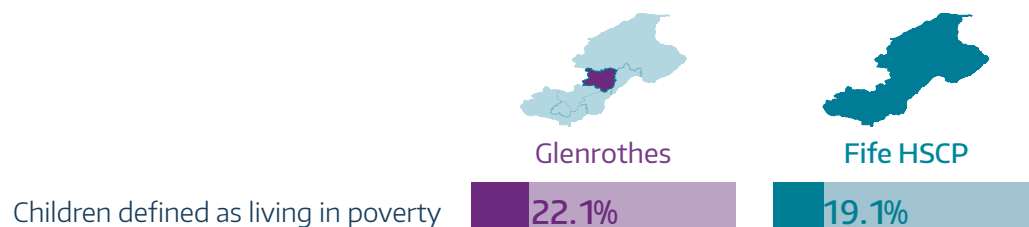
In Glenrothes 8,029 (16%) of individuals live in one of the 20% of Scottish areas deemed to be the most deprived with regards to crime. This compares to 17% in Fife as a whole. (source: SIMD/NRS)

## Housing Deprivation

The housing domain considers the percentage of people in households that are overcrowded or have no central heating.

In Glenrothes, no individuals live in one of the 20% of Scottish areas deemed to be the most deprived when it comes to housing. This compares to 4% of individuals for the whole of Fife. (source: SIMD/NRS)

## Child Poverty



Also to be considered is levels of Child Poverty in the locality. The percentage of children (aged under 16) in poverty—that is living in households with less than 60% of median household income—in Glenrothes was 22.1% in 2013. This is higher than the Fife figure which sits at 19.1%. (source: Department of Work and Pensions)

## Community Assets

People and communities are the most valuable resources in the delivery of health and social care.

Families, friends and neighbours play an essential role supporting people, not only with practical help, but also socially and emotionally. Staff working in the NHS, council, housing, care at home services and care homes provide important health and social care services. However, there are also significant numbers of dedicated volunteers supporting people in their own homes and local communities through a wide variety of local clubs, community groups and services.

The physical assets in Glenrothes will be outlined in the table below. It is important that we make the best use of all the physical assets that exist in Glenrothes. Consideration should also be given into how these might be better utilised to improve quality of life and deliver better outcomes for people.

<b>HEALTH</b>		
	number	description and further notes
Hospitals	1	Glenrothes Hospital
A&E/MIU	0	
GP practices	7	The Lomond Practice (Glenrothes), North Glen Medical Practice (Glenrothes), The Glenwood Practice (Glenrothes), Cos Lane Surgery (Glenrothes), Roth's Medical Practice (Glenrothes), Leslie Medical Practice, Markinch Medical Practice
Pharmacies	9	Glenrothes (6), Leslie (2), Markinch (1), Thornton (1)
Clinics	1	Dovecot Clinic (Glenrothes)
Dental practices	9	Glenrothes (7), Leslie (2)
Opticians	4	Glenrothes (4)
<b>SOCIAL CARE</b>		
	number	description and further notes
Care homes	10	412 registered places
<b>COMMUNITY</b>		
	number	description and further notes
Community centres/village halls	22	
Community Use Schools	2	
Local Offices	1	
Leisure facilities	1	Michael Woods Sports and Leisure Centre (Glenrothes)
Libraries	3	Cadham (Glenrothes), Roth's Halls (Glenrothes) and Leslie

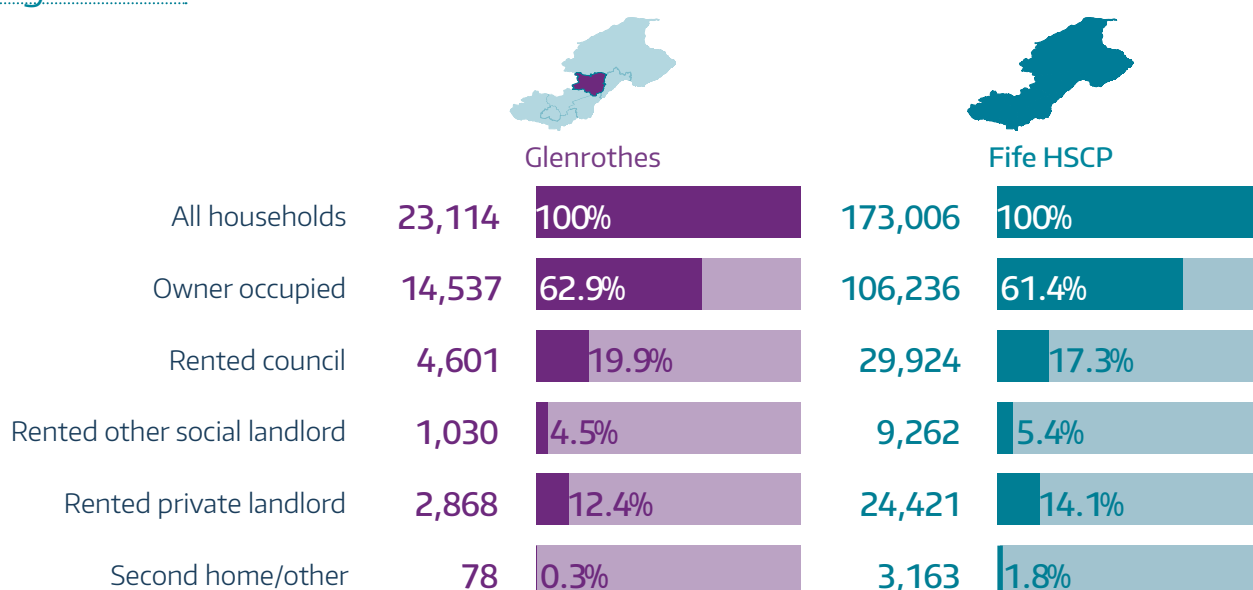
Glenrothes Hospital has 60 inpatient beds, as well as around 20 day hospital beds. It also provides a wide range of services including; speech and language therapy, occupational therapy, physiotherapy, dietetics, district nurses, health visitors, podiatry, hospital pharmacy and x-ray services.

Many specialist health services will need to be accessed out with the community. The primary acute hospital facility in Fife is the Victoria Hospital in Kirkcaldy, and in addition to many outpatient and community health services, the Victoria Hospital also has the closest Accident and Emergency Department to Glenrothes.

## Housing and Occupancy

This section will look at the status of housing and occupancy in the Glenrothes Locality and show how, in some cases, this compares to Fife as a whole. Also of relevance to this section is the housing deprivation data presented in the ['About Glenrothes'](#) section.

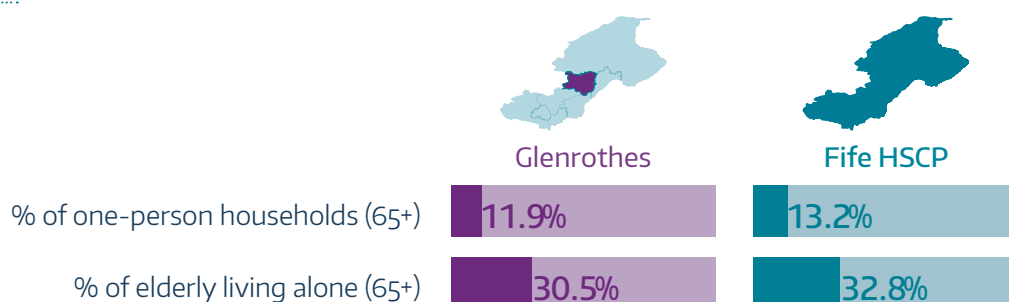
### Housing Tenure



In 2015, owner occupied made up the largest percentage of housing in Glenrothes at 62.9%. This is also the case in Fife, where the percentage is 61.4%. Rented council is second to that with 19.9% of individuals occupying this category (Fife 17.3%). Thirdly is private landlord at 12.4% in Glenrothes and 14.1% in Fife.

The percentage living under the tenure of 'other social landlord' is 4.5% in Glenrothes with the Fife comparison at 5.4%. (source: Fife Council)

### Elderly Living Alone



The percentage of one person households (age 65+) in Glenrothes is 11.9%. This is slightly lower than the Fife percentage of 13.2%. The percentage of elderly living alone (65+) is 30.5% in Glenrothes, which again is slightly lower than the Fife percentage of 32.8%. (source: Scotland Census 2011/NRS)

# Health and Outcomes of the Glenrothes Population

This section presents some of the health data and activity, as well as figures on mortality of the population. Where appropriate, these data are presented with the figure for Fife as a comparator.

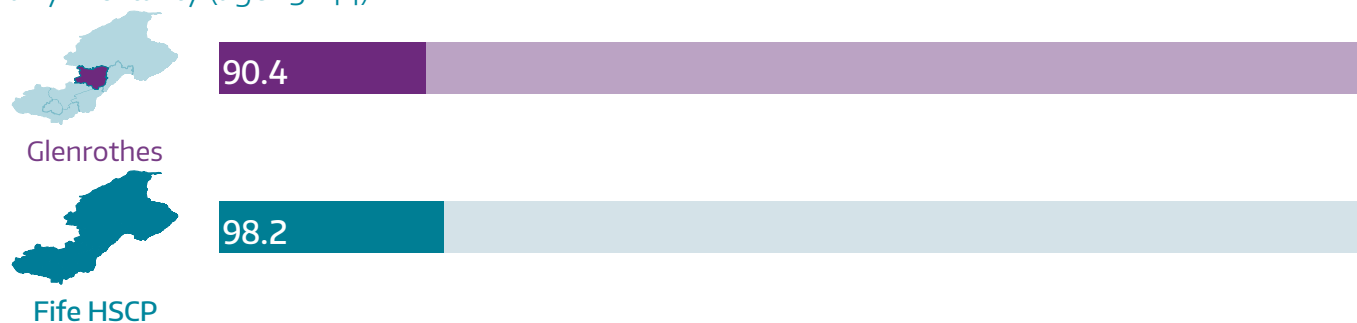
## Mortality

### Life Expectancy

Life expectancy of those born between 2010 and 2014 for Glenrothes and for those born between 2012 and 2014 in Fife as a whole is calculated by National Records Scotland. Glenrothes has an average life expectancy for females of, 80.8 years and males of, 77.3 years. Fife has an average life expectancy of 81.5 and 77.7 years respectively. (source: NRS)



### Early Mortality (age 15–44)



The early mortality rate for Glenrothes, that is death rates for those aged between 15 and 44, has decreased over the last ten years; from 110.1 per 100,000 in 2002–04 to 90.4 per 100,000 in 2013–15.

In Fife the figure is 98.2 deaths per 100,000 population. The Scottish figure is the same as Fife's at 98.2 per 100,000 population. (source: NRS/ScotPHO)

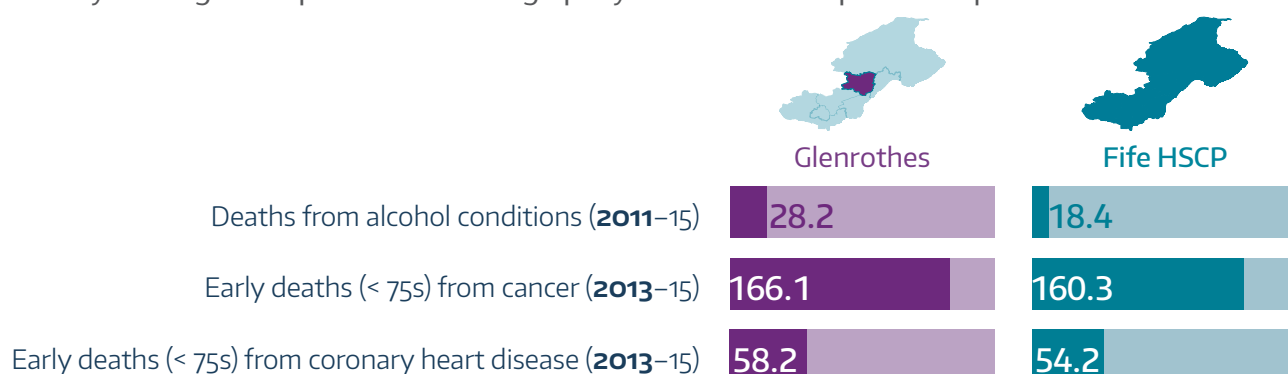
## Premature Mortality (under 75)



Premature mortality is measured against the death rate per 100,000 population in the under 75s. In Glenrothes this is 430 deaths per 100,000 population in 2015. Glenrothes has the fifth highest premature mortality rate in Fife, with Levenmouth, Dunfermline, Kirkcaldy and Cowdenbeath all recording a higher rate. Only North East Fife and South West Fife record a lower rate. In Fife the rate is 422 per 100,000 population and in Scotland the rate is 441. (source: NRS/ScotPHO)

## Mortality for Specific Conditions

The table below presents data on age-sex standardised mortality rates per 100,000 population. For alcohol the data are for all ages, for cancer and coronary heart disease the data are for under 75s only, representing early mortality. The figures represent the average per year for the time period in question.

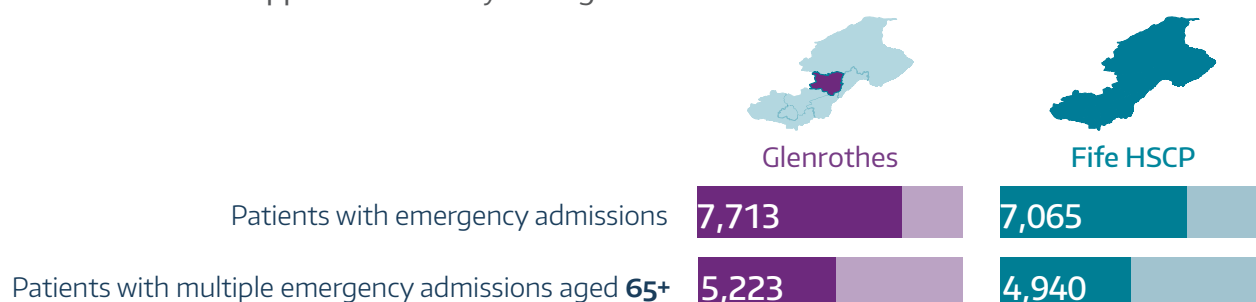


Glenrothes has a higher mortality rate per 100,000 populations than Fife for all three conditions presented here. For alcohol related conditions, the mortality rate is 28.2 against a rate of 18.4 for Fife as a whole. For early deaths from cancer the rate for Glenrothes is 166.1 vs. a rate for Fife of 160.3. For coronary heart disease there equivalent rates are 58.2 vs. 54.2. (source: NRS/ScotPHO)

## Physical Health

### Acute Hospital Activity

A reduction in the number of emergency inpatient hospital stays is one of the 8 impact areas in the Shifting the Balance of Care Framework which is designed to improve the health and wellbeing of the people of Scotland by increasing our emphasis on health improvement and anticipatory care, providing more continuous care and more support in a homely setting.

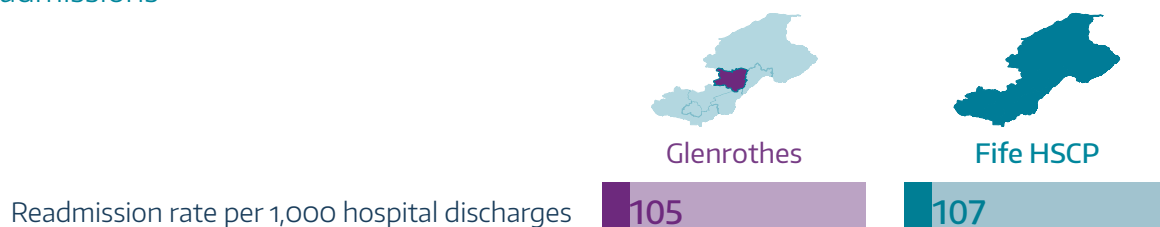


For Glenrothes the rate per 100,000 population for emergency admissions is higher than the figure for Fife as a whole (7,713 vs. 7,065).

For those aged 65+ with multiple emergency admissions, that is those with more than one emergency hospitalisation in a year, Glenrothes has a rate of 5,223 per 100,000 population. For Fife this rate is 4,940.

Data for both the indicators above represent the average rate per year from 2013 to 2015. (source: ISD/SMR01)

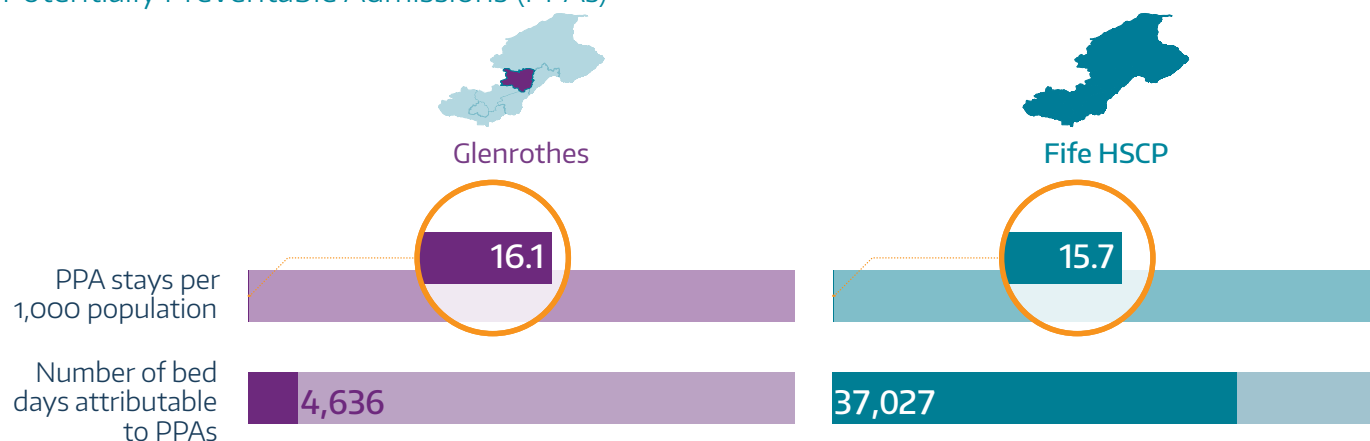
### Emergency Readmissions



This indicator looks at rates for individuals discharged from hospital who are thereafter readmitted as an emergency within 28 days. The 28-day emergency readmission rate reflects several aspects of integrated health and care services—including discharge arrangements and co-ordination of follow up care underpinned by good communication between partners. A higher readmission rate may be indicative of problems in these areas.

Glenrothes has a rate for 28 day readmissions comparable to Fife as a whole. Glenrothes has a rate per 1,000 discharges of 105 readmissions in 2015/16, whilst Fife has a rate of 107. (source: ISD/SMR01)

## Potentially Preventable Admissions (PPAs)



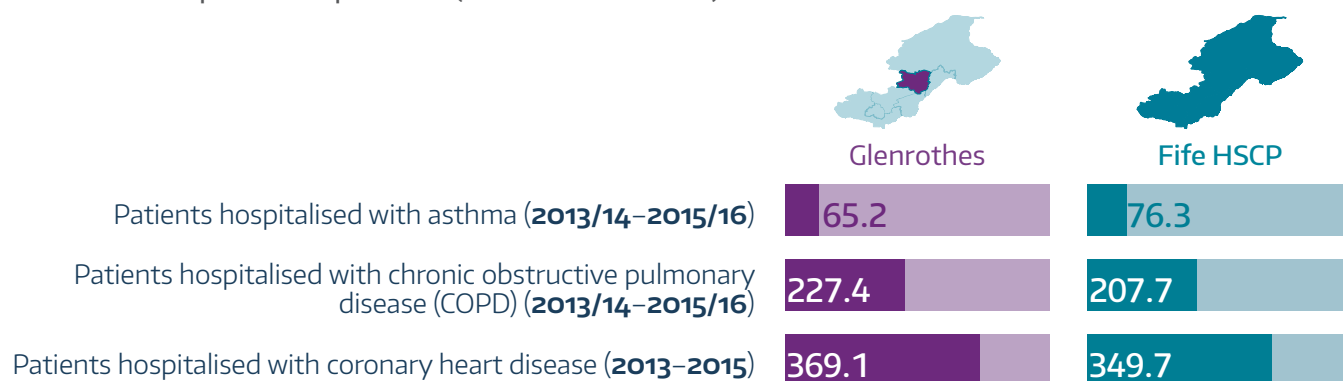
These data on PPAs are produced by the Information Services Division of NHS Scotland and are based on 19 conditions identified in various academic studies and used in reporting UK wide. These conditions result from medical problems that may be avoidable with the application of public health measures and/or timely and effective treatment usually delivered in the community by the primary care team.

Using this methodology, Glenrothes has 16.1 possible preventable admission per 1,000 population, which in turn accounted for 4,636 acute bed days in 2014/15. The rate of 16.1 per 1,000 is higher than the Fife wide rate of 15.7 per 1,000. (source: ISD/SMR01)

## Emergency Hospital Admissions for Specific Conditions

This section includes emergency hospital admission figures for selected conditions where emergency admissions can be classed as potentially avoidable.

The data in the table below are age-sex standardised rates per 100,000 population and are the average per year for the time period in question. (source: ISD/SMR01)



Glenrothes has a lower emergency hospitalisation rate per 100,000 population for asthma hospitalisations than the Fife average (65.2 vs. 76.3) but higher for both COPD (227.4 vs. 207.7) and Coronary Heart Disease (369.1 vs. 349.7).

## Long-term Conditions

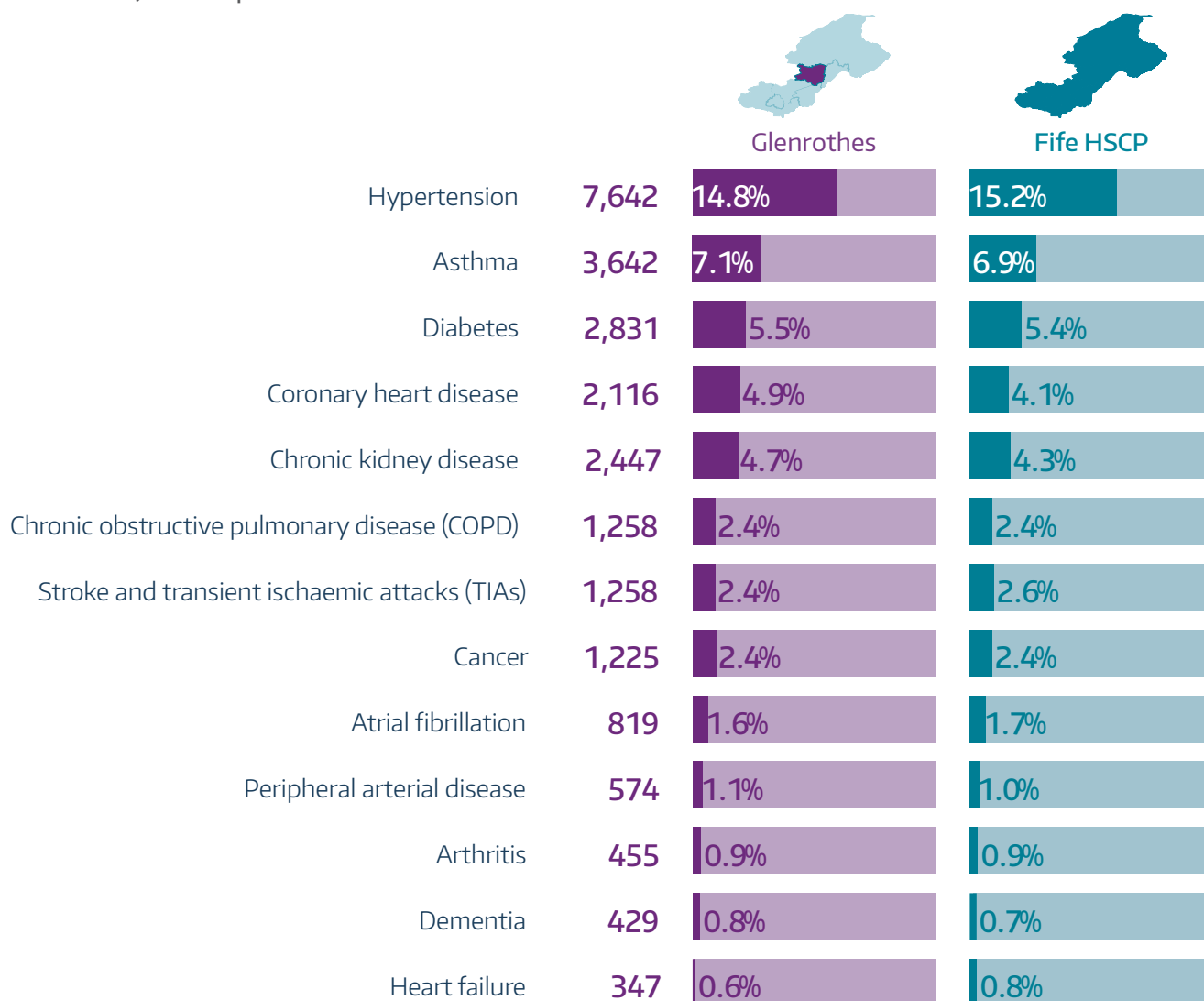
A long-term condition is defined as a condition that cannot, at present, be cured but can be controlled by medicine and/or other therapies.

With the number of people in older age groups increasing, the expectation is that the number of people with long-term conditions and more than one condition will also increase. This has the potential to have significant implications for health and social care services. Presented below is the picture of long-term conditions in Glenrothes locality.

### Long-term Conditions—prevalence

The prevalence rates presented here collated from data GP Practice registers as at 1st April 2016. These data are extracted as part of the Quality and Outcomes Framework (QOF).

A QOF-reported prevalence rate for a practice is simply the total number of patients on the register, expressed as the percentage of the total number of patients registered with the practice. These prevalence rates are not adjusted to account for patient age distribution or other factors that may differ between localities. Furthermore, although registers may be restricted (e.g. to only include patients over a specified age) the QOF prevalence rate is based on the total number of persons registered with the practice (the practice list size) at one point in time.



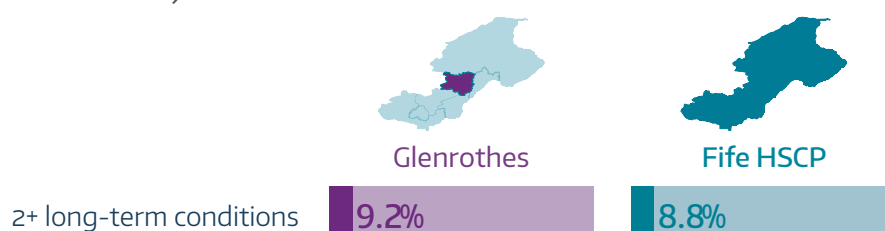


### Long-term Conditions—multi-morbidity

The Scottish Patients at Risk of Readmission and Admission (SPARRA) register is designed to help health and social care professionals identify people with complex care needs and who are at risk of being admitted to hospital as an emergency in a particular year. As part of this data relating to 15 long-term conditions are included for each individual. This allows us to identify where more than one long-term condition is present.

The data include only those that have accessed health services due to their long-term condition. Those whose conditions are managed by themselves or in the community without medical intervention will not be included in these data.

In Glenrothes 9.2% of the adult population have two or more long term conditions. This compares to 8.8% of the Fife wide population. (source: SPARRA)



### Physical Disabilities

Data below are obtained from the 2011 Census and detail those self reporting a physical disability. Respondents were asked if they have a physical disability which have lasted, or are expected to last at least 12 months. The table below outlines the rate per 100,000 population of self reporting disability in Cowndenbeath with a Fife wide comparator.



Glenrothes has a higher rate than the Fife comparator for those identifying themselves with having a physical disability, with a rate per 100,000 population of 7,653 per 100,000 compared to 7,187 in Fife. In Glenrothes this equates to 3,895 individuals. (source: Scotland Census 2011/NRS)

### Cancer Incidence



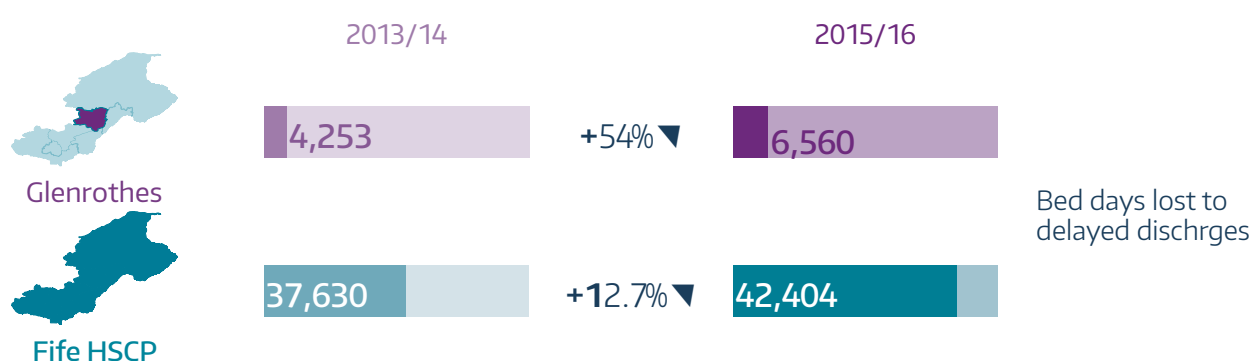
Glenrothes has a similar rate of new cancer cases per head of population reported each year compared with Fife as a whole. Between 2012 and 2014, an average of 635 new cases were reported per 100,000 population. Fife wide this figure was 641. (source: ScotPHO)

## Delayed Discharges

A delayed discharge is a term used to describe an instance where 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

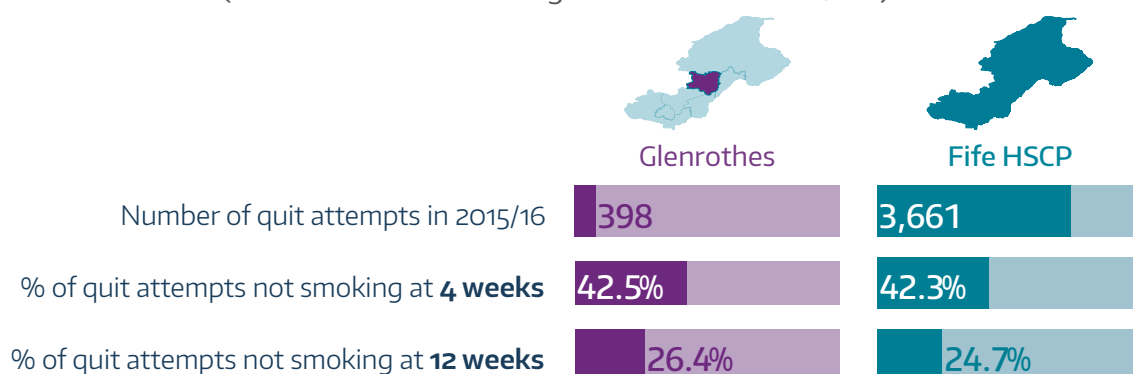
Reducing the number of unnecessary delayed discharges is important because when people are in hospital for a long time it can affect their independence potentially reducing their longer term ability to care for themselves. It may also have other overall negative impacts on a person's health and well-being. There are also issues around resource as it is usually more expensive to look after somebody in hospital rather than the community.

In Glenrothes in 2015/16, 6,560 bed days were lost to delayed discharge. This is an increase from 4,253 in 2013/14, a 54% increase. In Fife over the same period, bed days lost to delayed discharge increased by 12.7%. (source: NHS Fife)



## Smoking Cessation

Smoking cessation success rates vary across Fife. In 2015/16 Glenrothes had 398 quit attempts, with 42.5% of those still not smoking after 4 weeks. 26.4% were still not smoking at the 12 week mark. The rates of success for those not smoking at both 4 and 12 weeks after the start of the quit attempt was higher in Glenrothes than in Fife as a whole. (source: National Smoking Cessation Database/ISD)



## Breastfeeding



The percentage of babies reported by the parent as being exclusively breastfed at 6–8 weeks post birth in Glenrothes between 2012/13 and 2014/15 was 19.7%. This is lower than the similar figure for Fife, which is 25.1%. (source: ScotPHO)

## Mothers Smoking During Pregnancy



The percentage of pregnant women with a known smoking status, recorded as current smoker at their first ante-natal booking in Glenrothes between 2013/14 and 2015/16 was 24.0%. This compares to 21.5% in Fife as a whole. (source: ScotPHO)

## Community Prescribing

Community prescribing refers to prescription by GP practices, dental practices, community pharmacies and high street optometrists.



In 2015/16 there was a spend of £10,796,266.88 on Community Prescribing in Glenrothes. This represents an average cost of £249.66 for each individual on medication. In Fife this average cost is £233.07. (source: ISD/Prescribing Information System)

## Mental Health and Wellbeing

Mental health problems cover a wide range symptoms and illnesses. Examples include common mental health problems such as depression and anxiety, and severe and enduring mental health problems such as schizophrenia.

### Mental Health—Prevalence

The data presented below is gathered from the 2011 Census, where respondents were asked if they have any mental health condition which has lasted 12 months or is expected to last 12 months or more.



Glenrothes



Fife HSCP

Rate per 100,000 population of self-reported long-term mental health condition



Glenrothes reports 4,367 individuals per 100,000 population as having a mental health condition compared with 4,116 across Fife. This equates to 2,223 individuals. (source: Scotland Census 2011/NRS)

### Patients with a Psychiatric Hospital Admission



Glenrothes



Fife HSCP

Average annual age-and-sex-standardised rate of psychiatric hospital admissions per 100,000 population



In Glenrothes there is an average annual age and sex standardised rate of 257 psychiatric hospital admissions per 100,000 population between 2012 and 2014. This is lower than the Fife wide rate, which stands at 263 over the same period. (source: ISD(SMR04)/ScotPHO)

### Dementia

Dementia is a common condition. Your risk of developing dementia increases as you get older, and the condition usually occurs in people over the age of 65. Dementia is a syndrome (a group of related symptoms) associated with an ongoing decline of the brain and its abilities. This includes, but is not limited to, problems with memory loss.

The number of people registered with a GP practice in Glenrothes Locality with a diagnosis of dementia as at 1st April 2016 was 429. Fife wide there are 3,295 patients on GP practice registers with a diagnosis of dementia. Current prevalence estimates for Fife are 6,661 individuals with dementia, so this suggests that around 50% of individuals with dementia are currently undiagnosed. (source: QOF/Alzheimer Scotland)

## Learning Disability and Developmental Disorders

The 2011 Scottish Census collected data on numbers of people with certain conditions that had lasted, or were expected to last, for 12 months or more. These include those identified with a learning disability (for example Down's syndrome) and those identified with a developmental disorder (for example, Autistic Spectrum Disorder or Asperger's Syndrome). The data for these are presented below.



Glenrothes



Fife HSCP

Rate per 100,000 population of self-reported learning disability

576

456

Rate per 100,000 population of self-reported developmental disorder

890

722

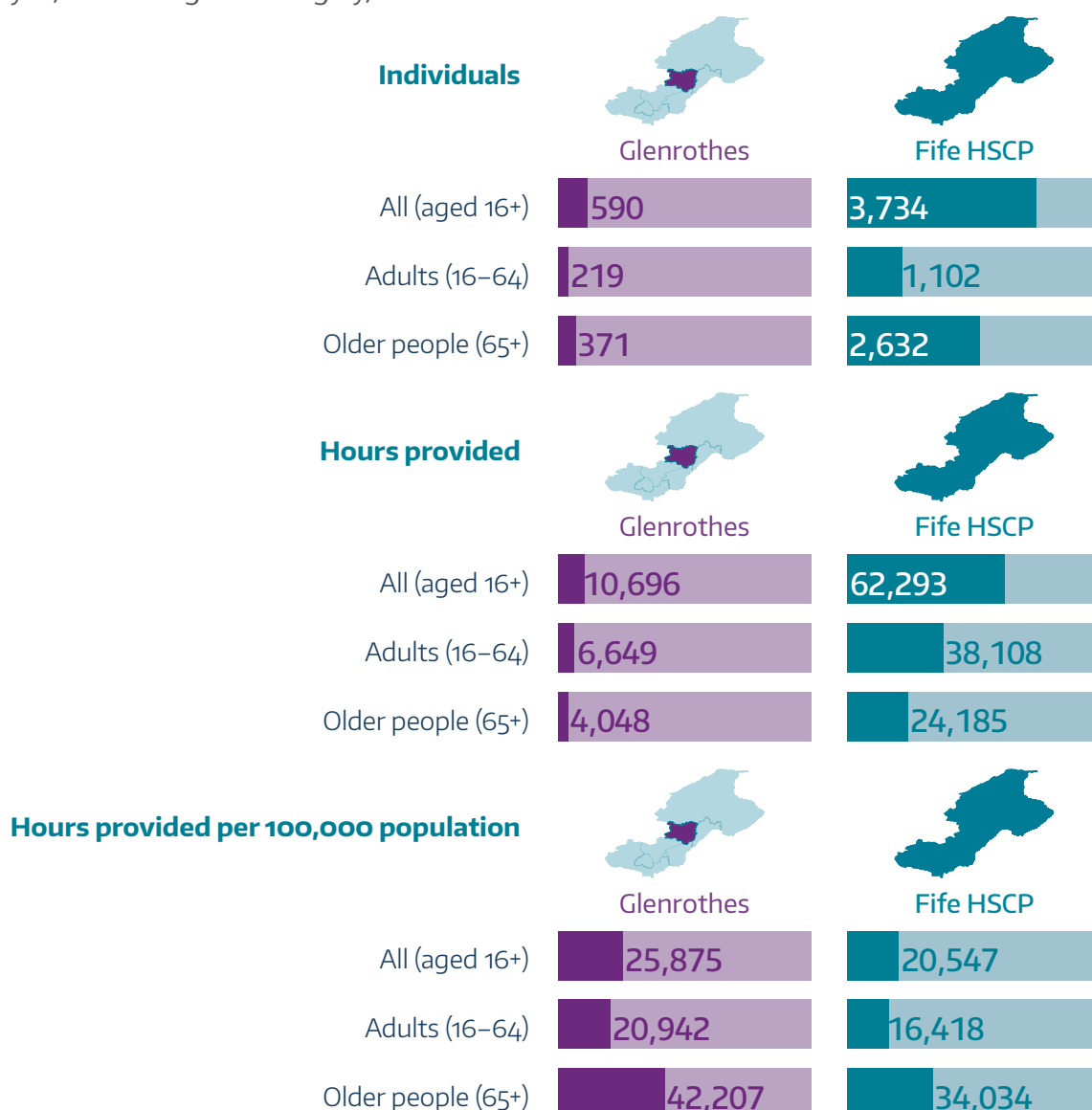
Glenrothes has a higher rate per 100,000 population than Fife for those self-reporting a learning disability (576 vs. 456) and for those reporting a developmental disorder (890 vs. 722). This equates to 293 individuals with a learning disability and to 453 with a developmental disorder. (source: Scotland Census 2011/NRS)

## Social Care

Social care encompasses services provided in the community for adults, children and young people at risk, or with needs arising from illness, disability, old age or poverty.

### Home Care

Home care is care that allows a person with special needs stay in their home as opposed to residential and/or acute care. Groups of people who receive home care include, but are not limited to, frail elderly, those who are chronically ill, recovering from surgery, or are disabled.



Data on home care provision is presented in hours of care provided during a one week census period (4th to 10th April 2016). During this week there were 10,696 hours of home care provided in Glenrothes to 590 individuals aged 16+. Of these 590, 231 received 10 or more hours of care in the census week. For those aged 65+, 4,048 hours were provided to 371 individuals.

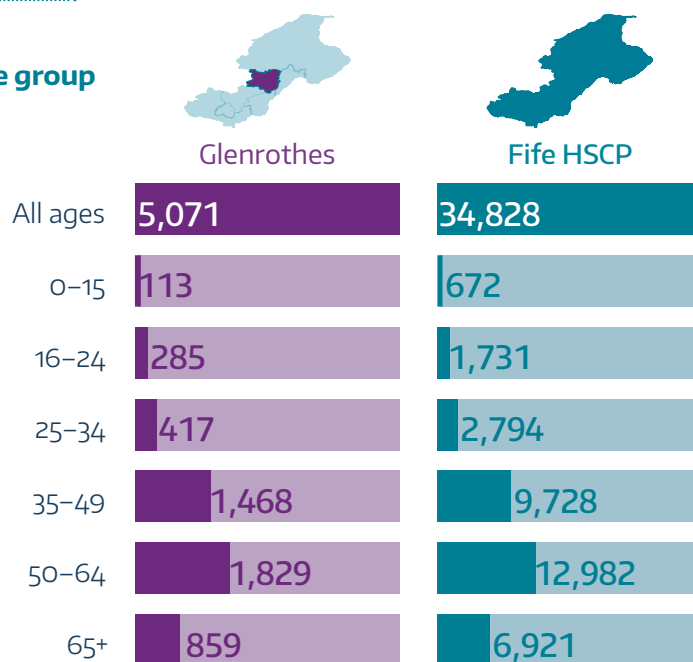
If the hours provided figures are taken as a rate per 100,000 people then the provision of home care in Glenrothes is 25,875 for those aged 16+. This compares to a figure of 20,547 for Fife as a whole. For those aged 65+, there was 42,207 hours provided per 100,000 individuals in Glenrothes compared to 34,034 Fife wide. (source: Fife Council)

## Carers

A carer is someone of any age who provides unpaid support to a member of their family or a friend who is affected by long-term illness, disability, frailty or addiction.

### Number of people identifying as a carer

Unpaid carers by age group



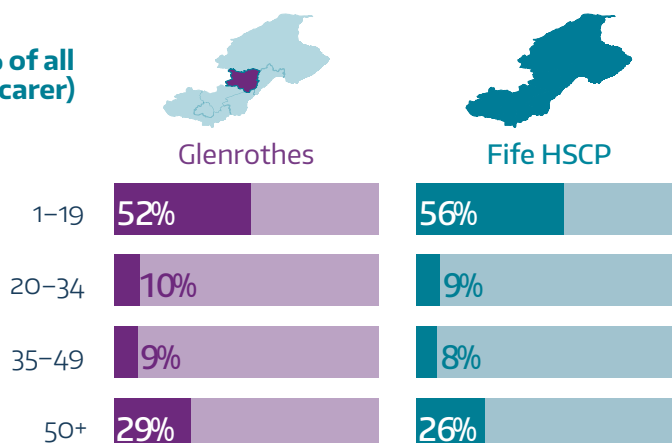
According to the 2011 census, 5,071 individuals identified themselves as a carer in Glenrothes. This is 10.2% of the population of Glenrothes. In Fife as a whole, 34,828 individuals identified themselves as a carer, or 9.5% of the population.

In Glenrothes, 113 of the 5,071 unpaid carers are aged 15 and under, with a further 285 aged 16 to 24. 859 are aged 65 and over. (source: Scotland Census 2011/NRS)



## Hours spent as a carer

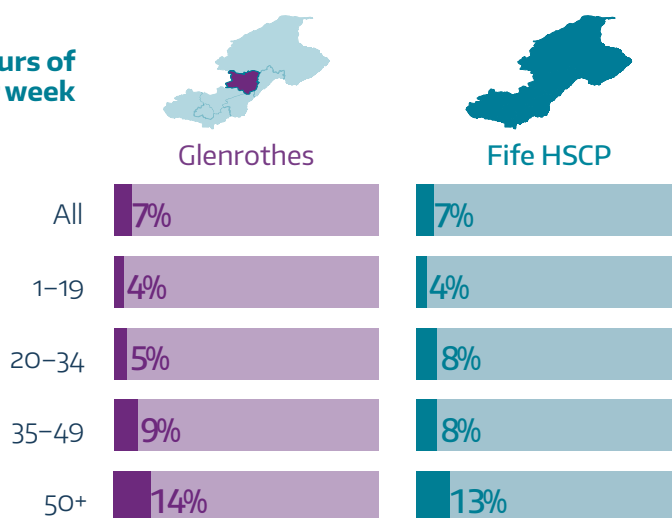
Hours of unpaid care provided a week (% of all identifying as a carer)



In Glenrothes, 29% of carers provide 50 or more hours of unpaid care a week. This compares to 26% for Fife. The highest proportion of carers, 52% provide between 1 and 19 hours of care a week. However, this is lower than the percentage for Fife as a whole (56%). (source: Scotland Census 2011/NRS)

## Self-reported health of carer

General health: bad or very bad health by hours of unpaid care provided per week



In Glenrothes, 7% of all people identifying as a carer reported having bad or very bad general health. This is the same as the Fife figure of 7%. For those providing more than 50 hours of care a week, the percentage reporting bad or very bad general health was 14% for Glenrothes and 13% for Fife. (source: Scotland Census 2011/NRS)

## Perceptions of Health and Social Care Services

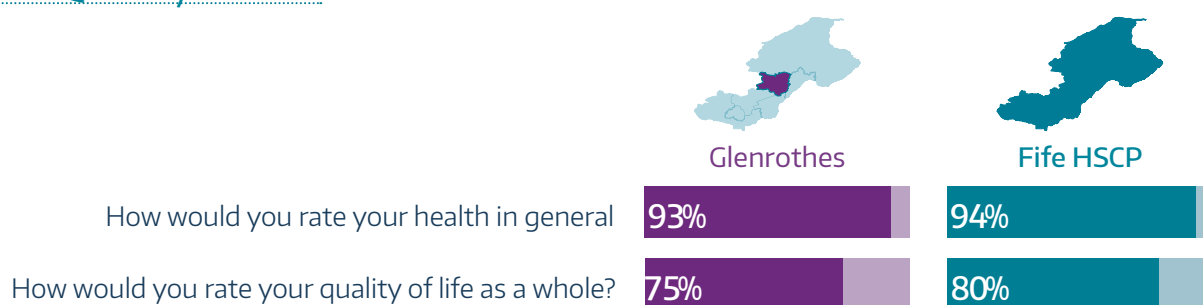
All data presented in this section come from the 2015/16 Health and Social Care Experience Survey which is one of a number of surveys commissioned by the Scottish Government to provide local and national information on the quality of health and care services from the perspective of those using them. The Health and Care Experience Survey asks respondents to feedback about their experiences of GP Practices and out of hours care. The survey also asks for feedback related to a social care setting and asks specific questions of those who consider themselves to be a carer.

More information about the survey can be found on the Scottish Government's website at [www.gov.scot/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey](http://www.gov.scot/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey).

In order to maintain and improve on the current standard of services in Glenrothes, we must look at perceptions of these services by the local population and then make comparisons on a local level to identify any gaps in provision. This will enable us to ensure we can build on this standard and improve services for the people of Glenrothes. By looking the results of Glenrothes individually, with a Fife wide comparator, we can gauge the results accordingly.

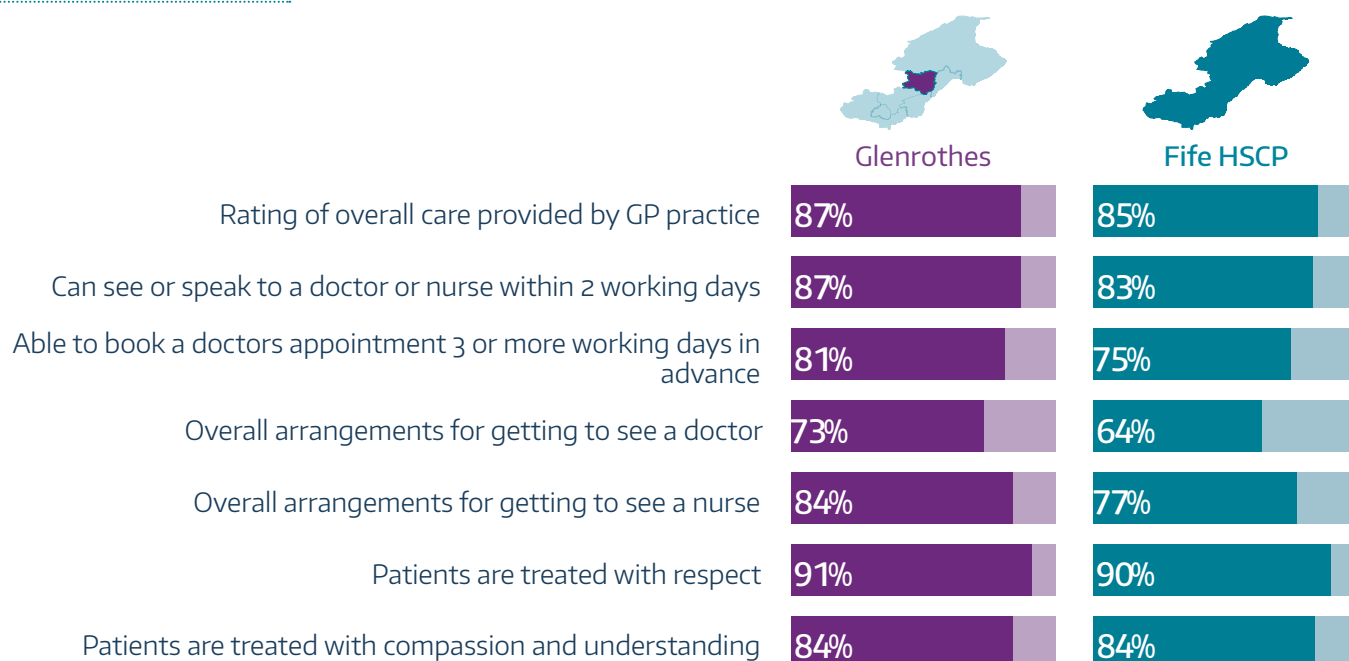
The data in this section are presented as the percentage of individuals that answered each of the questions positively. These responses allow us to better understand the perceptions of the health and social care services provided to the people of Glenrothes and will highlight areas for both improvement and where further engagement with the community may be needed to find the source of issues identified.

### Health and Quality of Life



Individuals were asked about their overall perception of their health as well as their quality of life. For Glenrothes 90% of individuals had a positive perception of their health compared to 93% for Fife as a whole. For quality of life, the figures were 75% and 80% respectively.

## General Practice



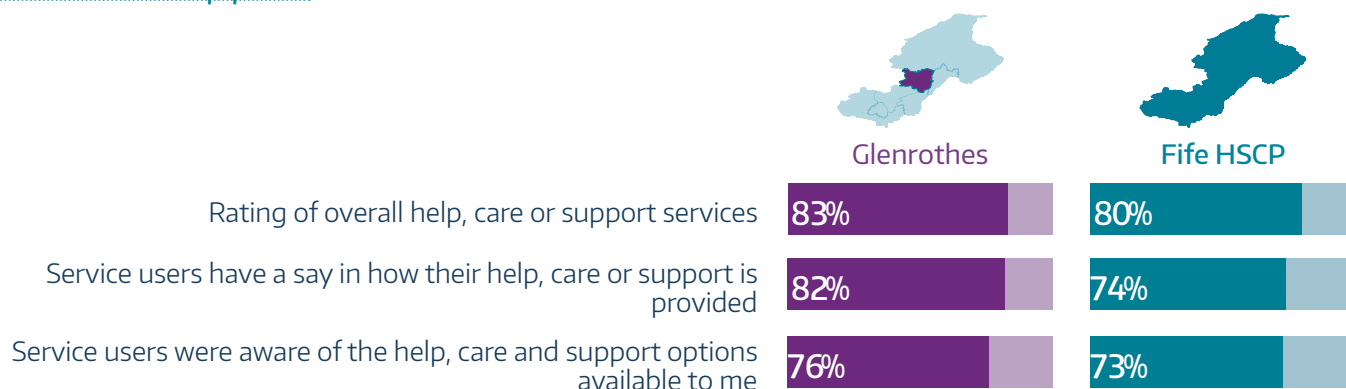
From the table above we can see that the percentage positive (that is those who answered “Excellent” or “Good” to an overall rating of their GP Practice) was 87% in Glenrothes. In Fife Health & Social Care Partnership the positive response was 85% for this question.

If we look at the results for some of the specific questions asked around General Practice, Glenrothes ranked well with their percentage positive result for four specific questions compared with a Fife Average, all related to access to General Practice services.

These questions and their results were “Can see or speak to a doctor or nurse within 2 working days” (87% vs. 83% positive), “Able to book a doctor’s appointment 3 or more working days in advance” (81% vs. 75% positive), “Overall arrangements for getting to see a doctor” (73% vs. 64% positive) and “Overall arrangements for getting to see a nurse” (84% vs. 77% positive).

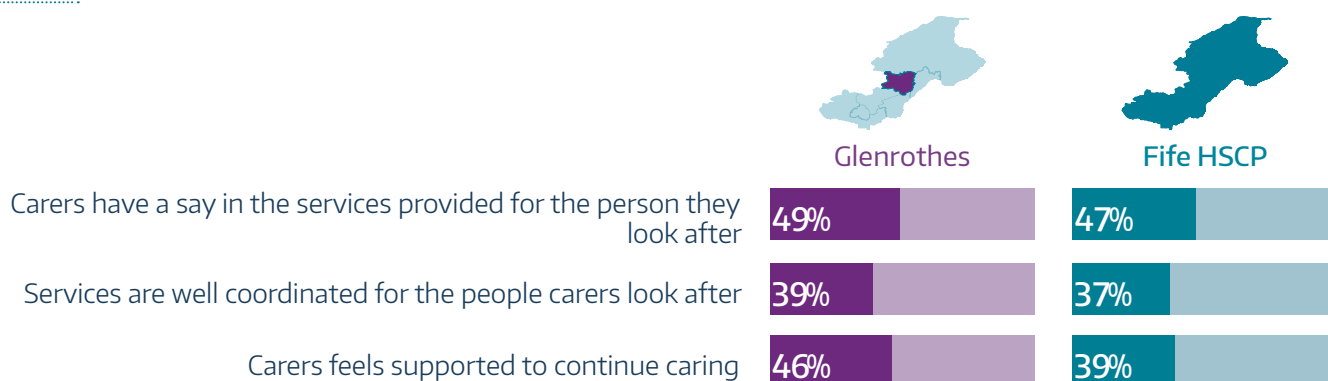
Results around patients being treated with respect (91% vs. 90%), and with compassion and understanding (84% vs. 84%) were also higher or the same in Glenrothes than in Fife.

## Care and Support



The percentage positive result acquired for an overall rating of care or support services was 83% in Glenrothes. The average for this question was 80% across Fife. For individual questions, Glenrothes scored higher than Fife for questions around whether service users have input into how their services are provided (82% vs. 74%) and whether service users are aware of the help, care and support options available (76% vs. 73%).

## Carers



There are also a number of questions aimed solely at those who consider themselves to be a carer (that is those caring for an individual for over an hour per week).

The survey asked if carers have a say in the service provided for the person they look after. 49% answered positive in this question compared with 47% average across Fife HSCP.

Carers were also asked if "Services are well coordinated for the people carers look after". The percentage positive response to this was 39% in Glenrothes, which is 2% higher than the same figure for Fife as a whole. However, this means that 61% of carers do not believe that services are well coordinated for the people they look after.

The survey also asked if they feel supported to continue caring. The percentage positive result for this question was 46% in Glenrothes and 39% for Fife. Although this figure is higher than that of Fife as whole, there are still 54% who believe they are not supported to continue caring.