

Notice of Meeting and Agenda Forum for Empowering Communities

Date	Time	Venue
Tuesday, 05 May 2015	16:00	Engage Renfrewshire, 10 Falcon Crescent, Paisley, PA3 1NS,

KENNETH GRAHAM
Head of Corporate Governance

Board Membership

L O'Brien, Barnados; I McLean, Bridgewater Housing Association; A Fraser, Linstone Housing Association; J Wilby, Paisley West End & Central Community Council; S McLellan, RAMH; S Cruickshank, Renfrewshire Access Panel; K Taylor, Renfrewshire Citizens Advice Bureau; N Middleton, Renfrewshire Health & Social Care Partnership; and J Kiddie, Renfrewshire Law Centre.

A McNiven, Engage Renfrewshire (Lead Officer).

Items of business

Apologies

Apologies from members.

- | | | |
|----------|--|----------------|
| 1 | Minute of Previous Meeting | 5 - 8 |
| | Minute of Meeting held on 27 January, 2015 | |
| 2 | Rolling Action Log | 9 - 12 |
| | Report by Director of Finance & Resources. | |
| 3 | Asset Transfer | |
| | Verbal Presentation by Property Services. | |
| 4 | The Requirements for Community Learning and Development (Scotland) Regulations 2013: Guidance for Local Authorities | 13 - 20 |
| | Report by A Conboy, Education Manager, Children's Services. | |
| 5 | One Year Progress Report: Feedback from Renfrewshire Community Planning Partnership Board | 21 - 30 |
| | Report by Lead Officer, Forum for Empowering Communities. | |
| 6 | Tackling Poverty In Renfrewshire: Report of Renfrewshire's Tackling Poverty Commission | 31 - 38 |
| | Report by Engage Renfrewshire. | |
| 7 | HSCP - Community Capacity | |
| | Verbal Update by Engage Renfrewshire. | |
| 8 | Update from Thematic Boards | 39 - 60 |
| | Report by Lead Officer, Forum for Empowering Communities. | |

9 Timetable of Meetings for the Forum for Empowering Communities - September 2015 to November 2016 61 - 62

Report by Director of Finance & Resources.

10 AOCB

11 Date of Next Meeting

The next meeting will take place on 1 September, 2015 at 4pm at Engage Renfrewshire.

RENFREWSHIRE COMMUNITY PLANNING PARTNERSHIP

MINUTE OF THE MEETING OF THE
RENFREWSHIRE FORUM FOR EMPOWERING COMMUNITIES
HELD ON 27TH JANUARY, 2015

PRESENT

A McNiven (Engage Renfrewshire); S Cruickshank (Renfrewshire Access Panel); and S McLellan (RAMH).

Alan McNiven presided.

IN ATTENDANCE

C MacDonald and G Buchanan (both Renfrewshire Council); S Graham, A Bradford, J Ferrie, S Miller and I Cunningham (all Engage Renfrewshire); L O'Brien (Barnardos).

APOLOGIES

J Wilby (Paisley West & Central Community Council); I McLean (Bridgewater Housing Association); A Fraser (Linthouse Housing Association); and N Middleton (Renfrewshire CHP Public Participation Forum).

A McNiven welcomed everyone to the meeting and intimated that it was hoped that L O'Brien, Assistant Director, Barnardos Scotland who worked very closely with partners across Children's Services in Renfrewshire would be joining the Forum and act as the Forum representative at the Children & Young People Thematic Board.

1.	MINUTE OF MEETING OF 11TH NOVEMBER, 2014	ACTION
	<p>There was submitted the Minute of the Renfrewshire Forum for Empowering Communities held on 11th November, 2014.</p> <p>Under reference to Clinical Services Review a paper was tabled which outlined the half day community event which took place on 14th January, 2015.</p> <p>It was intimated that in relation to the Living Wage S McLellan met with Councillor M Holmes to make arrangements to meet with the Council's Procurement team to develop a shared strategy on how to deliver economical services which acknowledged reasonable rewards for staff.</p> <p>In relation to the Advice Services Review it was noted that a report went through Finance & Resources Policy Board on 21st January, 2015 to advise the Board of the outcome of the original proposal and seek approval of grant funding as an alternative way forward for both Renfrewshire Citizens Advice Bureau and Renfrewshire Law Centre. A McNiven advised that it was essential that the Advice Service was robust enough to allow for more strategic service development and improvement and to accommodate the recommendations resulting from</p>	

	<p>the Tackling Poverty Commission report.</p> <p>Under reference to Local Engagement events it was noted that Engage were looking at organisations in the Bridgewater area in Erskine to ascertain if any were currently undertaking a public engagement exercise in order that they could piggy-back on to it. S Graham also advised that names were being collected for development of engagement activity within Foxbar.</p> <p><u>DECIDED:</u> That the minute otherwise be approved.</p>	Agreed
2.	<p>ROLLING ACTION LOG</p> <p>The Rolling Action Log was submitted for approval.</p> <p><u>DECIDED:</u></p> <p>(a) That action RF.13.05.14(3) be removed from the action log;</p> <p>(b) That the Rolling Action Log be noted.</p>	<p>Agreed</p> <p>Noted</p>
3.	<p>RENFREWESHIRE FORUM FOR EMPOWERING COMMUNITIES YEAR 1 PROGRESS REPORT</p> <p>There was submitted a report by Engage Renfrewshire outlining the activity of the Forum in its first year of operation and progress made in identifying baselines for performance indicators.</p> <p>The report identified key achievements during Year 1; the performance against year 1 targets; and areas for improvement and remedial action.</p> <p><u>DECIDED:</u> That the Year 1 Progress Report be noted.</p>	Noted
4.	<p>(a) SOCIAL ENTERPRISE EVENT – 11 DECEMBER 2014</p> <p>There was submitted a report by Engage Renfrewshire relative to the Social Enterprise event held on 11th December 2014. The report advised that the event was attended by 63 participants and provided an opportunity for social enterprises to share experiences. Included in the event was the launch of a £100,000 Renfrewshire Social Enterprise fund for up to twenty social enterprises.</p> <p>Discussion took place on the different types of communication used by organisations and in particular communication through film. It was agreed to look at organisations that use this type of media.</p> <p><u>DECIDED:</u></p> <p>(i) That communication through media/film be investigated and reported to a future meeting; and</p>	

	<p>(ii) That the report be noted.</p> <p>(b) SOCIAL ENTERPRISE SMALL GRANTS FUND</p> <p>There was submitted a report by Economic Development relative to the Social Enterprise Small Grants Fund. The report outlined the background and national/local context and advised of the work being undertaken in this area.</p> <p><u>DECIDED:</u> That the report be noted.</p>	Noted
5.	<p>STREETS FOR ALL</p> <p>There was submitted a joint report by the Renfrewshire Access Panel and Engage Renfrewshire relative to initiating discussions with other Community Planning Boards regarding using good practice identified in Living Streets "Streets for All?" report in order to improve the accessibility of streets, pavements and public places within Renfrewshire.</p> <p><u>DECIDED:</u></p> <p>(a) That it be agreed that contact be made with Renfrewshire Council, the Safer and Stronger Renfrewshire Thematic Board, the Jobs and Economy Thematic Board and the Greener Renfrewshire Thematic Board to discuss the possibility of introducing safer pavements as an equality outcome for Renfrewshire Council and the Community Planning Partnership; and</p> <p>(b) That the report be noted.</p>	<p>Agreed</p> <p>Noted</p>
6.	<p>POVERTY COMMISSION</p> <p>A McNiven gave an verbal update on the progress of the Tackling Poverty Commission. He advised that a meeting would take place on Friday 30th January, 2015 to write up the recommendations; look at the design of the report; and discuss the publication and launch of the report.</p> <p><u>DECIDED:</u> That the verbal update be noted.</p>	Noted
7.	<p>UPDATE FROM THEMATIC BOARDS</p> <p>The Forum heard feedback from the members who had been present at the various Thematic Boards.</p> <p><u>DECIDED:</u> That the feedback be noted.</p>	Noted

8.	<p>ANY OTHER BUSINESS</p> <p>A McNiven advised that a review of members and support officers representing the Forum at the five other thematic boards was currently underway and he would advise the Clerk of the outcome in due course.</p> <p><u>DECIDED:</u> That the information be noted.</p>	<p>Noted</p>
9.	<p>DATE OF NEXT MEETING</p> <p>It was agreed that the next Forum meeting would take place on Tuesday 5th May, 2015 at 4.00pm within Engage Renfrewshire.</p> <p><u>DECIDED:</u> That the meeting date be noted.</p>	<p>Noted</p>

RENFREWSHIRE COUNCIL RENFREWSHIRE FORUM FOR EMPOWERING COMMUNITIES

ROLLING ACTION LOG

Action No.	Action	Action Owner	Status	Expected Date of Completion	Actual Date of Closure	Update & Comments
RF.10.09.13(4)	<u>Report back to the Forum on the agreed outcome for Local Area Committee Review.</u>	Lead Officer		Future Meeting		<p>RF.12.11.13(5) Survey sent to LAC members; Report went to LACs in November; Forum has input into Review; Update paper to be submitted to Council; Area based meetings to be set up January-March 2014.</p> <p>RF.04.02.14(3) LAC Review ongoing and a report to be submitted to a future meeting.</p> <p>March 2014 An options paper for different potential models for the future of Local Area Committees was drafted in March 2014 and submitted to politicians for their views. Further development work will be undertaken that incorporates the views of the politicians.</p> <p>November 2014 Updated proposals paper to be produced for officer discussion by 21st November, 2014.</p> <p>January 2014 Proposals paper produced and discussed.</p>
RF.10.09.13(8)	<u>Development of Targets & Baselines.</u>	Forum Members		Future Meeting		<p>RF.12.11.13(6) - Priorities for third sector work to be further discussed and a presentation to the relevant thematic Boards setting out potential third sector contribution to delivery of the action plans would take place.</p> <p>RF.04.02.14(4) - each Forum representative to submit a presentation to their respective Thematic Board outlining the actions the Forum will deliver that contribute to the Themed targets.</p>

Action is on track



Areas for concern that will impact on completion date if not fixed. Action required to bring up to satisfactory level



Past deadline date and action required.



KEY

Action No.	Action	Action Owner	Status	Expected Date of Completion	Actual Date of Closure	Update & Comments
		Lead Officer		February 2014	13/02/14	RF.12.11.13(6) - 'workshop event' to be organised to consider appropriate actions, priorities and targets for inclusion within the Action Plan.
		Forum Members				RF.12.11.13(6) - Forum representatives on each of the relevant Boards takes responsibility for progressing the actions set out in each of the tables regarding Forum involvement.
		Lead Officer			February 2014	- Further action required to contribute to the action plans of the Children and Young People and Community Care, Health and Wellbeing action plans.
		Lead Officer			13/05/14	RF.04.02.14(4) - list of items identified in the Safer and Stronger Action Plan be included within the Forum's action plan.
		Lead Officer			13/05/14	- Specific actions be developed in response to the views expressed by communities in the themed and area based conferences that contribute to meeting community planning outcomes and targets.
		Lead Officer			13/05/14	- investigate third sector funding for community planning projects.
		Lead Officer			04/09/15	RF.13.05.14(3a) - Draft Action plan to be circulated to members for feedback.
		Clerk			11/11/14	- RC organisational chart to be developed to identify the hierarchical arrangement of lines of authority from Director to management level.
		Lead Officer			04/09/15	R.F.13.05.14(3b) – Development of Measures - Forum to establish a process for collecting information on a regular basis.

Action No.	Action	Action Owner	Status	Expected Date of Completion	Actual Date of Closure	Update & Comments
					02/04/15	January 2015 Year One progress report submitted to Forum For Empowering Communities and Renfrewshire Community Planning Partnership Board.
<u>RF.12.11.13(9)</u>	Youth Employment – Engagement, Initiatives and Considerations - A McNiven to meet with Director of Education & Leisure Services and other partner organisations to discuss the matter and report back to a future meeting.	Lead Officer		Future Meeting		January 2014 A McNiven and Robert Naylor met with MSYPs. Discussion centered around MSYPs looking to expand their membership and establish pupil forums to discuss issues relating to the Thematic Board rather than attending the Board meetings. It was noted that MSYP's agreed to develop a strategy and to keep the Lead Officer informed. March 2014 Meeting with Director of Education and chair of Forum and Reps of Flair on 1 st May, 2014 RF.28.05.14(2) It was noted that A McNiven and R Naylor met with the Chair of the Forum and Representatives of Flair on 1 st May, 2014. It was noted that FLAIR were interested in the potential of a job-training initiative for young people looking to leave school at Christmas and that R Naylor would be contacting the organisation to discuss the matter further.
<u>RF.04.02.14(4)</u>	Advice Services Review Engage Renfrewshire to obtain clarity around the timeline of the consultation process and the Review and report back to a future meeting.	Lead Officer		Future Meeting		RF.11.11.14(5) Progress report to Forum for noting. RF.27.01.15(2) A report went through Finance & Resources Policy Board on 21 st January, 2015 to advise the Board of the outcome of the original proposal and seek approval of grant funding as an alternative way forward for both Renfrewshire Citizens Advice Bureau and Renfrewshire Law Centre.
<u>RF.27.01.15(2)</u>	Local Engagement Events (i) Engage looking at organisations in the Bridgewater area in Erskine to ascertain if any are currently undertaking a public engagement exercise in order that they can piggy-back on to it.					May 2015 Programme of engagement events to be finalised during May 2015. Steering Group for establishment of a Community Council in the Foxbar/Bredland area now agreed.

Action No.	Action	Action Owner	Status	Expected Date of Completion	Actual Date of Closure	Update & Comments
	(ii) Names are being collected for development of engagement activity within Foxbar.					
<u>RF.27.01.15(4)</u>	Social Enterprise Event communication through media/film be investigated and reported to a future meeting					
<u>RF.27.01.15(5)</u>	Streets for All Contact to be made with Renfrewshire Council, the Safer and Stronger Renfrewshire Thematic Board, the Jobs and Economy Thematic Board and the Greener Renfrewshire Thematic Board to discuss the possibility of introducing safer pavements as an equality outcome for Renfrewshire Council and the Community Planning Partnership					May 2015 Papers on Streets For All to be submitted to the following meetings of CPP Boards: <ul style="list-style-type: none"> • Safer and Stronger (14 May 2015) • Greener (3 June 2015) • Jobs and Economy (11 June 2015)



To: **Forum for Empowering Communities**

On: **5th May, 2015**

Report by:

A Conboy, Education Manager, Children's Services

**THE REQUIREMENTS FOR COMMUNITY LEARNING AND DEVELOPMENT (SCOTLAND)
REGULATIONS 2013: GUIDANCE FOR LOCAL AUTHORITIES**

1. Background

- 1.1 In June 2012 the Scottish Government issued the Strategic Guidance for Community Planning Partnerships: Community Learning and Development ("CLD Strategic Guidance"). The document was directed at Community Planning Partnerships (CPPs) and recognised the vital role played by a wide range of organisations and services.
- 1.2 The CLD Strategic Guidance clearly identifies a lead role for local authorities "to provide clear leadership and direction, and to drive the action needed to ensure they maximise the contribution of CLD partners in the reform of public services".
- 1.3 This expectation has now been formalised by The Requirements for Community Learning and Development (Scotland) Regulations 2013 which place a legal requirement on local authorities to fulfil this role.
- 1.4 The CLD Regulations support the achievement of four policy goals:
 - To ensure communities across Scotland (particularly disadvantaged communities) have access to the CLD support they need;
 - To strengthen co-ordination between the full range of CLD providers, ensuring that CPPs, local authorities and other providers of public services respond appropriately to the expectations set by the CLD Strategic Guidance;
 - To reinforce the role of communities and learners in the assessment, planning and evaluation processes, enabling them to shape CLD provision; and
 - To make the role and contribution of CLD more visible.



1.5 Community Learning and Development has a specific focus within the Scottish Government's strategic objectives for public services:

- Improved life chances for people of all ages through learning, personal development and active citizenship; and
- Stronger, more resilient, supportive, influential and inclusive communities.

1.6 CLD practice should empower people, individually and collectively, to make positive changes in their lives and their communities through learning. The principles that underpin practice are:

- Empowerment – increasing the ability of individuals and groups to influence matters affecting them and their communities;
- Participation – supporting people to take part in decision-making;
- Inclusion, equality of opportunity and anti-discrimination – recognising some people need additional support to overcome the barriers they face;
- Self determination, supporting the right of people to make their own choices; and
- Partnership, ensuring resources, skills and capabilities are used effectively.

The CLD Strategic Guidance is part of the wider programme of public service reform, which includes the developing role of community planning and the reform of post-16 education. It is intended to compliment these and other policy/ strategic developments.

2. Recommendations

2.1 It is recommended that the Forum for Empowering Communities notes the content of the report.

3 Responsibilities

3.1 The responsibility for meeting the requirements of the CLD Regulations rests with the local authority. In line with the Education (Scotland) Act 1980, the CLD Regulations refer to the 'education authority' but staff that have a role in securing the provision of CLD may be located in a number of different services such as education, culture, sport, leisure and library services. They will be at all levels of seniority from Chief Officer to operational grade.

3.2 The local authority is responsible for ensuring that all relevant services and community planning partnership partners are made aware of the CLD Regulations.



- 3.3 Where local authority CLD services are provided by arms-length external organisations (ALEO) in whole or part, (Engage, Trust), the duty to meet these Regulations remains with the local authority. It is the local authority's responsibility to ensure that any ALEO provides services in a way which will enable the local authority to meet its statutory obligations.
- 3.4 To initiate, track and maintain progress, a lead person or persons with an appropriate level of seniority has been identified. It is expected that staff with an appropriate skill set relevant to CLD will be in place at all levels of delivery, management and strategic planning.
- 3.5 The local authority also needs to ensure a range of partners are active in the planning, delivery and evaluation of CLD provision. Effective self-evaluation by groups, services and partnerships remains key to improving performance and delivering better outcomes for learners and communities. Renfrewshire has a good platform for developing this further through the learning community partnership model.
- 3.6 HM Inspectors will continue to carry out learning community inspections to evaluate the outcomes and impacts of activities in local areas. The inspections will aim to answer two key questions:
- How well are partners improving learning, increasing life chances, promoting and securing well being?
 - How well are partners working together and improving the quality of services and provision?
- 3.7 The learning community inspection process places a strong emphasis on partners' joint self-evaluation through their use of a quality framework such as How Good is our Community Learning and Development 2 and the revised quality indicators which were updated in 2012.
- 3.8 HM Inspectors will expect to see learning communities being aware of the CLD Regulations in advance of September 2015 and will consider local plans for implementation.

4. Regulation 1 – Citation, Commencement and Interpretation

- 4.1 The CLD Regulations, which came into force on 1 September 2013, seek to strengthen the legislative basis for CLD by placing requirements on local authorities in relation to the auditing of need for CLD, as well as consultation and planning at local level.
- 4.2 The phrase 'community learning and development' in the CLD Regulations includes both programmes with an explicit learning focus and other types of activity that are



designed with participants and promote their educational and social development, such as adult literacy programmes. It also includes activities that develop communities as well as promoting the educational and social development of the individuals and group participating in them such as volunteering.

4.3 The CLD Strategic Guidance sets out the Scottish Government's expectations of what is included under the term 'community learning and development' and sets out the types of activities they wish to see partners undertaking to deliver CLD outcomes with target individuals and groups. Those activities include:

- Community development – building the capacity of communities to meet their own needs, engaging with and influencing decision makers;
- Youth work, family learning and other early intervention work with children, young people and families;
- Community-based adult learning, including adult literacies and English for Speakers of Other Languages (ESOL);
- Volunteer development;
- Learning for vulnerable and disadvantaged groups in the community, for example, people with disabilities, care leavers or offenders;
- Learning support and guidance in the community.

4.4 Target individuals and groups include individuals of all ages, geographical communities, communities of interest and existing community or learning groups.

5. Summary

Regulations 1 – Commencement and Interpretation

5.1 The Regulations may be cited as the Requirements for Community Learning and Development (Scotland) Regulations and came into force on 1 September 2013.

5.2 The Regulations state that:

- “community learning and development” includes programmes of learning and activities designed with individuals and groups to promote the educational and social development of those individuals and groups; and
- “target individuals and groups” means those individuals and groups that the education authority considers, having regard to the needs of the communities within the area of the education authority, are most likely to benefit from the provision of community learning and development.



5. Regulations 2 and 3 – Assessment of Community Learning and Development needs

Regulation 2 – The process to secure CLD in the local authority area

Regulation 3 – Duty to involve and consult

5.1 The education authority is required to initiate and, having done so, to maintain and facilitate a process by which community learning and development is secured within the area of the education authority and is secured in a way that:

- Identifies target individuals and groups;
- Has regard to the needs of those target individuals and groups;
- Assesses the degree to which those needs are already being met; and
- Identifies barriers to the adequate and efficient provision of that community learning and development need.

5.2 In exercise of the requirements in Regulation 2, the education authority has to take such action as it thinks fit with a view to securing that the following persons are involved in and consulted on the process:

- Persons appearing to the education authority to be representative of the target individuals and groups; (learners), and
- Persons appearing to the education authority to be representative of persons providing community learning and development within the area of the education authority. (partners)

6. Regulation 4 – Three year plan

6.1 The education authority is required to publish a three year plan containing the information specified above no later than:

- 1 September 2015; and
- Each third year after the date of publication of the previous plan.



6.2 The plan must specify:

- how the local authority will co-ordinate its provision of community learning and development with other persons that provide community learning and development within the area of the education authority;
- what action the education authority will take to provide community learning and development over the period of the plan;
- what action other persons intend to take to provide community learning and development within the area of the education authority over the period of the plan; and
- any needs for community learning and development that will not be met within the period of the plan.

6.3 Before publishing the plan, the education authority must consult with:

- persons appearing to the education authority to be representative of the target individuals and groups for community learning and development;
- persons appearing to the education authority to be representative of persons providing community learning and development within the area of the education authority; and
- such other persons as the education authority thinks fit.

6.4 The above regulations place requirements on education authorities that they are to meet in discharging their duties under section 1 of the Education (Scotland) Act 1980 to secure adequate and efficient provision of further education. The requirements in these Regulations relate to community learning and development secured within the education authority's area.

7. Next Steps

- 7.1 New advice from Education Scotland highlights the need for the CLD plan to be firmly rooted within the Shared Risk Assessment and Local Area Network (LAN) processes and therefore owned and directed by the local authority's Chief Executive.
- 7.2 To aid this process, Education Scotland will write to all LA Chief Executives over the next couple of weeks to ensure that they are reminded of the context for the CLD Regulations and will expect this material to be included in their self evaluation responses.



- 7.3 The initial discussion between the LAN and the Chief Executive of the local authority will include:
- The key issues and challenges faced by the council;
 - What has changed since the previous SRA process;
 - How self evaluation drives improvement and what self evaluation information is available; and
 - How the local authority wish to be engaged, including; the frequency of engagement and who should be involved?
- 7.4 Following direction from the Chief Executive, the plan will be distributed for consultation and discussion and local CLD networks will be established to implement the actions at a local level; monitor and evaluation the actions and report impact.



To: **Renfrewshire Forum For Empowering Communities**

On: **5 May 2015**

Report by:

Lead Officer of Renfrewshire Forum For Empowering Communities

**ONE YEAR PROGRESS REPORT: FEEDBACK FROM RENFREWSHIRE
COMMUNITY PLANNING PARTNERSHIP BOARD**

1. Summary

- 1.1 Renfrewshire Forum For Empowering Communities was asked to present a report on its progress during its first year of operation to Renfrewshire Community Planning Partnership Board for its scrutiny on 2 April 2015.
- 1.2 A presentation on the work of the Forum to date was delivered at the Partnership Board by Alan McNiven (Lead Officer), Stuart Graham (Empowering Communities Manager) and Stephen McLellan (Chief Executive of Recovery Across Mental Health and Forum member), whose contribution focused on the issue of promoting the Living Wage.
- 1.3 The report and presentation focused on the following issues:
 - Operation and membership of the Forum.
 - Progress against agreed targets and remedial action where required.
 - Key achievements of the Forum.
 - Emerging workstreams, with a focus on Living Wage
- 1.4 The report was well received by Renfrewshire Community Planning Partnership Board and no significant issues were raised that the Forum requires to address. The report is attached at Appendix 1. A discussion took place about the issue of the Living Wage and how statutory partners and third sector organisations can work together to promote payment of the Living Wage.



- 1.5 Following the report to the Partnership Board, it is proposed that the members representing Renfrewshire Forum For Empowering Communities present this paper to the Boards that they attend. The purpose of this report would be to showcase the contribution that the Forum's work is making to achieving the targets of the thematic Boards.
- 1.6 It is also proposed that, having presented its first year's progress, the Forum now consider its priorities over the next period. It is intended that a half-day development session for the Forum be held during June 2015 to consider how the Forum responds to significant issues such as the recommendations of the Tackling Poverty Commission, Asset Transfer and the outcome of the Renfrewshire Children's Services Inspection. The development session will be timed to incorporate the findings of the Children's Services Inspection that will be published in June 2015.

2. Recommendations

- 2.1 It is recommended that Renfrewshire Forum For Empowering Communities:
- (a) Notes the feedback from the presentation and report to Renfrewshire Community Planning Partnership Board;
 - (b) Agree that each Forum member represented on a thematic Board present the paper at a future meeting of their Board; and
 - (c) Agree that a half-day Development Event for Renfrewshire Forum For Empowering Communities be arranged during June 2015.



To: Renfrewshire Community Planning Partnership Board

On: 2 April 2015

Report by:

Alan McNiven, Chair of Renfrewshire Forum For Empowering Communities

RENFREWSHIRE FORUM FOR EMPOWERING COMMUNITIES – YEAR ONE PROGRESS REPORT

1. Summary

- 1.1 Renfrewshire Forum For Empowering Communities is responsible for delivering the vision and four outcomes under the Empowering Communities theme. The Forum has recruited members from third sector organisations in Renfrewshire that have significant local and/or national influence.
- 1.2 In its first year of operation, Renfrewshire Forum For Empowering Communities has established baselines for the impact measures that it has responsibility for, developed strong connections between voluntary and community sector organisations and the work of Renfrewshire Community Planning Partnership and begun delivering against the actions in the Empowering Communities Action Plan.
- 1.3 In addition to progressing action to deliver against the four Empowering Communities outcomes, the Forum has also developed as a key vehicle for raising issues important to the third sector for discussion within the context of community planning partnership working in Renfrewshire.

2. Recommendations

- 2.1 It is recommended that the Community Planning Partnership Board Notes and agrees the progress made by Renfrewshire Forum For Empowering Communities in delivering its outcomes.



3. Operation of the Forum

3.1 Renfrewshire Forum for Empowering Communities draws members from local Third Sector and community operated organisations in Renfrewshire. The Forum deploys a member to attend each of the other 5 CPP thematic board meetings (Appendix 1). Each Forum member is supported by a member of Engage Renfrewshire staff. The Forum members are also active in a number of associated support groupings that are linked to the Community Planning agenda; a selection of which are identified as examples below the CPP thematic structure detailed in Appendix 1.

3.2 The present members are:

- Alan McNiven, Chief Executive, Engage Renfrewshire (Chair of the Forum)
- Lynne O'Brien, Assistant Director of Children's Services, Barnardos (Children & Young People Representative)
- Stephen Cruickshank, Chair, Renfrewshire Access Panel (Safer & Stronger Representative)
- Stephen McLellan, Director, RAMH (Community Care, Health & Wellbeing Representative)
- John Wilby, Paisley West & Central Community Council (Greener Representative)
- Ian McLean, Chief Executive, Bridgewater Housing Association (Jobs & Economy Representative)
- Adele Fraser, Chief Executive, Linstone Housing Association
- Kay Taylor, Manager, Paisley CAB
- Jon Kiddie, Manager, Renfrewshire Law Centre
- Nan Middleton, Renfrewshire CHP Public Participation Forum

3.3 The membership of the Forum has been developed to reflect organisations that have a spread of knowledge, important resources, operate as local employers and can help support general communications to a wide community of service users within the communities of Renfrewshire.

4. Year 1 Progress Report

4.1 The vision for Renfrewshire Forum For Empowering Communities is:



“Communities throughout Renfrewshire are enterprising, resilient and inclusive. Citizens are active in the development of personalised public services and participate in local decision making. Communities fully utilise the assets at their disposal, using their own knowledge, experience and skills to achieve their goals and aspirations.”

4.2 The Year One Progress Report outlines the activity of Renfrewshire Forum For Empowering Communities in its first year of operation and progress made in identifying baselines for performance indicators.

4.3 **Key achievements during Year 1**



- i. Renfrewshire Forum For Empowering Communities has raised with statutory partners issues including constructing contracts that enable third sector organisations to meet the Living Wage and working to make the built environment more accessible to disabled people.
- ii. Renfrewshire Forum For Empowering Communities had lead responsibility for 12 public engagement events during 2013/14 that provided an opportunity for public services to communicate messages about good performance in partnership working to communities. The Forum will continue to lead on engagement events throughout 2015.
- iii. The third sector contribution to the Tackling Poverty Commission has highlighted the importance of services such as the Credit Union to this work and the Advice Services Review reported through the Forum will lead to better customer experience.
- iv. The Education, Diversion and Engagement Group was established during the Summer of 2014, is chaired by Engage Renfrewshire and will lead to communities experiencing less antisocial behaviour and improving citizenship.
- v. On behalf of the Community Planning Partnership, the Forum For Empowering Communities had responsibility for developing and launching the Renfrewshire 2023 community planning website. The website was tested while in its development stage at the community planning conferences in autumn 2013 and was launched in April 2014. During April and May 2014, there were 152 recorded users on the website and a total of 242 sessions. By October and November 2014, these figures had increased to 559 users and 802 sessions. Engage Renfrewshire has also conducted social media training with community planning partners to raise awareness of how to improve communication with the public and increase public use of the Partnership’s web resources.
- vi. The launch of the Engage Renfrewshire training programme toolkit took place at Accord Hospice in 2014. Engage Renfrewshire has also worked with a number of local private sector firms offering volunteers through their Corporate Social



Responsibility programmes and works with Renfrewshire Council's Your Time To Give Programme to help place volunteers.

- vii. Through Engage Renfrewshire, community organisations are involved in eight cases of potential asset transfer and six cases of potential land transfer.

4.4 Performance On Impact Measures Against Year 1 targets

Renfrewshire Forum for Empowering Communities Impact Measures		Current Status	Year 1 Target	Year 1 Actual
Outcome 01: Our communities will be confident, fully engaged with and regularly consulted by public services				
Increase the percentage of people agreeing that they can influence decisions affecting their local area	Baseline information was established from the January 2014 report of the Autumn 2013 Public Services Panel Survey. 21% of respondents stated that they “influence a lot” through involvement in a community group.			
Increase the level of satisfaction with local public services	Baseline information was established from the January 2014 report of the Autumn 2013 Public Services Panel Survey. 68% of people stated that they were “satisfied” with local public services.			
Increase the percentage of people using the Internet for engaging with the Community Planning Partnership	Baseline information was established from the January 2014 report of Autumn 2013 Public Services Panel. 33% responded “contacting public services directly” to the question “Which of the following do you use the internet for?”			
Increase the membership of Engage Renfrewshire with viable community anchor organisations	Information is reported from Engage Renfrewshire’s membership figures. Baseline as at December 2014 is 322 member organisations. This figure has increased from 290 organisations in May 2014.			
Increase the percentage of people using the Internet for personal use	Baseline information was established from the January 2014 report of the Autumn 2013 Public Services Panel. 10% of respondents stated that they “never access the internet”. This information was updated in the Winter 2014 survey, which reported that 9% of people do not use the internet.			
Outcome 02: Have the capacity and resources to lead projects and be involved in service delivery				
Increase Social Enterprise and Community Business growth	Baseline established in December 2014 of 43 Engage Renfrewshire organisations who are socially enterprising.			
Outcome 03: Have the capacity, enthusiasm and 'right to try' the management of local assets				
Increase the number of registered interests regarding local control of community assets which are to be used and managed for sustainable local initiatives	Baseline established in December 2014 of 8 live cases of expression of interest in asset transfer.			
Increase the number of registers of interest regarding local control of public spaces and under used sites which are to be used and managed for sustainable local initiatives.	Baseline established in December 2014 of 6 live cases of expression of interest in land transfer; 1 potential expression of interest.			
Outcome 04: Value and promote equality and diversity and the role of charitable and voluntary work				
Increase the number of people registering to become a volunteer		614	1006	
Increase the number of registered volunteers who have been placed		484	122	



- 4.5 In addition to the indicators for the outcomes in the Empowering Communities theme, the Forum was asked to carry out the task of establishing the perceptions of Renfrewshire citizens relating to hate crime. The Winter 2014 Public Services Panel Survey reported that 23% of respondents feel that hate crime is a significant issue in Renfrewshire. 6% of survey respondents had experienced hate crime, 6% said they had witnessed this occur to a friend/family member and 8% had seen hate crime occur against another person.

4.6 **Areas for improvement and remedial action**

The 2012/13 baseline for registered volunteers who have been placed by Engage Renfrewshire was 484. The 2013/14 figure is 122 confirmed volunteering placements through response to a survey, but it is recognised that this is likely to be an underestimate of the number of volunteers. Data collection arrangements will be reviewed to ensure that information about volunteers placed is captured as accurately as possible. Engage Renfrewshire is also looking to change its approach to volunteering to place greater emphasis on youth volunteering and campaigns related to need and community planning priorities. New data collection arrangements will include measures to track youth volunteers through Saltire Awards.

- 4.7 A new member of staff has been appointed to lead volunteer development through Engage Renfrewshire. As part of the new arrangements, a number of volunteer recruitment campaigns have been initiated for a number of organisations, including St Vincent's Hospice, Reaching Older Adults In Renfrewshire, Active Communities, Renfrewshire Environmental and Restoration Group, and Monte Carlo rallies. Links have also been made to existing community engagement to recruit volunteers. For example, twelve new volunteers have been recruited from young people engaging with Street Stuff.
- 4.8 Engage Renfrewshire is also working with organisations receiving volunteers to have in place supportive structures, policies and procedures that will ensure that volunteers have a positive experience and are able to make an effective contribution.
- 4.9 The development of community assets will be a key area for development and improvement for Renfrewshire Forum For Empowering Communities. In the context of the Community Empowerment Bill being enacted in 2015, it is anticipated that this area of work will grow over the coming years and Renfrewshire Forum For Empowering Communities will seek to meet any increase in demand from community organisations for support regarding assets transfer, particularly that which will make a positive impact on community planning priorities.

4.10 **Revisions to Single Outcome Agreement**

The baseline data provided in 4.4 and 4.5 above will be incorporated into the Single Outcome Agreement.



5 Emerging 'Work-streams'

- 5.1 The Forum's workload has been developing in response to the membership's demands but is also being shaped by the developing agenda of the Community Planning Partnership Board. A number of emerging 'work streams' have been identified below for comment, however, this is not an exhaustive list of current work.
- 5.2 ***Accessibility, Equalities and the built environment:*** Renfrewshire's Forum For Empowering Communities has agreed that discussions should take place with Renfrewshire Council, the Safer and Stronger Board, Jobs and Economy Board and Greener Board around the possibility of introducing safer pavements as an equality outcome for Renfrewshire Council and the Community Planning Partnership. The Forum has identified the potential capacity within the restorative justice programmes to make streets more accessible.
- 5.3 ***Assets, Management Committees, and 'Stalled Spaces':*** The Forum has looked to utilise and promote the use of community owned assets within the Community Planning engagement process. Officers from Engage Renfrewshire in conjunction with officers from Renfrewshire Council have begun a range of meetings with local management committees in a bid to promote where possible further community asset transfers. Part of this work will consider which assets could have a better links with the targets of the community plan. It should also be noted that the Greener Network which is supported by Forum representation will lead on an externally funded 'Stalled Spaces' initiative aimed at encouraging temporary landscaping of public greenspace.
- 5.4 ***'Invest' - Social Enterprise Fund:*** Information on the £100,000 'Invest In Renfrewshire' fund to support Social Enterprises was provided to the Forum members at the last meeting of the group. The Forum has been utilised to promote the fund and the Economic Development Officer from Renfrewshire Council charged with supporting the fund is working closely with Engage Renfrewshire officers to encourage applications and overcome barriers to social enterprise development.
- 5.5 ***Integration of Health and Social Care – Engagement, communications:*** Members of the Forum have been invited to participate in the first local Health and Social Care integration public consultation event (19th March 2015). The involvement of members of the Forum will help to illustrate the present 'Third Sector Experience' of supporting local Health and Social Care issues and also the hopes and aspirations of the Sector for the proposed new approach. It is anticipated that the Forum will be utilised on an ongoing basis to support this emerging strategy.
- 5.6 ***The Tackling Poverty Commission – Initial Engagement and Developments:*** Now that the Tackling Poverty Commission report has been completed it is anticipated that the Forum will be utilised to provide further support in promoting the aims of an emerging Community Planning anti-poverty agenda.



- 5.7 ***Community Learning and Development Partnership Strategy:*** Scottish Government's National Strategic Guidance for Community Planning notes that local Community Learning and Development strategies should be aligned to community planning. It is noted in the guidance that Community Learning and Development (CLD) should play a central part in ensuring individuals, families and communities reach their potential. It is also noted that the available support and opportunities should be community-led and developed around local people's needs and aspirations. CLD officers from Renfrewshire Council have now begun to prepare a framework for a CLD plan which will include a timeline, resource section, key development areas and work required around 'gaps' in service. It has been agreed that this framework/draft-plan should be presented to the Forum for oversight and direction.



Appendix 1 – Members linked to CPP thematic boards and Associated Groups





To: **Renfrewshire Forum For Empowering Communities**

On: **5 May 2015**

Report by:

Engage Renfrewshire

**TACKLING POVERTY IN RENFREWSHIRE: REPORT OF RENFREWSHIRE'S
TACKLING POVERTY COMMISSION**

1. Summary

- 1.1 *Tackling Poverty In Renfrewshire*, the report of Renfrewshire's Poverty Commission was published in March 2015. This is the first independent report commissioned by a Scottish Council to consider specifically the issue of child poverty.
- 1.2 The report makes 24 recommendations. These focus on priority work that should be undertaken by Renfrewshire Community Planning Partnership, including Renfrewshire Forum For Empowering Communities and how organisations should work to tackle poverty. *Tackling Poverty In Renfrewshire* will be tabled at the meeting.
- 1.3 The purpose of the Poverty Commission's report is to guide each of the thematic Boards of Renfrewshire Community Planning Partnership to develop practical action that will address the recommendations. Renfrewshire Forum For Empowering Communities has a key role to play in ensuring that communities themselves are empowered to tackle poverty.

2. Recommendations

- 2.1 It is recommended that Renfrewshire Forum For Empowering Communities:
 - (a) Develop action on the findings and recommendations of *Tackling Poverty In Renfrewshire*;
 - (b) Agree to lead a workshop event to be held for voluntary and community sector organisations in Renfrewshire to be held on 29 May 2015 to discuss the contribution of the third sector to tackling poverty in Renfrewshire, as set out in paragraph 4.1; and
 - (c) Agree that Engage Renfrewshire work with members of the Forum and other third sector organisations as necessary to develop a response to the questions outlined in section 4, for submission to Renfrewshire Community Planning Partnership.



3. Key Points From *Tackling Poverty In Renfrewshire*

- 3.1 The Poverty Commission organised its work around **three outcomes** of:
- Pockets** – maximising the financial resources of families on low income.
 - Prospects** – improved life chances of children in poverty.
 - Places** – children from low income households live in well-designed, sustainable places.
- 3.2 Around the three outcomes, the Poverty Commission identified five key questions to frame its work:

- How can we **prevent** child poverty?
- How can we **alleviate** the impact of children living in poverty?
- How can we provide families with sustainable routes to **escape** poverty?
- How can we change **attitudes** to families and children living in poverty?
- What are the key national policies the Council and its partners shall seek to **influence**?

3.3 The **key findings** of the Poverty Commission are:

- Poverty is changing and our response needs to change. There are now more households in poverty who are working, than not. Low pay, inadequate working hours and insecure employment are now key causes of poverty.
- The welfare system no longer provides an adequate safety net and is causing hardship for those it is designed to support, particularly due to delays and errors in benefit payments and tougher benefit sanctions.
- Growing up in poverty can have a huge influence on a child's future. Addressing the attainment gap in schools is critical to make sure children from low-income families are able to achieve their potential.
- Power should be shared, with communities allowed to set their own priorities, and resources devolved to help to achieve them.
- Tackling poverty is everyone's responsibility. The Council, its Community Planning Partners and wider organisations such as employers and housing providers, will need to work in partnership on shared priorities and deliver real leadership around anti-poverty practice in Renfrewshire and beyond.

- 3.4 The Poverty Commission has identified **five key priorities** for the partners in Renfrewshire Community Planning Partnership to take action on:

- Increasing the number of households who can access employment that provides and acceptable standard of living.



- Preventing financial crisis and supporting low-income families to make the most of their money.
- Improving levels of physical and mental health of children in low-income families.
- Closing the attainment gap between children from low-income families and their better-off peers.
- Creating neighbourhoods where people want to live and can afford to live.

3.5 The Poverty Commission has made **twenty-four recommendations** under the outcomes of Pockets, Prospects and Places and directed these to various agencies to address. These recommendations are outlined below, with the fourteen that the Forum can have greatest influence on highlighted in bold below :

Pockets

Increase the number of households who can access employment that provides an acceptable standard of living

- **Halve the number of workers in Renfrewshire being paid below the living wage. (Community Planning Partnership)**
- Make Renfrewshire a pioneer pilot area to test a redesign of incentives and sanctions, and their role in helping people into work. (Department for Work and Pensions)
- **Ensure high-quality, affordable, flexible childcare is widely used by low income families, and is designed to reflect the specific needs of those at highest risk of poverty, such as lone parents and disabled families. (Renfrewshire Council)**
- **Review feasibility of providing time-limited free public transport to support people to move into work or training. (Community Planning Partnership)**
- **Work in partnership with employers to prioritise high-quality on-the-job training, with a particular emphasis on supporting lone parents to progress at work. (Skills Development Scotland)**

Prevent financial crisis and support low income families to make the most of their money

- **Increase financial capability of low income families by investing in peer-led financial education programmes. (Community Planning Partnership)**
- Use bargaining power to address the “poverty premium” imposed on low-



income consumers by lenders and service providers. (Community Planning Partnership)

- **Improve the impact of local advice and advocacy services to focus on empowering people to prevent financial crisis and increasing take-up of welfare benefits. (Renfrewshire Council)**
- Provide access to energy advice for all low-income households in Renfrewshire. (Renfrewshire Council)
- **Build local connections between primary healthcare and financial inclusion, and co-locate primary care with relevant support services where possible. (NHS Greater Glasgow and Clyde)**

Prospects

Improve levels of physical and mental health of children in low income families

- Extend the Healthier, Wealthier Children project across all primary care and community services in Renfrewshire. (NHS Greater Glasgow and Clyde)
- Target sufficient resource to improve the health of mothers and babies living in, or at risk of, poverty through both universal health visiting provision, and dedicated projects such as Family Nurse Partnership. (NHS Greater Glasgow and Clyde)
- **Develop a cohesive partnership approach to supporting youth mental health, which equips organisations to deliver support, respond to mental health distress and build young peoples' resilience. (Community Planning Partnership)**

Close the educational attainment gap between children from low income families and their better-off peers

- Share language development information from 30-month child health review across relevant partners, to allow early years practitioners to meet the developmental needs of each child. (NHS Greater Glasgow and Clyde)
- **Use all available poverty data and develop professional expertise in addressing the attainment gap in schools. (Renfrewshire Council)**
- Deliver tailored interventions in schools to address the gap, with specific focus on literacy skills and parental involvement. (Renfrewshire Council)
- Allocate school resources to reflect levels of deprivation, and specifically link these resources to closing the attainment gap and ensuring more pupils from low income families reach positive destinations. (Scottish Government)



- Address the financial barriers to school education, in particular reviewing the “cost of the school day” and the support available for the cost of uniforms and school meals. (Renfrewshire Council)
- **Build strong partnerships between education providers and local industry, to improve vocational pathways; to ensure provision of meaningful work experience; and ensure employers play a pivotal role in the skills development of young people and improve the level of recruitment directly from education. (Community Planning Partnership)**

Places

Create neighbourhoods where people want to live, and can afford to live

- **Develop funding partnerships with independent funders that create new opportunities for neighbourhood regeneration. (Community Planning Partnership)**
- **Pilot a regeneration programme which is co-produced with local people and enables them to shape resources around community priorities and assets. (Community Planning Partnership)**
- Guarantee the £1.13 billion Glasgow and Clyde Valley City Deal delivers real economic benefits for low income households across Renfrewshire. (Renfrewshire Council)
- **Develop a rent setting framework to minimise rent increases across the social housing sector across Renfrewshire and reduce the amount families have to pay towards their rent. (Community Planning Partnership)**
- **Build on past successful partnership working with local Housing Associations to enable an increase in the supply of affordable housing for people that need it and in places they want to live in. (Community Planning Partnership)**

3.6 In addition to the actions the Poverty Commission urges the partners to take, it also advocates that services should change the ways in which they act and organise to address stigma, involve people, remove barriers, use evidence and the use of resources.



4. Developing Response Of Renfrewshire Forum For Empowering Communities To The Recommendations Of ***Tackling Poverty In Renfrewshire***

4.1 Renfrewshire Forum For Empowering requires to develop a contribution on behalf of its members and the wider third sector in Renfrewshire to the twenty-four recommendations of *Tackling Poverty In Renfrewshire*. Engage Renfrewshire is holding a half-day event on Friday 29 May for third sector organisations in Renfrewshire to enable as many organisations as possible to hear about and discuss the recommendations of the Poverty Commission.

4.2 In addition to the Poverty Commission event, Renfrewshire Forum For Empowering Communities is asked to develop a response to the recommendations collectively and on behalf of its individual members. The third sector in Renfrewshire has a significant contribution to make on at least fourteen of the twenty-four recommendations, as outlined above. In particular, the Forum is asked to consider the following strategic issues, which relate to these recommendations:

1. What can the third sector in Renfrewshire contribute to attracting additional funding for neighbourhood regeneration and building a co-produced regeneration programme? What geographic areas of Renfrewshire would the Forum advise that Renfrewshire Community Planning Partnership prioritise in terms of action on regeneration? (“Places” recommendations 1 and 2)
2. What training, skills development and living-wage level employment opportunities could third sector organisations develop (a) individually (b) by working together and (c) in collaboration with statutory or private sector partners? (“Pockets” recommendations 1 and 5 and “Prospects” recommendation 9)
3. What can Housing Associations do to minimise social housing sector rent increases and the supply of affordable housing (“Places” recommendations 4 and 5)
4. What can third sector agencies contribute to improving the impact of advice and advocacy and financial inclusion services? How can third sector agencies ensure that the people they support and who need these services access them? (“Pockets” recommendations 6 , 8 and 10)
5. What can third sector agencies contribute to ensuring that low income families access high-quality childcare and services reflect the specific needs of lone parents and disabled families? (“Pockets” recommendation 3)
6. What can third sector agencies contribute to ensuring access to transport for people moving in to work or training? (“Pockets” recommendation 4)



7. What is the contribution of the third sector to supporting good mental health in young people? (“Prospects” recommendation 3)
8. How can third sector agencies best articulate the data and intelligence they have about poverty to help address the attainment gap in schools? (“Prospects” recommendation 5)

In addition to the recommendations, third sector agencies have a significant contribution to make to address the “How organisations should work section” of *Tackling Poverty In Renfrewshire*. This is addressed by the following question:

9. How can third sector perspectives of people experiencing poverty or other issues that contribute to poverty help influence the way people are treated by agencies? (“How organisations should work”)
- 4.3 It is proposed that Engage Renfrewshire work with the members of Renfrewshire Forum For Empowering Communities to develop a response on the questions outlined above, to be submitted to Renfrewshire Community Planning Partnership Board as part of its overall response to *Tackling Poverty In Renfrewshire*.



To: **Renfrewshire Forum for Empowering Communities**

On: **5 May 2015**

Report by:

Lead Officer, Forum for Empowering Communities

UPDATE FROM THEMATIC BOARDS

1. Summary

- 1.1 Renfrewshire Forum for Empowering Communities draws members from local Third Sector and community operated organisations within Renfrewshire. It has been developed to reflect organisations that have a spread of knowledge, important resources, operate as local employers and can help support general communication to a wide community of service users within the communities of Renfrewshire.
- 1.2 The Forum deploys a member to attend each of the other 5 Community Planning Partnership Thematic Board meetings. Each Forum member is supported by a member of Engage Renfrewshire staff and is required to update the Forum on the progress/activity of their respective nominated Board.
- 1.3 The updates are attached as Appendix 1.

2. Recommendations

- 2.1 It is recommended that Renfrewshire Forum For Empowering Communities note the updates.



UPDATE FROM THEMATIC BOARDS FOR RENFREWSHIRE FORUM FOR EMPOWERING COMMUNITIES

NAME OF PERSON(S) ATTENDING BOARD MEETING REPRESENTING THE FORUM: Lynne O'Brien (Barnardo's), supported by Stuart Graham (Engage Renfrewshire)
NAME OF BOARD ATTENDED: Children and Young People Thematic Board
DATE OF MEETING: 24 February 2015
KEY POINTS: <ul style="list-style-type: none"> Save the Children presented their Stronger Communities Programme, funded by the STV/Hunter Partnership, which will operate in Glenburn, Paisley and Muirton, Perth. The project aims to tackle child poverty by developing capacity for community-led decision making. The duration of the project is around 15 months, with phase of work to gather data and build links with the community, prior to development of a model of community working by December 2015. The Children and Young People Board were invited to nominate contact officers for the project and indicate the Board's preferred level of involvement. Engage Renfrewshire was nominated as a contact. The Family Nurse Partnership presented on the progress of the service. The service provides an intensive prevention-based home visiting programme through pregnancy until two years of age. Success was reported in ensuring high take up of the service in Renfrewshire, with 88% of clients coming from the most deprived quintiles. Progress against the targets in Outcome 1 of the Children and Young People's Action Plan was reported. Areas requiring focus are childhood obesity and consistency of destination figures for Looked After Children. The Scottish Government is moving towards live participation measures after September 2015. Initial feedback from the Care Inspectorate regarding the Children's Services Inspection was reported as positive, with the written report to be available in May/June 2015. Discussion took place on changes to corporate responsibilities arising from guidance on the Children and Young People (Scotland) Act 2014, in particular the named person and the single child's plan.
ANY ADDITIONAL COMMENTS:
PLEASE BACK TO CAROL MACDONALD, SENIOR COMMITTEE SERVICES OFFICER AT LEAST 1 WEEK PRIOR TO NEXT PRE AGENDA MEETING. IF YOU ARE UNSURE OF DATES PLEASE CONTACT CAROL AT carol.macdonald@renfrewshire.gcsx.gov.uk OR PHONE 0141 618 5967

UPDATE FROM THEMATIC BOARDS FOR RENFREWSHIRE FORUM FOR EMPOWERING COMMUNITIES

NAME OF PERSON(S) ATTENDING BOARD MEETING REPRESENTING THE FORUM: Stephen McLellan and Joe Ferrie
NAME OF BOARD ATTENDED: Community Care, Health and Wellbeing Thematic Board
DATE OF MEETING: 5 February 2015
KEY POINTS: Clinical Services Review in progress until September 2015. <ul style="list-style-type: none"> Board members, senior officers and elected members were invited to the Midspan event on 3 March (copy of report attached at Appendix 1) Update report on CSR to be presented at the next Board meeting HSCP information and consultation event held on 19 March Integrated Care Fund (2015/2016) update to be tabled at a future Board meeting This fund is now extended to 2016/2017 and 2017/2018. Through GP Practices identification, carers are being directed, as appropriate, to support services.
ANY ADDITIONAL COMMENTS: <ul style="list-style-type: none"> Clinical Services Review - Engage Staff & CSR project meeting on 15 April to review community/third sector information and input The Change fund (Reshaping Care for Older People) Committee is now undertaking the role of HSCP support committee, with a streamlined membership. A verbal update on the community capacity element of HSCP will be provided at the Forum meeting. Attendance at Community Planning Partnership Board on 2nd April at which the issues of the Living Wage were raised with the Committee. Evidence given to the Scottish Government's Equalities Committee investigation into the effect of Loneliness and Isolation 16th March.
PLEASE BACK TO CAROL MACDONALD, SENIOR COMMITTEE SERVICES OFFICER AT LEAST 1 WEEK PRIOR TO NEXT PRE AGENDA MEETING. IF YOU ARE UNSURE OF DATES PLEASE CONTACT CAROL AT carol.macdonald@renfrewshire.gcsx.gov.uk OR PHONE 0141 618 5967

50 years

of study and 200 papers



Research findings update

This briefing summarises the main findings from over 60 papers on the Midspan studies published since 2005 and provides an overview of studies of mortality since 1978. It updates the newsletter produced at the time of the 30-year Midspan celebratory symposium in 2005.

Introduction

For 50 years, the Midspan studies have provided valuable information about health and disease in Renfrew, Paisley and the west and central belt of Scotland. The studies recruited almost 30,000 participants and then followed their health records over many years to see who gets what, who doesn't and why. A key feature has been continued follow-up by linkage to NHS death, cancer and hospital discharge registers.

The results don't just inform us about health in Scotland. Because of the large and representative nature of the cohorts, the virtually complete follow-up and the characteristics of the area they were drawn from – a rapidly de-industrialised conurbation with high levels of social deprivation, cancer and heart disease – they are relevant to similar populations in many parts of the world.

Another major strength of the Midspan studies is that over 50% of the participants in the Renfrew and Paisley Study were women, at a time when other UK epidemiological studies included only men. An unexpected bonus of the high response rate in the Renfrew and Paisley Study (around 80%) was the inclusion of many married couples, enabling a subsequent family study to be started. Goodwill, study loyalty and the support of local family doctors made this a reality. Having occupational as well as general population cohorts in a similar area is another strength. The Collaborative cohort was well suited for life course studies as information was collected on socioeconomic factors in childhood and early adulthood.

The studies

The **Main Study (1964–68)** involved 13 factories in the central belt of Scotland and 4,000 people aged 15 to 70, of whom more than 500 were women. The Midspan team then visited the Hebridean island of **Tiree (1967)** to record the health details of all 532 residents over the age of 15, plus 230 of their relatives who had settled on the mainland.

The **Collaborative Study (1970–73)** was an occupational cohort study of 6,022 men and 1,006 women recruited from 27 workplaces throughout the central belt of Scotland. About 50% of participants were restudied in 1977.

The **Renfrew and Paisley Study (1972–76)** was a general population study of 8,353 women and 7,049 men, comprising 80% of residents aged 45–64 living in Renfrew and Paisley at the time. About 50% of participants were restudied in 1977–79. From 1999, 200 surviving participants also took part in the PREVAIL study of healthy ageing and another 200 took part in a study on quality of life and cognitive functioning.

The **Family Study (1996)** recruited 1,298 daughters and 1,040 sons, aged 30–59, of parents who both took part in the original Renfrew and Paisley Study. In 2002, 556 surviving parents provided blood samples for DNA analysis in the TWOGEN study. In 2003, daughters provided information on the birth weights of 1,800 infants – grandchildren of the original cohort.

All participants completed a questionnaire about their background and their health. Their weight, height and blood pressure were measured, tests were carried out to assess heart and lung function and a blood sample was taken. Since recruitment, the study coordinators have regularly received secure and confidential information from the NHS about the date and cause of death of any participant and admissions to hospital and confirmed cases of cancer of participants in all cohorts except the Main and Tiree Studies.

Lifespan and causes of death

By the end of 2012, 91% of men and 84% of women in the Renfrew and Paisley Study had died; 69% of men survived to their 70th birthday and 36% to their 80th; 82% of women survived to their 70th birthday and 55% to their 80th.

The commonest causes of death were:

	Men	Women
Coronary heart disease	31%	23%
Cancer	28%	25%
Stroke	11%	16%
Respiratory disease	11%	11%
Other	19%	25%

Scientific papers

By August 2014, the Midspan studies had resulted in over 200 scientific papers published in 79 scientific journals, including 19 in the *British Medical Journal* and nine in the *Lancet*. After an initial flurry of 32 papers in the 1960s and 1970s, only 13 were published in the next decade, followed by 41 in the 1990s, 91 from 2000 to 2009 and 24 since then. In the past 10 years, 61 papers have been published.

Base and funding

The Midspan Studies are based in the Institute of Health and Wellbeing at the University of Glasgow (Public Health and General Practice and Primary Care). They have been funded by a large variety of organisations. For example, the original Renfrew and Paisley study was funded by the Renfrewshire King Edward Memorial Fund. Since 2005, core funding has been provided by NHS Health Scotland and NHS Greater Glasgow & Clyde Health Board Endowment Funds.

More information is available on the website (www.gla.ac.uk/midspan) or by contacting the Midspan administrator at midspanadmin@glasgow.ac.uk or 0141 330 4072.

Key findings from the last 10 years

- Higher exposure to black smoke air pollution was associated with higher short- and long-term mortality rates (page 4).
- The risk of having a hospital admission for stroke, respiratory disease and liver disease was increased for men drinking >14 units of alcohol per week. Mental health admissions and bed-days were higher for drinkers of >21 units of alcohol per week (page 5).
- While men who stopped smoking had lower long-term mortality, there was little evidence of lower mortality in men who reduced the number of cigarettes they smoked (page 6).
- Both overweight and obesity were associated with important increases in all-cause and cause-specific mortality, in particular due to cardiovascular disease (page 6).
- Compared with underweight or normal weight men, obese men had more than three times the mortality rate due to liver disease (page 7). Obese men drinking more than 14 units of alcohol a week had almost 19 times the mortality rate due to liver disease (page 8).
- Compared with people with a normal weight, the overweight were 2.7 times more likely and the obese 7.3 times more likely to develop diabetes (page 8).
- IQ at 11 was strongly related to adult social class and upward and downward social mobility. It was inversely related to mortality occurring before age 65, but not related to mortality occurring after age 65 (page 11).
- The higher all-cause, respiratory and lung cancer mortality in the Midspan men compared to Whitehall male civil servants was largely explained by social class differences and the higher prevalence of known risk factors. The excess mortality from stroke, alcohol-related causes, accidents and suicide remained unexplained (page 13).
- Both male and female smokers in all social classes had poorer survival than never-smokers in even the lowest social classes. Smoking cancelled out women's otherwise large survival advantage over men (page 15).
- Among women who had never smoked, non-obese women had the lowest mortality rates, with little difference between social classes (page 15).

Health effects of air pollution

Association between long-term exposure to air pollution and specific causes of mortality in Scotland. Yap C, Beverland IJ, Heal MR, Cohen GR, Robertson C, Henderson DEJ, Ferguson NS, Hart CL, Morris G, Agius RM. *Occup Environ Med*. 2012;69:916–24. doi: 10.1136/oemed-2011-100600.

Comparison of models for estimation of long-term exposure to air pollution in cohort studies. Beverland IJ, Robertson C, Yap C, Heal MR, Cohen GR, Henderson DEJ, Hart CL, Agius RM. *Atmospheric Environment*. 2012;62:530–9. doi: 10.1016/j.atmosenv.2012.08.001.

A comparison of short-term and long-term air pollution exposure associations with mortality in two cohorts in Scotland. Beverland IJ, Cohen GR, Heal MR, Carder M, Yap C, Robertson C, Hart CL, Agius RM. *Environmental Health Perspectives*. 2012;120:1280–5. doi:10.1289/ehp.1104509.

A team of environmental scientists and public health specialists examined the health effects of outdoor air pollution on the members of the Renfrew and Paisley and Collaborative cohorts using measurements of black smoke concentrations made at multiple sites in the 1970s. The main challenge in the research was to estimate exposure to air pollution at the homes of the

participants, as there were only five air pollution monitoring sites operating in Renfrew and Paisley in the 1970s when participants were recruited into the study. The relationship between measured air pollution and nearby household density (relating to emissions from nearby chimney pots) and nearby busy roads was thus examined at around 180 pollution monitoring sites across Scotland to allow pollution concentrations to be estimated at locations without monitoring sites. A novel aspect of the research was to compare the health effects of air pollution exposure over different timescales (days, months and decades).

After taking into account other known individual and social factors that also influence mortality, significant associations were observed between higher estimated residential air pollution exposure and higher short- and long-term mortality rates. This was the first published cohort study of air pollution exposure and health outcomes in the UK. The observed associations between air pollution and health are consistent with a small number of similar cohort studies in other countries and provide important evidence for the setting of air quality standards to protect public health in the UK.

Tobacco and alcohol

Carboxyhaemoglobin concentration, smoking habit, and mortality in 25 years in the Renfrew/Paisley prospective cohort study. Hart CL, Davey Smith G, Hole DJ, Hawthorne VM. *Heart*. 2006;92:321–4.

Blood carboxyhaemoglobin concentrations are an indicator of exposure to tobacco smoke and were measured in 7,564 participants in the Renfrew and Paisley Study. Concentrations were closely related to the self-reported number of cigarettes smoked and were higher in smokers who reported inhaling than in those who reported not inhaling. Over 25 years of follow-up, they were positively related to mortality from all causes, coronary heart disease, stroke, chronic obstructive pulmonary disease and lung cancer. These relationships remained even after additionally adjusting for cigarette smoking. Carboxyhaemoglobin was a better indicator of the risk associated with smoking than self-reported tobacco use. Analysing mortality by self-reported smoking may thus underestimate the association between smoking and mortality.

Alcohol consumption and mortality and hospital admissions in men from the Midspan Collaborative cohort study. Hart CL, Davey Smith G. *Addiction*. 2008;103:1979–86.

Alcohol consumption and use of acute and mental health hospital services in the West of Scotland Collaborative prospective cohort study. Hart CL, Davey Smith G. *J Epidemiol Community Health*. 2009;63:703–7. doi:10.1136/jech.2008.079764.

In the Collaborative Study, the risk of hospital admission for stroke, respiratory disease and liver disease was increased for men drinking >14 units of alcohol per week. Numbers of general hospital admissions were higher for drinkers of >21 units. Bed-days were higher from >7 units and increased with the amount drunk, with the heaviest drinkers (>34 units) having a 58% higher rate. Non-drinkers had the highest admissions for coronary heart disease, but admissions and bed-days for other causes generally increased with consumption. Mental health admissions and bed-days were higher for drinkers of >21 units.

Alcohol consumption behaviours and social mobility in men and women of the Midspan Family study. Hart CL, Davey Smith G, Upton MN, Watt GCM. *Alcohol & Alcoholism*. 2009;44:332–6.

Using detailed alcohol measures from the Family Study, we studied how social class and mobility related to exceeding recommended alcohol limits for daily drinking (4 units for men, 3 units for women), weekly drinking (21 and 14 units), binge drinking (8 and 6 units) and drinking on no more than 5 days per week. Among both men and women, the downwardly mobile were the most likely to exceed the weekly and daily limits but the differences were not statistically significant. Stable non-manual women were the most likely to consume alcohol on >5 days a week but very few were binge drinkers. Stable non-manual and upwardly mobile men and women were more likely to drink wine, and downwardly mobile men more likely to drink beer.

The combined effect of smoking tobacco and drinking alcohol on cause-specific mortality: a 30 year cohort study. Hart CL, Davey Smith G, Gruer L, Watt GCM. *BMC Public Health*. 2010;10:789. doi:10.1186/1471-2458-10-789.

In the Collaborative Study, the mortality rate of men who both smoked and drank >14 units/week was 2.7 times that of never smokers who did not drink. Relative rates for coronary heart disease mortality were high for current smokers, with a possible protective effect of some alcohol consumption in never smokers. Stroke mortality increased with both smoking and alcohol consumption. Smoking affected respiratory mortality with little effect of alcohol. Premature mortality was particularly high in smokers who drank >14 units, with a quarter of these men not surviving to age 65. 30% of men with manual occupations both smoked and drank >14 units/week compared with only 13% with non-manual ones.

Does smoking reduction in midlife reduce mortality risk? Results of 2 long-term prospective cohort studies of men and women in Scotland. Hart C, Gruer L, Bauld L. *American Journal of Epidemiology*. 2013;178(5):770–9. doi: 10.1093/aje/kwt038.

A long-term study of working men in Israel showed that smokers who reduced their cigarette consumption had lower mortality rates than those who maintained the same level. Data from the Collaborative and Renfrew and Paisley cohorts were analysed to see if these results could be replicated. There was no evidence of lower overall mortality in reducers compared with maintainers in either of the cohorts, but clear evidence of lower mortality in quitters. In the Collaborative Study only, heavy smokers of >20 cigarettes/day who reduced the amount smoked did have lower mortality than maintainers, but this was not seen in lighter smokers in this cohort or in either heavy or lighter smokers from the Renfrew and Paisley Study.

Obesity and diabetes

Reverse causality and confounding and the associations of overweight and obesity with mortality. Lawlor DA, Hart CL, Hole DJ, Davey Smith G. *Obesity* 2006;14:2294–304.

Long-term cardiovascular consequences of obesity: 20-year follow-up of more than 15,000 middle-aged men and women (the Renfrew and Paisley Study). Murphy NF, MacIntyre K, Stewart S, Hart CL, Hole D, McMurray JJV. *Eur Heart J*. 2006;27:96–106.

Body mass index in middle life and future risk of hospital admission for psychoses or depression: findings from the Renfrew/Paisley study. Lawlor DA, Hart CL, Hole DJ, Gunnell D, Davey Smith G. *Psychological Medicine*. 2007;37:1151–61.

Obesity and use of acute hospital services in participants of the Renfrew/Paisley study. Hart CL, Hole DJ, Lawlor DA, Davey Smith G. *J Public Health*. 2007;29:1:53–6.

There has been an ongoing debate about the effect of overweight and obesity on mortality, with some suggestion that any causal association has been exaggerated. Others have argued that reverse causality (other illnesses resulting in both weight loss and increased mortality) and smoking (limiting weight gain and increasing mortality) may have resulted in some studies underestimating the true effect of overweight and obesity on mortality.

Analysis of data from the Collaborative and Renfrew and Paisley Studies showed that, with appropriate adjustment for reverse causality and smoking, both overweight and obesity were associated with important increases in all-cause and cause specific mortality, in particular with cardiovascular disease mortality. Obesity was also associated with a much broader long-term cardiovascular risk due to heart failure, venous thromboembolism, atrial fibrillation (in women) and, probably, stroke.

Body mass index (BMI) was also related to hospital use. Admission rates for underweight and normal weight men were lower than expected, and those of overweight and obese men were higher than expected. Obese men had higher bed-day rates. Normal weight women had the lowest admission and bed-day rates, with underweight and obese women having similar higher rates of both. Conversely, hospital admissions for psychoses or depression were inversely related to BMI.

Contribution of midparental BMI and other determinants of obesity in adult offspring. Abu-Rmeileh NME, Hart CL, McConnachie A, Upton MN, Lean MEJ, Watt GCM. *Obesity*. 2008;16:1388–93.

Intergenerational change and familial aggregation of body mass index. Johnson PCD, Logue J, McConnachie A, Abu-Rmeileh NME, Hart C, Upton MN, Lean M, Sattar N, Watt G. *Eur J Epidemiol*. 2012;27:53–61. doi 10.1007/s10654-011-9639-5.

It is increasingly recognised that overweight and obesity runs in families. What is not known is whether this is down to genetics or learned eating behaviours from an early age. The Family Study has added to our understanding of the association of the weight of adult offspring with that of their parents. It showed that daughters' BMIs were more strongly associated with their mother's BMI than their father's. However, sons' BMIs were equally associated with both their mother's and father's BMI. Intergenerational increase in BMI was disproportionately greater in the offspring of heavier parents. Low physical activity, non-smoking status, higher cholesterol and manual social class were associated with higher BMI. Mid-parental BMI, defined as the mean of the mother's and father's BMI, had a strong independent effect on offspring BMI and could be a useful tool to predict offspring BMI.

Obesity, overweight and liver disease in the Midspan prospective cohort studies. Hart CL, Batty GD, Morrison DS, Mitchell RJ, Davey Smith G. *International Journal of Obesity*. 2010; 34:1051–9. doi: 10.1038/ijo.2010.20.

Using data from the Main, Collaborative and Renfrew and Paisley studies, higher BMI at screening was strongly related to higher mortality rates due to liver disease in men but not women. Obese men had more than three times the rate of liver disease mortality of underweight or normal weight men. When liver disease was ascertained from all sources (hospital discharge data, cancer registration data or any diagnosis on the death certificate), similar strong associations between BMI and liver disease were seen for men, with evidence of a weaker association in women.

Effect of body mass index and alcohol consumption on liver disease: analysis of data from two prospective cohort studies. Hart CL, Morrison DS, Batty GD, Mitchell RJ, Davey Smith G. *BMJ*. 2010;340:c1240. doi:10.1136/bmj.c1240.

Using data from the Main and Collaborative cohorts, a raised BMI and higher alcohol consumption were both related to higher mortality due to liver disease and their combined effect was greater than the sum of their separate effects. The mortality rate from liver disease was almost 19 times higher among obese men drinking >14 units a week than among underweight or normal weight non-drinkers. This suggests that combining strategies to reduce both alcohol consumption and obesity in populations would be helpful.

How many cases of Type 2 diabetes mellitus are due to being overweight in middle age? Evidence from the Midspan prospective cohort studies using mention of diabetes mellitus on hospital discharge or death records. Hart CL, Hole DJ, Lawlor DA, Davey Smith G. *Diabetic Medicine*. 2007;24:73–80.

We selected men and women from the Renfrew and Paisley Study and men from the Collaborative Study who did not have diabetes at recruitment. Their BMIs were related to the subsequent development of diabetes using diagnoses in hospital discharge records and death records during the period from recruitment in 1970–76 to 2004. Around 5% of the cohort developed Type 2 diabetes during the follow-up period. Among men in the Renfrew and Paisley Study, after adjusting for age, the overweight group was 2.7 times more likely and the obese group 7.3 times more likely to have developed diabetes than the normal weight group. Similarly high odds ratios were found among women in the Renfrew and Paisley Study and men in the Collaborative Study. Assuming a causal relationship, around 60% of diabetes cases could have been prevented if everyone had been of normal weight. With recent increases in the prevalence of overweight, the burden of disease related to diabetes is likely to increase markedly.

Coronary heart disease

A population study of the long-term consequences of Rose angina: 20-year follow-up of the Renfrew-Paisley study. Murphy NF, Stewart S, Hart CL, MacIntyre K, Hole D, McMurray JJV. *Heart*. 2006;92:1739–46.

Participants in the Renfrew and Paisley Study were assessed for angina at recruitment using the Rose Angina Classification: 9.5% of men and 9.6% of women had angina. After 20 years of follow-up, all-cause mortality for those with angina was 68% in men and 43% in women compared with 45% and 30%, respectively, for those without angina. Men and women with angina were both more likely than those without angina to experience cardiovascular death or hospitalisation, myocardial infarction and heart failure. Among those with angina, women were about half as likely as men to experience a cardiac event or myocardial infarction, but rates for women and men were similar for stroke, atrial fibrillation and heart failure.

Parental height in relation to offspring coronary heart disease: examining transgenerational influences on health using the west of Scotland Midspan Family Study Gray L, Davey Smith G, McConnachie A, Watt GCM, Hart CL, Upton MN, Macfarlane PW, Batty GD. *Int J Epidemiol*. 2012;41:1776–85. doi:10.1093/ije/dys149.

The Family Study was used to investigate the transgenerational influence of parental height on their offspring's risk of cardiovascular disease. Taller paternal and/or maternal height was associated with socioeconomic advantage, heavier birthweight and increased high-density lipoprotein cholesterol in offspring. The offspring of taller mothers and, to a lesser extent, taller fathers had a lower incidence of heart disease. The decrease in risk was 15% for every 5.6 cm increase in the height of the mother. The association remained after accounting for differences in age, sex, the height of the other parent and factors in the offspring linked with heart disease risk, including their own height. This may reflect an influence of early maternal growth on the intrauterine environment provided for her offspring.

Psychological distress

Psychological distress, physical illness, and risk of coronary heart disease. Rasul F, Stansfeld SA, Hart CL, Davey Smith G. *J Epidemiol Community Health*. 2005;59:140–5.

Psychological distress and chronic obstructive pulmonary disease in the Renfrew and Paisley (MIDSPAN) study. Pembroke TPI, Rasul F, Hart CL, Davey Smith G, Stansfeld SA. *J Epidemiol Community Health*. 2006;60:789–92.

Psychological distress in physically ill men greatly increased the risk of coronary heart disease. There was no evidence to show any similar association in women. Psychological distress was associated with chronic obstructive pulmonary disease (COPD) and predicted COPD in women who were rescreened a few years later.

Cancer

Coffee consumption and prostate cancer risk: further evidence for inverse relationship. Shafique K, McLoone P, Qureshi K, Leung H, Hart C, Morrison DS. *Nutrition Journal*. 2012;11:42. doi:10.1186/1475-2891-11-42.

Tea consumption and the risk of overall and grade specific prostate cancer: a large prospective cohort study of Scottish men. Shafique K, McLoone P, Qureshi K, Leung H, Hart C, Morrison DS. *Nutrition and Cancer*. 2012 (online). doi:10.1080/01635581.2012.690063.

Cholesterol and the risk of grade-specific prostate cancer incidence: evidence from two large prospective cohort studies with up to 37 years' follow up. Shafique K, McLoone P, Qureshi K, Leung H, Hart C, Morrison DS. *BMC Cancer*. 2012;12:25.

Lung and breast cancers were the commonest malignancies when the Midspan studies began. Scotland had some of the highest rates of both cancers in the world and a diagnosis was often considered a death sentence. In 2014, lung and breast cancers remain the commonest malignancies overall in Scotland, but the rest of the landscape has changed a great deal. In men, prostate cancer has overtaken lung cancer to become the commonest malignancy. The risk of being diagnosed with prostate cancer is expected to increase by about 30% in the next decade while lung cancer rates will continue to decline.

The Midspan studies have allowed us to follow-up men over several decades to explore risk factors for developing prostate cancer. The results, however, raise further questions. Have we learned more about what leads to a long and otherwise healthy life or about what might actually cause prostate cancer?

Vitamin D

Circulating 25OHD, dietary vitamin D, PTH, and calcium associations with incident cardiovascular disease and mortality: the Midspan Family Study. Welsh P, Doolin O, McConnachie A, Boulton E, McNeil G, Macdonald H, Hardcastle A, Hart C, Upton M, Watt G, Sattar N. *J Clin Endocrinol Metab.* 2012;97(12):4578–87. doi:10.1210/jc.2012-2272.

Vitamin D is widely known as the ‘sunshine vitamin’, and levels of the vitamin are known to be low in Scots. It has frequently been reported in the media that low vitamin D is bad for your health. Using stored blood samples from the Family Study, we found that almost a third of people could be classified as ‘deficient’ in vitamin D. Those who were deficient in vitamin D were not at increased risk of heart attacks over the next 14 years, although they did have approximately twice the risk of dying of any cause. This does not necessarily mean that low levels of vitamin D cause death. We found evidence that low vitamin D is a consequence (rather than a cause) of poor health. We do not currently recommend the use of sunbeds, sunbathing or supplements to raise your levels of vitamin D; a healthy lifestyle including a balanced diet and physical activity best optimises health.

Genetics

Genetic association study of QT interval highlights role for calcium signalling pathways in myocardial repolarization. Arking D et al. *Nature Genetics.* 2014;46:826–36.

Association between genetic variants on chromosome 15q25 locus and objective measures of tobacco exposure. Munafo MR et al. *Journal of the National Cancer Institute.* 2012;104:1–9. doi: 10.1093/jnci/djs191.

Genetic variation at CHRNA5-CHRNA3-CHRNA4 interacts with smoking status to influence body mass index. Freathy RM et al. 2011;40:1617–28. doi:10.1093/ije/dyr077.

Genetic variation at the SLC23A1 locus is associated with circulating concentrations of L-ascorbic acid (vitamin C): evidence from 5 independent studies with >15,000 participants. Timpson NJ et al. *Am J Clin Nutr.* 2010;92:375–82.

Since the first draft of the human genome sequence was released in 2001 there has been a revolution in genomic technology, with discoveries of variations in the genome that may be important in health and disease. The Family Study has contributed significantly to large genomic studies that have advanced our understanding of health and disease. In a study of over 100,000 people that included the Family Study, we identified a previously unknown role for calcium signalling in the resetting of the heart after every heartbeat. This has major implications in studies of sudden death. The Family Study also contributed to the discovery of a genetic variant that relates to heaviness of smoking and the interaction between this genetic variant and smoking status on BMI. Finally, the Family Study contributed to the first evidence that variation in a gene affects circulating vitamin C levels.

Childhood IQ

Intergenerational social mobility and mid-life status attainment: Influences of childhood intelligence, childhood social factors, and education. Deary IJ, Taylor MT, Hart CL, Wilson V, Davey Smith G, Blane D, Starr JM. *Intelligence* 2005;33:455–72.

Childhood IQ and all-cause mortality before and after age 65: Prospective observational study linking the Scottish Mental Survey 1932 and the Midspan studies. Hart CL, Taylor MD, Davey Smith G, Whalley LJ, Starr JM, Hole DJ, Wilson V, Deary IJ. *Brit J Health Psychol.* 2005;10:153–65.

Childhood IQ and social factors on smoking behaviour, lung function and smoking-related outcomes in adulthood: linking the Scottish Mental Survey 1932 and the Midspan studies. Taylor MD, Hart CL, Davey Smith G, Starr JM, Hole DJ, Whalley LJ, Wilson V, Deary IJ. *Br J Health Psychol.* 2005;10:399–410.

Childhood IQ and marriage by mid-life: the Scottish Mental Survey 1932 and the Midspan studies. Taylor MD, Hart CL, Davey Smith G, Whalley LJ, Hole DJ, Wilson V, Deary IJ. *Personality and Individual Differences.* 2005;38:1621–30.

Childhood IQ of parents related to characteristics of their offspring: Linking the Scottish Mental Survey 1932 to the Midspan Family Study. Hart CL, Deary IJ, Davey Smith G, Upton MN, Whalley LJ, Starr JM, Hole DJ, Wilson V, Watt GCM. *J Biosoc Sci.* 2005;37:623–39.

Records of 932 Collaborative and Renfrew and Paisley Study participants born in 1921 were linked to the 1932 Scottish Mental Survey. This was a mental ability test, taken by virtually all 11-year-old pupils in schools throughout Scotland. IQ at 11 years was found to be strongly related to adult social position and upward and downward social mobility. It was inversely related to mortality occurring before age 65, but not related to mortality occurring after age 65. Childhood IQ had an indirect effect on smoking consumption via deprivation category. Higher childhood IQ was associated with stopping smoking in adulthood. Men with higher IQ were more likely ever to marry, whereas women with higher IQ were less likely ever to marry.

Participants' IQ in childhood was also related to characteristics of their offspring. Higher parental IQ was associated with taller offspring, better education, offspring social class and offspring deprivation category. Parental IQ was inversely related to the number of cigarettes smoked by offspring.

Ageing

Successful ageing in an area of deprivation: Part 1 – A qualitative exploration of the role of life experiences in good health in old age. Gilhooly M, Hanlon P, Mowat H, Cullen B, Macdonald S, Whyte B. *Public Health.* 2007;121:807–813.

Successful ageing in an area of deprivation: Part 2 – A quantitative exploration of the role of personality and beliefs in good health in old age. Gilhooly M, Hanlon P, Cullen B, Macdonald S, Whyte B. *Public Health.* 2007; 121:814–821.

For these two papers, the authors selected a sample of 100 matched pairs (53 male and 47 female, ages 71–90) from the Renfrew and Paisley cohort. They were stratified by health status, age, gender and social status. A subgroup of 22 pairs initially underwent a qualitative interview on their current circumstances. All 100 pairs completed an extensive questionnaire including a number of validated tests of personality and cognitive functioning.

No significant differences in current circumstances were found between the more and less healthy groups. Compared to the unhealthy group, the healthy participants were less neurotic, more likely to feel in control of their circumstances, to report a greater sense of coherence and score lower on a measure of spirituality.

Real-world problem solving and quality of life in older people. Gilhooly ML, Gilhooly K J, Phillips LH, Harvey D, Brady A, Hanlon P. *Br J Health Psychol.* 2007;12:587–600.

Cognitive ageing: activity patterns and maintenance intentions. Gilhooly KJ, Gilhooly ML, Phillips LH, Harvey D, Murray A, Hanlon P. *International Journal of Aging and Human Development.* 2007;65(3):259–280.

In these two papers, a separate sample of 73 men and 72 women aged 70–91 from the Renfrew and Paisley cohort underwent a series of tests of abstract cognitive functioning, real world problem-solving and quality of life measures.

Self-rated health, objective health status, self-rated cognitive function and real-world problem-solving all make significant independent contributions to predicting quality of life. The degree of involvement in mentally demanding activities was positively related to a measure of fluid intelligence after other factors were accounted for. There was less cognitive decline among those who intentionally engaged in activities to maintain cognitive function. Social and physical activities were not related to the cognitive measures.

Bereavement

Effect of conjugal bereavement on mortality of the bereaved spouse in participants of the Renfrew/Paisley study. Hart CL, Hole DJ, Lawlor DA, Davey Smith G, Lever TF. *J Epidemiol Community Health.* 2007;61:455–60.

There were over 4000 married couples who took part in the Renfrew and Paisley Study. In the follow up period, 59.5% of women and 27.1% of men were bereaved. Bereaved participants were at increased risk of dying from all causes, cardiovascular disease, coronary heart disease, stroke, all cancer, lung cancer, smoking-related cancer and accidents or violence compared with non-bereaved participants. After adjustment for confounding variables, the risks remained higher for all these causes except for lung cancer mortality. There was no strong evidence that the increased risks changed with time after bereavement.

Socioeconomic factors

Effect of socioeconomic deprivation on the population risk of incident heart failure hospitalisation: An analysis of the Renfrew/Paisley study. Stewart S, Murphy NM, McMurray JJV, Jhund P, Hart CL, Hole D. *European Journal of Heart Failure.* 2006;8:856–63.

Plasma C reactive protein concentration indicates a direct relation between systemic inflammation and social deprivation. O'Reilly DSTJ, Upton MN, Caslake MJ, Robertson M, Norrie J, McConnachie A, Watt GCM, Packard CJ. *Heart.* 2006;92:533–5.

In Renfrew and Paisley Study participants, greater social deprivation was associated with having a hospital admission for heart failure, irrespective of baseline cardiorespiratory status and cardiovascular risk factors. Higher Plasma C reactive protein was observed in Family Study participants living in more deprived areas.

Risk factors in the Midspan family study by social class in childhood and adulthood. Hart C, McConnachie A, Upton M, Watt G. *Int J Epidemiol.* 2008;37:604–14.

Risk factors in adult offspring in the Family Study had improved compared with parents, except for BMI and obesity which had worsened. Risk factors were less favourable in manual than non-manual offspring, and were more closely related to own rather than father's social class. There was a large amount of upward social mobility involving 35% of sons and 50% of daughters. Risk factors for the upwardly mobile were more favourable than the class they left behind but less favourable than the class they joined.

How can socioeconomic inequalities in hospital admissions be explained? A cohort study. McCartney G, Hart C, Watt G. *BMJ Open*. 2013;3:e002433. doi: 10.1136/bmjopen-2012-002433.

Social patterning of hospital admissions and bed-days in up to 37 years of follow-up was investigated using data from the Renfrew and Paisley Study. Overall admissions to hospital were only marginally socially patterned, and less than would be expected on the basis of the gradient in baseline risk. Social patterning was seen for bed-days, and could be explained by baseline risk factors. There was marked social patterning in admissions for mental health problems. Emergency admissions were higher in the lowest social classes but there was an inverse relationship for non-emergency admissions.

Comparisons with other cohorts

Why do males in Scotland die younger than those in England? Evidence from three prospective cohort studies. McCartney G, Shipley M, Hart C, Davey Smith G, Kivimäki M, Walsh D, Watt GC, Batty GD. *PLoS ONE*. 2012;7(7):e38860. doi:10.1371/journal.pone.0038860.

The Midspan studies have been very useful in helping understand health inequalities principally because of the socially diverse populations from which the data were drawn, the high response rates in the population, the high quality of the baseline data collected, the long follow-up time and the robust systems in place for ascertaining subsequent mortality and hospital admissions.

However, the design of the Midspan studies limits their ability to look at changes in exposures over time or the health outcomes of later birth cohorts. There is therefore value in comparing the Midspan studies with others with multiple waves of data collection, with those with a wider group of birth cohorts and with studies with similar data but in other locations.

We compared male mortality in the Collaborative and Renfrew and Paisley Studies with that in the Whitehall I cohort of civil servants in south-east England. Age-adjusted mortality was 25% higher in the Collaborative Study and 45% higher in the Renfrew and Paisley Study. The higher all-cause, respiratory and lung cancer male mortality in the Scottish cohorts was almost entirely explained by social class differences and the higher prevalence of known risk factors, but the excess mortality from stroke, alcohol-related causes, accidents and suicide remained unexplained.

Respiratory impairment

The significance of respiratory impairment for Public Health in Scotland. Report of a symposium held at Glasgow University on 17 February 2011. Watt, G. www.gcph.co.uk/publications/289_the_significance_of_respiratory_impairment_for_public_health_in_scotland

A symposium on Respiratory Impairment and Public Health in Scotland in 2011 reviewed the Midspan findings and confirmed the importance of respiratory impairment as a major predictor of disease-specific and all-cause mortality in men and women, including never smokers, based on Midspan and other Scottish cohorts.

The association of respiratory impairment with mortality from most causes, extending far beyond respiratory disease, provides a substantial additional explanation of poor health in Scotland in general, and the west of Scotland in particular. It is possible that these observations may add to understanding of the 'Glasgow and Scottish Effects', which have been described, mostly on the basis of ecological data, as the component of high mortality rates in Glasgow and Scotland not explained by other risk factors.

An overview of Midspan studies of mortality

About 50 papers published between 1978 and 2014, including 15 published since 2005, examined all-cause and cause-specific mortality rates in the Main and Tiree, Collaborative, and Renfrew and Paisley cohorts. Here are some of the key papers and their main findings.

Cigarette smoking and male lung cancer in an area of very high incidence – II Report of a general population cohort study in the west of Scotland. Gillis CR, Hole DJ, Hawthorne VM. *J Epidemiol Community Health*. 1988;42 (1):44–8.

This paper showed higher rates of lung cancer mortality among smokers in all three cohorts than those reported in other parts of the world but somewhat lower relative risks compared with never-smokers. This suggested that never smokers in the West of Scotland had relatively high rates of lung cancer.

Passive smoking and cardiorespiratory health in a general population in the west of Scotland. Hole DJ, Gillis CR, Chopra C, Hawthorne VM. *Br Med J*. 1989;299:423–7.

The Midspan studies were among the first to provide strong evidence of the adverse effects of second-hand tobacco smoke, including higher rates of respiratory and cardiovascular symptoms and higher mortality rates from lung cancer and cardiovascular disease.

Impaired lung function and mortality risk in men and women: findings from the Renfrew and Paisley prospective population study. Hole DJ, Watt GCM, Davey Smith G, Hart CL, Gillis CR, Hawthorne VM. *Br Med J*. 1996; 313:711–5.

In a study of the Renfrew and Paisley cohort, after adjustment for age, social class and a range of other risk factors including smoking, impaired lung function was found to be the strongest predictor of increased mortality from respiratory disease, cardiovascular disease and cerebrovascular disease among both men and women.

Inequalities in mortality by social class measured at three stages of the lifecourse. Hart CL, Davey Smith G, Blane D. *Am J Public Health*. 1998;88:471–4.

Adverse socio-economic conditions in childhood and cause-specific adult mortality: prospective observational study. Davey Smith G, Hart CL, Blane D, Hole D. *Br Med J*. 1998;316:1631–5.

The Collaborative Study included indicators of participants' social position at different stages of life from childhood to middle-age. It was found that father's occupation, educational attainment, own first and most recent occupation, place of residence and known risk

behaviours in adulthood all made additive contributions to subsequent mortality. The risks of specific causes of death were variously influenced at different life stages. For example, people whose fathers had manual occupations were more likely to develop coronary heart disease, stroke or stomach cancer. On the other hand, higher mortality from lung cancer, other cancers and accidents and violence was associated with risk factors related to manual occupations in adulthood such as smoking, alcohol and hazards at work.

Effect of tobacco smoking on survival of men and women by social position: a 28 year cohort study. Gruer L, Hart CL, Gordon DS, Watt GCM. *BMJ*. 2009;338:b480.

The interactive effects of smoking, gender and social position on long-term survival were examined using the Renfrew and Paisley cohort. The cohort members were divided into 24 mutually exclusive groups according to their sex, social class and smoking status. Both male and female smokers in all social positions had poorer survival than never-smokers in even the lowest social positions. The differences in survival between smokers and never-smokers were much greater than those between smokers in different social positions or never smokers in different social positions. Smoking itself was thus a greater source of health inequality in this population than the sum total of other factors related to social position. Smoking also cancelled out women's otherwise large survival advantage over men. This suggests the scope for reducing health inequalities related to social position is probably limited, in this and similar populations, unless many smokers in lower social positions can be enabled to stop smoking.

Cause specific mortality, social position, and obesity among women who had never smoked: 28 year cohort study. Hart CL, Gruer L, Watt GCM. *BMJ*. 2011;342:d3785. doi: 10.1136/bmj.d3785.

Among women in the Renfrew and Paisley Study who had never smoked, lower occupational position was associated with higher mortality rates from cardiovascular disease but not from cancer. All-cause mortality rates were a third higher in manual occupational classes than in non-manual classes I & II, and this was mainly explained by obesity, systolic blood pressure and lung function. Mortality rates were highest in severely obese women in the lowest occupational classes. Non-obese women had the lowest mortality rates, with little difference between the highest and lowest occupational classes.

As summarised in previous sections, people living in areas exposed to higher levels of black smoke pollution experienced higher short- and long-term mortality rates. People with lower childhood IQ had higher mortality rates aged under 65 but not over 65. All-cause mortality increased among men drinking more than 21 units of alcohol per week; smoking and heavy drinking made additive contributions to all-cause mortality; and heavy drinking and obesity increased the risk of liver disease supra-additively. Overweight and obesity led to higher all-cause mortality rates.

These studies provide a uniquely multifaceted view of the many interrelated factors influencing health in the west and central belt of Scotland during the 20th century. Specific causal factors such as tobacco smoke, alcohol and air pollution have interacted with people's childhood circumstances, cognitive abilities, cultural values and residential and occupational environments to generate widely different health experiences. Although the Midspan cohorts have lived through a unique epoch, they offer pointers to ways of improving health and reducing health inequalities in Scotland and elsewhere.

UPDATE FROM THEMATIC BOARDS FOR RENFREWSHIRE FORUM FOR EMPOWERING COMMUNITIES

NAME OF PERSON(S) ATTENDING BOARD MEETING REPRESENTING THE FORUM: Iain Cunningham
NAME OF BOARD ATTENDED: Greener Renfrewshire Thematic Board
DATE OF MEETING: 5 th March, 2015
KEY POINTS: <ul style="list-style-type: none"> Identified 11 members for the Greener Communities sub-group meeting which is being held on 23rd April at Engage Renfrewshire. Green audit under way to identify current activity and future plans of greener led community groups. Green pledge currently has 70 signatures, who will receive occasional Greener updates via e-news letter which is being designed. Stalled spaces is progressing, the application and scoring matrix has been agreed. Maps showing areas classed as 'town centres' are still being decided. Land Database now established. Contact to be made with Engage Renfrewshire to discuss the possibility of putting it on to Renfrewshire 2023 website. Also to engage with local community groups to identify small areas of land. Possible internship to be created to identify land less than 0.1 hectares.
ANY ADDITIONAL COMMENTS: <ul style="list-style-type: none"> Promotion of the funds available for stalled spaces will be held at Engage Renfrewshire on 12th May 2-4pm and 14th May 6-8pm, where presentations by Architecture + Design Scotland will be given.
PLEASE BACK TO CAROL MACDONALD, SENIOR COMMITTEE SERVICES OFFICER AT LEAST 1 WEEK PRIOR TO NEXT PRE AGENDA MEETING. IF YOU ARE UNSURE OF DATES PLEASE CONTACT CAROL AT carol.macdonald@renfrewshire.gcsx.gov.uk OR PHONE 0141 618 5967

UPDATE FROM THEMATIC BOARDS FOR RENFREWSHIRE FORUM FOR EMPOWERING COMMUNITIES

NAME OF PERSON(S) ATTENDING BOARD MEETING REPRESENTING THE FORUM:
APOLOGIES GIVEN FOR BOTH REPRESENTATIVE AND OFFICER – CLERK’S REPORT
NAME OF BOARD ATTENDED: JOBS AND THE ECONOMY THEMATIC BOARD
DATE OF MEETING: 12 MARCH, 2015
KEY POINTS: <p>Meeting was held at Life Technologies in Inchinnan Business Park.</p> <ul style="list-style-type: none"> • Expo Ren Voyager Pilot - Scottish Enterprise and Renfrewshire Chamber of Commerce are piloting a project whereby small teams of UWS international marketing students carry out research for local Renfrewshire firms seeking to grow their business overseas. Pilot commenced in January and will end in June 2015 with an evaluation shortly thereafter. • EU Funding Proposals For The Renfrewshire CPP Area – Agreed that Renfrewshire Council proceed to submit the relevant applications to the Scottish Government on behalf of the Community Planning Partnership. • Invest In Renfrewshire: Celebrating Even More Success Awards 2015 - The award ceremony will take place on Wednesday 17th June, 2015 with the annual Employability Conference taking place on Thursday 18th June, 2015. • International Investment Quarter (IIQ) – The IIQ covers the business quarters of Glasgow Airport, Inchinnan Business Park and the financial district in Glasgow. The high level vision is for the IIQ to become an internationally recognised business location building on its winning combination of people, infrastructure and opportunity. A sub-group to be established to progress the activities required to ensure that the wider economic potential from the IIQ is realised.
ANY ADDITIONAL COMMENTS:
<p>PLEASE BACK TO CAROL MACDONALD, SENIOR COMMITTEE SERVICES OFFICER AT LEAST 1 WEEK PRIOR TO NEXT PRE AGENDA MEETING. IF YOU ARE UNSURE OF DATES PLEASE CONTACT CAROL AT carol.macdonald@renfrewshire.gcsx.gov.uk OR PHONE 0141 618 5967</p>

UPDATE FROM THEMATIC BOARDS FOR RENFREWSHIRE FORUM FOR EMPOWERING COMMUNITIES

NAME OF PERSON(S) ATTENDING BOARD MEETING REPRESENTING THE FORUM: Stuart Miller
NAME OF BOARD ATTENDED: Safer & Stronger Renfrewshire Thematic Board
DATE OF MEETING: Thursday 5 th March 2015
KEY POINTS: 6 licensed premises across Renfrewshire through to the National UK Awards for BEST BAR NONE. The ceremony took place on 26 th March 2015. Safer & Stronger Action Plan moving forward. The Johnstone Public Service Panel will be reported on at the next Safer & Stronger meeting. The 'up your street' event held by Safer & Stronger during October 2014 was a great success. Now looking to arrange more events in smaller geographical locations. Information provided on processes and procedures for EBOLA warnings at Glasgow Airport. Presentation by Scottish Community Safety. I Am Me has won awards at Community Safety Generations working together, and the Provost's Community Award. The Midnight Football League will continue with funding from Bank of Scotland and Scottish Football Association. The Street Stuff programme is currently being evaluated.
ANY ADDITIONAL COMMENTS:
PLEASE BACK TO CAROL MACDONALD, SENIOR COMMITTEE SERVICES OFFICER AT LEAST 1 WEEK PRIOR TO NEXT PRE AGENDA MEETING. IF YOU ARE UNSURE OF DATES PLEASE CONTACT CAROL AT carol.macdonald@renfrewshire.gcsx.gov.uk OR PHONE 0141 618 5967



To: **A Safer & Stronger Renfrewshire Thematic Board**

On: **5th May, 2015**

Report by:
Director of Finance & Resources

TIMETABLE OF MEETINGS FOR THE FORUM FOR EMPOWERING COMMUNITIES – SEPTEMBER 2015 TO NOVEMBER 2016

1. Summary

- 1.1 The purpose of the report is to submit for consideration the proposed calendar of meeting dates for the Forum for Empowering our Communities for the period September 2015 to November 2016.

2. Recommendations

- 2.1 It is recommended that the Board approves the timetable of meetings to November 2016.

3. Background

- 3.1 The timetable takes account of all standard meetings of the Forum for Empowering Communities but does not take into account any ad-hoc meetings which might be held as and when necessary.
- 3.2 All meetings will be held within Engage Renfrewshire and will commence at 4.00pm. The proposed dates are as follows:

Tuesday 1 September, 2015
Wednesday 11 November, 2015
Wednesday 27 January, 2016
Wednesday 30 March, 2016
Wednesday 1 June, 2016
Wednesday 9 November, 2016

