

# Notice of Meeting and Agenda Renfrewshire Community Planning Partnership Oversight Group

Date	Time	Venue
Monday, 20 May 2019	15:00	Corporate Meeting Room 1, Council Headquarters, Renfrewshire House, Cotton Street, Paisley, PA1 1AN

KENNETH GRAHAM Head of Corporate Governance

# Membership

Councillor Derek Bibby: Councillor Jacqueline Cameron: Councillor Cathy McEwan: Councillor Marie McGurk: Councillor Jim Paterson: Councillor John Shaw:

### Chair

Councillor Nicolson

## **Members of the Press and Public**

Members of the press and public wishing to attend the meeting should report to the customer service centre where they will be met and directed to the meeting.

### **Further Information**

This is a meeting which is open to members of the public.

A copy of the agenda and reports for this meeting will be available for inspection prior to the meeting at the Customer Service Centre, Renfrewshire House, Cotton Street, Paisley and online at <a href="http://renfrewshire.cmis.uk.com/renfrewshire/CouncilandBoards.aspx">http://renfrewshire.cmis.uk.com/renfrewshire/CouncilandBoards.aspx</a>
For further information, please either email democratic-services@renfrewshire.gov.uk or telephone 0141 618 7112.

# Items of business

# **Apologies**

Apologies from members.

# **Declarations of Interest**

Members are asked to declare an interest in any item(s) on the agenda and to provide a brief explanation of the nature of the interest.

1	Minute of Previous Meeting	1 - 4
	Minute of previous meeting held on 25 September 2018.	
2	Public Health Reform	5 - 8
	Report by Head of Policy & Commissioning	
3	Renfrewshire Alcohol and Drugs Commission	9 - 12
	Report by Chief Executive.	
4	Is Scotland Fairer in 2018 - Report by the Equalities &	13 - 18
	Human Rights Commission	
	Report by Chief Executive.	
5	Update on Local Partnerships	19 - 20
	Report by Chief Executive.	



# Minute of Meeting Renfrewshire Community Planning Partnership Oversight Group

Date			Time	Venue
Tuesday, 2018	25	September		Corporate Meeting Room 1, Council Headquarters, Renfrewshire House, Cotton Street, Paisley, PA1 1AN

### **PRESENT**

Councillors J Cameron, McEwan, McGurk, Paterson and Shaw.

### **CHAIR**

Councillor Nicolson.

#### IN ATTENDANCE

L McIntyre, Head of Policy & Commissioning; A Armstrong-Walter, Strategic Partnerships & Inequalities Manager; S Graham, Partnerships Manager; and C MacDonald, Senior Committee Services Officer (all Renfrewshire Council); and D Leese, Chief Officer, Renfrewshire Health & Social Care Partnership.

### **DECLARATIONS OF INTEREST**

There were no declarations of interest intimated prior to the commencement of the meeting.

### 1 MINUTE OF PREVIOUS MEETING

There was submitted the Minute of the meeting of the Improving Life Chances Group held on 7 September 2018.

It was noted that Councillor Paterson had submitted his apologies for the meeting rather than Councillor Nicolson.

**DECIDED**: That the amendment and Minute be approved.

### 2 IMPACT OF DRUG AND ALCOHOL MISUSE IN RENFREWSHIRE

The Head of Policy & Commissioning advised the Group that Partners had agreed to support a targeted programme of work which would consider the impact of drug and alcohol misuse in Renfrewshire. It was also agreed that the Head of Policy and Commissioning from Renfrewshire Council would lead this work and would develop a more detailed proposal setting out some of the key milestones and support requirements from partner organisations. She advised that it was envisaged that the first meeting of the Commission would take place prior to the end of this calendar year.

**<u>DECIDED</u>**: That the update be noted.

# 3 RENFREWSHIRE COMMUNITY PLANNING PARTNERSHIP ANNUAL REPORT 2017/18

There was submitted a report by the Chief Executive relative to Renfrewshire Community Planning Partnership Annual Report for the year 2017/18.

Under the four themes of Thriving, Well, Fair and Safe the Annual Report set out the progress and achievements during 2017/18 and provided a summary of key messages regarding the successes and challenges of Renfrewshire Community Planning Partnership. The report also looked forward and outlined the work that was in development beyond 2017/18.

# DECIDED:

- (a) That the information contained within the Annual Report 2017/18 be noted; and
- (b) That the Annual Report 2017/18 for publication by the Scottish Government's deadline of 30 September 2018 be agreed.

# 4 SCOTTISH GOVERNMENT/COSLA GOVERNANCE REVIEW - ENGAGEMENT PHASE

There was submitted a report by the Chief Executive relative to the Scottish Government/COSLA Local Governance Review.

The report intimated that the Scottish Government wrote to public sector leaders on 22 June 2018 regarding engagement on its review of local governance arrangements. At the meeting of the Renfrewshire Community Planning Partnership Executive Group held on 22 August 2018 the Executive Group agreed to respond to the Scottish Government and Members were asked to bring back initial comments for discussion at the next meeting of the Group. The Executive Group held on 10

September 2018 discussed the issues raised by the Scottish Government and a draft response was attached as an appendix to the report.

### **DECIDED**:

- (a) That the initial comments proposed by Renfrewshire Community Planning Partnership Executive Group be submitted to the Scottish Government, subject to any changes agreed by the Oversight Group; and
- (b) That it be agreed that a final written submission of comments be submitted to the Scottish Government by the deadline of 14 December 2018.

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To: Renfrewshire Community Planning Partnership – Oversight Group

On: 20th May 2019

Report by: Laura McIntyre, Head of Policy and Commissioning, Renfrewshire Council

**TITLE: Public Health Reform** 

# 1. Summary

- 1.1 The purpose of this paper is to provide an update to members of the Oversight Group on national developments relating to public health reform, which will impact on community planning partners in Renfrewshire, as across Scotland. The enhanced focus on public health at a national level, provides an opportunity to achieve step change in terms of improving health outcomes across Scotland, and more specifically within Renfrewshire.
- 1.2 The vision is a Scotland where everybody thrives. The ambition is for Scotland to be a world leader in improving the public's health. Public health reform aims to create a culture for health in Scotland that recognises the social and economic issues that affect health and creates environments that drive, enable and sustain healthy behaviours in our communities, supporting individuals to take ownership of their own health and wellbeing wherever possible. The innovative use of knowledge, data and intelligence will be a key tool in achieving this.
- 1.2 Public health reform is a partnership between Scottish Government and COSLA, however, it is recognised that the combined efforts of partners from across the public, private and third sectors and, importantly, from local communities are vital to achieving this ambition.
- 1.3 Scottish Government and COSLA are committed three significant areas of work:
  - \* agreeing public health priorities for Scotland;
  - \* establishing a new national public health body for Scotland; and
  - \* develop a whole system approach to improve health and reduce health inequalities

### 2. Recommendations

2.1 It is recommended that members note the content of this report.

### 3. Background

3.1 Public health reform is a partnership between Scottish Government and COSLA. However, it is recognised that the vision for Scotland's health cannot be achieved by any one organisation working alone and requires combined efforts of partners from across the public, private and third sectors and, importantly, from local communities.

- 3.2 The reform aims to challenge current ways of working, put more decisions directly in the hands of citizens and provide support to local communities to develop their own approaches and solutions to local population health challenges.
- 3.3 In order to deliver the vision for public health reform, the Scottish Government and COSLA have committed to:
  - agreeing public health priorities for Scotland that are important public health concerns and that they can do something about;
  - establishing a new national public health body for Scotland bringing together expertise from NHS Health Scotland, Health Protection Scotland and Information Services Division; and
  - supporting different ways of working to develop a whole system approach to improve health and reduce health inequalities.

### 3.4 Public Health Priorities

Following extensive consultation with a range of partners and stakeholders, Scotland's Public Health Priorities for Scotland were published in June 2018 and are as follows:

- A Scotland where we live in vibrant, healthy and safe communities;
- A Scotland where we flourish in our early years;
- A Scotland where we have good mental wellbeing;
- A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs;
- A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all; and
- A Scotland where we eat well, have a healthy weight and are physically active.

It is widely accepted that it may take up to 10 years to see a meaningful impact in the health of the nation.

### 3.5 Establishing a new national public health body for Scotland

It is envisaged that Public Health Scotland will be established in December 2019. There are several strands of the work, which are already underway, to inform how the new body will function and operate.

- Commissions and projects The Public Health Reform team has established a number of projects and commissions to engage with stakeholders and design the new body. These projects and commissions include data and intelligence, health protection, healthcare public health and health improvement.
- The Target Operating Model (TOM) builds on the work completed by the commissions and projects strand. The proposed TOM is currently in draft format for consultation which concludes at the end of March 2019. The TOM sets out the following ambition for PHS:
  - Provides strong public health leadership. Public Health Scotland will be Scotland's lead national agency for public health. It needs to underpin the rest of the public health system with high quality, effective and supportive health improvement, health protection and health care public health functions and vital system-wide leadership roles in research, innovation and the public health workforce.
  - \* Takes a **whole system approach**. Being the lead organisation does not mean by being the one organisation that solves the problems we face. Instead it

- means by supporting and enabling others in the public health system to take action together, across organisational boundaries and within communities.
- \* Takes an **external focus**, being an **inclusive and collaborative** national organisation that spends less time in isolation deciding what it wants to do and more time listening to what help others need from it.
- \* Builds **strong and lasting partnerships**, founded in mutual support and not simply on what Public Health Scotland wants to achieve.
- \* Has a **clear focus on supporting local systems** and plays a key role in enabling and supporting delivery at a local and regional level. National government plays an important role in Scotland's health. However, the frontline of public health is in local services.
- \* Is **intelligence**, **data and evidence led**. Public Health Scotland's authority and integrity are rooted in the evidence, intelligence and data it uses to drive change.
- \* Is **innovative**. To drive the change we need, we need to find new ways of doing things.
- \* Is **visibly a new and different organisation**—not because change is an end in itself but because without changing how things are now, we will not be able to meet the health challenges Scotland faces.
- Legislative Consultation The Scottish Government will lead a consultation on establishing the new body and will focus on the legislative requirements. The consultation will seek views on Public Health Scotland's
  - governance and accountability
  - outcomes and performance
  - functions and structure
  - \* future relationships with the wider public health system.

The consultation will provide an opportunity for individuals, organisations and partners to influence the new body and how it will lead and support collaboration to improve health and wellbeing in Scotland. This consultation was scheduled to begin in February 2019, however it has not yet been published.

## 3.6 <u>Developing a whole system approach</u>

The reform programme aims to influence how working across a number of areas as part of a whole system approach will improve the public's health, with an increasing focus on preventing ill health and early intervention. It is anticipated that by working effectively together we can improve the public's health and reduce health inequalities. Whether working in housing, education, employment or health and social care services, how we plan and deliver services together will have an impact on the health of individuals and communities.

- 3.7 National and local government will have an important role in ensuring that improving the public's health is increasingly at the centre of policy and strategy. It is also important to highlight that it is proposed that local government will work with communities, third sector organisations and public health teams to engage and empower citizens to tackle Scotland's public health priorities.
- In addition, community planning and health and social care partnerships will be enablers of change and will increasingly work with public health teams and communities to realise the reform ambitions for whole system working to improve the public's health, by developing local solutions to local public health challenges.
- 3.9 Once in situ, the Specialist Public Health Workforce will work closely with colleagues from communities, partnerships, local government and national government, to increasingly provide support in ways that:

- support improvements in policy and how we plan and deliver services;
- · identify what works in improving the public's health; and
- make data available and accessible so partners can plan and deliver services based on local public health intelligence.
- 3.10 Making data available in accessible formats will also support communities gather insights into local population health challenges so they can fully engage in decision making and develop local solutions.

## 4. Next Steps

4.1 The Oversight Group will be kept informed of any developments national, including the consultation regarding the establishment of the nation public health body in Scotland, and any local activites as they emerge.

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To: Renfrewshire Community Planning Partnership Oversight Group

On: 20 May 2019

# Report by: Chief Executive, Renfrewshire Council

# TITLE: RENFREWSHIRE ALCOHOL AND DRUGS COMMISSION

# 1. Summary

1.1 The purpose of this paper is to provide an update to the Community Planning Partnership Oversight Group on the progress of the Alcohol and Drugs Commission in Renfrewshire.

### 2. Recommendations

- 2.1 It is recommended that Renfrewshire Community Planning Partnership Oversight Group:
  - Notes the work undertaken to date to establish the Commission
  - Notes that regular updates on the work of the Commission will be provided to members of the group, with initial recommendations being reported in early 2020.

## 3. Background

- 3.1 The concept of the establishment of an Alcohol and Drugs Commission was generated through the development of the Community Plan in 2017. Partners considered data relating to drug related deaths and alcohol related hospital admissions and felt that these statistics were only part of the story, as there are clearly many more individuals, families and communities impacted by alcohol and drug use in Renfrewshire on a daily basis.
- 3.2 The partnership recognised that there are a range of services and groups and organisations which support individuals and families affected by drug and alcohol use locally. However, as a community planning partnership, there is a clear commitment to establishing a true picture of the impact in Renfrewshire and to better understand implications in terms of homelessness, adverse

childhood experiences, criminal justice, mental health and addiction services for example.

3.3 Partners believe there is even more that can we do together through a whole systems approach to support local people and communities affected by drug and alcohol use, to support recovery and to improve life outcomes. Partners recognise that a review of addictions was recently completed by the Health and Social Care Partnership, with actions now being implemented. The Commission will seek to continue to build on the work being developed by services.

# 4. Establishment of Renfrewshire Alcohol and Drug Commission

- 4.1 Significant work has been undertaken to establish the Commission. The first and perhaps critical element has been the recruitment of Commission members, a process which has been exceptionally successful.
- 4.2 In December 2018, full Council agreed that the Commission would be chaired by Councillor Jacqueline Cameron. The Commission will also be supported by Professor Phil Hanlon as an external facilitator. Professor Hanlon is currently chair of the Accord Hospice and is a retired public health professional.
- 4.3 The wider membership of the Commission is comprised as follows:
  - \* Karen McCluskey Community Justice Scotland
  - \* Dave Liddell OBE, Scottish Drugs Forum, Chief Executive
  - \* Alison Douglas, Alcohol Focus Scotland
  - Dr Saket Priyadarshi, NHS Greater Glasgow and Clyde, Associate Medical Director
  - \* Dr Carol Hunter, NHS Greater Glasgow and Clyde, Lead Pharmacist, Addiction Services
  - Linda de Caestecker, NHS Greater Glasgow and Clyde, Director of Public Health
  - Catriona Mathieson, University of Stirling and Drug Research Network Scotland
  - Neil Hunter, Scottish Children's Reporter Administration (SCRA)
  - Jardine Simpson, Scottish Recovery Consortium
  - Justina Murray, Scottish Families Affected by Alcohol and Drugs, Chief Executive Officer
  - John Goldie, Retired professional
  - \* Alan McNiven Engage Renfrewshire, Chief Executive
  - \* Alan Murray Police Scotland
  - \* Andrew Horne, Addaction
  - \* Fiona Stringfellow, Chief Executive, Blue Triangle
  - \* Jennifer David, Director, CELSIS

- 4.4 The Commission dates have also now been set as follows:
  - 19 March
  - 22 May
  - 25 June
  - 3 September
  - 7 November
  - 6 December
- 4.5 It is intended that meetings will be public unless there is a specific requirement to hear evidence or have discussion in private.
- 4.6 At the first meeting, Commission members discussed the terms of reference of the group which will be presented to the next meeting for approval. In terms of specific focus, the Commission agreed to addressing the initial aim of the Community Planning Partnership:

What has the Commission been asked to do:

:- to establish a **true picture** of drug and alcohol use in Renfrewshire, and to make recommendations on **what partners can do together** to support local people and communities adversely affected by drug and alcohol use and **to improve life outcomes**.

Commission members then engaged in a session to introduce them to a profile of Renfrewshire – our place and people and including an overview of Renfrewshire and its population, with high level information provided for discussion on current trends and areas of concern and potential opportunity

- 4.7 It is envisaged that the programme of work for the Commission will be agreed at the meeting on 22 May 2019.
- 4.8 Laura McIntyre, Head of Policy and Commissioning within Renfrewshire Council, will continue to lead on the development and co-ordination of the Commission. Work is ongoing to recruit an officer(s) to support the Commission for a period of up to one year. The team will work very closely with the Chair of the Alcohol and Drugs Partnership and with colleagues in the HSCP and other agencies to ensure there is strong ongoing communication in terms of the direction of the Commission.
- 4.8 It is intended that recommendations from the Commission's work will be reported to the Community Planning Partnership Oversight Group in early 2020.

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To: Renfrewshire Community Planning Partnership Oversight Group

On: 20 May 2019

## Report by:

Chief Executive, Renfrewshire Council

### TITLE:

# IS SCOTLAND FAIRER IN 2018? - REPORT BY THE EQUALITIES AND HUMAN RIGHTS COMMISSION

#### 1. SUMMARY

- 1.1 This briefing note provides an overview of the "Is Scotland Fairer? 2018" report published by the Equalities and Human Rights Commission. The report provides an assessment of comparative "fairness" between different groups in key areas of life, such as work and health. The Commission has used the report to drive the development of its new strategic plan which was recently subject to consultation and was published in April 2019.
- 1.2 In 2017, the Our Renfrewshire Community Plan was approved, with specific themes identified to tackle inequality and promote fairness. The publication of the Equalities and Human Rights Commission report provides an opportunity for community planning partners to review its focus and to identify potential additional areas for collective action.
- 1.3 Renfrewshire Community Planning Partnership Executive Group considered at its meeting on 25 March 2019 a paper on the Is Scotland Fairer In 2018? report. The Executive Group agreed at this meeting to gather jointly at a local level information about comparative fairness. Community planning partners will then identify any actions additional to those already in the Our Renfrewshire Community Plan that can be taken forward collectively.

### 2. RECOMMENDATIONS

- 2.1 It is recommended that Renfrewshire Community Planning Oversight Group:
  - (a) Notes this summary of the Equalities and Human Rights Commission's "Is Scotland Fairer?" report.
  - (b) Notes the action agreed by Renfrewshire Community Planning Executive Group to identify additional action to be taken forward collectively by community planning partners to tackle inequality and promote fairness.

#### 3. OVERVIEW OF KEY FINDINGS

- 3.1 On 25 October 2018 the Equality and Human Rights Commission published the "Is Scotland Fairer? 2018" report, which is the Scottish supplement to the state of the nation report on equality and human rights covering England, Scotland and Wales "Is Britain Fairer? 2018".
- 3.2 The review sets out the direction of travel on equality and human rights issues made since the publication of the last review and covers what is termed as progress/regress against a number of areas including education, work, living standards, health, justice and participation.
- 3.3 In its summary the report indicates that there has been some evidence of progress but that this is slow, and in many cases is not consistent or widespread. It is the overall view of the Commission that:
  - "The stark reality of inequality in Scotland today is that too often people are unable to realise their full potential, are excluded from positions of influence, and experience prejudice and discrimination in daily life."
- 3.4 The Commission also flags up that there remains a significant lack of equalities data on some critical issues about people who have or who share protected characteristics which limits the ability of the Commission to identify the scale and nature of the inequalities that exist.
- 3.5 In terms of the approach used, the ERHC gathered data and evidence based around six domains. The domains are: education, work, living standards, health, justice and personal security, and participation. Within each of these domains, a set of indicators or topics has bene used, to assess progress or regress in "structure", "process" and "outcome". The structure relates to the law; the process to government policies: and the outcome to people's experiences.

### **Key findings**

- In education, subject choices continue to be gendered and girls continue to do
  better than boys. Gypsy Traveller children do worse and are more likely to be
  excluded from school. Boys, disabled children and children with additional support
  needs are also more likely to be excluded. Disabled young people are twice as
  likely to be not in education, employment or training, than non-disabled young
  people.
- In the world of work, disabled people were less likely to be in employment and more likely to be unemployed. Women were less likely than men to be in employment and more likely to be in part-time work. Young women were most likely to be unemployed and many were in insecure jobs. Women continued to experience sexual harassment and discrimination related to pregnancy and maternity in the workplace.

- In terms of **income**, women continued to earn less than men on average, and the gender pay gap changed very little in recent years. Disabled people continued to earn less than non-disabled people, and the disability pay gap widened. Women, young people aged 18-24, disabled people, black people and those in the "Other White" (tis tends to be those who don't identify as British or Scottish) ethnic group were more likely to be in low-paid work. Women continued to be under-represented in senior positions, even where women accounted for the majority of the workforce, such as education and health. Women, people from ethnic minority groups and disabled people remained underrepresented in Modern Apprenticeships. Reflecting the labour market, Modern Apprenticeships continued to show strong gender segregation within sectors.
- The number of adults and children living in poverty after housing costs increased. The number of adults and children being referred to a Trussell Trust Foodbank increased. Wealth inequality increased, with single-adult households accounting for the majority of those living in low-wealth households. Fuel poverty decreased, but roughly a third of people still experienced it. A wide range of people were affected by poverty: disabled people, people with mental health conditions and people from ethnic minority groups were more likely to live in poverty. Most children living in poverty were from working households. Women and disabled people were more likely to experience severe material deprivation.
- Experiences of care varied considerably. Most people who received formal help
  and support rated this as good and said they were treated with compassion and
  understanding. Despite the implementation of Self-Directed Support, many people
  were not aware of their options, and were not always given choice and control. The
  overall number of guardianship orders increased. The percentage of new
  guardianship orders granted on an indefinite basis continued to fall.
- Women, people from ethnic minority groups and disabled people continued to be under-represented in all areas of public life, including in the Scottish Parliament.
   While there was improvement in the proportion of women on public boards, the proportion of disabled people on public boards fell.
- Lack of access to affordable transport options negatively affected access to other essential services and employment. Older and disabled people, and those living in a deprived area or living in social housing were risk factors for exclusion from digital services. People living in poverty were less likely to have a bank account and more likely to pay more for essential goods and services. Attendance at cultural events (including attending a cinema, library, museum, theatre or historical place) was much lower for people with a long-term physical or mental health condition, those with no qualifications and those living in the most deprived areas. Disabled people and LGBT people reported that they continued to feel discriminated against while participating in sport or attending sporting events.

Young people, single people, people from ethnic minority groups and people from
urban areas reported lower levels of trust and belonging in their neighbourhood.
 Disabled people were less likely to say most people in their neighbourhood could be
trusted. Most people had positive attitudes towards young people. Less than half of
young LGBT people said that there were enough places where they could socialise
safely and be open about their sexual orientation or gender identity.

### 4. What is next for the Equalities and Human Rights Commission?

4.1 The data from "Is Scotland Fairer?" has been used to inform the EHRC's Strategic Plan 2019-22. The draft includes 3 strategic goals, with priority aims sitting below each strategic goal. These are:

### 1. To advance the conditions for a more equal and rights-respecting Britain

- People are better able to seek redress when they are wronged and people have a fair trial in the criminal justice system.
- Ways to tackle prejudice are better understood and good systems are promoted, particularly through the education system.
- New technologies and digital services promote equality and human rights.

### 2. To remove the barriers to opportunity, so that people's life chances are transformed

- Public transport and the built environment are accessible to disabled and older people so as to support their economic and social inclusion.
- Access to essential public services is improved for particularly disadvantaged groups.
- People in Britain have equal access to the labour market and are treated fairly at work.
- The social security system is fair and operates without discrimination.

### 3. To protect the rights of people in the most vulnerable situations

- Improved rules governing entry into detention and conditions in institutions.
- Public bodies with responsibility for addressing violence against women and girls comply with equality and human rights requirements.
- 4.2 The Equality and Human Rights Strategic Plan was launched in April 2019 and indicates potential future activities and what success would look like.

### 5. What's next in terms of promoting greater fairness in Renfrewshire

- 5.1 In 2017, the Our Renfrewshire Community Plan was approved, with specific themes identified to tackle inequality and promote fairness. The publication of the Equalities and Human Rights Commission report provides an opportunity for community planning partners to review its focus and to identify potential issues for targeted action.
- 5.2 Specifically:

### **Our Priorities:**

- Our Renfrewshire is thriving: Maximising economic growth, which is inclusive and sustainable
- Our Renfrewshire is well: Supporting the wellness and resilience of our citizens and communities
- Our Renfrewshire is fair: Addressing the inequalities which limit life chances
- Our Renfrewshire is safe: Protecting vulnerable people, and working together to manage the risk of harm
- 5.3 In terms of **Renfrewshire is fair**, the following specific priorities rae identified in the Community Plan:

#### **Our Priorities**

- Ensuring our children get the best possible start in life.
- Addressing the poverty related attainment gap, and young people can achieve success after school
- Identifying people's needs early, by sharing information and working together
- Tackling health inequalities and narrowing the gaps in healthy life expectancy
- Reducing drug and alcohol misuse in our communities
- Ensure that people currently facing disadvantage get access to opportunities to improve their health, skills and income
- In terms of progress against this theme, the Year 1 annual report approved in September 2018 by the Executive Group, noted positive progress in relation to:
  - Attainment and the poverty related attainment gap
  - The impact of the continued delivery of the Tackling Poverty Programme
  - Alcohol and drugs identified as a key area of concern

- Early years expansion programme
- Partnership work in relation to supporting young carers
- Increased levels of volunteering
- Year of Young People programme
- 5.5 In terms of next steps, it is suggested that similar to the national position, we are not yet able to compare or assess Renfrewshire against the report, its findings and recommendations with limited overall Renfrewshire wide data in terms of the protected characteristics. Partner organisations will collect both internal and external equalities data, and it is suggested that a mapping exercise is undertaken to bring this data together with related key priorities, and to report an overall picture for Renfrewshire. This will assist in terms of identifying priority groups or activities which the Executive Group may wish to progress.
- As members of the group will be aware, an Improving Life Chances Group was established within community planning governance structures in 2018. The group has developed an initial programme of work, however future identified areas for collective focus could be remitted to this group for exploration.

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To: Renfrewshire Community Planning Partnership Oversight Group

On: 20 May 2019

## Report by:

Chief Executive, Renfrewshire Council

# TITLE: Local Partnerships Update

## 1. Summary

- 1.1 The Local Partnership model is now established, with Local Partnerships having agreed their membership between January and March 2019.
- 1.2 Local Partnerships had their first full meetings between March and April 2019. Local partnerships agreed a set of working priorities at these meetings. The priorities agreed are attached to this paper.
- 1.3 The next round of Local Partnership meetings takes place during June 2019. Local Partnerships will agree the allocation of grant funding at these meetings.
- 1.4 Significant work has been carried out to review grant making processes, improve administration to aid decision making and also to improve the experience of the community organisations who are applying. Three drop-in events to assist organisations to apply for Local Partnership grants were organised during April and May 2019.
- 1.5 Work is in progress to carry out a Participatory Budgeting exercise involving young people in order to allocate the Youth Challenge Fund resource. This work will conclude in late summer 2019.

### 2. Recommendations

2.1 Renfrewshire Community Planning Partnership Oversight Group is asked to note the progress made in developing and implementing the Local Partnership model in Renfrewshire.

### 3. Background

- 3.1 Local Partnerships agreed their **membership** at the first meetings of the groups between January and April 2019, which involved appointing Community Representatives to sit alongside elected members of Renfrewshire Council and chairs of Community Councils. All Local Partnerships now have a working membership, with a wide range of community organisations represented across the area. Where there are remaining spaces in Local Partnerships, Renfrewshire Council Chief Executive's Service officers have been working to identify applicants to take up these spaces.
- 3.2 A presentation was made to each Local Partnership at the meetings in March and April 2019 by the Head of Corporate Governance in Renfrewshire Council. This presentation addressed **governance arrangements** for Local Partnerships.
- 3.3 At the first full round of meetings in March and April, Local Partnerships discussed and agreed a set of **Local Priorities.** These Local Priorities will shape the work plan for the Partnerships going forward, and also support each Local Partnership to make decisions about the award of grants. These are working priorities, which will require regular review and refinement as the Local Partnerships start to establish themselves. These Local Priorities have been attached to this paper.
- 3.4 Significant work has been carried out to improve **grant processes**, including updating and refreshing guidance and reference material, and organising drop-in sessions to support organisations to understand these changes. Three sessions were organised in Johnstone, Paisley and Renfrew to enable organisations to attend. These sessions will be carried out in partnership with Engage Renfrewshire. The sessions will help groups to understand the application process, the local priorities identified by each Local Partnership, the youth Participatory Budgeting process and alternative funding sources that organisations can explore. The deadline for Local Partnership applications is 20 May 2019.

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