EAST RENFREWSHIRE COMMUNITY PLANNING PARTNERSHIP PERFORMANCE AND ACCOUNTABILITY REVIEW Tuesday 9 May 2017 Advice Note to the CPP Board

East Renfrewshire Community Planning Partnership's Performance and Accountability Review (PAR) takes place at least twice a year. This brings together senior representatives from community planning partners:

- East Renfrewshire Council •
- East Renfrewshire Health and Social Care Partnership
- Skills Development Scotland
- Scottish Enterprise
- Scottish Government
- Scottish Fire and Rescue Service
- Strathclyde Partnership for Transport

Summary of PAR Discussion

- West College Scotland •
- Department for Work and Pensions
- Voluntary Action East Renfrewshire (VAER)
- East Renfrewshire Culture and Leisure • Trust
- Police Scotland

There were three key agenda items discussed at the PAR on 9 May: (i) the implementation of the Community Empowerment requirements, (ii) a review of Community Planning Partnership (CPP) arrangements and (iii) performance.

(i) Implementation of Community Empowerment requirements

The introduction of a Community Plan has been agreed by the CPP Board and will be a broad overarching plan that preserves the golden thread throughout all plans and strategies for East Renfrewshire. It will contain strategic outcomes similar to the current SOA outcomes. The Locality Planning Working Group (LPWG) is overseeing the development of Fairer East Ren (the local name for our Local Outcome Improvement Plan) and the PAR was updated on the level of community involvement which has included a range of methods such as pop-up events and an online survey promoted through social media channels.

A wide range of socio-economic data has been considered along with analysis of community views and four key themes have emerged:

- 1. Tackling Poverty
- 2. Promoting Positive Mental Health and Wellbeing
- 3. Reducing Social Isolation and Loneliness
- **Providing Employability Support** 4.

Feedback from the recent Information and Consultation session was discussed where elected members asked for transport issues to be explored in further detail. The PAR discussed these themes and agreed that transport is a key enabler within all the themes of Fairer East Ren and therefore should be reflected across the plan. Having a sense of influence and control was also identified as a key priority through conversations with communities and it was agreed that this is and will continue to be a focus across the work of the partnership as it continues to implement community empowerment requirements.

(ii) Review of CPP arrangements

Following the introduction of the Community Empowerment Act, the CPP Board agreed there should be a light touch review of governance arrangements to ensure statutory requirements continue to be met. The PAR discussed and will recommend the following to the Board in June:

- 1. Level of partner representation at the Board: a representative from SPT will be invited to join the Board and representation from across the health and care sector will be reviewed
- 2. Timing and frequency of meetings; the current meeting cycle will be retained with the flexibility to call further meetings if required
- 3. Terms of reference of PAR and Board: these will be reviewed to reflect the community empowerment duties of the CPP

(iii) Performance

At the PAR in May and at the CPP Board meeting in June, it was agreed that the CPP should continue to work towards the Single Outcome Agreement outcomes. Community Planning Partners discussed performance against SOA targets at end-year. Almost all the indicators are on target or have exceeded targets. There are a few indicators which are not performing as well as expected and the PAR had discussions around these and identified actions as appropriate.

<u>SOA1</u>

- Rates of breastfeeding are increasing and are performing above target, as well as being higher than the NHS Greater Glasgow rate and national rates. However the target for breastfeeding rates in SIMD areas remains below target. This has been an area of focus in 2016/17 and tests of change are being trialled.
- Teen pregnancy rates remain very low, and East Renfrewshire has the lowest number of teen pregnancies across Scotland for the 7th year in a row. The further decline, is in part, due to particularly focussed partnership work in the Auchenback area by the Community Learning and Development Partnership which was a community that had higher rates of teen pregnancy than the rest of the authority.
- Children living in poverty is an indicator which has been flagged as requiring further attention and this will be one of the issues addressed by the Fairer East Ren plan.

<u>SOA 2</u>

- Overall, results from Education remain strong. One particular highlight is that 96.6% of young people move onto a positive destination upon leaving school which is the best result to date for East Renfrewshire and compares well to the Scottish average of 93.3%.
- The target for the number of people stopping smoking has been missed but is a challenging target with small numbers of people involved.

<u>SOA3</u>

- All targets are currently being met with a particular improvement around the amount of household waste that is being recycled in East Renfrewshire.
- At the PAR meeting, there was discussion about using one year data instead of three year data for the growth of business indicator to allow for another layer of analysis to determine business growth in the authority.

<u>SOA4</u>

• Fire related crimes remain within target but please note there is a lag with some data.

<u>SOA 5</u>

Although the target for delayed discharge was not met, East Renfrewshire is among the best
performing authorities in Scotland. The numbers involved are very small (three patients) and
the delays to discharge were in the best interest of the patient which must be prioritised over
meeting targets.

Actions

Table 1 contains a summary of the actions agreed at the PAR on 9 May 2017:

Tab	Table 1							
	Action		Due Date	Responsible				
1	Community Empowerment	Partners subject to Participation request requirements are to nominate a key contact	End May	All partners				
	Community Empowerment	Continue to develop Community Plan, Fairer East Ren and Locality Plans.	October	LPWG				
3	Community Empowerment	Workshops to be used to develop the four themes in the Fairer East Ren including driver diagrams. Transport to be considered in a broader sense along with sense of influence and control.	May / June	CP Team				
		VAER to share 'better by design' model experience with CP Team		VAER				
		Appropriate contacts should be nominated and existing plans/policies/strategies/data/ engagement information made available to CP Team to prepare for workshops.						
4	CPP review	 PAR discussions on membership and frequency of meetings to be used to inform recommendation to the CPP Board: Valerie Davidson to be added as representative of SPT on the CPP Board 	June	CP Team				
		 Board. Ensure appropriate level of representation for all partners including appropriate representation from NHS / IJB / HSCP. Continue with minimum of one meeting per year for CPP Board and two per year for PAR but with the flexibility to increase meetings where required. Also agree to use electronic decision making as required in between meetings CPP Board terms of reference to be amended to reflect language of CE(S)A and PAR terms reviewed to reflect a greater decision-making role. 		Julie Murray. HSCP				
5	CPP Review	Collate list of CPP strategies/plans and policies to record CPP work and avoid duplication where possible.		All				
6	Performance	The child poverty indicator should be further explored as part of the development of the poverty theme in Fairer East Ren.	June	CP Team / HSCP				

An update on previous actions can be accessed herehttp://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=20319&p=0

East Renfrewshire Community Planning Partnership

Performance and Accountability Review

End Year Performance Report

2016 - 2017

9th May 2017

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End Year Performance Summary 2016-17

Contents of Report

This end year report for 2016-17 contains an SOA Scorecard (overview of performance against all SOA indicators) presenting performance in Year 4 of the current SOA.

Please note that some indicators have not been updated since the mid-year point (22 of a total 47 indicators) therefore the data shown is not new and was presented at the last PAR in November. Indicators without any updates are clearly marked.

Pages 22-24 of the report present available benchmarking information for 2016-17.

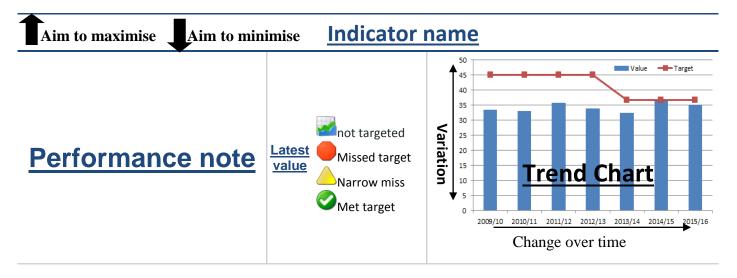
SOA Scorecard Overview

Overall a positive picture of performance is presented, with more than 3 quarters of all indicators with a target, meeting the target.

Summary Table

	Total	SOA 1	SOA 2	SOA 3	SOA 4	SOA 5
Number of indicators	47	12	12	5	12	6
Targets Met 🤡	28	6	9	3	7	3
Targets Not Met 🥌	9	3	1	0	3	2
Targets at risk or just missed 스	6	0	1	2	2	1
No target/ information only	4	3	1	0	0	0

Key

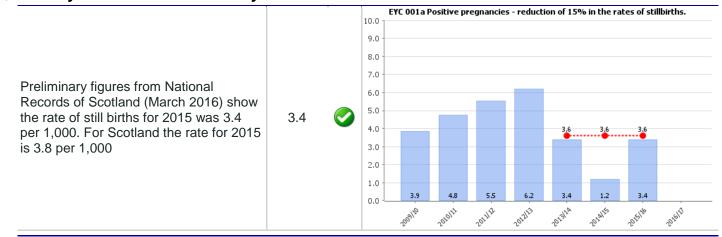


Data note

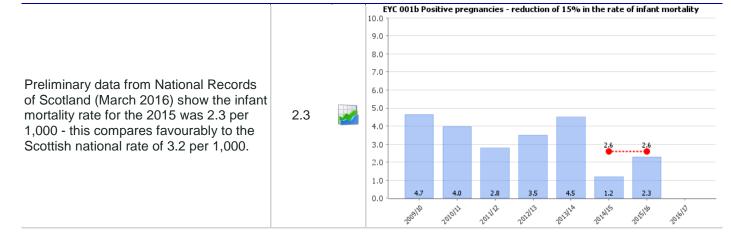
The data shown in the column beside the status symbol denotes the latest available annual data. Occasionally some indicators have a time lag and the latest data will be more historic.



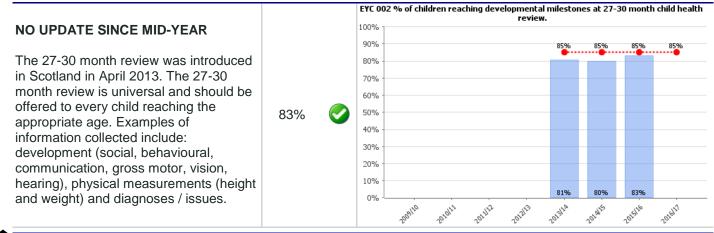
To ensure that women experience positive pregnancies which result in the birth of more healthy babies as evidenced by a reduction of 15% in the rates of stillbirths.



To ensure that women experience positive pregnancies which result in the birth of more rhealthy babies as evidenced by a reduction of 15% in the rate of infant mortality.



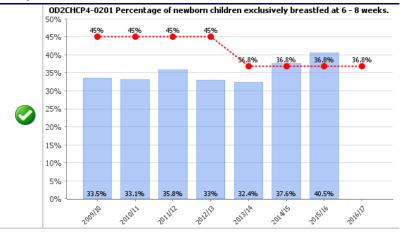
To ensure that 85% of all children within each Community Planning Partnership have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review.



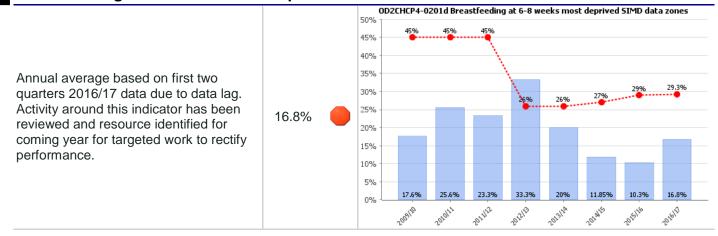
Percentage of newborn children exclusively breastfed at 6 - 8 weeks.

40.5%

The NHS GGC-wide figure was 31.3% and the national average for 2015/16 was 28.2% (ISD Oct 2016)

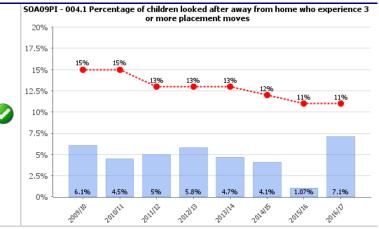


Breastfeeding at 6-8 weeks most deprived SIMD data zones



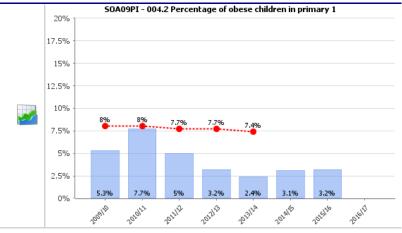
Percentage of children looked after away from home who experience 3 or more placement moves

There were 84 individual children looked after away from home during 2016/17, six of these children experienced three or more placement moves.



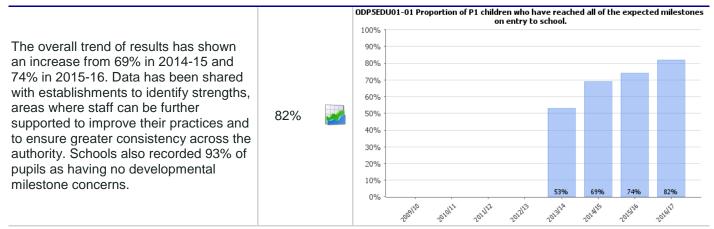
Percentage of obese children in primary 1

Latest data published Dec 2016 by ISD reports figures of 1.8% obese and 1.4% severely obese children in Primary 1 in 2015/16 (this compares to 2% and 1.1% respectively for 2014/15).



Proportion of P1 children who have reached all of the expected milestones on entry to school.

3.2%



% of 0 - 19's in poverty

NO UPDATE SINCE MID-YEAR

The % of children living in low income families has increased to 9.8%, up from 8.6% last year. This represents 1,885 children aged 0-19 in East Renfrewshire. However, this is still well below the Scottish average of 18.4%.

More than a quarter of children in low income families (500) live in the 8 most deprived datazones in East Renfrewshire. However, for the most part, child poverty in these SIMD areas is decreasing based on the 2013/14 figures. Child poverty is rising slightly in other less deprived areas such as Crookfur, Kirkhill and Thornliebank.

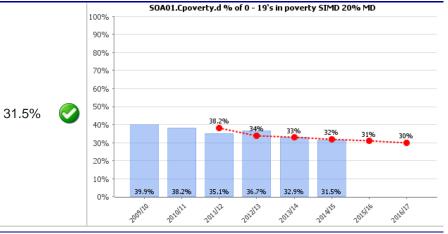
Benchmarking: East Renfrewshire 1st quintile, ranked 5th of 32. Shetland Islands lowest (6.9%) and Glasgow City highest at 30.8%



% of 0 - 19's in poverty SIMD 20% MD

NO UPDATE SINCE MID-YEAR

500 children (0-19) in the 20% most deprived areas of Scotland within East Renfrewshire's boundary live in a low income household. 40.5%, or 150 of 0-4 year olds living in these 8 datazones (small areas) live in a household on a low income. Child poverty in the early years is a major risk factor predicting social disadvantage and poor health later in life.

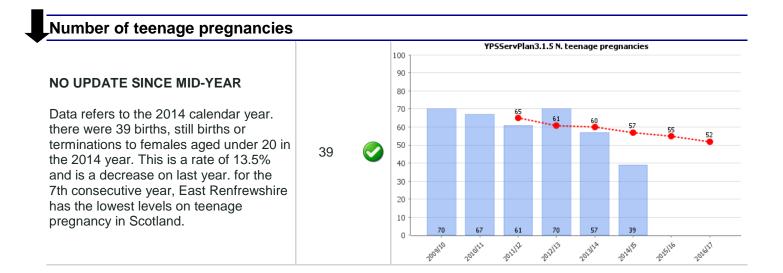


Low birth weight live singleton births as a % of total live singleton births

NO UPDATE SINCE MID-YEAR

The percentage of babies born with a low birthweight (under 2,500 grammes) fell in the 2015 calendar year to 4.7% (38 of 810 births). In comparison the NHS GGC figure over the period was 6.1% and East Dunbartonshire was 4.6%. Reasons for low birthweight are complex and relate to both deprivation and maternal age. The current target is recognised as very ambitious and further work is being carried out to assess and review this. 50A10PI - 004.4 Low birth weight live singleton births as a % of total live singleton births

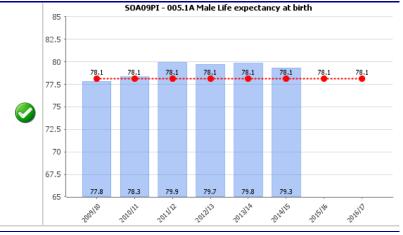






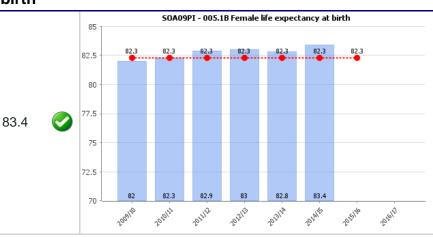
Increase male life expectancy at birth

The most recent NRS figure for male life expectancy at birth for 2013 - 2015 has fallen marginally since the previous estimate of 79.8 years (2012-14). The national figure for the period is 77.1 years. (Published by NRS Nov 2016)



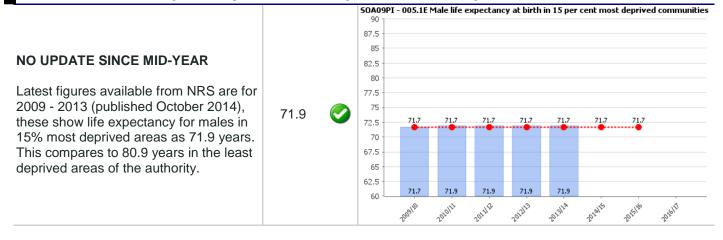
Increase female life expectancy at birth

The most recent NRS figure for female life expectancy at birth for 2013 - 2015 has increased marginally since the last estimate of 82.8 years (2012-14). The national figure for the period is 81.1 years. (Published by NRS November 2016)

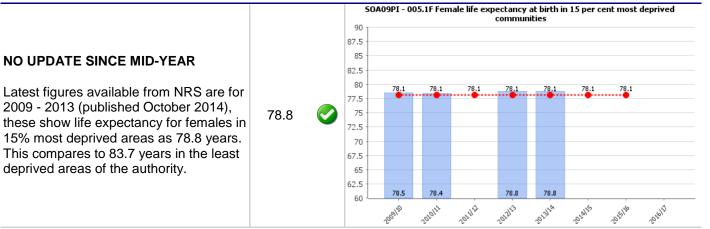


Increase male life expectancy at birth in 15 per cent most deprived communities

79.3



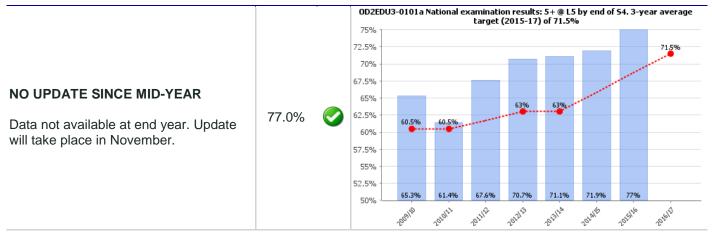
Increase female life expectancy at birth in 15 per cent most deprived communities

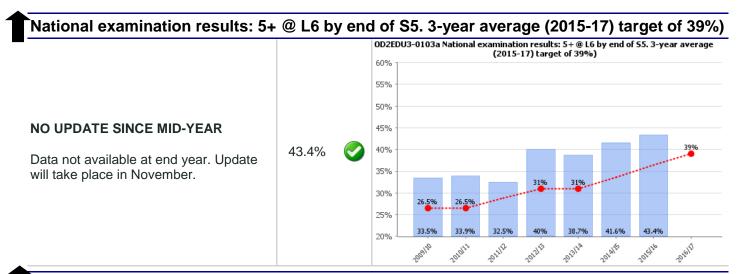


The number of smokers in our most deprived areas (SIMD1) supported to successfully stop smoking at 12 weeks post quit date'

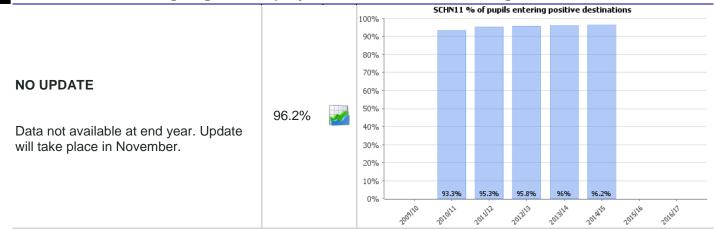
OD2CHCP5-0201 The number of smokers in our most deprived areas (SIMD1) supported to successfully stop smoking at 12 weeks post quit date 30 Due to data lags this year's out-turn is 28 27.5 based only on the first two Qtrs of 25 2016/17. Whilst we were one short of the 22.5 target (21) last year this year's target has 20 been increased to 28. We have 17.5 developed an action plan to ensure we 12 15 are targeting the SIMD areas, e.g. 12.5 working with the foodbank. Additionally 10 the shift towards e-cigs has impacted on 7.5 the number of people accessing 5 Smokefree Services across the country 2.5 20 12 generally. 0 2016/12 201112 2014/15 2015/16 2010/11 2009/120 2012/13 2013/14

National examination results: 5+ @ L5 by end of S4. 3-year average target (2015-17) of 71.5%

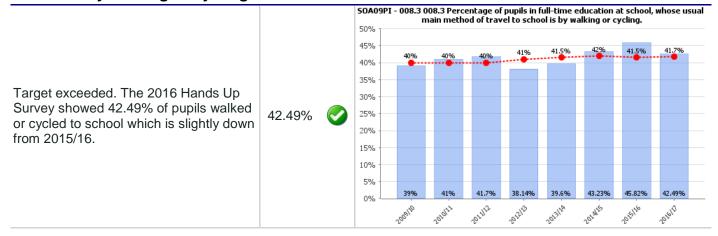




% of school leavers going into employment, education or training



Percentage of pupils in full-time education at school, whose usual main method of travel to school is by walking or cycling.

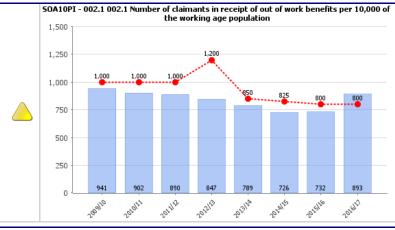


Number of claimants in receipt of out of work benefits per 10,000 of the working age population

893

Target not met. Number claiming out of work benefits 5050. Population base 56522.

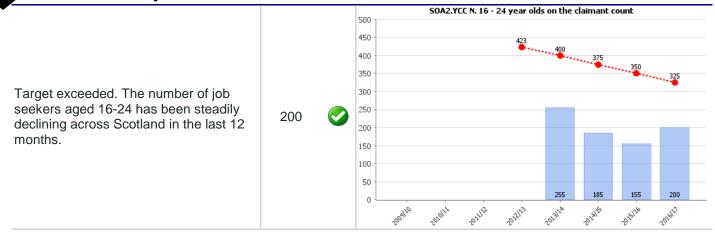
Under Universal Credit a broader span of claimants are required to look for work than under Jobseeker's Allowance. As Universal Credit Full Service is rolled out in particular areas, the number of people recorded as being on the Claimant Count is therefore likely to rise.



77.4%

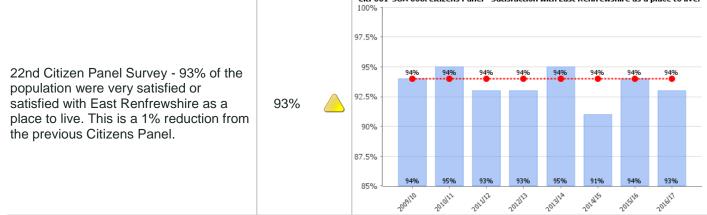
% of Working age in employment SOA10PI - 002.5 002.5 Working age in employment 100% 90% 80% 75% 73% 70% 60% Target exceeded. 77.4% of the working 50% age population in employment. Scottish 77.4% 40% average is 72.9%. 30% 20% 10% 71.5% 73.1% 72.4% 72.6% 74.2% 75.1% 75% 0% 2009/10 201112 2012/13 2013/14 2014/15 2016/17 2010/11 2015/16

Number of 16 - 24 year olds on the claimant count



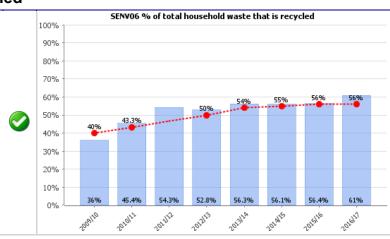


Citizens Panel - Satisfaction with East Renfrewshire as a place to live.



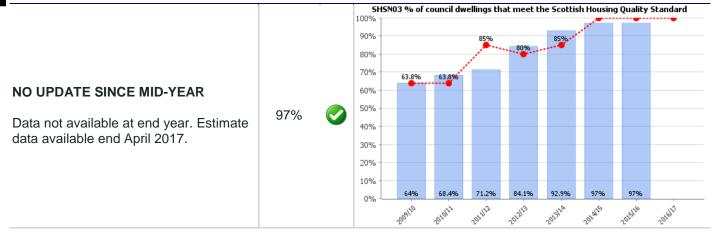
% of total household waste that is recycled

Target exceeded for 2016/17. Figures still to be verified by SEPA. Benchmarking data for 2015/16 ERC ranked 3rd compared to 4th in 2014/15.

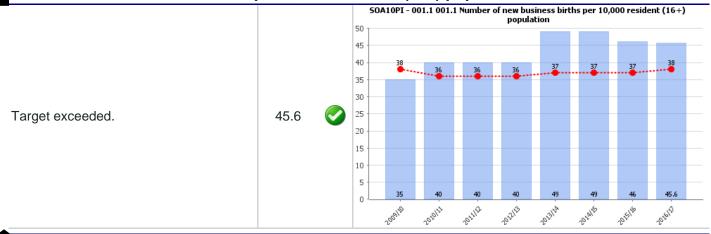


% of council dwellings that meet the Scottish Housing Quality Standard

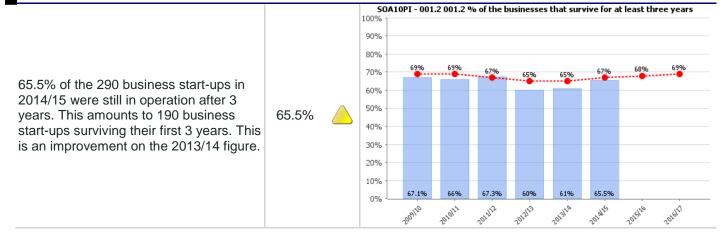
61%



Number of new business births per 10,000 resident (16+) population

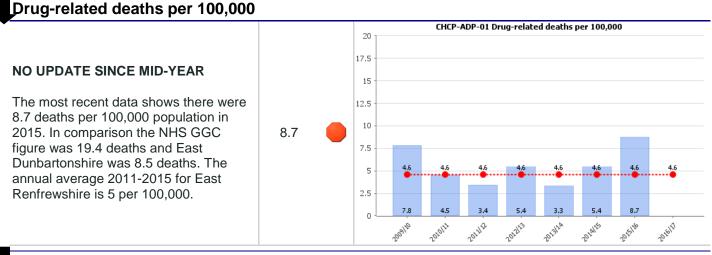


% of the businesses that survive for at least three years



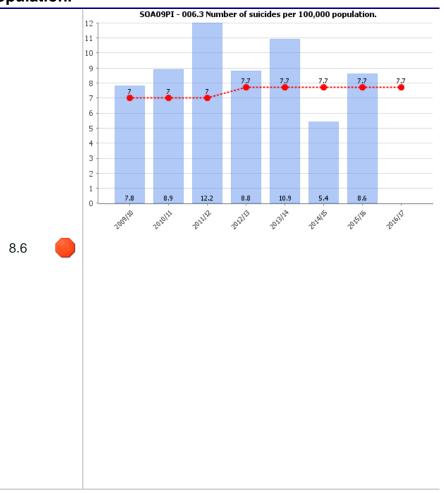
SOA 4



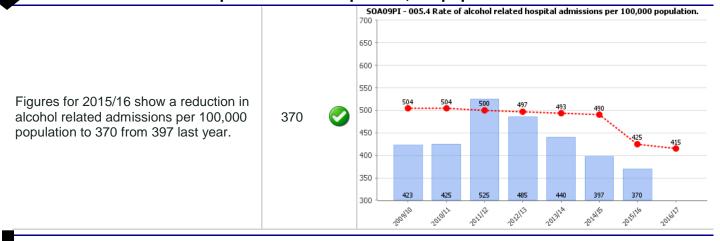


Number of suicides per 100,000 population.

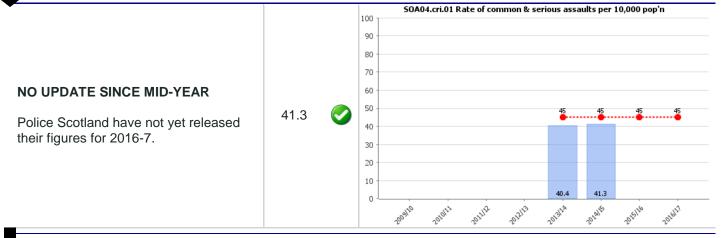
In comparison the Scottish suicide rate was 12.5 per 100,000. The rate includes both deaths as a result of events of undetermined intent and intentional selfharm. Most deaths which are classified 'events of undetermined intent' are likely to be suicides, it is conventional to combine them with the 'intentional selfharm' deaths to produce these statistics. This will over-estimate the true number of suicides, because some 'undetermined intent' deaths will not have been suicides. Several local authorities had a significantly different overall suicide rate in 2011-15 than rest of Scotland, with Aberdeenshire, Argyll and Bute, East Ayrshire, East Renfrewshire, Perth and Kinross, South Ayrshire and South Lanarkshire having a significantly lower rate and Clackmannanshire, City of Edinburgh, Highland and Inverclyde having a significantly higher rate. There are considerable fluctuations over time for local authorities. Comparing the overall rates in 1986-90 and 2011-15. Aberdeenshire, Glasgow City, Perth and Kinross, and South Ayrshire all showed a significant decrease, while no local authority had an increased rate. (NRS 2016)



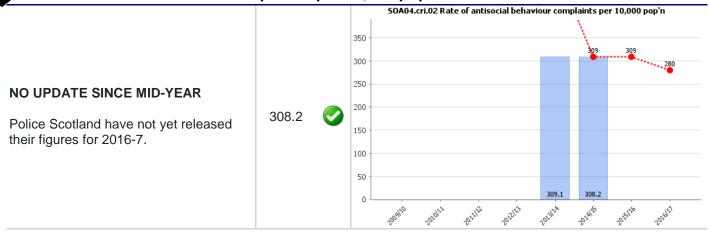
Rate of alcohol related hospital admissions per 100,000 population.



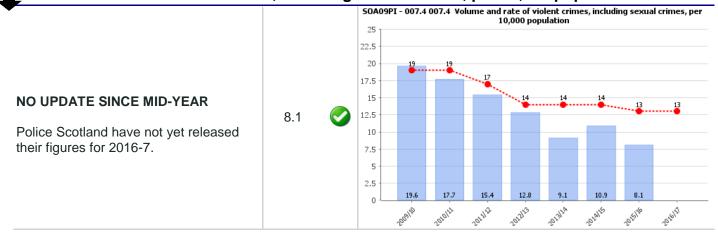
Rate of common & serious assaults per 10,000 population



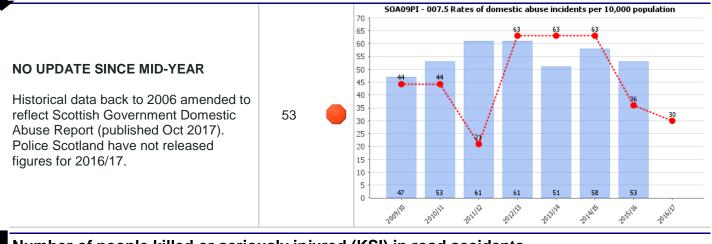
Rate of antisocial behaviour complaints per 10,000 population



Volume and rate of violent crimes, including sexual crimes, per 10,000 population



Rates of domestic abuse incidents per 10,000 population



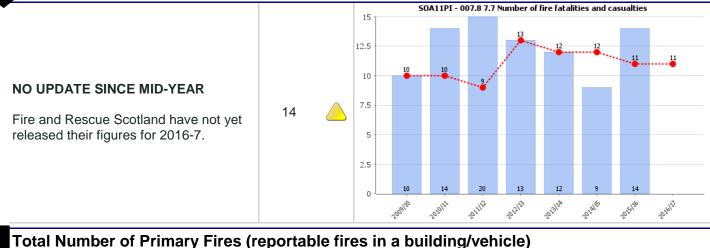
Number of people killed or seriously injured (KSI) in road accidents SOA09PI - 007.7 007.7 Number of people killed or seriously injured (KSI) in road accidents There were no fatalities in 2016/17 but

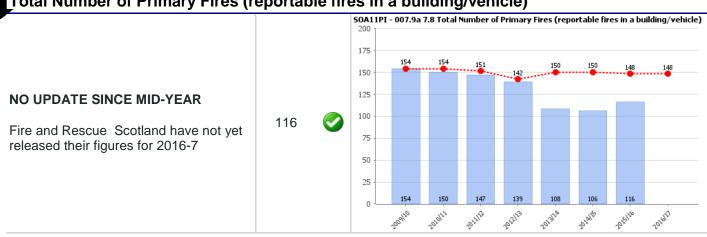
16 people were seriously injured. Figures include Trunk Road and GSO. 2014/15 2010/11 2012/12 2013/14 2015/16 2016/17 2009/15

The volume and rate of domestic housebreaking per 10,000 population.



Number of fire fatalities and casualties



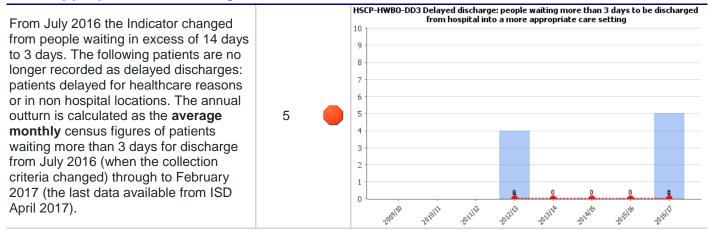


Total Number of Secondary Fires (fires involving refuse/rubbish of no financial value) SOA11PI - 007.9b 7.9 Total Number of Secondary Fires (fires involving refuse/rubbish of no financial value) 276 270 270 265 265 NO UPDATE SINCE MID-YEAR Fire and Rescue Scotland have not yet released their figures for 2016-7 209/10 2012/13 2013/14 2014/15 2015/16 2016/17

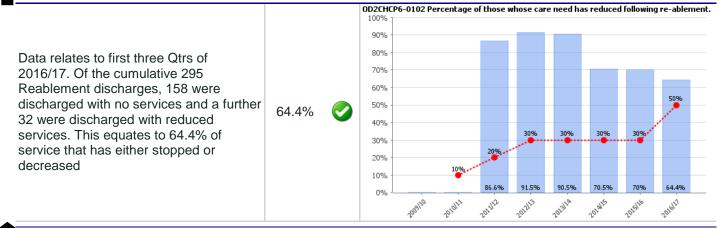
SOA 5



Delayed discharge: people waiting more than 3 days to be discharged from hospital into a more appropriate care setting



Percentage of those whose care need has reduced following re-ablement.

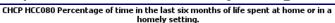


Percentage of time in the last six months of life spent at home or in a homely setting.

NO UPDATE SINCE MID-YEAR

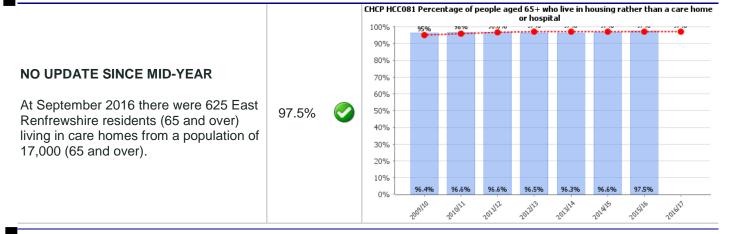
The methodology on how the measure is calculated compared to previous years' has been revised (August 2016) and the data from 2011/12 to 2014/15 has been amended accordingly. Previously only time spent in major acute hospitals was counted under the revised methodology all bed days in acute and community hospitals, psychiatric hospitals and geriatric long stay facilities is counted.







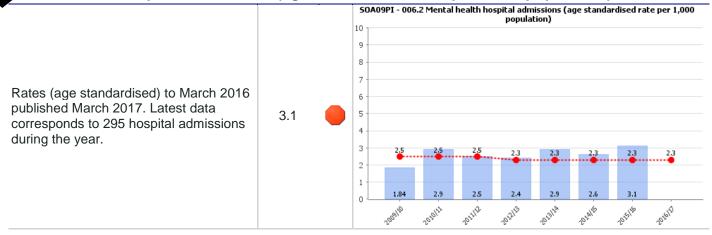
Percentage of people aged 65+ who live in housing rather than a care home or hospital



Rate of emergency inpatient bed-days for people aged 75 and over per 1,000 population

CHCP HCC082 Rate of emergency inpatient bed-days for people aged 75 and over per 1,000 population 5,500 5,250 5,067 5,000 4,925 4,769 4,750 4,692 4,620 Annual outturn data corrected from 4,510 4.500 4,400 previously reported rate of 3,699 bed 4,158 4,250 days to 4,158 bed days (January 2017, 4,000 ISD). 3,750 3,500 3,250 4,887 4,944 4,852 4,268 4,813 4,158 4,956 3,000 201112 2012/15 2014/15 2016/17 2009/10 2010/11 2013/14 2015/16

Mental health hospital admissions (age standardised rate per 1,000 population)



Benchmarking Report

Comparable data sources which are published by national agencies covering all local authority areas are often published later than locally collected information. To ensure that the maximum number of SOA indicators can be compared against other local authority areas it is necessary to present benchmarking data for a reference period that may differ from what is contained in the SOA end of year performance report.

The conventions for ranking local authorities in this report follow those used in the Local Government Benchmarking Framework, where 1st will always be the best performer and 32nd is the poorest. This also applies to quartiles, where Q1 is the best performing 25% of local authorities and Q4 the poorest performing 25%.

This report presents 3 benchmarking groups, each of which has advantages depending on the indicator being considered*:

- 1. Comparing all local authorities: This assumes there is no significant underlying local characteristic(s) which causes differences in an indicator between local authority areas in Scotland. This is not to imply there are no underlying demographic, geographic or social differences between areas. Instead the extent of differences in local characteristics are not assumed not to have such a sizable impact upon the variation in a specific indicator that certain areas should not be compared as like for like.
- Local Government Benchmarking Framework (LGBF) Environmental, Culture & Leisure, Corporate & Property services benchmarking group. East Renfrewshire's group consists of: Angus; Clackmannanshire; East Renfrewshire; Inverclyde; Midlothian; Renfrewshire; South Lanarkshire; and West Lothian. This benchmarking group clusters areas of moderate population densities relative to their geographic areas; it is calculated by comparing population densities across local authorities.
- 3. Local Government Benchmarking Framework (LGBF) Education, Social Work and Housing services benchmarking group: East Renfrewshire's group consists of: Aberdeen City; Aberdeenshire; East Dunbartonshire; East Renfrewshire; Edinburgh City; Orkney Islands; Perth & Kinross; Shetland Islands. This benchmark group clusters local authorities with low levels of deprivation and is calculated in relation to average SIMD ranking across the local area.

* Benchmarking groups should be interpreted with care. For example there is a relationship between low birth weight and residence of a deprived area; however there is also a strong association with low birthweight and a higher maternal age during pregnancy which tends to be an indicator associated with affluence. The interpretation on comparator information is rarely straight forward and can be open to simplification and misinterpretations, the benchmarking groups that follow are for guide purposes only.

Benchmarking – Key Findings

All local authorities

East Renfrewshire performs relatively well when benchmarked against all local authorities in Scotland, ranking within quartile 1 (best 25%) in 15 of the 18 (83%) indicators shown in the table overleaf.

Environmental, Culture & Leisure, Corporate & Property services

When benchmarking East Renfrewshire against 7 other local authorities with comparable population densities, East Renfrewshire outperforms comparator authorities against the majority of indicators (13 of 18) shown overleaf under the Environmental, Culture & Leisure, Corporate & Property services group. Some key findings include:

- East Renfrewshire recorded 39 teenage pregnancies in 2014, placing 1st in the group. This compares with 63 in Inverclyde (2nd place) and 297 in South Lanarkshire (8th place, or last in the group).
- In August 2016, East Renfrewshire recorded 646 out of work benefit claimants per 10,000 working age population residents. Although ranking 4th in Scotland overall, East Renfrewshire ranked 1st within the benchmark group. Angus placed 2nd with 910 per 10,000 residents and Inverclyde placed 8th with 1,522 claimants per 10,000 residents aged 16-64.

However, East Renfrewshire can continue to improve performance against some indicators:

• 65.5% of East Renfrewshire businesses which started in 2012 survived their first 3 years of trading. This places East Renfrewshire 3rd within this benchmarking group. Angus places 1st with a 70.6% survival rate which Clackmannanshire places 8th with a rate of 55.6%.

Education, Social Work and Housing services

East Renfrewshire fares less well when benchmarked against authorities with similar levels of deprivation. Some examples are shown below:

- 46.9% of newborn children within the authority are exclusively breastfed at 6-8 weeks. East Renfrewshire ranks 4th within the group, this compares with 57.5% in Shetland Islands (1st) and 37.8% in East Dunbartonshire (8th).
- 1.7% of people aged 16-24 claimed JSA on average throughout 2016-17. This places East Renfrewshire in 5th place within the group. This compares to 1.4% in the City of Edinburgh (1st) and 2.0% in Aberdeenshire (8th).
- 84.2% of people spent the last 6 months of their lives at home or in a community setting in 2014-15. This places East Renfrewshire in bottom position (8th) against the benchmarking group. Shetland Islands places 1st with 92.3%; Aberdeenshire places 3rd with 88.8% and City of Edinburgh placed 7th with 84.6%.

SOA Benchmarking Report 2016/17		authorities	Environmental, Culture & Leisure, Corporate & Property	Education, social work and housing
SOA 1	Rank	Quartile	Rank of 8	Rank of 8
Children in low income households 2014-15	5	Q1	1st	4th
Exclusively breastfeeding at 6-8 weeks 2015-16	4	Q1	1st	4th
Number of teenage pregnancies, 2014	1	Q1	1st	1st
SOA 2				
Male life expectancy, 2013-2015	3	Q1	1st	2nd
Female life expectancy, 2013-2015	2	Q1	1st	2nd
Percentage of adult population who smoke, 2015	1	Q1	1st	1st
Out of work benefit claimants per 10,000 working age population, Aug 2016	4	Q1	1st	4th
16-24 JSA claimant rate, 2016-17	5	Q1	1st	5th
Employment Rate (16-64), 2016	7	Q1	2nd	4th
SOA 3				
% of total household waste that is recycled, 2015-16	3	Q1	2nd	1st
Business births per 10,000 population aged 16+, 2015	6	Q1	1st	4th
Business survival at 3 years: 2012 - 2015	10	Q2	3rd	5th
SOA4				
Non sexual crimes of violence per 10,000 population, 2015-16	2	Q1	1st	1st
Drug related deaths, annual averages for 2011 - 2015	4	Q1	1st	2nd
Primary fires per 100,000 population, 2015-16	3	Q1	1st	2nd
Secondary fires per 100,000 population, 2015-16	12	Q2	5th	4th
Number of suicides per 100,000 population, 2015		Q1	1st	1st
SOA 5				
Last 6 motnhs of life spent at home or in a community setting, 2013-14	28	Q4	7th	8th