

INVERCLYDE ALLIANCE BOARD

MONDAY 23 MARCH 2015 – 1PM

PROSPECTHILL CHRISTIAN FELLOWSHIP, PROSPECTHILL STREET, GREENOCK

Present: Councillors S McCabe (Chair), M Brennan (for J Clocherty) and K Shepherd (Inverclyde Council), Chief Inspector E Brown (Police Scotland), Dr E Rogers (Community Council Forum), Mr A Comrie (Strathclyde Partnership for Transport), Mr A McQuade (Scottish Enterprise), Mr B Fleming (DWP), Mr I Bruce (CVS/Third Sector Interface), Mr R Johnston (Scottish Natural Heritage), Mr K Hogg (Scottish Government) and Ms M Carson (Skills Development Scotland).

In attendance: Mr J Mundell, Ms P Cassidy, Ms K McCready and Ms S Lang (Inverclyde Council), Mr B Moore and Ms A Hunter (Inverclyde HSCP), Mr A Fawcett (Riverside Inverclyde and Inverclyde Council), Ms L Byrne (Skills Development Scotland), Ms C Beeston, Dr P Craig and Dr G McCartney (Health Scotland).

Apologies: Councillors J Clocherty and J MacLeod (Inverclyde Council), Councillor J McIlwee (Inverclyde HSCP), Area Manager P Tanzilli (Scottish Fire & Rescue Service), Ms A Cumberford (West College Scotland) and Ms S Kelly (Skills Development Scotland).

Prior to the walk round of the Broomhill area, participants heard a presentation by Aubrey Fawcett and Fiona Maguire of Riverside Inverclyde on the Greenock East Central Masterplan covering the area from Belville Street to St Patrick's Primary School through which it had been possible to consider development opportunities and transport route improvements in the locality. Reference was made in the presentation to the establishment of the Inverclyde Association for Mental Health horticultural facility which incorporates a new community centre, current and future environmental treatments, road corridor improvements, the new health centre proposals, the Baker's Brae road realignment options appraisal and a land massing project for which Riverside Inverclyde had commissioned a title search of all unknown sites in the area.

Those present then participated in the walk round which included visits to St Patrick's Primary School, where a new build project will be undertaken at Drumfrochar Road, the proposed site of the IAMH new community centre and blaes pitch development and River Clyde Homes' current drop-in office as well as the site of RCH's future office accommodation development.

On returning to Prospecthill Christian Fellowship, presentations were made by Kirsten McGinn, RCH Broomhill Project Manager on the Broomhill physical regeneration project and Sandra McLeod, RCH Director of Housing Services on RCH's planning for the future, including proposals for Drumfrochar Road and RCH's new office accommodation, environmental works and the building communities through art project.

It was agreed, following discussion, that it would be appropriate for a report on the progress of the Broomhill project to be submitted to the Board in a year's time.

MINUTE OF PREVIOUS MEETING

The minute of the meeting of 15 December 2014 was submitted and approved.

MATTERS ARISING

Update – Fergusons Taskforce

Mr Fawcett reported that the first meeting of the Regional Group chaired by Liz Connelly had taken place in February and that since the last report, there had also been engagement with both Fergusons and Texas Instruments.

In relation to the Port Glasgow regeneration, it was noted that Mr Fawcett is meeting with Regeneration Division civil servants on 31 March to explore further development opportunities.

PRESENTATION ON HEALTH INEQUALITIES BY HEALTH SCOTLAND

The Board heard presentations by Clare Beeston, Principal Public Health Adviser (Evaluation), Health Scotland setting out the reasons for health inequalities and what can be done to reduce these, by Dr Gerry McCartney, Team Head of the Public Health Observatory on the contribution of the observatory to the reduction of health inequalities in Scotland and by Dr Pauline Craig, Team Lead (Inequalities) on the principles for future action. A copy of the presentation is attached as Appendix 1.

Arising from the presentations there was discussion on the information provided, with particular emphasis on the importance of strong evidence to inform decision making and the need to have information which can be drilled down to localities such as Broomhill. The Board also recognised the role of good employment opportunities in the reduction in health inequalities.

Decided:

- (1) that Inverclyde Alliance work with Health Scotland on the development of the future Health Inequalities Plan for submission to the Board; and
- (2) that Health Scotland's presentation be submitted to each of the Outcome Delivery Groups.

PRESENTATION ON REGIONAL SKILLS ASSESSMENT BY SKILLS DEVELOPMENT SCOTLAND

The Board heard a presentation by Liz Byrne, Regional Skills Planning Programme Manager, Skills Development Scotland on the purpose and scope of regional skills assessments. A copy of the presentation is attached as Appendix 2.

Members discussed the issues arising from the presentation, including the role of SDS in helping to reduce economic lag in Inverclyde and in the filling of the skills gap through workforce development and also the role of colleges in realigning skills and recalibrating courses to ensure that the courses provided are those which are actually needed. It was also agreed that it would be useful to have information from comparator areas.

Decided: that the information contained in the report be fed into SOA Outcome Delivery Group 3.

SINGLE OUTCOME AGREEMENT 2013-17 – OUTCOME DELIVERY GROUP QUARTERLY PROGRESS REPORT

There was submitted a report by the Chair of the SOA Programme Board providing an outline of progress against the outcomes and indicators set out in the Outcome Delivery Plans for the Single Outcome Agreement 2013-17.

Decided: that the Board note the progress made across the various Outcome Delivery Groups.

AUDIT SCOTLAND REPORT: COMMUNITY PLANNING – TURNING AMBITION INTO ACTION

There was submitted a report by the Lead Officer, SOA Delivery Group 6 summarising the Audit Scotland report “Community Planning – Turning Ambition into Action” which was published in November 2014.

Decided:

- (1) that the Board note the key messages and recommendations from Audit Scotland; and
- (2) that agreement be given to the action set out in Appendix 2.

COMMUNITY PLANNING OUTCOMES PROFILE

There was submitted a report by the Chair of the SOA Programme Board on the development of Community Planning Outcome Profiles for Community Planning Partnerships.

Decided:

- (1) that the Committee note the development of Community Planning Outcome Profiles for Community Planning Partnerships and the timescales involved; and
- (2) that it be noted that a further update on the project including details of the “soft launch” will be submitted to the next meeting of the Board.

INVERCLYDE ALLIANCE IMPROVEMENT PLAN PROGRESS REPORT

There was submitted a report by the Chair of the SOA Programme Board on the progress which has been made in taking forward the actions within the Inverclyde Alliance Improvement Plan.

Decided:

- (1) that the Board note the progress which is being made in taking forward the actions within the Inverclyde Alliance Improvement Plan; and
- (2) that it be noted that a further progress report will be submitted to the next meeting of the Board.

INVERCLYDE ALLIANCE YOUNG PEOPLE’S CONFERENCE - UPDATE

Ms Cassidy provided an update on the arrangements for the Inverclyde Alliance Young People’s Conference to be held in Port Glasgow Town Hall on 25 March.

It was noted that the conference would be delivered by young people from Inverclyde’s secondary schools with the aim of having young people, partner agencies working within Inverclyde and members of the local community jointly discuss priorities which have emerged from the young people’s health and wellbeing survey.

At the end of the conference, it was expected to come away with commitments from all of the partners for further action and it was hoped that as many organisations as possible would be able to attend.

DATE OF NEXT MEETING

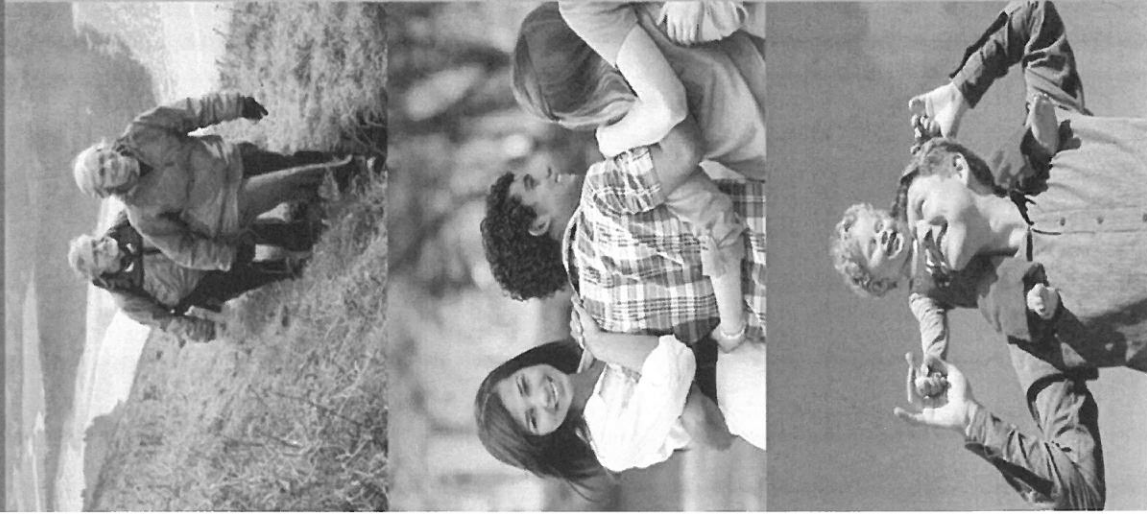
It was noted that the next meeting of the Alliance Board would be held on Monday 15 June 2015 and would commence at 1pm to allow for a workshop session to be arranged.

Health Inequalities: where they come from and what can be done

Inverclyde Alliance Board. 23rd March 2015

Clare Beeston: Principal Public Health Adviser
Evaluation

APPENDIX 1



What do we mean by health inequalities?

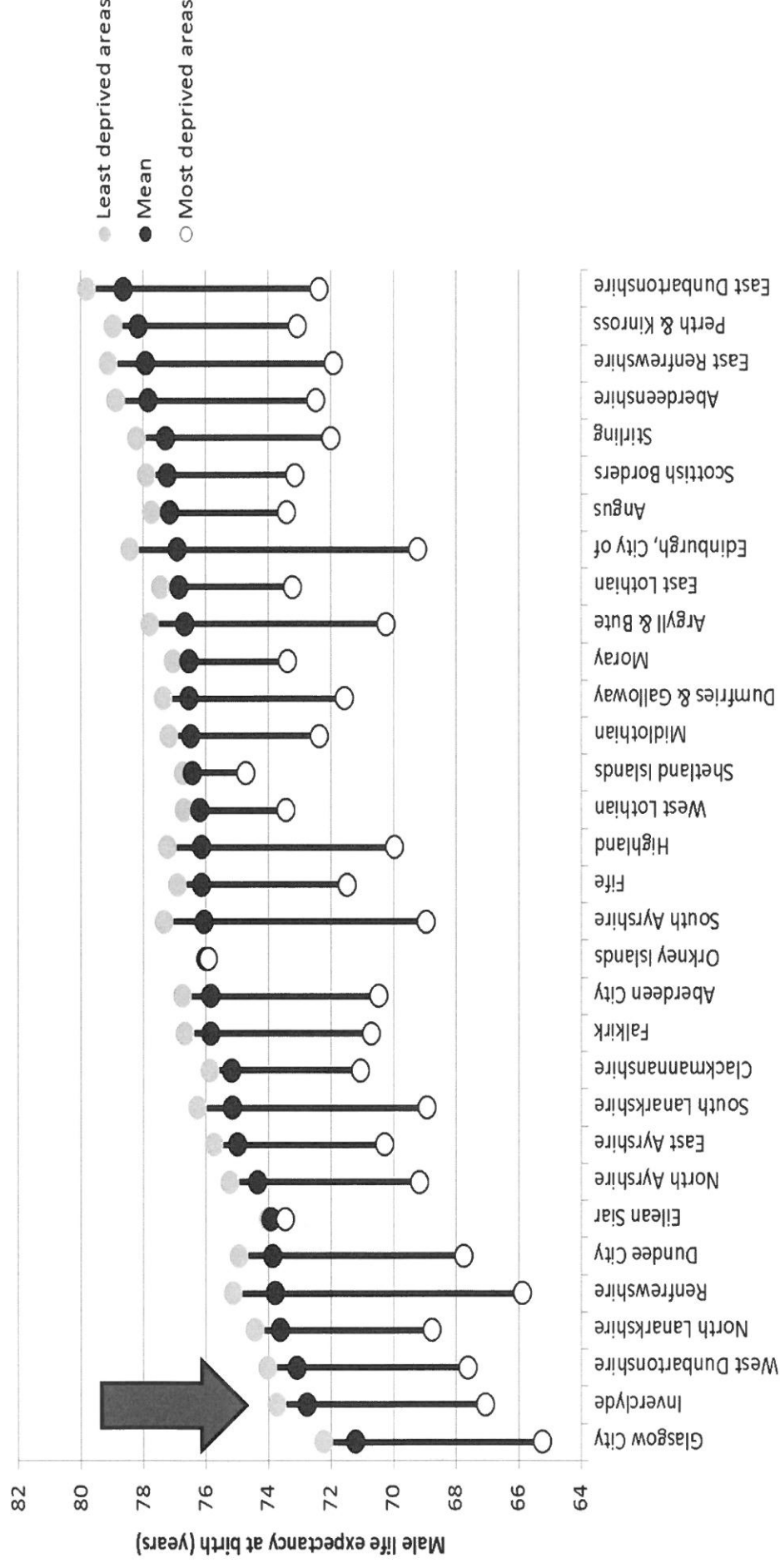
Health inequalities are:

- **Unfair** differences in health within the population across social classes and between different populations

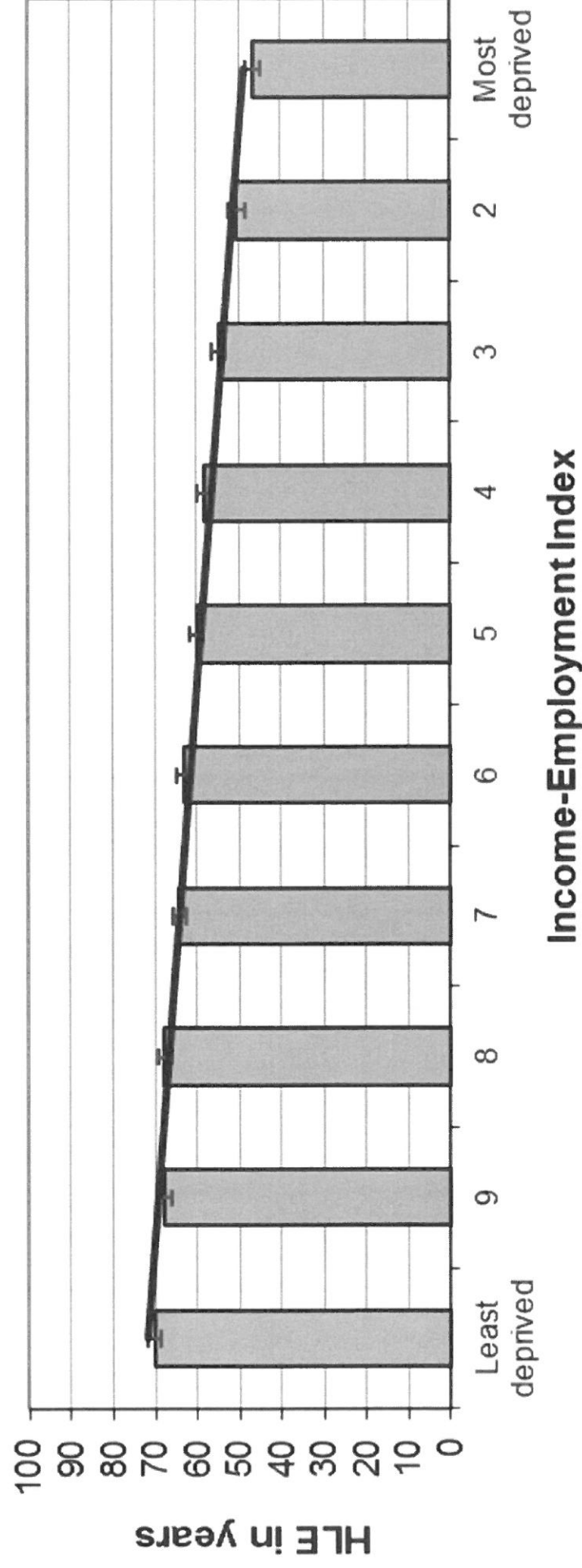
These unfair differences:

- Are **not random**, or by chance, but largely socially determined
- Are **not inevitable**.

Male life expectancy inequalities between the most deprived 15% and least deprived 85% of each local authority (2006-2010; source National Records for Scotland)

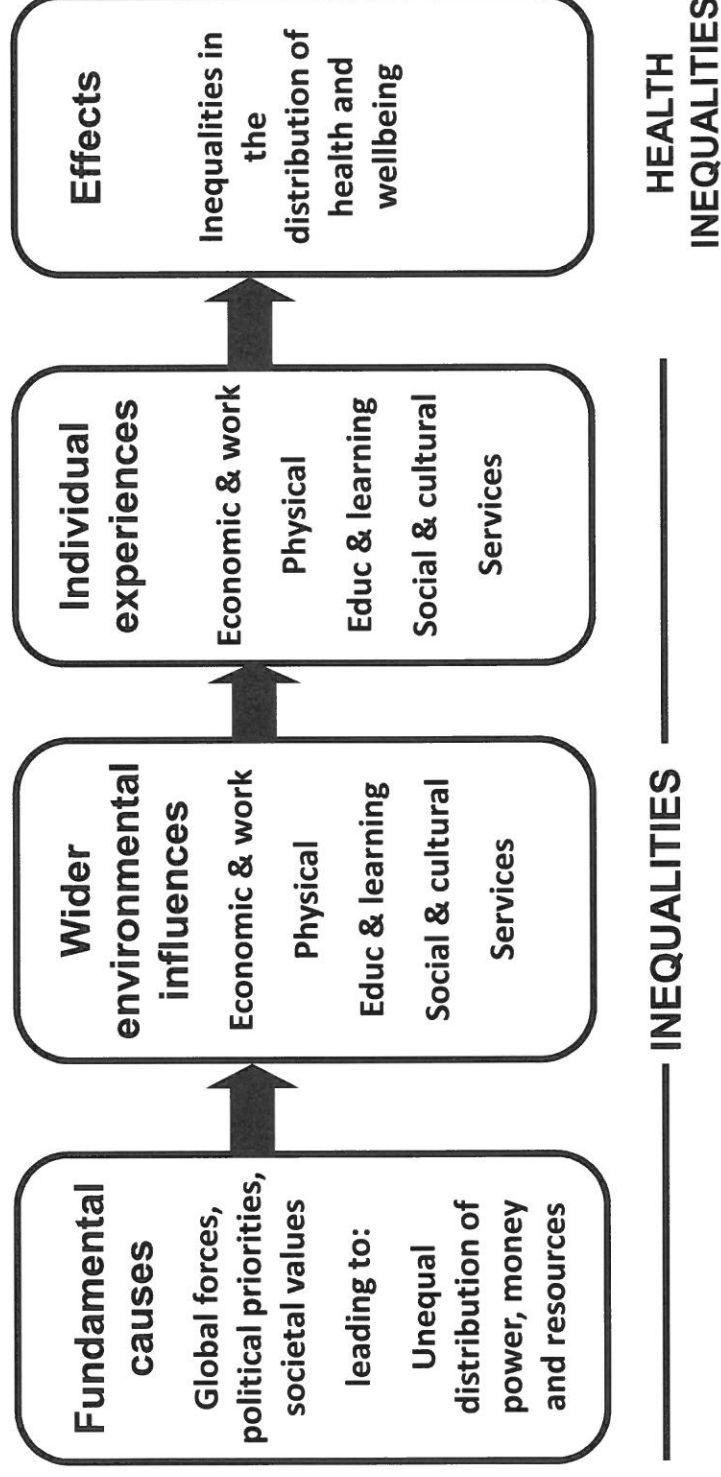


Healthy Life Expectancy - Males - by Income-Employment Index: Scotland 2011-2012



Source: Long term monitoring of health inequalities. Scottish Government. 2013

What causes health inequalities?



What is most and least effective in reducing health inequalities?

Most likely to be effective

Structural changes to the environment; legislation, regulatory and fiscal policies; income support, reduced price barriers; accessibility of public services, prioritising disadvantaged groups and individuals; intensive support for disadvantaged population groups; starting young.

Least likely to be effective

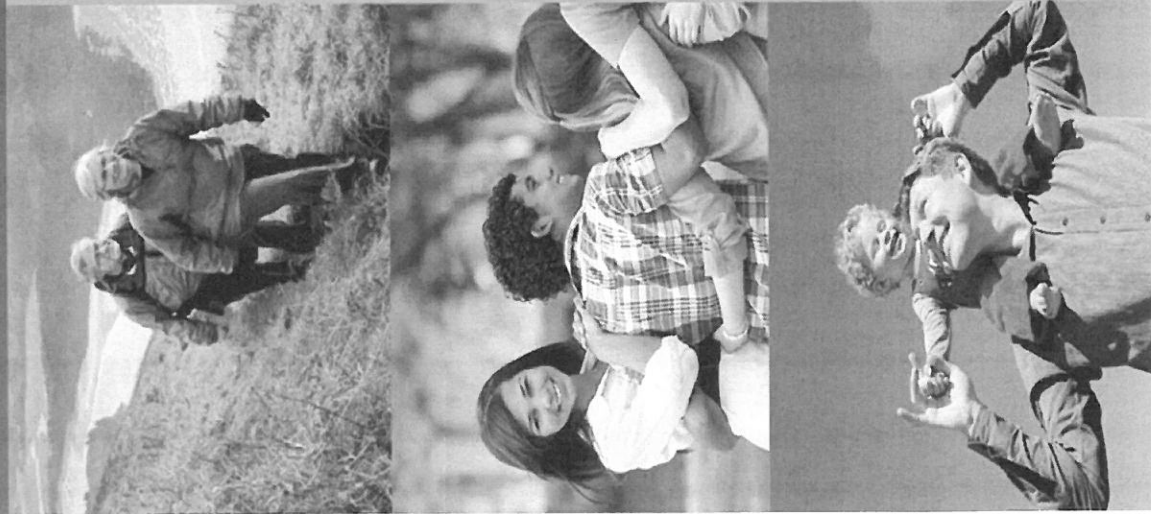
Interventions reliant on people opting in; information based campaigns; written materials; messages designed for the whole population; interventions that involve significant price or other barrier

Key components of a health inequalities strategy

Fundamental causes	<p>Policies that redistribute power, money and resources</p> <p>Social equity and social justice prioritised</p>	<p>Living wage</p> <p>Creating employment</p>
Wider environmental influences	<p>Use of legislation, regulation, standards and fiscal policy</p> <p>Structural changes to the physical environment</p> <p>Reducing price barriers</p> <p>Ensuring good work is available for all</p> <p>Equitable provision of high quality and accessible education and public services</p>	<p>Housing quality standard extended to private rented</p> <p>Place standard</p> <p>Regulate retail outlets</p>
Individual experiences	<p>Equitable experience of socio-economic and wider environmental influences</p> <p>Equitable experience of public services</p> <p>Targeting high risk individuals</p> <p>Intensive tailored individual support</p> <p>Focus on young children and the early years</p>	<p>Training – culturally/inequalities sensitive practice</p> <p>Linked public services for vulnerable/high risk individuals</p>

Inverclyde Alliance Board. 23rd March 2015

**Dr Gerry McCartney: Team Head,
Public Health Observatory**



Aims

1. To quantify and model the capacity for a range of public health interventions to reduce health inequalities in Scotland, based on realistic scenarios for the delivery of downstream interventions to individuals in deprived groups.
2. To compare such downstream interventions with universal, population-level approaches in terms of their potential impact on population health & health inequalities.
3. To augment an existing suite of practical tools for informing decisions about how to reduce health inequalities in Scotland through the addition of further interventions and outcomes.
4. To provide decision-makers with comparisons of the effectiveness of differing strategies to tackle health inequalities.

Methods

- Literature reviews
 - Interventions >>>> changes in all-cause mortality / hospitalisations
- Parametric models
 - Cumulative mortality (YLL) / hospitalisations (CIS)
 - Changes in inequality (RII)
- User tools
 - Excel-based
 - Allows variation of assumptions over short (2 year), medium (10 year) and long-term (20 year)

III tool: interventions

1. Changes to taxation (1p on the Scottish rate of income tax, a 10% rise council tax)
2. Changes to benefits (a 10% increase in the value of job seekers' allowance and income support, a 10% increase in basic and 30-hour working tax credits)
3. Introduction of a 'living wage';
4. An increase in the level of tobacco tax;
5. Greater provision of smoking cessation services;
6. Greater provision of alcohol brief interventions (ABIs);
7. Greater provision of a 'Counterweight' weight management service;
8. Changes in levels of employment; and
9. Changes in the extent of active commuting (walking and cycling to work).

Informing Investment to tackle health inequalities in Scotland (III) - Smoking Cessation

What is the nature of the intervention? Scotland's national smoking cessation programme, which delivers universal smoking cessation services across all NHS Boards. The model assumes that 74% of those smokers who want to quit (all those smokers who want to quit) (Source: Knowledge Attitudes and Motivations to health module of the Scottish Health Survey 2010)

1. Choose geography

2. Enter number treated

3. Choose targeting strategy

Geography	Scotland
Intervention name	Smoking cessation
Additional number of people treated	50000
Targeting strategy	Proportionate to need
Total direct cost of intervention (£m, 2012 prices)	5.000

Baseline Information: Smoking Cessation	
Baseline year	2012
Age group	16+
Estimated no. of smokers (2012)	992425
Of which, Q1 only:	288435
Of which, Q1 & Q2:	539482
Estimated no. smokers who want to quit	734394
Of which, Q1 only:	220842
Of which, Q1 & Q2:	399216
Annual continuous inpatient stays (2012)	1082362
Of which, Q1 only:	270251
Of which, Q1 & Q2:	508745
Annual cessation service quit attempts: (2008-12)	87400
Of which, Q1 only:	32503
Of which, Q1 & Q2:	54269
Direct financial costs of intervention	
Cost per intervention (£, 2012 prices)	100

Baseline information on the number of people 'at risk', the plausible maximum who might actually benefit from the intervention, and other summary information is displayed here.

The Public Health Observatory
improve Scotland's health
and reduce health inequalities*

Model Outcomes (whole population)	
Years of life gained	2 years
Continuous inpatient stays prevented	320
	191

Model Outcomes (Most deprived SIMD quintile)	
Years of life gained	2 years
Continuous inpatient stays prevented	129
	69

Model Outcomes (comparative health inequalities)	
R1: Years of life lost (without intervention)	1.210
R1: Years of life lost (with intervention)	1.210
R1: years of life lost (difference)	-0.0002
R1: continuous inpatient stays (without intervention)	0.6988
R1: continuous inpatient stays (with intervention)	0.6986
R1: continuous inpatient stays (difference)	-0.0002

Direct financial savings	
Reduced continuous inpatient stays (£m) - all	2 years
Reduced continuous inpatient stays (£m) - MDQ	0.5
	0.2

How are costs and financial savings estimated?

The cost per smoking cessation intervention was estimated at £98 in 2011, based on Evaluation of quit4u, NHS Scotland (http://www.healthscotland.com/documents/5827.aspx). This has been adjusted to 2012 prices. Geue et al. (2011) estimated the cost of a continuous inpatient stay at £2113 in 2006/07 - this has been adjusted to 2012/13 prices.

Where do I get more information?

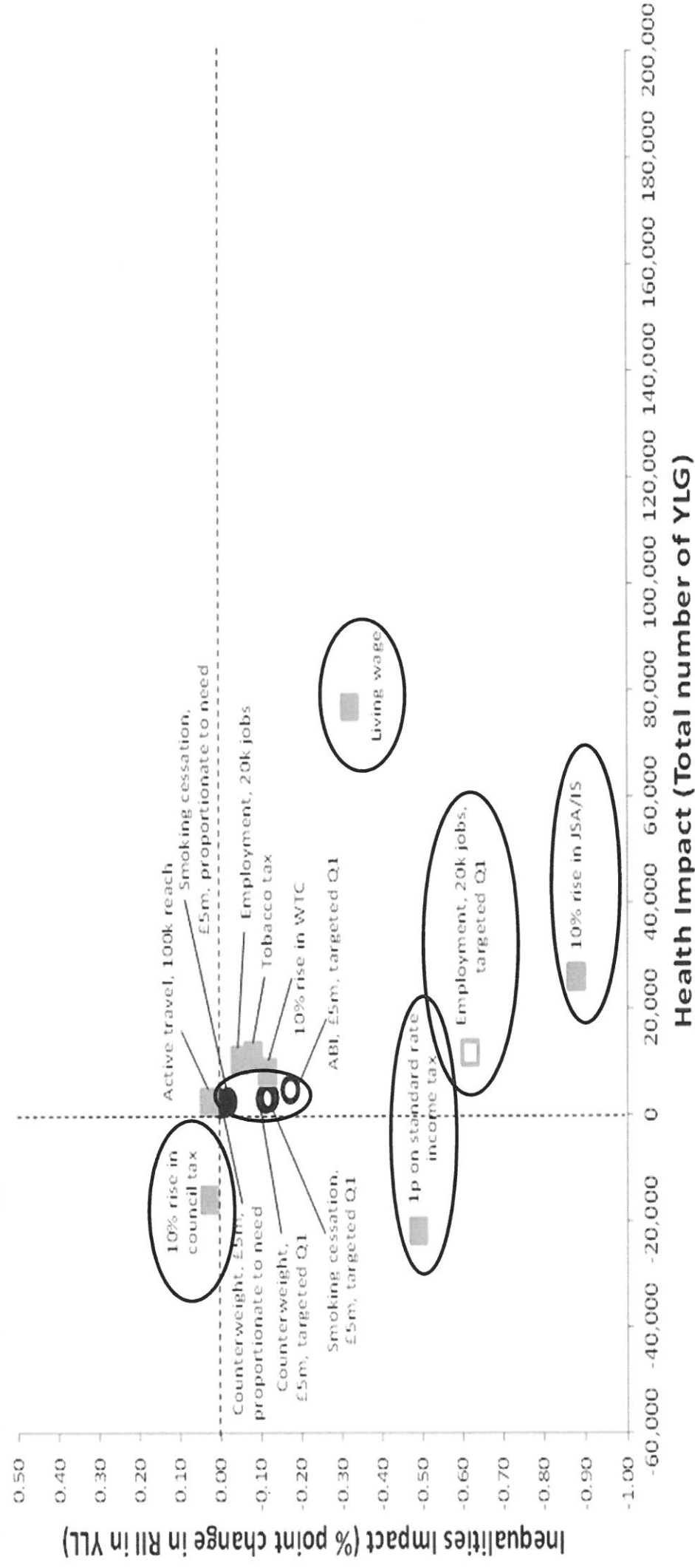
The "Notes" tab describes the purpose of each worksheet. For more details, including a commentary, user guide and technical report please see: <http://www.healthscotland.com/documents/5827.aspx>

Users can change the geography of interest, the number of people to 'treat' with the intervention (except for tobacco tax and income, where these are "given") and the targeting strategy here.

This pale blue section shows

outcomes from the model, including years of life gained, hospitalisations prevented and comparative health inequalities. It also estimates the direct financial savings from the intervention.

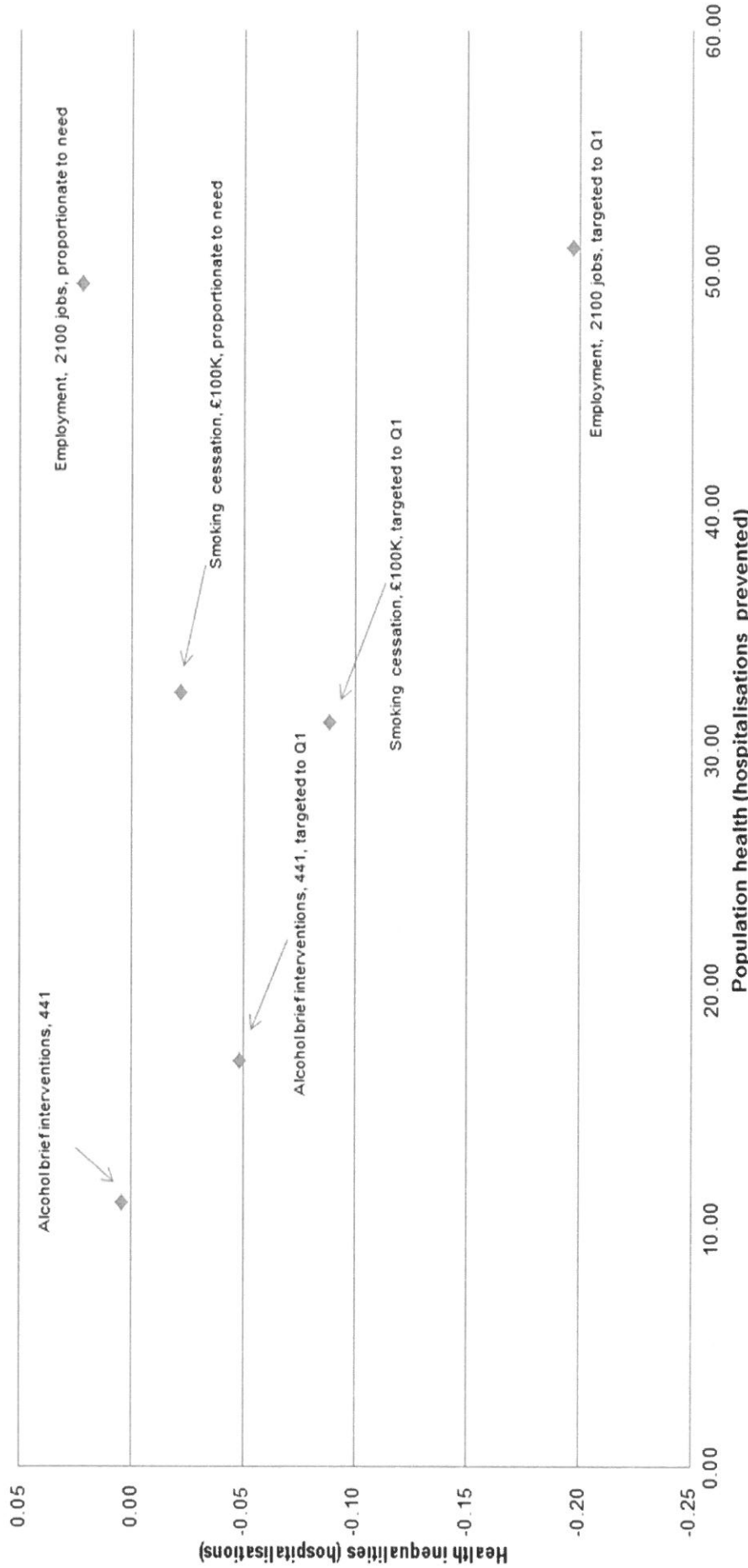
Modelled changes on mortality and inequalities after 10 years (based on £5m investment)

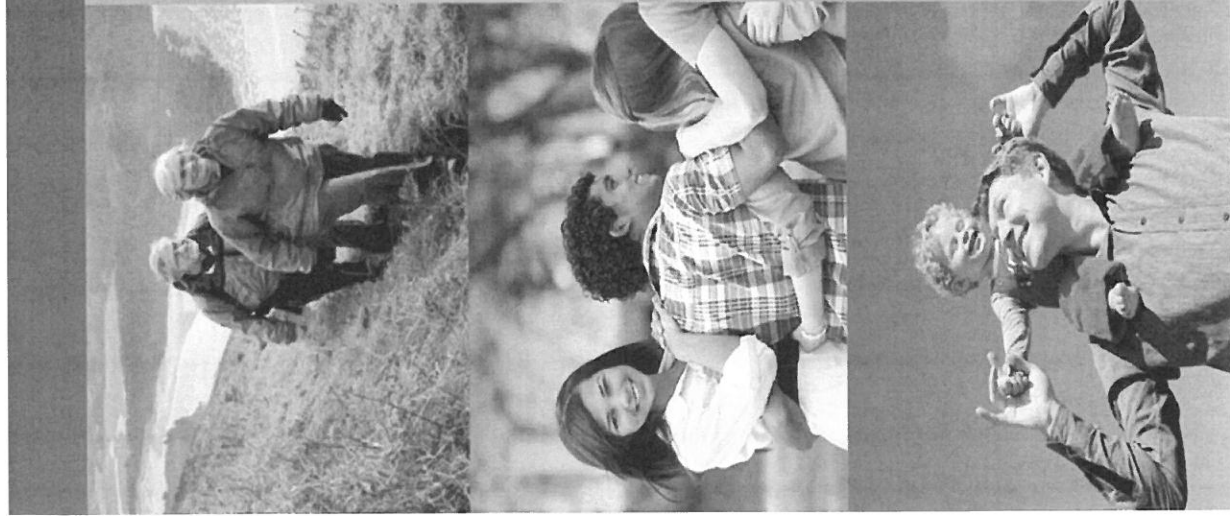


Comparing investments to reduce health inequalities: Inverclyde, after 10 years (mortality)



Comparing investments to reduce health inequalities: Inverclyde, after 10 years (hospitalisations)





Where do we start?

Inverclyde Alliance Board. 23rd March 2015

**Dr Pauline Craig: Team Head,
Equalities**

Step 1.....

- Thirty five years of health inequalities research since the Black Report – patterns and trends, policy analyses, theories
- Principles for action
 - Focus on social causes of health inequalities as well as individuals
 - Aim to reduce inequalities: different from the aim to improve population health
 - Know your population: demographics, indicators of deprivation plus complexity eg poverty interaction with gender, disability, discrimination
 - Our role in action: are we mitigating, preventing or undoing?
 - Targeting, reducing gaps and flattening gradients: asking the right questions for understanding progress
- Key theorists: Whitehead and Dahlgren; Hilary Graham; David Hunter; Sally Macintyre; Michael Marmot

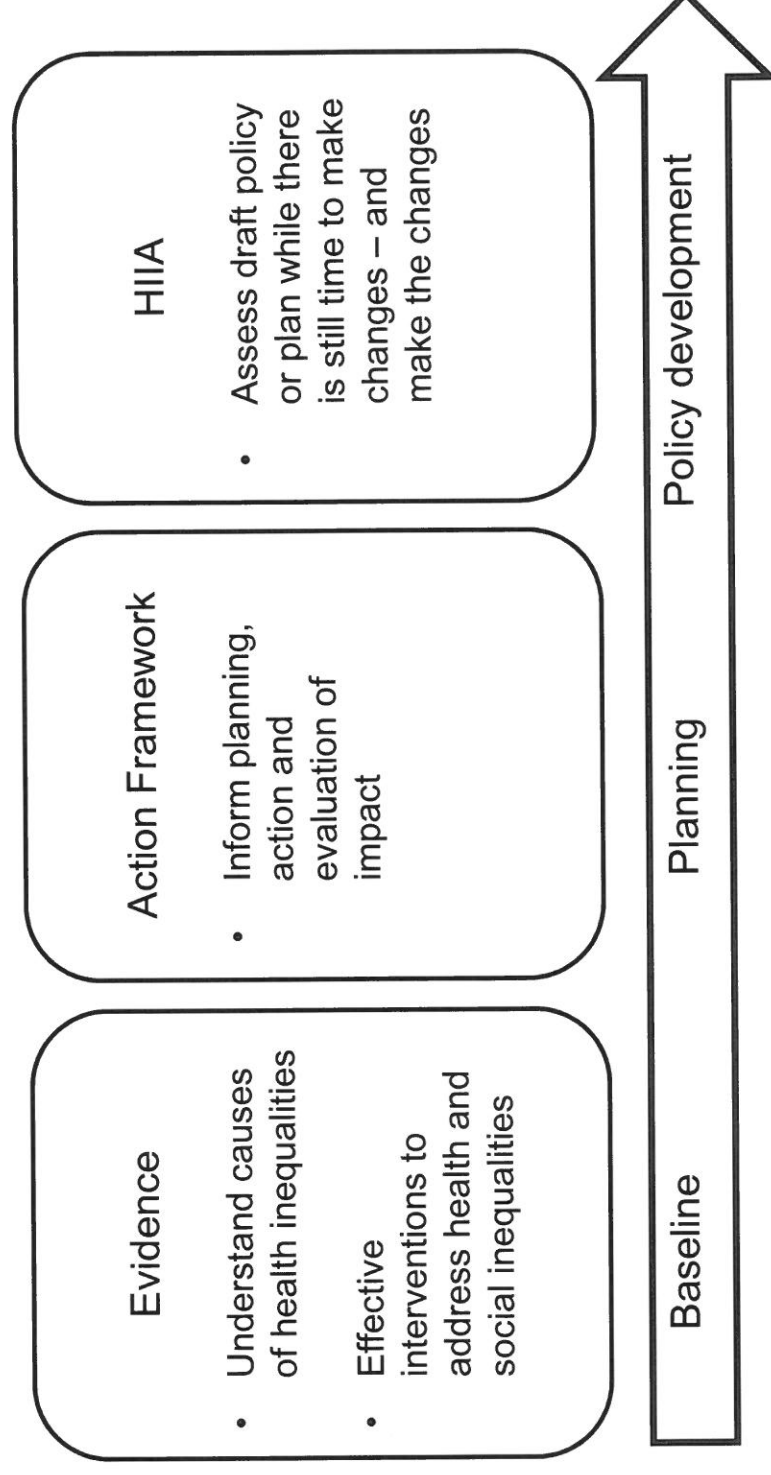
What might your contribution be to reducing health inequalities?

- **Mitigating** impact of social inequalities through equitable access to and outcomes from inequalities sensitive quality services and programmes - universal services in proportion to need
- **Prevention** of harm to health from social inequalities by compensating for lack of income, resources and power eg availability of affordable healthy food, safe environment, income maximisation, strengthening social connectedness and participation
- **Undoing** inequalities through advocacy and working for fiscal, legislative and cultural change: using epidemiological and other evidence to understand fundamental causes and influence fairer distribution of resources

Health Inequalities Impact Assessment (HIIA)

- HIIA provides a systematic process to consider ways in which a policy, strategy or programme may affect people differently, and to support participation and realisation of rights
- HIIA is a tool drawing on methodology from Health Impact Assessment, Equality Impact Assessment and Human Rights Impact Assessment.
- HIIA encourages a human rights based approach where rights to care and to determinants of health are important: PANEL approach
- The tool was developed following a recommendation in *Equally Well* and was piloted in 2010 with NHS Boards and the Scottish Government and it continues to evolve.

Putting theory into practice: when to use inequalities tools



Discussion

- Has an inequalities lens been applied to current plans?
- Do existing areas of work include priority impact interventions for inequalities and how might they maximise their impact on inequalities?
- How do services and programmes demonstrate equitable access?
- What would have to change to move interventions upstream?
- How do services and programmes provide intensive input for at risk or excluded groups?
- What indicators of progress can be used to reflect impact on reducing inequalities?



Regional Skills Assessments

**Inverclyde CPP Board
23 March 2015**

Liz Byrne
Regional Skills
Planning –
Programme
Manager

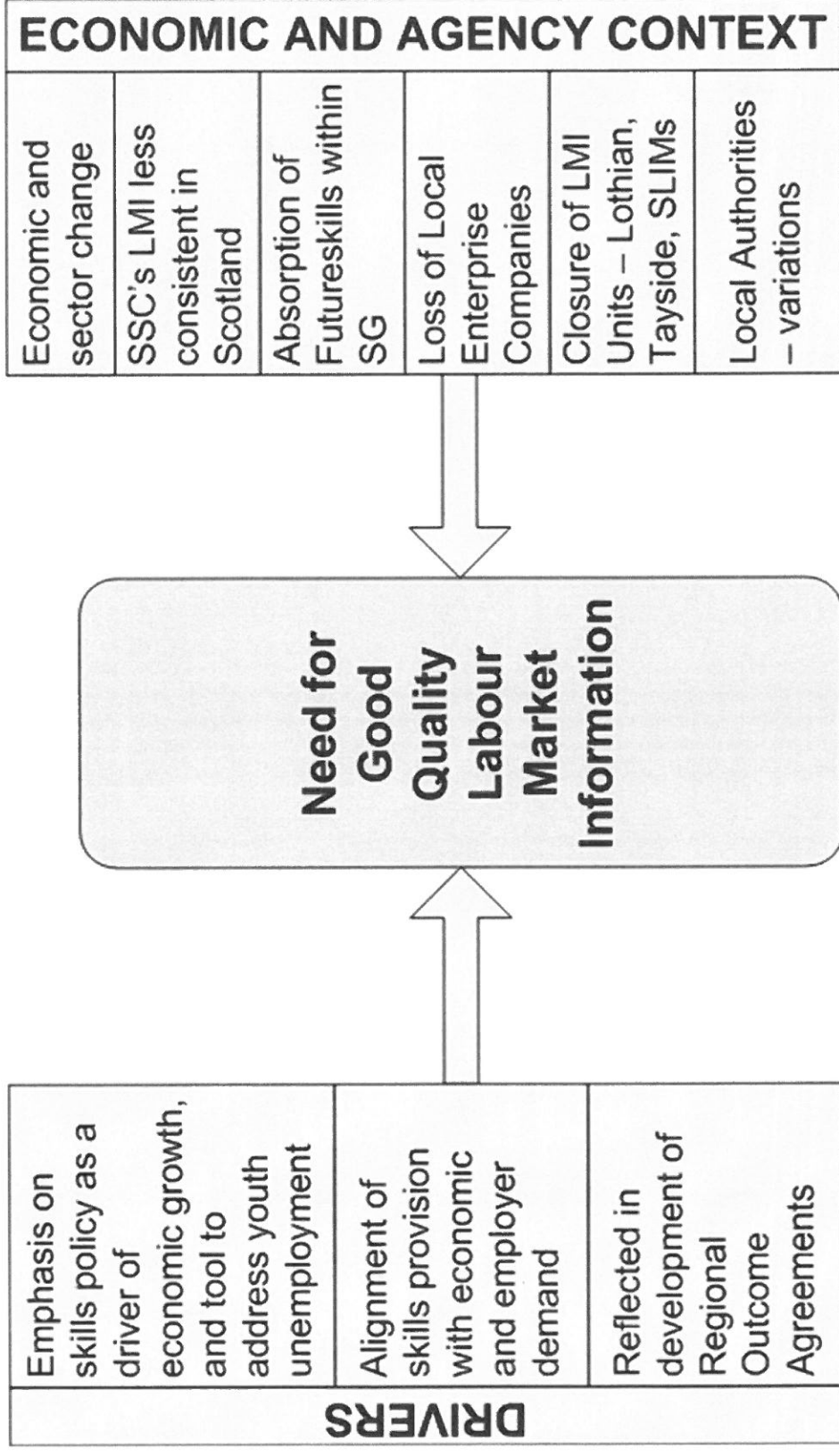
APPENDIX 2

Content

- Context – Regional Skills Assessments (RSAs)
- Headlines – Inverclyde
- Next Steps and Discussion – Use by Inverclyde CPP

Context – RSAs

Why Develop RSAs?



RSAs - Purpose and Scope

SDS, SFC, SE and SLAED partnership. SE Operating Area.

Provide a single, agreed evidence base on which to base future investment in skills, built up from existing evidence.

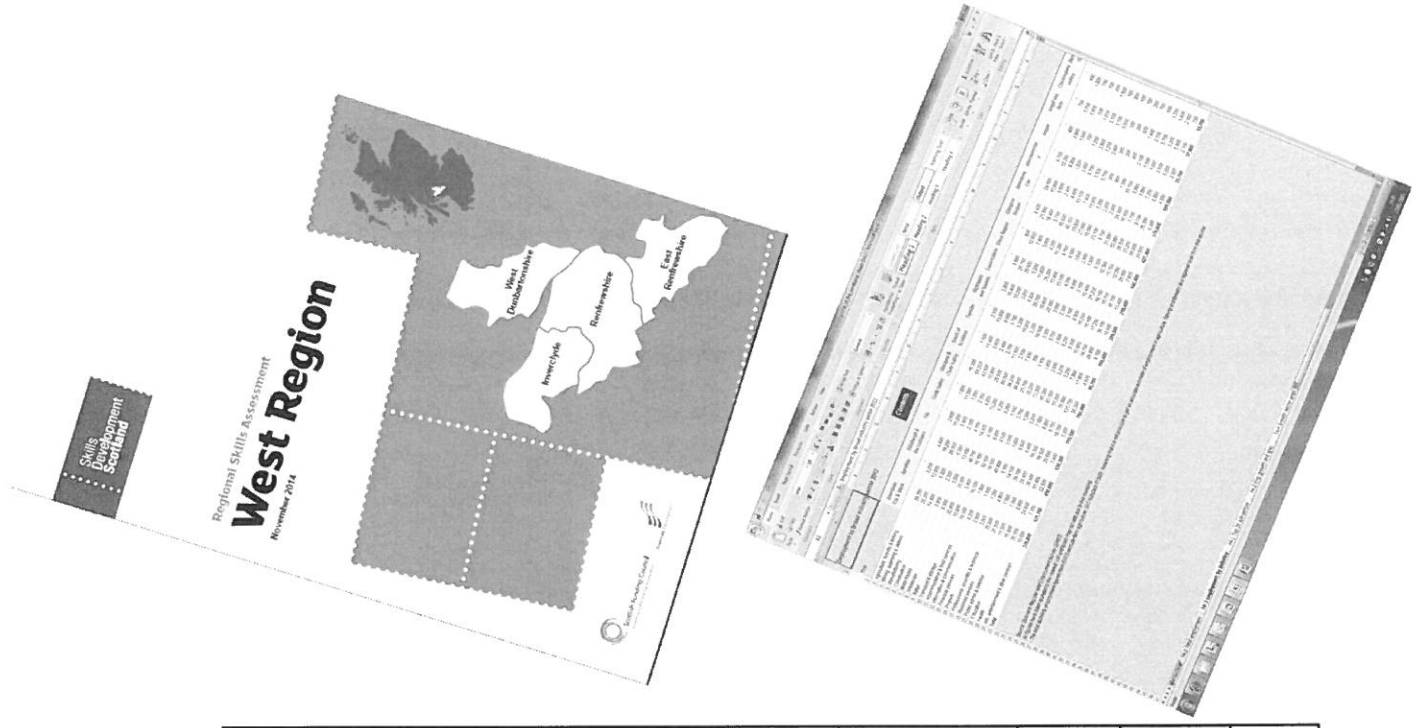
RSAs should help to:

- Support SFC and Regional Colleges in negotiating Regional Outcome Agreements
- Provide a framework for aligning SDS investment in individuals and businesses
- Assist partners in planning their strategic investment in skills
- Highlight gaps in national and regional skills evidence

RSA	Local authorities covered
Aberdeen City and Shire	Aberdeen City Aberdeenshire
Ayrshire	East Ayrshire North Ayrshire South Ayrshire
Edinburgh and Lothians	East Lothian Edinburgh Midlothian West Lothian
Fife	Fife
Forth Valley	Clackmannanshire Falkirk Stirling
Glasgow and Clyde Valley	Combines West. Lanarkshire and Glasgow Region RSA
Glasgow region	Glasgow City East Dunbartonshire East Renfrewshire
Lanarkshire	East Dunbartonshire North Lanarkshire South Lanarkshire
South of Scotland	Borders Dumfries and Galloway
Tayside	Angus Dundee Perth
West of Scotland	East Renfrewshire Inverclyde Renfrewshire West Dunbartonshire

Structure

Section	Key Data sources
1&2. Introduction/ Context	-
3. Economic Performance Gross Value Added, Productivity, Earnings Business base.	ONS, SE
4. Profile of the Workforce Total employment, Industrial structure, Occupational profile	BRES, APS, SE
5. People and Skills Population, Labour market participation Qualifications and attainment	GROS, APS, SDS, SLDR, DWP
6. Education and Training Modern Apprenticeships, College, provision University provision, Graduate destinations	SDS, SFC
7. Skills Mismatches Recruitment activity, Vacancies, Skills gaps	UKCES ESS
8. Employment and Skills Outlook Total employment, Sectoral outlook	UKCES Working Futures, SIPs
9. Questions Arising	-



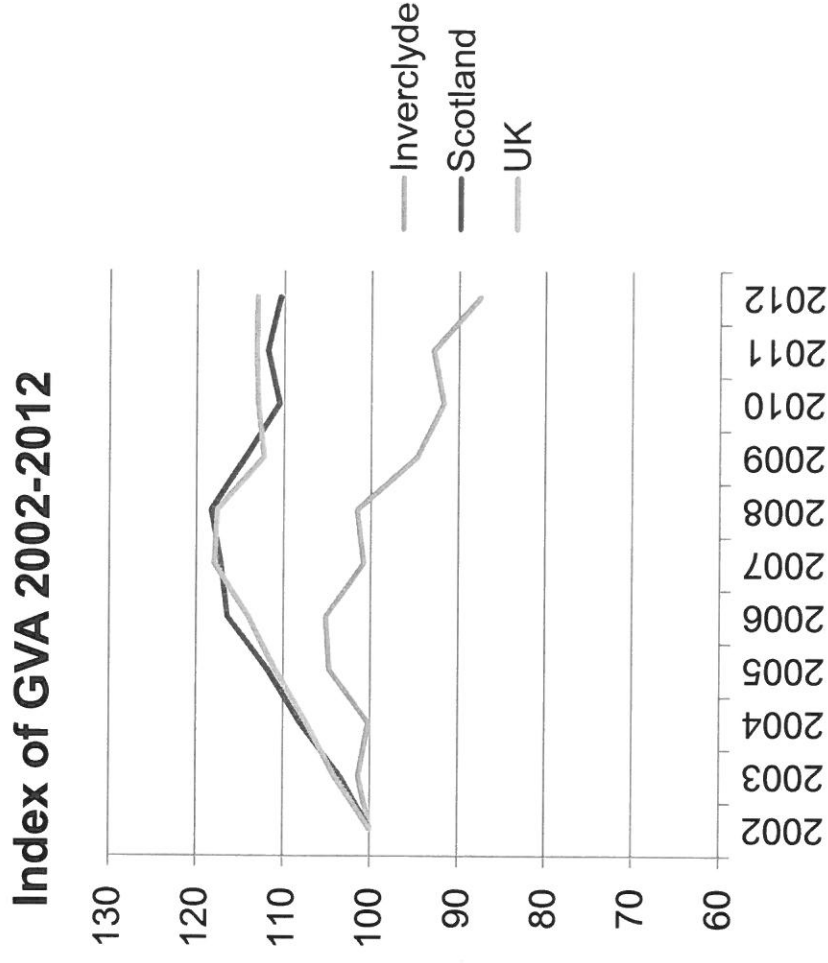
Headlines - Inverclyde

Gross Value Added (GVA)

- Inverclyde had a GVA of £1.2 billion in 2012

• The impact of the recession on the local economy was more marked than across Scotland and the UK

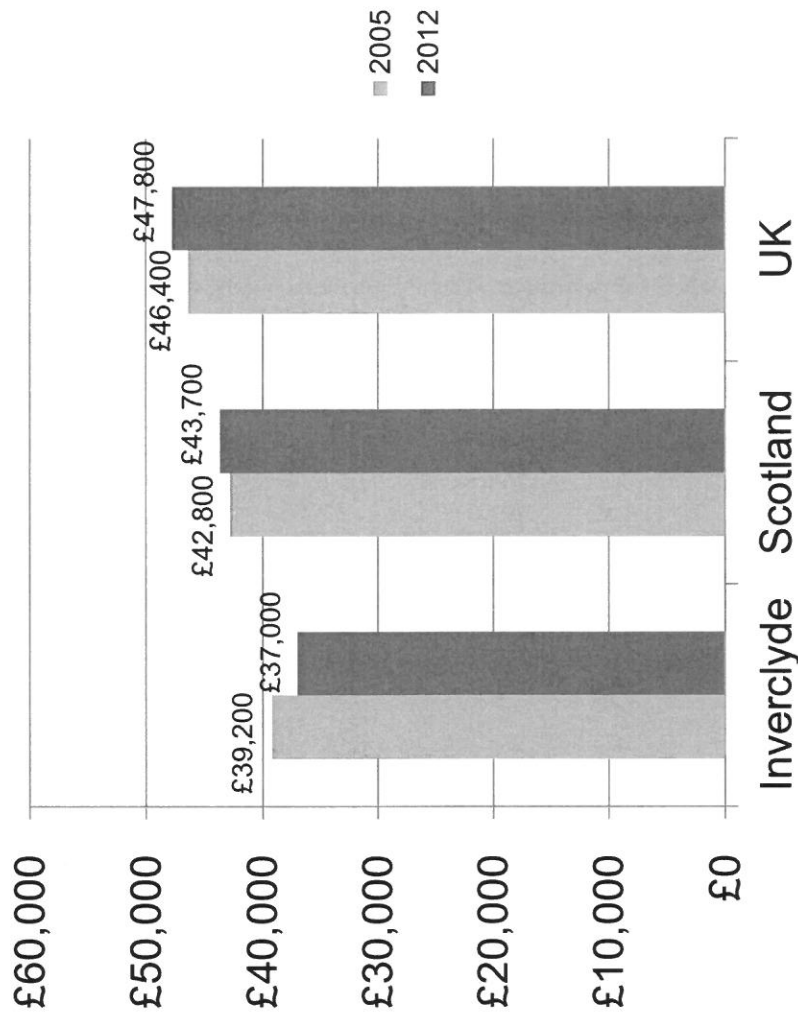
- Output continued to fall despite stabilising nationally



Productivity

- There has been a fall in productivity levels in Inverclyde in recent years, and they remain below the Scottish and UK average

GVA per Worker 2005-2012



Source: ONS Regional Accounts
Calculations based on GVA in real prices

Earnings

- Earnings in Inverclyde – lower than the Scotland average

	FT Worker Median Gross Weekly Earnings 2013	% of Scottish Average
Inverclyde	£470	93%
Scotland	£508	100%

Source: Annual Survey of Hours and Earnings
Figures are in current basic prices and workplace-based, rather than resident based.

Business Base

- Number of registered businesses falling vis a vis growth nationally
- Business birth rate lower than national levels
- Majority are micro/small enterprises:
 - 79% have 0-9 employees
 - 16% have 10-49 employee
- Business base by sector is similar to Scotland though:
 - Higher in Retail, Health, Arts et al
 - Lower in Agriculture et al

Business by sector 2013

Sector	Inverclyde	Scotland
Agriculture, forestry & fishing	2%	9%
Production	5%	5%
Construction	8%	9%
Motor trades	3%	3%
Wholesale	3%	4%
Retail	16%	12%
Transport & storage	3%	3%
Accommodation & food services	9%	8%
Information & communication	4%	4%
Finance & insurance	2%	2%
Property	3%	3%
Professional, scientific & technical	15%	15%
Business admin & support	5%	6%
Public admin & defence	1%	2%
Education	3%	3%
Health	10%	6%
Arts, entertainment & other services	9%	7%
Total	2,000	198,300

Source: ONS, UK Business: Activity, Size and Location

Total Employment

- There were 27,400 people working in Inverclyde in 2012, representing about 1.2% of the Scottish workforce
- There has been a net decline in employment in Inverclyde since 2009, which has been more pronounced than that of Scotland.

Total Employment 2009-12

	2009	2012	Change Nos.	Change %
Inverclyde	29,300	27,400	-1,900	-6%
Scotland	2,523,100	2,425,900	-97,100	-4%

Source: Business Register and Employment Survey . Excludes self-employed

Industrial Structure

- Largest employing sectors – Health, Retail, Business Services, Education
- Education and Retail dominate top 20 employing industries
- Inverclyde also has a high concentration of employment in financial and business services - one of the Scottish government growth sectors

Growth Sector Employment 2012

	Employment in Inverclyde	% share of jobs	Specialisation (relative to Scotland)
Food & Drink	400	1%	30%
Financial & Business Services	3,400	12%	140%
Life Sciences	*	*	*
Energy	*	*	*
Tourism	1,700	6%	83%
Creative Industries	400	1%	54%
All growth sector	5,900	22%	

Source: Scottish Government Growth Sector Database; SQW Calculations

* Denotes disclosive data.

Occupational Profile

- Less likely to be employed in Managerial, Admin
- More likely to be employed in Caring et al, Sales, Elementary occupations

Employment by Occupation 2013

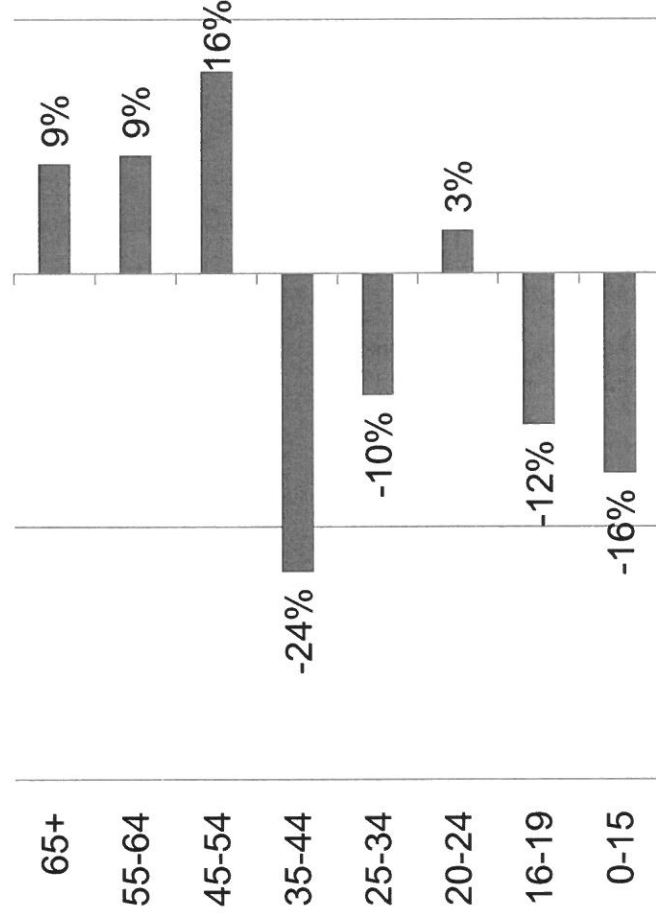
	Inverclyde		Scotland	
	Total	%	Total	%
Managers, Directors & Senior Officials	2,100	6%	211,000	9%
Professional Occupations	6,600	19%	490,800	20%
Associate Prof & Tech	4,200	13%	314,100	13%
Administrative and Secretarial	3,200	9%	269,200	11%
Skilled Trades Occupations	3,500	10%	273,400	11%
Caring, leisure and other service occupation	3,700	11%	230,400	9%
Sales and Customer Service	3,500	11%	223,600	9%
Process, plant and machine operatives	1,800	5%	158,100	6%
Elementary occupations	4,500	13%	282,000	11%
Total	33,100	100%	2,452,600	100%

Source: Annual Population Survey

Population

- The population in Inverclyde has fallen compared to a rise nationally (-4% compared to a rise of 5% in Scotland).
- Inverclyde is home to a relatively high share of adults in their 40s and 50s and more residents at or approaching retirement age, when compared to the Scottish population as a whole.
- The greatest population increases in Inverclyde over the coming decade are expected to be amongst those aged 45-54.

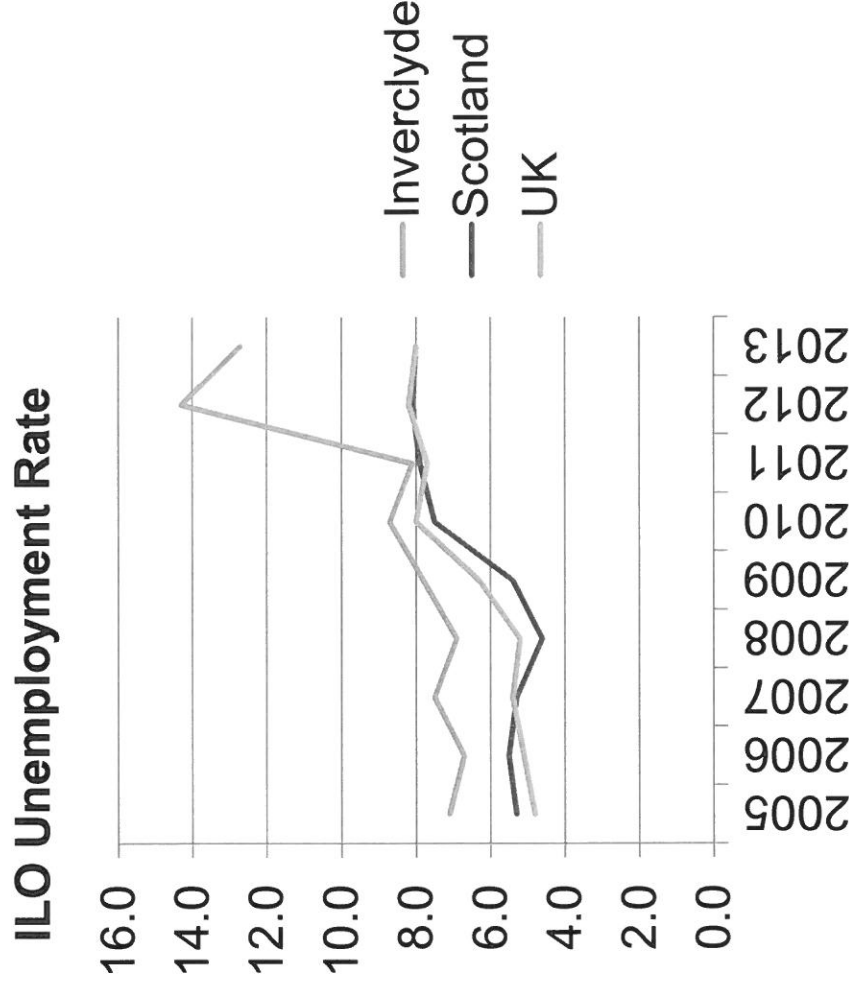
Projected Population Change by Age 2012-2022



Source: General Register Office for Scotland

Labour Market Participation

- Employment rate - 66%, lower than Scotland at 71%
- Unemployment - consistently above the national average, large increase in 2011/12
- Particularly badly impacted by recession:
 - Sharp decline in employment rate, rising unemployment since 2008
 - Particularly marked amongst young people, although evidence to suggest youth unemployment is now falling



Source: Annual Population Survey

Qualifications and Attainment

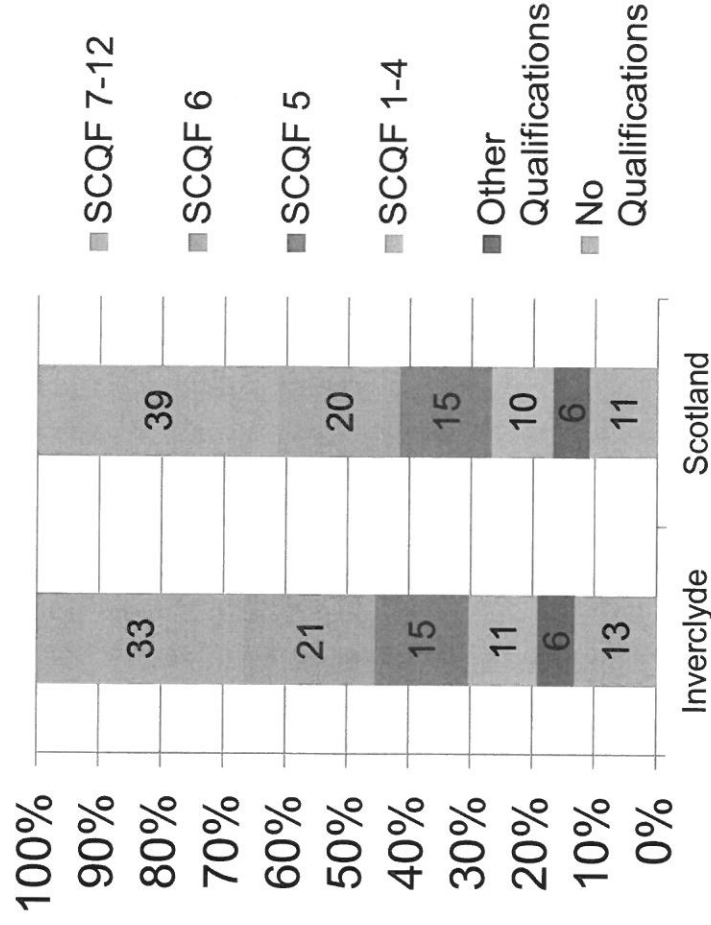
- Since the start of the recession, many more school leavers have been choosing to remain in education rather than enter the labour market.

- School leavers are less likely to go into higher education, and more likely to enter further education or employment, than their counterparts across the rest of Scotland.

- Young people less likely to have higher level qualifications

- When looking at the working age population as a whole, a lower share of Inverclyde residents have higher level qualifications

Qualification profile of the working age population (16-64) 2012

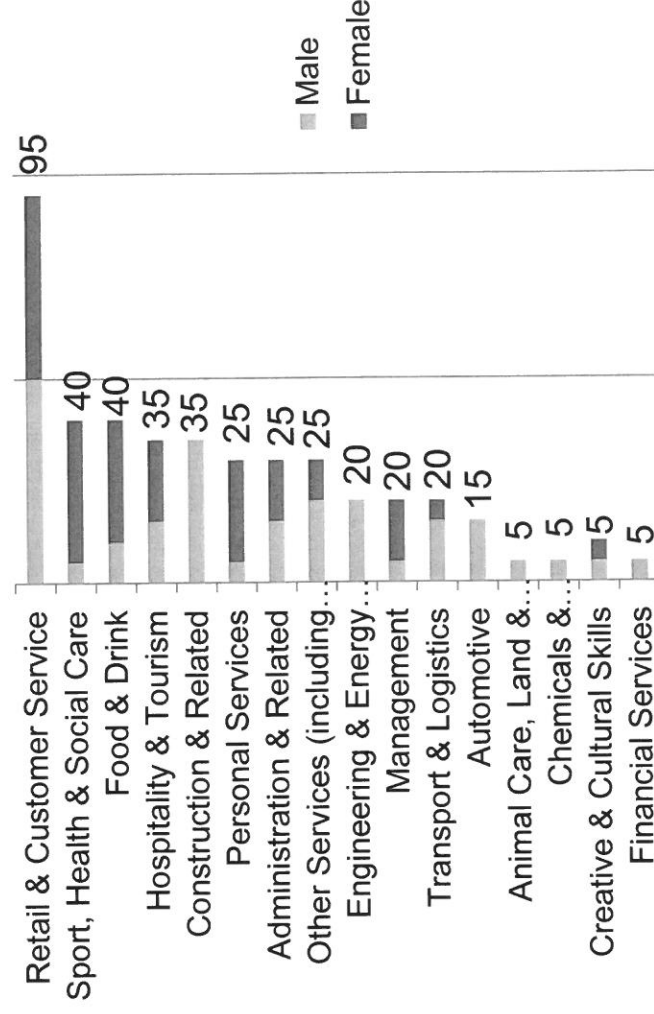


Source: Annual Population Survey

Modern Apprenticeships

- Over 385 Inverclyde residents started a Modern Apprenticeship (MA) in 2013/14 – 31% more than in 2010/11.
- The most common MA frameworks taken up by Inverclyde residents were retail, sport, health & social care and food & drink, in 2013/14.

Top 20 MA Frameworks in Inverclyde 2013/14

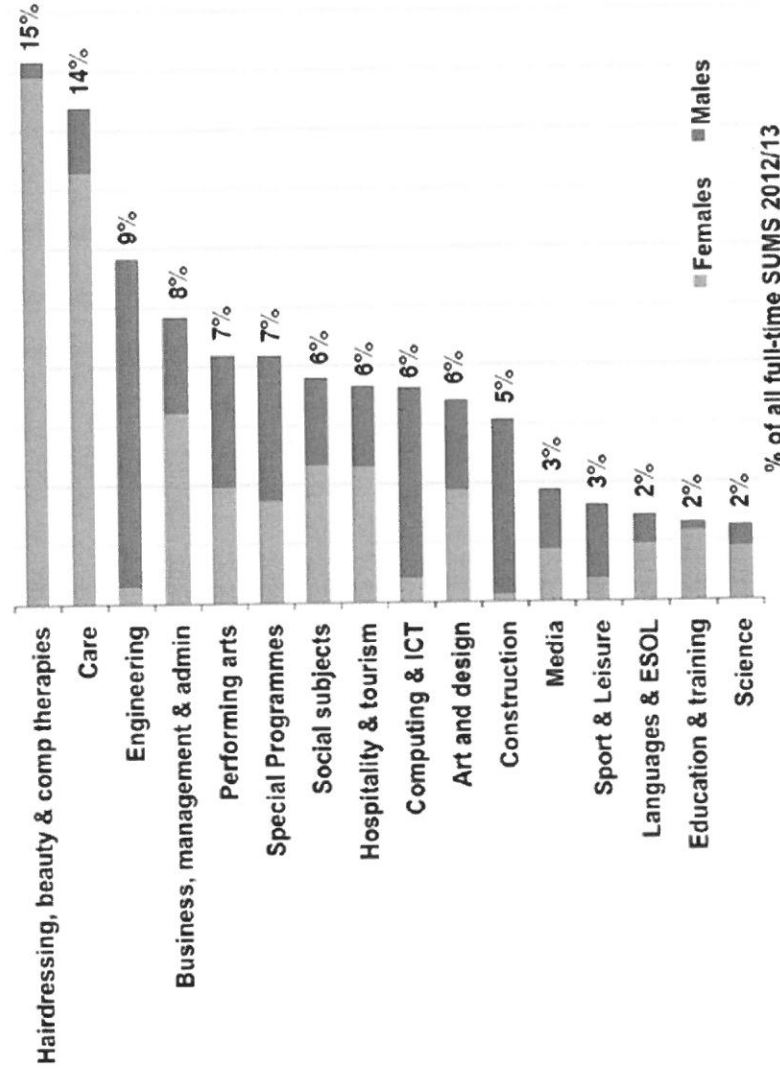


Source: Skills Development Scotland
 Total MA Starts in 2013/14 = 385
 Based on the home area of trainees

College Provision

- Care and Engineering are the top subjects for part-time students at West College Scotland.
- The top three subject areas for full-time students were hairdressing, beauty & complementary therapies, care and engineering

Full-time provision at West region colleges by subject area 2012/13



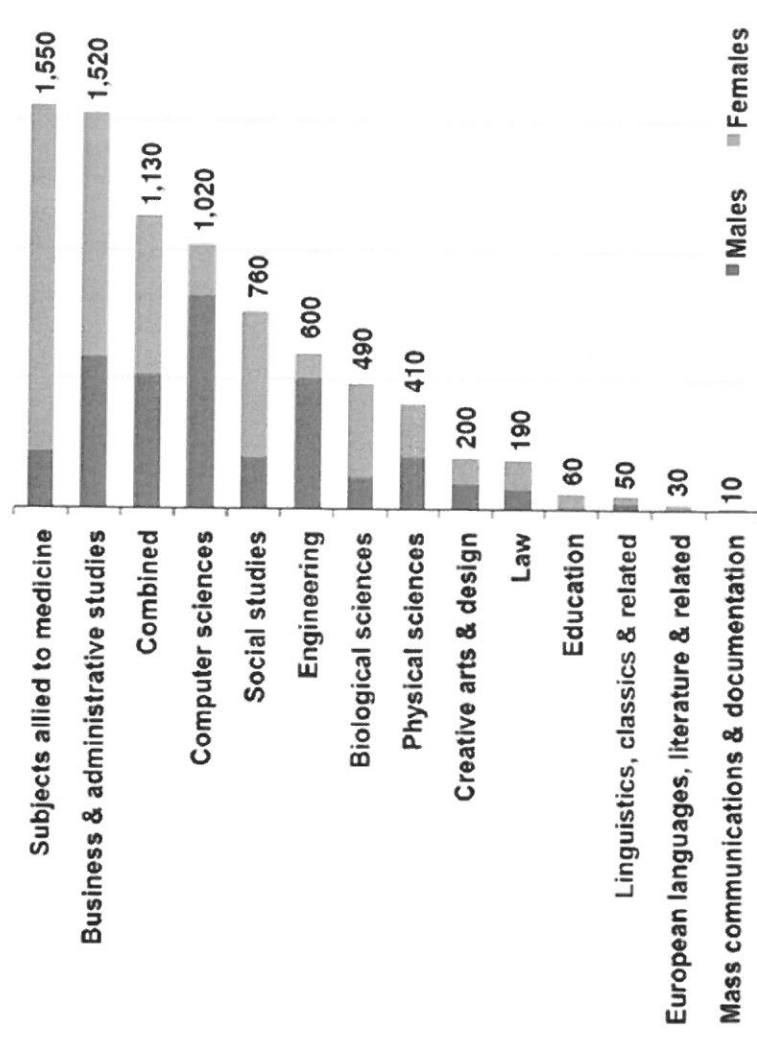
Source: Scottish Funding Council

Base: Total SUMs for full-time students, 123,300

University Provision

The most popular subjects for students were subjects allied to medicine, business & administrative studies and combined degrees.

Enrolments at the University of the West of Scotland (Paisley campus) by subject 2012/13



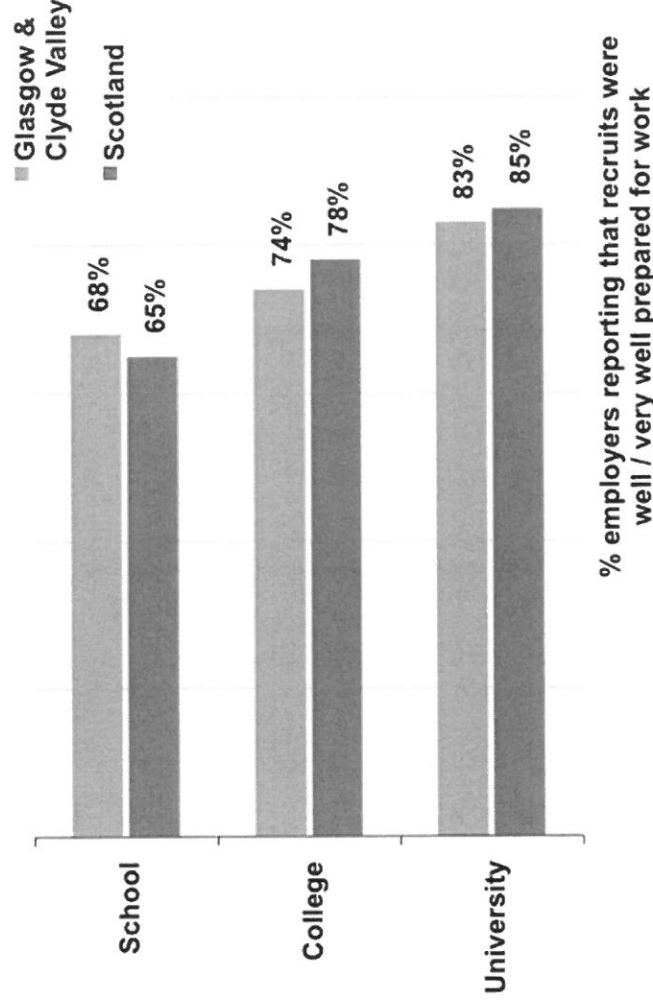
Students at the University of the West of Scotland 2012/13

Source: Scottish Funding Council

Recruitment Activity

- The majority of employers in Glasgow & Clyde Valley have recruited in the past 2-3 years and many have taken on leavers from Scottish education institutions
- Most employers recruiting leavers from Scottish schools, colleges and universities report that the recruits are well or very well prepared for work
- Of those employers that report leavers from Scottish education to be poorly prepared, the main reasons cited were a lack of world / life experience, poor attitude or lack of motivation or lack of required skills or competencies

Work-readiness of Scottish education leavers

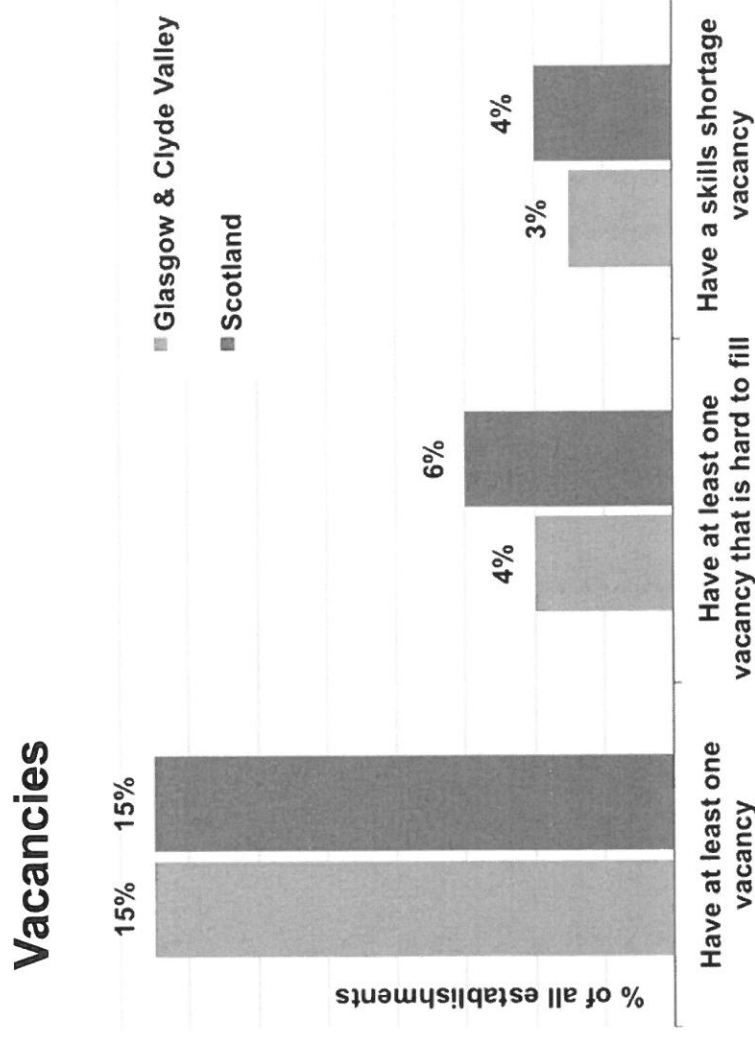


Source: UKCES Employer Skills Survey 2013

Base: All establishments that have recruited from Scottish education leavers

Vacancies

- The proportion of employers with hard to fill and skills shortage vacancies is slightly lower in Glasgow & Clyde Valley than across Scotland.
- Overall, hard-to-fill and skills shortage vacancies accounted for less than 1% of the total workforce in both Glasgow & Clyde Valley and Scotland



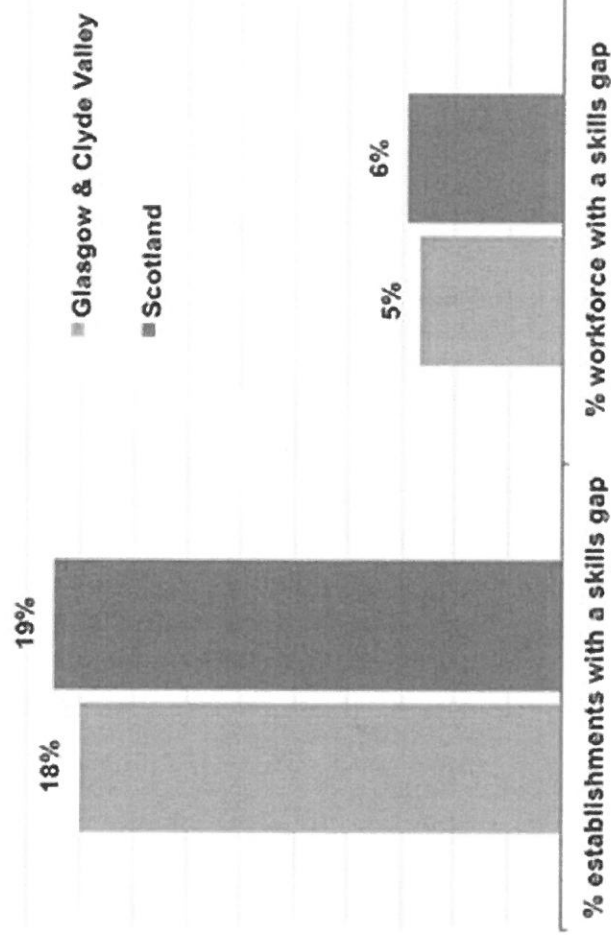
Source: UKCES Employer Skills Survey 2013

Base: All establishments

Skills Gaps

- Around one fifth of employers reported that not all of their staff were fully proficient
- The majority of employers reporting a skills gap say that this is having an impact on how their business performs.

Skills gaps



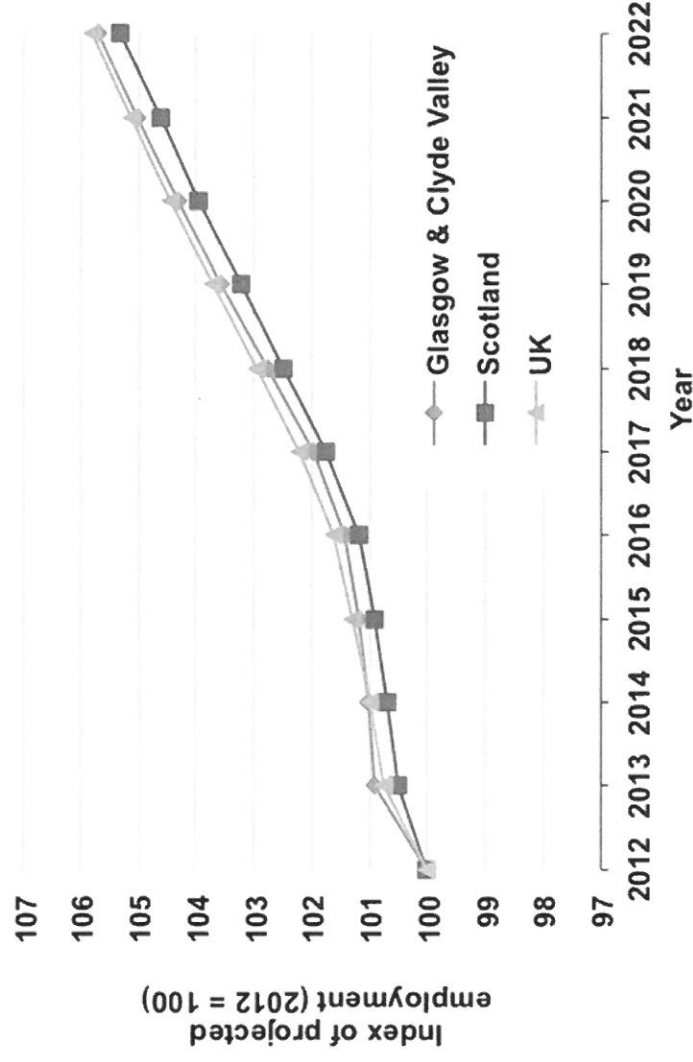
Source: UKCES Employer Skills Survey 2013

Bases: All establishments; all employment

Employment Outlook

- Employment in Glasgow & Clyde Valley is expected to remain stable until 2016 and then increase steadily to 2022 at a pace in line with Scotland and UK

Index of forecast employment 2012-2022

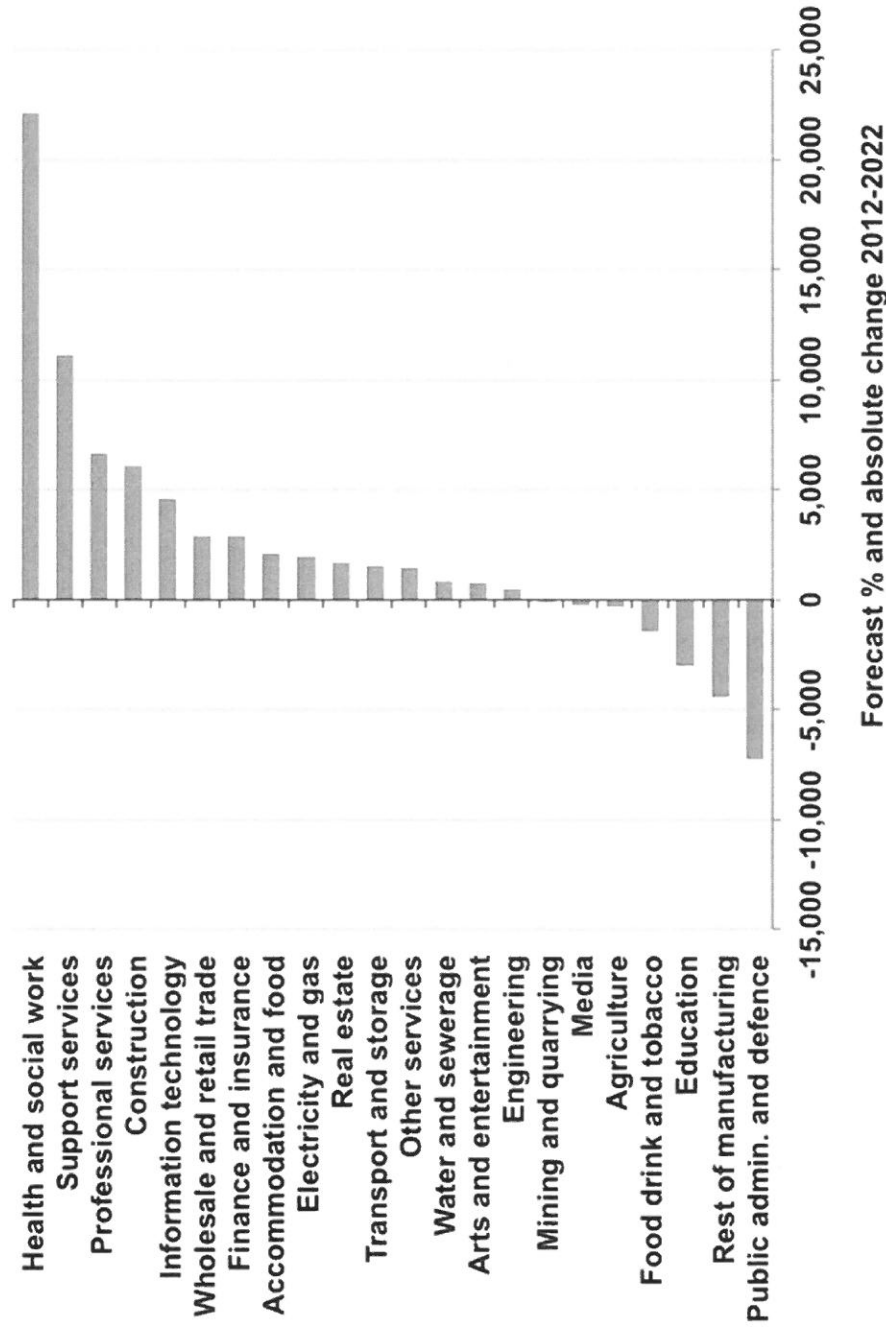


Source: Working Futures 2012-2022

Sectoral Outlook

- The greatest employment increases in Glasgow & Clyde Valley over the coming decade are expected to come from health and social work, support and professional services and construction.

Forecast net employment change 2012-2022



Source: Working Futures 2012-2022

Occupational Structure and

Replacement Demand

- Replacement demand will result in almost 350,000 job openings in the region over the coming decade. These openings will occur across all types of jobs, including those that are expected to decline in net terms

Expansion and replacement demand by occupation in Glasgow & Clyde Valley 2012-2022

	Expansion Demand	Replacement Demand	Total to 2022	% of Total
Managers, Directors and Senior Officials	13,800	32,900	46,700	12%
Professionals	35,700	69,800	105,400	27%
Associate Professional and technical	15,400	39,600	55,000	14%
Admin and secretarial	-13,100	48,400	35,300	9%
Skilled Trades	-8,900	32,500	23,600	6%
Caring, leisure and other service	19,000	31,700	50,700	13%
Sales and customer service	-2,000	28,400	26,400	7%
Operatives	-7,300	19,900	12,600	3%
Elementary	-2,100	43,100	41,000	10%
Total	50,500	346,300	396,800	100%

Source: Working Futures 2012-2022

All figures have been rounded to the nearest 100 and percentage calculations have been carried out on the unrounded figures

Demand for Qualifications

- The majority of job openings in Glasgow & Clyde Valley over the coming decade will require individuals with higher level skills and qualifications. There will be limited opportunities available to those with no qualifications at all.

Demand for qualifications in Glasgow & Clyde Valley 2012-2022

	Expansion Demand	Replacement Demand	Net Requirement to 2022	% of Net Requirement
No qualifications	-20,300	21,800	1,600	0%
SCQF 1-4	-19,100	35,500	16,400	4%
SCQF 5	-18,500	59,500	41,000	10%
SCQF 6	-25,000	72,900	47,900	12%
SCQF 7-10	101,000	128,600	229,600	58%
SCQF 11-12	32,400	28,000	60,300	15%
Total	50,500	346,300	396,800	100%

Source: Working Futures 2012-2022

All figures have been rounded to the nearest 100 and percentage calculations have been carried out on the unrounded figures



Next Steps and Discussion

RSAs - WHAT NEXT?

PROGRESS

SDS	SFC	REGIONAL PLANNING	REVIEW
Align investment, products and services National Training Programmes CIAG Employer Engagement	2015/16 ROAs 2016/17 April/May – Develop Guidance Summer - Data refresh August-Feb - Devt of ROAs	Aberdeen City and Shire Regional Skills Strategy June 2015 Early discussion with Glasgow and Clyde Valley City Deal	TERU Scope, content, geography and process Engagement May 2015

Further Information

<http://www.skillsdevelopmentscotland.co.uk/resources/regional-skills-assessments>

<http://www.skillsdevelopmentscotland.co.uk/resources/skills-investment-plans>

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Discussion

- To what extent are RSAs known about within your organisations?
- How are you using – or how could you use - the evidence in RSAs to help inform your skills planning?
- How could they be strengthened?
- In what other ways could we, in SDS, work with you to support you in skills investment planning?
 - At Inverclyde level?
 - At Glasgow and Clyde Valley level?