Inverclyde council

AGENDA ITEM NO: 16

Report To:	**Policy and Resources Committee**	**Date:**	**18/09/12**
Report By:	**Chair of Single Outcome Agreement Programme Board**	**Report No:**	PR069/12/AH/MMcK
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Subject:	**Revised Single Outcome Agreement 2012 - 17**		

1.0 PURPOSE

1.1 The purpose of this report is to present to the Policy and Resources Committee a revised Inverclyde Alliance Single Outcome Agreement to cover the period 2012 – 17.

2.0 SUMMARY

2.1 The Inverclyde Alliance Board agreed the Inverclyde Alliance Single Outcome Agreement (SOA) 2009 – 11 at its meeting on the 29th of April 2009. The Policy and Resources Committee endorsed the SOA on the 26th of May 2009. The SOA has been successful in helping to shape partnership working in Inverclyde around eight community outcomes.

2.2 At the Alliance Board meeting on the 19th of December 2011 the Board agreed that the Inverclyde Alliance SOA 2009 – 11 would continue as the key guiding document for Community Planning until a revised SOA was drafted.

2.3 Attached at Appendix One is the new revised SOA 2012 – 17, which was agreed at the Alliance Board meeting on the 18th of June 2012. It builds on the success of the previous SOA, and presents a new vision for Inverclyde:

'Getting it right for every Child, Citizen and Community'

This means that the Alliance will work in partnership to create a confident, inclusive Inverclyde with safe and sustainable, healthy, nurtured communities, and a thriving, prosperous economy, with active citizens who are resilient, respected and responsible and able to make a positive contribution to the area.

This vision builds on the Scottish Government's framework for 'Getting it Right for Every Child', and the revised SOA adopts the wellbeing indicators set out in this framework to ensure that all our children, citizens and communities are safe, healthy, achieving, nurtured, active, respected, responsible and included.

2.4 Eight SOA outcomes remain, but two of these have been collapsed together and a new outcome

regarding improving public services has been added. The eight outcomes proposed for Inverclyde are now:

1. Inverclyde's population is stable with a good balance of socio-economic groups.
2. Communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life.
3. The area's economic regeneration is secured, economic activity in Inverclyde is increased, and skills development enables both those in work and those furthest from the labour market to realise their full potential.
4. The health of local people is improved, combating health inequality and promoting healthy lifestyles.
5. A positive culture change will have taken place in Inverclyde in attitudes to alcohol, resulting in fewer associated health problems, social problems and reduced crime rates.
6. A nurturing Inverclyde gives all our children and young people the best possible start in life.
7. Inverclyde is a place where people want to live now whilst at the same time safeguarding the environment for future generations.
8. Our public services are high quality, continually improving, efficient and responsive to local people's needs.

2.5 The Scottish Government and CoSLA are currently undertaking a review of Community Planning and Single Outcome Agreements. The latest update on this review suggests that new guidance for SOAs will be published in Autumn 2012, with updated SOAs to be agreed in April 2013. This does not remove the need for the Alliance to have a current strategic document to guide its work. It is suggested that the attached revised SOA is endorsed by the Committee, and any significant changes required will be made and presented after the Alliance Board has agreed the revised document in April 2013.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Policy and Resources Committee:

a. Endorse the attached revised Inverclyde Alliance Single Outcome Agreement 2012 – 17 on behalf of the Council.

John Mundell
Chair of the SOA Programme Board

4.0 BACKGROUND

4.1 The Scottish Government in September 2007 issued a report Principles and Priorities which was in effect the programme for government. The programme established five strategic objectives for delivery. It was recognised at that point that in order to deliver the respective objectives and commitments there was a dependence on public sector organisations and a Concordat was agreed between Scottish Government and CoSLA's Presidential Team.

4.2 The Scottish Government set out that it was committed to giving more flexibility to Councils on how they spend money and provide services in return for the clear commitments from local authorities to a suite of outcomes that are important to the delivery of national policies. As part of this process it was suggested within the Concordat that individual Councils would establish and produce Single Outcome Agreements with effect from 1 April, 2008.

4.3 The initial requirement was for Council's to have an SOA in place and agreed with the Scottish Government in 2008 and this was agreed in June 2008. The SOA was then developed to extend to all partners within the Community Planning Partnership, the Inverclyde Alliance.

4.4 The Inverclyde Alliance Single Outcome Agreement 2009 – 11 was agreed at the Alliance Board meeting on the 29th of April 2009, with the full support of all partners.

4.5 Significant work has taken place to develop partnership working which contributes to the delivery of the outcomes agreed in the SOA, and this has informed the development of the attached revised Single Outcome Agreement for Inverclyde, covering the period 2012 – 17. It is recognised that the Outcomes will not be delivered in the five year timescale of this document, but the SOA provides a strategic direction for partnership working to make a positive difference for the communities of Inverclyde.

4.6 All partners have been given the opportunity to engage in the revision of the SOA, and we believe that the attached document reflects partner perspectives where appropriate.

5.0 KEY CHANGES TO THE SOA

5.1 There are a number of changes to the SOA, which reflect how partnership working has been developing in Inverclyde as well as developments at a national level.

5.2 The vision for Inverclyde has been amended and is now:

'Getting it right for every Child, Citizen and Community'

This means that the Alliance will work in partnership to create a confident, inclusive Inverclyde with safe and sustainable, healthy, nurtured communities, and a thriving, prosperous economy, with active citizens who are resilient, respected and responsible and able to make a positive contribution to the area.

5.3 To deliver this vision, the Inverclyde Alliance, has agreed, with its communities, a number of strategic local outcomes:

1. Inverclyde's population is stable with a good balance of socio-economic groups.
2. Communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life.
3. The area's economic regeneration is secured, economic activity in Inverclyde is increased, and skills development enables both those in work and those furthest from the labour market to realise their full potential.
4. The health of local people is improved, combating health inequality and promoting healthy lifestyles.

5. A positive culture change will have taken place in Inverclyde in attitudes to alcohol, resulting in fewer associated health problems, social problems and reduced crime rates.
6. A nurturing Inverclyde gives all our children and young people the best possible start in life.
7. Inverclyde is a place where people want to live now whilst at the same time safeguarding the environment for future generations.
8. Our public services are high quality, continually improving, efficient and responsive to local people's needs.

Outcome 3 is now a combination of what were outcomes 3 and 4, as much of the work taking place in regard to economic regeneration and employability is very cross cutting.

Outcome 8 has been introduced in order to capture how partnership working is developing our local public services to better meet the needs of our local communities.

5.4 The SOA continues to set out the context in which these local outcomes have been developed, identifying the priorities and issues which affect the lives of the people of Inverclyde. The outcomes, when achieved, will improve the quality of life and the wellbeing of the people who live here, whilst tackling the inequalities which exist across the area.

5.5 Ongoing community engagement has also been used to inform the SOA, and communities continue to see the relevance of these outcomes in making Inverclyde a better place to live.

5.6 This SOA is Inverclyde's delivery plan for the next five years. It is not just a planning and performance management regime, it aims to deliver the vision through partnership working. Over time this SOA will help us to align overall public sector spend towards the delivery of the long term outcomes set out. This does not mean that other key service areas will not be funded or delivered. The point of this SOA is to have a jointly agreed approach to all working together on the issues which are preventing Inverclyde from thriving. This includes the pooling of resources and the modernisation and reconfiguration of services.

6.0 IMPLICATIONS

6.1 Legal: None

Finance: None

Personnel: None

Equality and Diversity: an Equality Impact Assessment of the Single Outcome Agreement was carried out by the SOA Programme Board at its meeting on the 24th of August. No major negative impacts were identified.

7.0 CONSULTATIONS

7.1 There has been ongoing engagement in regard to the outcomes set out in the SOA with Communities, and all partners have been consulted in the development of the revised document.

8.0 LIST OF BACKGROUND PAPERS

8.1 Inverclyde Alliance's Final Single Outcome Agreement, Interim Report and Qualitative Assessment, Policy and Resources Committee, 26 May 2009.

Inverclyde Alliance Single Outcome Agreement 2012 – 2017

Inverclyde Together

This document can be made available in other languages, large print, and audio format upon request.

Arabic

هذه الوثيقة متاحة أيضا بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة سمعية عند الطلب.

Cantonese

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

Gaelic

Tha an sgrìobhainn seo cuideachd ri fhaotainn ann an cànanan eile, clò nas motha agus air teip ma tha sibh ga iarraidh.

Hindi

अनुरोध पर यह दस्तावेज़ अन्य भाषाओं में, बड़े अक्षरों की छपाई और सुनने वाले माध्यम पर भी उपलब्ध है

Mandarin

本文件也可应要求，制作成其它语文或特大字体版本，也可制作成录音带。

Polish

Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku lub w formacie audio.

Punjabi

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਅਤੇ ਆਡੀਓ ਟੇਪ 'ਤੇ ਰਿਕਰਾਡ ਹੋਇਆ ਵੀ ਮੰਗ ਕੇ ਲਿਆ ਜਾ ਸਕਦਾ ਹੈ।

Urdu

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

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1. Foreword

Councillor Stephen McCabe, Leader of Inverclyde Council and Chair of Inverclyde Alliance:

As Chair of the Inverclyde Alliance, the Inverclyde Community Planning Partnership, I am delighted to introduce Inverclyde's Single Outcome Agreement 2012 – 2017.

The Alliance, working together, has made great progress in delivering against the outcomes agreed in 2008/9, and as Chair I want to continue to lead the partnership in delivering the support and services our communities need to tackle inequalities and develop the best quality of life for the people of Inverclyde.

Since the first SOA the Alliance has continued to develop even stronger partnership working, with each organisation involved fully committed to making a difference for Inverclyde's communities. All partners are focussed on the eight core priority areas set out in the local outcomes, and recognise the value in working together to reduce duplication, pool resources and develop joint services.

Communities themselves have been engaged over the life of the last SOA, to ensure that the agreed outcomes are still the right ones, which will make the most difference to people's lives. Communities have also been asked how they can contribute to the delivery of the local outcomes, as we all recognise that communities themselves have many of the answers to the problems still experienced by many in the area.

With the move towards early intervention, community empowerment and co-production, it is important that communities are fully involved in the delivery of the outcomes for the neighbourhoods of Inverclyde.

The Alliance recognises the ongoing challenges in the economy have slowed progress in delivering the eight local outcomes. Partnership working is even more important now than it has ever been, with the need to deliver better, more targeted services together, using shared budgets where possible. We will continue to develop co-ordinated, effective, efficient services together, that meet the needs of our communities.

Councillor Stephen McCabe
Chair of Inverclyde Alliance Board
Leader of Inverclyde Council

2. Executive Summary

The Community Planning Partnership vision for Inverclyde is:

'Getting it right for every Child, Citizen and Community'

This means that the Alliance will work in partnership to create a confident, inclusive Inverclyde with safe and sustainable, healthy, nurtured communities, and a thriving, prosperous economy, with active citizens who are resilient, respected and responsible and able to make a positive contribution to the area.

To deliver this vision, the Inverclyde Alliance, has agreed, with its communities, a number of strategic local outcomes:

9. Inverclyde's population is stable with a good balance of socio-economic groups.
10. Communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life.
11. The area's economic regeneration is secured, economic activity in Inverclyde is increased, and skills development enables both those in work and those furthest from the labour market to realise their full potential.
12. The health of local people is improved, combating health inequality and promoting healthy lifestyles.
13. A positive culture change will have taken place in Inverclyde in attitudes to alcohol, resulting in fewer associated health problems, social problems and reduced crime rates.
14. A nurturing Inverclyde gives all our children and young people the best possible start in life.
15. Inverclyde is a place where people want to live now whilst at the same time safeguarding the environment for future generations.
16. Our public services are high quality, continually improving, efficient and responsive to local people's needs.

This Single Outcome Agreement (SOA) sets out the context in which these local outcomes have been developed, identifying the priorities and issues which affect the lives of the people of Inverclyde. The outcomes, when achieved, will improve the quality of life and the wellbeing of the people who live here, whilst tackling the inequalities which exist across the area.

The SOA has been developed and agreed with all the organisations who are members of the Inverclyde Alliance, as well as with communities across the area, to ensure it reflects the needs and aspirations of those who live in the area.

The SOA is an agreement between the Inverclyde Alliance and the Scottish Government, with all signatories to the agreement formally committed to working towards the delivery of the local outcomes. They will also have regard for the outcomes in the planning of their services and use of their resources.

There are accountable partnership structures in place to implement this SOA. At an Inverclyde level the Alliance Board holds the SOA Programme Board to account for the delivery of the outcomes set out in this agreement. Outcome Delivery Groups oversee the delivery of the more specific actions which require to be delivered in order to achieve the outcomes.

This SOA is Inverclyde's delivery plan for the next five years of its Community Plan, 'Inspiring Inverclyde'. It is not just a planning and performance management regime, it aims to deliver the vision through partnership working. Over time this SOA will help us to align overall public sector

spend towards the delivery of the long term outcomes set out in the Community Plan. This does not mean that other key service areas will not be funded or delivered. The point of this SOA is to have a jointly agreed approach to all working together on the issues which are preventing Inverclyde from thriving. This includes the pooling of resources and the modernisation and reconfiguration of services.

3. Introduction

3.1 The Purpose and Scope of this Single Outcome Agreement

The purpose of this Single Outcome Agreement (SOA) is to bring a partnership focus on outcomes which are important for the wellbeing and quality of life of Inverclyde's Citizens. All Community Planning Partners have signed up to these local outcomes and are working in partnership to achieve them. This commonality of purpose is ensuring that partners work better together, and look for ways to pool and share resources to achieve common aims.

The outcomes were developed with communities through community engagement on the Community Plan and specifically for this SOA. These outcomes were recently tested again through the Citizens' Panel and through Community Engagement throughout 2010 and 2011, and through an officer review, and remain priority areas for the communities of Inverclyde.

Each of the eight Local Outcomes link directly to the delivery of the majority of the Scottish Government's National Outcomes.

The SOA is an agreement between the Inverclyde Alliance and the Scottish Government – both of whom have mutual accountability for the delivery of the outcomes set out here. The Inverclyde Alliance Board is made up of the following members:

- Community Councils Forum
- Greater Glasgow and Clyde NHS
- Greenock Chamber of Commerce
- Greenock and District Trades Council
- Inverclyde Council
- James Watt College
- Job Centre Plus
- Skills Development Scotland
- Strathclyde Fire and Rescue
- Scottish Enterprise
- Strathclyde Partnership for Transport
- Strathclyde Police
- CVS Inverclyde
- The Scottish Government

There are a number of other partner agencies who are involved in the delivery of the outcomes including Riverside Inverclyde, River Clyde Homes and Inverclyde Leisure, among others.

Each of these organisations has made a commitment to delivering the outcomes for Inverclyde and the SOA covers all the services delivered by partners operating within the Inverclyde Alliance.

The SOA will run on a five year rolling basis, while being subject to annual reviews and sits within the Council's, public bodies' and Scottish Government's duties in relation to Community Planning, Best Value, equalities and sustainable development, as set out below.

The SOA has been, and will continue to be, developed in consultation and through engagement with all relevant stakeholders and the communities of Inverclyde.

3.1.1 Community Planning

This SOA sits firmly within the Council and relevant public agencies' duties for Community Planning as set out in the Local Government in Scotland Act 2003. It has been informed by the Inverclyde Alliance Community Plan, and is essentially the five year delivery plan for the longer term outcomes set out in the Community Plan. Partnership working in Inverclyde has been developing well over the last few years and the SOA continues to facilitate this development.

3.1.2 Best Value and Continuous Improvement

All the actions which require to be delivered to achieve the vision set out in the Community Plan and the SOA are subject to consideration of Best Value principles, particularly in maintaining a balance between the quality of the service delivered and the cost of delivery. Partners will strive to achieve continuous improvement in the performance of all their functions. We will ensure that there is improvement in the actual outcomes as well as improvement in the process of delivering services, applying the 4 'Es': efficiency, effectiveness, economy and equal opportunities. This is captured in, and will be performance managed under, the national and local outcome 'our public services are high quality, continually improving, efficient and responsive to local people's needs'.

Everything that the Inverclyde Alliance delivers aims to continually improve on what the Alliance as a partnership does, and also what each agency and organisation does. By promoting better efficiency, better partnership working, and reducing duplication of effort and spend, we should be continuously improving Inverclyde for all those who live in, work in and visit the area.

Community Planning can add value to existing joint working by providing a local strategic framework, set out in this SOA and the Community Plan, and building a culture of co-operation and trust. Joint commissioning and procurement can also add value, and contribute to maximising returns at a local level, benefiting the area.

This is assisted by increasing understanding, between all the partner agencies and the community, of the services delivered by each agency or organisation, about the challenges in delivering those services, whether they be regarding resources or particular issues, and about their ways of working. This all contributes to the modernisation and transformation of public services.

3.1.3 Equality and Diversity

An equal society seeks equality in the freedoms that people have to lead a fulfilling life.

The Inverclyde Alliance has adopted the Equalities Review definition of an equal society:

> **'An equal society protects and promotes equal, real freedom and substantive opportunity to live in the ways people value and would choose, so that everyone can flourish.**
>
> **An equal society recognises people's different needs, situations and goals and removes the barriers that limit what people can do and can be.'**

The Equality Act 2010 also informs how we deliver the SOA, and in the delivery of the outcomes all partners will have due regard to the need to:

- Eliminate discrimination, victimisation, harassment or other unlawful conduct that is prohibited under the Equality Act 2010;
- Advance equality of opportunity between people who share a characteristic and those who do not; and
- Foster good relations between people who share a relevant protected characteristic and those who do not.

Inverclyde Alliance partners will be mindful of the particular needs of people with protected characteristics covering age, disability, sex, gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation. They will work to remove barriers and to advance equality of opportunity, particularly around the inequalities present in society, including poverty and health inequalities.

There is a role for the partners involved in the Inverclyde Alliance to enable residents of Inverclyde to overcome prejudice and bias. If the Alliance gets it right it can create the conditions to free the aspirations of those trapped by persistent disadvantage. Underpinning our vision for Inverclyde is equality in everything we do and working towards reducing inequalities across social, economic and health factors . It is important to develop active measures to implement the legislation and opportunities the equality agenda brings.

We will impact assess the delivery of the SOA to ensure services are fair and can be accessed by those who need to use them and that they will not discriminate against anyone. This is especially true of people who are socially and economically disadvantaged.

We will use the equality legislation as a guide to the delivery of the SOA to achieve freedom from poverty, discrimination and disadvantage, but also freedom to be able to achieve things that, individually, matter most to us.

3.1.4 Sustainable Development

The UK shared framework for sustainable development sets out a common goal for sustainable development across the UK:

“to enable all people throughout the world to satisfy their basic needs and enjoy a better quality of life without compromising the quality of life of future generations”

Developing sustainability means ensuring that our actions today do not limit our quality of life in the future. This means ensuring that we don’t damage our environment for future generations, but also includes consideration of social inclusion and economic development.

We will be mindful of all the elements of sustainable development in the delivery of this SOA, for example we will ensure that developments do not have a negative impact on the environment, that where possible they will protect and enhance biodiversity, reduce carbon emissions, they will work towards reducing consumption and waste, promote the use of public transport over individual car journeys and manage property better to ensure less use of energy.

The achievement of the outcomes set out in this SOA will contribute to the delivery of the three strands of sustainable development with a focus on social and economic regeneration and assessment of the environmental impact of any work carried out to tackle poverty.

3.1.5 Community Engagement

Community Engagement is a fundamental principle of Community Planning in order to improve the planning and delivery of services, making them more responsive to the needs and aspirations of communities. The best way to ascertain those needs is through clear, well developed processes which follow the National Standards for Community Engagement, which have been adopted by the Alliance in its Community Engagement Strategy:

1. Involvement: we will identify and involve the people and organisations who have an interest in the focus of the engagement

2. Support: we will identify and overcome any barriers to involvement

3. Planning: we will gather evidence of the needs and available resources and use this evidence to agree the purpose, scope and timescale of the engagement and the actions to be taken

4. Methods: we will agree and use methods of engagement that are fit for purpose

5. Working Together: We will agree and use clear procedures that enable the participants to work with one another effectively and efficiently

6. Sharing Information: we will ensure that necessary information is communicated between the participants

7. Working With Others: we will work effectively with others with an interest in the engagement

8. Improvement: we will develop actively the skills, knowledge and confidence of all the participants

9. Feedback: we will feed back the results of the engagement to the wider community and agencies affected

10. Monitoring And Evaluation: we will monitor and evaluate whether the engagement achieves its purposes and meets the national standards for community engagement

This SOA has been informed by community engagement which has taken place across Inverclyde, facilitated by a wide range of partner organisations, promoting maximum participation. It strikes a balance between what communities have identified as priorities and what partners have evidenced as priorities using service user and wider statistical information. Partners have set out their priorities in their key operational, business and service plans, and these have been reflected in the development and agreement of the local strategic outcomes detailed in this agreement.

The Community Engagement and Capacity Building Network has rolled out a joint approach to community engagement across the CPP using the VOiCE toolkit in the development and delivery of engagement, which ensures that the Alliance follows the national standards. This has been adopted by all partners through the Inverclyde Alliance.

This Network had developed to now include Capacity Building within its remit, absorbing the Community Development Subgroup, in order to address the capacity building needs of communities, particularly in light of moves towards greater co-production of services with communities. Many of the most deprived communities in Inverclyde will require support to develop their ability and capability of being involved in developing and delivering their own outcomes, in partnership with public and third sector organisations.

4. Where are we now?

4.1 National context

4.1.1 Three social policies and public sector reform

The Scottish Government has three key social policies which link together to try to deliver the best outcomes for Scotland. These are:

- Achieving Our Potential[1]
- Early Years Framework [2]
- Equally Well[3]

All three documents focus on early intervention and prevention rather than focussing on what to do when a crisis happens. There is currently a shift in culture from dependency to active citizenship, where people should expect less from the state and more from themselves, their families and their communities. The solutions to the problems continuing to hamper society in Scotland are within communities themselves, and it is the role of the public, voluntary and private sector to support people to become more capable, more resilient and better able to deal with crises themselves.

Increasingly the roles of Community Capacity Building and Co-production are coming to the fore. Co-production goes well beyond user involvement or citizen engagement. It promotes equal partnership between service workers and those intended to benefit from their services – pooling different kinds of knowledge and skill, and working together.

Co-production is nothing new, but is an approach which can secure the best outcomes for people living in areas of multiple deprivation. Models of co-production are around a set of core values:

- recognising that people have assets, not just problems
- redefining work so that unpaid activities are valued and supported
- building reciprocity and mutual exchange
- strengthening and extending social networks.

By moving to a model of service delivery which involves communities more closely, the Alliance will be helping the people of Inverclyde to secure outcomes for themselves, building success and reducing the cost of failure.

The culture change taking place in Scotland is leading to realignment and prioritising of resources toward early intervention (as set out in the Christie Commission report on transforming public services), shifting the focus from crisis management to prevention, early identification and early intervention, whilst realistically recognising that crisis management will still be needed in the short to medium term. The scale of the changes required are massive and complex, but in order to secure the best outcomes for the most vulnerable people, in a time of unprecedented financial challenge, those changes will need to be made.

The combination of involving communities in service development and delivery and focussing on early intervention and prevention will require targeting the whole way that a community lives. This approach should make a difference to those areas in Inverclyde which have suffered persistent deprivation, having the worst poverty, health, education and employment outcomes, which prevent people living in those areas from having a good quality of life and wellbeing. It will improve their future prospects.

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[1] http://www.scotland.gov.uk/Publications/2008/11/20103815/0
[2] http://www.scotland.gov.uk/Publications/2009/01/13095148/0
[3] http://www.scotland.gov.uk/Publications/2008/06/25104032/0

Evidence set out in 'Making Better Places: Making Places Better'[4] around services targeted to individuals or universal services for large areas, shows that sustainable change has not been achievable across communities. Approaches now being developed point to targeted, integrated and holistic support and intervention at community level with communities who are experiencing interacting and mutually reinforcing negative outcomes.

We already have a co-production system in terms of outcomes in many communities within Inverclyde. Communities who are able and effective co-producers of outcomes with public services have very good lives in Scotland. They get real value out of schools, GPs, cultural and leisure assets, and so on. Those who are less able to 'co-produce' and use public services as a resource in their lives, experience many more negative outcomes.

A new approach is required rather than a specific solution ('solutions' being contrary to the nature of outcomes – there is no quick fix) . Improving outcomes is about working differently and more holistically with local communities, backed up by a clear evidence base and knowledge of local areas, and through engagement with those communities.

This approach is backed up by the 'Report on the Future Delivery Of Public Services' by the Commission chaired by Dr Campbell Christie[5]:

'evidence demonstrates the need for public services to become outcomes-focussed, integrated and collaborative. They must become transparent, community driven and designed around users' needs. They should focus on prevention and early intervention.'

The report also sets out principles informing how public services can become more effective and sustainable, capable of meeting the challenges ahead:

- 'Reforms must aim to empower individuals and communities receiving public services by involving them in the design and delivery of the services they use.
- Public service providers must be required to work much more closely in partnership, to integrate service provision and thus improve the outcomes they achieve.
- We must prioritise expenditure on public services which prevent negative outcomes from arising.
- And our whole system of services – public, third and private sectors – must become more efficient by reducing duplication and sharing services wherever possible.'

The Commission set out the ethos for public services that **'public services exist to support a fair and equal society, and to protect the most vulnerable,'** which must underpin everything that the Inverclyde Alliance does and links to the equality and diversity principles outlined above.

Services need to be designed and delivered with and for people, rather than forcing them into pre-determined systems, with a focus on fitting services to people, not people to services as is often the case at present.

The Commission recognises that spending in the past has been to alleviate social problems and tackle 'failure demand' – demand which could have been avoided by earlier preventative measures. In the past services have targeted the consequences not the causes of inequalities and the Commission argues that we can no longer afford to do this, if we ever could have afforded it.

[4] Making Better Place: Making Places Better; the Distribution of Positive and Negative Outcomes in Scotland (Mair, Zdeb and Markie. http://www.improvementservice.org.uk/library/823-christie-commission/view-category/
[5] http://www.scotland.gov.uk/Publications/2011/06/27154527/0

Going forward the public sector will require to reform around the following objectives:

- Engagement, empowerment and enablement
- Better co-ordination and integration
- Reduction in persistent problems and demand
- Performance improvement and transparency

The key objectives of the reform programme must be to ensure that:

- Public services are built around **people and communities**, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience;
- Public service organisations work together effectively to achieve outcomes;
- Public service organisations prioritise prevention, reducing inequalities and promoting equality; and
- All public services constantly seek to improve performance and reduce costs, and are open, transparent and accountable.

The Commission recommends community planning partners should:

- Ensure people and communities are involved directly in the development of key elements of the local partnership process, such as the development of priority local outcomes within a single outcome agreement;
- Develop and extend arrangements at a more local level (more local than the local authority area) which facilitate public engagement and participation in shaping priorities, and in the design and delivery of services; and
- Establish arrangements to enable all parties to a single outcome agreement to account to the public for their contribution to the achievement of outcomes in those area. Elected representatives should have a pivotal role to play in those arrangements.

The whole reform agenda will be challenging for organisations across the Community Planning Partnership, and a culture change is required to ensure public sector agencies engage in a more meaningful way with communities. This will require to be resourced, with funding requiring to be prioritised towards third sector and public services who are able to help communities build their capacity and ability to engage with organisations.

Additionally, a move towards preventative spend will require disinvestment in other areas which may be unpalatable to communities and politicians. However, by engaging in robust engagement with communities, the difficulties facing organisations can be explained, and communities can take a role in helping facilitate the changes required.

4.1.2 Getting it Right for Every Child, Citizen and Community: A Nurturing Inverclyde

The Scottish Government introduced *Getting it right for every child* as the vehicle for achieving their social policy framework. *Getting it right for every child* (GIRFEC) is a national approach which is relevant to each and every child in Scotland and affects every practitioner working in children and family services in the public and voluntary sectors.

The Inverclyde Alliance would like to take this approach a step further and has made a commitment to get it right for every citizen and community, focussing on making Inverclyde a place which nurtures all its citizens, ensuring that everyone has the opportunity to have a good quality of life and good mental and physical wellbeing.

Recognising the cross cutting nature of the outcomes set out in the SOA and the GIRFEC wellbeing outcomes, wherever possible we will cross reference between the two. The wellbeing outcomes from GIRFEC, adapted to fit the wider community, are set out below.

We want all our citizens' to be:

Safe Protected from abuse, neglect or harm and supported when at risk. Enabled to understand and take responsibility for actions and choices. Having access to a safe environment to live and learn in.

Healthy Achieve high standards of physical and mental health and equality of access to suitable health care and protection, while being supported and encouraged to make healthy and safe choices.

Achieving Being supported and guided in lifelong learning. Having opportunities for the development of skills and knowledge to gain the highest standards of achievement in educational establishments, work , leisure or the community.

Nurtured Having a nurturing place to live and learn, and the opportunity to build positive relationships within a supporting and supported community.

Active Having opportunities to take part in activities and experiences in educational establishments and the community, which contribute to a healthy life, growth and development.

Respected and Responsible Respected and share responsibilities. Citizens are involved in decision making and play an active role in improving the community.

Included Overcoming social, educational, health and economic inequalities and being valued as part of the community.

Key to these wellbeing outcomes is a move to prioritise early intervention approaches, as the many problems experienced by those citizens who live in the most deprived areas in Inverclyde will not be 'fixed' overnight. The Alliance will work to develop early intervention/preventative approaches, particularly around the three core areas set out in the Spending Review 2012/13 and Budget 2013/14, which are:

- Supporting adult social care
- Early years
- Tackling re-offending

Preventative approaches to supporting adult social care are being developed through the local Community Health and Care Partnership and through the local outcome focussing on tackling health inequalities. An aging population makes this an imperative for all agencies delivering on adult social care in Inverclyde, and approaches which will help the local population stay fit, active and independent as they age will ensure better outcomes for all older people.

Early Years early intervention and preventative approaches are being developed through the local outcome focussing on getting the best start in life for our young people, through the Integrated Children's Services Partnership. Our young people are our greatest resource and making sure that they have the support and care they need to grow up into responsible, caring, active, achieving adults is core to the business of all partners.

Approaches to tackling re-offending are already being addressed through the local outcome which focuses on social regeneration and area renewal, identifying whole systems approaches to dealing with youth offending. Again, supporting young people who get into trouble and diverting them from future negative outcomes ensure they have better opportunities in life, and those in the community around them do not experience negative impacts of offending behaviour.

Each of these areas are being supported by change funds being made available from the Scottish Government, which Inverclyde has access to a small proportion of. Partners will need to work better together to enhance any funding received from the change funds, to get better outcomes for these three areas. Additionally some of this funding has been diverted from other areas, which still requires partners to identify areas where we will disinvest, in order to afford a move to early intervention and preventative spend where possible.

4.1.3 Mental Health Improvement and Wellbeing

Good mental health and wellbeing is crucial to ensuring that all our citizens are able to cope with life's stressors, and particularly in light of the ongoing challenging economic problems being experienced around the world. Mental health and well-being, particularly where this is to be sustained and improved upon, requires everyone to recognise they have a part to play.

The impact of welfare reform, continually rising unemployment and reducing budgets in public sector services may tip some families and individuals into financial difficulties and we need to ensure that people have the resilience and coping mechanisms to help them be able to deal with these future pressures without hitting crisis point. There is strong evidence suggesting people require much more in the way of promoting positive mental well-being in times of austerity augmented by the importance of public services working **with** communities, creating productive partnerships with individuals, communities and fellow agencies.

There are many things which we will not be able to control and in light of that we need to work out how we as organisations can cope with increased demand for our services (being mindful of the health and wellbeing of our employees) as well as supporting our communities to cope. There is growing evidence to suggest that if community planning partnerships invest in mental health improvement, they will save in other areas. Mental health improvement and subjective well-being can positively impact on outcomes related to life expectancy, chronic disease, alcohol and drug use, and pro-social behaviour.

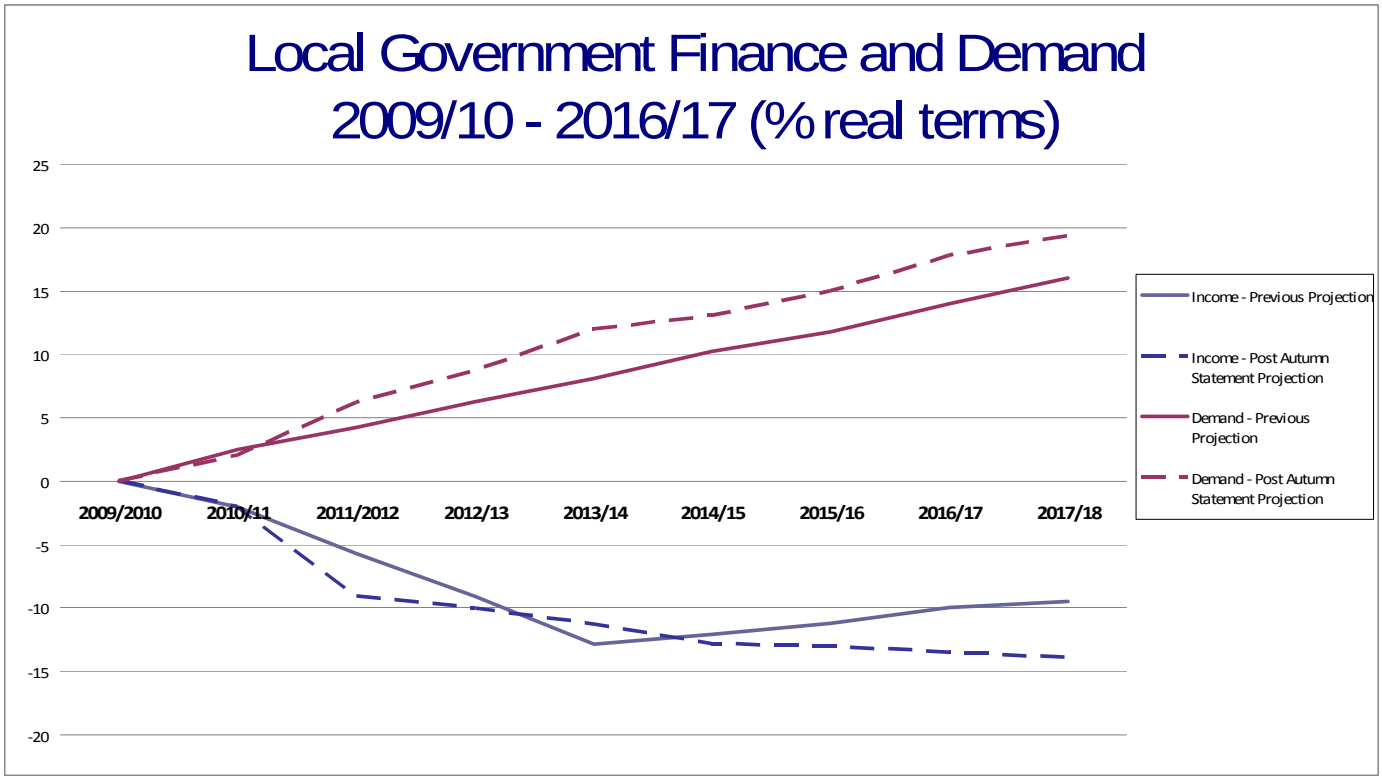
The economic case for mental health improvement is far reaching in terms of investment in early interventions and encouraging people to seek help early. This is also the case in terms of the cost effectiveness of bringing about additional savings to society through enhanced educational and employment potential, as well as reduced crime and antisocial behaviour. Moreover, continuing investment in mental health improvement can help to alleviate the negative impact of mental health problems, which affect people of all ages. It can restrict their educational, employment, social and emotional potential and produce a heavy burden on public finances, which are estimated as costing Scotland over £8 billion per year plus the impact mental health problems can create in enormous stresses on individuals, families and communities.

By focusing on determining appropriate short-, medium- and long-term outcomes for their communities, community planning partnerships should be able to ensure that mental health improvement remains close to the top of national and local policy agendas and receives the resource support it needs.

4.1.4 Economic Environment

The current economic environment continues to be a challenge for all partners, particularly with a cut in budgets for the Urban Regeneration Companies in Scotland and in the Housing Budgets. This makes it all the more difficult for the partners in the Alliance to deliver the outcomes set out in this SOA.

It is anticipated that the real reduction in spend for the public sector, by 2017/18 will be 18%, against a backdrop of increased demand for public sector services. The funding gap is projected to grow from £1.8 billion in 2013/14 to approximately £3.5 billion in 2017/18.



These pressures make delivering on priority outcomes for the communities of Inverclyde increasingly difficult, meaning that partners are going to have to look at innovative ways of delivering services, bringing budgets together, whilst developing early intervention and preventative spend projects to ensure positive impacts in the longer term.

4.2 Local Context

4.2.1 Inverclyde's Current Position

Inverclyde is located in West Central Scotland and is one of the most attractive places in Scotland to live and work, with 61 square miles stretching along the south bank of the River Clyde. The area offers spectacular views and scenery, a wide range of sporting and leisure opportunities, a vibrant housing market and well developed transport links to Glasgow and the rest of Scotland.

The main towns of Greenock, Port Glasgow and Gourock sit on the Firth of the Clyde. The towns provide a marked contrast to the coastal settlements of Inverkip and Wemyss Bay which lie to the South West of the area and the picturesque villages of Kilmacolm and Quarriers Village which are located further inland, and offer a further dimension to the area's diversity, particularly in social, economic and physical terms.

A strong sense of community identity exists within Inverclyde and to local neighbourhoods in particular. Local citizens are rightly proud of their area, and its history which is steeped in centuries of maritime and industrial endeavour.

If the area is to realise its vision, its ambitions and achieve particular strategic outcomes, it must have a full appreciation and understanding of its current socio/economic position. This is essential before embarking on a programme of strategic change through both the Community Plan and this Single Outcome Agreement.

4.2.2 Scottish Index of Multiple Deprivation (SIMD)

Statistics from the Scottish Index of Multiple Deprivation tell us that Inverclyde has particular problems in regard to deprivation and poverty.

National Share[6]:

- In SIMD 2009, 17 (5.2%) of the 325 datazones in the **5%** most deprived datazones in Scotland were found in Inverclyde, compared to 13 (4%) in 2006 and 6 (1.8%) in 2004.
- In SIMD 2009, 43 (4.4%) of the 976 datazones in the **15%** most deprived datazones in Scotland were found in Inverclyde, compared to 42 (4.3%) in 2006 and 36 (3.7%) in 2004.

Local Share[7]:

- In SIMD 2009, 17 (15.5%) of Inverclyde's 110 datazones were found in the **5%** most deprived datazones in Scotland, compared to 13 (11.8%) in 2006 and 6 (5.5%) in 2004.
- In SIMD 2009, 43 (39.1%) of Inverclyde's 110 datazones were found in the **15%** most deprived datazones in Scotland, compared to 42 (38.2%) in 2006 and 36 (32.7%) in 2004.

[6] The national share is the no. of data zones in the local authority area in the 5, 10, 15 or 20 % most deprived in Scotland as a proportion of the total no. of data zones in the 15% most deprived in Scotland

[7] The local share is the no. of data zones in the local authority area in the 5, 10, 15 or 20 % most deprived in Scotland as a proportion of the total no. of data zones in the local authority area

Overall

- Inverclyde has had increasing numbers of datazones in the 5%, 10%, 15% and 20% most deprived, making it relatively worse off between 2004 and 2009. However, as this is a relative scale, because other places have done better in improving some of their datazone's statistics (particularly in Glasgow), this means other datazones then slip into the 5% and 10% because those other datazones have moved out.
- The datazones in the 5% most deprived contain the highest concentration of multiple deprivation. Inverclyde has the second highest local share with 15.5% of its datazones in the 5% most deprived.
- Inverclyde has the second highest local share with 39% of its datazones in the 15% most deprived in Scotland. This is second only to Glasgow which has 43.1%.
- Around 45% of datazones in Inverclyde are ranked in Scotland's 20% most deprived datazones in SIMD 2009. Inverclyde has seen an increase in the proportion of its datazones in the 10% most deprived and a decrease in datazones in the 10-20% most deprived over the three versions of the SIMD.
- Two datazones have moved out of the 15% most deprived and three have moved in.
- The five Local Authorities with the largest proportion of datazones in the 15% most deprived are Glasgow City, Inverclyde, Dundee City, West Dunbartonshire and North Ayrshire.
- 43.7% of Inverclyde's population in 2009 lived in the 20% most deprived datazones.

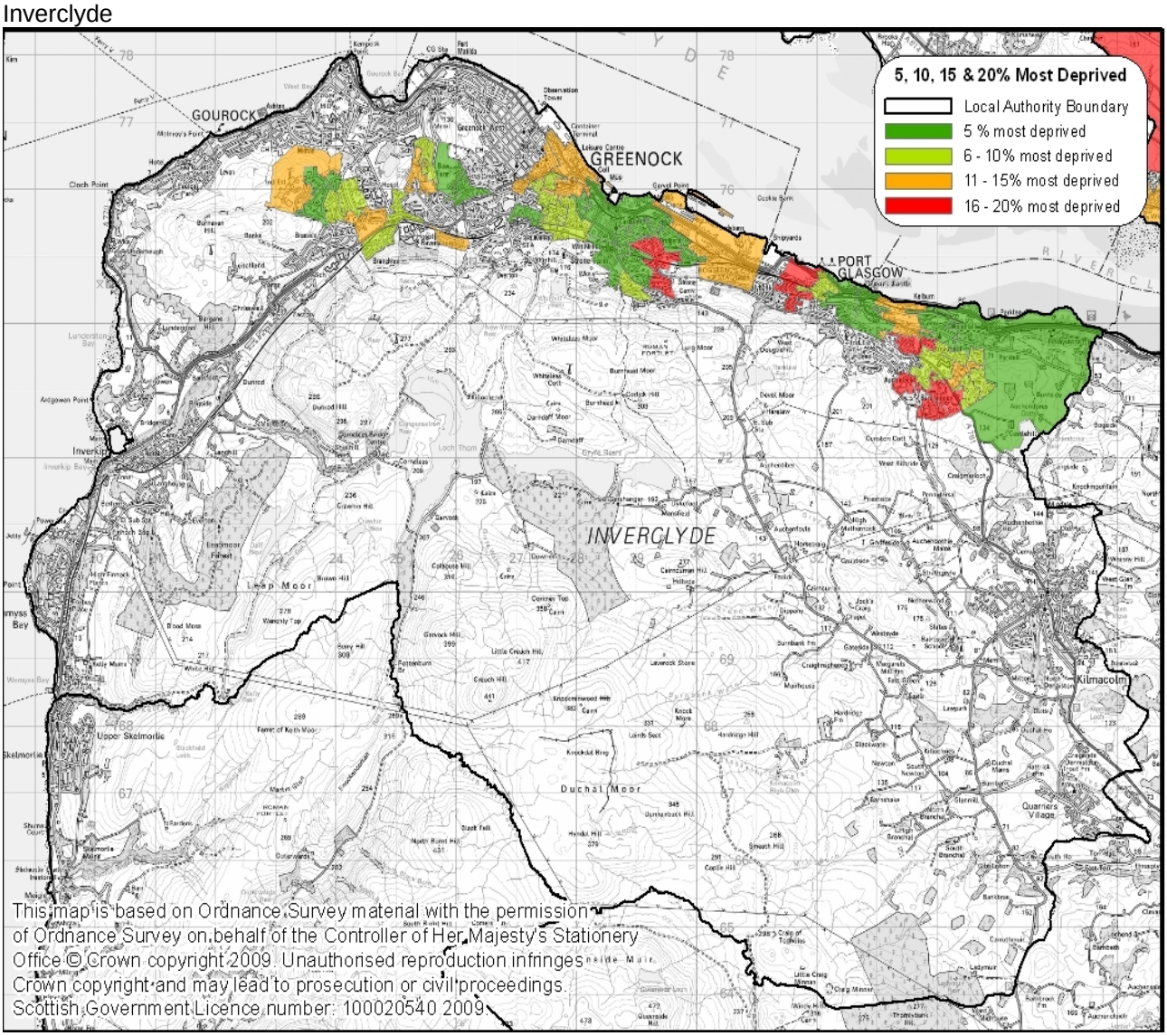
There are three key clusters of deprivation in the area. South West Greenock, Greenock East/Central and Port Glasgow are among the most deprived 15% of wards in Scotland. There are two intermediate zones in Inverclyde where all the datazones within that intermediate zone are in the 15% most deprived in Scotland. These zones are:

- Greenock Town Centre and East Central
- Braeside, Branchton, Lower Larkfield and Ravenscraig

However the most deprived datazone on the overall SIMD 2009 in Inverclyde is S01004042 with a rank of 75. It can be found in the Intermediate Zone of Port Glasgow Mid, East and Central. This datazone covers parts of Robert Street, Clune Brae, Ardmore Road, Glasgow Road and Greenock Road, and all of Selkirk Road, Ashgrove Lane, Wilson Street, Montgomerie Street, Bruce Street, Wallace Street, Clune Park Street, Maxwell Street and Castle Road. The second most deprived datazone in Inverclyde, with a rank of 87, is S01004032 which covers much of the Woodhall/Kelburn area. These areas are the focus of particular interventions in regards to dealing with substandard privately owned housing, crime and anti social behaviour and building the resilience and capacity of communities who live there.

Map 1 below shows the diverse geography of Inverclyde and shows that the higher percentage of deprived datazones are predominantly centred around the water front and urban setting of Greenock, Port Glasgow and to a lesser extent Gourock. It also serves to demonstrate the rural nature of much of Inverclyde where overall deprivation is far less of an issue.

Map 1: 5%,10%,15% and 20% most deprived datazones in Inverclyde



There is a significant gap between our more affluent areas and those which experience high levels of poverty and deprivation. Poverty and deprivation clearly limit opportunities and choice. In Inverclyde one in three residents live in areas considered to be among the most deprived 15% in Scotland, and the incidence of poverty and deprivation mirrors the stark inequalities in health outcomes.

This indicates that there is a great deal of work needed to “narrow the gap” and reduce inequalities that exist between these areas and those which are better off e.g. Kilmacolm, West Greenock, Gourock, Inverkip and Wemyss Bay. Parts of Inverclyde are witnessing improvements, but not all of the population is enjoying the benefits of regeneration efforts. Despite thirty years of both national and local government initiatives and investment, the characteristics of our most deprived areas have largely remained almost the same.

In our most deprived and disadvantaged areas, people face multiple problems, such as high levels of worklessness, ill health, fear of crime, poor educational achievement, low aspirations, low levels of confidence, low income, poor housing and environment. The resulting poverty and deprivation limits opportunities and choice. This is why we have identified tackling inequality as a key principle which will underpin everything that we do through this SOA.

The greatest challenge we face at present is the reduction in funding across the public sector, which has impacted on plans to redevelop the area. Partners in the CPP need to re-evaluate what

will be possible with restricted funding, and make sure that residents are effectively connected to the benefits and opportunities that any future developments will bring. Too many residents still face the challenge of social deprivation, including low incomes, low skills, unsuitable housing and poor health.

A move to early intervention and preventative spend will focus on developing the capacity and capability of the communities who live in the most deprived areas, as previous efforts have not made the step change which agencies have aimed for. By combining our efforts to achieve the outcomes agreed, by ensuring the people who need our help are at the centre of any approaches, and by accepting that it is the delivery of all the outcomes (not just one approach) that will make the difference, we aim to lift Inverclyde's most deprived areas out of poverty.

There are a number of specific social, economic and environmental challenges and issues facing the Inverclyde area which are detailed under each outcome in chapter 7.

5. Where Do We Want to Be?

The Community Planning Partnership vision for Inverclyde is:

'Getting it right for every Child, Citizen and Community'

This means that the Alliance will work in partnership to create a confident, inclusive Inverclyde with safe and sustainable, healthy, nurtured communities, and a thriving, prosperous economy, with active citizens who are resilient, respected and responsible and able to make a positive contribution to the area.

The Inverclyde Alliance, in partnership with communities, wants to deliver an Inverclyde in which:

- there is a stable population with a good balance of socio economic groups.
- all our communities are safe, healthy, achieving, nurtured, active, respected, responsible and included.
- there are low levels of poverty and deprivation.
- communities are more capable and resilient, and who are able to be 'co-producers' in achieving positive outcomes for themselves, moving away from dependency to self reliance.
- communities are involved in the development and delivery of services and initiatives to tackle the 'wicked issues' in the worst performing communities, which suffer the worst multiple impacts of persistent disadvantage.
- communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life.
- there is a diversified business base with emphasis on developing businesses with growth potential to strengthen the economic base.
- there is a prosperous economy, with access to learning and jobs where everyone who is able to work is in work, thereby reducing levels of poverty and giving people improved opportunity and chances.
- there is a healthy population, with health inequalities between those who are better off and those living in poverty reduced. We want the people of Inverclyde to live longer, healthier lives and take a more active role in keeping themselves healthy.
- a positive culture change has taken place in attitudes to alcohol, and alcohol misuse, resulting in fewer associated health problems, social problems and reduced crime rates.
- all our young people have the best start in life, where from pre-birth, through to their adult lives, they are equipped with the skills, knowledge, capability and support to be safe, healthy, achieving, nurtured, active, respected, responsible and included. Our children are our most valuable asset and the future of Scotland, and we need to remove the barriers to positive outcomes for them, focussing on prevention and early intervention.

- people want to live now, whilst at the same time safeguarding the environment for future generations.

- all older people living in Inverclyde have healthy, productive, active and included lives, preferably living in their own homes with access to the services they need, when they need them.

- all our communities have good mental health and wellbeing which is integral to the achievement of all the local outcomes for Inverclyde.

5.1 Outcomes and Commitments

5.1.1 Inverclyde's Local Strategic Outcomes for 2012/17

In order to get to where we want to be the CPP has agreed a number of local priority outcomes.

To develop the SOA the Alliance looked first at what were the priority issues for Inverclyde, identified the key local priorities for delivery, and then looked at how these would contribute to the delivery of the national outcomes. Community Engagement has underpinned the whole process.

The eight local outcomes identified contribute to the majority of the fifteen national outcomes, with no direct correlation to one of the outcomes, as explained before tables which follow in chapter seven. Delivered as a whole, this SOA will contribute to all the national outcomes and purpose targets, as identified by the Scottish Government.

This SOA sets out, at a strategic level, what have been identified as the key priorities for Inverclyde, in line with the national outcomes. The detail of how these will be delivered sits within a variety of plans across all the organisations delivering services in Inverclyde. These outcomes will guide the work of all the Community Planning partners for a longer period of time than the five year life of the Single Outcome Agreement. Partners are committed to a sustained effort in making an impact on these outcomes, recognising that success will not be achieved in the short to medium term.

Based on a range of factors including local evidence, knowledge of the area, partner experience and the priorities and aspirations of the local community the following local strategic outcomes have been established:

1. Inverclyde's population is stable with a good balance of socio-economic groups.
2. Communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life.
3. The area's economic regeneration is secured, economic activity in Inverclyde is increased, and skills development enables both those in work and those furthest from the labour market to realise their full potential.
4. The health of local people is improved, combating health inequality and promoting healthy lifestyles.
5. A positive culture change will have taken place in Inverclyde in attitudes to alcohol, resulting in fewer associated health problems, social problems and reduced crime rates.
6. A nurturing Inverclyde gives all our children and young people the best possible start in life.
7. Inverclyde is a place where people want to live now whilst at the same time safeguarding the environment for future generations.
8. Our public services are high quality, continually improving, efficient and responsive to local people's needs.

All of these outcomes are informed by and cross cut with the GIRFEC wellbeing outcomes outlined earlier in chapter 4.1.2.

5.1.2 Commissioned Services

Inverclyde council delivers a range of programmes to meet priority SOA outcomes and in April 2011 established the regeneration fund to support projects which will have an impact on the following outcomes:

- Employability
- Health Inequalities
- Addictions
- Community Engagement.

Procurement for the programme resulted in the award of 15 initial one year contracts with the possibility of a further year extension. Considerable benefits have arisen from the programme both in delivering outputs and in the range of partnership working that has taken place. As well as delivering a wide range of services there are 138 people directly employed through the regeneration fund.

Inverclyde Council has noted the excellent performance associated with the programme and subject to final budget confirmation will be seeking to extend the activity for an additional year from 2012-2013.

This process will be reviewed on an annual basis throughout the life of this SOA. The regeneration fund is only one part of the spend which is taking place to achieve the local outcomes for Inverclyde, with partner budgets dedicated to services and projects which will achieve positive outcomes for communities and individuals. Much of the work that is taking place is delivered in partnership and these budgets are pooled to enable that effective partnership working to continue.

6. How will we get there?

We will achieve the vision for Inverclyde through better partnership working, breaking down the barriers across partner organisations to make sure we can work better together, including identifying where we can better pool resources.

The issues facing Inverclyde are complex and challenging. There is a recognition within this SOA that there are no quick fixes or solutions for the area. The SOA, however, does provide a real opportunity to galvanise the public, private and third sectors and the community, to work together to ensure the delivery of the outcomes.

To achieve this there is a need for an appropriate organisational structure to aid the delivery of this SOA. The strategic outcomes cannot be addressed, progressed or ultimately resolved by one organisation working alone. The Inverclyde Alliance has reviewed its organisational structures to ensure it is fit for purpose to respond to the changing demands being placed on Community Planning Partnerships.

The Alliance takes a long term view of needs within Inverclyde and brings together all the different groups that have a role to play. Its role is to develop and achieve a shared vision for the future using the resources at its disposal and concentrating its collective efforts on achieving the things that matter - the outcomes contained within this agreement.

6.1 Focus on local areas

The CPP will focus on the SIMD datazones in Inverclyde who are in the worst 15% of deprived datazones. Using the information available it will target joint and shared interventions to the people and communities who most need help. Universal interventions and services will still be on offer for those who are more capable and able to access services as required, but targeted services will need to be developed to help those in the most deprived and disempowered areas.

As mentioned in chapter four there is a need for a shift in culture and focus to working with communities to build their capacity and ability to be 'co-producers' in achieving positive outcomes for themselves.

6.2 Structure for Delivery

The structure for delivery of the SOA is as follows:

6.2.1 Role of Inverclyde Alliance Board in Relation to the Single Outcome Agreement

The role of Inverclyde Alliance Board in relation to the SOA is to lead the development and delivery of the strategic outcomes highlighted in the Single Outcome Agreement and to embed these into partners planning and business processes. The Alliance Board has a scrutiny role in the performance management of the SOA, with quarterly reports submitted to Board meetings.

The membership of the Alliance Board is listed in chapter 3.1.

6.2.2 SOA Programme Board

The main function of the Programme Board is to oversee the delivery of the outcomes and ensure effective co-ordination of programmes/projects and key information, as well as looking at the cross cutting issues arising across the Outcome Delivery Groups.

In addition to the Lead Officers (see below) of the Outcome Delivery Groups the Programme Board also has representation from other organisations not represented by the lead officers – representation can be co-opted from organisations as the need arises. It also includes representation from the local newspaper in an attempt to get positive messages out about the progress being made towards the outcomes for Inverclyde, and to ensure a better understanding of the challenges faced by organisations in delivering outcomes.

The Programme Board where possible refer issues on to existing mechanisms for delivery e.g. Community Safety Partnership, Alcohol and Drug Partnership, or to set up short life 'task and finish' working groups on particular issues. They are also able to draw in other organisations/partnerships or initiatives as the need arises e.g. in regard to tourism, culture etc.

6.2.3 Outcome Delivery Group Lead Officers

The Lead Officers facilitate and co-ordinate the development of outcome delivery plans, with actions identified which each partner can take away and embed within their business plans as well as pieces of joint work.

Each lead officer is also responsible for liaising with their organisation to inform and assist in the delivery of the SOA. Given the cross cutting nature of the outcomes this will promote joint working across the outcomes, particularly where there are impacts across more than one outcome from one action.

6.2.4 Outcome Delivery Groups

The Outcome Delivery Groups (ODGs) have representation from across the various organisations involved in Community Planning in Inverclyde and those with an interest in the outcome area. People can be co-opted onto groups for particular issues, keeping membership tight and relevant to those involved. The whole process needs to be as dynamic as possible, focussing on actions and delivery and allows for changes and amendments to membership.

Outcome Delivery Groups, in the first instance are tasked with:

- ensuring that partners review the actions set out in their business plans and identify which contribute to each of the local outcomes

- developing outcome delivery plans which set out actions, which will be delivered on a partnership basis to fill any gaps in service delivery, or which will better co-ordinate existing work taking place in regard to their local outcome, reviewed on an annual basis
- identifying opportunities for projects which could take place across more than one outcome area
- managing and co-ordinating delivery
- monitoring and reporting on performance to Programme Board and Scottish Government via Annual Performance Report.

Community Engagement informs the whole process and feedback from representatives of the communities of Inverclyde, and voluntary organisations delivering services in the area, is fed into the Programme Board and ODGs to be taken account of in the development and delivery of plans. The Community Engagement and Capacity Building Network co-ordinates community engagement across Inverclyde and feeds this into the Alliance and Programme Boards.

The Alliance Board has ultimate responsibility for driving forward the renewal of Inverclyde through this SOA. Partners will be encouraged to reflect the area's strategic outcomes in their respective business/service planning processes. This will enable partners either working together or alone to structure their services and change programmes around a limited number of strategic outcomes.

6.2.5 Improvement and self evaluation

Improvement and self evaluation are key to ensuring that the CPP and the wider structures which support the partnership remain on track and focussed on service improvement and delivery which will help to deliver the local outcomes as set out in this SOA.

Practice, planning and performance management is a cyclical process following the cycle of plan, do, check, review.

Our **plans** for where we want to be are set out in this SOA, as well as the business and directorate plans for all the partners in the Inverclyde Alliance.

The Outcome Delivery Groups within the Community Planning Partnership are responsible for making sure we **do** what we plan and make sure we get where we want to be. The Programme Board and Alliance Board oversee this.

The performance management of this SOA and the Outcome Delivery Plans allows the CPP to **check** on its progress in delivering to the targets set out in this SOA.

Each year the CPP, the SOA and the Outcome Delivery Groups will **review** their plans and progress to ensure that they remain on track and continue to deliver towards the achievement of the local outcomes.

7. How will we know we are getting there?

7.1 How we will performance manage this SOA

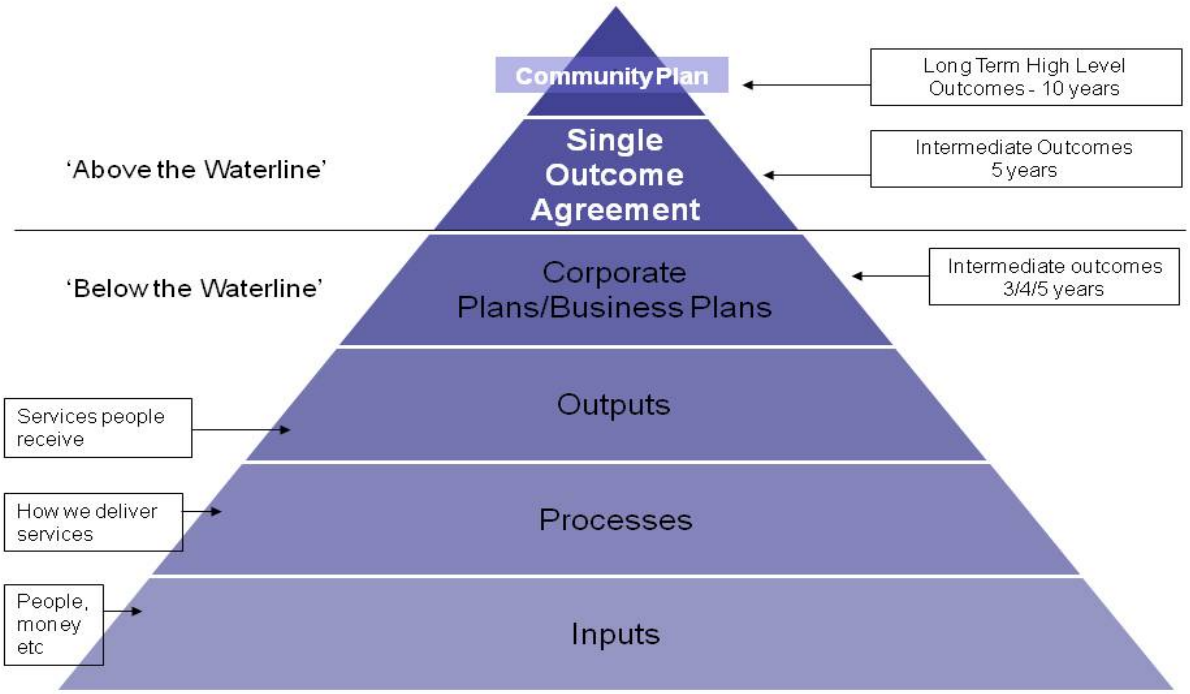
For the Inverclyde Alliance, performance management needs to sit at the core of the delivery of this Single Outcome Agreement. As outlined above this means partners through the Alliance via the Community Plan and the SOA need to:

- Set out what they wish to achieve
- Plan it
- Deliver it
- Check progress in delivering it

The SOA is a five year document, but we will review progress on an annual basis and make adjustments as required to ensure partners can continue to deliver the outcomes.

The SOA sets out outcomes and measures which sit 'above the waterline' in terms of how the Inverclyde Alliance will know, collectively, it is making a difference. High level strategic indicators are supported 'below the waterline' by more detailed performance management information, which will not be reported on through the SOA, but are reported elsewhere to a number of different bodies and Scottish Government departments.

The diagram below sets out the pyramid of performance reporting:



A reliable and user friendly system of performance management is fundamental to the success of effective monitoring and reporting on this SOA. Inverclyde Performs, Inverclyde Council's Electronic Performance Management System will be used to manage the performance of the SOA.

The benefit of this system is that any indicators in the SOA as well as additional information held by partners, which has been assessed as showing how a service or initiaitive contributes to the delivery of an outcome, can be referenced to that outcome. Ultimately, the plan is to show the 'golden thread' of how everything we deliver in Inverclyde links to an outcome, demonstrating commonality of purpose across services and partner agencies.

The system shows red/amber/green (RAG) status for each action and indicator entered, and performance reporting and management is moving to exception reporting, whereby red or amber actions or indicators are flagged up to Outcome Delivery Groups, the Programme Board, the Alliance Board, management teams and committees. A commentary can be entered into the system to outline what mitigating action will be taken to address the failing indicator or action and to improve performance, or to explain why performance is not as anticipated.

Currently the indicators set out in the SOA are reported on annually, but underpinning these are the Outcome Delivery Plans, where performance is reported quarterly to the Programme and Alliance Boards. These have been further developed recently to include some 'below the waterline indicators' which will also be reviewed quarterly.

Where performance drops below expected levels the SOA Programme Board will scrutinise those plans and a plan of mitigating action will be requested from lead officers responsible for the delivery of the local strategic outcome. More detailed monitoring will be instigated until the situation is rectified and resolved.

The indicators set out in the tables below are used to performance manage the SOA. They help to build up a picture of how we are moving towards the achievement of our local outcomes. They do not cover every area of work undertaken by the CPP but aim to show, overall, what impact the delivery of the SOA is having on outcomes for communities.

7.2 Linkages Between Local and National Outcomes

7.2.1 Local outcomes mapped to national outcomes

There is a close synchronisation between our local outcomes and particular national outcomes. Considerable effort has been make to ensure the outcomes determined are rooted in and reflect Inverclyde's local context.

Local SOA Outcome		National Outcome	
1	Inverclyde's population is stable with a good balance of socio-economic groups.	**10**	We live in well designed sustainable places, where we are able to access the amenities and services we need.
		11	We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.
		12	We value and enjoy our built and natural environment and protect it and enhance it for future generations.
2	Communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life	**7**	We have tackled the significant inequalities in Scottish society.
		11	We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.
		9	We live our lives safe from crime, disorder and danger.
3	The area's economic regeneration is secured, economic activity in Inverclyde is increased, and skills development enables both those in work and those furthest from the labour market to realise their full potential.	**1**	We live in a Scotland that is the most attractive place for doing business in Europe.
		2	We realise our full economic potential with more and better employment opportunities for our local people.
		3	We are better educated, more skilled and more successful, renowned for our research and innovation
		9	We live our lives safe from crime, disorder and danger.
4	The health of local people is improved, combating health inequality and promoting healthy lifestyles.	**6**	We live longer, healthier lives
		8	We have improved life chances, for children, young people and families.
		15	Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it
5	A positive culture change will have taken place in Inverclyde in attitudes to alcohol, resulting in fewer	**5**	Our children have the best start in life and are ready to succeed.
		6	We live longer, healthier lives

Local SOA Outcome		National Outcome	
	associated health problems, social problems and reduced crime rates.	**8** **9**	We have improved life chances, for children, young people and families. We live our lives safe from crime, disorder and danger.
6	A nurturing Inverclyde gives all our children and young people the best possible start in life.	**4** **5** **8**	Our young people are successful learners, confident individuals, effective contributors and responsible citizens. Our children have the best start in life and are ready to succeed. We have improved life chances, for children, young people and families.
7	Inverclyde is a place where people want to live now whilst at the same time safeguarding the environment for future generations.	**10** **12** **14** **9**	We live in well designed sustainable places, where we are able to access the amenities and services we need. We value and enjoy our built and natural environment and protect it and enhance it for future generations. We reduce the local and global environmental impact of our consumption and production. We live our lives safe from crime, disorder and danger.
8	Our public services are high quality, continually improving, efficient and responsive to local people's needs	**16**	Our public services are high quality, continually improving, efficient and responsive to local people's needs.

7.2.2 National Outcome 13

13. We take pride in a strong, fair and inclusive national identity

Given the issues regarding poverty and deprivation in the Inverclyde area the Alliance feels that it would rather focus on the local outcomes which will make the biggest difference to improving the quality of life for local communities. Our ongoing work regarding Art and Culture will support the delivery of this outcome, but it was not felt necessary to reflect it in this higher level, strategic document. The Alliance feels that it would be difficult to measure this outcome without significant investment in consultation and engagement with the communities of Inverclyde, which it cannot make at this time and which it does not feel appropriate to prioritise at this time.

The Alliance believes that the activities identified in relation to national outcomes 4, 7 and 11 which specifically contribute to community cohesion, and can be better measured, will contribute to the delivery of this outcome.

7.2.3 Cross Cutting Nature of Outcomes

Each of the national and local outcomes are cross cutting in nature, with particularly health, alcohol, employability and social regeneration/area renewal featuring as an aspect of all outcomes. For the vision for Inverclyde to be achieved, all outcomes have to be achieved, and in most cases each outcome cannot be delivered in isolation, but are reliant on the delivery of each other.

7.2.4 Local Outcomes Templates

In order to keep a tight local focus on how the Inverclyde Alliance will measure progress towards the delivery on the local outcomes as agreed, the measures have been developed using a local outcome template. The measures were then mapped onto the appropriate national outcome, rather than building them up from the national outcome templates. As a result the Alliance believes that the following tables reflect the right measures to show change in regard to the eight local outcomes on an Inverclyde wide basis, whilst indicating how this change will contribute to the achievement of the national outcomes.

Local Outcome 1: Inverclyde's population is stable with an appropriate balance of socio-economic groups

Local Context

Addressing depopulation is one of the most important issues facing Inverclyde as the area has suffered one of the steepest rates of population decline across the UK. This has major implications for both the design and delivery of public services and the competitiveness and attractiveness of the local economy.

Inverclyde's population grew quickly through the late 19th century and the first part of the 20th century – peaking at 137,000 in 1951. This population growth was driven by industrialisation. The strength of the shipbuilding industry and port functions in Greenock and port Glasgow – and the jobs they sustained – attracted people from across Scotland and beyond to live in Inverclyde.

Since this post war peak, however, population decline has been steady and dramatic. Between 1951 and 2009, Inverclyde's population decreased from 137,000 to 80,000, a reduction of 40%. Population is continuing to fall, the estimated population of Inverclyde in June 2010 was 79,770, a fall of 440 on the previous year.

Inverclyde's depopulation is more severe than other parts of the UK. The rate of Inverclyde's depopulation was proportionately larger than any other local authority in the UK between 1981 and 2009. During this period Inverclyde's population decreased by almost 21% (21,000 people). During the last ten years Inverclyde has experienced the greatest percentage decrease in population of all Council areas in Scotland. The population of Inverclyde fell by 4,890 during 2000 and 2010, representing a decline of 5.8%.

On average in 2008-10 there was a net outflow of 279 people from Inverclyde per year, meaning that fewer people entered Inverclyde (1,476 per year) than left (1,755 per year). The 16 to 29 year olds age group accounted for the largest group of in-migrants into Inverclyde. The largest group of out-migrants was also the 16 to 29 year olds.

Population forecasts suggest that the population could fall to around 66,611 by 2033, a further decrease of 17.5% compared to the population in 2008. This is a greater share of the population than any other mainland Council in Scotland, due to net migration (in-migration minus out-migration) and natural change (births minus deaths).

Population decline has been selective and has had a greater impact on young people, young families and working age people. A review of the age profile of the population shows that between 1981 and 2009 the number of young people fell sharply. The number of young people under 24 decreased by a larger proportion (-42%) than in Scotland (-22%). In addition, the working age population has decreased significantly. The number of working age people has decreased by 18%, while in Scotland it has decreased by 5%.

Population projections suggest that the age group in Inverclyde which will increase the most is the 75+ age group. A definite growing elderly population will impact on the provision of particular public sector services, particularly health and social care as the elderly/frailer population will require more intensive support. A decline in family networks due to depopulation will impact on the number of family members who can play a caring role and the declining working age population means recruitment difficulties will arise from an ageing population.

Population decline has serious implications for future service provision and the wider economy.

- Depopulation has the potential to undermine the ability of Inverclyde to attract and retain investment to create competitive retail, leisure and nightlife activities.
- The decline in the area's working age population undermines the ability of existing firms to source labour locally and has the potential to undermine the area's attractiveness to potential inward investors.
- There will be less demand for services associated with young people such as schools and nurseries, but disinvestment from these might make in-migration less attractive for families.
- A growing elderly population will impact on the provision of particular public sector services, particularly health and social care as the elderly/frailer population will require more intensive support, and there will be fewer familial carers to support statutory service delivery.
- The provision of transport networks and the local hospital could become unsustainable without the people to use them.
- Concentration of multiple deprivation will occur, as the communities who are worst off are the ones who will not be able to leave the area or improve their circumstances without significant investment.

Feedback from communities

Feedback from communities also shows that depopulation is a major issue for them. In a Citizens' Panel survey carried out in 2010, 40% of respondents told us that they had considered leaving Inverclyde. The main reasons for this are due to lack of employment opportunities, crime, anti-social behaviour and a poor selection of shops. This feedback was included in the Depopulation Study which was carried out in 2011, which was further informed by a number of focus groups held with communities across Inverclyde and has informed an action plan for tackling depopulation, which will be delivered through all the Outcome Delivery Groups and a variety of services.

The pilot Youth Panel questionnaire indicated that 40% of those surveyed were planning to leave Inverclyde, to access college or university, employment opportunities and leisure and shopping facilities. Young people indicated that the things that would encourage them to stay are improved job prospects, lower levels of crime, affordable decent housing and better shopping facilities.

The report from the Community Engagement on depopulation can be accessed by clicking here.

Local Outcome
Inverclyde's population is stable with an appropriate balance of socio-economic groups:

Links to:

Government purpose target:
Population Growth -
To match average European (EU15) population growth over the period from 2007 to 2017, supported by increased healthy life expectancy in Scotland over this period

Indirect Outcomes

10. We live in well-designed, sustainable places where we are able to access the amenities and services we need.

11. We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.

13. Take pride in strong, fair and inclusive national identity.

Wellbeing Indicators

Safe, healthy, achieving, nurtured, active, responsible and included.

Indicator/s *(noting frequency / type / source)*	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**'Progress' target/s to 2012-17 (where available)**	**'End' target/s & timescale/s or direction of travel**
Total Population of Inverclyde Annual/Mid year population estimates http://www.gro-scotland.gov.uk/files2/stats/council-area-data-sheets/inverclyde-factsheet.pdf	81,080	80,780	80,210	79,770 Baseline	Stabilise Inverclyde's population at 80,000	Grow Inverclyde's population
Satisfaction with Inverclyde as a place to live. Biennial/Questionnaire/Citizens' Panel	67% very or fairly satisfied	n/a	72%	n/a	Increase satisfaction to 74%	Increase satisfaction with Inverclyde as a place to live
Satisfaction with neighbourhoods as a place to live (links to national indicator 28)	79% rate their neighbourhood as	n/a	87%	n/a	Maintain satisfaction	Increase in proportion of

Indicator/s *(noting frequency / type / source)*	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**'Progress' target/s to 2012-17 (where available)**	**'End' target/s & timescale/s or direction of travel**
Biennial/Questionnaire/Citizens' Panel	a very good or good place to live				at 87%	people who rate their neighbourhood as a very good or good place to live.
Percentage of Citizens' Panel respondents who have considered leaving Inverclyde Biennial/Questionnaire/Citizens' Panel	38%	n/a	40%	n/a	Reduce to 35%	Reduce percentage of people who consider leaving Inverclyde
Civilian in-migration Annual/ Components of migration by administrative area: http://www.gro-scotland.gov.uk/statistics/theme/migration/mig-stats/total.html	1685 people (1 July – 30 June)	1333 people (1 July – 30 June)	1421 (1 July – 30 June)	Not available	Increase current in-migration levels	Increase civilian in-migration
Civilian out-migration Annual/ Components of migration by administrative area: http://www.gro-scotland.gov.uk/statistics/theme/migration/mig-stats/total.html	1863 people (1 July – 30 June)	1715 people (1 July – 30 June)	1682 (1 July – 30 June)	Not available	Stabilise the current out-migration level	Decrease civilian out-migration
Working age population Annual/Mid year population estimates http://www.gro-scotland.gov.uk/files2/stats/council-area-data-sheets/inverclyde-factsheet.pdf	16-64yrs = 52,551	16-64yrs = 52,375	16-64yrs = 51,839	16-64yrs = 51,489	To stabilise the current working age population in Inverclyde.	Increase working age population in Inverclyde

Required Actions/commitment by local	• Set out in Outcome Delivery Plan

partners for these outcomes	
Scottish Government required action/commitment to support delivery of local outcome	• Continuing assistance from Scottish Government Analytical services to develop appropriate and achievable targets regarding a stable population and to continue to build our evidence base. • Dialogue with Scottish Government about how to maximise the impact of national policies to support the 're-population' of Inverclyde, particularly around the Cities Strategy which tend to focus solely on the cities with a detrimental effect on surrounding populations within the city regions.
Plans/Strategies/Initiatives which support this outcome	• Inverclyde Local Housing Strategy 2011-2016 (October 2011): *Inverclyde Council Safer & Inclusive Communities Service, Greenock.* • Inverclyde Local Development Plan: Main Issues Report (May 2011): *Inverclyde Council Regeneration & Planning Service, Greenock.* • Inverclyde Council Strategic Housing Investment Plan 2011-2016 (October 2010): *Inverclyde Council Safer & Inclusive Communities Service, Greenock.* • Inverclyde Community Safety Partnership • Inverclyde Green Charter • Local Transport Strategy • Local Biodiversity Action Plan • Inverclyde Alliance Partners' Communications Strategies • Glasgow and the Clyde Valley Strategic Development Plan: Proposed Plan (June 2011): *Glasgow and the Clyde Valley Strategic Development Planning Authority, Glasgow.* • Glasgow and the Clyde Valley Housing Need and Demand Assessment (June 2011): *Glasgow and the Clyde Valley Strategic Development Planning Authority, Glasgow.* • Glasgow and Clyde Valley Joint Structure Plan 2006. • Inverclyde Local Plan 2005 • River Clyde Homes Business Plan http://www.riverclydehomes.co.uk/ • Riverside Inverclyde Business Plan, http://www.riversideinverclyde.com/ • Transportation and Roads: Staff Travel Plan • Visit Scotland contract, http://www.visitscotland.com/ • Discover Inverclyde, http://www.discoverinverclyde.co.uk/ • Regional Transport Strategy, http://www.spt.co.uk/index.aspx

Information sources:
http://www.gro-scotland.gov.uk
http://www.gro-scotland.gov.uk/statistics/theme/population/estimates/mid-year
http://www.gro-scotland.gov.uk/files2/stats/council-area-data-sheets/inverclyde-factsheet.pdf
http://www.gro-scotland.gov.uk/statistics/theme/population/projections/sub-national
http://www.inverclyde.gov.uk/community-life-and-leisure/community-planning/inverclyde-alliance-board-papers/inverclyde-alliance-board-papers-2011/inverclyde-alliance-board-meeting-3-october-2011: Depopulation Study Report

Local Outcome 2: Communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life

Local Context

This outcome focuses on Social Regeneration and Area Renewal and the areas of work which have an influence on this are wide ranging, covering Community Safety, Financial Inclusion, Community Engagement and Capacity Building, Area Renewal and Housing. Working groups/networks/partnerships working on each of these areas report through the outcome delivery group associated with this outcome.

Fear of crime in Inverclyde is generally disproportionately high to the actual levels of crime experienced by people. Violence, particularly knife crime, has been a real problem in the area, however overall crimes and offences have dropped from 13,002 in 2007/08 to 12,003 in 2010/11. The number of serious assaults has dropped from 173 in 2007/08 to 138 in 2010/11. Over this same period of time the percentage of Citizens' Panel respondents who stated they are quite or very worried about one or more crime issues has dropped from 88% in 2007/08 to 57% in 2009/10.

Youth offending and re-offending is an issue and one which the Scottish Government wishes to develop early intervention around. The 'Whole System Approach for Young People who Offend' is being rolled out and Inverclyde is participating in developing this approach through an Early and Effective Intervention Group.

Problem debt is another issue for people living in Inverclyde, particularly with the contraction in the economy and the impact it is having on everyone. Financial Inclusion is another priority for the Community Planning Partnership to promote in a better, more co-ordinated way. Inverclyde is currently in the top five of local authorities with the highest levels of income deprivation (SIMD2009) and the economic downturn, the welfare benefit changes and public sector cuts are likely to significantly impact upon Inverclyde's low-income and vulnerable households who already experience the "poverty premium".

Another challenge facing Inverclyde is the introduction of Welfare Reform which will have a significant impact on the lives of many vulnerable groups living in Inverclyde from disabled children through to adults with long-term conditions, their families and carers.

As outlined in the Christie Commission report the only way to make a real difference in turning around these and other negative outcomes experienced by people living in the most deprived communities of Scotland, is to build the capacity of those people to be able to access services when they need to, and to take action on their needs and aspirations.

Effective regeneration in the Inverclyde area is dependent upon communities and specific neighbourhoods being actively involved, and in the process being supported to be more independent once programmes have ended. There are many excellent examples of good practice from previous BNSF and CRF initiatives and the effect and impact of these award winning schemes needs to not only be sustained but be rolled out to other areas. It is important that any regeneration taking place in Inverclyde, and particularly in deprived areas, brings communities along with it, so that they have the capacity to look after their environment and to engage with processes and services to maintain the regeneration of the area.

Community capacity building is a core component of this process. Many people in our most deprived communities lack the confidence, skills and ability to engage with the services they need to help them move into employment or training, develop parenting skills, or deal with unsustainable debt. With the current emphasis from the government towards early intervention and prevention, and a need to prevent people reaching crisis point (and therefore requiring 'expensive' interventions) a greater emphasis must be placed on targeting services earlier on in people's lives, or at the right time in people's lives to help them cope with difficulties.

Developing core 'resilience' skills is fundamental to enabling people living in deprived areas to cope with the hardship they experience, while the agencies in the area try to tackle the multitude of issues which cause an area and its population to be deprived. The impact of this will be that they will be better equipped to deal with problems, but will also know where and when to go for help before they reach a crisis point.

Community Engagement follows on from community capacity building, where communities are more able to engage with the organisations delivering services in their area, to help develop these to ensure they better meet their needs. Additionally, communities can then be involved in making the difference to an area themselves. Extensive engagement has taken place with communities in regard to the outcomes set out in this SOA, helping partners to better target approaches.

Feedback from communities

Feedback from community engagement carried out throughout 2010/11 helped to highlight how communities themselves can be involved in making things better and what support they would need.

How are community groups making things better?
Community influence and involvement and the provision of local activities / resources / facilities were seen as the most significant way in which communities are making things better.

Do you feel that you have opportunities in your community to be involved in decisions that affect your community?
Most felt that they had no opportunity to be involved in decisions.

What else could communities do to improve the quality of community life?
Most respondents felt that the provision of activities for local people would improve the quality of life. The development of community cohesion /networks and the provision of information / awareness were also felt to be important.

What helps communities to be strong, influential and able to make things better in their area?
Responses included:

- Having the co-operation of the local authority
- Funding
- Good community work support
- Working together and having commitment to the cause

- Accessible information - jargon free
- Good working relationship with Elected Members, RSLs and other agencies
- Having a local group (e.g. Tenants and Residents Group) to represent the views of local people
- Ensuring that everyone's views are listened to and taken on board
- Community identity
- Vision and optimism

This feedback has informed the development of the Outcome Delivery Plan for the group tasked with developing partnership activity around social regeneration/area renewal. The progress reports for this delivery plan are made available on the Inverclyde Council website which can be accessed by clicking here.

The report from the Community Engagement on social regeneration can be accessed by clicking here.

Local Outcome

Communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life

Links to:

National Outcome

11. We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others

Indirect Outcomes
7. We have tackled the significant inequalities in Scottish society.

9. We live our lives safe from crime, disorder and danger.

Wellbeing Indicators

Safe, Respected, Responsible and Included

Indicator/s ***(noting frequency / type / source)***	**2009/10**	**2010/11**	**'Progress' target/s to 2012-17 (where available)**	**'End' target/s & timescale/s or direction of travel**
Overall Crimes and Offences for Inverclyde Annual/ Strathclyde Police, http://www.strathclyde.police.uk/crimestats/	12,003	12,240	Reduce overall crimes and offences for Inverclyde	
Number of serious assaults Annual/ Strathclyde Police, http://www.strathclyde.police.uk/crimestats/	138	139	Decrease the number of serious assaults by 1% to 2013	Decrease the number of serious assaults
Percentage of Citizens' Panel respondents who stated they are quite or very worried about one or more crime issues Source: Citizens' Panel/ Winter 2007 survey/Inverclyde Council. Sample size: 1000 Inverclyde residents	57%	n/a	No more than 57% of Citizens' Panel respondents to state that they are quite or very worried about one or more crime issues.	**National Indicator 31** Increase positive public perception of the general crime rate in local area
Percentage of adults 16+ who have given up time to volunteer in previous 12 months. Biennial / Scottish Household Survey http://www.sns.gov.uk/Reports/Report.aspx?ReportId=12&MetaIndicatorCode=CS-SHSInfluenceDec#Meta	17.8%	Not available	Increase the number of adults giving up time to volunteer to the Scottish average of 23.9%.	Increase volunteering numbers in Inverclyde
Percentage of adults agreeing that they can influence decisions affecting their local area Biennial / Inverclyde Citizens Panel	47%	Not available	Increase by 1% per year.	Increase the number of adults who feel they can influence decision in their local area.
Percentage of households where respondent or partner has a bank, building society or credit union account. Biennial / Scottish Household Survey http://www.sns.gov.uk/Reports/Report.aspx?ReportId=12&MetaIndicatorCode=CS-SHSInfluenceDec#Meta	86%	Not available	Increase the percentage of households with bank or building society account to Scottish figure (92.7%)	Increase the percentage of households with bank or building society account to Scottish figure (92.7%)
Percentage of households describing themselves as coping well or very well financially. Biennial / Scottish Household Survey	44.8%	Not available	Increase the percentage of households that are coping well or very	Increase the percentage of households that are coping well or very

Indicator/s ***(noting frequency / type / source)***	**2009/10**	**2010/11**	**'Progress' target/s to 2012-17 (where available)**	**'End' target/s & timescale/s or direction of travel**
http://www.sns.gov.uk/Reports/Report.aspx?ReportId=12&MetaIndicatorCode=CS-SHSInfluenceDec#Meta			well financially to Scottish figure (48.7%)	well financially to Scottish figure (48.7%)

Required Actions/commitment by local partners for these outcomes	• Set out in Outcome Delivery Plan
Scottish Government required action/commitment to support delivery of local outcome	
Plans/Strategies which support this outcome	• Corporate Area Renewal Strategy • Community Engagement Strategy • Community Learning And Development Strategy • Inverclyde Third Sector Interface Strategy • CVS Inverclyde Business Plan • Inverclyde Housing Strategy • RSL Business Plans • MCMC Partnership Action Plan • James Watt College Strategy Plan • NSCJA Area Plan • Financial Inclusion Strategy and Action Plan • Community Safety Strategic Assessment • Inverclyde Local Housing Strategy 2011-2016 (LHS) • Strategic Housing Investment Plan 2012-2015 (SHIP)
Initiatives to support this outcome	• Area Renewal Task Groups • Financial Inclusion Partnership • Inverclyde CHCP Public Partnership Forum • Your Voice: Community Care Forum • Stakeholder Advisory Network • Community Engagement and Capacity Building Network • CVS Inverclyde 'One Vision' • CVS Inverclyde 'Open Door' • Inverclyde Third Sector Forum

Local Outcome 3: The area's economic regeneration is secured, economic activity in Inverclyde is increased, and skills development enables both those in work and those furthest from the labour market to realise their full potential

Local Context

We are currently in the middle of some challenging economic times, with no major growth in the economy predicted for the near future.

The area of Inverclyde has been subject to a process of significant de-industrialisation in the past which has shifted economic activity from the traditional industries of shipbuilding and heavy engineering towards the public and service sectors. Our economic base continues to be narrow and dependent on the public sector, electronics and call centre industries as a source of employment. Currently 55% of all jobs in the area are located in large sized companies.

Importantly, the area is highly dependent on the public sector as an employer (public administration, education and health), accounting for 42% of all jobs[8], followed by 23% within retail, wholesale and hotels. Inverclyde continues to be more reliant on the manufacturing sector than Scotland as a whole (manufacturing jobs in Inverclyde increased by 42% between 2007 and 2008)[9] and many jobs are in low skill areas. As such, Inverclyde's local economy is undoubtedly fragile and vulnerable to any downturn in the national economy and to external decisions about its business.

In addition, Inverclyde has 10% fewer smaller companies than Scotland as a whole, but it has 10% more of larger companies. Current rates of business density are around half the Scottish average.

Enterprise activity is particularly low in our most disadvantaged areas. This suggests a need to improve the entrepreneurial culture in the area and to continue providing high quality support to new and existing businesses.

The current economic situation presents yet further challenges in regard to maintaining the economy and diversifying the business base in Inverclyde. Through initiatives such as Business Gateway it is hoped to boost numbers of small to medium enterprise start ups.

The underlying structure of the Inverclyde economy remains weak and over reliant on the public sector to generate employment. Based on available forecasts there is a real danger that the long term growth rate of the Inverclyde economy will remain below that of Scotland unless significant restructuring of the economy takes place.

The job density which represents the ratio of total jobs (31,000) in the area to the number of working-age residents in Inverclyde is low at 0.59, compared to the Scotland average of 0.78.[10] 67% of those who live in Inverclyde work in Inverclyde, 9% of those who live in Inverclyde work in Renfrewshire and a further

[8] http://www/scotland.gov.uk/Topics/Statistics/Browse/Labour-Market Includes Public Admin, Education, Health & Other Services
[9] http://www/scotland.gov.uk/Topics/Statistics/Browse/Labour-Market
10 https://www.nomisweb.co.uk Jobs Density – 2009 data

9% work in Glasgow, A much lower proportion than for the other local authorities around Glasgow. 11% of in-commuters come in from Renfrewshire and 5% commute from Glasgow[11]. More than half of all out-commuters from Inverclyde are employed in jobs at the higher end of the occupational scale. These trends suggest a particular shortage of high quality, value adding employment opportunities in Inverclyde. Nevertheless, these commuting flows are relatively low compared to many other local authority areas across the West of Scotland.

Between SIMD 2009 +1 and SIMD 2009+2 the percentage of Inverclyde's working age population experiencing employment deprivation dropped by 0.5% from 18.3% to 17.8%. However Inverclyde is still only second to Glasgow in regard to employment deprivation. Between SIMD 2009 and SIMD 2009+1 Inverclyde's local share of datazones in the 15% most employment deprived increased from 38% (42 datazones) to 43% (47 datazones) with the result that Inverclyde replaced Glasgow as the local authority with the highest share of its datazones in the 15% most employment deprived. However, in SIMD 2009+2 this has reversed with Inverclyde's local share having fallen again to 37% (41 datazones) and Glasgow's local share having increased slightly from 40% (276 datazones) to 41% (282 datazones).

Glasgow remains the local authority with the highest share of its datazones in the 15% most income deprived in Scotland (26.4%), followed by West Dunbartonshire (22.1%), North Ayrshire (21.1%), Dundee City (21.0%) and Inverclyde (20.8%) The biggest reduction since SIMD 2009+1 was in Inverclyde which has seen a fall of 0.7 percentage points from 21.5% to 20.8%.

Locally there has been a reduction in the number of Inverclyde datazones found in the 15% most income deprived datazones in Scotland. Inverclyde has a total of 110 datazones and in SIMD 2009 40 were in the 15% most income deprived and this fell to 36 in SIMD 2009+2.

The area suffers from particularly high levels of unemployment. The unemployment rate in the area currently stands (at time of writing in 2012) at 9% compared with 7.8%[12] nationally. Local unemployment rates are higher in certain areas of Greenock and Port Glasgow and currently these show signs of increasing. Household incomes are lower than the national average and the area has above the average levels of benefit dependency. A significant number of local people are benefit dependent. The need to create an environment which supports people to move from benefit dependency to employment is critical for the future success of the area.

- Of the 11760 working age benefit claimants in Inverclyde 6240 (12.1% of the working age population) are claiming Employment Support Allowance and Incapacity Benefits
- 5% (2570) of working age benefit claimants are claiming Job Seekers Allowance. Of this, a higher proportion of 18 – 24 year olds (9.8%) are claiming than 25 – 49 year olds (5.3%) or 50 -64 year olds (2.4%)[13]
- Approximately 19.8% of the population of Inverclyde are working age (16-64 yrs) out-of-work benefit claimants

[11] Transport Scotland 2010, Statistical Bulletin Transport Series Scottish Household Survey: Travel Diary 2009/2010

[12] https://www.nomisweb.co.uk/reports/lmp/la/2038432138/report.aspx?pc=PA151LY numbers and % are for those aged 16 and over. % is a proportion of economically active, Source: ONS annual population survey, April 2010 – March 2011

[13] https://www.nomisweb.co.uk/reports/lmp/la/2038432138/report.aspx?pc=PA151LY Dec 2011, % is number of persons claiming JSA as a proportion of resident population of the same age, source: ONS claimant count - age duration with proportions

- Approximately 12.3% of working age adults in Inverclyde have no formal qualifications
- Median earnings for full time workers in 2011 in Inverclyde were £464.40 which has increased from the 2007 rate of £383 per week. This is still approximately 6% lower than those for Scotland as a whole, but the gap has decreased from 13%.
- Working age people account for 64.5% of all people in Inverclyde. This is 1.2% lower than for Scotland as a whole

Feedback from communities

Communities feel that the main changes that have taken place in Inverclyde to improve it included:

- Massive investment in housing, leisure and arts
- Tourism and heritage
- New housing positive for area
- New schools
- Community safety and community spirit is improved
- More sports facilities

However this was balanced by observations that for some people the area has changed for worse / hasn't changed and is in decline, there is a perception of more drug addiction, more knife crime, there remains poor housing in some areas and a lack of job opportunities. It was felt that the development to the waterfront was more for the benefit of tourists rather than residents of the area.

There was a recognition that the developments also have positive impacts on the area particularly in regards to development potential, an attractive location, panoramic views and a better environment.

From the Community Engagement carried out about Employability, the top three suggestions for what prevents people from securing employment were lack of employment opportunities (including permanent jobs), the benefits trap (can't afford to work because better off on benefits) and addiction problems. Lack of affordable childcare was also cited often by those consulted.

When asked what could individuals, communities, Government and employers do to break down the barriers to employment the following suggestions were made:

- Individuals: training, education, being proactive about seeking work, volunteering and having optimism, perseverance and resilience
- Community: learning, training, job clubs, support and engage with people, workshops, volunteering
- Government: better funding for local initiatives, promote job centres , attract better jobs, paid training scheme places
- Employers: transport cost assistance, part time flexible work to ease people back into work, crèche facilities, local jobs for local people
- Organisations: work holistically to provide better services and signposting to other agencies, training/reskilling, promote area/attract investment, support local people.

The top five things people felt were missing from local provision to support people into employment were:

- Mentoring, support, employment opportunities

- Training
- Affordable childcare
- Financial support
- Long term employment.

This feedback has informed the development of the Outcome Delivery Plan for the group tasked with developing partnership activity around economic regeneration and employability .

Local Outcome

3. The area's economic regeneration is secured, economic activity in Inverclyde is increased, and skills development enables both those in work and those furthest from the labour market to realise their full potential

Links to:

National Outcome

1. We live in a Scotland that is the most attractive place for doing business in Europe.

2. We realise our full economic potential with more and better employment opportunities for our people.

Indirect Outcome

3. We are better educated, more skilled and more successful, renowned for our research and innovation.

Wellbeing Indicators

Achieving, Healthy, Nurtured and Included

Indicator/s *(noting frequency / type / source)*	2009/10	2010/11	'Progress' target/s to 2012-17 (where available)	'End' target/s & timescale/s or direction of travel
Enterprises by 10,000 adults Business stock data per 10,000 adults, Scottish Neighbourhood statistics http://www.sns.gov.uk/Reports/Report.aspx?ReportId=12&MetaIndicatorCode=ES-BusStock_SC#Meta (number of VAT/PAYE registered private sector enterprises operating in Inverclyde per 10,000 adults)		Inverclyde: 254 Scotland: 356 Gap = 102	Narrow the gap between the businesses per 10,000 adults in Inverclyde and the businesses per 10,000 in Scotland	Increase the business stock in Inverclyde.
Average Weekly wages Annual/excel spreadsheet/ http://www.nomisweb.co.uk/reports/ Source: ONS annual survey of hours and earnings – resident analysis	£465.90 (Inverclyde) £472.80 (Scotland) Inverclyde increased by 18.7% whilst Scotland only increased by 7%	£480.40 (Inverclyde) £488.20 (Scotland) Inverclyde increased by 3.1% whilst Scotland increased by 3.2%	Increase the average weekly wage in Inverclyde at the same rate as the Scottish average weekly wage increases.	Increase the average weekly wage for those employed in Inverclyde at the same rate as the Scottish average weekly wage increases.
Percentage of the population who are income deprived Biennial /objective / SIMD http://www.scotland.gov.uk/Topics/Statistics/SIMD/	**2009** 20.6% population income deprived Scotland = 15% Gap = 5.6%	**2010** 20.7% population Income deprived Scotland = 15.6% Gap = 5.1%	Stop the gap from increasing beyond 5.1%	Narrow the gap between Inverclyde figure and the Scottish figure
Percentage of datazones which are in the most deprived 15% of data zones Biennial /objective / SIMD http://www.scotland.gov.uk/Topics/Statistics/SIMD/	**2009: Inverclyde 38.2% (42 out of 110)** **Scotland - 15%** **28,748 (35%)** of Inverclyde's population live in the most deprived 15% datazones.	Unchanged in 2010 update from previous figure. **2009: Inverclyde 38.2% (42 out of 110)** **Scotland - 15%**	Ensure the percentage does not increase beyond 38%	Reduce the number of datazones in the most deprived 15% of data zones

Indicator/s ***(noting frequency / type / source)***	**2009/10**	**2010/11**	**'Progress' target/s to 2012-17 (where available)**	**'End' target/s & timescale/s or direction of travel**
	(Based on SIMD total population figure of 81,080)			
Employment rate in Inverclyde Annual/ Economically active people in employment figure, expressed as a percentage of the working age population/ Source: ONS Annual Population Survey numbers are for those aged 16 and over, % are for those aged 16-64 https://www.nomisweb.co.uk/reports/lmp/la/2038432138/report.aspx	**April 09 – March 10** Inverclyde = 68.2% Scotland = 71.2% Gap - 3%	**April 2010 – March 11** Inverclyde = 70.4% Scotland = 71% Gap - 0.6%	Do not allow the gap to grow beyond 3%	Narrow the gap between Inverclyde figure and the Scottish figure
Number of Young people 16 to 24 who are unemployed JSA Claimants/ONS Claimant Count https://www.nomisweb.co.uk/reports/lmp/la/2038432138/report.aspx	**March 2011** Inverclyde: 740 people Approx 10.1% Scotland: 8.3%	**March 2012** Inverclyde: 905 people Approx 12% Scotland: 8.8%	Reduce the gap of 3.2% from Scottish Figure	Narrow the gap between Inverclyde figure and the Scottish figure
Percentage of people in receipt of key out of work DWP benefits. Department for Work and Pensions benefit claimants – working age Percentage = proportion of resident population of area aged 16 - 64 https://www.nomisweb.co.uk/reports/lmp/la/2038432138/report.aspx	**Inverclyde – 19.5%** **Scotland -14.0%** **Gap – 5.5%** **(Aug 2010)**	**Inverclyde – 20.3%** **Scotland – 14.1%** **Gap – 6.2%** **(Aug 2011)**	Reduce the gap of 6.2%.	Reduce percentage of people claiming out of work benefits.
Number and percentage of working age people with no qualifications Source: ONS Annual Population Survey % are for those aged 16-64 https://www.nomisweb.co.uk/reports/lmp/la/2038432138/report.aspx	**Jan 2009 – Dec 2009** **Inverclyde - 13.7%.** **Scotland - 13.3%** **Gap - 0.4%**	**Jan 2010 – Dec 2010** **Inverclyde – 12.3%** **Scotland – 12.3%** **Gap - 0**	Maintain current 0% gap or improve against the Scottish %	National Indicator 12: Reduce the number of working age people with severe literacy and numeracy problems

Required action/commitment by local partners for these outcomes	• Set out in Outcome Delivery Plan
Scottish Government required action/commitment to support delivery of local outcome	• Assistance from Analytical Services colleagues at Scottish Government to carry out more in depth trend analysis regarding deprivation levels and appropriate targets, and trends regarding average weekly wages.
Plans/Strategies/Initiatives which support this outcome	• River Clyde Homes Business Plan • Riverside Inverclyde Business Plan • Inverclyde Economic Regeneration Strategy 2011-14 • Local Development Plan • Scottish Enterprise Business Plan • Scottish Government Economic Strategy 2011 • Achieving a Sustainable Future: Scottish Government Regeneration Strategy 2011 • Scottish Government Skills Strategy 2010 • Infrastructure Investment Plan 2011 • Scotland's Cities: Delivering for Scotland 2012 • Glasgow and Clyde Valley Economic Strategy 2011 • Regional Transport Strategy • Transport Outcome Report • Financial Inclusion Strategy • Local Social Economy Partnership • CVS Inverclyde Business Plan • Inverclyde More Choices, More Chances 'Planual' • James Watt College More Choices, More Chances Action Plan • Community Learning and Development Strategy • Inverclyde Integrated Employability Partnership • More Choices More Chances Partnership • Workforce Plus Partnership • Job Centre Plus • Skills Development Scotland

Local Outcome 4: The health of local people is improved, combating health inequality and promoting healthy lifestyles.

Local Context

Health is not a state. We can move between being unhealthy and healthy constantly, perhaps even within a few hours. Health is more about the outcome of a set of processes, and the interaction individuals have with other people and their external environment. Income inequality has a profound impact on health outcomes, so it is important to work to reduce the gap between our healthiest (and more affluent) communities and our unhealthiest (and least affluent) communities.

Health and social inequalities start early in life and persist not only into old age but impact on subsequent generations. We recognise that some of our communities experience higher levels of these poorer outcomes, and are committed to working to find ways to respond by improving lives; preventing ill-health and social exclusion; protecting good health and wellbeing and promoting healthier living.

What we're thinking can also have a profound impact on how well we deal with ill health. Feelings of hopelessness have a detrimental impact on healing rates[14]. If an individual feels that they have no control over their lives and no sense of coherence then this can lead to an inability to build resilience to negative situations, and undermine their ability and desire to cope. It can also lead to impaired mental health. This links to the work outlined in 2.2.4 regarding building resilience and capacity within communities, and that work will support the delivery of health and wellbeing within the communities of Inverclyde.

The recession and continuing economic difficulties mean that families are experiencing additional pressures that can impact on both physical and mental health. This will be further compounded by the welfare reform programme, specifically in relation to the change from Incapacity Benefit to Employment Support Allowance, which will see a reduction in income for many of our poorest families, and ultimately lead to an increase in demand for Primary Care and community health and social care services.

National problems which affect Inverclyde are obesity and child health. Improvements in health are linked to access to health care and hospital, but also access to jobs, leisure and education. With pressure on household budgets people will have less money to spend on e.g. leisure and the lack of jobs available will have negative impacts on people's health.

There is a considerable challenge to improve both the physical and mental health of Inverclyde people, recognising the relationship between the two.

We believe that we are beginning to demonstrate small improvement in health inequalities in terms of Inverclyde in comparison to the rest of Scotland. This 'above the waterline' impact is reflected somewhat in this document, but there will be a huge amount of work being undertaken in support of the high level SOA indicators to tackling health inequality at a very local level, as there are huge inequalities from community to community in our area, and sometimes from street to street. The work to address intra Inverclyde inequality sits below the waterline, and is not reflected in this SOA, but a wider performance

14 Everson SA, Goldberg DE, Kaplan GA, et al: Hopelessness and risk of mortality and incidence of myocardial infarction and cancer. Psychosom Med 58:113-121, 1996

management arrangement that will underpin the Health Inequalities outcome.

Key statistics[15] regarding health in Inverclyde are:

- Female life expectancy at birth (79.1 years) is greater than male life expectancy (73 years), but both were lower than the Scottish average (80.4 female, 75.8 male). Male life expectancy at birth in Inverclyde is improving more rapidly than female life expectancy.
- In Inverclyde female life expectancy at age 65 (18.9 years) is greater than male life expectancy at age 65 (15.5 years).
- Mortality rates from all causes (all ages), coronary heart disease (under-75s) and cerebrovascular disease (under-75s) are significantly higher (worse) than the Scottish average.
- An estimated 25.0% of adults smoke, the same figure as for Scotland as a whole.
- Active travel to work and levels of sporting participation (including walking) are similar to the Scottish average.
- Cancer registrations and the proportions of the population hospitalised for coronary heart disease, COPD, emergency admissions, and multiple admissions (65 years and over), are all significantly higher (worse) than the Scotland average.
- The rate of road traffic accident casualties is significantly lower (better) than the Scottish average
- The rate of hospitalisations after a fall in the home (65 years and over) is significantly higher (worse).
- The percentage of patients prescribed drugs for anxiety/depression/psychosis and the patient psychiatric hospitalisation rate are also significantly higher than average.
- The suicide death rate in Inverclyde (16.2 per 100,000 population) is similar to the Scottish average (15.1 per 100,000).
- Inverclyde has a significantly higher percentage of older people (65 years and over) receiving free personal care at home compared to the Scottish average
- The percentage of adults claiming incapacity benefit/severe disability allowance is significantly higher than average.
- Breast screening uptake is significantly lower in Inverclyde (68.6%) compared to the Scottish average (75.3%).
- The prevalence of pregnant mothers who smoke is higher than the Scottish average.
- Between 2009 and 2010 Inverclyde experienced a 2.7 per cent decrease in the number of births, dropping from 813 in 2009, to 791 in 2010. The number of births in Scotland fell by 0.4 per cent.
- The number of deaths in Inverclyde increased from 971 in 2009 to 1,050 in 2010. Over the period 2008 to 2010 the overall death rate was higher for males than for females. Compared to Scotland over the period 2008 to 2010, Inverclyde had a higher death rate. The main cause of death in Inverclyde was circulatory disease, followed by cancer.
- The number of patients hospitalised with drug related conditions is higher than the Scottish average.
- For 2006-2010, for Scotland as a whole, the drug related mortality rate was 0.10 per 1,000 population. The NHS Health Board area with the highest mortality rate was Greater Glasgow and Clyde (0.15 per 1,000 population). Inverclyde's rate for 2006 – 2010 was 0.12 per 1,000 population, coming 6th in the country behind Glasgow City (0.19), West Dunbartonshire (0.18), Dundee City (0.17), Aberdeen City (0.13) and Renfrewshire (0.13).[16]

[15] SCOTPHO Local Authority Health and Wellbeing Profiles 2010 http://www.scotpho.org.uk/comparative-health/profiles/2010-chp-profiles
[16] GRO-Scotland http://www.gro-scotland.gov.uk/files2/stats/drug-related-deaths/2010/drug-related-deaths2010.pdf

Feedback from communities

The main factors that communities identified as contributing to health inequality were poverty and housing, followed by unemployment and environment.

Ways in which community groups can contribute to health and wellbeing identified were:

- Bringing people together / combating isolation
- Representing the community and affecting change
- Campaigning for improved services / bring services to the local community
- Providing information / awareness raising
- Providing activities / opportunities
- People who care about the community

When asked what else could community groups do to improve health and wellbeing, groups suggested the following:

- Campaign on local issues
- Provide community events / open days
- Promote community spirit
- Provide activities for families
- Attract services to the area
- Get whole community involved in activities such as community clean ups, play schemes, etc.
- Combat anti-social behaviour
- Combat alcohol / drug misuse
- Newsletters

However, most groups highlighted that funding and / or having access to local facilities were required if additional activities and opportunities were to be provided.

Suggestions of what communities could do to help people be more physically active included the provision of keep fit classes, walking, cycling and swimming clubs, social and community events, community cafe, clean up campaigns, health initiatives, community allotments, provision of play areas, provision of healthy affordable food and campaigns for local amenities.

This feedback has informed the development of the Outcome Delivery Plan for the group tasked with developing partnership activity around health inequalities. The progress reports for this delivery plan are made available on the Inverclyde Council website which can be accessed by clicking here.

The report from the Community Engagement on health inequalities can be accessed by clicking here.

Local Outcomes

The health of local people is improved, combating health inequality and promoting healthy lifestyles.

Links to:

National Outcome

6. We live longer, healthier lives.
15. Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it.

Wellbeing Indicators

Safe, healthy, nurtured, active and included.

Indicator/s *(noting frequency / type / source)*	**2009/10**	**2010/11**	**'Progress' target/s to 2012-17 (where available)**	**'End' target/s & timescale/s or direction of travel**
Life expectancy at birth (males and females) in most deprived (MD) and least deprived (LD) areas National Records of Scotland, Life Expectancy in Scottish Council areas split by deprivation 2006-2010 http://www.gro-scotland.gov.uk/statistics/theme/life-expectancy/scottish-areas/council-areas-by-deprivation/index.html	**2005-2009** Males MD = 67.1 Males LD = 74 Gap = 6.9 years Females MD = 76.1 Females LD = 78.9 Gap = 2.8 years	**2006-2010** Males MD = 67.1 Males LD = 73.7 Gap = 6.6 years Females MD = 75.4 Females LD = 79.5 Gap = 4.1	Decrease the gap in life expectancy at birth between the Most Deprived and Least Deprived areas in Inverclyde	**National Indicator 16:** Increase life expectancy at birth in the most deprived areas

Indicator/s ***(noting frequency / type / source)***	**2009/10**	**2010/11**	**'Progress' target/s to 2012-17 (where available)**	**'End' target/s & timescale/s or direction of travel**
Percentage of the adult population who smoke Source: Scotpho Health and Well Being Profiles for Local Authorities Awaiting information from CHCP		**2010** New ScotPHO profile estimates 25% smoking prevalence in Inverclyde. This is the same as the Scottish average.	Reduce the percentage of the adult population who smoke to lower than the national average	Reduce the percentage of the adult population who smoke
Number of drug related deaths Source: General Register Office for Scotland / Annually		**2006 – 2010** Average deaths per 1,000 population = 0.12	Reduce the 5 year average death rate to below the Scottish average of 0.10 people per 1,000 population	Reduce the number of drug related deaths.
Self assessed health Random adult (aged 16+) asked "How is your health in general? Would you say it was very good or good?" Biennial / Scottish Household Survey	Very good / good - 71%	Not available	Maintain or improve 71% rating their health as good or very good	Improve the % of people rating their health as good or very good
Mortality rates per 100,000 for people aged under 75 Source: Scottish Neighbourhood Statistics	2009 428.9 – Inverclyde 364.8 - Scotland	2010 482.3 – Inverclyde 357.2 - Scotland	Reduce mortality rates.	Reduce mortality rates.
Percentage of people 65+ with intensive needs receiving care at home Inverclyde CHP Quarterly (Note: This indicator provides a link to the National framework for Community Care outcomes) **(intensive needs defined: 65+ receiving 10+ hours of HC)**	**2010** 38%	**2011** 35.7% (Number of LD clients erroneously counted in previous years excluded in 2011 from this indicator).	Maintain the % of people 65+ with intensive needs receiving care at home	Maintain the % of people 65+ with intensive needs receiving care at home

Indicator/s ***(noting frequency / type / source)***	**2009/10**	**2010/11**	**'Progress' target/s to 2012-17 (where available)**	**'End' target/s & timescale/s or direction of travel**
Social Rented Homes meeting Scottish Quality Housing Standard Inverclyde Council Local Housing Strategy	**2010** 41%	**2011** 43.4%	Increase to 100% of homes	All social rented homes (excluding private sector) to meet standard by 2016

Required Actions/commitment by local partners for these outcomes	• Set out in Outcome Delivery Plan
Scottish Government required action/commitment to support delivery of local outcome	• Clarification on a mental health and wellbeing indicator, measured at local authority level • Delivery by Scottish Government of their elements of Equally well report. • Amendment of the Scottish building regulations is required in order to increase the provision of Sprinkler systems fitted in all new dwelling homes.
Plans/Strategies which support this outcome	• Joint Health Improvement Plan • Inverclyde Community Health Partnership Development Plan • Inverclyde Arts Strategy • Choose Life Strategy • Inverclyde CHP Tobacco Action Plan • Inverclyde Joint Alcohol Strategy. • River Clyde Homes Business Plan • All Housing Associations Business Plans • Inverclyde Leisure Business Plan/Strategy • Financial Inclusion Strategy • Sports Strategy • Integrated Children's Services Plan
Initiatives to support this outcome	• Child Protection Procedures • Keep Well • Healthy Working Lives • Your Voice: Community Care Forum • Inverclyde CHP PPF • Smoke Free Services • Third Sector Delivery/Community Activity

Local Outcome 5: A positive culture change will have taken place in Inverclyde in attitudes to alcohol, resulting in fewer associated health problems, social problems and reduced crime rates.

Local Context

Alcohol misuse is a particular problem in Inverclyde, particularly amongst the more disadvantaged population, where deaths and hospital admissions related to alcohol misuse are more than double the national average.

Over the 10 years from 2000 to 2010 there were 437 alcohol related deaths. While some improvement has been evidenced in recent years, this remains an area of concern. Alcohol misuse does not only affect the life of the user, but can impact on their families, neighbours and the community.

The rate of hospital admission due to severe alcohol related mental health conditions is extremely high in Inverclyde, far exceeding the Scottish average for alcoholic psychosis. This is particularly marked in younger age groups for men and women alike. Alcohol consumption also plays a growing role in relation to emergency admissions to general hospitals. Evidence has shown a rise in the number of women with serious alcohol related problems who present to services.

Inverclyde has high levels of Alcohol Related Brain Damage (ARBD) and demonstrates the highest level of Korsakoff Psychosis in Europe[17]. This serious form of ARBD was previously associated with older chronic drinkers but is now identified in younger age groups. Inverclyde's ARBD rate is the highest in the Greater Glasgow and Clyde area, more than treble that of the Scottish National Average ARBD rate.

Alcohol plays a major part in relation to crime and the fear of crime in Inverclyde. Strathclyde Police (Inverclyde Sub Division) have highlighted that 85% of people who are arrested for disorder related offences are under the influence of alcohol, and in about 80% of violent crime cases in Inverclyde, alcohol has been a contributing factor, whether consumed by the victim, perpetrator or both[18]. Domestic violence also demonstrates a significant level of alcohol involvement. Women's Aid highlight that whilst the number of incidents of domestic abuse reported to the Police have fallen, their figures have shown an increase in the last year[19]. Major issues in Child Protection indicate substantial parental involvement with alcohol and drug misuse.

Two thirds of young offenders were drunk at the time of committing their offence and a significant number of prisoners report having problems with alcohol and drugs outside prison[20]. Most prisoners have a history of substance misuse as with mental health services, Greenock prison has clear links to local drugs and alcohol services with good lines of communication with a wide range of services to support clients leaving prison.

[17] A Fuller Life, Report of the Expert Group on Alcohol Related Brain Damage, University of Stirling, 2004
[18] Drugs Strategy: Tackling Drugs in the Community, ACPOS, 2009-2012
[19] To Reduce Violence Against Women, Inverclyde CSP, Co-ordinating Group, October 2009
[20] Alcohol and Inverclyde: Impact, Services and Strategy, Report prepared for the Inverclyde Alliance Board, 2007

Strathclyde Fire and Rescue in Inverclyde believes there may be a link between the consumption of alcohol and the types of fire-related anti-social behaviour incidents encountered by their officers[21]. Alcohol is implicated as a contributory factor in fires and can be regarded as a major social problem which may help to account, at least in part, for the higher numbers of fires and fire deaths experienced. 90% of reports on dwelling house fires that are recorded as "careless handling – due to sleep or unconsciousness" are attributed to alcohol or drugs in some way.

A significant proportion of Inverclyde residents presenting at emergency homeless services have alcohol and drug problems. In response to this Alcohol and Drug Services can be accessed directly by service users.

Figures from the 2010 Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) on Inverclyde highlight that 37% of 13 year olds (53% in 2006) and 74% of 15 year olds (84% in 2006) reported that they had had an alcoholic drink. This difference by age is significant. Among those pupils who had drunk alcohol, the average age when they had first drunk more than a small amount of alcohol was 12 years old. In relation to trying drinking, 45% of 13 year olds (46% in 2006) and 83% of 15 year olds (74% in 2006) thought it was ok for someone their age to try drinking alcohol to see what it's like. There was no significant difference in the proportion of boys and girls in Inverclyde who reported they had had an alcoholic drink in the last week - 20% of boys and 14% of girls but this has dropped from 2006 - 27% of boys and 23% of girls[22].

The proportion of 13 year olds in Inverclyde who have ever had a proper alcoholic drink is lower than the national average (37% of 13 year olds in Inverclyde compared with 44% of 13 year olds nationally). The proportion of 15 year olds in Inverclyde who have ever had a proper alcoholic drink is similar to the national average.

For young people, the use of alcohol can be influenced by a number of factors, including cultural and familial norms, peer pressure and personal preferences.

- There have been 193[23] deaths from alcohol conditions in the last five years and the death rate is significantly higher than the Scottish average.
- The proportions of the population hospitalised for alcohol conditions and for drug related conditions are significantly higher than the Scottish average.
- Alcohol is implicated in a significant proportion of unplanned teenage pregnancies.

Feedback from communities

Alcohol misuse is also an issue that communities are concerned about. In a Citizens' Panel Survey carried out in December 2010, 70% of respondents felt that over consumption of alcohol in their neighbourhood was a problem. When asked about the problems of over consumption, 50% of respondents said that it led to an increase in incidents of anti-social behaviour, 42% said that there were problems associated with underage drinking and 25% felt that it led to an increase in violence and crime.

This feedback has informed the development of the Outcome Delivery Plan for the group tasked with developing partnership activity around alcohol misuse as well as the work of the Inverclyde Alcohol and Drug Partnership. The progress reports for this delivery plan are made available on the Inverclyde Council

[21] http://www.strathclydefire.org/pdfs/Scotland_Together_07_09_09.pdf
[22] Scottish Schools Adolescent Lifestyle and Substance Use Survey, 2006 and 2010: Smoking, Drinking and Drug Use among 13 and 15 year olds in Inverclyde
[23] http://www.gro-scotland.gov.uk/statistics/theme/vital-events/deaths/alcohol-related/tables.html

website which can be accessed by clicking here.

Local Outcome
A positive culture change will have taken place in Inverclyde in attitudes to alcohol, resulting in fewer associated health problems, social problems and reduced crime rates.

Links to:

National Outcome

6. We live longer healthier lives

Indirect Outcome

9. We live our lives safe form crime, disorder and danger.

8. We have improved the life chances for children, young people and families at risk

Wellbeing Indicators

Safe, healthy, nurtured and included.

Indicator/s *(noting frequency / type / source)*	**2009/10**	**2010/11**	**'Progress' target/s to 2012-17 (where available)**	**'End' target/s & timescale/s or direction of travel**
Alcohol related hospital discharges Annual/ ISD data reporting (Alcohol Statistics Scotland)/ http://www.alcoholinformation.isdscotland.org/	**2009/10** 991 This is the most recent data available		Ensure that number does not exceed 2009/10 levels of 991.	To improve our position relative to the national average
Number of alcohol related deaths http://www.gro-scotland.gov.uk/statistics/theme/vital-events/deaths/alcohol-related/tables.html	**2005 - 2009** 37 - 5 year moving annual average	**2006-2010** 39 - 5 year moving annual average	Decrease by 3% from 2006-10 baseline	Reduction in alcohol related deaths

Indicator/s ***(noting frequency / type / source)***	**2009/10**	**2010/11**	**'Progress' target/s to 2012-17 (where available)**	**'End' target/s & timescale/s or direction of travel**
Inpatients diagnosed with Korsakov psychosis GGCNHSB, Medical Records Department, Ravenscraig Hospital Larkfield Inverclyde Royal Hospital	**2009/10** 22		Ensure no increase in the 2009/10 figure	Maintain the reduction in the number of inpatients diagnosed with Korsakov psychosi
Respondents who have said that they believe excessive drinking of alcohol is a particular problem in Inverclyde. **Percentage of people noting 'alcohol abuse' as a negative aspect of their neighbourhood.** **Biennial / Scottish Household Survey** Biennial/Citizens' Panel/ Summer 2010 Postal Survey To be replaced by SHS stats?	Not available	**2010** 93%	Reduce to 89%	Reduction in the number of Citizens' Panel respondents who believe excessive alcohol consumption is a problem in Inverclyde

Required Actions/commitment by local partners for these outcomes	• Set out in Outcome Delivery Plan
Scottish Government required action/commitment to support delivery of local outcome	• Support required regarding capturing information about prevalence of alcohol misuse and the culture and attitudes to alcohol in Inverclyde. • Scottish Government research to identify issues, and particularly to cross reference when and where incidents are taking place • Increase the cost of alcohol • Investigation into the development of alcohol free zones • Increased intervention to the license trade via licensing board/forum activities • a national enhancement to the school curriculum to be considered which would deal with changing alcohol culture from an early age • national level awareness raising / promoting culture change amongst the older generations alongside work that may be done in early years / young people • National response to retail of alcohol – this aspect of the priority cannot be tackled at a local level. In terms of licensing and purchasing behaviours, this should be addressed across Scotland • local information via a national request for information on alcohol expenditure levels (from HM Revenues and Customs) – analysing expenditure will provide information about consumption which can then enable us to view the extent of the problem
Plans/Strategies which support this outcome	• Inverclyde Alcohol and Drug Partnership Strategy

	• Inverclyde Joint Alcohol Strategy • Scottish Government Alcohol Strategy • Joint Health Improvement Plan
Initiatives to support this outcome	• Community Safety Partnership Strategic Assessment on Community Safety and Anti Social Behaviour • Inverclyde Alcohol and Drug Partnership

Local Outcome 6: A nurturing Inverclyde gives all our children and young people the best possible start in life.

Local Context.

Scotland's Chief Medical Officer set out the evidence of the connection between early years and a range of physical and mental health outcomes in his 2006 Annual Report. He particularly emphasised the importance of pregnancy and parenting in defining health outcomes. Parents' interaction with children in the first years of life is critical in developing relationships and laying the foundations for positive physical and mental health development. We know that high-risk behaviour such as substance misuse, smoking and poor diet during pregnancy and the early years can have a serious impact on a child's health, development and outcomes.

The development of children's brains in the early years is critical to how they grow to be safe, healthy, active, nurtured (and nurturing), achieving, respected, responsible, and included adults. Without the right nourishment, stimulation, love and care, the neurological pathways for learning, empathy, memory and emotion will not develop. This can lead to increased stress levels and aggression in children, and lead to adults who engage in antisocial behaviour and who have very negative outcomes in regard to learning, employment and relationships with self and others.

As a child's brain develops in its first 6 years, it is highly important to make sure positive pathways are stimulated through reading and positively interacting, and ensuring the child is not exposed to stressors which will hinder development. Domestic abuse and violence against women, even pre birth can have a detrimental effect on a child's development.

There is a need to focus on assets and developing these assets in children, creating the capacity within them to act as a buffer against life stressors. Attachment is a core part of this development and work currently in Inverclyde is looking to develop parenting skills to ensure the next generations living in this area are happy, supported and safe.

From the child's perspective, there is evidence that exposure to high levels of parental stress, neglect and abuse can have a severe effect on brain development. There are clear gaps between the development of children whose parents face such stresses and those being brought up in less stressful households. These gaps continue through life. At age 3, children at higher risk of poor outcomes can be identified on the basis of their chaotic home circumstances, their emotional behaviour, their negativity and poor development.

These children face many risks and improving early years support is key to improving child protection. By the time such children reach adulthood, these children are more likely to have poor health outcomes, be unemployed, have criminal convictions, have substance misuse problems and have experienced teenage pregnancy. Improving the early years experiences of these children is therefore a central element of this SOA to support the delivery of all the other local outcomes focussing on regenerating communities, reducing crime, tackling substance misuse and improving employability.

As well as the lost childhoods and the damage to children, families and communities, the financial costs of failure are enormous. For example, the annual

costs of providing intensive secure care for a teenager can be in excess of £200,000 per annum[24]. The costs of impaired health, lack of employment and criminality throughout life could be many times that. There is evidence of a positive economic return from early years investment, i.e. spending on programmes that are targeted, high quality and based on an effective methodology can save more than they cost over a number of years. The studies which show a positive rate of return rely on effective targeting of programmes and resources, implying a need for better risk assessment and matching of resources to need within universal services, as well as the availability of more targeted services where needed.

All the partners in the Inverclyde Alliance have the aspiration that all the young people in the Inverclyde area have the best start in life. The focus of the Alliance is the development of a nurturing approach to all aspects of our work, enabling all partners to share a common goal and to promote the growth and development, both economic and emotional, of our children, and broadening this out to our citizens and communities in their role to support young people.

The partnership is being guided by *Getting it right for every child*[25], which is a national programme to improve outcomes for all children and young people in Scotland. It threads through all existing policy, practice, strategy and legislation affecting children, young people and families.

The Values, Principles and Core Components of *Getting it right for every child* will lead to improved outcomes for children and young people and will ensure that resources are used more effectively and efficiently.

Getting it right for every child requires a positive shift in culture, systems and practice across the managers and practitioners who work in frontline services for children, young people and families

Partnership approaches are being developed around supporting children in their early years, and helping to build resilience in vulnerable children and young people, to try to break the cycle of deprivation in particular areas. Partners have recognised the need to develop interventions and support for the residents of Inverclyde, from their earliest years.

- The percentage of school age children moving into positive destinations after school in 2011/12 was 88.4%, a slight drop on the previous year.[26]
- There were no leavers unaccounted for in Inverclyde. 36.4% went into Higher Education, 27.4% went into Further Education, 8% went into training, 16.4% went into employment, 10% were unemployed but seeking employment and 1.5% were unemployed and not seeking employment.
- Attendance rates in primary schools in 2009/10 were 3.3% higher than the national average.[27]
- Attendance rates in secondary schools in 2009/10 were 5.3% higher than the national average.
- Across 2009/10 and 2010/11 100% of schools and early years establishments in Inverclyde received positive inspection reports
- The percentage of pupils reaching level 3 in English & Maths by end of S4 in 2010/11 was 16% higher than the national average.
- The percentage of young people ceasing to be looked after, who achieved SCQF level 3 or better in English & Maths was approximately half the percentage of all pupils reaching level 3 in English & Maths by end of S4 .
- 87.5% of looked after and accommodated children were in community placements .

[24] http://www.scotland.gov.uk/Publications/2009/01/13095148/0
[25] http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright
[26] Skills Development Scotland, Inverclyde CPP Report, February 2012.
[27] Inverclyde Council, Statutory Performance Indicators, http://www.inverclyde.gov.uk/council-and-government/performance/performance-reports/performance

- 100% of care leavers in Inverclyde between 1 August 2010 and 31 July 2011 had a pathway plan and pathway co-ordinator.
- In 2011 100% of looked after children had a current care plan.
- In 2011 there were 29 children on the Child Protection Register, a rate of 2.1 per 1,000 population aged 0-15. This is lower than the Scottish rate of 2.8.
- The rate of children looked after by the local authority is significantly higher than the Scottish average.[28]
- The teenage pregnancy rate (under-18s) is significantly lower than the Scottish average. However the differences in numbers of teenage pregnancies between the more affluent and deprived areas is significant enough to warrant further investigation.[28]
- For Inverclyde Community Health and Care Partnership (CHCP), infant mortality and mortality in children aged 1–15 years are significantly higher than the Scottish average, although the absolute number of deaths is small. For the 16–24 years age group, rates are similar.[28]
- In Inverclyde, only 50% of children in primary 1 have no obvious dental decay experience, significantly below the Scottish average of 62%.[28]
- For all other physical health indicators the local values do not differ significantly from Scotland as a whole. [28]
- More than 55% of children in Inverclyde CHCP live in families dependent on out of work benefits or child tax credit, which is significantly higher than the Scottish average of 47% for this particular measure of child poverty. [28]
- Similarly, the proportion of children and young people resident in 'income deprived' areas is more than twice the Scottish value. [28]
- Breastfeeding rates and the proportion of mothers smoking during pregnancy are both significantly worse (lower and higher respectively) than the Scottish average. At just 16%, breastfeeding rates are amongst the lowest of all CHPs[28]. The percentage of babies exclusively breastfed at 6-8 weeks is significantly lower than the Scottish average.
- Immunisation indicators show rates that are either better than or similar to the Scottish average. [28]
- Compared with Scotland as a whole, the rate of low weight live births is similar. [28]

Feedback from communities

Communities, including young people, felt that the majority of young people are great and often not recognised enough for the good things they do. They felt that young people were often stereotyped and misjudged.

It was recognised that there are tension between young people coming together from different areas in Inverclyde and a need to tackle territorialism. Other issues raised were that alcohol and drugs are seen to be too readily available to young people and underage substance misuse is a problem. Communities also felt that young people are growing up too quickly particularly around relationships and parenthood.

When asked about what gaps there were in provision for young people the key gaps raised were:

- More youth clubs and school buildings should be open at night and weekends to give young people things to do.
- Lack of parental support and relationships
- Lack of employment opportunities
- Perceived lack of affordability of healthy food options

[28] http://scotpho.org.uk/web/FILES/Profiles/2010/CYPP/Inverclyde%20(web).pdf

- Many activities come with a cost attached which can be a barrier for young people being able to take part.

When asked what communities could do to support young people in having the best start in life suggestions were:

- Positive and supportive parenting
- Broader life skills as part of the school curriculum
- Media portrayal of the good things about Inverclyde and young people
- Listening to young people

This feedback has informed the development of the Outcome Delivery Plan for the group tasked with developing partnership activity around best start in life for young people as well as the work of the majority of the other outcomes. The progress reports for this delivery plan are made available on the Inverclyde Council website which can be accessed by clicking here.

The report from the Community Engagement on a best start in life for young people can be accessed by clicking here.

Local Outcome

A nurturing Inverclyde gives all our children and young people the best possible start in life.

Links to:

National Outcome
5. Our children have the best start in life and are ready to succeed

Indirect Outcome
4. Our young people are successful learners, confident individuals, effective contributors and responsible citizens.

8. We have improved the life chances for children, young people and families at risk.

Wellbeing Indicators

Safe, healthy, active, nurtured, achieving, responsible and included.

Indicator/s ***(noting frequency / type / source)***	**2009/10**	**2010/11**	**'Progress' target/s to 2012-17 (where available)**	**'End' target/s & timescale/s or direction of travel**
Percentage of S4 pupils achieving accredited qualifications. Source: Education Services	**2009** Inverclyde - 95% Comparator Authority Average – 91% National – 88% **2010** Inverclyde - 96% Comparator Authority Average – 96% National – 88%	**2011** Inverclyde – 95% Comparator Authority Average – 90% National - 89%	To continue to meet or exceed the Scottish average.	To meet or exceed the Scottish average.
Percentage of S5 and S6 pupils who leave school with five or more highers. Source: Education Services	**2009** Inverclyde – 5% Comparator Authority Average – 4% National – 5% **2010** Inverclyde – 4% Comparator Authority Average – 5% National – 6%	**2011** Inverclyde – 6% Comparator Authority Average – 5% National – 6%	To continue to meet or exceed the Scottish average.	To meet or exceed the Scottish average.
Reduce exclusion rates per 1,000 school pupils for: **I. Children across all sectors** **II. Children who are looked after and accommodated** Source: Education Services	**I. All sectors - Primary** Inverclyde: 23 Scotland: 12 **All sectors - Secondary** Inverclyde: 112.8 Scotland: 81.6 **II. LAC – Primary** Inverclyde: 86 **LAC – Secondary** Inverclyde: 81	**I. All sectors - Primary** Inverclyde: 17 Scotland: 11 **All sectors - Secondary** Inverclyde: 101.2 Scotland: 81.6 **II.LAC – Primary** Inverclyde: 92 **LAC – Secondary** Inverclyde: 94	To meet or exceed the Scottish average.	To meet or exceed the Scottish average.

Indicator/s ***(noting frequency / type / source)***	**2009/10**	**2010/11**	**'Progress' target/s to 2012-17 (where available)**	**'End' target/s & timescale/s or direction of travel**
Attendance at secondary schools Education Services		Inverclyde: 90.84% Scotland: 91.1%	To meet or exceed the Scottish average.	To meet or exceed the Scottish average.
Percentage of nursery age children attending pre-school and ante-pre-school placements. Education Services	**2010** Pre-school: 97.6% Ante-pre-school: 97%	Not available	Maintain pre-school and ante-pre-school provision and review services for children under 3.	Maintain pre-school and ante-pre-school provision and review services for children under 3.
Number of children who are educated in residential placements out with Inverclyde.		8 (2 of these in a secure unit) as at June 2012	Reduce the percentage of children who are educated out with Inverclyde.	Reduce the percentage of children who are educated out with Inverclyde.
Percentage of school leavers in positive and sustained destinations Skills Development Scotland	89.1%	Not available yet	Maintain the % of school leavers in positive and sustained destinations	Increase the % of school leavers in positive and sustained destinations
Percentage of children in poverty HM Revenues & Customs	**2009** 23.3%	Not available	Reduce the % of children in poverty	Reduce the % of children in poverty
Infant deaths per 1,000 live births GRO Scotland	**2009** Inverclyde: 6.2 Scottish average: 4.0	**2010** Inverclyde: 6.3 Scottish average: 3.7	Reduce the number of infant deaths	Reduce the number of infant deaths
Percentage of children exclusively breastfed at 6 – 8 weeks. http://www.isdscotland.org/isd/1914.html	**2009** Scotland - 26.5% Inverclyde - 14.4%	**2010** Scotland **26.1%** Inverclyde **13.7%**	(a) Improve ratio of Inverclyde to Scottish average (b) Reduce the	(a) Improve ratio of Inverclyde to Scottish average (b) Reduce the

Indicator/s *(noting frequency / type / source)*	**2009/10**	**2010/11**	**'Progress' target/s to 2012-17 (where available)**	**'End' target/s & timescale/s or direction of travel**
Different targets to be set			difference in percentage between SIMD areas and Inverclyde average	difference in percentage between SIMD areas and Inverclyde average
Percentage of all full-term singleton births weighing less than 2,500g. Inverclyde CHCP	**2010** Inverclyde: 2.6% Scotland: 2.3%	**2011** Not available at present	Decrease the number of low weight births	Decrease the number of low weight births
Percentage of primary 1 children with no obvious dental decay experience Inverclyde CHCP	Inverclyde: 50.2% Scotland: 61.8%	Not available	Increase the percentage of children without dental decay.	Increase the percentage of children without dental decay.

Required Actions/commitment by local partners for these outcomes	• Set out in Outcome Delivery Plan	
Scottish Government required action/commitment to support delivery of local outcome	Continued funding and guidance to support implementation of 'A Curriculum for Excellence' and other associated national initiatives. Need to resource and encourage the development of a national parenting programme.	
Plans/Strategies which support this outcome:	• Integrated Children's Services Plan • Joint Health Improvement Plan • Workforce Plus Action Plan • Financial Inclusion Strategy • Child Trust Fund Annual Report for 2007 • MCMC Action Plan • Choose Life Strategy • HEAT targets Inverclyde • Financial Inclusion Strategy	
Initiatives to support this outcome	• How Good is Our School? • How Good is our Community Learning and Development? • Implementation of Curriculum for Excellence • More Choices, More Chances • Looked After and Accommodated Children and Young People	• Working for Families • Inverclyde Financial Inclusion Partnership • Child Trust Fund • Money Matters • Workforce Plus

	• Corporate parent policy/ Children's champion scheme • Child Protection Procedures • Youth Strategy Group • Kinship Care strategy	• Financial Fitness Third Sector Delivery/Community Activity

Local Outcome 7: Inverclyde is a sustainable and pleasant place where people want to live now whilst at the same time safeguarding the environment for future generations.

Local Context

Inverclyde benefits from spectacular surrounding countryside and views across the Firth of Clyde, coupled with some very beautiful historic buildings. Part of Clyde Muirsheil Regional Park sits within its borders and access to the countryside is relatively straightforward, including a beach at Lunderston Bay. It also has a range of high quality private housing, and new developments of good quality social housing.

However, the environment of Inverclyde faces a number of challenges such as:

- A riverside cut off from large sections of communities by the A8 trunk road or the railway line.
- Poor quality social housing stock in some areas.
- Particular areas are in a poor state of repair, coupled with older inappropriate property stock.
- Lack of new business locations for modern services.
- High levels of derelict land and buildings.
- Poor urban environment and image.
- Lack of a co-ordinated, joined up green network

The physical landscape is shaped by flatter areas by the river where all the main housing and business development prior to 1900 took place, and the steep hills to the south of the river where building post 1900 took place. Areas of housing on the steep slopes are mainly from the 20th century. The implications of this physical landscape and fragmented urban development of the area are:

- isolated neighbourhoods with isolated streets/spaces
- lack of through movement and 'policing by presence'
- creates conditions for anti-social behaviour
- core urban areas and facilities are hard to access on foot
- creates social isolation and territorialism
- there is no clear connecting route between the river and Clyde Muirsheil Regional park

There is a need to break down physical divisions and reduce social isolation & territorialism and to break down physical barriers to access and physical activity. It is recognised that the natural and built environment has an influence on wellbeing, confidence and civic pride, and so enhancing and sustaining the environment to create better physical links between neighbourhoods, create better links to core urban areas and the waterfront and to link the green network into residential areas will benefit all the communities of Inverclyde.

A considerable programme of investment has taken place over the last five years, demolishing and rebuilding a large swathe of socially rented housing, and developing the waterfront area, particularly around James Watt Dock. A large part of the built environment has been refurbished or restored including the Ladyburn school at Pottery Street and the Sugar Sheds.

Climate change is an issue for the area too, and partners are working to identify ways in which they can all contribute to the reduction of Inverclyde's carbon and ecological footprints. Additionally initiatives like the Glasgow and Clyde Valley Green Network and Integrated Habitat Network Modelling project should help the local authority to protect, enhance or create key areas of woodland, wetland and grassland, working to link up habitats, ensuring sustained biodiversity across the area.

Initiatives such as the Core Paths Plan and Paths for All will also contribute to reducing carbon footprints, promoting more sustainable forms of transport and getting people exercising through walking or cycling with the knock on benefits to health that this creates.

Flooding in Inverclyde is also a pressing issue which can result in disruption to residents, damage to properties, road closures and negative publicity for community planning partners. A Flood Action Plan has been put in place in order to tackle this problem through partnership working, including the Scottish Government, rail operators and landowners.

Feedback from Communities

Local Outcome
Inverclyde is a sustainable and pleasant place where people want to live now whilst at the same time safeguarding the environment for future generations.

National Outcome

14. We reduce the local and global environmental impact of our consumption and production.

Indirect Outcome

12. We value and enjoy our built and natural environment and protect it and enhance it for future generations.

10. We live in well designed sustainable places, where we are able to access the amenities and services we need.

Wellbeing Indicators

Safe, healthy, active and included.

Indicator/s ***(noting frequency / type / source)***	**2009/10**	**2010/11**	**'Progress' target/s to 2012-17 (where available)**	**'End' target/s & timescale/s or direction of travel**
C02 emissions per capita Department of Energy and Climate Change	5.7	Not available	12% reduction by 2016.	Reduce CO2 emissions per capita
Percentage of journeys to work made by public or active transport Biennial/questionnaire/Citizens' Panel 2008	**2010** 29% (Bus 10%, walk 12%, Train 6% Bicycle 1%)	Not available until 2012.	Increase to 35%	**National Indicator 36:** Increase the proportion of journeys to work made by public or active transport
Percentage of children walking or cycling to school Safer and Inclusive Communities / Annual Survey	47%	45%	Reduce the percentage of children driven all the way to school by 5% by 2017.	Reduce the percentage of children driven all the way to school by 5% by 2017.
Kilograms of municipal waste collected per capita Environmental and Commercial Services	46820 t / 79770 = 586 kg	46424 t / 79770 = 582 kg	Reduce by 1% to 576kg by 212/13.	Reduce kilograms of municipal waste collected per capita
Percentage of waste being recycled or composted Annual returns/Inverclyde Council	30.3%	31.5%	Increase levels of recycling rates to 33.3% by 2011.	Continue to increase levels of recycling
Environmental Impact of Fires Number of fires/ CO2 emissions Strathclyde Fire and Rescue	934 fires 2146 tonnes C02	1179 fires 2251 tonnes C02	Reduce building fires by 3% per annum	Reduce building fires by 3% per annum
Availability of local green space in SIMD areas – The percentage of people with access to local green space who live in the 20% most deprived areas. Annual / Scottish Household Survey	31%	Not available	Return to 2007/08 level of 38%	Increase the availability of local green space in SIMD areas.

Required Actions/commitment by local partners for these outcomes	• Set out in Outcome Delivery Plan
Scottish Government required action/commitment to support delivery of local outcome	
Plans/Strategies/Initiatives which support this outcome	• HECA • River Clyde Homes Business Plan • Public Sector Carbon Management Programme – Carbon Management Plan 2008-13 • Access Strategy • Community Safety Strategy • Waste Strategy • Core Paths Plan • Glasgow and Clyde Valley Green Network • Local Greenspace Partnerships • Inverclyde Council Green Charter • Glasgow and Clyde Valley Green Network • Greenspace Strategies • Glasgow and the Clyde Valley Strategic Development Plan: Proposed Plan (June 2011): *Glasgow and the Clyde Valley Strategic Development Planning Authority, Glasgow.* • Glasgow and Clyde Valley Joint Structure Plan 2006. • Inverclyde Local Plan 2005 • Local Transport Strategy and Development Plan • Inverclyde Green Network Strategy • Local Biodiversity Action Plan • River Basin Management Plan • Transportation and Roads – Inverclyde Council: Staff Travel Plan (to be rolled out to partners) • Regional Transport Strategy • Inverclyde Council Asset Management Strategy • Schools Estate Management Plan • Strategic Environmental Assessment • Local Air Quality Management – Review and Assessment Process • Cleaner, Greener, Safer, Stronger • Greenspace • Climate Change Declaration • Community Safety Partnership • Inverclyde Local Access Forum • Youth behaviour intervention and education programme - ‘New Horizons’ • Third Sector Delivery/Community Activity

Local Outcome 8: Our public services are high quality, continually improving, efficient and responsive to local people's needs

Local Context Partnership working in Inverclyde has developed well since the introduction of Single Outcome Agreements in 2008. The organisations which make up the Community Planning Partnership, the Inverclyde Alliance, have continued to work hard to identify how they can work better, in partnership, to deliver the jointly agreed outcomes for the area. Underpinning this partnership work is an aim to make sure our services are delivered in the most cost effective and efficient way, particularly given the current economic climate. Additionally, community engagement has developed over this time to ensure that the services and initiatives developed are responsive to local people's needs.
Local Outcome: Our public services are high quality, continually improving, efficient and responsive to local people's needs
National Outcome 15: Our public services are high quality, continually improving, efficient and responsive to local people's needs

Indicator/s *(noting frequency / type / source)*	**2010/11**	**'Progress' target/s to 2012-17 (where available)**	**'End' target/s & timescale/s or direction of travel**
No. of VOICE plans created by partner organisations (VOICE Database, SCDC website http://www.voicescotland.org.uk/)	111	Increase number of VOICE Plans recorded on database	All partners to use VOICE when carrying out any community engagement
% of respondents who agree or strongly agree that each of the individual organisations involved in the Inverclyde Alliance has a clear role in the partnership and an agreed understanding of what is expected of them (Outcomes focused partnership checklist report, April 2012)	27.3%	Increase the % of respondents who agree that each of the Alliance organisations have a clear role in the partnership and an agreed understanding of what is expected of them	All partners agree that each of the Alliance organisations have a clear role in the partnership and an agreed understanding of what is expected of them
% of respondents who agree or strongly agree that members of the Alliance effectively communicate decisions of the Alliance within their own organisations and ensure that key decision are acted upon (Outcomes focused partnership checklist report, April 2012)	45%	Increase the % of respondents who know how each partner agency communicates Alliance decisions	All partners are aware of how each partner agency communicated Alliance decisions
% of respondents who agree or strongly agree that individuals involved in the Alliance offer constructive	36%	Increase the % of respondents who agree partners offer constructive criticism and	All respondents agree partners offer constructive criticism and challenge each other

Indicator/s *(noting frequency / type / source)*	2010/11	'Progress' target/s to 2012-17 (where available)	'End' target/s & timescale/s or direction of travel
criticism and regularly challenge each other to 'do more' in achieving outcomes (Outcomes focused partnership checklist report, April 2012)		challenge each other to do more to achieve outcomes	to do more to achieve outcomes
% of respondents who agree or strongly agree that partners are committed to shifting resources to other partners that can better deliver early intervention and prevention approaches (Outcomes focused partnership checklist report, April 2012)	27%	Increase the % of respondents who agree or strongly agree that partners are committed to shifting resources to other partners that can better deliver early intervention and prevention approaches	All respondents agree or strongly agree that partners are committed to shifting resources to other partners that can better deliver early intervention and prevention approaches
% of respondents who agree or strongly agree that the Inverclyde Alliance's priority outcomes are reflected clearly in the strategic and operational plans of the *other key partners* (Outcomes focused partnership checklist report, April 2012)	36%	Increase the % of respondents who agree or strongly agree that the Inverclyde Alliance's priority outcomes are reflected clearly in the strategic and operational plans of the *other key partners*	All respondents agree that the Inverclyde Alliance's priority outcomes are reflected clearly in the strategic and operational plans of the *other key partners*
% of respondents who agree or strongly agree that that there are clear linkages made between performance reporting by the Inverclyde Alliance Board, outcome delivery groups and each individual partner organisation (Outcomes focused partnership checklist report, April 2012)	45.5%	Increase the % of respondents who agree or strongly agree that that there are clear linkages made between performance reporting by the Inverclyde Alliance Board, outcome delivery groups and each individual partner organisation	All respondents agree or strongly agree that that there are clear linkages made between performance reporting by the Inverclyde Alliance Board, outcome delivery groups and each individual partner organisation
Required Actions/commitment by local partners for these outcomes	Set out in Inverclyde Alliance Improvement Plan		
Scottish Government required action/commitment to support delivery of local outcome	Information sharing of best practice across Scotland in regard to efficient and effective partnership working.		
Plans/Strategies/Initiatives which support this outcome	Inverclyde Alliance Improvement Plan		

8. Ongoing Development of the SOA

This is the third iteration of the Inverclyde SOA, the first being the Council only document, which was subsequently developed into an Inverclyde Alliance CPP document.

The CPP has taken the opportunity, at the end of the term of the partnership SOA 2009 -11, to review all its local outcomes, and the processes it uses to deliver these. It has also discussed partner ownership of the SOA, and work undertaken by the Community Engagement Network and the Citizens' Panel has reviewed community ownership of the SOA.

The Alliance recognised that the delivery of the outcomes set out in this document will not happen in the short term, but will take at least 10 – 20 years to deliver. Understanding that the outcomes will be delivered in the longer term, the Alliance will however, continue to review how it goes about delivering services which will ultimately lead to the achievement of positive outcomes and quality of life for the people of Inverclyde.

The Outcome Delivery Plans which underpin the delivery of the SOA are reviewed on a regular basis, both by the Outcome Delivery Groups and the SOA Programme Board. These reviews inform the strategic SOA document going forward, and influence how it develops.

9. Risk Management

This SOA was subject to a risk management exercise, carried out by representatives of partner organisations. This involved making joint assessments of the risks facing the area via the SOA Local Outcomes. Partners identified actions which will be taken in order to mitigate the impact of the risks, as outlined in the analysis below. Further work took place via the Outcome Delivery Groups to ensure risks are being controlled through the agreed actions.

Dept / Function:	**SOA**
Risk Map	**2012/13**
Risk Assessors:	**Alliance Partners**
Date:	**23rd May 2012**

9.1 Risk dashboard

SOA Local Outcome	Risk No	Description of RISK Concern	Residual Risk Score
Inverclyde's population is stable with a good balance of socio-economic groups.	1	Depopulation: The risk of continuing de-population in the Inverclyde area or that the SOA cannot achieve its target of population growth?	14.5
	2	Older Population: The risk posed by an increasingly older population which is highly dependent on public sector services	15.1
Communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life	3	High Crime Area: The risk Inverclyde is perceived as a high crime area when stats are showing a significant decrease in crime levels	11.2
	4	Youth Offending: The risk posed by increased youth offending	10.2
	5	Problem Debt: The risk of increased problem debt	14.4
	6	Welfare Reform: The risk of the impacts of the Welfare Reform Act	16.4
	7	Capacity: The risk people lack the capacity to access the services they need	10.9
	8	Community Involvement: The lack of community and neighbourhood involvement	9.0

SOA Local Outcome	Risk No	Description of RISK Concern	Residual Risk Score
	9	Resilience Skills: Failure of citizens to develop core resilience skills to cope with their environment	12.9
	10	Community Engagement: the risk of ineffective/ incomplete community engagement	7.8
The area's economic regeneration is secured and economic activity in Inverclyde is increased, and skills development enables both those in work and those furthest from the labour market to realise their full potential.	11	Economic Decline: the risk of continuing economic decline	13.3
	12	Economic Base: Failing to develop Inverclyde's economic base	14.8
	13	Small Companies: inability to attract or grow smaller companies (Business Gateway)	13.7
	14	Entrepreneurial Culture: Failing to develop and entrepreneurial culture	12.5
	15	Unemployment Levels: The risk we cannot reduce the high levels of unemployment	15.5
	16	Skills Base: The risk the skills base is inappropriate	13.0
	17	Riverside Cut off: The risk posed by the riverside cut off from large sections of communities by the A8 trunk road or the railway line	7.6
The health of local people is improved, combating health inequality and promoting healthy lifestyles.	18	Income/Social Inequality: The on-going risk of income and social inequality	16.8
	19	Obesity/Child Health: Failing to manage obesity and child health	17.2
	20	Scottish Housing Quality Standard: The risk we do not meet the Scottish Housing Quality Standard	10.2
A positive culture change will have taken place in Inverclyde in attitudes to alcohol, resulting in fewer associated health problems, social problems and reduced crime rates	21	Substance Abuse: We do not break the cycle of alcohol and drug abuse	15.6
A nurturing Inverclyde gives all our children and young people the best possible start in life.	22	Parenting Skills: Failing to develop parenting skills	14.8
	23	Domestic Abuse: Failing to reduce domestic abuse and violence against women	13.7

SOA Local Outcome	Risk No	Description of RISK Concern	Residual Risk Score
	24	Early Years Support: failing to improve early years support	12.3
	25	Programmes: Failing in the effective targeting of programmes	9.2
	26	Community Support: Failing to gain citizen and community support or young people	8.1
Inverclyde is a place where people want to live now whilst at the same time safeguarding the environment for future generations	27	Business Locations: Lack of new business locations for modern services	9.9
	28	Derelict Land: The risk posed by high levels of derelict land and buildings	9.9
	29	Urban Environment: The risk posed by having a poor urban environment and image	14.1
	30	Green Network: Lack of a co-ordinated, joined up green network	10.2
	31	Climate Change: The risk posed by climate change	9.9
	32	Flooding: The risk posed by flooding	13.3
	33	Transport Network: The risk we do not have a first class transport network	12.6
Our public services are of high quality, continually improving, efficient and responsive to local people's needs	34	Stakeholder Support: The risk stakeholders do not accept the timescales necessary to deliver the outcome targets	10.2
	35	Funding: The risk posed by funding uncertainty	18.0
	36	SOA Mandate: The risk the SOA does not have the mandate, systems and stakeholder alignment necessary to achieve its objectives	9.4

9.2 Inverclyde's Risk Management Strategy

The risks identified above will be managed using the method set out below:

How risk should be managed	Level of Risk (Inherent risk score)	Indicated by
Requires active management. High impact/high likelihood: risk requires active management to manage down and maintain exposure at an acceptable level.	Very High (16-25)	
Contingency plans. A robust contingency plan may suffice together with early warning mechanisms to detect any deviation from plan.	High (10-15)	
Good Housekeeping. May require some risk mitigation to reduce likelihood if this can be done cost effectively, but good housekeeping to ensure the impact remains low should be adequate. Reassess frequently to ensure conditions remain the same.	Medium (5-9)	
Review periodically. Risks are unlikely to require mitigating actions but status should be reviewed frequently to ensure conditions have not changed.	Low (1-4)	

The main options for addressing residual risk are

- Tolerate – is the exposure tolerable without further action being taken?
- Treat – Action is taken to limit the risk to an acceptable level
- Transfer – transfer of risk may be done by insurance or a third party
- Terminate – applies where termination is required to bring the risk to an acceptable level.

9.3 Top Risks and suggested mitigation/conclusions

Key Risk Description	Suggested Mitigation/Conclusions	Who is responsible
Funding: The risk posed by funding uncertainty	• Budget planning should be developed to reflect outcomes • Seek external funding through External Funding group • Increase co-ordination of all funding activities to maximise funding potential • Review all external funding opportunities • Nominate officers to assist with developing more successful funding applications	• All partners • External Funding Group • All partners/External Funding Group
Obesity/Child Health: Failing to manage obesity and child health	• Encourage greater social responsibility at sporting venues to introduce low sugar/low fat alternatives in vending machines • Continue to promote and fund free swimming through Inverclyde Leisure • Consider lobbying for a sugar tax • Review sponsorship arrangements to minimise exposure to high sugar and fat content foods • Work closely with children to increase utilisation of sports facilities and school facilities out of school hours • Review working arrangements with other child focused charities such as Action for Children • Develop programmes for children's educational needs – social enterprise	To be developed through the: • Health Inequalities outcome delivery group • Nurturing Children and Young People outcome delivery group
Income/Social Inequality: the ongoing risk of income and social inequality	• Continue to promote the needs of Inverclyde and its citizens • Continuously review economic regeneration policies and engage with other national and regional agencies to promote the needs of Inverclyde • Focus on skills development for the local community • Continue to promote and attract inward investment • Leverage off best practice in other national and international areas	To be developed through the: • Financial Inclusion Partnership • Economic Regeneration/ Employability outcome delivery group
Welfare Reform: The risks of the impact of the Welfare Reform Act	• Continue to promote and lobby for a fairer system • See Income/Social Inequality risk mitigations outlined above	To be developed through the: • Financial Inclusion

	• Continue to develop the Financial Inclusion Strategy and outcomes and better co-ordinate financial capacity building across the area	Partnership • Inverclyde Community Health and Care Partnership
Substance Abuse: The risk we do not break the cycle of alcohol and drug abuse	• Actively manage any real or perceived disconnection with the Licensing Board with a view to reducing access to cheap alcohol • Lobby and challenge supermarkets to consider developing more responsible practices regarding the sale of alcohol • Private members Bill running its course through the Scottish Parliament • Develop programmes aimed at de-glamorising the weekend binge drinking culture	To be developed through the: • Alcohol and Drug Partnership/ Alcohol Misuse outcome delivery group
Unemployment Levels: The risk we cannot reduce the high levels of unemployment	• See linkages to funding • Continuing focus on skills development • Continue to promote inward investment to reduce the dependency on the public sector • Identify the gaps between the skill sets children are developing at school and those needed by the local and wider area economy • Consider developing inward investment options in conjunction with the Scottish Diaspora	To be developed through the: • Economic Regeneration/ Employability outcome delivery group • Nurturing Children and Young People outcome delivery group • More Choices, More Chances partnership

10. Public Performance Reporting

The SOA will be subject to an annual performance report being produced for all stakeholders including:-

- The Scottish Government
- The Account's Commission
- Alliance Board Members
- Community/Voluntary Sector Groups
- Citizens

This will be published through the existing Public Performance Framework of Inverclyde Council.

11. Contact Details:

If you would like any further information about the SOA please contact:-

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