

**The Highland Council**

**Highland Public Services Partnership Performance Board**

Minutes of Meeting of the Highland Public Services Partnership Performance Board held in Committee Room 1, Highland Council Headquarters, Glenurquhart Road, Inverness, on Thursday, 29 November 2012 at 10.00 a.m.

**Present:**

**Highland Council:**

Mr D Hendry  
Dr D Alston

Mr A B Dodds  
Mr D Goldie  
Ms C McDiarmid  
Ms C Christie  
Ms E Johnston

**Scottish Government:**

Mr J Pryce

**NHS Highland:**

Mr G Coutts  
Ms M Paton  
Dr M Somerville

**Representing the Third Sector Interface:**

Ms J MacDonald

**SNH:**

Mr A Thin  
Mr G Hogg

**UHI:**

Mr M Wright

**Highlands & Islands Enterprise**

Mr M Johnston

**Highland and Islands Fire and Rescue Service:**

Mr S Hay

**In Attendance:**

Miss J MacLennan, Democratic Services Manager, Highland Council

**1. Apologies for Absence**

Apologies for absence were intimated on behalf of Mr D Fallows, Mr J Gray, Ms C Wright, Mr G Graham, Mr J Innes, Mr S Edgar, Mr J Fraser and Ms E Mead.

**2. Minutes of Meeting – 23 August 2012**

There had been circulated and **APPROVED** Minutes of the Meeting held on 23 August 2012.

### **3. Mr Andrew Thin, Chair of Scottish Natural Heritage (SNH)**

The Board welcomed Mr Andrew Thin, Chair of SNH, who undertook a short presentation on the role of his organisation in the Community Planning Partnership during which he confirmed that he considered that SNH were working well within the Partnership and he was regularly kept up to date on the issues discussed at Board meetings.

In terms of SNH specifically, the organisation had been on a journey over the past few years in terms of ensuring alignment with Scottish Government priorities and the focus now was to align with the issues highlighted for action by Local Government. In this regard, he considered that there was perhaps a need to consider different issues in the Highland area as opposed to the rest of the country but that overall his opinion was that the Highland Partnership was extremely effective and had been the subject of a number of favourable reports from the Scottish Government.

As such, the Scottish Government had confirmed that there should be a focus on establishing and developing outcomes across a range of issues, including Children and Older People, Health Inequalities, Employment and Employability and Safer and Stronger Communities. In this regard, it was suggested that SNH had a role to play in all of these areas and the aim would be to have this formalised and expanded upon wherever possible.

Following general discussion, and after thanking Mr Thin for his presentation, the position was **NOTED**.

### **4. SOA Annual Performance Report 2011/12**

There had been circulated Report dated 21 November 2012 by the Head of Policy & Performance, Highland Council, which advised that the Single Outcome Agreement (SOA) Annual Performance Report for 2011/12 had been prepared with input from all community planning partners and an overview of progress had shown that 77% of indicators indicated improvement or sustained performance across the partnership where data had been reported. Notable areas of achievement and decline had been highlighted, together with improvements in the process of measuring SOA performance, and further guidance from the Scottish Government was awaited on the future of community planning and the Single Outcome Agreement process.

During a summary of the report, it was confirmed that, in terms of measuring performance, areas of notable improvement had included issues in relation to Economy, Employment and Skills, Education, Families and Health, Tackling Inequality, Community Safety and Environment and Consumption and Efficiency.

Areas of notable decline based on performance data and analysis had included issues in relation to the percentage of young people with sustained positive outcomes from the Get Ready For Work Programme, the number of pupils receiving individual careers advice, the completion numbers for the child healthy weight programme, the proportion of children who were Looked After At Home, the number of fatal and non-fatal fire casualties, the number of reported incidents

of domestic abuse and the proportion of schools receiving positive inspection reports.

During discussion, it was suggested that, whilst it was appreciated that a significant number of individual pieces of work had contributed towards the performance indicators in the current Single Outcome Agreement, it would be helpful if in future further indicators could be produced to identify the areas in which the Partnership as a whole had contributed to and improved upon performance across a range of areas.

Thereafter, the Board **AGREED** the Annual Performance Report as circulated.

## **5. National Review of Community Planning**

There had been circulated Report dated 23 November 2012 by the Head of Policy & Performance, Highland Council, which set out the expected direction in new guidance for Community Planning Partnerships and Single Outcome Agreements.

During a summary of the report, it was confirmed that the new guidance was still awaited but key messages from the national review of community planning had focused on implementing the statement of ambition in that community planning partnerships would be expected to drive public service reform locally and in advance of any new legislation. This would mean reviewing governance and operating arrangements for the achievement of outcomes and change would require to be based on the four pillars of reform, namely Prevention, Place/Partnership, People and Performance Improvement.

In regard to Single Outcome Agreements, it was expected that they would specify local priorities based on a rigorous assessment of local needs which would include community engagement, focus on reducing inequality of outcomes across six national priority areas of early years, older people, employment, economic recovery and growth, health and safer and stronger communities, employ preventative approaches, have clear targets set with a performance framework to enable management of progress and holding partners to account for their contribution and be based on total partnership resources for delivery.

A new audit regime would be used to support the new approach to SOAs and the expectations placed on Community Planning Partnerships and Appendix 3 to the report set out the framework for the audits.

In this regard, it was suggested that, given the new areas of focus, one approach would be for the Board to agree a lead agency and Directors/Chief Officers to be responsible for developing the SOA to address inequalities in outcome for Early Years, Outcomes for Older People, Safer Communities and Offending, Health Inequalities, Economic Growth and Recovery and Employment (especially Youth Employment).

During discussion, it was highlighted that embedding prevention in Single Outcome Agreements would be a major focus of future work and there was a need to highlight real examples of how this was being progressed and expected outcomes. In this regard, it was imperative that any 'prevention agenda' was appropriately resourced as a priority from the outset.

Thereafter, the Board **NOTED** the key messages from the national review of community planning and that the guidance on SOAs and CPPs was not yet available but expected to be published during the following week.

It was **AGREED** that, with the new style SOAs likely to be due from April 2013, and given the new areas of focus, the undernoted Lead Agencies and Directors/Officers should be responsible for addressing inequalities in outcomes for the following areas (with Officers being given specific direction in the first instance in terms of the Partnership priorities in each case) –

Early Years – Highland Council

Outcomes for Older People (including health and social care) – NHS Highland

Safer Communities and Offending – Northern Constabulary and HIFRS

Health Inequalities (including physical activity opportunities) – NHS Highland

Economic Growth and Recovery – HIE

Employment (especially Youth Employment) – Highland Council/HIE

It was further **AGREED** that space would be created in diaries for meetings in January and February as well as March 2013 to ensure progress with the SOA and to enable further consideration of governance arrangements for the CPP.

## **6. Strategic Framework and Action Plan for Community Development**

There had been circulated Report dated 22 November 2012 by Moira Paton, NHS Highland, which summarised progress to date in regard to the creation of the short life Working Group to develop a strategic framework and action plan to deliver a realigned approach and much stronger and more explicit co-operation and co-ordination of effort around community development, community learning and community capacity building activities.

During a summary of the report, it was confirmed that the Group had met for the first time on 1 November and it had been felt appropriate, given the topic and the task, and the very wide range of agencies, interests and investment involved, that an exploratory approach should be taken and a discussion paper, containing questions designed to support this approach, had been circulated in advance.

In this regard, all agencies had been represented at the meeting and the discussion had been very wide ranging and positive. The remit established for the group had been welcomed and it had been agreed that a framework was required which put communities at the centre in terms of focusing on community empowerment. It had also been agreed that there was a need for a level of universal support for community development in each area but that additional support was appropriate in areas experiencing significant inequalities and in fragile areas.

Whilst there was considerable potential for the partnership and communities to jointly address many aspects of inequalities and fragility, it was acknowledged that there were some determinants/drivers out with collective control or influence. Also, just as some communities were more capable than others of achieving things for themselves, there was a need to recognise that some communities were more interested in doing things for themselves (with or without agency support). Notwithstanding the public sector reform guidance on the four pillars of reform, there was a need for this to be supplemented by 'priorities' and in this

regard it was noted that community development could probably assist in achieving priority local outcomes across all national outcome areas but there was a need to achieve genuine partnership with communities across the whole SOA framework in an integrated way which demonstrated co-ordination, collaboration, co-ordination and best value and also a need to improve on how the valuable lessons learned from previous work were used to inform future work.

In terms of the future composition of the Group, it was noted that further consideration would be given to whether there would be benefit in involving private sector interests and whether the third sector involvement needed to be widened.

Following general discussion, the Board **NOTED** the terms of the report as circulated.

## 7. Health Inequalities

There had been circulated Report dated 23 November 2012 by the Head of Housing, Highland Council, which provided an update on the commitment to support work focused on the following key target areas – Wick, Easter Ross, Inverness (Merkinch/Dalneigh) and Fort William.

In this regard, it was confirmed that a report on the use of Preventative Spend was due to be considered by the full Council in December. In addition, consideration was also being given to a proposal for Community Health Co-ordinator posts to take forward work to address health inequality in each of the four key target areas.

During a summary of the report, it was confirmed that the overall purpose of the initiative was to reduce health inequalities through addressing wider determinants of health, encouraging community engagement, social connectedness and the participation of local people in the development and delivery of services. The focus would be on the community rather than the individual and on multi-generational and inter-generational work rather than specific age groups with the intermediate goal to generate a sustainable approach to this work through identifying, developing and nurturing community capacity to develop community initiatives and participate in co-production initiatives. It was considered that this would also encourage and support the input of local people in community planning and public services.

In order to ensure that there were appropriate links between the Board, the NHS Health Inequalities Action Plan and individual public sector agency action plans, a structure had been proposed which included the Board, a Management (Advisory) Board and Local Stakeholder Groups. In this regard, the Management Board would provide oversight of the work taking place in each of the target areas, including mapping existing provision, supporting the work of the Community Health Co-ordinators, identifying and encouraging links between work on tackling health inequality and related activities at community level, identifying ways in which services could be better aligned/co-ordinated, developing outcome measures, maintaining an overview of community based activities, monitoring and reporting on progress, developing new approaches to inter-agency working based on 'GIRFEC' principles and providing feedback and best practice advice to community based organisations.

There were a number of areas of existing public and third sector activity relating to tackling health inequality and Officer Groups had been established within the Council and NHS Highland to ensure communication and co-ordination of actions. In addition, it was anticipated that the work of the community health co-ordinators would be embedded in local community planning arrangements and that local stakeholder groups would be established in each of the target areas in order to build on existing partnerships and influence future community activity.

The Board was also asked to note that the Chief Medical Officer for Scotland had agreed to come to Highland to undertake a presentation on Health Inequalities on 30 April 2013 and the Public Health Team at NHS Highland was leading on the planning of the event which would provide an excellent opportunity to raise awareness and develop approaches for taking work forward in the Highland area.

During discussion, the importance of listening to communities and working with smaller more focused areas was emphasised, as well as the need to agree the principles and values underpinning this work as a priority.

Thereafter, the Board **NOTED** the terms of the report as circulated.

## **8. Leadership Development**

There had been circulated Report dated 23 November 2012 by the Assistant Chief Executive which outlined a series of suggested development opportunities and activities for leaders and managers across the Partnership.

During a summary of the report, it was confirmed that the Highland Council had delivered a Senior Leadership Programme in 2011/12 which had included a programme of speakers on leadership topics and each event had been opened up to managers in partnership organisations. A review of the Programme had been conducted and this had included recommendations to continue the Programme of Speakers and to explore opportunities for cross organisation working.

It was suggested that there could be considerable benefit to the Partnership in developing an approach to leading and managing which included collaborative working, managing performance in partnerships, joint critical reflection on challenges, targets, delivery arrangements and outcomes and joint problem solving and change management.

In this regard, a summary was provided of the detail within in the report in relation to the Speaker Programme, Mentoring, Action Learning Sets and Job Shadowing.

Thereafter, the Board **AGREED** the terms of the report as circulated, including the suggestions for taking forward development opportunities across partner organisations, the options where further work could be done to establish the Programme and the opportunities for further joint management development in the future.

The meeting ended at 11.40am.