

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 Tuesday, 23 April 2013 at 2.00 pm.

Present:

Highland Council:

Mr D Hendry (in the Chair)
Dr D Alston
Mr J Gray
Mr D Fallows

Mr A B Dodds
Mr S Black
Mr I Kyle
Ms C McDiarmid
Ms E Johnston

Police Scotland:

Mr J Innes

Scottish Fire and Rescue Service:

Mr S Hay
Mr R Scott

Third Sector Interface:

Ms J MacDonald
Mr G Sutherland

The Scottish Government:

Mr J Pryce

Scottish Natural Heritage:

Mr G Hogg

NHS Highland:

Ms E Mead
Ms M Paton
Dr M Somerville

UHI:

Mr M Wright

Highlands and Islands Enterprise:

Mr M Johnson

In Attendance:

Miss J MacLennan, Principal Administrator, Highland Council

1. Apologies for Absence

Apologies for absence were intimated on behalf of Ms M Wylie and Mr J Fraser. In addition, Mr S Hay had submitted his apologies but, in place, Mr R Scott (Assistant Chief Officer of the Scottish Fire and Rescue Service) was in attendance.

2. Minutes of Meeting

There had been circulated and **APPROVED** Minutes of the Meeting held on 29 November 2013.

3. The Draft Single outcome Agreement for Highland

There had been circulated Report dated 17 April 2013 by the Head of Policy and Performance, Highland Council, which highlighted the work required by partners

to conclude the drafting of the Single Outcome Agreement (SOA) 2013/14-2018/19.

During a summary of the report, the background leading to the preparation of the draft SOA was provided. The different submissions had now been collated, edited and formatted and, where similar issues had arisen in separate submissions, an attempt had been made at integrating these. In addition, an introduction, summary and a prevention plan had been drafted and the document sent to the Scottish Government on 11 April 2013. Whilst specific comments were awaited from the Scottish Government, some common gaps had been identified and which were detailed to the meeting.

In particular:-

- delivery plans had been submitted in different formats and ideally they should resemble the delivery plan submitted by NHS Highland;
- the need to check the delivery plans against the menu of local outcome indicators;
- identifying which partner was responsible for delivery;
- quantifying the total public resources available in Highland for priority areas; and
- emphasising the good community engagement activity that already took place and how this would be further improved over the lifetime of the SOA.

Additional information on these areas were sought from Lead Officers as soon as possible so that a revised draft could be prepared in time for the Highland Council meeting on 9 May and which would result in the public having sight of the document.

In addition, specific gaps had been identified in sections of the draft, as detailed in the report, and discussion which took place was as follows:-

Section 1 - Safer Stronger and Reducing Reoffending

Discussion at the Safer Highland workshop had focussed around the strategic assessment. Some information was still awaited but, once received, would be incorporated, together with the feedback from the workshop, into a detailed plan for incorporation into the SOA.

Section 2 - Summary of Key Partnership Outcomes

An attempt had been made at summarising the statements about inequalities, pulling out some key data and identifying long term outcomes for the Highland Community Planning Partnership. However, it did appear, at present, as a long disconnected list and it was suggested that those responsible for drafting each of the sections meet to discuss how it could be structured better.

In discussion, it was suggested that, given the huge nature of the topic, it was unlikely that complete clarity would be achieved. The list was very useful however and it might be better for the Inequalities Group to work through it on an on-going basis rather than trying to shape it in the short term. Others suggested that the need to structure it would eventually become imperative as the document was eventually used by others. In addition, some prioritisation was needed to

allow there to be an indication at some point in the future to gauge what achievements had been made and it would be worth putting in the effort to make it a coherent document easily understood by the public.

Section 3 – Economic Recovery and Growth

The Delivery Plan would be redrafted and completed and a description of engagement would be provided. Regarding identifying public resources available, every attempt would be made to quantify this but for Highlands and Islands Enterprise, as a regional body, not all resources were broken down to a local level. In terms of the indicators, it was also reported that there were relatively few available on the economy but the use of local indicators would be investigated as an alternative.

Section 4 – Employment

There were good links to be made with the health inequalities section and these would be built upon and incorporated into the Delivery Plan. However, in terms of the local outcome indicators, there would be difficulty in providing information at the level being sought as much of the data available was at either Local Authority level or Travel To Work area and did not focus on disadvantaged communities. In terms of other resources, cognisance would have to be given to what was provided by organisations such as Skills Development Scotland and Jobcentre Plus.

It was suggested that at some point there might be benefit in promoting the advantages of using the Living Wage as a means of stimulating the economy throughout Highland. Highland was performing well in comparison to the rest of Scotland in terms of job numbers but incomes in some areas were relatively low. In addition, there was a lack of young people in Highland but the University of the Highlands and Islands would play an important role in addressing this. Emphasis too was made for the need for closer working between employability and health inequalities groups in addition to NHS Highland's representation on the Highland Works Employability Board and Highland Council's representation on the Joint Health Inequalities Group.

Section 5 - Early Years

It was important to have the work around the Early Years collaborative and contextual data for Highland included in this section. An update was also provided as to developments which were taking place around the development of For Highland's Children 4, a document which would act as a 5 Year Service Plan not only for the Health and Social Care Service but also for the Education, Culture and Sport Service. One of the challenges with that particular piece of work was that a number of outcomes were being developed. It was an evolving process and one of the tasks was to match the outcomes within the context of that as well as checking the Plan against the menu of local outcome indicators and getting some cohesion across the board.

Section 7 – Health Inequalities

The difficulties in ascertaining the total amount of public resources available for this area was acknowledged. However, even more beneficial would be to

establish was how equitable the distribution of resources actually was across all agencies and areas of work. While those with the least need often had the best access to services, there were groups with very high levels of need and poor outcomes and it was vital that they received the services required. Changing this imbalance would be a huge piece of work and it was important, in the long term, to measure how resources were redistributed.

It was also pointed out that no mention was made of the physical environment. In areas of deprivation the environment often became degraded and it made the difference between areas of concentrated and dispersed deprivation. In tackling inequalities a change in organisational attitude was necessary. Community engagement and development was likely to raise issues around the physical environment as had already happened in Merkinch. The physical environment was a dimension of inequality and was something to be borne in mind and it was important that there was a consistent approach across not only Council services but between all the members of the Partnership. Health inequalities also tied in to the physical environment and, for example, where there were initiatives concerning fitness, it was important to emphasise the importance of looking after the environment as much as oneself.

Section 7 – Physical Activity

The issues which needed to be further populated were taken on board and, in addition, in reference to the previous discussion, would also relate to the physical environment.

Section 10 – Partnership Prevention Plan

Discussion took place around how prevention could be measured and assistance and clarification was sought from the Scottish Government. Some concern was expressed at focussing too much, however, on the £3m annual resource to be invested by Highland Council as it was felt this gave a misleading impression as to the extent that the Partnership was addressing prevention. A huge amount of routine work already took place around prevention and there was a robust evidence base, particularly in public health, to support this. However, when considering prevention it was important that it was not done in isolation. If resources were invested early then results should become evident within the lifetime of the SOA and one way it could be measured was if the balance of future expenditure was different. For example, in Early Years, in five years more should be proportionately spent on that than in other areas. The SOA not only led the senior officers of the Partnership but also the staff of the various organisations involved as well as many in the community, voluntary and private sectors. They had an important role to play in achieving the aims of the SOA and it was important this was emphasised in the document.

In response, the Scottish Government confirmed that, to date, they did not have any examples of Best Practice. Highland was quite unusual with having an allocation set aside specifically for prevention but it would also have resources within Service budgets which should also be highlighted, the money invested to prevent unemployment being cited as an example.

Section 11 – Governance, Accountability and Operating Arrangements for Community Planning and Delivering the SOA in the Highlands

A significant amount of the issues surrounding this was contained within the Audit Scotland Report on Improving Community Planning in Scotland and the Board therefore deferred detailed consideration of this matter until (Item 4).

Members were again reminded that a draft of the SOA was to be submitted to the Highland Council at its meeting on 9 May and that any comments, additions or amendments should be submitted as soon as possible. The Scottish Government representative also provided an outline of the next steps, explaining that the drafts SOAs would be considered by a set of Panels in May at which point examples of good practice could be highlighted. Feedback would be then provided on the back of that.

Thereafter, the Board **NOTED**:-

- i. **NOTED** that the working draft of the SOA was submitted on 11 April 2013;
- ii. **NOTED** the recommendations for completing the draft, as set out in section 2 to the report;
- iii. **NOTED** the Scottish Government Location Director's advice on the next steps taken by the Government;
- iv. **AGREED** when the next set of Delivery Plans were drafted that the Head of Policy and Performance contact members to determine how the lists detailed in Section 2 might be better presented;
- v. **AGREED** to provide some Early Years collaborative outcomes and contextual data into Section 5;
- vi. **AGREED** that the Partnership explicitly endorse the use, across all priority areas, of the process referred to in paragraph 7.2.7 of the SOA, in the section regarding Prevention and Reducing Inequalities;
- vii. **AGREED** to incorporate the points made about the physical environment in relation to Health inequalities to the SOA and to consider how the issue of the physical environment could be developed as a workstream; and
- viii. **AGREED** to provide examples of resources spent on prevention into Section 10.

4. Audit Scotland Report: Improving Community Planning in Scotland

There had been circulated Report dated 17 April 2013 by the Head of Policy and Performance, Highland Council, which highlighted the key findings for community planning partnerships arising from the Audit Scotland report and identified opportunities for reviewing partnership arrangements that would help to deliver the new style Single Outcome Agreement (SOA).

During a summary of the report, it was pointed out that the new style SOA and the audit findings did provide useful advice for the partnership to consider whether or not the right joint working arrangements were in place, the accountability of individual partners at senior officer level and the scrutiny and governance arrangements.

In discussion, it was confirmed that the Highland Public Services Partnership Performance Board had the overall responsibility for community planning. The various organisations involved were used to working within rigid structures and the difficulties of looking at governance and scrutiny of a strategy in a different way was acknowledged. Generally, there was no evidence in Highland that

suggested that governance or outcomes were failing but it would be useful to measure how Highland performed compared to other areas, if the pace and approach adopted was appropriate and whether or not ambitions could be stretched.

It was suggested that, once the SOA was finalised, it would allow the Partnership members to focus on a common agenda and to identify what the individual contributions would be to specific issues. At present, a lot of work was involved in producing documents, such as the SOA, rather than concentrating on the outcomes that the Partnership wanted for people in the Highlands. However, if an approach of selecting a number of specific topics was adopted where the Partnership could make a significant difference, addressing the widening health inequalities in Highland being cited as a particular example, the Partnership could hold each other to account in ensuring that all contributed towards the common aim. The SOA document would help with the process as it would highlight the connections between organisations and how collectively they could contribute to achieving objectives. There had already been good examples within the Partnership where organisations had held each other to account or had provided necessary encouragement and the development of the SOA document offered the opportunity for peer challenge to take place in the next few weeks.

Employability, working with adults and the economic recovery were all prime factors in making the Highlands a better place to live and the links between the SOA themes were now more evident. Within a mature Partnership, holding each other to account and working together was essential and, while recognising the importance of reviewing structures to avoid duplication, it had to be done at strategic level.

The timing of a review was also explored and, given the need to finalise the SOA, it was unlikely that this could be started before the end of June. Furthermore, it was recognised that the Partnership would never be a comprehensive body in terms of involving all the various public bodies unless it became significantly bigger. If actions were to be directed to such public bodies as the Crofting Commission and Visit Scotland then there needed to be a mechanism as to how they were engaged in the process. It might be that, in a Lead Agency approach, there would be a need to involve organisations outwith the Partnership with specific issues. With a thematic approach being adopted, the lead identified for each areas of work in the SOA could also have the lead role for reporting back on progress. Agencies who were not represented at Board meetings but who were closely involved in achieving aims, e.g. Skills Development Scotland and Jobcentre Plus in the Employment theme, would be involved and this again would allow accountability to be achieved.

Thereafter, the Board:-

- i. **NOTED** the audit report and points as outlined at paragraph 2.4 of the report;
- ii. **AGREED** that the Lead Agencies identified for the themes of the SOA have the responsibility for working out how they would communicate and work with other agencies and that Partnership members challenged and/or encouraged as appropriate those leads as work progressed; and
- iii. **AGREED** that a review of the CPP joint working and governance arrangements would be concluded in 2013.

5. NHS Highland Capital Plan 2013/14

There had been circulated Report dated 28 March 2013 by the Director of Finance, NHS Highland, which provided details of the anticipated capital resource available to the Highland NHS Board for 2013/14 and indicative/potential funding for subsequent years. It had also recommended to the NHS Board a detailed expenditure programme for 2013/14 and provided an indicative programme for future years.

Clarification having been provided as to why this item was on the agenda, the Chief Executive of NHS Highland explained that the demand on the capital allocation outweighed the funding that was available. However, the Capital Plan for 2013/14, totalling £17m, and 2014/15, totalling £18m, did have financial commitments allocated to projects but it was important to understand where the investment was being made and what the implications might be for other partners. Specific allocations had also been made by the Scottish Government, as a result of a bidding process, for a number of schemes including Carbon Energy Efficiency Fund Eco hospitals and it was hoped these would be completed in 2013/14. In addition, funding had been provided in 2013/14, and the following years, to complete the upgrading of Dingwall Health Centre and to build a new health centre in Drumnadrochit. If NHS Highland was successful with its continuing bids to the Scottish Government then it was also hoped to upgrade Endoscopy facilities at Raigmore Hospital.

The capital formula allocation for 2013/14 was £6m and was insufficient to address the estates backlog maintenance. Consequently, while trying to maintain existing buildings, there was a move to try and consolidate services onto fewer sites of higher quality. In this regard, it was reported that there were indicative amounts in the Capital Plan relating to potential new hospitals in Skye and Badenoch and Strathspey where health facilities would be provided in such a way as to ensure there was an integrated service in place.

The Scottish Government were also supporting revenue finance schemes through the hub initiative and NHS Highland had two such schemes falling into this category – the replacement Tain Health Centre and an Argyll and Bute Mental health facility – which would qualify for around 85% revenue support from the Scottish Government. Furthermore, it was pointed out that NHS Highland worked with voluntary organisations and one of the largest projects currently being funded by public donations was the Archie Foundation project to create new in-patient and out-patient facilities for children at Raigmore hospital.

During discussion, it was suggested that it was useful for all Partnership members to share their Capital Plans. The Council was due to review its Capital Plan before the end of June and it would be beneficial for the Capital Plan to be remitted to the Public Sector Property Group, who worked on common property issues across Highland, to see how it could link in with the other Plans coming in from other organisations. This had the potential, in future years, for further joint working to take place where various organisations could provide services on one common site.

Following general discussion, the Board:-

- i. **NOTED** the terms of the report from NHS Highland as circulated;
- ii. **AGREED** to remit the Council's Capital Plan to the Public Sector Property Group for consideration; and
- iii. **AGREED** that, where appropriate, other Partnership members bring similar Capital Plans to the Board.

6. Representation from the Scottish Police Authority and Scottish Fire and Rescue Service Board

Members were advised that the Scottish Police Authority (SPA) and Scottish Fire and Rescue Service (SFRS) Board had confirmed that they wished to have representation on the Board. In this regard, Mr Ian Ross (SPA), Dr Michael Foxley (SFRS) and Mr Robin Iffla (SFRS) would attend the HPSP Performance Board meetings from June 2013.

Although the SFRS was now a national organisation, it was still keen to maintain a visible interaction at a local level. In addition, the Board's Chairman had emphasised to his Members the need to represent the various parts of Scotland. Fire and Board members would be in attendance to support officers in their role. The advantages of having Board Members at meetings were acknowledged as in many instances initiatives would have to be signed off at Board level and early engagement was therefore important.

The Board **AGREED** the Member representation.

7. Date of Next Meeting

The Board **NOTED** that the next scheduled meeting would be held on Thursday, 6 June 2013, Highland Council Headquarters, Inverness.

The meeting ended at 3.30 pm.