

The Highland Council

Education, Children and Adult Services Committee 14 January 2015

Agenda Item	13.
Report No	ECAS 11/15

Community Learning and Development

Report by Director of Care and Learning

Summary

The purpose of this report is to inform members about statutory responsibilities in relation to Community Learning and Development, and the strategic planning structure that is being developed by the community planning partnership, involving District Partnerships.

1. Background

- 1.1 The Scottish Government defines Community Learning and Development as “a way of working with and supporting communities ... to increase the skills, confidence, networks and resources they need to tackle problems and grasp opportunities.”
- 1.2 Further, The National Performance framework indicates that the purpose of Community Learning & Development (CLD) is ‘*to empower people, individually & collectively, to make positive changes in their lives and in their communities, through learning*’, and that CLD should focus on establishing:
 - Improved life chances for people of all ages, through learning, personal development and active citizenship
 - Stronger, more resilient, supportive, influential and inclusive communities.
- 1.3 National strategic guidance for on Community Learning and Development was produced for Community Planning Partnerships in 2012.
- 1.4 New legislative regulations, designed to strengthen the position of Community Learning & Development, place a duty on Education Authorities (i.e. Local Authorities) to publish a 3 year CLD plan by 1 September 2015 and three yearly thereafter.
- 1.5 Although the legislative duty falls on the Local Authority, it is clear that community planning partners are expected to work together to develop and implement the Plan, and the Strategic Guidance recommends that this is done through the vehicle of a CLD Partnership.
- 1.6 A new CLD Inspection regime has also been established. The geographical basis for inspection is Associated School Groups, of which there are 29 in Highland.
- 1.7 In June 2014, the Community Planning Partnership agreed to form a Community Learning and Development Strategic partnership, composed of senior officers from each of the agencies, and with the Director of Care and Learning as the Chair.
- 1.8 It was further agreed that:

- The Partnership develop a CLD Plan, by the deadline of September 2015, and reflecting the strategic guidance, using a framework of the 9 District Partnership geographies.
- The Partnership map current CD and related posts and accountabilities for CD work that nest within the 9 Districts.
- A senior officer be identified from each district to be a member of the CLD Partnership, to be responsible for leading, promoting and supporting collaboration and partnership working in CLD activity in their District, and accountable to the CPP for this through the CLD Partnership. The officer could be from any partner agency or network, and a mix of agency backgrounds across the whole CPP area should be sought.
- Agencies commit to ensuring that future CLD developments, including the creation or continuation of posts, take place within the context and agreed framework of the strategic CLD Plan.
- The respective District Lead (as above) is responsible & accountable for preparing for Education Scotland inspections of CLD, with support and guidance given by the CLD Partnership.

1.9 The Head of Adult Services leads on CLD within the Council, and High Life Highland has a role to support local activity, including through Youth Development Workers.

2. Community Learning & Development Strategic Partnership

2.1 The first meeting of the CPPs Community Learning and Development Strategic Partnership was formed and held its first meeting in August.

2.2 The Partnership involves:

- Director of Care and Learning - THC
- Head of Adult Services - THC
- Head of Performance – HLH
- Operations Manager - SNH
- Fire & Rescue Scotland
- Chief Operating Officer - NHS Highland
- Director of Planning & Development - THC
- Head of Policy and Reform – THC
- Community and Democratic Engagement Manager - THC
- Chief Officer – Third Sector Interface
- Area Manager – HIE
- Police Scotland
- UHI

2.3 Initial discussions have focussed on:

- A model to support community development that is effective and appropriate, and that also supports the inspection of CLD, rather than being inspection-led.
- The possibility of using the (safe, healthy, achieving, nurtured, active respected, responsible, included) wellbeing indicators as the framework for evaluating community resilience and capacity.
- The key role of Ward Managers and Youth Development Officers
- How to decide which communities to support, as there are currently stronger,

wealthier communities out there. Should the group focus on the poorer or less resilient communities first?

- How to engage and communicate with the communities - and encourage the less resilient communities to engage more.
- Other funding the communities have access to, including Big Lottery, community benefit etc
- Work has commenced in Skye about mapping local roles and relationships.
- What would success look like? - ie what we are seeking to achieve is important so we can measure outcomes. These might be short and long term.
- We need to look at this work in conjunction with other initiatives eg land reform and community empowerment and not do it in isolation.

2.4 An agenda has been set for further discussion, to enable the development of a workplan, and including:

- Consideration of CLD plan guidance and the initial development of the plan
- Feedback from Community Learning inspections
- Feedback from recent Skye and Lochalsh scoping experience
- HIE Presentation on the four remote and rural pilots
- Framework for evaluating community resilience
- An update on participatory budgeting
- Clarification regarding Ward Managers involvement
- Mapping of local resources
- Mapping of structures and processes

2.5 In the meantime, discussion is commencing with District Partnerships, to prepare the ground for this developing agenda. As well as the statutory requirements for a Community Learning and Development Plan, this is taking account of:

- The requirement for NHS Highland and Highland Council to produce an Integration Scheme as part of the integration of adult and children's services
- Community Empowerment (Scotland) Bill
- The 'Effective Democracy: Reconnecting with Communities' Report
- The intent to have a District *For Highland's Children 4* Plan
- The intent to have a District *Change & Improvement Plan* for Adult Services
- Continuing aspirations for District Partnerships to join up local community planning issues (e.g. volunteering, transport, employability; environment; land reform; social enterprise)

2.6 This will lead to further updated draft District Partnership guidance for the Community Planning Partnership to consider. A revised draft is attached for comment from members.

2.7 It is intended that an update on recent District Partnership activity will be provided to Committee in February.

3. Implications

3.1 **Resource** – the requirements for the Community Learning & Development Plan will need to be addressed within existing resources, including capacity within HighLife Highland and other partners.

3.2 **Legal** – The Council requires to fulfil the statutory requirements, whilst also taking account of other new associated legislation, such as the Community Empowerment Bill.

- 3.3 **Equalities** – Good practice in community learning and development will address inequalities, and improve health, social and educational outcomes.
- 3.4 **Climate Change/Carbon Clever** – No implications.
- 3.5 **Gaelic and Rural** –It will be important to address the particular requirements of Gaelic-medium and rural communities.

4. Recommendation

- 4.1 Members are asked to comment on the developing local response to the statutory responsibilities in relation to Community Learning and Development, including the strategic planning structure that is being developed by the community planning partnership, involving District Partnerships.

Designation: Director of Care and Learning

Date: 24 December 2014

Author: Bill Alexander



Highland
Community Planning Partnership

DRAFT UPDATE

**Guidance on
Health and Care
District Partnerships
(v5)**

December 2014

Role and Remit of Health and Care District Partnerships

The Health and Care District Partnerships bring local partners together to consider the delivery of health, social care and community safety issues in each District. Taking account of other local District Partnerships, the District Partnerships may also provide the District Partnership for the consideration of other local community planning matters¹.

The role and remit of the Health and Care District Partnership is to:

1. consider and advise on the local delivery and performance of health and social care services for children, adults, families and communities;
2. identify and comment on key local issues and priorities in the delivery of strategy and policy in services for children and adults;
3. identify and comment on local issues and priorities to support community safety across the District;
4. consideration of associated community planning issues (with appropriate representation) within the District;
5. contribute to the redesign of local services.

Strategic Structure

Community Planning is about co-ordinated working across sectors and services, to meet local needs. It aims to improve the connection between national priorities and those at regional and local levels

Effective community planning should help public agencies work with their communities to deliver better services and make real improvements in the quality of people's lives. This should involve stakeholders in the decisions made about public services that affect them

The Community Empowerment Bill defines community planning as improving outcomes through public service provision and contains provisions to improve community planning by empowering communities. Community empowerment is seen as a process where people work together to make change happen in their communities by having more power and influence over what matters to them. The Bill contains provisions to enable communities to have control of land and buildings and for them to challenge and improve public services to achieve better outcomes.

The Highland Community Planning Partnership provides the over-arching framework to co-ordinate our shared activity. It has seven key themes:

- children and early years
- community safety
- economic growth
- employment
- environment
- older people
- reducing health inequalities

The Partnership has also agreed strategic priorities:

1. Maximise the use of collective resources to achieve best outcomes, demonstrating a shift to prevention and the re-allocation of resources between community planning partnership members where this represents best value
2. Collaborate on workforce planning and skills development to meet Highland needs, in the context of the Highlands and Islands Skills Investment Plan and our roles as major employers
3. Engage in dialogue with communities in order to empower them to participate in service planning and delivery
4. Tackle deprivation and inequalities including by improving access and connectedness for communities
5. Value and be positive about Highland life to attract people, jobs and investment.

¹ Some Districts already have community planning forums, and they may choose to continue with these.

The responsibility for strategic planning, resourcing and decision making in children's and adult services lies with the governance committee for the lead agency, as set out in the Integration Scheme. Each governance committee has nine members who have the remit of ensuring good links and communication with a District Partnership, also ensuring that strategic decision making is informed by local views and circumstances.

The Highland Council also has a Community Safety, Public Engagement and Equalities Committee, which engages with the national services for police and fire and rescue and scrutinises local community safety performance. The Council's Area Committees also have this role at a local level.

The Health and Care District Partnership is the locality planning District Partnership for the Community Planning Partnership, with regard to health, social care and community safety – and for wider aspects where there is no other local District Partnership.

Health and Social Care

Health and Social care services involve a range of community based provision for children, adults and families.

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For Highland's Children is the plan for services for children and families. It has a vision for all of Highlands children to have the best possible start in life; enjoy being young; and are supported to develop as confident, capable and resilient, to fully maximise their potential

The plan sets out an improvement agenda with regard to: Schools, Early Years, Child Protection, looked after children, Youth Action, Mental Health, Additional Learning Needs and Disability, Young Carers, Play, Transitions, Public Health, Supporting Parents and the Highland Practice model (GIRFEC).

We seek to develop local plans, that support children to be safe, healthy, achieving, nurtured, active, respected and responsible, and included, in each District.

The Plan for services for adults is set out in

Community Safety

By considering the range of public protection and community safety issues together and in this way, the Community Planning Partnership has identified common themes across nearly all types of crime. These are:

- Alcohol misuse is often a contributory factor for a range of crimes;
- Areas of multiple deprivation have higher crime levels and higher levels of fear of crime; and
- Integrated partnership processes produce better results and safer communities (evidenced by the reducing offending and reoffending among young people through adopting the Highland Practice Model (GIRFEC)).

The Community Planning Partnership has committed to a new strategic focus and concerted effort on these priorities, and these are included in the partnership delivery plan. The Partnership also recognises that the three main public concerns regarding community safety are: road safety, alcohol misuse and antisocial behaviour.

The Partnership Delivery Plan involves working to achieve a range of outcomes, which include²:

Long-term community safety outcomes

² These are listed, as this is a new responsibility

- Communities and individuals are safe from alcohol related offending and antisocial behaviour.
- Areas with most multiple deprivation become safer and are felt to be safer.
- Improve road safety.
- Reduce anti-social behaviour.
- People are, and feel, free to live their lives without harassment and discrimination, and can take part in community life.

Intermediate and short term community safety outcomes

- Reduction in the number of alcohol related fires.
- Reduction in the number of alcohol related crimes.
- Engagement with communities in order to understand their needs and concerns.
- Reduce Road Traffic Accidents (RTAs).
- Reduce the level of concern in communities about speeding cars.
- Continued reduction in anti social behaviour incidents recorded.
- Continued reduction in crimes of vandalism.
- People feel more confident in reporting hate incidents that they have experienced or witnessed.
- Individuals within protected groups feel safe and secure within their local community.
- Violence against Women is reduced
- Recorded crimes and offences committed continue to decrease.
- Detection rates continue to increase.
- At least sustain the % of people feeling safe in their community.
- Reduce the number of accidental fires in the home.

Chairman

The Chair and Co-chair of each District Partnership will come from the Lead Health and Care District Partnership Member on the NHS Board or the Lead Health and Care District Partnership Member on Highland Council's Education, Children & Adult Services Committee.

It is envisaged that the two Members will determine who is Chair between themselves, and that these arrangements will normally rotate on an annual basis. If the two Members are not able to agree, the Chair will be confirmed by the Leader of the Highland Council and Chair of NHS Highland.

District Partnership Chairs and Co-chairs should meet as a Networking District Partnership, at least once per year.

Assessment Panel

This Panel will draw from the Health and Care District Partnership core membership and will consist of the Chairman and Co-Chair, NHS Highland Manager, Care and Learning Service Manager, Third Sector Partnership representative and Council Ward Manager. Police Scotland and Scottish Fire & Rescue should also be invited to attend.

The purpose of the Panel is to consider requested agenda items for meetings and accept, reject or re-direct them as appropriate. Items will be assessed 21 days in advance of the District Partnership taking place. A sample of the agenda request form is attached.

If an item is accepted, the Panel may consider that due to its sensitivity it should be discussed either partially or wholly in private.

District Partnership Membership

- NHS Board Member or other representative of the Health and Social Care Committee³

³ Formally nominated substitutes can be provided if the NHS Highland and Highland Council representatives are unavailable.

- Highland Council Elected Member representative of each Council Ward in the areas of the District Partnership² (1 from each Ward). (The 9 Members appointed by Education, Children & Adult Services Committee as Lead Members will be the representative from their Ward on the H&CF)
- Third and Independent Sector representation (organised by Third Sector Partnership)
- Care & Learning Service Area/District management
- NHS Highland Area/District management
- Children and Adult Services practitioners (dependent on agenda items)
- Police Scotland
- Scottish Fire & Rescue
- GP representative
- Associated School group representation
- Youth Work Services
- Council Ward Manager (facilitation role)

The Assessment Panel will extend a meeting invite(s) to appropriate others as and when required dependant on the items being discussed.

Each agency will be responsible for its own travel expenses, except that one representative of the Third Sector Partnership will be funded 1/3 and 1/3 respectively by NHS Highland and Highland Council.

Meeting

The Health and Care District Partnership will meet at least 4 times per annum, in public. Whilst District Partnerships are not public meetings, at least one opportunity will be scheduled during each agenda to listen to any public views or suggestions.

The action points arising from the District Partnership will be considered by the relevant strategic governance body of both NHS Highland and The Highland Council on at least a six monthly basis.

The meeting will be facilitated by the local Council Ward Manager, with focussed agendas and action points. The meeting will deal in an ordered way with items relating to Children's Services, Adult Services and Community Safety.

Agenda for and Action Points from each meeting will be uploaded onto the Highland Council and NHS Highland website. There should also be feedback from the lead member (supported by the Ward Manager and Service Managers as required) at the subsequent Highland Council Ward Business Meeting.

The meetings must be promoted to the general public using appropriate means agreed by the District Partnership, in addition to the above. I.e. through a press release, display of posters etc.

Sub-groups

The District Partnership can agree formal sub-groups to deal with specific matters, for example such as the expansion of childcare and early learning. This provides an opportunity to rationalise the structure and format of other local partnership groups.

xx Health and Care District Partnership

AGENDA item request

This form is to be used when requesting items to be placed on the Health and Care District Partnership agenda. Forms must be submitted at least **21 days** prior to the partnership meeting taking place.

Persons requesting the item will be notified by email if it has been accepted. At this stage supporting documentation will need to be forwarded at least 10 days in advance of the meeting (see report template). Please email your completed form back to: xx.xx@highland.gov.uk. Contact tel: 0000 000000. Requests should be no longer than 2 A4 sides (12pt font).

Organisation/service/agency /Strategic Board requesting item		
Named contact		
Email address		
Phone contact	Landline	
	mobile	
Address		

Item subject heading	
Brief descriptor of item (no more than 750 characters with spaces)	
Has this item been presented to the DP before or any other partnership/grouping for discussion or action? (If so, please indicate and meeting date(s))	
What action/outcome(s) are you seeking from the Partnership?	
-	
-	
-	
Does anyone else need to be invited to participate in the discussion (beyond the core membership of the District Partnership)? If so please provide the organisation(s) name, individual's name, e-mail and phone contact:	
1.	
2.	
3.	
4.	
How much time do you estimate you require to present your item (include discussion time)	

xx Health and Care District Partnership

DISCUSSION FLOW

Individual/ group identifies item for DP discussion



Request for 'Agenda Item' Form
Completed and submitted at least 21 days in advance of the DP



Assessment Panel
Considers the agenda items submitted and agrees 21 days in advance of the DP to:

Accept



To be discussed at DP with reason



Requester to submit report using 'DP report template' at least 10 days in advance



Meeting papers circulated 10 days in advance



Reject



Referred back to submitter appropriate DP

Re-direct



Passed to group, or manager for action/ discussion

Item considered at Health & Care District Partnership



Local Action Points Agreed



Escalation to Chief Executives and/ Partnership Commissioning Group

or

Recorded using Action Sheet Template (including named officers and timescales)



Governance
Appropriate reporting to Highland Council and NHS Highland