

LOCHABER DISTRICT PARTNERSHIP

AGENDA

FOR THE MEETING TO BE HELD ON

TUESDAY 28 APRIL 2015

IN THE COUNCIL CHAMBERS, LOCHABER HOUSE, FORT WILLIAM

THE MEETING COMMENCES AT 1.30 PM

1.30pm - 1.40pm Welcome & Apologies

Previous action note of 27 Jan 2015

-accuracy

-update on actions not otherwise on the agenda

Joint services

1.40pm - 3.00pm 1. Lochaber Community Plan – health & social care priorities (ET)

2. District Partnerships (new guidance), Community planning & development (BA)

3. Joint services AOCB & comments from the public on items discussed

Adult services

3.00pm - 3.30pm 4. Adult Social Care Initiatives (JM & DJ)

5. Adult services AOCB & comments from the public on items discussed

Children's Services

3.30pm - 4.00pm 6. Previous actions:

(i) Children's services staffing structure (GS)

(ii) Career Structure for School nurses (GS)

(iii) Health visitor statistics (GS)

(iv) Lochaber Childcare & Family Resource Partnership (BG/GS)

(v) Mental health services for young people (GS)

7. Children's services items AOCB & comments from the public on items discussed

Meeting close approx. 4.30pm

LOCHABER DISTRICT PARTNERSHIP

ACTION NOTE FROM THE MEETING HELD ON: TUESDAY 27 JANUARY 2015 AT 2.00PM IN THE COUNCIL CHAMBER, LOCHABER HOUSE, FORT WILLIAM

PRESENT: Dr Michael Foxley and Cllr Bren Gormley (Joint Chairs); Emma Tayler, Gerard Storey (HC); Liz Featherstone, Dr James Douglas (NHS Highland); Simon Jeffrey (HLH); Flora McKee (VAL); Patricia Jordan (ALCC); Ellen Morrison (HC-note)

APOLOGIES: Margaret Davidson, Ben Thomson

IN ATTENDANCE: Elizabeth Gow (Lochaber High School), Jill Mills (Kinlochleven High School), Simon Patterson (Ardnamurchan High School), Hugh Wright (NHS Highland); Lyn Kilpatrick (HC), Maureen Cameron (Lochaber Housing Association).

ITEM	SUBJECT	ACTION AGREED	LEAD	NAMED OFFICER	TIMESCALE
1	<p>Previous action note of 28 October 2014</p> <p>Children's services staffing (verbal update)</p>	<p>Agreed.</p> <p>Gerard Storey provided a verbal update on staffing. Points for noting:</p> <p>1.1. Practice Lead for Early Years commences post on 2 February.</p> <p>1.2. There is a total of 105 hours of Community Early Years Worker time to use to support the work of the Health Visitors. Currently only 32 of these hours are being used. Recruitment for the further 73 hours is expected to commence shortly.</p> <p>1.3. A 0.6 FTE Band 6 Health Visitor to retire on 10 February</p> <p>1.4. We currently have funded a trainee Health Visitor who will qualify in October this year. In terms of her contract this trainee, on qualification, will require to transfer to a</p>			

	<p>vacant Health Visitor post. The budgetary implications of this are being considered by the Care & Learning senior management team at this point together with the whole Family Team staffing budget. This is an exercise that is being carried out across all of the Family Teams in Highland.</p> <p>1.5 Work on a detailed staffing structure for local medical practices still to completed.</p> <p>1.6 A support work review is being undertaken in Children's Services. A paper on this will go to committee in February.</p> <p>1.7 The post of Support Work Co-ordinator has been recruited.</p> <p>1.8 The post of Community Children's Worker, to assist within the Care and Protection function of the Family Team is to be advertised.</p> <p>1.9 Vacant School Nurse Band 6 post still being covered by nurse bank. Post to be re-advertised.</p> <p>1.10 Vacant Child Protection Advisor (Health) post to be re-advertised.</p> <p>1.11 Practice Lead for School Years has now been appointed. Date of commencement to be advised.</p> <p>Noted from discussion were:</p> <p>1.12 Children's Services staffing structure and integrated links to be an agenda item at the April meeting of the District Partnership.</p> <p>1.13 Concern was raised about the lack of information available on health visitor statistics (performance reporting) for the Lochaber area. It was agreed that an update be given at the next meeting of the District Partnership.</p> <p>1.14 School nurses. Further detail was requested on career</p>	<p>Gerard Storey</p> <p>HC</p> <p>Gerard Storey</p> <p>Gerard Storey</p> <p>Gerard</p>
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	structure.		Storey	
2	Lochaber Childcare & Family Resource Partnership	<p>Notes of meetings previously held on 25 April 2014; 20 June 2014 and 10 November 2014 had been circulated to the Partnership for information. Matters requiring clarification from these notes were:</p> <p>2.1 What is the development role of the Partnership – who is responsible and who will progress any actions. Gerard Storey to discuss with his Area Manager and report back.</p> <p>2.2 Development of Gaelic Childcare provision – who is leading? lines of accountability to be checked. Emma Taylor, Gerard Storey, Sam Brogan and Isaac Williamson to meet to discuss.</p> <p>2.3 Further discussion is needed on how the Childcare Partnership interacts/communicates with Lochaber Area Committee and other agencies in the area.</p>	<p>HC</p> <p>Gerard Storey</p> <p>GS/ET/S B/IW</p> <p>Lochaber Childcare & Family Resource Partnership</p>	
3	Mental Health Services – Young People	<p>Bren Gormley spoke to the previously circulated report. The District Partnership were asked to consider the 'health' points raised by the young people at the Ward Forum on 12 December 2014 and take action as appropriate; and consider any evidence in support or otherwise for additional or complementary health services for young people; put in place a plan of action in regards to District financing as/iff appropriate.</p> <p>From the wide ranging discussion and also receiving updates from three of the high schools in the area the following was noted:</p> <p>3.1 Concern raised that pupils are not always able to travel to Inverness for appointments.</p> <p>3.2 How can Lochaber District Partnership assist with accessing services for children in rural areas?</p> <p>3.3 Funding issues for schools. If counselling services are</p>	<p>HC/ NHS</p> <p>Bren Gormley/ Michael Foxley</p>	

		required/arranged what funding assistance is there? It was agreed that the joint chairs would discuss further.	Elizabeth Gow Simon Jeffrey	
		3.4 Elizabeth Gow to provide information on the counselling service arrangement between Lochaber High School and Lochaber Hope. 3.5 Youth Development Workers could more training be provided for them ie. "Mental Health First Aid". High Life Highland management to be approached.	HC HLH	
4	Children's services AOCB & Comments from the public on items	No business.		
5	Community planning - health priorities (Report 2)	Emma Tayler spoke to the previously circulated report. The District Partnership was asked to: adopt the finalised Healthier Section of the Lochaber Community Plan; ensure engagement with District communities in regard to the on-going review of the priorities; monitor progress against plan priorities; and report back to the Lochaber Community Planning Partnership every 18 months. From discussion it was noted: 5.1 The Healthier Section to be circulated to Community Councils, GP surgeries and Voluntary Action Lochaber. 5.2 All names of organisations involved should be listed in full at the back of the Healthier Section. 5.3 Item 7(a)(4) – this point to be placed in another aim of the healthier section. 5.4 Item 5(e)(1) – add Fire and Rescue Service to the "who" column.	Emma Tayler Emma Tayler Emma Tayler Emma Tayler	HC HC HC HC
6	Community Health Co-ordinator – (verbal update)	Hugh Wright, Community Health Co-ordinator provided a verbal update. Noted from discussion were: 6.1 The Reference Group is now established. 6.2 Information on the Seeding Grant Programme had		

		<p>previously been circulated to the Partnership.</p> <p>6.3 A training course on “Community Capacity Building” to be held. Information to be forwarded to the District Partnership.</p> <p>6.4 Sourcing more detailed statistics on social groups affected by health inequalities Fort William was still ongoing.</p> <p>6.5 The Partnership agreed that discussion on deprivation indices health/social demographic data for the District be brought to a future meeting.</p>	<p>NHSH</p> <p>HC</p> <p>NHSH</p>	<p>Hugh Wright</p> <p>Emma Tayler</p> <p>Hugh Wright</p>	
<p>7</p>	<p>Adapting for Change Project (Report 3)</p>	<p>Lyn Kilpatrick spoke to the previously circulated report. The District Partnership Members were invited to: note the content of the report and the presentation given; support and promote the aims of the Lochaber Demonstration Project; agree representation of LDP members as Project Board members and consider jointly hosting the spring event with Scottish Government/Joint Improvement Team. From discussion the following was noted:</p> <p>7.1 Aim to launch the project in April 2015.</p> <p>7.2 Membership of Lochaber Project Board to be circulated to the District Partnership</p> <p>7.4 Event to promote the project – Dr Douglas suggested it could be incorporated into “Protected Learning Time”</p> <p>7.3 Care and Repair Lochaber will manage the demonstration site.</p> <p>7.4 Progress reports to be sent to the District Partnership for distribution.</p> <p>7.5 The presentation to be made available on request.</p>	<p>HC</p> <p>HC</p> <p>HC</p>	<p>Lyn Kilpatrick</p> <p>Lyn Kilpatrick</p>	
<p>8</p>	<p>Joint Services AOCB & comments from the public on items</p>	<p>AOCB and public comments were noted as follows:</p> <p>8.1 Michael Foxley updated the meeting on work that has begun towards building a case for a “new Belford Hospital”. The Guiding Group have already met. A much wider stakeholder group, extensive community consultation will need to take place. Regular updates will be given to Partnership.</p>	<p>NHSH/ HC</p>	<p>Michael Foxley/ Bren Gormley</p>	

9	Adult Services Staffing (verbal update)	<p>Liz Featherstone provided a verbal update on staffing. Points for noting:</p> <p>9.1 Interviews are to be held for a part-time CPN. 9.2 About to go to interview for a Learning & Disability Nurse and a Social Worker. 9.3 Nursing Professional Lead post currently being backfilled. 9.4 Nearly completed nursing establishment. Now about to commence on one for the care homes.</p> <p>Mackintosh Centre update: 9.5 Approval has been given to commence recruitment of staff, thus to enable the residential home to re-open. 9.6 Day Care continues to be delivered. 9.7 During the recent severe weather the Centre had been used as a reception centre.</p> <p>Invernevis House update: 9.8 A Care Inspection had taken place. Grades already held by the home were maintained. 9.9 Currently have vacancies that require to be filled.</p> <p>Other points for noting: 9.10 As part of the Lochaber Transport Advice and Booking Service pilot project NHS minibuses have been part of a trial to transport renal patients to the Belford Hospital for treatment. 9.11 Hospital discharges – working of various ways of this been done. 9.12 “Reaching High for Communities Event” held in Inverness Lochaber Projects had featured at this.</p>		
10	Adult Services AOCB & comments from the public on items	<p>AOCB and public comments were noted as follows:</p> <ul style="list-style-type: none"> New Belford Hospital – what type of hospital has been applied for? This is yet to be done. 		

	Next Meeting Date	Tuesday 28 April 2015 in Lochaber House, Fort William (time to be confirmed).			
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Lochaber Community plan
 'Healthier Section' – Objective 2
 Further detail regarding plan aims

For ALL priorities - Ensure rural living impacts are considered

LDP meeting update: April 2015

Reporting Key:

RED	R	No progress
GREEN	G	Achieved/complete
AMBER	A	In progress, developing well
Blue	B	Progress stalled
White	W	Identified no longer a priority – to be removed

High Level statement	Aim	Action detail	Who	Status
1. Support safe, responsible use of the natural environment for health promoting activity	<p>d. Partners will encourage developments that promote the growing of local healthy foods for own or retail consumption ie creation of allotments, encouragement of local produce markets, social enterprises (food production & retail) & key promotional events</p> <p>e. Partners will review current and explore new opportunities to reduce health inequalities through the use of the natural environment</p>	1. Sustaining and expansion of 'SLUG' allotments in Upper Achintore	SLUG/ FCS/ HC	A
		2. Establishment of a local food/craft market in Fort William and / or social retail consortium enterprise	VAL	B
		3. Expansion of allotments scheme. Highland Council to write to community councils to gauge interest and subsequently advise what could be available	HC	R
		1. Raise awareness of the environment through increased promotion	SNH / Scot Canals/ Third sector	
		2. Ensure adequate infrastructure	SNH / Scot Canals/ Third sector	

			<p>5. Establish system/structure to oversee the booking and community use of new school facilities. This should be established immediately and not after a facility is open.</p> <p>6. Work with Caol community to develop new toddler play area next to new school campus</p> <p>7. Implement Plantation community space project inc. new play area</p> <p>8. Support enhancement of Banavie play park</p> <p>9. Support the enhancement of Ardgour play park</p> <p>10. Support the development of new play facilities – Arisaig project</p>	<p>HC/ HLH</p>	<p>R</p>
			<p>1. The Psychology of Parenting Project (PoPP) is in the process of being rolled out in Highland. This project is aimed at improving the availability of high-quality evidence-based parenting programmes for families with young children who have elevated levels of behaviour problems. There is a commitment from the Family team in Lochaber to provide staff to deliver these programme locally.</p>	<p>HC/ Caol CC/ VAL</p>	<p>W</p>
			<p>1. A Public Sector Partnership comprising Action for Children and the Care and Learning Alliance and is piloting a programme, in partnership with each other to deliver family support services. This service will provide a flexible community support service with a focus on supporting families at the time of need including weekends, school holidays and in the evenings; helping parents to build on their parenting capacity; enabling them to find their own solutions; while keeping the child at the centre.</p>	<p>PCA</p>	<p>A</p>
			<p>b. Partners will support the development and delivery of parenting courses to ensure those in most need receive the support</p>	<p>Scot Canals/ KCC</p>	
			<p>c. Partners will ensure that family support services are accessible to families across the Lochaber area including those in most need and residing in our rural communities</p>	<p>Ardgou r CC/HC</p>	
<p>3. Support development of innovative and sustainable family support services which meet the changing needs of our communities</p>			<p>Support the development of new play facilities – Arisaig project</p>	<p>Arisaig Com Trust</p>	
			<p>1. The Psychology of Parenting Project (PoPP) is in the process of being rolled out in Highland. This project is aimed at improving the availability of high-quality evidence-based parenting programmes for families with young children who have elevated levels of behaviour problems. There is a commitment from the Family team in Lochaber to provide staff to deliver these programme locally.</p>	<p>Lochaber Family Team.</p>	<p>A</p>
			<p>1. A Public Sector Partnership comprising Action for Children and the Care and Learning Alliance and is piloting a programme, in partnership with each other to deliver family support services. This service will provide a flexible community support service with a focus on supporting families at the time of need including weekends, school holidays and in the evenings; helping parents to build on their parenting capacity; enabling them to find their own solutions; while keeping the child at the centre.</p>	<p>AforC / CALA</p>	<p>B</p>

				2. The support service will be offered to parents on a voluntary basis. CALA and Action for Children will link with the families with volunteers helping the family to access community based services in their area.	AforC / CALA	B
				3. Action for Children and CALA will provide an early intervention, universal service for children 0-8 covering the period Monday to Friday.	AforC/ CALA	B
				4. Action for Children will provide a complimenting service to these children delivered in the evenings, weekends and during holiday periods.	AforC/ CALA	B
				5. Families will be offered activities or supported to access community resources including leisure services.	AforC/ CALA	B
				6. CALA and Action for Children will provide a network of volunteers to help parents access services and appointments required.	AforC / CALA	B
				1. Maintain effective regular monthly multi-agency meetings		A
			d. Progress the implementation of the new Violence against Women Strategy, with particular reference to joint provision of support to vulnerable families			
			c. Partners will explore structures which consider local priorities for alcohol interventions		NHSH	A
4.	Encourage the adoption of healthier life choices by providing enhanced, locally based projects and initiatives			2. Link proactively with Highland wide drug and alcohol partnership network	NHSH	A
			d. Partners will promote the development of community capacity to support self-management of initiatives e.g intergenerational projects and support for older people		NHSH/ HC	B
			f. Partners will work together to sustain and develop the Lochaber Streetwork project which promotes healthier lifestyle choices		NHSH	A
				1. Review the Streetwork project.	HLH/ HC	B
				2. Establish additional activity programmes for young people to engage with outdoor learning in holiday time.	HLH/ HC	A
				3. Youth work staff to support Integrated Children staff working with vulnerable young people.	HLH/ HC	A

			4.	Establish Fusion-multi-activity nights - one per month 3 times per year in the Oct-March period.	HLH	G
		g. Partners will support provision of Men's Shed type activities	1.	Provision of support for activities for men which reduce isolation	Vol Org (?)	
5.	Develop and sustain resources that support personal and community well-being	b. Partners will support the establishment of a business case for future hospital provision on the Blar Mhor site	1.	Continue to support/progress plans for future hospital provision as opportunity arises and seek early establishment of Steering Group	NHSH / HC	A
		c. Partners will be actively engaged in supporting the development of 21 st century care home provision in line with local need	2.	Beiford Hospital replacement is on NHS Highland Capital Plan	NHSH	A
		d. Partners will support the creation of action plans for medical evacuations from remote areas of Lochaber	1.	Maintain appropriate levels of care home provision locally in line with community needs	NHSH	A
		e. Partners will support the provision of local community medical facilities e.g. defibrillators, with related training	2.	Ongoing review of local provision in order to ensure balance of residential and nursing care beds provided is appropriate	NHSH	
			1.	Ongoing medical support for evacuation plans through partnership between NHS Highland and SAS.	NHSH/ SAS/ SFRS	A/R
			2.	Robust contingency plans in place to support delivery of remote health care particularly in adverse conditions e.g. severe weather	NHSH/ SAS	A
			1.	Link with SAS to support delivery of local First/Emergency Responder groups particularly in remote/rural areas	NHSH/ SAS	A
			2.	Develop use of technology e.g. telehealth to support local communities to increase self-management of health conditions	NHSH/ SAS	A
			3.	Continue programme of purchase of defibs and raise public awareness of availability / location / ease of use of defibs	SAS / SFRS	G/R
			4.	Raise awareness / action on community resilience	CSAT	A
		f. Partners will support the sustaining and further development of quality facilities & services which encourage the uptake of regular exercise ie sporting facilities, active lifestyle	1.	Develop and promote the quality and range of activities being delivered by High Life Highland.	HLH	A
			2.	Investigate the opportunity to develop the old tennis courts at Lochaber Leisure Centre.	HLH/H C/LSA	A
			3.	Work with partners to increase awareness and encourage use of Lochaber Hydrotherapy Pool.	HLH/N HS/HC/ VAL	A

	classes etc	4.	Develop a long term plan for the provision of leisure facilities.	HLH/H C/LSA	A
		5.	Invest in training for existing and potential coaches/instructors to improve service delivery.	HLH/H C/LSA	A
		6.	Continue to develop the "You Time" initiative through leisure facilities, libraries and archive centres. Including outreach work to care facilities e.g. Invernevis House.	HLH/N HSH	A
		7.	Examine ways to open facilities at key times when young people need them. Eg Multi-activity events (Fusion Nights).	HLH	A
	g. Partners will support the sustaining and further development of transport initiatives/services which assist those less able/vulnerable in accessing facilities and services which encourage health and well-being eg. Lochaber transport pilot	1.	Continue to support and be an active participant in the Lochaber Transport pilot	NHSH/ SAS	A/G
	h. Ensure adequate provision is in place for rescue/medical helicopter landings and refuelling systems	1.	Continue to support partnership between NHS Highland and SAS to deliver appropriate facilities and medical support for air ambulance responses locally.	NHSH	A
6.	Jointly promote opportunities which support active healthy lifestyles in older adults		detailed actions required		
	a. Develop and ensure appropriate housing is available for older people	1.	Overview of assistance available to be sought	HC	
	b. Develop and support initiatives aimed at combating fuel poverty	1.	Further detailed actions required		
	c. Ensure appropriate mechanism are in place to give the timely availability of aids and adaptations	1.	Continue to support equipment store and care & repair provision	NHSH	A
		2.	Explore opportunities to improve provision of equipment, aids and adaptations through development of joint working initiatives with Lochaber care & Repair	NHSH	A
	d. Continue to develop and support preventative services	1.	Further development of supported self management and enablement services promoting ability for older people to remain independent and in their own communities as	NHSH	B

			long as possible		NHSH/ ALISS/ LGOWI T	A
		e. Partners to work collaboratively to ensure appropriate information and advice are widely accessible and available on services and support to older adults.	1.	Joint working through Scottish 'Living it Up' programme to develop enhanced access to a range of services and information bringing together local volunteer groups; third sector and statutory bodies	HC/ NHSH/ VAL	A
		a. Partners will support the use of community development approaches to strengthen the capacity of health, community service and education agencies to address the social conditions that develop inequalities in health within Fort William and its environments	1.	Develop formal and informal partnerships between Council, NHS, community services, local agencies and education providers	HC/ NHSH/ VAL	A
			2.	Broker and encourage stronger networks between health inequalities and community development practitioners to facilitate more exchange, sharing and coordination	HC/ NHSH/ VAL	A
			3.	Map community strengths and assets	HC/ NHSH/ VAL	B
		b. Partners will support the use of community development approaches to address community identified issues related to health and wellbeing	1.	Develop and implement a health equity seeding grant program	HC/ NHSH/ VAL	A
			2.	Develop a monitoring and evaluation framework that identifies the key components of a health equity place-based model for replication in other areas of high health inequalities	HC/ NHSH/ VAL	G
			3.	Development of health indicators which can be used by projects and agencies to measure the extent to which they are improving health and reducing health inequalities	HC/ NHSH/ VAL	G
		c. Partners will support the development of individual skills to strengthen the capacity of community members and other stakeholders to plan and monitor health inequalities and community development efforts in Fort William	1.	Participatory action research capacity building training and support	NHS/ UHI/ VAL	A
			2.	Support for photo-voice and other community cultural development projects	NHSH/UHI and Partners (TBD)	A
			3.	Establishment of a citizen health and wellbeing forum	HC/ NHSH/ VAL	B

NHSH – NHS Highland
UHI – University of Highlands & Islands
VAL – Voluntary Action Lochaber
HC – Highland Council
HLH – Highlife Highland
SLUG – Sunny Lochaber United Gardeners (allotment group)
FCS – Forestry Commission Scotland
Scot Canals – Scottish Canals
SNH – Scottish Natural Heritage
DP – District Partnership
CALA – Care & Learning Alliance
SFRS – Scottish Fire & Rescue Service
SAS – Scottish Ambulance Service
CSAT – Community Safety Action Team
LSA – Lochaber Sports Association
PiG – Play improvement group
PCA – Plantation Community Association
AforC – Action for Children

Highland
Community Planning Partnership

**Guidance on
Health and Care
District Partnerships
(v6)**

REVISED DRAFT

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

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

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.

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.

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 the District Change & Improvement Plan.

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

- 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

² These are listed, as this is a new responsibility

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
- 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

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

- 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.

Appendix Three: Feedback from Highland Third Sector Interface

Summary

Individual District Partnerships (DPs) are, in places, significantly different from one another. This results in variations in engagement, effectiveness and direction. Although some instances of increased public agency awareness around each other's activity are evident, there is a growing sense of frustration around the lack of impact the DPs are capable of having.

There continues to be no clear structure in place to monitor impact against a set of clear actions or criteria. Participation both from the public and agencies varies, while agenda's appear difficult to pull together in some areas due to lack of submitted items and areas of obvious discussion.

While the TSI undoubtedly needs to consider how we can better link the sector more broadly into the DPs and the discussion this can't be done in isolation. There is arguably a role for the broader CPP to support the development of district partnerships, both in terms of promoting the role to the public and the quality of discussion. Without an improvement in understanding and quality of discussion it would be very difficult to engage the sector in some areas.

We would strongly recommend that consideration is given to:

- The inclusion of a broader remit aligned to the CPP key themes but with a specific emphasis on Health, Social Care, Community Safety and CLD.
- The inclusion of Police Scotland as a rotational chair, in line with the increased responsibilities connected to the CPP through the Community Empowerment Bill. This may mean including operational staff as Chair but this may be more practical in the longer term?
- A framework for monitoring performance against either the CPP themes or the Highland Quality Approach being created and implemented.
- Putting resource in place to facilitate individual DP development days in each locality.

1. Guidance

- 1.1 The document describes the increased remit of the Health and Care District Partnerships, making specific reference to the fact that the local DP is the '*locality planning District Partnership for the Community Planning Partnership.*' The name should be revised to reflect this. Could *Community District Partnership* be considered?
- 1.2 At a recent DP meeting a Council Member highlighted a need for a possible definition of *Community Safety* in relation to the role and remit of the DP. By adopting the larger CPP key themes with a recognised emphasis on Health, Social Care, Community Safety and Community Learning and Development (as a cross

- cutting theme) would this give a clearer picture of the role and remit and how this fits within the CPP structure?
- 1.3 Given the increased role for NHS and Police Scotland in the support and delivery of the CPP within the Community Empowerment Bill should consideration not be given to a rotation of the chair between the three agencies? This reflects the increased emphasis across health, social care and community safety. CLD could be dealt with through the proposals the CLD CPP group are considering.
 - 1.4 The process to submitting an agenda item is too complex and we doubt that this is actually applied in most instances. The fact that Ward Managers are struggling to have agenda items is evidence of the fact that there is insufficient understanding/interest in engaging the DP in business and that the process doesn't encourage participation. We would recommend that the agenda request process is significantly reviewed and streamlined.
 - 1.5 We note that the guidance currently says '*Third and Independent Sector representation (organised by the Third Sector Partnership)*'. We are happy to co-ordinate third sector representation but it would be more appropriate for someone else to arrange 'independent' sector representation. Also this needs to be better defined given the increased remit proposed. Please also note our name change to Highland Third Sector Interface.
 - 1.6 It has proven, and we believe that the Scottish Health Council have fed this back separately, that there is more engagement from the public if they are given the opportunity to engage at the end of each agenda point. We acknowledge that the Chair must manage that process but it would be good to see this continue where it works.
 - 1.7 Not all DP paperwork is being uploaded to the Highland Council website, could this be reviewed? Also the new website is not very intuitive and can be difficult for people to navigate.
 - 1.8 It is concerning that there continues to be no framework for measuring the effectiveness of the DPs. There is also no process in place for monitoring action points raised and progress against them in all instances. It is difficult to understand the impact the DPs are actually having within the Highland Quality Approach.
 - 1.9 We also note that the health and social care aspect of the guidance in respect of adults is incomplete.

2. Attendance

- 2.1 Would moving the venue of the DPs, to something run by and in the interests of the community increase community engagement and possibly attendance?
- 2.2 Would it be possible to trial evening meetings to see how they are received in areas where there has been little to no engagement?

- 2.3 Could the CPP collectively take responsibility for promotion and increased understanding of the DPs with the general public? Social Media, for example, is currently under used in the promotion of the DPs.
- 2.4 It has also been noted that there is a varying lack of engagement from the agencies in attending between different areas. It is difficult to make a case around why the public should be attending the meetings when there are times when some of the agencies aren't in attendance.
- 2.5 Should the Scottish Ambulance Service, who attend some of the DPs, be included in the membership?
- 2.6 What consideration could be given to the inclusion of users and carers voices as part of the membership?

3. District Partner Development

- 3.1 Could there be some time and resource made available to DPs to come together in a development session to consider:
- Action plans for the subsequent 12 month period
 - Local planning partnerships, mapping and overlapping agendas
 - Attendance and promotion of the DP within the locality.

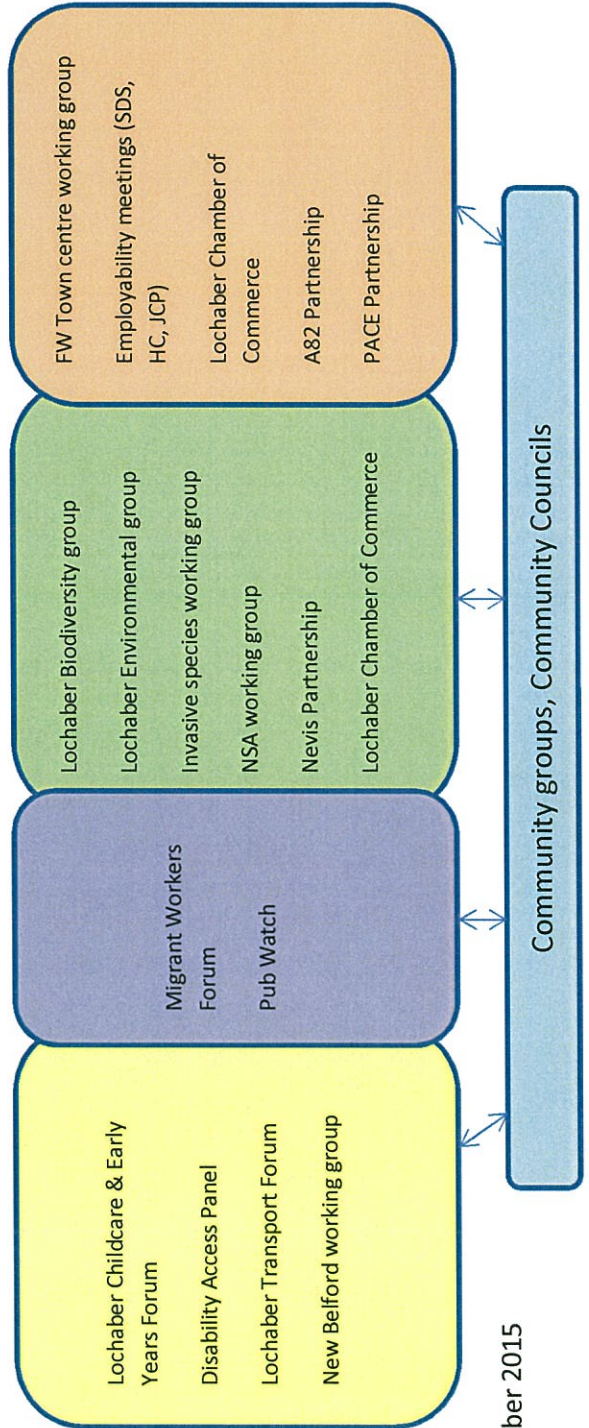
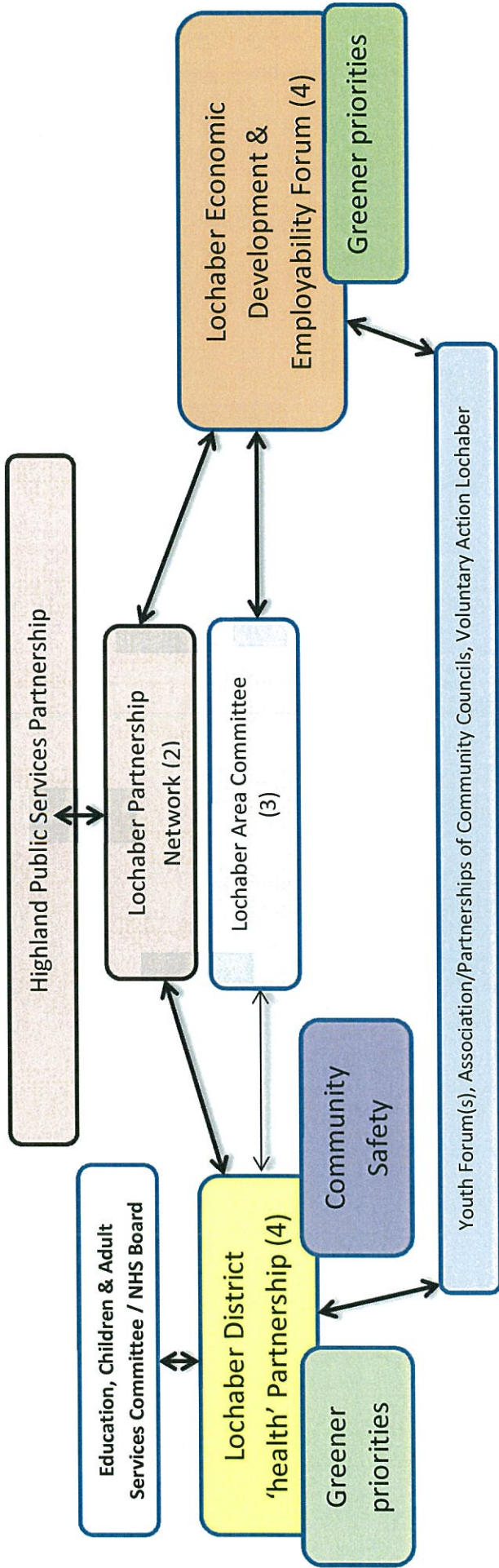
4. Overlaps

- 4.1 In relation to the community safety, how will duplication be avoided at the ward forum level?
- 4.2 There needs to be more action in reconciling the agendas and remits of locally based forum. Without this there is potential duplication in agenda's and attendees leading to a waste in public resource.

5. Communication

- 5.1 Could there be an abbreviated quick reference guide to the DPs created for circulation to the members and the public? This could form the basis of a common language which is used to engage the public in a consistent way across all agencies and geographies.
- 5.2 Could we produce a leaflet for distribution out through the community councils and community groups?

APPENDIX 1



Lochaber Family Team

Care & Learning Service
The Fingal Centre
Viewfield Road
Portree
IV51 9ET
Tel: 01478 613697

Care and Protection
Fulton House
Gordon Square
Fort William
PH33 6XY
Tel: 01397 707025

Norma Young
**Area Care and Learning
Manager (West)**

Kath McAvoy
**Children's Services Manager
(West)**

Gerard Storey
**District Manager
(Lochaber)**

Early years
Health Centre
Camaghael
Fort William
PH33 7 AQ
Tel: 01397 709860

Camaghael Hostel
Camaghael
Fort William
PH33 7NE
Tel: 01397 707383

**Practice Lead Care and
Protection
(Lochaber)**
Jennifer Aitken
Peter Martin

**Practice Lead Early Years
(Lochaber)**
Georgina Green

**Practice Lead School Years
(Lochaber)**
Simon Jeffrey

Social Workers
Lynne Barrie
Yvonne Hill
Helen Rennard
Rachel Sagdinc
Mary Walker
Vacancy 0.7FTE

Family Support Practitioner
Katherine Gormley

**Family Support Work Co-
Ordinator**
Eilidh Houston

Family Support Workers
Joan Cameron
Regan Dalziel
Carol Reynaud

**Community Children's
Worker**
Vacancy

**Primary Mental Health
Worker/ Art Therapist**
Jill Mallison
Vacancy

Health Visitors
Eilish MacLellan
Patricia McLaughlin
Moira MacKenzie
Karen MacInnes
Gillian Hancox (Trainee)
Mhairi MacDonald

**Community Early Years
Practitioners**
Margaret Standen
Nicola Stuart

Children Services Workers
Samantha Drummond
Symon Kirkwood
Tommy O'Rourke
Tina Morrison

School Nurses
Lynne Donoghue – School
Nurse Assistant
Heather MacEachan
Anne MacLean
Catherine MacCuish
Eilish MacLellan
Mhairi MacDonald
Vacancy 0.91FTE Band 6
(Caseload Holder) Post

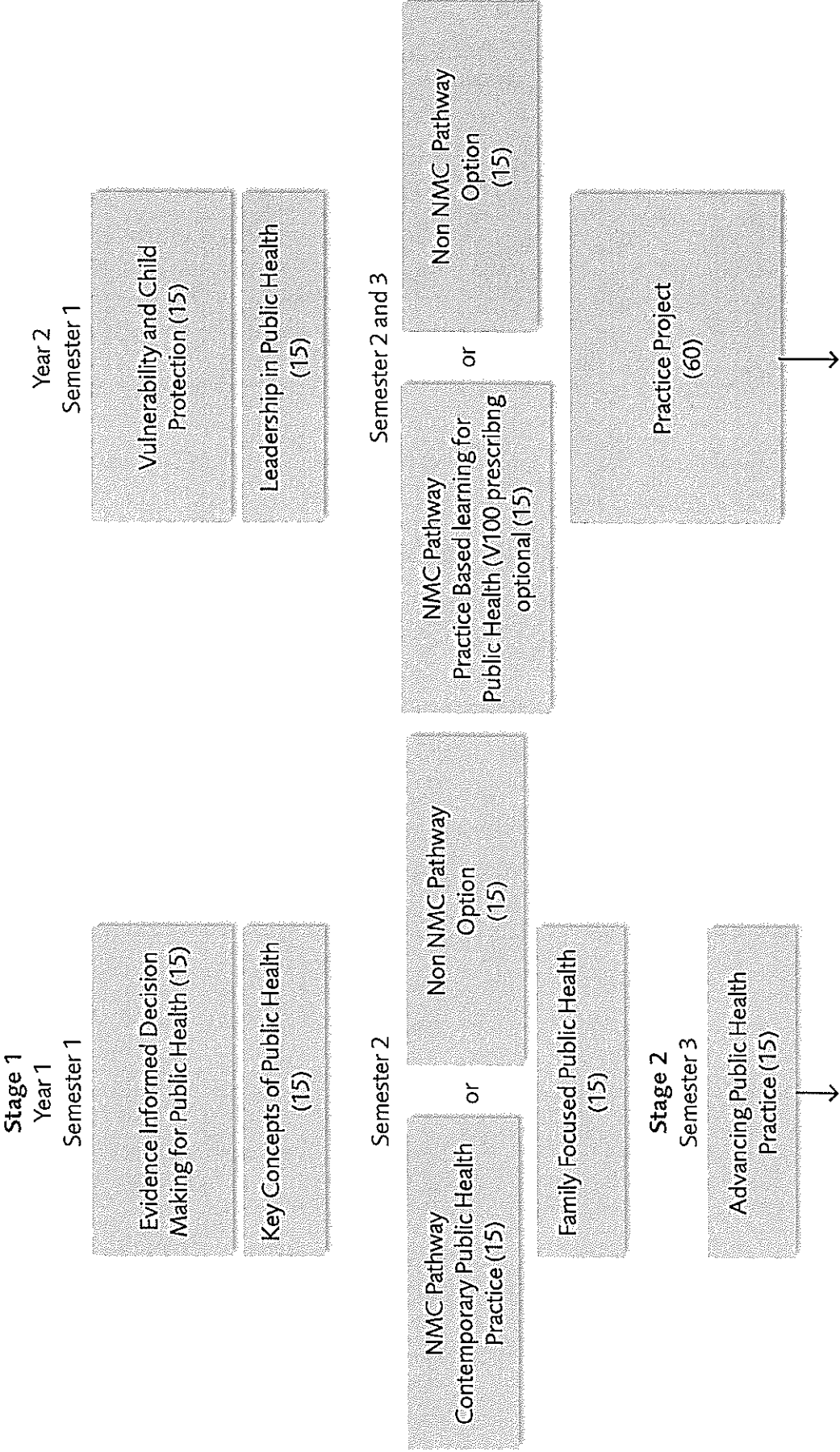
Child Protection Advisor
Vacancy 0.5 Band 7 Post

**Disability Team
Key Worker**
Linda Stoddart

Social Worker
Vacancy

Support Worker
Anne Stott
Vacancy 18.5FTE

BSc (Hons) Public Health Nursing Curriculum Framework (NMC Pathway and Non NMC Pathway)



BSc Community Health - 60 credits; BSc (Hons) Public Health Nursing - 180 credits /180 credits with NMC requirements

NHS Career Development Pathway to School Nurse

1. Student Nurse

<http://www.nhscareers.nhs.uk/explore-by-career/nursing/careers-in-nursing/>

<http://www.nhscareers.nhs.uk/explore-by-career/nursing/entry-requirements/>

2. Bachelor of Nursing (Hons), (BN (Hons)) awarded
3. Staff Nurse (in acute or primary care setting)
4. Staff Nurse (Schools) (a possible step on the way but not essential)
5. BSc (Hons) Public Health Nursing - Health Visiting & School Nursing

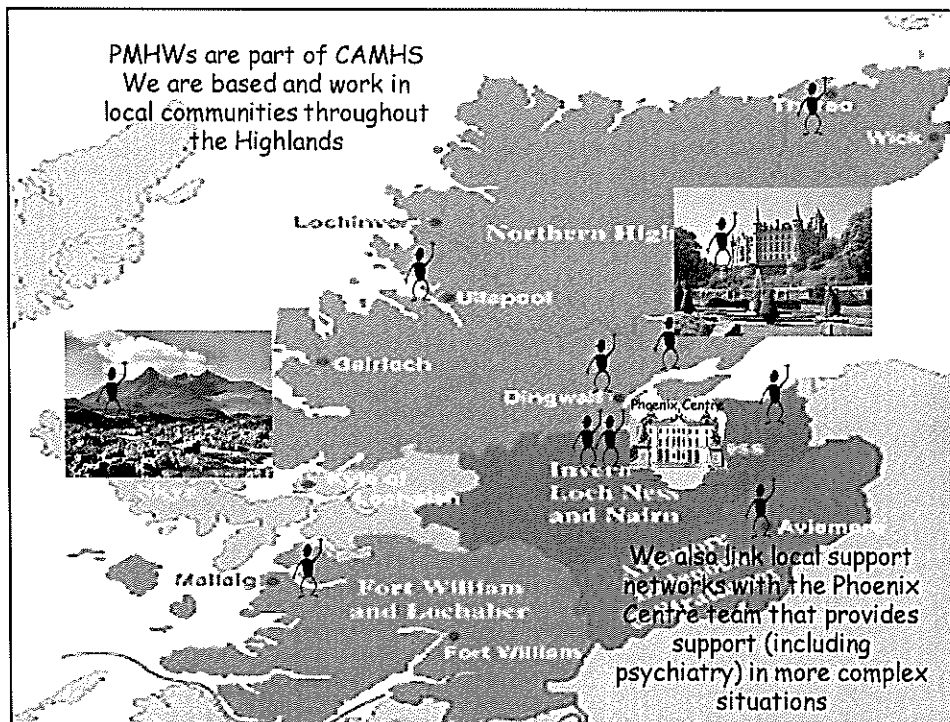
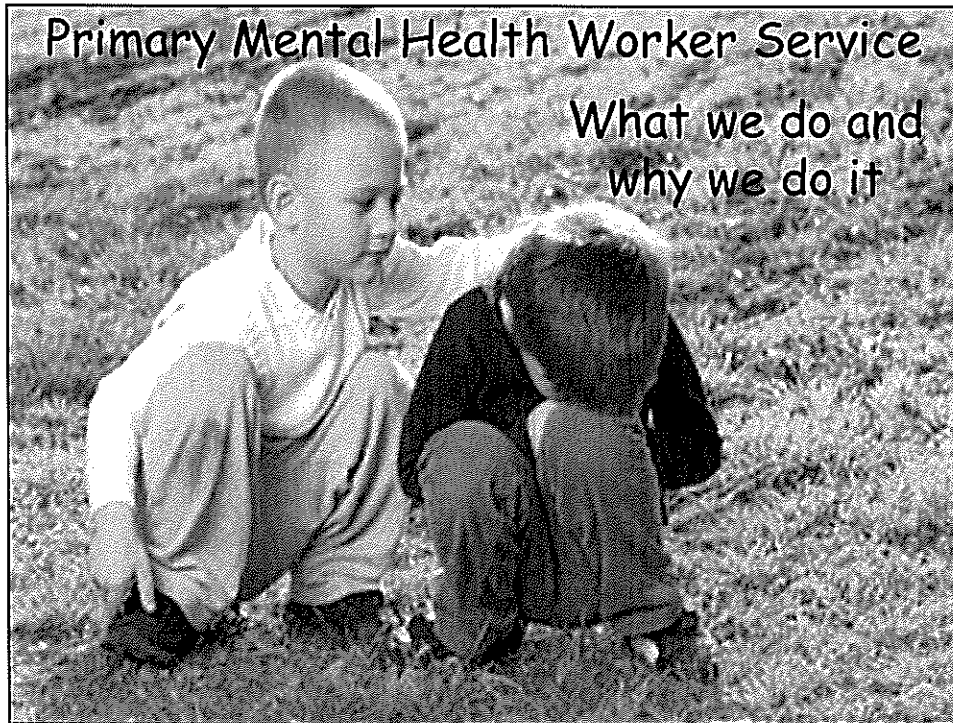
<http://www.rgu.ac.uk/health-professions/study-options/part-time-learning/public-health-nursing>

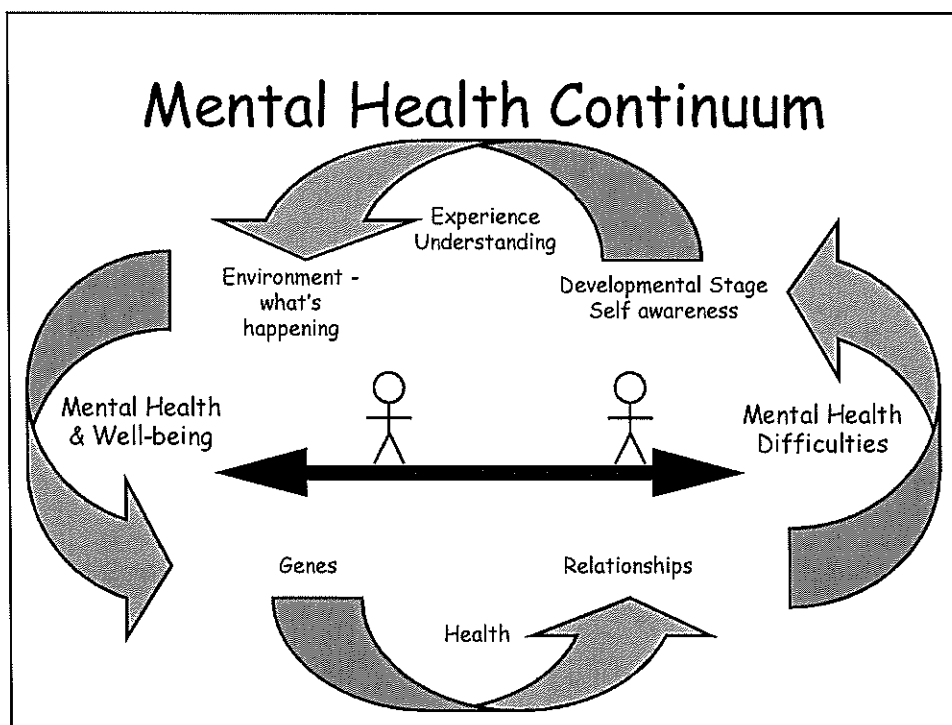
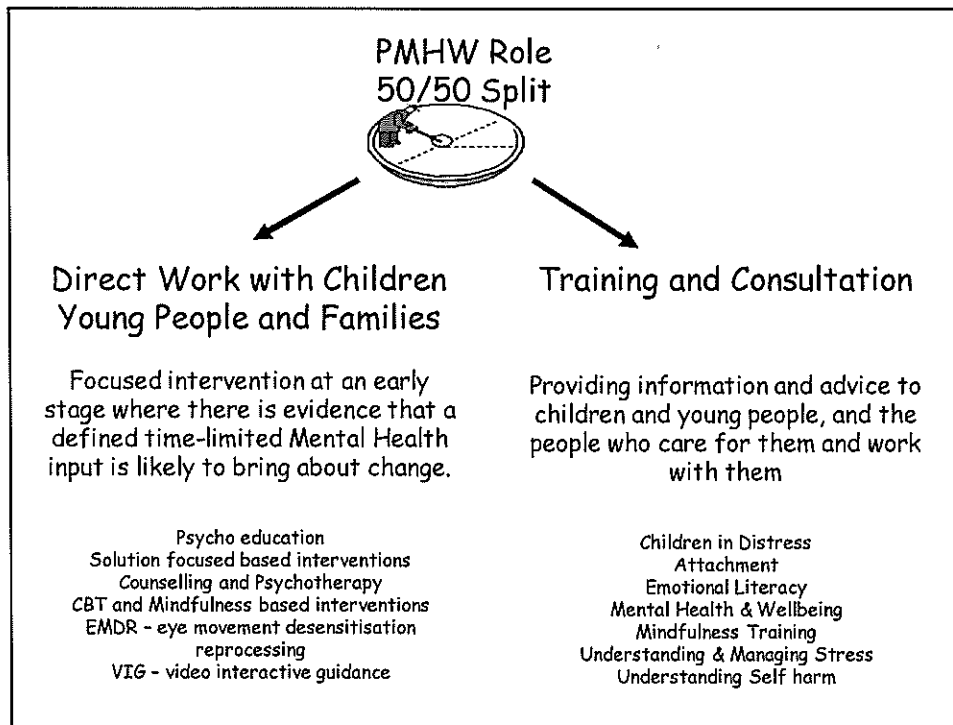
(This course aims to equip students with contemporary knowledge to address vulnerabilities, tackle inequalities and promote optimum health across the life span, with a particular focus on young children and vulnerable families. It will enable a critical, innovative and reflective approach to public health nursing.

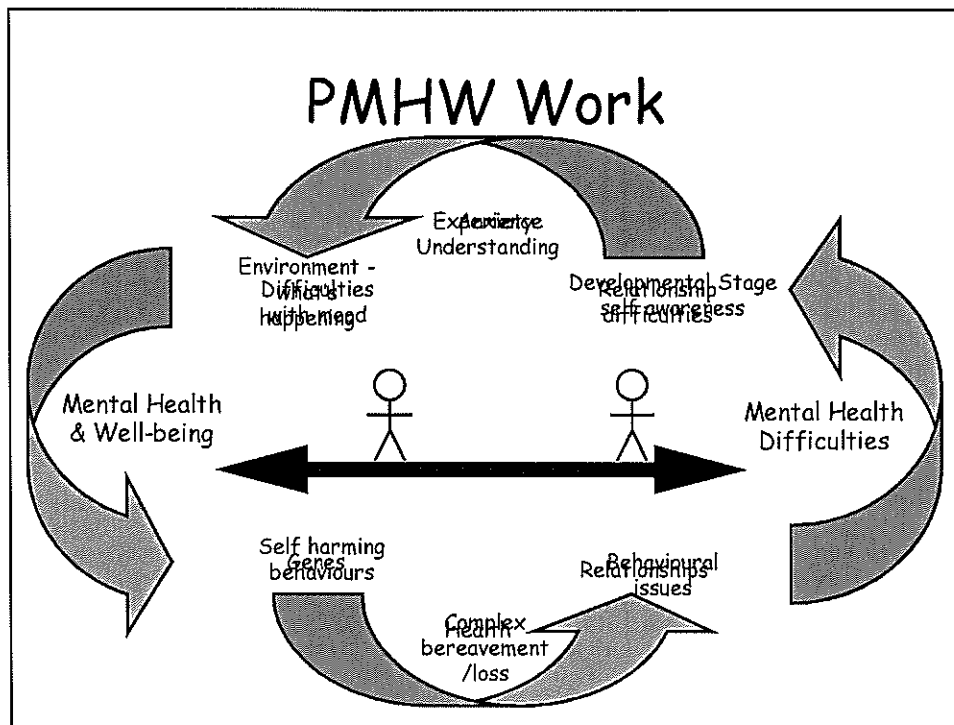
This programme is for experienced registered nurses in the UK with experience in acute or primary care settings, who wish to build on their experience and transfer their learning in order to develop the higher level of knowledge and skills required for specialist community public health nursing (health visiting/school nursing) identified by the Nursing and Midwifery Council (NMC). You can enter public health nursing as either a registered adult nurse or a registered Children's nurse. A registered Children's Nurse would be the preferred candidate for a school nurse/ school public health staff nurse post.

Students need to be sponsored or supported by an NHS Board in order to meet the requirements of the Nursing and Midwifery Council (NMC) for practice assessment.)

6. On successful completion – obtain post as - School Nurse







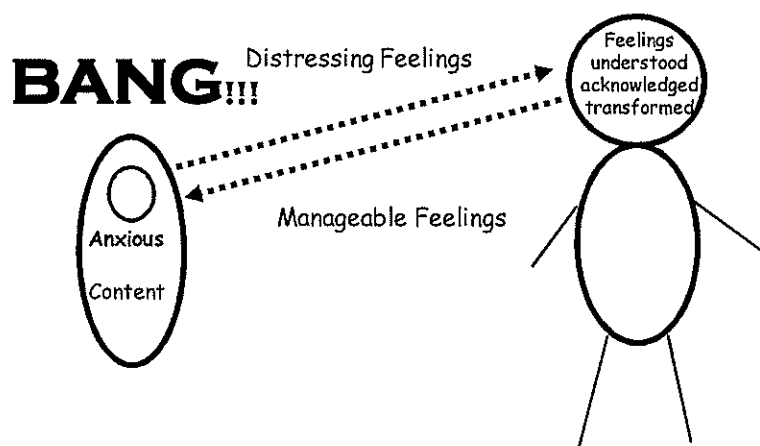
Consultation and Training

- Training and Consultation overlap. Consultation more focused - training targeted across the continuum
- Consultation supports colleagues to:
 - develop insight and understanding into the mental health of young people they are concerned about.
 - cultivate ideas about how to support them into the future
- Training and consultation offer opportunities for signposting to other services including CAMHS

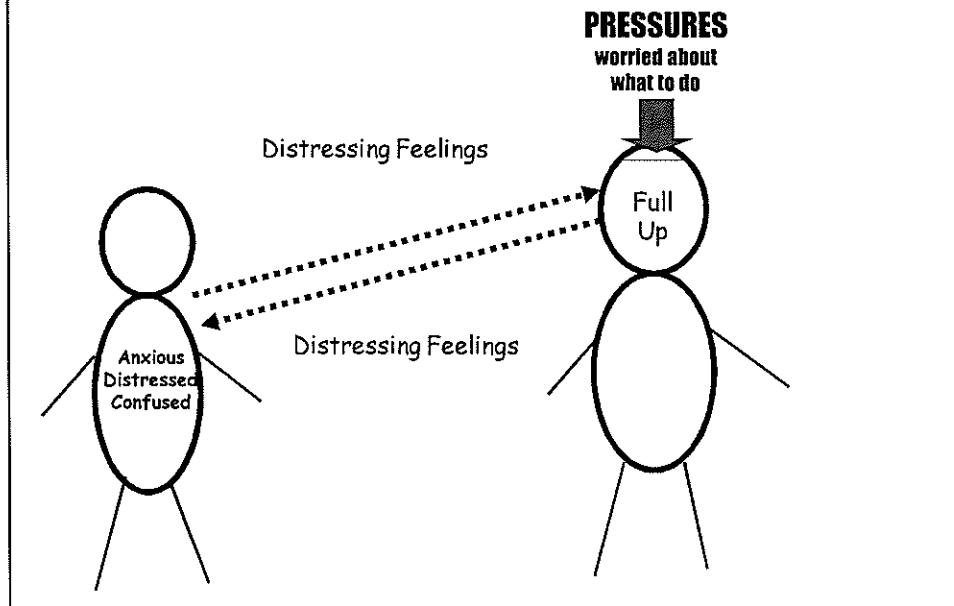
Consultation and Training

- Helps to develop understanding, skills and capacity in local services
- Enables young people and families to work within existing supports (values existing relationships)
- Helps to identify appropriate referrals
- Can be arranged quickly - no waiting list
- Models reflective practice
- It is containing and empowering

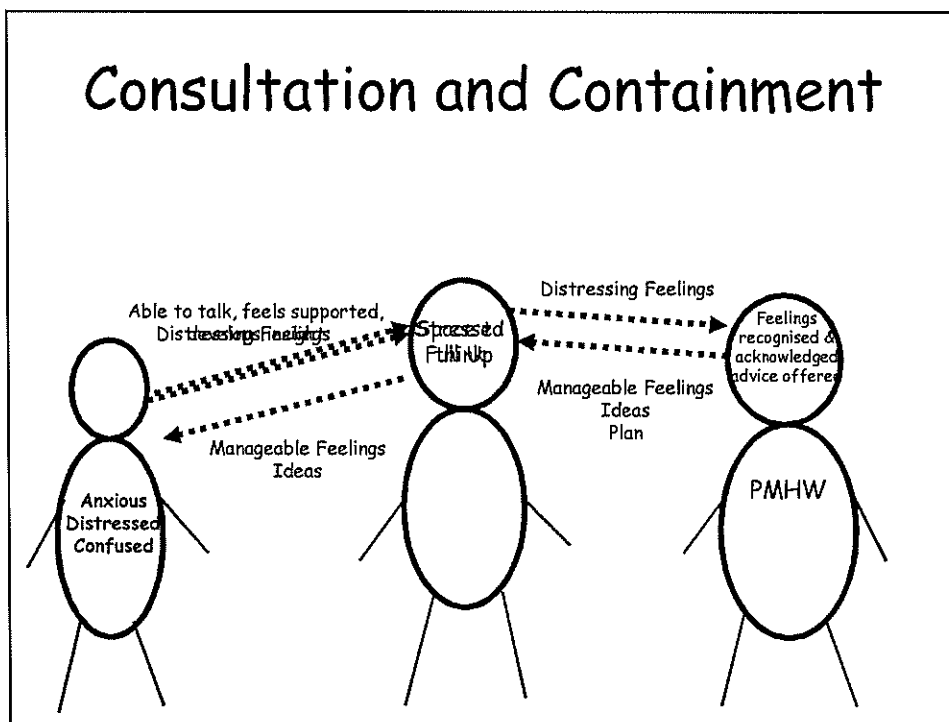
Consultation and Containment

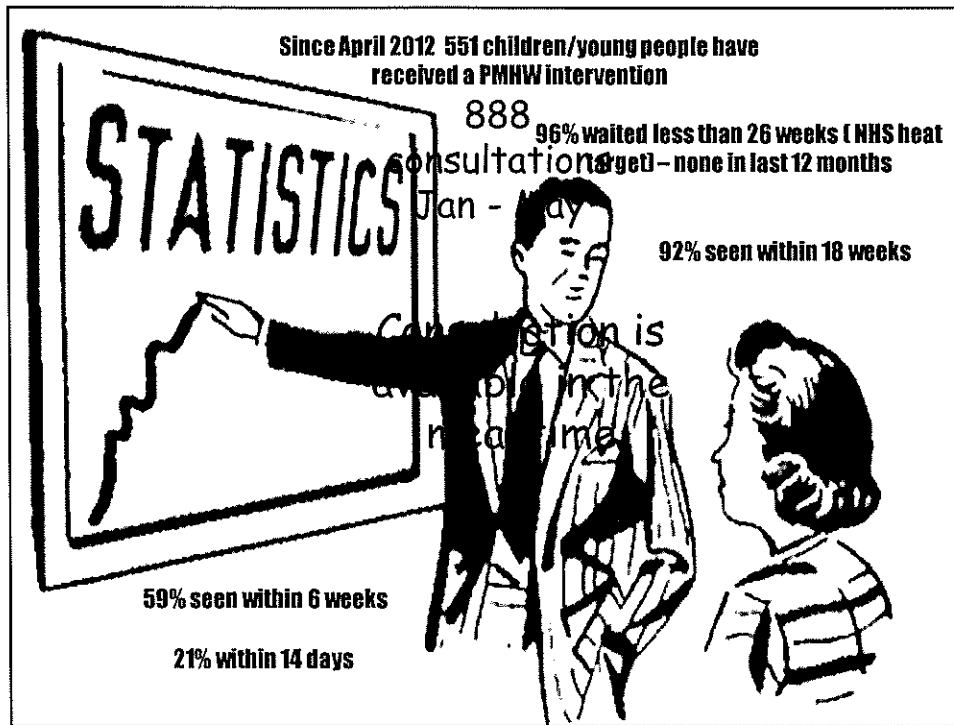


Consultation and Containment



Consultation and Containment





Who We Are

All PMHWs have a professional qualification in social work, nursing or other relevant discipline.

We have developed our interest in and commitment to the emotional wellbeing of children and young people over the course of our careers.

Who We Are

We bring a wealth of experience, skills, knowledge, expertise and post-graduate/post-registration qualifications from varied backgrounds in, e.g:

- child and family social work
- mental health nursing
- children's nursing
- eating disorder services
- criminal justice
- fostering and adoption
- psychotherapy & art therapy
- art therapy
- child protection
- sexual health
- learning disability services

Who We Are

We also, of course, have our own experiences of moving around on the mental health continuum and this provides valuable learning and insight too.