

## Highland Community Planning Partnership

### Progress Update: Economic Growth & Regeneration: December 2013

#### Current situation and main highlights

HIE is the lead body across the majority of the key actions identified in the SOA sub-strand, with THC being the second most nominated lead. There are four long term Outcomes: Business Support; Creating Successful Places; Infrastructure; and Skills and Employability.

Regular joint HIE-THC discussions on implementation of the EG&R strand of the SOA are taking place, and an independent economist is to be commissioned to provide the Indicators and Baseline information. Between HIE and THC there appears to be a strong partnership and a focus on action and on making a difference.

With regards to Business Support, the main driver of planning and delivery arises from the development of key industry sector strategies and action plans – Route Maps – and these are being led by HIE, to be discussed with stakeholders in Q4 of FY13-14. This will be the genesis for appropriate sub groups, which will include a wider group of stakeholders in the process.

THC is leading on the creation of Successful Places, and progress is being made via consultations on Local Development Plans, with the Inner Moray Firth area the first out to consultation.

With regards to Infrastructure, HITRANS are refreshing their strategy, with appropriate consultation underway. HIE's contract to BT for the roll out of Next Generation Broadband has been well publicised and is in hand, with Community Broadband Scotland engaging with communities that need extra support.

It is proposed to delete the Skills and Employability long term outcome, recognising that this is being taken up by THC within the Employment strand of the SOA, and SDS are consulting on the draft Regional Skills Strategy for the Region currently.

#### Remaining issues

Recognising the nascent nature of the new Highland CPP, there is still work to be done between the partners on identifying the key areas for cross-partner working, and what needs to be different.

The emerging theme of "Prevention" and the interplay of economic activity-wealth-health of communities/individuals is clearly of interest and is an obvious area of further focus.

Martin Johnson  
29<sup>th</sup> November 2013.

**Highland Community Planning Partnership Performance Board  
Employment Theme Progress Report: December 2013**

Background

The Highland SOA Employment Theme activity is co-ordinated and progressed through Highland Works – the local employability partnership for Highland. The SOA is an extension of work initiated during 2012/13 which reviewed, via a PSIF exercise led by the Improvement Service, partnership employability activity underway. While good operational partnership activity has been continuing, the work associated with the SOA is seen as a catalyst by which the strategic partnership work can be progressed.

The Highland Works Strategic Group met in November and agreed the following:

1. Highland Works Strategic Group Remit – see appendix 1
2. Baseline statistics – while not perfect but nevertheless useful proxy indicators. Noted the need to resolve a fundamental problems relating to how best to measure collective partnership effort if named client data sharing not always taking place.
3. To undertake a ‘youth 16+’ focus Equality Impact Assessment and agreed remits including evidence gathering for cross organisational project team and Strategic Group to review progress and signing off Action Plan. Plan to have required EQIA project team established/project plan agreed with associated timetable and shared Graduate resource in post by end March 2014.
4. CPP Action Plan: Themes, Actions and organisational leads agreed with detailed action plans to be reported to next Strategic Group meeting on 25 February 2014
5. Noted need to have Youth Employment Strategy in place albeit, partnership actions included in CPP Action Plan. Updated plan to be reported to the next Strategic Group meeting in February 2014.
6. Partners to review the Youth Employment Partnership Commitment and identify actions underway/to be introduced which their own organisation is delivering.
7. Forward programme of Strategic Group meeting dates for 2014 agreed.

Noted ongoing local area partner meetings to co-ordinate local employability services but requested that such activity be reported to Strategic Group for oversight.

## **Appendix 1: Highland Works Remit**

Highland Works is organised around a strategic core group, a number of strategic workstream groups and a local networking structure. This reflects the complex and multi-faceted challenge that exists to focus and align activity across partners and across the Highland geography.

The remit of the strategic group is as follows:

- Provide strategic direction and lead for employability and employment issues in Highland.
- Co-ordinate activity to deliver on the Highland Single Outcome Agreement (SOA) employment commitments.
- Monitor, review and report performance to the Highland CPP Public Partnership Performance Board and Chief Officer Group.
- Provide, from an employability perspective, an overview of equalities and preventative activity across partner employability services.

To assist it with this remit:

- The strategic group will prepare a detailed Action Plan to guide its work during 2013-2017 and will monitor and review progress with delivery thereafter.
- The strategic group members will be responsible for reporting on those actions in the Action Plan for which their organisation is leading.

The strategic group will comprise representatives from The Highland Council, Skills Development Scotland, Job Centre Plus, UHI, NHS Highland, Third Sector Interface, HIE, SCDI and FSB.

The strategic group will meet on a quarterly basis.

## Highland Community Planning Partnership

### Early Years Improving Outcomes – Update

Partnership action to support improved outcomes for the early years will contribute to the following national outcomes: 4, 5, 6, 7 and 8:

- Our young people are successful learners, confident individuals, effective contributors and responsible citizens
- Our children have the best start in life and are ready to succeed
- We live longer, healthier lives
- We have tackled the significant inequalities in Scottish society
- We have improved the life chances for children, young people and families at risk

The translation of the Single Outcome Agreement into a service plan (For Highland's Children 4) is in the final stages of development. It reflects the commitments of the council and blends the stretch aims of the Early Years Collaborative with the improvement priorities of the 13 Improvement Groups working across Children's Services.

The improvement groups are developing the performance management framework which will enable progress against the deliverables within FHC4 to be tracked. They will be consistent with the high level SOA outcomes and the EYC stretch aims. Each outcome measure will be owned by an identified improvement group who will take responsibility for the delivery of the outcome.

Data Measurement will be available at different levels e.g.

- National performance measures such as breastfeeding rates, women booked for antenatal care by 12 weeks gestation, still and infant mortality, % of children who have had a developmental assessment at 27 -30 months
- Highland CPP data gathered locally – % of Looked After Children who have had their health assessment carried out within 4 weeks and assessment included in the child's plan at 6 weeks.
- Local improvement measures using the EYC collaborative improvement methodology and tests of change – reported locally through the EYC collaborative workstreams and improvement groups e.g. audit of the quality of antenatal handover from midwife to health visitor, designing and imbedding training programme for staff to improve their understanding of early brain development and its impact on outcomes, improving the return rate of the 6-8 week assessment by GP practices. Whilst not performance measures themselves, these measures will assist and evidence improvement activity and contribute to the achievement of national and local performance targets.

It should be noted that Change that is achieved in the early years will not only impact early, but also throughout life. Key partnership priorities will be:

- To meet public health targets for young children, including breastfeeding rates;
- To meet health plan indicators within 6-8 weeks of birth;
- To provide health weight interventions and outcomes for young children;
- To reduce numbers of children and young people misusing substances;
- To reduce numbers of children looked after away from home;
- To improved educational attainment (see Section 4 above on employability);
- To reduce youth offending

Work is underway in each Improvement Group to agree robust performance measures for *For Highlands Children 4*. This process will be complete by January 2013. Below is a summary of progress to date:

**SOA Delivery Plan Outcomes / Measures  
(to be linked to *For Highlands Children 4 Outcomes*)**

Outcome	Baseline Measures	Progress
Children receive the help and support they need	Relevant baseline measures still to be agreed	
Children get the best start in life	Health Plan Indicator allocated by the time a baby is 6-8 weeks old Increase the % of mothers exclusively breastfeeding at 6 weeks	Green Amber
Reduce deaths and injury in the first years of life	Reduce the number of stillbirths Reduce the number of neonatal deaths Reduce the number of injuries in the first year of life	National dataset
Increase the number of children achieving age appropriate milestones  Earlier diagnosis of developmental delay and learning needs	Increase the % of children receiving an assessment at 27 – 30 months. (Assessments being undertaken – awaiting first reports to establish baseline) Agree and pilot assessment tools to be used at key milestones (12-15 months, 27-30 months, 3-4 years) – work ongoing through the early years collaborative	
To work with others to ensure effective transitions	Transition group established with a workplan in place	
Improve the % of parents rating their neighbourhood as a good place to live	Baseline data and methodology to be established	
Ensure children with Additional Support Needs have good quality Child's Plans	Reduction in the number of children with ASN who are not in school full time. Six monthly updates are now being collected from schools by ASNO's who review and action the findings Increase the children with ASN who have a child's plan that has been evaluated as fit for purpose (audit underway to set baseline). An evaluation tool has been developed to determine the quality of child's plans and is being used across children's services.	Amber
Parental confidence and parenting skills are increased	Roll out of parenting programmes across Highland – mapping work being undertaken to identify gaps and what required	
Services are built around the needs of children, young people and families	Wraparound childcare continues to be available where required in all ASG's	Green
To improve the help and support provided to children at an early stage	Increase the number of children and families receiving a Self Directed support package Increase in the number of integrated teams set around associated school groups Implement 600 hours child-care and early learning	Green Green Amber

Children are protected from abuse neglect or harm	Reduce the number of children on the child protection register who have been registered previously	
Children are physically active and experience healthy growth and development	Baseline indicators to be established	
To improve the involvement and participation of children, families and stakeholders	Baseline indicators to be established	
Children thrive as a result of nurturing relationships and stable environments	Reduce the time it takes between LAC permanency decisions and matching Increase the proportion of children who are looked after at home. Increase the number of children supported in Kinship Care Increase the number of children supported through the Family Firm Scheme Fewer LAC in OOA placements	

**Early Years Collaborative -  
Stretch Aims, Drivers and Examples of Improvement bundles.**

Aim	Drivers	Bundles / Areas of Improvement work
To ensure that women experience positive pregnancies which result in the birth of more healthy babies (15% reduction in stillbirths and infant mortality)	Pre-birth (substance misuse, mental health & wellbeing, nutrition) Early access to antenatal care Post birth (building positive relationships, parenting skills, mental health & wellbeing)	Encouraging parents to stop smoking – all pregnant women offered CO (carbon monoxide) monitoring) Increase % of women who are booked for antenatal care by 12 weeks gestation Good quality antenatal plans and handover from Midwife to Health Visitor Encourage breast feeding.
To ensure that 85% of all children reach all of their expected developmental milestones at the time of the child's 27-30 month child health review, by Dec 2016	Early learning and play Health Positive relationships Additional support when required	Earlier identification of child's or family needs at key transition points (standardised assessment)
To ensure that 90% of all children reach all of their expected developmental milestones at the time the child starts primary school		

## CPP Inequalities Theme Group Update

December 2013

### The Highland CPP are asked to note progress in

- **establishing role, remit and work programme for the group**
- **identifying existing work aimed at reducing inequalities**
- **appointing community health coordinators and community food workers**
- **providing local support and coordination for work directed at reducing inequalities**
- **and to accept the recommendation that the Welfare Reform Group report to the CPP through the Inequalities Theme Group**

1. The Highland Community Planning Partnership (CPP) Health Inequalities theme group has been established to oversee development and implementation of partnership work to reduce health inequalities in Highland. Since the last meeting of the CPP Board, the group has met twice, agreed its role, remit and membership in the light of the general guidance for sub-groups and is currently establishing links with other CPP theme groups. The agreed role and remit is attached at **Appendix 1**. The group has also made or is also seeking to make links with the following groups:
  - a. Welfare reform
  - b. Health and homelessness
  - c. Fuel poverty

The group recommended that the Welfare Reform Group report to the CPP through the Inequalities Theme Group.

The Inequalities Group membership includes representatives of each partner organisation and theme group. The chairs of each theme group are aware of the inequalities agenda and are considering how the work of their group contributes to reducing health inequalities. This dialogue will continue to develop as the work of the Inequalities Group develops.

2. The CPP has agreed to target activity at four specific geographical areas of deprivation; Wick, Alness, Inverness, Merkinch and Fort William. The Highland Council have provided £1 million through their preventative spend funding to support people in deprived communities; £450,000 of this will be used to fund posts that will support community capacity building in the four areas.
3. Additionally, NHS Highland has 3 community development posts for older people, the Change Fund monies are being used to support community networker posts in the third sector and the Council's deprived area funding is also supporting community posts in the third sector and Highlife Highland. This is on top of the single agency community development type posts that serve communities throughout Highland, including those provided through Housing Associations and HIE's strengthening communities programme.

**Appendix 2** outlines the various funding sources, employers and locations of the posts outlined above and **Appendix 3** sets out the hours and locations for the community networkers.

4. The preventative spend fund will support 7 community based posts in NHS Highland. Four of these will be Community Health Co-ordinators whose role will be to provide leadership, specialist expertise, coordination, advice and support in the specific geographical areas of Highland mentioned above to support communities to develop strategies to reduce health inequalities. The other three posts will be Community Food Practitioner posts whose role will be to develop group interventions to support healthy weight and work with communities to improve the access and availability of healthy food and opportunities for physical activity. Once in post it is expected that the Community Health Co-ordinators and Community Food Practitioners will link to the relevant district teams, other community development posts for the areas covered, as well as a local stakeholder or reference group to help keep engagement with local communities. The posts will provide updates and progress reports to the relevant District Partnerships and the CPP Health Inequalities Theme group (**Appendix 4**).
  
5. All 11 Community Networker posts funded through the Change Fund have been recruited to and an induction day was held earlier in November to bring them together with key people and organisations representing the cross partnership nature of the work to be supported by these posts. Although these posts are managed by the third sector, there is an expectation that they will link with the district teams in their area, have a close link with the existing NHS Highland community development posts for older people and provide updates and progress reports to the relevant District Partnerships and the Change Fund Working Group. **Appendices 2 and 3** outlines the areas covered by and hours of these community networkers
  
6. The Highland CPP Community Development Group is looking at how agencies could better work together around community development and make most efficient and effective use of community development resource across partner organisations. The community development group are progressing three strands of work:
  - a. The first strand is to test out how alignment and co-ordination can best work in the four areas of deprivation outlined above. As part of this work it has been agreed that there will be a need to map the current community development activity and resource in these areas. This has been built in to the role of the new Community Health Co-ordinators.
  - b. The second strand is to undertake the same exercise in four remote and rural areas. These areas have been identified through HIE's Strengthening Communities programme as 'fragile' communities and the work will be led by HIE's Community Account Managers. The areas are; Helmsdale/Strath Kildonan, Melness/Tongue/Skerry, Staffin and Lochcarron.
  - c. The third strand is to develop a toolkit of resources that can be used by all agencies in their work to support community development and community capacity building.



7. District Partnerships can provide a common denominator in terms of sharing information and progress and making links across the various organisations and teams within a particular District. However, other arrangements may also be required, particularly in relation to strengthening engagement direct from communities themselves. It is likely that a range of structures will also be necessary to fulfil reporting requirements but wherever possible these should be streamlined to reduce duplication.
8. The CPP Health Inequalities group are organising an event in May 2014 which aims to bring together the various strands of work outlined above with a view to sharing experiences of practitioners on the ground and supporting a co-ordinated approach to the various strands of community development and community capacity building work across Highland.

Cathy Steer, Head of Health Improvement

on behalf of Margaret Somerville, Director of Public Health

## **Appendix 1 Terms of reference for the inequalities theme group**

### **Purpose:**

1. To provide the CPP with an overview of work and funding to reduce inequalities in health across Highland
2. To develop a work programme, or recommend specific actions, on reducing health inequalities to individual agencies or the CPP Chief Officers Group, as required
3. To provide the CPP with regular monitoring reports on progress in reducing inequalities in health across Highland
4. To provide strategic direction and oversight to the NHS posts appointed from the preventative spend funds for deprivation
5. To provide oversight of the work across highland on physical activity

### **Remit:**

The groups at the strategic level would be responsible for:

1. Jointly agreeing the evidence base and planning, coordinating activity, setting targets and reporting performance for that theme and as set out in the delivery plans of the SOA and any relevant supporting plans.
2. Ensuring appropriate community and stakeholder engagement in the planning and performance processes.
3. Undertaking self-evaluation in the partnership group, preparing for any audits and inspections and implementing any audit and inspection improvement points.
4. Inspiring innovative ways for partners to work together to achieve the results required.
5. On-going development the SOA and any supporting plans for that theme.

These would be officer groups at the senior level. To be able to carry out this function they would require:

- a named lead officer from the partnership (these have been identified);
- appropriate partnership engagement and input from relevant partners;
- an understanding of the total public resources available for the theme and a willingness to use that collectively (align and/or integrate resources) to meet the agreed outcomes of the joint plan;
- data support to measure performance and impact;
- an understanding of the range of engagement methods to apply and the skills required to deploy them;
- appropriate links to operational management (and sub groups if required) to ensure implementation and to understand the impacts of implementation.
- Making the connection locally

In developing proposals, key questions for the lead officer to ask with partners might be:

- What partnership sub-groups are needed to manage the plan at a Highland level?
- Are there local partnership groups that are already working on this theme and how can they evolve/be integrated? Examples would include area regeneration groups, district partnerships for health and social care.
- How are elected members involved in this theme locally? Can Ward Forums and Area Committees be helpful?
- How are the general public, specific interest and third sector groups and service users formally involved in this theme/service area?
- Are their informal arrangements on engagement to note?
- How can we enable activists to feed in to the policy and planning groups?

### **Membership**

Margaret Somerville, Director of Public Health, NHS Highland (chair)

Cathy Steer, Head of Health Improvement, NHS Highland

Ian Murray, Chief Executive, Highlife Highland

Lynn Johnson, Health Improvement Manager, Highlife Highland

Susan Johnston, Operations Manager for Highland and WI, Job Centre Plus

John MacDonald, Group Manager, Scottish Fire and Rescue Service

Andy McCann, Economy and Regeneration Manager, The Highland Council

Bob McKinnon, Employability Team Leader, The Highland Council

Angus MacPherson, Superintendent, Support and Service Development, N Division, Police Scotland

Moira Paton, Head of Community Planning, NHS Highland

Keith Walker, Health Improvement Policy Officer, The Highland Council

David Goldie, Head of Housing, The Highland Council

Anne MacDonald, Highlands and Islands Enterprise

Cattie Anderson, Area Officer, South Highland, SNH

Carron McDiarmid, Head of Policy and Performance, The Highland Council

Fiona Skinner, Subject Network Leader for Applied Life Sciences, UHI

Mhairi Wylie, Chief Officer, Interface

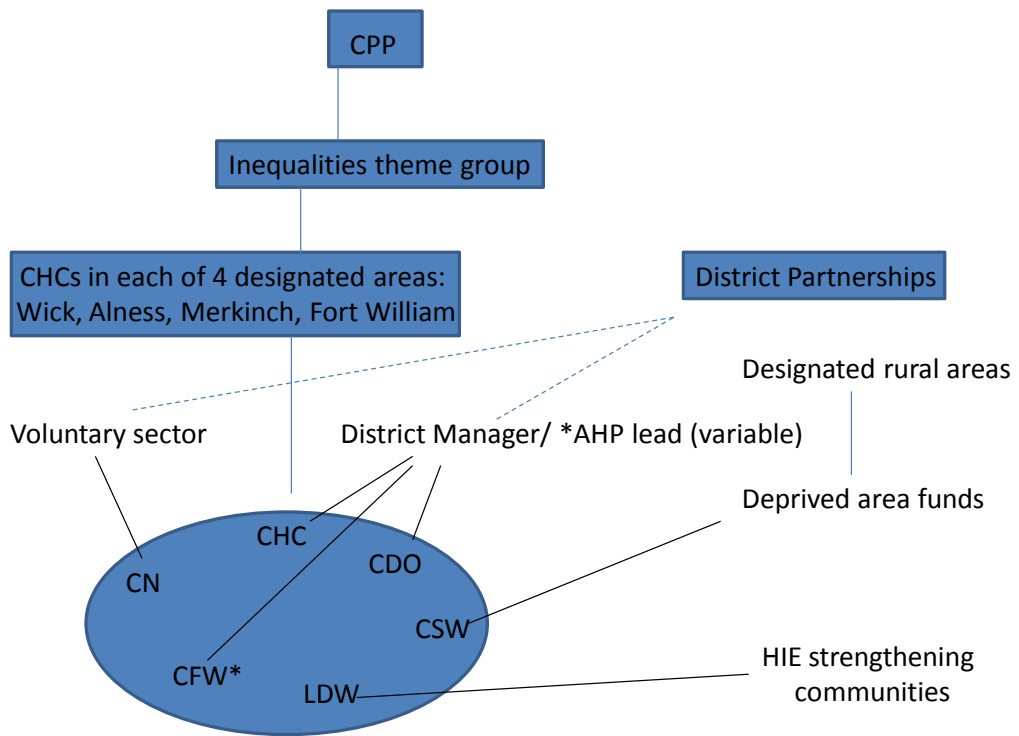
## Appendix 2

Posts	Funding source	Employer	Location
Community Health Coordinators NEW	4 Preventative spend HC	NHS  Interviews set for December	Fort William Wick Merkinch Alness
Community Healthy Weight/ Dieticians NEW	Preventative spend HC	NHS Closing date December 6 <sup>th</sup>	Fort William Wick Merkinch Alness
Community Development Officers	3 Change Fund	NHS  2 in post, 1 vacancy	Caithness Inverness One vacancy, tba
Community Networkers NEW	11 Change Fund	Voluntary sector	see Appendix 2 for locations and hours
Project funding	*Highland Council - Deprived Area Funds	Pulteneytown People's Project (employment activity)	Wick
Community Support Workers		High Life Highland	0.5 Seaboard; 1 FT – Cromarty Ward (Alness/ Invergordon)
Development Worker Sports Project Worker Arts Project Worker		Merkinch Partnership	3 FTE Merkinch Inverness
Strengthening Communities Programme	HIE – Advice and Financial Support to Community led development	HIE	Core Team and local offices.
Local Development Workers	HIE Strengthening Communities – (Revenue generating)	Local Development Groups	16 rural locations – Sutherland, Caithness, Skye West Ross, Lochaber

### Appendix 3

Area	Hours
Mid Ross	25
Easter Ross	25
Wester Ross	21
Skye and Lochalsh	21
Sutherland	25
Caithness	25
Inverness 1	25
Inverness 2	25
Nairn and Ardersier	21
Badenoch and Strathspey	21
Lochaber	25

Appendix 4



Highland Public Sector Partnership  
Community Planning Arrangements – Older People

Update December 2013

Work continues across a number of areas to build on the integrated approach to caring for older people. Much of the work relates to all adults but for the purpose of this update can be read in the context of older people.

**Discharge Planning** – focussed redesign work is progressing in Raigmore and with community teams to improve discharge planning and the process for patients. This has involved re-establishment of estimated dates of discharge , improved communications and planning and a greater focus on person-centred solutions. This needs to be adopted across Raigmore wards and sustained if the pull-through of patients is to remain effective.

**Care at Home** – 95% of all clients in receipt of care at home have had their care plans reviewed and updated to reflect current needs. All recipients have also been surveyed in relation to their views on the quality of care delivered including the management of the service. The process of referral through to allocation of Care at Home has been extensively reviewed through the RPIW process (Rapid Process Improvement Workshop) Workforce planning is ongoing to determine the capacity of the service going forward and this is being considered along with a review of their current contractual arrangements which are not considered as effective and efficient as they could be.

**Care Homes** – management is now devolved to the Operational Units and this has meant that the use of these facilities can be considered in the wider discussions about service models in the future. Some areas have begun to test out intermediate care providing a step up or step down resource in the community. Although management structures have been reviewed there is still considerable work needed to ensure staffing levels are appropriate and flexibility is developed across the care sector. This is especially important in some of the more remote areas. The Service Improvement Lead – appointed as part of the management review has been very actively engaged in quality issues across the in-house and Independent sector. Local teams and specialists have also been deployed as necessary and although this impacts on capacity across communities it is important to continue to drive quality and expectation, in relation to standards upwards.

**Highland Senior Citizen's Network** continues to be pro-actively involved in the Older Peoples Improvement Group and the Adult Services Commissioning Group.

**Workforce planning** – as integrated teams have developed based on the learning from Torbay, the need for a generic support worker role has become more apparent. Currently there are a range of support workers who can only be deployed within a service – i.e. Nursing or Social Care. To take forward the

development of a more flexible workforce, a workshop was organised by NHS and NES. Many folks from across Highland attended and key principles and a way forward was agreed.

**Test sites** – single point of access, Health and Social Care coordination now being tested over the next few months across 4 test sites. Coordinators appointed and teams co-located to enable this. Single Outcome Plans which replace the Single shared assessment are also available for testing and this will facilitate a more person-centred approach and outcome focus. It is anticipated that by the start of April 104 this model will be fit for roll-out across Highland although it is acknowledged that it may be delivered in a different way in some of the more rural areas.

**Telecare** – all users of this service which are considered to be vulnerable or are in receipt of Telecare and Care at Home have been reviewed in the last few months. The service has also been considered in an RPIW again looking at a small section of the process- referral to allocation. The management of the service in the future is being reviewed with other relationships being considered e.g. Care and Repair, eHealth, equipment stores.

**Strategic Commissioning** - in line with the expectations set out in the Partnership Agreement and those of Scottish Government, work is progressing to develop the strategic commissioning plan with partners across public, independent and third sectors. Priorities for the plan have been agreed by the Improvement groups and for older people these are-

1. Devolved Care at Home provision
2. Development of community resources and integration
3. Redesigned Telecare in the context of wider assistive technology and Living it Up
4. Establishment of single point of access to care and Integrated team approach
5. Improvements in quality of care across all sectors, reflecting continuous improvement in quality and standards.

**District Partnerships** – a successful seminar to reflect on the development of the District Partnerships was held in September. Further work across the CPP with Chief Officers has identified a key role for the Partnerships in Community Planning and this may help move the partnerships into a more pro-active approach with a wider focus than currently held.



## Highland Public Services Partnership

### Partnership Board Meeting of 12 December 2013

#### Update in relation to delivery of Single Outcome Agreement Environment Theme Actions

##### Highlights

1. As described at the last PSP meeting on 13 September the intention is that the Highland Environment Forum (HEF) should play a key role in delivery of the relevant actions under the SOA, improving communications around these issues and engaging stakeholders in both environmental and SOA topics.
2. HEF met on 24<sup>th</sup> September. It was proposed to this meeting that HEF should be expanded from its previous remit and particularly merge with the role of the Highland Biodiversity Partnership. The meeting was reasonably well attended by a range of public, third sector and representative organisations. Following discussion the proposed new role for HEF was agreed.
3. A number of actions were agreed at HEF in relation to the SOA Environment theme Delivery Plan. These to be actioned and reported back on at the Forum's next meeting in March 2014. These included:
  - a. Highland Climate Change Declaration – Highland Council and the Energy Saving Scotland Advice Trust jointly agreed to lead on a review of the current Declaration. A number of other attendees committed to assisting in the review.
  - b. Wildfire – the Scottish Fire and Rescue Service agreed to lead on this action and report back to HEF.
  - c. Wildlife Crime – Scottish Natural Heritage agreed, in discussion with relevant partners, to do an assessment of the current situation and report back to HEF. In particular this will make recommendations on actions which HEF might lead on and/or support to address wildlife crime issues.
4. Highland Council held an extremely successful public launch of its Carbon Clever Initiative to deliver the 2025 vision of a carbon neutral Inverness in a low carbon Highland.
5. Highland Council planning service are looking to context the Caithness and Sutherland local development plan with relevance to the SOA including in relation to the Environment theme.

##### Issues

6. The HEF process is very much intended to be at the heart of partnership working around the Environment Theme. The success of HEF will be dependent on its members recognising the value of the forum and increasingly engaging with it and using it. The previous forum was waning and it will be necessary to reverse this trend.
7. Like other parts of the SOA there is still some work required to refine the delivery plan within the Environment theme. Some of the existing actions need to be smartened and a number of gaps need to be filled eg actions on improving access to the outdoors and inequalities.

8. Much of the actions on the environment theme will be delivered with considerable voluntary effort eg biodiversity related activities. This is dependent on volunteers being, and continuing to be, motivated and able to deliver these actions.

### **Conclusion**

9. The delivery of the environment theme is underway. To a large extent this is dependent on the willing engagement of a very diverse range of partners. We need to prove to these partners that their engagement in these processes will be productive and will help them to deliver their personal/organisational objectives, as well as those in the current and future SOAs.

For further information or to discuss any issues raised in this update please contact:

George Hogg  
Scottish Natural Heritage.

Agenda Item	4.8
Report No	

## Delivering Partnership Outcomes: SOA Development Plan

### Report by Head of Policy and Performance, Highland Council

#### Summary

This report provides an up-date of progress against the SOA Development Plan. It also sets out the current practice in relation to partnership self-evaluation and identifies priorities for the year ahead.

#### **1. Background**

1.1 The SOA was agreed with the Scottish Government along with an SOA Development Plan in July 2013. The Plan was derived from the discussion with the Quality Assurance Panel in June 2013. The Board will be asked to report on progress for 2013/14 by next summer.

#### **2. Progress with the Development Plan**

2.1 The development plan along with an up-date of progress is attached as Appendix 1.

2.2 Actions for 2013/14 are either done, on target or planned. Key tasks to compete by end March 2013 are:

1. To finalise the delivery plans in the SOA including the performance framework to use and identifying any local variation; and
2. Making the links between Highland wide and local community planning.

2.3 Key areas for partnership development over the period of the SOA are:

1. Reducing inequalities;
2. Developing the prevention plan further;
3. Community and stakeholder engagement including developing joint approach to community development (8 test sites);
3. Collaborative partnership culture – innovation, removing barriers, learning from each other and elsewhere on partnership leadership and management development and using self-evaluation; and
4. Joint resourcing.

These are all explicit in the Chief Officers' Group remit.

2.4 On self-evaluation there is mixed practice and experience as well as opportunities for new development. The methods in use, and with potential for use, for the CPP are summarised below.

#### **2.5 Mature and embedded use of self-evaluation**

For improvement in children's services and in services for older people there is a long history of self-evaluation and reflective practice at individual and policy levels. This has evolved into self-evaluation in a partnership context and focusing on outcomes. It is supported by changes to external scrutiny where a joint approach to inspection across scrutiny bodies is developing and where self-evaluation is requested as part of the scrutiny process. A recent example of mature self-evaluation is in the work done as part of the inspection of children's services reported to the last meeting of the Board. In addition there is currently an evaluation of GIRFEC underway, supported by the Scottish

Government, which includes the views of practitioners to identify improvement.

## 2.6 Other more recent partnership self-evaluation

Self-evaluation in partnership has also occurred for:

- Employability – with the Highland Partnership using the Public Service Improvement Framework in 2012. This identified strengths and areas for improvement across the partnership.
- Community safety – with Highland as a pathfinder authority for the new scrutiny and engagement of police and fire services in the lead up to police and fire reform in 2012/13. This used the national good scrutiny statement and involved elected members and lead officers from police, fire, NHS and Council services. With an inspection by police and fire scrutiny bodies expected early 2014, Highland is piloting a new approach to self-evaluation with members using the new inspection framework.

## 2.7 Areas for development at the thematic level

Based on the priorities in the SOA, areas where partnership self-evaluation needs to be developed are:

- Economic growth and recovery;
- Health inequalities and physical activity; and
- Environmental outcomes.

Some aspects of these policy areas have benefitted from self-evaluation already by particular agencies, for example on reducing homelessness and homelessness services, in using the Audit Scotland Best Value checklist on sustainability and in progress reporting against the Highland Climate Change Declaration. It is recommended that the thematic groups for these policy areas develop proposals for self-evaluation over the next 12 months. Information on the use of the Public Service Improvement Framework can be provided and its use can be supported by the Council's performance team if required.

## 2.8 New requirements

There are new requirements on partners for:

- Leading and supporting community learning and development. Work is underway on developing the approach for Highland and this will involve self-evaluation. Further information and recommendations will be brought to the Board in 2014.
- Audits of community planning. Further information will be presented to this Board meeting by Audit Scotland and self-evaluation is likely to support new audit activity.

## 2.9 New opportunities

There is a CPP Capacity Building Programme supported by the Government and it includes supported self-assessment for CPP Boards. The process is being designed and is likely to include:

- The expectations of community planning
- The role of a CPP Board
- What it means to be on a CPP Board
- Measuring the impact and effectiveness of CPPs

An interest has been expressed for the Highland CPP to benefit from the Programme. Support from the Improvement Service for the Highland CPP can be expected from March 2014.

## 2.10 Other opportunities include:

- Sharing information and learning across the CPP on each partner's approach to improvement planning, with this being considered initially in the Chief Officers' Group; and
- The Council's intention to seek feedback from partners on how it is perceived by them in partnering. This will be developed in 2014 and discussed with partners.

### **3. Recommendation**

3.1 Board members are asked to discuss the progress made with the development plan and note the current use of self-evaluation in the partnership.

3.2 Board members are asked to note the new requirements and opportunities for self-evaluation in the partnership and to agree:

1. proposals for self-evaluation are developed over the next 12 months for the thematic groups on economic growth and recovery, health inequalities and physical activity and the environment, with proposals reported to the Board;
2. that Board members take part in supported self-assessment as part of the National CPP Capacity Building Programme, with further information to be provided.

Carron McDiarmid, 3.12.13

**Highland Single Outcome Agreement 2013/14-2018/19: Development Actions  
Up-date for CPP Board meeting December 2013.**

**Strengths identified:**

The Quality Assurance process for the Highland SOA 2013-18 highlighted the following strengths:

- The CPP is mature, results oriented and relationships are well developed amongst partners.
- The CPP is taking steps to develop its SOA and has good self-awareness of what needs to be done to sharpen the SOA and deliver further improvement.
- There is a strong ethos and growing momentum for partnership delivery with the integration of health and social care and the £3m prevention fund and plan highlighted.
- The SOA provides a sense of industry and energy and shows successful partnership approaches.
- Key partners have had a significant role in producing the SOA and with commitment.
- The SOA shows a clear sense of place and makes national priorities meaningful for the Highlands.
- The SOA covers all 6 national policy priorities and feels like a genuine plan that can be translated into delivery.
- The CPP is making good progress to develop effective governance around community planning – the current review is seen as a positive step.
- The CPP is self-aware with the work on community engagement to help shape priorities noted, including the role of the third sector interface in supporting this work.

**Draft development actions**

The Quality Assurance process for the Highland SOA 2013-18 highlighted six areas for improvement. These are listed below along with the agreed improvement activity.

Area for Improvement	Improvement Activity	Timescale	Progress Dec 2013
SOA to capture sufficient details about delivery, measures and the performance framework against which progress can be evaluated.	<ul style="list-style-type: none"> <li>• Delivery plans for the seven themes within the SOA to be finalised.</li> <li>• Systems to be in place for performance data to be gathered, base-lines set, data analysed and reported and as part of the new governance arrangements for the CPP.</li> <li>• An interim performance report drawing on available indicators and a narrative up-date on progress with the SOA for 2013/14 to be produced.</li> <li>• First performance report covering all themes and indicators will be for the 2014/15 period.</li> </ul>	<ul style="list-style-type: none"> <li>• Before March 2014</li> <li>• March 2014</li>   <li>• September/October 2014</li>   <li>• September/ October 2015</li> </ul>	<ul style="list-style-type: none"> <li>• On target</li> <li>• On target</li> </ul>

Area for Improvement	Improvement Activity	Timescale	Progress Dec 2013
Develop a strategic partnership approach to tackling inequalities and prevention	<ul style="list-style-type: none"> <li>• Establish the remit and working arrangements for the partnership theme group at Director level on deprivation and health inequalities, as part of the CP structure review.</li> <li>• Establish the new Chief Officers Group with its role to ensure and challenge whether the CPP's work is reducing inequalities at the pace required and whether it is making the shift to prevention required (part of the CP structure review).</li> <li>• Continue to develop the Partnership Prevention Plan. Contribute to any further work done nationally.</li> <li>• Annual review of progress with the Partnership Prevention Plan to be reported.</li> </ul>	<ul style="list-style-type: none"> <li>• October 2013</li> <li>• September 2013</li> <li>• On-going</li> <li>• First annual review June 2014</li> </ul>	<ul style="list-style-type: none"> <li>• Done</li> <li>• Done</li> <li>• Item on COG agenda Jan/ Feb 2014</li> </ul>
Area for Improvement	Improvement Activity	Timescale	Progress Dec 2013
Develop a clear line of sight between SOA priorities and local needs and intervention	<ul style="list-style-type: none"> <li>• Complete the review of community planning arrangements, including mapping out the links across operational, local and strategic arrangements</li> <li>• Key role for the thematic groups to ensure appropriate community and stakeholder engagement in planning and performance processes</li> <li>• Each thematic group identifies how to reflect local variation in delivery plans</li> </ul>	<ul style="list-style-type: none"> <li>• By March 2014</li> <li>• From October 2013</li> <li>• March 2014</li> </ul>	<ul style="list-style-type: none"> <li>• On target</li> <li>• Part of remit for theme groups</li> <li>• On target as part of structure review</li> </ul>
Area for Improvement	Improvement Activity	Timescale	Progress Dec 2013
Ensure local communities' needs drive the partnership action in areas of deprivation and rural fragility	<p>Through the partnership group on community learning and development:</p> <ul style="list-style-type: none"> <li>• Develop an asset-based approach and the employment of local health co-ordinators in the four most multiply deprived communities.</li> <li>• Develop further the asset-based approach in four fragile rural communities to be identified</li> </ul>	<ul style="list-style-type: none"> <li>• Co-ordinators recruited September 2013</li> <li>• Approach developed 2013</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment underway</li> <li>• Communities identified through HIE's account management</li> </ul>

Area for Improvement	Improvement Activity	Timescale	Progress Dec 2013
Culture of partnership working supported at operational as well as strategic levels	<ul style="list-style-type: none"> <li>Partnership self-evaluation supported across groups. Develop a programme of self-evaluation.</li> <li>The thematic groups (at Director level) have a role to inspire innovative ways for partners to work together to achieve the results required.</li> <li>The Chief Officers Group has a role to support the thematic groups by removing any barriers to reform that arise from current partnership arrangements, resources and behaviours.</li> <li>The Chief Officers Group learns from approaches elsewhere on partnership management and leadership development to agree the process for the Highland CPP</li> </ul>	<ul style="list-style-type: none"> <li>Programme agreed by March 2014</li> <li>From October 2013</li> <li>From September 2013</li> <li>By March 2014</li> </ul>	<ul style="list-style-type: none"> <li>Options being scoped</li> <li>Groups established</li> <li>COG established</li> <li>Approaches to improvement on agenda for Jan/Feb 2014 meeting</li> </ul>

Area for Improvement	Improvement Activity	Timescale	Progress Dec 2013
Identifying joint resources	<ul style="list-style-type: none"> <li>Partnership resources for shared outcomes to be identified by each theme group and then aligned and integrated where appropriate.</li> <li>Through the development of the Partnership Prevention Plan, partner resources will be identified. This will be reported in the annual report as noted above.</li> </ul>	<ul style="list-style-type: none"> <li>During 2013-18</li> </ul>	<ul style="list-style-type: none"> <li>Status reported end Nov 2013. Work part of theme group remit. COHI agenda item Spring 2014</li> </ul>

### CPP request for support nationally

The CPP is seen to have a strong expectation of what is needed nationally to support further progress within the partnership. Those identified at the meeting on 13<sup>th</sup> June 2013 are listed below. The Highland CPP will work with Government on these issues.

- Support to develop and facilitate joint resourcing.
- Clarity on the scope and definition around prevention and how impacts, including financial impact, may be measured.
- Support on managing any potential conflicts for partners in reporting their performance locally and nationally.
- Support for further integration of services (given the benefit of the support provided for integrating health and social care).