

The Highland Community Planning Partnership

Chief Officers' Group – 29 April 2014
(Previously to Board meeting of 6 March 2014)

Agenda Item	4i
Report No	COG 5/14

Strategic Priorities for the CPP

Report by Head of Policy and Reform, Highland Council

Summary

This report seeks Board approval for five strategic priorities for the CPP to focus on.

1. Background

- 1.1 At the Board meeting in December 2013 Audit Scotland presented the new approach to auditing community planning. This included the four key lines of enquiry for the audit which are:
1. Clear strategic priorities – had the CPP identified the key issues facing the area and agreed clear priorities that reflected a shift in approach from responding to symptoms to tackling causes?
 2. Shared leadership and governance – were the priorities embedded across the partnership and reflected in actions, leadership behaviours and the alignment of resources of each partner organisation?
 3. Promoting collaboration – did the CPP encourage, support, and reward collaborative behaviour amongst staff?
 4. Performance management – was the CPP effectively managing partnership performance against SOA outcomes to allow it to demonstrate that its actions were making a difference for the area and improving outcomes for local people?
- 1.2 The Board agreed there was merit in the CPP reflecting on these questions, particularly as related topics had arisen from the discussion on our structure and accountability review, progress with the SOA and developing our partnership self-assessment approaches at the same meeting.
- 1.3 Since the Board meeting in December the Chief Officers Group (COG) has met twice. The key recommendation from these meetings is that the Board agrees to a smaller number of partnership priorities that will add value to the range of partnership working that exists already. The reasons for this along with the proposed priorities are detailed below.

2. COG deliberations

2.1 Reducing inequalities

A key part of the COG remit is to ensure and challenge whether the partnership's work across all groups is reducing inequalities at the pace required. The COG spent time considering how inequalities were being reduced through the agreed action and outcomes in the current SOA, using an NHS Scotland framework that identified whether action would mitigate, prevent

or undo inequalities. This highlighted that some action should help mitigate or prevent inequalities but there was less action to undo inequalities. For some action it was uncertain what the impact might be and there was a risk that some of our actions might widen inequalities.

2.2 However making sense of how to be more effective in reducing inequalities was quite difficult because of the range of actions and outcomes currently in the SOA. Essentially we have too many; 44 long term outcomes and 169 intermediate outcomes spread across the six national priorities plus our additional theme of the environment.

2.3 Managing partnership performance and enabling scrutiny of it

Board members are very keen to scrutinise partnership performance. The current SOA expects this to be on the basis of the partnership delivery plans. However in discussing how best to present performance information in the COG it became clear that given the large number of outcomes in the SOA performance reporting across all of them would be:

- Onerous and resource intensive;
- Potentially duplicating partnership scrutiny elsewhere, particularly for older people and early years work;
- Potentially adding little value to partnership processes overall.

2.4 Identifying strategic priorities

Instead, and in keeping with the Audit Scotland framework, the COG set about identifying no more than five strategic priorities for all partners to collaborate on and for the Board's consideration. These were to be 'Christie-proofed' i.e. they would tackle inequalities, be preventative and reduce future demand for services and transform outcomes for the region by our collaborative effort working with communities.

2.5 To enable the identification of priorities, the key issues facing the region were set out as strengths, weaknesses, opportunities and threats. They were derived from the SOA. This SWOT analysis is appended for Board members to consider.

3. Five strategic priorities proposed

3.1 The five strategic priorities emerging from the COG discussion are listed below. They are not in order of priority.

- To lead, inform and cross-reference workforce planning to meet Highland needs; (*this includes our role as employers*)
- To talk and listen to communities to put them at the centre of planning and service delivery; (*to enable service re-design*)
- To improve access and connectedness to mitigate rural deprivation and inequalities;
- To maximise the best use of our resources together; (*this is also to shift resources to prevention*)
- To promote (*or talk up*) the Highlands to attract people, jobs and investment.

3.2 The discussion around these priorities is set out in the note from the COG

meeting on 18th February. Board members are asked to comment on and agree the final version of the strategic priorities for the CPP.

3.3 Next steps

With an agreed set of strategic priorities the COG can consider how best to allocate resources to deliver them. This will include developing partnership work programmes and considering what needs to change in how we operate together. The next meeting of the COG on 18th March can drive this forward.

4. **Implications for the SOA and new CPP structures**

4.1 By identifying strategic partnership priorities our collaborative effort can be more effective. While each partner will continue to have responsibility for a range of public services, new focused partnership action should help us to meet the challenges of public service reform together. This could be expressed in an improved and streamlined SOA with performance management and reporting adding value to our current arrangements.

4.2 The SOA is an agreement with the Scottish Government. It will be important to provide assurance that the CPP is addressing the six national policy priorities as well as being sensitive to the needs of the region and where the partnership can effect significant change.

4.3 This means further work will be needed:

- To share performance reporting to the Government with the Board where this is already in place for some of the national priorities delivered in partnership e.g. for early years and older people;
- To re-focus some of the current SOA outcomes and actions to align with the new priorities where that makes sense (particularly around the economic growth and employability themes);
- To avoid losing the new ground made in some areas of partnership working from the latest SOA, particularly for:
 - community safety with its new joint strategic assessment of need, new joint outcomes to achieve and a revised Safer Highland structure - with links to how these inform the new local plans for police and fire services
 - the environment where joint working with the third sector is progressing well.
- Adjusting our plans for thematic groups and local community planning accordingly.

4.4 Further discussion on these issues with the CPP's location Director should help find a way of making a new SOA relevant to the region and nationally.

5. Recommendations

Board members are asked to note the progress made through the two COG meetings since the last Board meeting in December and:

1. To agree that the current SOA with its 44 long term outcomes and 169 intermediate outcomes is comprehensive but unwieldy for added CPP effectiveness and scrutiny;
2. To discuss the SWOT analysis for the region and agree any changes to it;
3. To consider the five strategic priorities developed and agree whether these can be adopted or improved by the Board;
4. To note that the COG will deploy resources to deliver the new strategic priorities and that further discussion with the Government is required for the SOA to be streamlined.

Author: Carron McDiarmid, Head of Policy and Reform Tel (01463) 702852

Date: 21.2.14

<p>Strengths</p> <ol style="list-style-type: none"> 1. Population growth – 11% increase from 2001 to 2011 to 232,000 2. Working age population increased (10% from 2001 to 2011) but will stabilise 3. Quality of life 4. Higher rates of economically active people 5. Lower rates of recorded crime and falling 6. Life expectancy growing (76.4 years for men and 81.5 years for women) 7. High rates of volunteering, especially in rural areas and the economic activity arising from it 8. Community ownership models 9. Outstanding natural environment – 16 National Scenic Areas covering 55% of our land and part of the Cairngorms National Park, rare and iconic species and habitats 10. Renewable resources 11. UHI research and centres of expertise on environmental science, mountain studies, sustainable development, marine sciences and renewable energy 12. Important primary sector/industry 	<p>Weaknesses</p> <ol style="list-style-type: none"> 1. Ageing population – by 2025 people aged 65 years+ forecast to increase by 47% (to over 60,000) 2. Small local economies with weak linkages with neighbouring communities and small average size of enterprises 3. Average wages around 10% below Scottish level, seasonality of employment 4. Lower proportion of school leavers entering further and higher education, and numbers leaving the region to pursue FHE 5. Fuel affordability (1/3 households and 57% older people in fuel poverty) 6. Alcohol misuse often contributes to crime¹ and is risk factor in child protection cases 7. Domestic incidents of violence against women are rising (1622 in 2009/10 to 1966 in 2011/12) so too are no. of repeat victims and offenders 8. 2000 children living in severe poverty (6%) 9. Growing inequalities in health – poorer people have poorer health and die younger (14 years gap between poorest and richest areas). 10. High regional carbon emissions
<p>Opportunities</p> <ol style="list-style-type: none"> 1. Higher education provision – strengthening links across schools, further and higher education 2. Up-grading Broadband services 3. Job creation in new growing sectors e.g. renewable energy sector 4. Alignment of activity across Life Science institutions 5. Nature based tourism – economic benefits 6. Access to the countryside – health benefits 7. Carbon CLEVER Highlands by 2025 +active travel 8. Highland as a carbon store 9. Public sector procurement to support youth employment – and public sector employers role 10. Targeting high risk groups 11. European funding –new 7 year programme (£183m for H&I) 12. Growing market provided by growth in older population 13. Older people give more care than they receive formally 14. Intergenerational work and capacity 15. Early years work 	<p>Threats</p> <ol style="list-style-type: none"> 1. Scattered settlement pattern - sustaining public services in remote areas with reducing budgets 2. Higher cost of living in rural areas and dispersed poverty 3. Issues of place: <ul style="list-style-type: none"> • decommissioning of Dounreay, • Employment rate falling in Ullapool, Gairloch, Skye and Lochalsh, Inverness and Dingwall • Areas of multiple deprivation <ul style="list-style-type: none"> ○ long term youth unemployment highest in Wick ○ 15% children growing up in poverty in Highland but higher in Inverness Central (29%) and Cromarty Firth (25%) ○ higher crime levels, higher levels of fear of crime, more dwelling fires ○ poorer health and higher mortality rates 4. Physical activity levels too low – health and cost impacts 5. Potential impacts of welfare reform on widening inequalities gap further 6. Climate change impacts 7. Unable to retain the benefits in the region e.g. from renewable energy

¹ 8893 alcohol related incidents from April to December 2012. Accounting for 51% minor assaults, 65% serious violent incidents, 41% domestic abuse and 25% sexual offences. In 60% child protection cases, parental substance misuse (alcohol and drugs) is a risk factor. Drink driving an issue for younger drivers aged 20-29 years compared to older ages elsewhere. Those living in poverty at increased risk of experiencing drug and alcohol problems and come to attention of public services. (Alcohol related hospital admissions and deaths are falling).