

Highland Community Planning Partnership

Chief Officers' Group – 26.11.13

Agenda Item	2
Report No	COG/1/13

The purpose and membership of the Chief Officers Group and how it will operate

Report by Head of Policy and Performance, Highland Council

1. Background

1.1 The CPP Performance Board agreed and confirmed the remit and membership of the Chief Officers Group. This is set out below. It is derived from the [Statement of Ambition](#) and was viewed as good practice in reviewing community planning structures and governance by the SOA Quality Assurance Panel.

2. Chief Officers Group remit

2.1 The purpose of the Chief Officer Group (COG) would be to drive public service reform, including the delivery of the SOA and continuous improvement of partnership working to achieve better and fairer outcomes by:

1. Ensuring and challenging the partnership's delivery and performance against the SOA's outcomes targets - through the thematic groups individually and together across the SOA (and any supporting plans if relevant);
2. Ensuring and challenging whether the partnership's work across all groups is reducing inequalities at the pace required;
3. Ensuring and challenging whether the partnership's work across all the groups is making the decisive shift to prevention required;
4. Ensuring and challenging whether the partnership can demonstrate best practice in community engagement through the thematic groups and across the SOA;
5. Supporting the thematic groups by removing any barriers to reform that arise from current partnership arrangements, resources and behaviours.
6. Promoting the on-going development of the SOA as a means of achieving public service reform.
7. Supporting constructive challenge of the partnership through honest reflection, structured self-evaluation, peer review, audits of community planning and any consequential improvement activity.

- 2.2 It was noted that this remit would help support the values adopted previously by the Partnership that

'We are here to serve the Highland people and we will do this with honesty, openness and commitment. We will challenge each other constructively when necessary to ensure we deliver beyond expectations for the Highlands.'

2.3 The membership of the Chief Officers Group

It was agreed that the group would be comprised of the Chief Officers of the partnership (represented by the local senior officers for national bodies). The lead officer from the thematic groups would attend Chief Officer Group meetings for scrutiny and challenge and to make any requests for partnership support. The Chief Officer Group would attend the Partnership Board and would meet more frequently than quarterly Board meetings. There is an opportunity to consider whether membership should be extended on an ad hoc or permanent basis.

- 2.4 The Single Outcome Agreement was agreed along with a development plan. This is appended. Some actions require speedy progress and the Chief Officers Group should be satisfied these are being progressed. The actions to be completed by the end March 2014 are listed below alongside the remit reference.

Remit 1 – Delivery against the SOA outcome targets

1. The delivery plans for the seven themes within the SOA to be finalised.
2. Systems to be in place for performance data to be gathered, base-lines set, data analysed and reported as part of the new governance arrangements for the CPP.
3. Complete the review of community planning including links with operational, local and strategic arrangements.
4. Each thematic group identified how to reflect local variation in delivery plans.

Remit 2 – Are we reducing inequalities at the pace required?

5. Establish health inequalities partnership theme group (done)
6. Establish the COG with role to ensure and challenge the pace on reducing inequalities

Remit 3 – Are we making a decisive shift to prevention?

7. Establish the COG with role to ensure and challenge the pace on prevention
8. Continue to develop the Partnership Prevention Plan and contribute to any work being done nationally

Remit 4 – community engagement

9. Develop asset based approach and employment of local health co-ordinators in four most multiply deprived communities (Sept 2013)
10. Develop asset-based approach in for fragile areas to be identified.

2.5 The Government, on behalf of the national community planning group, has requested an up-date on progress towards joint resourcing in each CPP by the end of November 2013. This is considered as a separate report for this meeting, but it relates to the 5th part of the remit on barriers to reform.

3. Delivering against the remit

3.1 From individual discussions with the responsible officers of thematic groups there is a desire to consider how the Chief Officers Group should operate. Having reflected on these individual meetings and being aware of the requirements above, group members will be asked to take part in facilitated discussion in the meeting on the systems and behaviours required for best operation as well as the progress being made to date.

3.2 This will include contributions from the Council's Corporate Manager on local community planning and from the Director of Public Health on working together to reduce health inequalities.

4. Recommendation

Group members are asked to note the remit and SOA development plan. They are asked to take part in facilitated discussion on the systems and behaviours required to deliver against the remit for the group.

Carron McDiarmid

21.11.13

Highland Single Outcome Agreement 2013/14-2018/19: Draft Development Actions

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 proposed improvement activity.

Area for Improvement	Improvement Activity	Timescale
SOA to capture sufficient details about delivery, measures and the performance framework against which progress can be evaluated.	<ul style="list-style-type: none"> • Delivery plans for the seven themes within the SOA to be finalised. • 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. • An interim performance report drawing on available indicators and a narrative update on progress with the SOA for 2013/14 to be produced. • First performance report covering all themes and indicators will be for the 2014/15 period. 	<ul style="list-style-type: none"> • Before March 2014 • March 2014 • September/October 2014 • September/ October 2015

Area for Improvement	Improvement Activity	Timescale
Develop a strategic partnership approach to tackling inequalities and prevention	<ul style="list-style-type: none"> • 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. • 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). • Continue to develop the Partnership Prevention Plan. Contribute to any further work done nationally. • Annual review of progress with the Partnership Prevention Plan to be reported. 	<ul style="list-style-type: none"> • October 2013 • September 2013 • On-going • First annual review June 2014
Develop a clear line of sight between SOA priorities and local needs and intervention	<ul style="list-style-type: none"> • Complete the review of community planning arrangements, including mapping out the links across operational, local and strategic arrangements • Key role for the thematic groups to ensure appropriate community and stakeholder engagement in planning and performance processes • Each thematic group identifies how to reflect local variation in delivery plans 	<ul style="list-style-type: none"> • By March 2014 • From October 2013 • March 2014
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"> • Develop an asset-based approach and the employment of local health co-ordinators in the four most multiply deprived communities. • Develop further the asset-based approach in four fragile rural communities to be identified 	<ul style="list-style-type: none"> • Co-ordinators recruited September 2013 • Approach developed 2013

Area for Improvement	Improvement Activity	Timescale
Culture of partnership working supported at operational as well as strategic levels	<ul style="list-style-type: none"> Partnership self-evaluation supported across groups. Develop a programme of self-evaluation. The thematic groups (at Director level) have a role to inspire innovative ways for partners to work together to achieve the results required. 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. The Chief Officers Group learns from approaches elsewhere on partnership management and leadership development to agree the process for the Highland CPP 	<ul style="list-style-type: none"> Programme agreed by March 2014 From October 2013 From September 2013 By March 2014

Area for Improvement	Improvement Activity	Timescale
Identifying joint resources	<ul style="list-style-type: none"> Partnership resources for shared outcomes to be identified by each theme group and then aligned and integrated where appropriate. Through the development of the Partnership Prevention Plan, partner resources will be identified. This will be reported in the annual report as noted above. 	<ul style="list-style-type: none"> During 2013-18

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 13th 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).