

LOCHABER DISTRICT PARTNERSHIP

AGENDA

FOR THE MEETING TO BE HELD ON

TUESDAY 27 OCTOBER 2015

IN THE COUNCIL CHAMBERS, LOCHABER HOUSE, FORT WILLIAM

THE MEETING COMMENCES AT 1.15 PM

1.15pm - 1.45pm Welcome & Apologies

Setting of 2016 meeting dates

Previous action note of 30 June 2015

-accuracy

-update on actions not otherwise on the agenda:

- (i) use of mobile resources
- (ii) Plantation – co-ordination of support & resources
- (iii) Booking of community facilities – new schools
- (iv) CLD plan update

General business

1.45pm - 3.00pm

1. TEC Digital health report (Report 1 - for information)
2. HTSI community fund presentation (Report 2)
3. Lochaber District partnership plan update (Standing item, paper 3)
4. Inequalities – areas in most need (Report 4)

Comments invited from the public on the above general business

Plan spotlight – Community safety (inc Drug & Alcohol issues) – Section 4 (c&g)

3.10pm - 4.30pm

5. Lochaber Safe Highlander feedback (Report 5)
6. Highland Alcohol and Drugs Partnership (HADP) presentation
7. Use/allocation of existing Drug & Alcohol funds (Report 6)
8. Scottish Fire & Rescue Service – Autumn thematic action plan (Report 7)

Comments invited from the public on the above 'spot light' business

Meeting close 4.30pm - Please note all timings are approximate.

LOCHABER DISTRICT PARTNERSHIP

ACTION NOTE FROM THE MEETING HELD ON: TUESDAY 30 JUNE 2015 AT 1.30PM IN THE COUNCIL CHAMBER, LOCHABER HOUSE, FORT WILLIAM

PRESENT: Bren Gormley (Chair); Emma Tayler, Gerard Storey, Kath McAvoy (HC); Christine Hutchison (ALCC); Tracy Ligema, Marie Law), Jim Douglas (part of meeting only) (NHSH); Ellen Morrison (HC – note)

APOLOGIES: Martin Faulkner, Patricia Jordan, Michael Foxley.

IN ATTENDANCE: Ian Murray, Gary Davidson, Mark Richardson (HLH)

ITEM	SUBJECT	ACTION AGREED	LEAD	NAMED OFFICER	TIMESCALE
	<p>Previous Action Note of 28 April 2015</p>	<p>Note agreed.</p> <p>Updates from note:</p> <p>1.2.1 Dot Ferguson has now written out to community councils regarding representatives attending Partnership meetings.</p> <p>1.2.2 “Slug” Allotments – Forestry Commission Scotland to hold discussions with the “Slug” Allotment Association.</p> <p>1.6 Fuel Poverty – actioned and now included in the community development plan</p> <p>1.12 Play Improvement Group. Event on 4 July in Cameron Square. Emma Tayler to circulate information.</p> <p>4.8 Invernevis House – remedial works to fire doors and windows. Matter discussed at a meeting of the West Area Health and Safety. Works to be actioned, although noted that there is not a safety issue re fire doors.</p> <p>6.1 Mind-map work now complete.</p> <p>6.3 Health visitor statistics - Michael Foxley and Jim Douglas to pursue this point not Gerard Storey.</p>	<p>FCS</p> <p>HC</p> <p>NHSH</p> <p>NHSH</p>	<p>Emma Tayler</p> <p>Michael Foxley & Jim</p>	

1	High Life Highland	<p>Ian Murray, Chief Executive of High Life Highland (HLH) was in attendance and gave a presentation (copy available on request). He advised that HLH, which is a charity, was established in 2011 and delivers services on behalf of Highland Council. The areas of work covered are: adult learning, archives, arts, leisure facilities, libraries, museums, outdoor education, sport and youth work. They have an independent board and the priorities and partnership opportunities in their new business plan were outlined. Statistics on staff, budgets and users of their services was given as well as detail on current prevention agenda projects. Other ongoing project work includes: the Cardiac Rehab Lochaber which is delivered in partnership with NHS Highland; Falls prevention – the “Otago” Programme can be accessed in ten Leisure centres and is also delivered in some NHS facilities. The “You Time” initiative. Health projects currently under development were also covered.</p> <p>Noted from discussion:</p> <ul style="list-style-type: none"> - Under the health agenda current target areas for HLH to support include the 45-60 year old age group and teenage girls. - Extensive savings could be achieved if investment was made early. - A key driver when HLH was originally formed was to extend services. - Mental health services. HLH are to meet with the Scottish Association for Mental Health to discuss what could be done towards improving service delivery. Ian Murray invited Chris Evans of the Lochaber Mental Health LIG to contact him if she had any info to input to this matter. - Engagement by families at early years ie. difficulties experience accessing books/reading due to geographical location or English as a second language. This is a piece of work that could be progressed by health visitors and early 		Douglas	
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		<ul style="list-style-type: none"> - years practitioners to improve accessibility. Where practicable good practice should be shared with colleagues and partners. - Transport can also be a barrier for people trying to access services. - Plantation area, Fort William. A request was made that once the new youth Work Manager covering Lochaber is in post that they make direct contact with Hugh Wright, Community Health Co-ordinator, NHS Highland to discuss ongoing agency work in the Plantation. - Community facilities in the new schools in Lochaber. It was confirmed that HLH were willing to be involved in the management of these. - Participatory Budgeting Pilot under the Ward Discretionary Youth Fund. HLH's involvement and support with this was welcomed. 	HLH	Mark Richardson	
2	Lochaber Community Plan – Health & Social Care Priorities (Report 1)	<p>Emma Tayler spoke to the previously circulated report. The District Partnership was asked to note the re-allocation of the “greener” priorities to the healthier section of the community development plan and extend the District Partnership membership to include representation from Scottish Natural Heritage and Forestry Commission Scotland.</p> <p>Partners agreed to the report recommendations noting the following:</p> <ul style="list-style-type: none"> 2.1 An additional point is added to the Development Plan for the proposed family centre at Camaghael Hostel. 2.2 Future District Partnership meetings - for each meeting the Assessment Panel will agree to focus on particular points from the “health and social care” priorities. This will then be the basis for agenda discussion. 2.3 The importance of the link between the Development Plan and LEADER when groups/organisations apply for funding. 	<p>HC</p> <p>HC</p>	<p>Emma Tayler</p> <p>Emma Tayler</p>	

3	Community Safety Actions (Report 2)	<p>Emma Tayler spoke to the previously circulated report. The District Partnership were asked to acknowledge the request from the Community Safety Action Team; add in the priorities as per section 1 of the report to the District Partnership's action plan (extend the name of the section to 'Healthier, Safer and Stronger'); extend the Lochaber District Partnership membership to include Police Scotland and Scottish Fire & Rescue Service representation and agree to the overseeing and allocation of HADP area funding.</p> <p>Partners agreed to the report recommendations noting the following:</p> <p>3.1 Voluntary Action Lochaber would continue to manage the existing balance of funding available via HADP.</p> <p>3.2 "Place of Safety" – alcohol admissions to the Belford Hospital. Data to be examined to give a baseline as alcohol may be a secondary issue when a person presents at the hospital.</p>	NHS	Marie Law	
4	Community Learning & Development Plan (Report 3)	<p>Emma Tayler spoke to the previously circulated report. The District Partnership was asked to consider the extracted points and what this may mean for the Partnership. They were also asked to note that the Lochaber Area structures community planning business under the Umbrella of the Lochaber Partnership with 2 main fora, the District Partnership and Economic Development and Employability Forum.</p> <p>Noted from discussion:</p> <p>4.1 Mark Richardson, High Life Highland will be the Community Learning Development Partnership lead for the Lochaber District Partnership.</p>			

5	Joint Services AOCB & Comments from the Public	No business.			
6	Update Children's Services (verbal update)	<p>Gerard Storey provided a verbal update on staffing. Points for noting:</p> <ul style="list-style-type: none"> 6.1 Care and Protection Team. Not fully staffed at present due to vacancies and long term illness. 1.5fte posts advertised, however not filled, to be re-advertised. 6.2 Early Years Team – all the community early years practitioners are now recruited. However, now a shortage of health visitors. NHS Highland actively seeking to recruit 6.3 School Years - a steady staff group who continue to deliver their function. 6.4 Head Teacher appointments have been made for the Gaelic School; Lundavra School and Lochyside/St Mary's (Caol Campus). 6.5 Family Centre at Camaghael Hostel. This is still at the early stages. A number of meetings have been held with further meetings still to take place. Norma Young is the lead officer. 6.6 Transport links to family centre for clients attending meetings. This is an important issue and must be considered in developing the centre. <p>This led onto a general discussion about transport matters with the following noted:</p> <ul style="list-style-type: none"> 6.7 More detail is required from groups who are still experiencing problems with travel to/from and timing of appointments at Fort William Health Centre. 6.8 Can NHS Highland take into account travel time when 	<p>HC</p> <p>Norma Young</p>		

		<p>hospital appointments are made. It was noted that Belford Hospital does try to manage appointments to suit patients.</p> <p>6.9 LTABs can offer advice on alternative travel arrangements.</p> <p>6.10 Community Car Scheme. They are limited to what services they can provide and the travel routes that they can take.</p> <p>6.11 If LTABs does not continue – will there be implications on travel for health appointments. At present 80% of calls to LTABS are health related.</p> <p>6.12 Request from the District Partnership to receive formal feedback from the Transport Forum.</p> <p>6.13 Tracey Ligema advised that the Belford Hospital are working on ideas on the back of LTAB project.</p> <p>6.14 Request that the Lochaber Disability Access Panel be included in any future discussions on transport.</p>	<p>HC</p> <p>Emma Tayler</p>	
<p>7</p>	<p>Children's Services AOCB & Comments from the Public</p>	<p>No business.</p>		
<p>8</p>	<p>Update Adult Services (verbal update)</p>	<p>Tracy Ligema provided a verbal update on staffing. Points for noting:</p> <p>8.1 The integrated teams continue to develop ways of working ie. referral pathways; tackle waiting lists; how they communicate as a team.</p> <p>8.2 Ongoing piece of work on how the "Care at Home" Service will work as part of the integrated teams.</p> <p>8.3 MacKintosh Centre. The aim is to re-open the residential care by end of July. Correspondence has been sent to families and staff to advise of this. Further correspondence to be sent advising who the registered manager will be and the planned work that will happen over the coming months to improve and enhance services. An invite was extended</p>		

		<p>via the LDP to Highland Council elected members to be involved in this process. The wider community will also be involved.</p>	NHSH	Jackie Hodges	
<p>9</p>	<p>Adult Services AOCB & Comments from the Public</p>	<p>AOCB and public comments were noted as follows:</p> <p>9.1 MacKintosh Centre – a request was made for NHS Highland to provide an update to the wider community to alleviate concerns over a comment of “institutional abuse” reported in the press. It should be made known that the police did not have any criminal concerns following the investigation undertaken.</p> <p>9.2 Acharacle Medical Practice. Appointment of GPs - although an offer of employment had been made, it was declined. NHS Highland will hold interviews again at the end of July.</p> <p>9.3 The next meeting of the Lochaber Mental Health LIG will take place on 12 August at Fort William Health Centre.</p>			
	<p>Next Meeting Date</p>	<p>Tuesday 27 October in Lochaber House, Fort William, (time to be confirmed)</p>			

Lochaber District Partnership

Agenda item	1
Report number	1
Meeting date	27/10/15

Report Title	Technology Enabled Care team
Report by	Laic Khaliq
Organisation	'Living It Up' (Highland) – NHS Highland

1 Background

The Technology Enabled Care team, based in the Centre for Health Science in Inverness, is responsible for:

- Telehealth – technology for home health monitoring
- Telecare – technology to help keep vulnerable people safe and independent in their home
- Living it Up – an NHS website focused on health, wellbeing and community which can be found at www.livingitup.org

We are currently working on projects to:

- Use the **Motiva** home health monitoring system to support patients with long term health conditions to self-manage – including patients suffering from:
 - Diabetes
 - Heart failure and
 - Lung conditions (COPD)
- Use the **Florence** simple telehealth system to provide ongoing monitoring and support, using a programme of interactive text messages, in situations including:
 - Post-operative assessment
 - Weight management
 - Smoking cessation
 - Use of nutritional supplements
 - Chronic pain
 - Outpatients
- Expand the use of telecare in the Highlands including:
 - **Basic telecare** – consists of a base unit, personal alarm button and smoke detector connected via the telephone line to 24 hour staff who can summon help
 - **Enhanced telecare** – offers a wide range of devices including medication dispensers and sensors to detect carbon monoxide, smoke, temperature extremes, floods, enuresis, epilepsy, falls, bed or chair occupancy, movement and external doors being opened

In the future we plan to make full use of the superfast broadband, which is coming to the Highlands, by developing a new, combined **digital telecare and telehealth** service, including video conferencing (using a tablet computer) to provide support to vulnerable people in their own home, enable remote GP consultations and promote community involvement.

Upcoming Learning Event – We will be holding learning events across the highlands, including in Lochaber. If you would like to register interest in attending the Fort William event please email nhshighland.technologyenabledcare@nhs.net.

Recommendation

Please note the content above and contact the Technology Enabled Care team for more details – 01463 255733. We are especially keen to hear from GPs interested in using the Motiva system for their diabetes patients – contact joanna.gilliatt@nhs.net 01463 255917

Lochaber District Partnership

Agenda item	2
Report number	2
Meeting date	27/10/15

Report Title	Community Self Management Development Fund
Report by	Mhairi Wylie
Organisation	Highland Third Sector Interface

Situation Summary

As part of the Integrated Care Fund a separate pot for community based activity has been established with £40k per district area.

An in principle agreement has been reached that a locally based decision making process for the distribution of this funding would be agreed through the District Partnership Structure – ideally separate but reporting to the DP.

The HTSI would like to provide a brief overview of the fund and discuss the process that the DP members feel would be appropriate for their area.

1 Background

This fund is designed for community and third sector groups to support the growth, development or establishment activities which providing services, activities or care for people with long term health conditions, to include older people. The activities should help to keep them active and socially engaged while developing confidence and awareness on an individual level about their own health and wellbeing.

Things we are likely to fund:

- Peer led support activities
- Accessible social opportunities which imbed or contribute to a self-management process.
- Activities which promote community connectedness but only where there are clear and identifiable health and wellbeing outcomes.
- Training for communities, third sector organisations or individuals where there is a subsequent impact on the communities/organisations or individuals ability to support a self-management process.
- Activity or specific actions which promote self-management within Highland, such as an awareness raising session.
- Needs/gap analysis of community led service for people with long term conditions– please note the funding isn't available for 'mapping' on its own as there has already been a significant amount of work undertaken around this activity.

The purpose of the fund is to stimulate community led activity on a very local basis. Therefore we would be unlikely to consider contributions to projects where the total cost is more than £10k per annum. We are also unlikely to fund the following:

- One off trips or day outings.
- An existing lunch club or equivalent where funding has been stopped or is at threat.
- Contribution to transport without an associated activity which is also being covered by the same project.
- Groups without a bank account.
- Ideas without a clear outcome and where no consideration has been given to sustainability beyond the life of the proposed activity.

- Where there is no demonstrated awareness of existing community resources and linkages where appropriate.

Neither of these lists are exhausted but intended for guidance and illustration only.

4 Implications

- a) Resource
- b) Legal
- c) Equality
- d) Climate change
- e) Risk

Recommendation

The HTSI recommends that the Lochaber DP establish a separate working group to process applications. The membership of that group needs to include the NHS and third sector representatives but ideally will have council membership and any other that the DP thinks appropriate.

Community Self Management Development Fund 2015/16



Community Self-Management Development Fund (CSMDF)

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- Where there is no demonstrated awareness of existing community resources and linkages where appropriate.

Neither of these lists are exhausted but intended for guidance and illustration only.

Terms and Conditions:

- ✦ You must be a constituted group or equivalent or intend to become one if successful. If this isn't possible then you need to have an agreement in place with an organisation that is and has a bank account in their own name and have agreed to receive the money and account for it on behalf of the project.
- ✦ You must be able to demonstrate community participation in either the scoping or planning of the project or in the execution of it.
- ✦ The majority of your activity must be aimed at and to the benefit of with long term conditions. It is important to be clear about the explicit and implicit benefit to this group of people within your application and you should also be able to demonstrate how they have been involved in the development of your idea.
- ✦ The maximum amount funded is £5000 but we are very interested in fund applications for smaller amounts including one off expenses or events. The money can also be used to match fund against another funding source to increase the overall capacity of the project but only up to a total project costs of £10,000.
- ✦ The funding must be spent or committed to spend by the 31st March 2016. Money not spent will be at risk of being claimed back by NHS Highland.
- ✦ Funding under this stream is non-recurring and if you make a subsequent application for the Fund you must be able to demonstrate how the project has developed and what additionally the new funding would provide.

All successful application are required to submit a project completion form and an evaluation form irrelevant of the amount of money awarded.

Applications to the Community Self-Management Development Fund must be made through completing the PDF Form which can be found on the HTSI website www.highlandtsi.org.uk

The HTSI can provide you with more information and support prior, during and after your application have been submitted and considered.

Your application will be considered by your local District Partnership, if you aren't sure about which of the following District Partnerships your idea should be considered by please contact HTSI prior to making your application. Please also note that it could take up to 12 weeks for a decision to be made due to the time lapse between meetings. The HTSI will communicate the outcome of the funding application within 3 working days of the relevant District Partnership Meeting at which it was considered.

It is important to recognise that the Fund is not intended to be a long term funding solution nor as a source of income for pre-existing services except where it is a development or progression. Succession planning, evaluation and sustainability are key aspects that we would expect each project to allow time and effort for.

APPLICATION FORM

Name of the Project/Activity	
Name of the organisation submitting the application	
Is the group a registered charity?	
<i>Please provide your charity number:</i>	
Main correspondence Address:	
Organisations website:	

Main contact person:	
Role within the project/activity:	
Role within the organisation:	
Contact email address:	
Contact phone number:	

Please provide an overview of your project/activity/idea: (300 word limit)

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How did you identify a need for your proposal, specifically in relation to people with long term health conditions? (200 words max):

Please detail the activity, outputs and outcomes that your proposal will have in no more than 450 words:

Total Project/Activity
Costs:

Total Funding being
requested:

Please detail how the funding will be spent, for example venue costs, equipment etc:

NAME OF A REFEREE (1):	
Relationship to the project/ activity:	
Contact email address:	
Contact phone number:	

NAME OF A REFEREE (2):	
Relationship to the project/ activity:	
Contact email address:	
Contact phone number:	

TO THE BEST OF YOUR KNOWLEDGE IS THE ABOVE INFORMATION CORRECT AND A FAIR REPRESENTATION OF HOW YOU INTEND TO UTILISE ANY FUNDING PROVIDED AGAINST THIS PROPOSAL?	(✓) <input type="checkbox"/>
ARE YOU AWARE THAT YOU ARE EXPECTED AND AGREED TO PROVIDE AN END OF PROJECT REPORT AND EVALUATION, FROM THE TEMPLATES PROVIDED, IF YOU ARE AWARDED FUNDING?	<input type="checkbox"/>

(Signature of Authorised Contact)
PLEASE PRINT NAME

Your application form should be submitted to the Highland Third Sector Interface either by post to:

HTSI, Thorfin House, Bridgend Business Park, Dingwall, IV15 9SL

Or by email to:

info@highlandtsi.org.uk

The HTSI will then provide your local District Partnership with details of your application form and will inform you within 3 working days of the Partnership meeting at which your application was discussed.

The Highland Third Sector Interface is a Scottish Registered Charity,
SC043521 and a Scottish Registered Company SC425808

**‘HEALTHIER, SAFER & STRONGER’
Lead Forum: LOCHABER DISTRICT PARTNERSHIP**

Health, Well-being and community safety priorities. Note this plan also incorporates ‘Greener’ priorities that promote healthier lifestyles and well-being

High Level statement	Aim	Action detail	Who	Status	
1 Support safe, responsible use of the natural environment for health promoting activity	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	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
	e. Partners will review current and explore new opportunities to reduce health inequalities through the use of the natural environment	1.	Further develop opportunities that encourage more use of the canal and surrounding area	Scottish Canals	A
		2.	Further develop opportunities that encourage more use of our forests	FCS	
	f. Partners will support activity which promotes community members to take up roles as trainers and assessors which in turn support individual and club activity promoting healthy lifestyle choices	1.	Map the current number of community members involved as trainers/assessors/coaches/tutors around each Associated school grouping.	VAL/ HLH/ LSA	R
		2.	Provide enhanced training opportunities for new and existing volunteer trainers and assessors to develop and grow.	HLH/ VAL/ LSA	A
		3.	Increase the number of community members to take up Volunteer trainer and assessor roles.	HLH/ VAL/ LSA	
	2 Jointly promote opportunities for increased physical	h. Support initiatives to improve accessibility for young people to engage	1.	Maintain the current provision of HLH Lochaber Youth Clubs and map the voluntary sector youth clubs.	HLH
2.			Establish a new youth provision in Mallaig.	HC	G

Agenda item 3
Paper 3

<p>activity and physical & mental health promotion for children and young people</p>	<p>more readily with health services</p> <p>i. Encourage the further development of the Lochaber youth forum to initiate activity/projects that promote healthier lifestyle choices</p> <p>j. Promote and encourage the use of mobile play resources available to the Lochaber area</p>	3.	Develop 2 projects per year to engage young people with Health services.	NHS/HLH	B
		1.	Lochaber Youth Forum members will meet once a term in its own area then as a Lochaber Area twice per year. Lochaber Youth Forum will then attend the Pan-Highland Youth Parliament.	HLH	A
		2.	Young people through the Youth Forum will play an active role in local democracy.	HLH	A
		1.	VAL to continue to operate and develop the toy library with financial support from Highland Council (Early years monies)	VAL	G
		2.	Further develop the use of existing mobile skate and football equipment throughout Lochaber	HLH/NHSH	A
		3.	Community consultation – Claggan re: use of developer contributions and enhancement of play facilities	VAL/HC	A
		4.	Community consultation – Upper Achintore re: use of developer contributions and enhancement of play facilities	VAL/HC	A
		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 to ensure full accessibility to the community.	HC/HLH	R
		6.	Work with Caol community to develop new community outdoor area/play space next to new school campus	HC/Caol CC/VAL	A
		7.	Implement Plantation community space project inc. new play area	PCA	G
8.	Support enhancement of Banavie play park	Scot Canals/KCC	A		
9.	Support the enhancement of Ardgour play park	Ardgour CC/HC	B		

**Agenda item 3
Paper 3**

3	Support development of innovative and sustainable family support services which meet the changing needs of our communities		10.	Support the development of new play facilities – Arisaig project	Arisaig Com Trust A
	b. Partners will support the development and delivery of parenting courses to ensure those in most need receive the support		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.	Lochaber Family Team. A
	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		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.	AforC / CALA B
			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

Agenda item 3
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AforC / CALA	B
6.	CALA and Action for Children will provide a network of volunteers to help parents access services and appointments required.
7.	Maintain and develop Childcare services in Lochaber with specific attention to retention and recruitment of additional Childminders to increase capacity within several areas of Lochaber, mainly Acharacle, Mallaig and Roy Bridge.
8.	Maintain the viability of Inverloch Out of School Club holiday service by increasing the attendance figures. Advertise the service throughout all local primary schools using schoolbag drop and place advertising posters in all public service offices.
9.	Investigate and develop as appropriate a family centre
1.	Maintain effective regular monthly multi-agency meetings
1.	Maintain provision for drug and alcohol services within local community health services
2.	Link proactively with Highland wide drug and alcohol partnership network
1.	Further support work of Community Networkers through Reshaping Care for Older People initiatives.
2.	Maintain links with third sector through informal and contracting arrangements to support local projects
1.	Review the Streetwork project.
4	<p>Encourage the adoption of healthier life choices by providing enhanced, locally based projects and initiatives</p> <p>d. Progress the implementation of the new Violence against Women Strategy, with particular reference to joint provision of support to vulnerable families</p> <p>c. Partners will explore structures which consider local priorities for alcohol interventions</p> <p>d. Partners will promote the development of community capacity to support self-management of initiatives e.g intergenerational projects and support for older people</p> <p>f. Partners will work together to sustain and develop the</p>

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	Lochaber Streetwork project & other initiatives which promotes healthier lifestyle choices	<p>2. Establish additional activity programmes for young people to engage with outdoor learning in holiday time.</p> <p>3. Youth work staff to support Integrated Children staff working with vulnerable young people.</p> <p>4. Establish Fusion-multi-activity nights - one per month 3 times per year in the Oct-March period.</p> <p>1. Encourage Pubwatch to continue engaging with secondary school pupils</p> <p>2. Continue education and promotion around alcohol and substance misuse including legal highs</p> <p>3. The development of a 'place of safety', with linked training for staff to have appropriate training to deal with situations such as 'sharps' etc.</p> <p>4. Seek more detailed analysis of alcohol-related admissions to the Belford including geographic area/age range etc.</p> <p>5. Promote delivery of diversionary activities as and when required, via short-term working as necessary</p>	<p>HLH/ HC</p> <p>HLH/ HC</p> <p>HLH</p> <p>LDP</p> <p>PS/ HLH</p> <p>HC C&L/ NHS</p> <p>NHS</p> <p>HLH</p> <p>Vol Org (?)</p> <p>NHSH / HC</p> <p>NHSH</p> <p>NHSH</p> <p>NHSH</p> <p>NHSH</p> <p>NHSH/ /</p>	<p>A</p> <p>A</p> <p>G</p> <p></p> <p></p> <p></p> <p></p> <p></p> <p>A</p> <p>A</p> <p>A</p> <p>A</p> <p></p> <p></p>
5	Develop and sustain resources that support personal and community well-being	<p>h. Partners will support provision of Men's Shed type activities</p> <p>b. Partners will support the establishment of a business case for future hospital provision on the Blar Mhor site</p> <p>c. Partners will be actively engaged in supporting the development of 21st century care home provision in line with local need</p> <p>d. Partners will support the</p>	<p>1. Provision of support for activities for men which reduce isolation</p> <p>1. Continue to support/progress plans for future hospital provision as opportunity arises and seek early establishment of Steering Group</p> <p>2. Belford Hospital replacement is on NHS Highland Capital Plan</p> <p>1. Maintain appropriate levels of care home provision locally in line with community needs</p> <p>2. Ongoing review of local provision in order to ensure balance of residential and nursing care beds provided is appropriate</p> <p>1. Ongoing medical support for evacuation plans through</p>	<p>A</p> <p>A</p> <p>A</p> <p>A</p> <p></p> <p></p>

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		SAS/ SFRS	A/ R
	partnership between NHS Highland and SAS.	NHSH/ SAS	A
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
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
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 paid 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

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		8.	Support the development of schemes that encourage people to become more active such as 'Step it up Highland' health walks.	SIUH	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
	i. support initiatives which incorporates green 'infrastructure' and active travel opportunities in new development	1.	Through the planning process, ensure adequate provision is made for 'green space', and active travel (ref: planning supplementary guidance) – if developer contributions are paid in lieu, ensure proactive community engagement in regards to enhancement of existing facilities where appropriate.	HC (D&I)	A
		2.	Promote the use of and development of local paths and nature trails to support healthier lifestyles and social inclusion.	HC (Ranger service)	A
6	Jointly promote opportunities which support active healthy lifestyles in older adults	1.	To strengthen the connection of housing to the District Partnership to improve communication in relation to the Local Housing Strategy at locality level	HC	R
		2.	Support the work of LEG - wood fuel project which improves access to and encourages the use of alternative fuels, free thermal surveys, energy advice & guidance and advice on renewable technologies	LEG	A
		3.	Delivery of the Housing capital energy efficiency works	HC	A
		4.	Delivery of HEEPs (private sector insulation works	HC	A

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			programme			
		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	1.	NHSH	A
		d. Continue to develop and support preventative services	2. Explore opportunities to improve provision of equipment, aids and adaptations through development of joint working initiatives with Lochaber care & Repair	2.	NHSH	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. Further development of supported self management and enablement services promoting ability for older people to remain independent and in their own communities as long as possible	1.	NHSH	B
		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. 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	1.	NHSH/ ALISS/ LGOWI T	A
7	Jointly explore approaches to increase social capital and strengthen community empowerment to reduce health inequalities and increase health equity in Fort William	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	1.	HC/ NHSH/ VAL	A
		b. Partners will support the use of community development approaches to address community identified issues related to health and wellbeing	2. Broker and encourage stronger networks between health inequalities and community development practitioners to facilitate more exchange, sharing and coordination	2.	HC/ NHSH/ VAL	A
			3. Map community strengths and assets	3.	HC/ NHSH/ VAL	B
			1. Develop and implement a health equity seeding grant program	1.	HC/ NHSH/ VAL	G
			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 inequities	2.	HC/ NHSH/ VAL	G

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		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/ NHS/ 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	G
		2.	Support for photo-voice and other community cultural development projects	NHS/UHI and Partners (TBD)	A
		3.	Establishment of a citizen health and wellbeing forum	HC/ NHS/ VAL	B

Lochaber District Partnership

Agenda item	4
Report number	4
Meeting date	27/10/15

Report Title	Deprivation and Inequalities – areas in most need
Report by	Emma Tayler
Organisation	Highland Council

Situation Summary

The Highland Community Planning partnership requires an evidence based tool to support the priority of tackling deprivation and inequalities in rural areas, including improving access and connectedness for communities. The purpose of this paper is to highlight the work that is taking place at Highland level to look at this and the current indicators which are showing areas of need in Lochaber.

1 Background

It is recognised by the Highland Community Planning Partnership that the Scottish Index of Multiple Deprivation does not adequately identify rural areas. Highland and Islands Enterprise and the Highland Council have separately developed indices that try and capture factors that impact specifically on rural areas. These 'fragile areas' indices bring together indicators that are considered specific to experience in rural areas.

2 Assessment

The attached report gives further background but partnership members may wish to note the table relating to the SEP index (Socio-economic performance) which lists Kinlochleven and Caol North East as data zones within the 'worst' most performing areas in Highland.

Within the Scottish Index of Multiple Deprivation, Highland has 17 data zones in the most deprived 15% in Scotland. None of these 17 data zones are within the Lochaber District however the following should be noted;

- Fort William Plantation ranks 18th within Highland in the index.
- Fort William central 35th and
- Caol South East 38th.

In terms of domains within the index - looking in more detail at the 'health' domain information for each of the Lochaber data zones would be a good starting point when planning for health initiatives.

For instance ;

- Caol North East is the 11th worst performing area within Highland in terms of health indicators followed by;
- Caol South East (13th),
- Central Fort William (16th)
- Glen Nevis (19th)
- the Plantation (36th).
- Ballachulish comes in at 39th
- Kinlochleven 42nd
- And Caol West 50th.

3	<u>Summary of actions already completed/in progress</u> <ul style="list-style-type: none">• n/a
4	<u>Implications</u> <ul style="list-style-type: none">a) Resource – Unknownb) Legal - Nonec) Equality - Noned) Climate change - Nonee) Risk - None

Recommendation

The Lochaber District Partnership is asked to

- 1) Note the content of this report**
- 2) Consider if it wishes to look in more detail at the 'Health domain' indicators within the SMID index to help with future planning.**
- 3) Take note of the SEP index and Lochaber's 'worst performing' areas.**

SCOTTISH INDEX OF MULTIPLE DEPRIVATION 2012

December 2012

SUMMARY

In the latest 2012 release of the Scottish Index of multiple Deprivation (SIMD) published by the Scottish Government in December 2012:

- Highland has 17 datazones in the most deprived 15% in Scotland, an increase of one from SIMD09.
- 3 datazones have moved in and 2 have moved out since SIMD09.
- Deprivation continues to be concentrated in areas identified in earlier releases, but one datazone in Dingwall is now classed as deprived.
- 85% of income and employment deprived people in Highland live outwith areas recognised as containing concentrations of deprivation.

Background

The Scottish Index of Multiple Deprivation (SIMD) was first produced by the Scottish Executive in 2004, and updated in 2006 and 2009. The information published on Tuesday 18th December 2012 was the fourth release of the Index, the third for datazones at a detailed local level.

SIMD has been designed to identify the most deprived areas across Scotland. It uses statistical information across a range of domains which are combined to indicate deprivation at household level. Information gathered includes:

- Income data
- Employment data
- Health data
- Education data
- Housing data
- Geographical access to services data
- Crime data

The SIMD measures deprivation at small area level called datazones. These are areas which have a standard population of between roughly 500 and 1,000 people and cover a wide range of geographical areas – e.g. the smallest zone in Highland is Culloden Walker Crescent with an area of 0.7sq kms and a population of 478, and the largest datazone in Scotland is Garve, Achnasheen and Kinlochewe with an area of 1,159 sq kms and a population of 718. There are 6,505 datazones in Scotland and 292 in Highland

The data is collated to show deprivation within each of the above topic areas and then weighted and combined to indicate multiple deprivation for each datazone across Scotland. The datazones are then ranked to highlight those areas with the highest deprivation levels, where 1 is the most deprived in Scotland and 6,505 is the least deprived. It is important to note that **the deprivation of each datazone is relative to all others and not absolute**, although some of the data that was assembled to build up the domains –such as unemployment and benefit claim rates - can be used to show absolute levels.

Supporting Information

Further information on SIMD12 is available on the Council's website [here](#). It includes:

- Some general observations on changes through time for all Highland datazones (irrespective of their level of deprivation).

- Changes through time in the Highland datazones in the most deprived 15% in Scotland.
- Changes through time in the 15% most deprived datazones in Highland.
- Maps showing datazones in Highland and their level of deprivation.
- Domain information for each datazone.

Additional information on SIMD including detailed technical notes, guidance, and frequently asked questions is available on the Scottish Government website [here](#).

Analysing the Results – the “Most Deprived 15%”

When SIMD was published first for datazones in 2006, the Scottish Executive adopted a standard that datazones ranked in the 15% most deprived in Scotland would be classed as multiply deprived and therefore eligible for some of the regeneration funding streams available at the time. The figure of 15% was decided by a mixture of pragmatic judgement and science: it captured the areas generally regarded as deprived and was also the point on a graph at which the actual deprivation score began to increase sharply. At the time, funding was expected to be targeted specifically at the 15% but the move to Single Outcome Agreements has meant that we can use it to benefit natural communities as long as we can demonstrate a positive outcome. There is no longer an imperative to look just at the 15%, but this has become a de facto standard that makes comparison easy, and it is used as a benchmark in the rest of this report. Other analysis is available on request.

It is important to note that the SIMD was designed to measure **concentrations of deprivation**. It is good at achieving this. However, it doesn't identify rural deprivation where deprivation is **spatially dispersed** with the very rich living alongside those who are very poor. In Highland, 85% of people who are income deprived and 85% of people who are employment deprived live outwith the areas identified through the SIMD as being in the 15% most deprived in Scotland.

SIMD12 – Highland Datazones in the Most Deprived 15% in Scotland

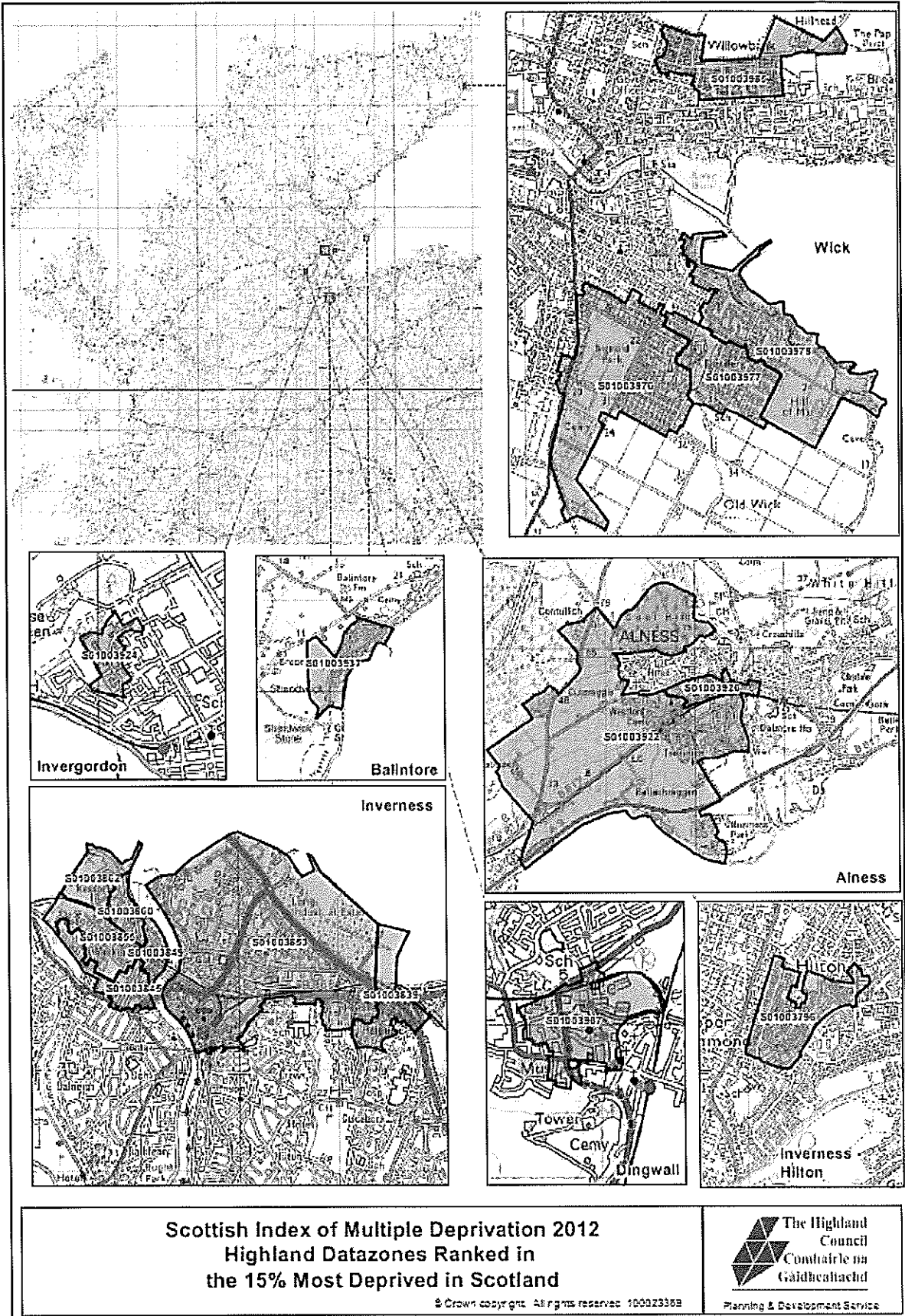
Highland has 17 datazones in the most deprived 15% in Scotland, an increase of one from SIMD09: this means that 5.8% of Highland datazones are classed as multiply deprived. The highest proportions of deprived datazones are in Glasgow City and Inverclyde with 42% and 40% respectively, and the mixed rural communities of the island authorities and Moray mean that they have no deprived datazones. 2% of Scotland's deprived datazones are in Highland, with 30% in Glasgow City and 10% in North Lanarkshire, and 13 authorities have more deprived datazones than Highland.

Highland's deprived datazones are given in the table below and also the map that follows. Three datazones have moved into the most deprived 15% since 2009: Inverness Merkinch Telford, Dingwall Central and Inverness Raigmore North. Inverness Merkinch Telford and Raigmore North were each ranked in the most deprived 15% in Scotland in 2006 and the change for 2012 is driven to some extent by the employment domain and, in the case of Raigmore North, also by the crime domain. The ranking in Scotland of Dingwall Central has fallen steadily from 1319 in 2006 to 1088 in 2009 and 867 in 2012 with the main changes in the health, crime and income domains (in that order). Two datazones have moved out, Alness Firhill and Inverness Central North West, with the change driven mainly by the education and employment domains, and also the crime domain in the case of Inverness central North West.

It should not be a surprise that some datazones have moved in and out of the most deprived 15%. The deprivation scores cluster quite closely together at the 15% boundary, and small changes in local circumstances can cause a marked change in the rank.

Of the 17 deprived datazones, 13 have been ranked as deprived for all three releases of SIMD at datazone level. Three – Inverness Merkinch North, Inverness South Kessock and Inverness Merkinch East - have been in the most deprived 5% in Scotland throughout the period and a further three – Invergordon Strath Avenue, Inverness Merkinch South and Wick South – have been in the 10% most deprived. Wick Pulteneytown South has moved from the 10% in Scotland to the 5%.

HIGHLAND DATAZONES RANKED IN THE 15% MOST DEPRIVED IN SCOTLAND					
Data Zone Name	Data Zone Reference	Rank in Highland 2012	Rank in Scotland 2012	% in Highland 2012	% in Scotland 2012
Inverness Merkinch North	S01003860	1	32	5%	5%
Inverness South Kessock	S01003862	2	107		
Wick Pulteneytown South	S01003977	3	288		
Inverness Merkinch East	S01003849	4	298		10%
Invergordon Strath Avenue	S01003924	5	375		
Wick Hillhead North	S01003985	6	404		
Inverness Central & Longman	S01003853	7	479		
Inverness Merkinch South	S01003855	8	519		
Wick South	S01003976	9	578		
Alness Kirkside	S01003926	10	686		15%
Inverness Hilton West	S01003796	11	796		
Seaboard South	S01003937	12	797		
Inverness Merkinch Telford	S01003845	13	821		
Dingwall Central	S01003907	14	867		
Wick South Head	S01003978	15	918		
Inverness Raigmore North	S01003839	16	949		
Alness Teaninich	S01003922	17	970	10%	



**Scottish Index of Multiple Deprivation 2012
Highland Datazones Ranked in
the 15% Most Deprived in Scotland**

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Domains

The ranking for individual domains gives a useful overview of the issues that are contributing to multiple deprivation in Highland. One simple approach is to compare the number of datazones in the most deprived 15% in Scotland for each domain with the number for the overall index (17): a higher figure indicates that the domain is relatively more deprived than we might expect, and that there may be particular issues to address. Using this approach:

- **Income:** Highland has 12 datazones in the 15% in Scotland (income contributes 28% of the overall deprivation score).
- **Employment:** Highland has 15 in the 15% in Scotland (employment contributes 28% of the overall deprivation score).
- **Health:** Highland has 25 in the 15% in Scotland (health contributes 14% of the overall deprivation score).
- **Education:** Highland has 24 in the 15% in Scotland (education contributes 14% of the overall deprivation score).
- **Access:** Unsurprisingly, 122 of Highland's datazones are in the 15% in Scotland, with Ardnamurchan & the Small Isles and Ullapool Rural & Dundonnell ranks 1 and 3 respectively in Scotland (access contributes 9% of the overall deprivation score).
- **Crime:** Highland has 36 in the 15% in Scotland, with Inverness Central and Longman ranked 3 in Scotland (crime contributes 5% of the overall deprivation score).
- **Housing:** Highland has 2 in the 15% in Scotland. The rankings for Highland mask significant local issues such as poor quality housing stock in some rural areas and high levels of fuel poverty but relevant, up to date indicators are not available at a local level hence the housing domain contributes only 2% of the overall deprivation score.

There are three domains for which Highland has more datazones ranked in the most deprived 15% in Scotland than we might expect – health, education and crime – and these are all areas where the experience in Highland is usually regarded as better than the Scotland average. This may well indicate that – at this simplistic level of analysis – these domains indicate a high level of inequality in Highland.

The 15% Most Deprived Datazones in Highland

The 44 datazones that make up the 15% most deprived in Highland are given in the table and map below, together with their rank in Scotland. Some key features of this expanded list are:

- It continues the general pattern that concentrations of deprivation tend to be found in urban areas, and that remote small towns often have deprived areas (a trend that is consistent across Scotland).
- It includes datazones such as Alness Obsdale and Conon North where our operational experience is that there is significant deprivation in part of the datazones (Milnafua and Windsor Place respectively), but it is masked in statistical terms when averaged over the larger area.
- It picks up rural deprivation in areas such as Milton & Kildary (in the 15% in Scotland in 2006), Dunbeath & Lybster and North East Skye.

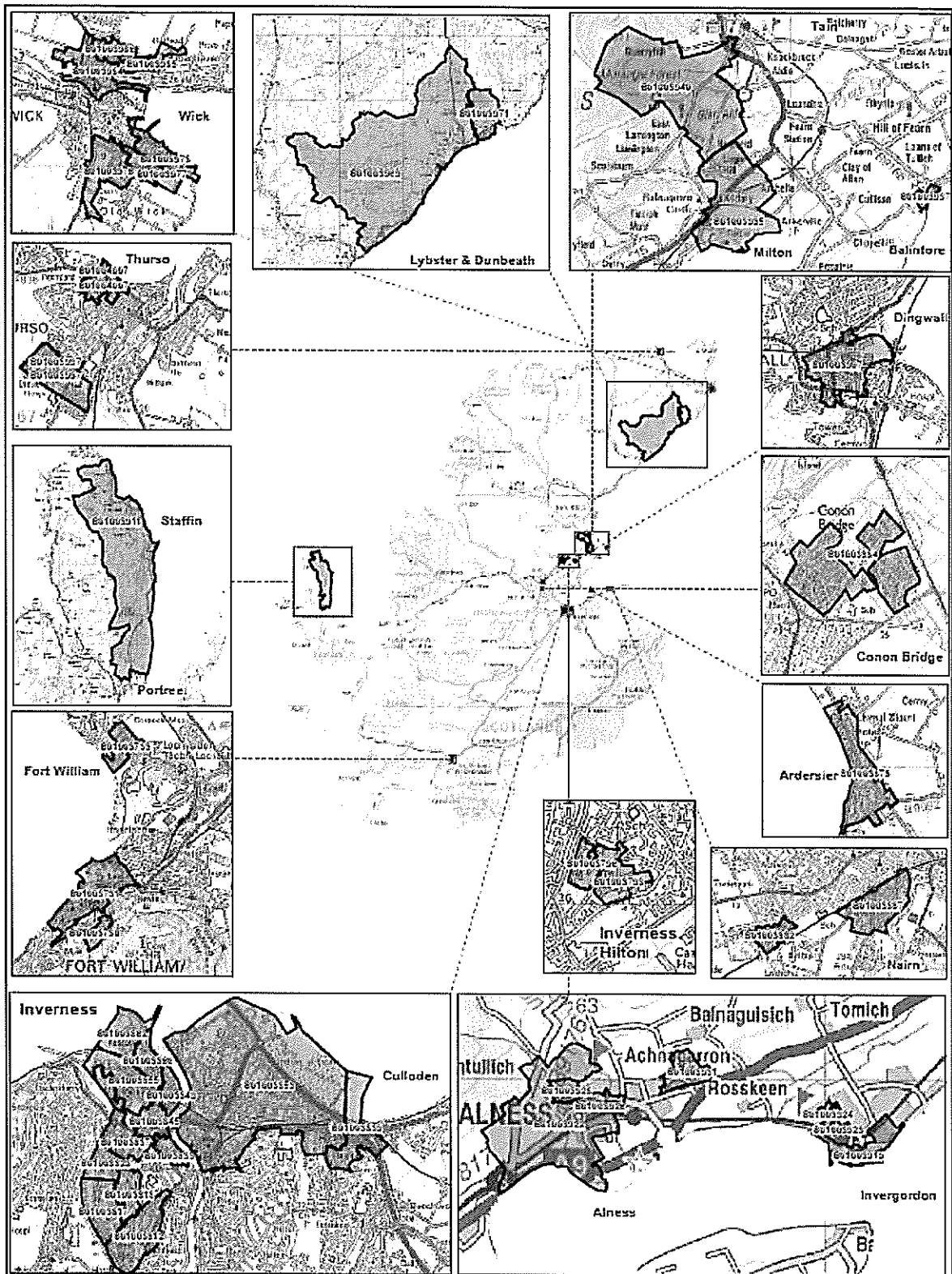
Produced by the Information & Research team; Planning & Development Service and the Policy and Performance Team; Chief Executive's Office. For information on SIMD and the statistics that are used to compile it contact:

Cameron Thomas on 01463 702507 or Cameron.Thomas@highland.gov.uk

For information on the use of SIMD in policy making contact:

Alison Clark on 01463 702512 or Alison.Clark@highland.gov.uk

THE 15% MOST DEPRIVED DATAZONES IN HIGHLAND					
Data Zone Name	Data Zone Reference	Rank in Highland 2012	Rank in Scotland 2012	% in Highland 2012	% in Scotland 2012
Inverness Merkinch North	S01003860	1	32	5%	5%
Inverness South Kessock	S01003862	2	107		
Wick Pultneytown South	S01003977	3	288		
Inverness Merkinch East	S01003849	4	298		
Invergordon Strath Avenue	S01003924	5	375		
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Wick South	S01003976	9	578		
Alness Kirkside	S01003926	10	686		
Inverness Hilton West	S01003796	11	796		
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Inverness Merkinch Telford	S01003845	13	821		
Dingwall Central	S01003907	14	867		
Wick South Head	S01003978	15	918		
Inverness Raigmore North	S01003839	16	949		
Alness Teaninich	S01003922	17	970		
Fort William Plantation	S01003730	18	994		
Inverness Dalneigh South West	S01003817	19	1110		
Inverness Hilton South	S01003793	20	1127		
Alness Firhill	S01003928	21	1133		
Milton & Kildary	S01003935	22	1219		
Wick Central North	S01003984	23	1231		
Inverness Central North West	S01003833	24	1280		
Lybster	S01003971	25	1300		
Thurso High and Low Ormlie	S01003997	26	1339		
Nairn South	S01003887	27	1463		
Conon North	S01003884	28	1478		
Nairn Moss-side	S01003882	29	1482		
Invergordon Castle Avenue	S01003923	30	1486		
Alness Obsdale	S01003931	31	1517		
Inverness Dalneigh South	S01003812	32	1531		
Thurso North West	S01004007	33	1564		
Inverness Dalneigh North	S01003837	34	1580		
Fort William Central	S01003731	35	1623		
Wick North Primary School	S01003986	36	1668		
Ardersier	S01003878	37	1726		
Caol South East	S01003733	38	1735		
Dunbeath	S01003969	39	1799		
Inverness Dalneigh Central	S01003818	40	1831		
Invergordon Central	S01003919	41	1832		
Tain South Rural	S01003940	42	1854		
Inverness Dalneigh West	S01003829	43	1909		
Skye North East	S01003911	44	1987		

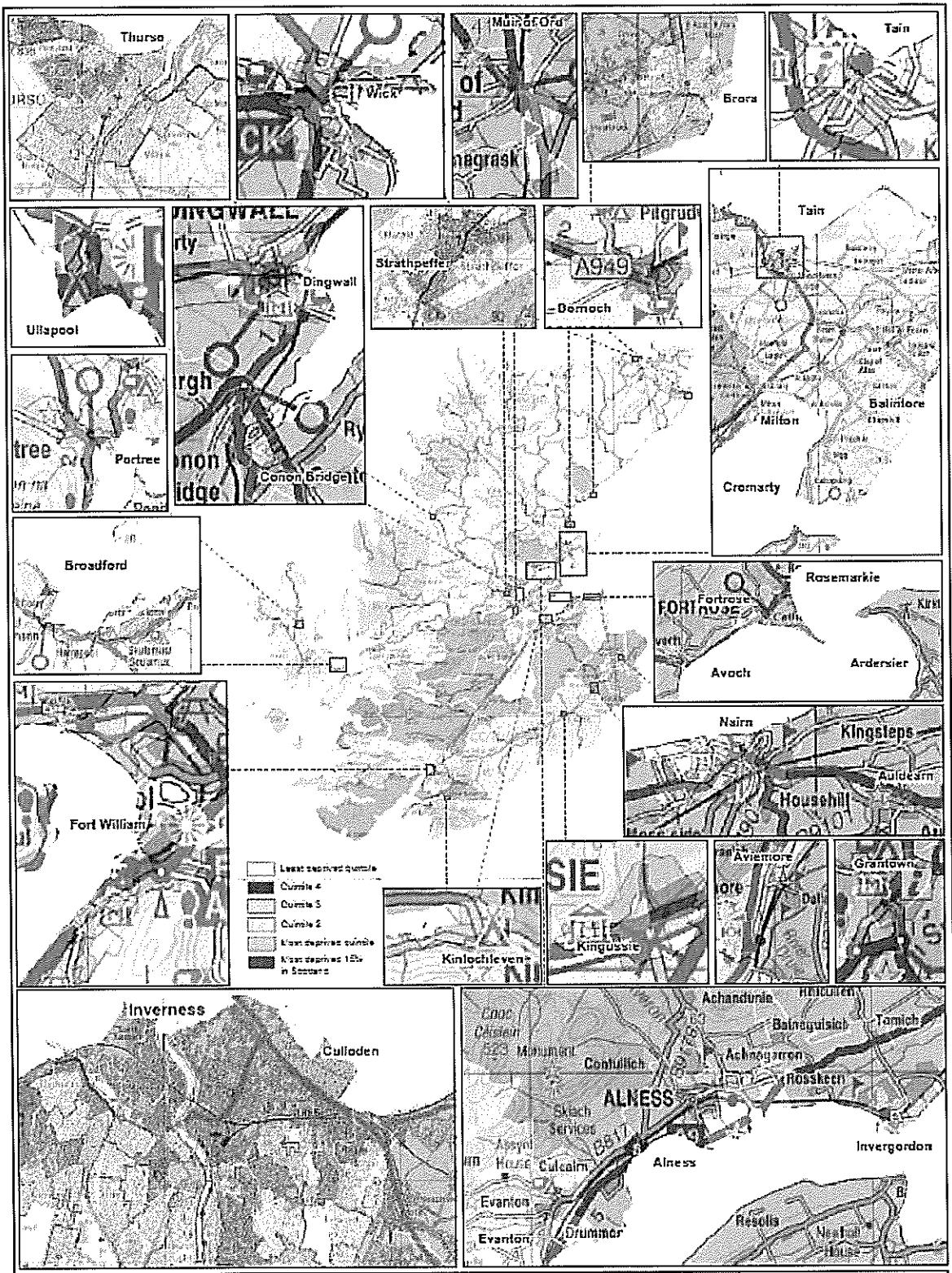


**Scottish Index of Multiple Deprivation 2012
Highland Datazones Showing the 44 which are in
the 15% Most Deprived in Highland Overall**



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**Scottish Index of Multiple Deprivation 2012
Highland Datazones Showing Rank in
Scotland For Overall Multiple Index**



Supporting the Highland Community Planning Partnership to identify areas of rural population need

Ian Douglas, Health Intelligence Specialist, NHS Highland and Cameron Thomas, Research Officer, the Highland Council

Background

The Highland Community Planning Partnership (CPP) requires an evidence based tool to support the priority of tackling deprivation and inequalities in rural areas, including improving access and connectedness for communities.

There are many different types of rural area in Highland and there is need to differentiate between these in order to best focus resource.

It is recognised by the CPP that the Scottish Index of Multiple Deprivation does not adequately identify deprived rural areas. In rural areas, poverty and deprivation are more spatially dispersed than in urban areas. In addition other factors, such as population decline, not included as a factor in SIMD, may particularly disadvantage rural areas with dispersed populations¹.

Highlands and Islands Enterprise (HIE) and the Highland Council (HC) have separately developed indices that try to capture factors that impact specifically on rural areas. These 'fragile area' indices bring together indicators that are considered specific to experience in rural areas.

In March 2015 the James Hutton Institute produced a report for the Scottish Government to target support to small businesses in rural Scotland over the course of the LEADER PROGRAMME (2014-20). This work created an index that combines 20 indicators organised to reflect four strategic objectives of the Scottish Government (Wealthier/Fairer, Healthier, Safer/Stronger and Smarter). The overall aim focuses on mapping rural socio-economic performance (SEP) and provides a Scotland wider overview. The index shows that different kinds of rural area have different profiles of need, and that rural policy needs to be fine-tuned to territorial context.

All three of these tools use the Scottish Government's small area data zone geography as their area building block. There are currently 292 data zones in Highland. 148 are classified as either accessible or remote rural areas by the Scottish Government 2011-12 Urban Rural 6-fold classification. Over 50 percent of the Highland population lives in these areas. There are nearly 600 data zones in the area covered by HIE that covers 7 CPPs.

This paper briefly reviews the three indices and the indicators used in their construction. Overview maps of the indexes are provided.

¹ Scottish Index of Multiple Deprivation (2012) <http://www.gov.scot/Topics/Statistics/SIMD/FAQRuralIssues>

The HIE and Highland Council Fragile Areas

The HIE Fragile Areas Review (2007) concluded that:

²Fragile areas are characterised by weakening of communities through population loss, low incomes, limited employment opportunities and remoteness.'

This statement could equally well apply to the approach taken by the Highland Council in their work on fragility. There is a convergence and overlap in the indicators used by both organisations and both tools ground fragility in three basic components: the human, the economic and the spatial. Although the methodologies have different emphases – with HIE focusing on economic fragility and the Council looking at wider socio-economic fragility – the result is a list of areas that can be organised in a hierarchy according to the understanding of the state of fragility.

After review of potential indicators, HIE selected four for use in their latest index: population change, drive time to a mid-sized service centre, median household income and unemployment. Data zones categorised as urban and accessible rural by the Scottish Government Urban/rural classification 2011-12 were removed from the analysis and the indicators converted to scores between 1 and 5 and the four indicators added together. The cut-off points appear to be based on subjective thresholds. Data zones with an overall score of 7 or more are considered 'fragile'. Further analysis and adjustment is then undertaken for data zones that contain mainland and island areas. The HIE index is used by the organisation across seven CPP areas.

The Highland Council classification of fragility is very similar. Measures include population density, change in population, population age structure, median household income, benefits claimants and drive time / public transport access to local services. The decile distribution of each indicator is combined to create the overall fragility score for each data zone area. Only data zones classified as remote rural by the Scottish Urban Rural Classification are included in the analysis. The index applies to 121 data zones in Highland, just over 40 percent of the population live in these areas.

Face-validity is potentially an important factor for those using and explaining such tools. The methodologies used by both organisations to combine individual indicators into single indices are transparent and readily understood.

Rural Socio-Economic Performance (SEP) Index

The SEP index created by Andrew Copus and Jonathan Hopkins of the Hutton Institute combines twenty indicators that reflect the performance of rural areas across the first four themes of the National Performance Framework (Wealthier/Fairer, Healthier, Safer/Stronger and Smarter). Data is drawn from three key sources: Scottish Neighbourhood Statistics (SNS), Census 2011 and from component indicators of SIMD domains. The data focuses on the 2,014 data zones in Scotland classified as rural or rural small towns.

² Highlands and Islands Enterprise *Fragile Areas Review, 2007*

The indicators are combined in a manner analogous to that used by the Highland Council. Primacy has again been placed on the transparency of construction of the index.

In the SEP, each indicator is converted to a score, on a scale of 1-10 (10 = best performing and 1 = poorest performing) based upon the decile distribution of the data. Each of the four strategic objectives is given a score based upon the unweighted average of its individual indicators. The overall SEP is calculated from the unweighted average of the four Strategic Objectives. Lower scores indicate the worst performing areas.

The scores for the four Strategic Objectives are positively correlated (table 1). This means that when the scores are combined they will not generally cancel each other out and the overall SEP should identify 'difference in experience' between data zones.

Table 1: Correlation matrix, showing the relationship between the four strategic objectives and the overall SEP index

	<i>Wealthier/Fairer</i>	<i>Healthier</i>	<i>Safer/Stronger</i>	<i>Smarter</i>	<i>SEP Index</i>
<i>Wealthier/Fairer</i>	1.00				
<i>Healthier</i>	0.38	1.00			
<i>Safer/Stronger</i>	0.18	0.54	1.00		
<i>Smarter</i>	0.57	0.55	0.48	1.00	
<i>SEP Index</i>	0.69	0.77	0.70	0.90	1.00

Note: All coefficients significant at 0.01 level (2 tailed)

The SEP flags the importance of the relationship between small towns and their related rural economies. The patterns are complex, but better performance nationally is seen in the group of data zones in accessible rural areas. At the other end of the spectrum, the poorest performance is associated with remote small towns. This parallels evidence from SIMD that highlights that some populations living in geographically isolated small towns in Highland can experience particular concentrations of deprivation.

Comment

All three indices have been constructed using similar approaches. Indicators reflecting aspects of rural experience have been combined using very simple methods to produce overall measures of 'fragility' and rural economic performance. There are considerable overlaps in the use of indicators –all four HIE indicators feature in the SEP.

The HIE and HC indices have the appeal of being straightforward to construct and understand. The work by the SEP team brings together more indicators and as a national measure might be developed as an alternative to SIMD in rural monitoring and funding. The SEP uses mainly standard data sets published for data zones and this makes analysis relatively straightforward. The organisation of the indicators by national strategic priorities provides a link to national performance measurement. The individual indicators within the Wealthier/Fairer, Healthier and Smarter themes are positively correlated suggesting that the measures are related. The composition of the Safer/Stronger objective looks less statistically coherent but alternative data is limited. The correlations between the scores of the four objectives suggest that they should work in combination to differentiate between data zone areas in the overall SEP measure.

Individual indicators are reviewed below, but the use of Census data in the SEP construction presents a problem for the frequency of any potential update. All three indices rely on data published nationally.

All three tools use the Scottish Urban Rural 6-fold data zone classification to define the extent of the geographic coverage for analysis. However, different area exclusions are used in each index.

Table 2 shows the difference in the area types covered by the three indices reviewed.

Table 2: Percentage of the Highland population by SGURC (6-fold) and potential coverage by index

	Large Urban Areas	Other Urban Areas	Accessible Small Towns	Remote Small Towns	Accessible Rural	Remote Rural
Percentage of the Highland population	0.0	26.2	0.0	23.0	10.5	40.4
Highland Council Fragile Areas - coverage						X
Highlands and Islands Enterprise Fragile Areas ¹						X
SEP -coverage			X	X	X	X

1. Includes additional areas and sub division of data zone geography

The use of unweighted domains in the SEP would make it technically easy to add weightings if this were required to prioritise a particular theme. To preserve face validity this would require reference to a further evidence base.

The inter-relationship between health, disadvantage, inequality, child hood development and education, employment, the social and physical environment and economic growth should be at the heart of Community Planning. The SEP index is the only tool that includes a measure of population health.

Recommendations

The SEP index shows that different kinds of rural area have different profiles of need. A Fragile Area approach is already embedded within the work of HIE to target resource across multiple CPPs. A similar set of constituent indicators and methodology is also referenced by Highland Council in trying to understand differences in rural experience in relation to demographic, social and economic dynamics.

All three index approaches examined are analogous and overlap in terms of indicators. However, all were developed for slightly different purposes.

The Highland CPP needs to agree a common definition that supports the work of tackling deprivation and inequalities in rural areas. Deprivation and inequality have multiple constituents and the question would seem to be whether none, any or all of the existing tools identify the elements of the stated priority.

A number of options exist for the Highland CPP

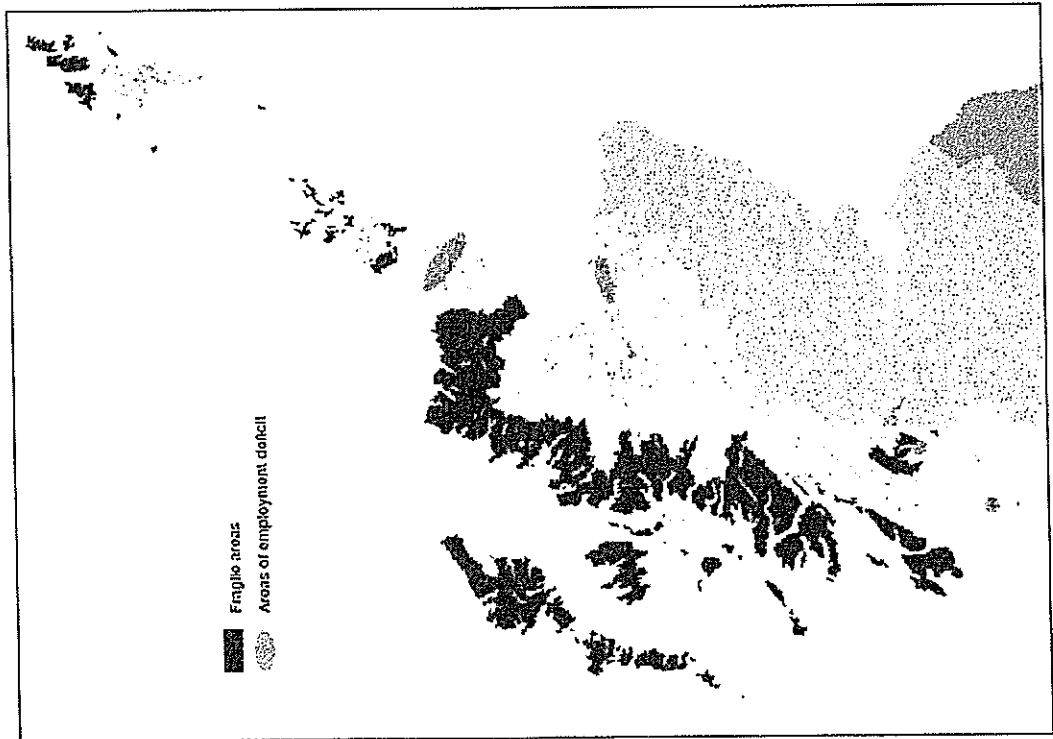
- Adopt one or both of the locally developed fragile areas indices
- Adopt the SEP tool
- Further assess the 'worst' performing / most fragile areas in all three indexes
- Develop a new tool - this would require a review of available indicators, developing and agreeing a methodology and the target geography for inclusion.

Alternative indicators are reviewed below.

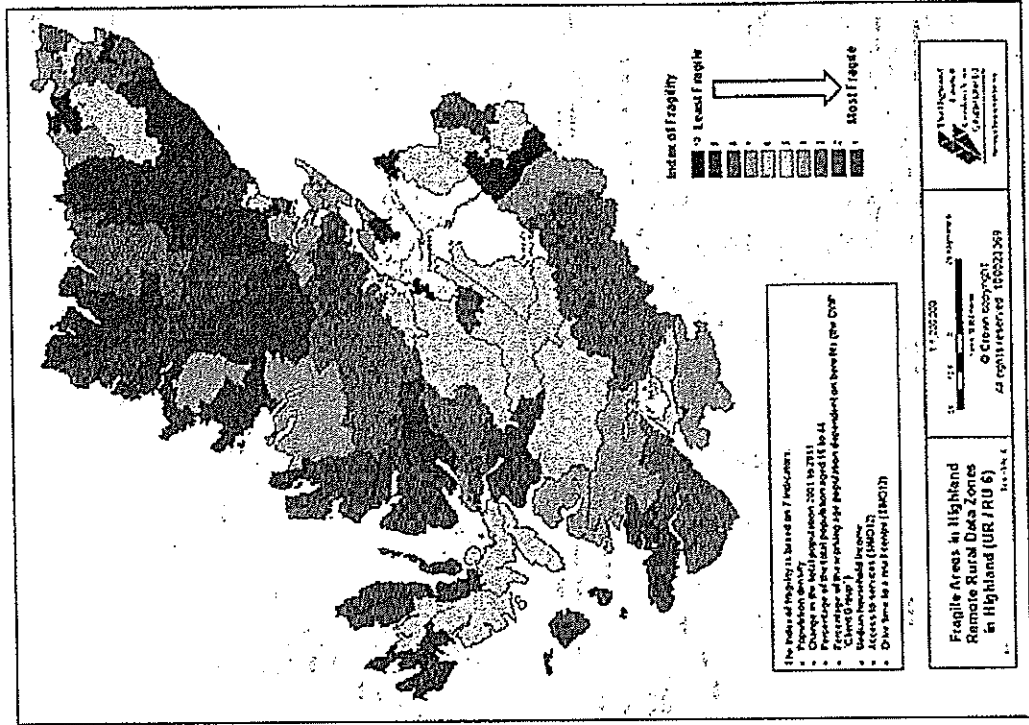
There are different potential costs attached to these options in terms of resource and time required.

The methodology should remain transparent for the end user.

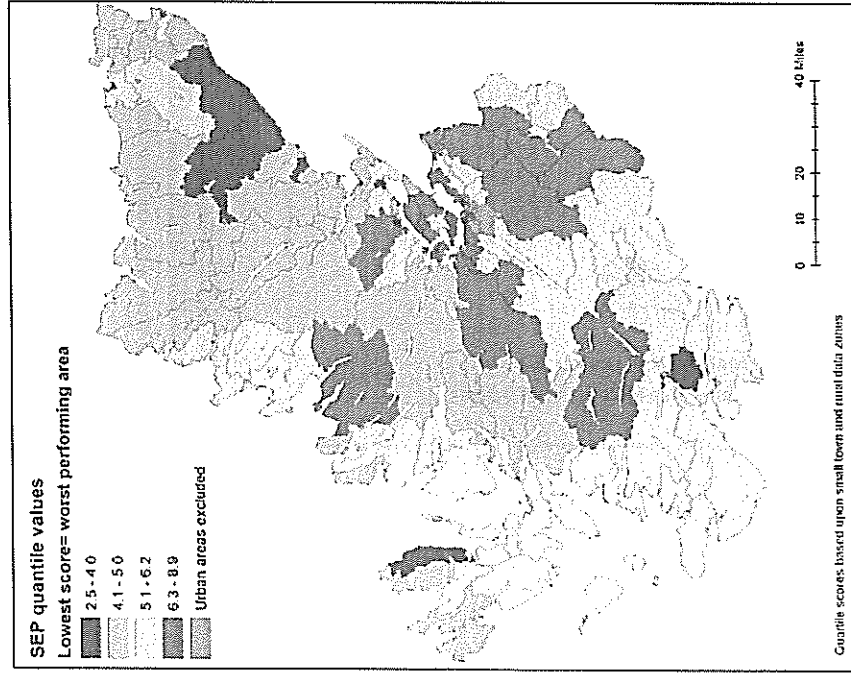
Appendix 1: Maps and supporting analysis
 Map 1: Highland and Islands Fragile Areas



Map 2: Highland Council Fragile Areas



Map 3: SEP INDEX – Highland data zones



SEP INDEX: Unweighted average of the four strategic objective scores.

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NHS Highland
 Department of Public Health
 Health Protection & Infection Control
 Asymptomatic
 Date: May 2015

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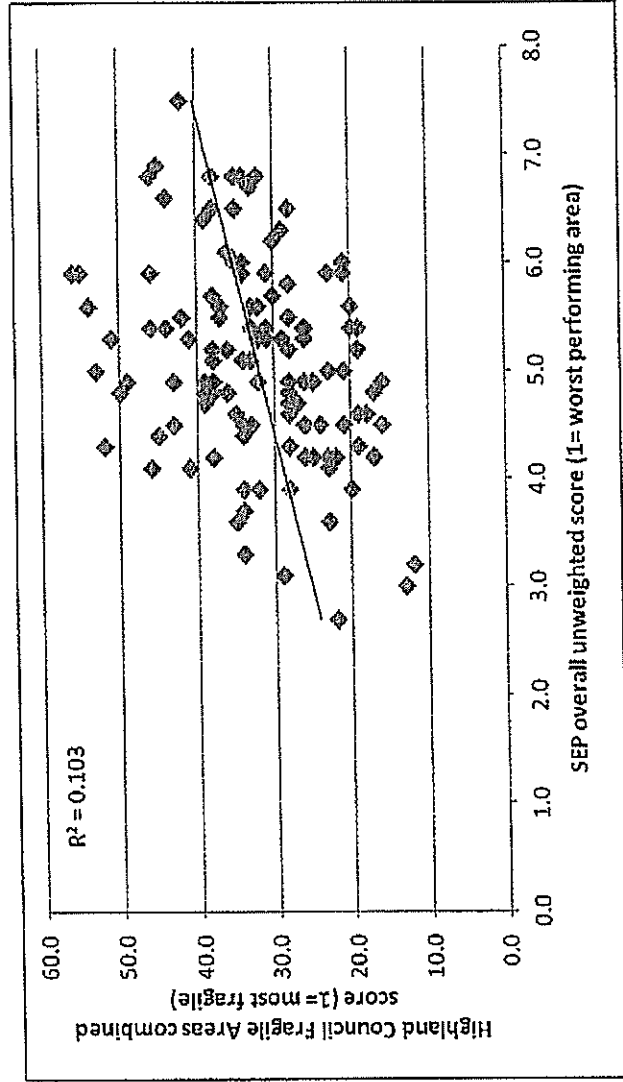
Table 3: SEP Index – Highland data zones ‘worst’ performing areas

Data zone	Data zone name	2011 population	SEP INDEX	Urban Rural Classification
S01003937	Seaboard South	745	2.7	Remote Rural Areas
S01003924	Invergordon Strath Avenue	507	3.0	Remote Small Towns
S01003968	Helmsdale & Kinbrace	864	3.0	Remote Rural Areas
S01003978	Wick South Head	512	3.0	Remote Small Towns
S01003722	Kinlochleven	896	3.1	Remote Rural Areas
S01003736	Caol North East	799	3.1	Remote Small Towns
S01003882	Nairn Moss-side	500	3.1	Remote Small Towns
S01003928	Alness Firhill	840	3.1	Remote Small Towns
S01003878	Ardersier	1089	3.2	Accessible Rural Areas
S01003907	Dingwall Central	748	3.2	Remote Small Towns
S01003969	Dunbeath	762	3.2	Remote Rural Areas
S01003977	Wick Pultneytown South	491	3.2	Remote Small Towns
S01003985	Wick Hillhead North	743	3.3	Remote Small Towns
S01004001	Castletown	620	3.3	Remote Rural Areas

Areas marked in orange excluded from Highland Council and HIE fragile areas

The table looks only at the data zones areas with a population total of 10,000.

Figure 1: Relationship between overall SEP unweighted values and Highland Council fragile area scores in 121 rural data zones



There is a positive correlation between the two indices (0.30 Spearman's rank correlation). The correlation is relatively modest and regression on the SEP index would account for 10.3 percent of the variation in the Highland Council Index. That table below flags that a number of the 'worst performing' Highland data zones are also identified as fragile area in the Highland Council tool.

Table 4: Relationship between Highland Council fragile area scores in 121 rural data zones and SEP overall index values

Data zone	Data zone Name	Highland Council Fragility score (lowest =most fragile)	SEP overall index score	2011 population
S01003969	Dunbeath	12.0	3.2	762
S01003968	Hairmsdale & Kinbrace	13.0	3.0	864
S01003988	Melvich	16.0	4.5	490
S01003841	Duirfinish	16.0	4.9	609
S01003846	Lochcarron	17.0	4.2	757
S01003959	Rosehall	17.0	4.2	747
S01003965	Rogart	17.0	4.8	576
S01003990	Durness	18.0	4.6	522
S01003871	Dunvegan & Watemish	19.0	4.3	771
S01003953	Aultbea	19.0	4.6	577
S01003953	Achiltibule	19.0	5.2	474
S01003970	Stoer & Scourie	19.0	5.4	631
S01003911	Skye North East	20.0	3.9	626
S01003933	Poolwe & Badachro	20.0	5.4	701
S01003779	Skye East & Raasay	20.0	5.6	501
S01003973	Kinlochbervie & Achfary	21.0	4.5	450

The table looks only at the data zones areas with a population total of 10,000.

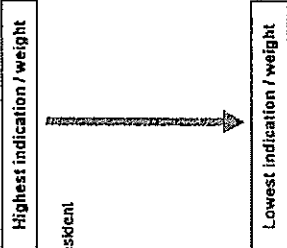
Appendix 2: FRAGILITY IN HIGHLAND – POTENTIAL INDICATORS

HUTTON INSTITUTE: MAPPING RURAL SOCIO-ECONOMIC PERFORMANCE(SEP) 2015			
Strategic Objective	Indicator	Source	Comment
Wealthier/ Fairer	1	Median net equivalent household income after housing costs per week (£), 2008-9.	SNS A good measure but dated and there is uncertainty over whether it will be updated (source: Bramley for IS and Councils including Highland). Could consider using gross income, rather than net income, in combination with an additional house affordability indicator (see suggested additional indicators below). Do we need both 1 and 2?
	2	Per cent of families on low income (less than 70% median) and materially deprived, 2008-09	SNS A good measure but dated and there is uncertainty over whether it will be updated (source: Bramley for IS and Councils including Highland). Do we need both 1 and 2?
	3	Per cent of population dependent on benefits (SIMD Income deprivation rate) 2012	SIMD Recognised indicator but not easily updateable between SIMD releases; next SIMD release expected Autumn 2016.
	4	Unemployed as per cent of all people aged 16-74 2011 Census 2011	Census 2011 Recognised indicator but not updateable. Arguably unemployment for age range 16 to 64 is a better indicator and is also available.
	5	Average drivetime to key services (GP, petrol station, post office, primary school, secondary school, retail centre) 2012	SNS / SIMD Recognised indicator: robust and a good measure of rurality. Not updateable between SIMD releases but relatively stable through time. Is the single measure of drive time to a retail centre a good measure of fragility?
	6	Average travel time by public transport to key services (GP, post office, retail centre) 2012	SNS / SIMD Recognised indicator: robust and a good measure of rurality. Not updateable between SIMD releases but relatively stable through time. Is the single measure of drive time to a retail centre on its own a good measure of fragility?
Healthier	7	Per cent of all people with one or more long term health conditions 2011	Census 2011 All three Census indicators are recognised as good measures and, although they appear to duplicate each other, the Hutton report suggests that there are subtle differences highlighting real world issues. The Hutton report also hints that age standardisation might be useful as poor health and LLTI is more prevalent among the elderly.
	8	Per cent of all people assessing their general health as 'very good' or 'good' 2011	Census 2011
	9	Per cent of all people whose day-to-day activities are limited by a long-term health problem or disability 2011	Census 2011
	10	Comparative illness factor: standardised ratio 2011 SNS/SIMD	SNS / SIMD Recognised indicator but not easily updateable between SIMD releases; next SIMD release expected Autumn 2016.

HUTTON INSTITUTE: MAPPING RURAL SOCIO-ECONOMIC PERFORMANCE(SEP) 2015				
Strategic Objective	Indicator	Source	Comment	
	11	Population change, 2001-2011 (% change)	Census 2001 2011	Recognised indicator and updatable annually. Weakness is that it is retrospective and arguably does not give an indication of likely future population change.
	12	Change in the economically active population, 2001-2011 (% change)	Census 2001 2011	Recognised indicator and updatable annually. Weakness is that it is retrospective and arguably does not give an indication of likely future population change.
	13	Old Age Dependency Ratio (persons 65+ as per cent of persons 16-64) 2011	Census 2011	A good indicator that we have tended to overlook in the past. Can be updated annually and will probably flag up areas where we are likely to experience problems in recruiting care workers.
	14	Per cent change in the number of business sites 2008-13 (intermediate geography)	SNS / IDBR	The Hutton report states that <i>This pattern is less reliable than most of the others we have shown in this report, due to the relatively small numbers involved, and the use of intermediate geography data.</i> Similar data is available at datazone level through the Business Register and Employment Survey but subject to strict confidentiality rules. The smallest business units considered are traders registered for VAT and with at least one employee: the measure therefore misses out many self employed people (self employment typically around 20% in remote rural areas). Potentially a useful indicator but too many shortcomings?
Safer / Stronger	15	SIMD Crimes per 10,000 total population, 2010-2011.	SIMD	Recognised indicator but not easily updatable between SIMD releases: next SIMD release expected Autumn 2016. Rates in Highland rural areas tend to be low – is there enough variation to make the indicator meaningful?
	16	Rate of emergency stays in hospital 2007-10 (Scotland = 100)	SIMD	Recognised indicator but not easily updatable between SIMD releases: next SIMD release expected Autumn 2016. Prone to variation in approaches to treatment between GP practices?
	17	All people aged 16 and over: No qualifications. Expressed as % of expected count.	SNS / SIMD	Recognised indicator but not easily updatable between SIMD releases: next SIMD release expected Autumn 2016.
Smarter	18	Percentage of 16-19 year olds not in education or training 2009-11	SNS	Not sure that this exact indicator is available by data zone on SNS – is it the % of school leavers not in positive destinations? Potentially useful but needs some research into exactly what is measured and available, as many young people leave rural areas to find work etc and may be recorded elsewhere.
	19	Per cent of population 16-74 who have level 4 qualifications or higher 2011	Census 2011	Recognised indicators but not updatable. Elementary occupations and low qualification levels are directly linked to low incomes, but other than this we need to consider whether they are

HUTTON INSTITUTE: MAPPING RURAL SOCIO-ECONOMIC PERFORMANCE(SEP) 2015				
Strategic Objective	Indicator	Source	Comment	
20	Per cent of population 16-74 who are in occupation groups 1-3 2011	Census 2011	a contributor to fragility.	

OTHER POTENTIAL INDICATORS

Indicator	Source	Comment
Social rented housing stock (both Council and Housing Association) as a percentage of the total housing stock	Highland Council records	Social rented stock is affordable by definition and many rural areas have little or no stock.
Affordability of house purchase on the open market – ratio of price to income (probably using the Centre for Housing Market Analysis indicator of lowest quartile house price divided by median household income and using 4.0 as the affordability benchmark)	Centre for Housing Market Analysis – annual sales data pack: House prices all open market sales by data zone (see comment to right) Housecheck incomes CACI Paycheck by intermediate zone	This is monitored as a matter of routine and the analysis forms part of our Housing Need and Demand Assessment. CACI Paycheck used to be the income data but the contract for this has lapsed and it is not clear whether there will be a replacement, or what this will be. Note that all of Highland is “unaffordable” using the benchmark, apart from small areas in Caithness.
Estimated percentage of households in fuel poverty.	Change works (need to purchase numeric data).	Uses 6 individual indicators as below to produce estimates of fuel poverty, choosing the Census 2011 indicator that best matches the definition. The approach has promise but needs more investigation. Note that The SG SIMD team rejected fuel poverty as an indicator on the basis that it was not possible to produce robust figures for data zones. Final list of weighted indicators: <ol style="list-style-type: none"> 1. Unemployed; highest income household is under 60 and unemployed 2. Single pensioner; households with one adult resident aged over 65, if a man, or over 60, if a woman 3. EPC rating E-G 4. Permanently sick or disabled; highest income household 5. Looking after the home or family; highest income household 6. Central heating system other than gas or electricity <div style="text-align: center;">  </div>
Employment – full time and part time working: There is a long standing believe that there is more part time working in rural areas, although analysis by the SG SIMD team in the mid 2000s suggested that this was also a feature of deprived urban areas and therefore not unique to rural areas. Seasonality of employment is also an issue but difficult to analyse other than looking at seasonality in the JSA monthly count rate.		

Indicator	Source	Comment
Percentage of jobs that are full time	BRES (some confidentiality rules apply but probably not significant)	BRES data not particularly robust at data zone level but useable.
Unemployment seasonality factor	Ratio of highest monthly count to lowest monthly count (average of last three years)	Needs further investigation, also complicated by move to Universal Credit in half of Highland.
Population Age Profile: The SEP population indicators look at the past and may not be a reliable guide to the future.		
Indicator	Source	Comment
Percentage of the population aged 16 to 44.	2011 Census and NRS Small Area Population Estimates (annual)	This is the child bearing age group with the most economically active people, and is a reasonable indicator of the probable future total population and labour force for some years into the future.
Percentage of school leavers moving on to higher and further education	NEET records (See SEP indicator 18 and caveat about availability)	Very speculative and possibly not a good indicator: basically a proxy for young people moving away. A high proportion moving to FE and HE is good for the school and the pupils themselves but arguably bad for the area as it distorts the age profile and reduces the labour force.

Lochaber District Partnership

Agenda item	5
Report number	5
Meeting date	27/10/15

Report Title	Lochaber Safe Highlander 2015
Report by	Emma Tayler
Organisation	Highland Council

Situation Summary

Following a year of absence, the Lochaber Safe Highlander event was run on Monday 8 June 2015 in the Nevis Centre, Fort William. This report provides feedback from the event and asks Partnership members to consider whether the event should be run again in 2016.

1 Background

The Lochaber Safe Highlander event has been running for a considerable number of years. It was originally co-ordinated by the Police Service under the auspices of the Community Safety Action Team. Due to Police staffing capacity the Highland Council have taken a co-ordination lead on several occasions. In 2014 the event did not run as there were not sufficient resources or commitment amongst delivery partners. In 2015 to enable the event to take place Highland Council took the co-ordination and financing lead.

The 2015 event had 8 'sets' resourced and run by partner agencies. These included: Marine Coast Guard Agency (water safety), Youth Action (alcohol use), Highlife Highland/Action for Children (keeping safe), HC/Fujitsu (Internet safety), SSE (safety around electrical installations), Scottish Ambulance Service (CPR etc), Scottish Fire and Rescue Service (home safety) and Police Scotland (road safety).

All agencies committed staff time and the resources to run the individual sets.

This report further details the feedback received from participants, schools & facilitators and the resources expended under coordination.

2 Assessment

Pupils and teachers feedback

179 pupils attended the day from 19 Primary Schools in Lochaber namely:

Lochyside RC, Upper Achintore, Fort William RC, Fort William Primary, St Brides, Acharacle, Strontian, Mallaig, Lady Lovat, Arisaig, Glencoe, Ballachulish, Duror, Ardgour Invergarry, Roy Bridge, Inverlochty, Kinlochleven, Caol

Only four schools completed feedback questionnaires representing 71 pupil views (40% of all attendees).

Points for noting:

- Very positive feedback from teachers and pupils with 91% of pupils stating they enjoyed the event
- 89% of pupils stated the venue was good
- 90% understood the sets
- The road safety set was the most popular with 82% of responders finding this the most informative/enjoyable. The second most enjoyed set was alcohol use. The least popular was home safety with only one responding pupil liking this the most.

Helpers/ set workers feedback

16 agency staff delivered the 8 sets supported by 26 helpers. 16 of these were pupils from Lochaber High School who volunteered to assist.

- All helpers and workers were comfortable in terms of understanding their role in the event and having what they needed.
- 100% of workers and helpers felt the event went well or very well.
- 83% of helpers and workers said they would help out again.
- 16% of helpers and workers felt that the event provided enough benefit to the children to consider running it again.
- The support from the 6th year High School pupils was extremely welcome and valued.

Further observations:

- It was noted that the majority of 6th year pupils preferred to get their own food on the day.
- Due to the number of sets there was no scheduled lunch break which meant a long day for some.
- Due to budget pressures partners were unable to commit resources for inclusion in a 'goody bag' for attendees. However each pupil did receive a 'hard hat' stress ball as a reminder of the day.
- Some sets could benefit from 'updating' some of the resources they use to make things more relevant.
- Pupils like very interactive and 'exciting' sets.

Event Finance

The agencies delivering each set met their own costs however it is estimated that the real cost of delivery in staff and resource time for the sets alone amounts to £4000. The Nevis Centre had previously provided the venue at no cost. In 2015 due to their own financial constraints a small charge was made. It is noted that this cost may increase in the future if the Nevis Centre cannot continue to subsidise the event.

In addition £1,469.69 was spent on catering, venue hire, transport and event gifts. Of this the transport cost was £866 and catering/venue hire £416.

For 2015 event funds were committed from the following;

Highland Council HQ core funding - £350
Highland Council Ward Discretionary Fund 12 & 22 - £570
Lochaber Drug & Alcohol Fund - £300
Fujitsu (business sponsor/delivery partner) - £100
Ferguson Transport (business sponsor) - £150

Summary of learning & points for consideration:

- 1) The event can only accommodate seven sets if it is to allow for a break for helpers/delivery staff.
- 2) Getting volunteers to help has always been challenging however having the 6th year pupils assistance really helped. If the event is to be repeated the assistance of the High School in supporting this volunteer opportunity is important.
- 3) The event would benefit from establishing a business sponsor(s) for a 2 year period as drawing in resources is time consuming and can hinder planning early on.
- 4) If the event is to be repeated, there needs to be agreement on who will oversee the event in the future (is this the District Partnership?) and which agency/organisation will take on the physical co-ordination role. Does this need to rotate?

3	Summary of actions already completed/in progress <ul style="list-style-type: none">• n/a
4	Implications <ul style="list-style-type: none">a) Resource – To deliver the event in future year's between £1500 - £2500 needs to be secured annually to meet the transport and venue hire/catering costs. In addition if agencies and organisations commit to the event they will have their own staffing and resource implications.b) Legal - Nonec) Equality - Noned) Climate change - Nonee) Risk - None

Recommendation

The Lochaber District partnership is asked to consider whether they see value in this event being repeated again and if so;

- 1) Agree how the event will be resourced.
- 2) Agree who will co-ordinate it.

Lochaber District Partnership

Agenda item	7
Report number	6
Meeting date	27/10/15

Report Title	Lochaber Drug and Alcohol Monies
Report by	Emma Tayler & Flora McKee
Organisation	Highland Council, Voluntary Action Lochaber

Situation Summary

At the Lochaber District Partnership meeting held on the 30 June 2015, Partnership members agreed to overseeing and allocation of the Lochaber Drug and alcohol (HDAP) financial resource. This report will request that Partnership members agree how this funding should be allocated for the remaining financial period.

1 Background

£1800 is still available to the Lochaber District to support local preventative activity that seeks to address local 'drug and alcohol' issues.

To date this money has contributed to local activity including;

- Delivery of safe Highlander 2015 event £300
- Support Summer Activity Programme HLH £400

The money was previously allocated by The Lochaber Drug and Alcohol Forum which was subsumed into the Lochaber Community Safety Action Team (CSAT) in 2014. In June this year the Lochaber District Partnership agreed to take the lead on the collaborative planning and delivery of the previously CSAT bannered work. The Lochaber District Partnership was able to do this as it had been newly remitted to address 'Community Safety' as well as health and social care community planning for the District.

By agreeing to this additional responsibility the existing HDAP funds came under the responsibility of the Lochaber District Partnership. It was agreed that the practical management of the funds would be done by one of our Partners – Voluntary Action Lochaber for the time being.

2 Assessment

The Lochaber District Partnership needs to agree how the remaining funds should be spent in this financial year.

The only suggestion to date that has come forward to date is that the District should be encouraging participation in the 'Rock Challenge'. According to the Rock Challenge website there are 2 Scottish events that will take place in Dundee and Inverness in 2016. The Inverness Challenge event will happen on the 20th and 21st April 2016 and preference will be given to participants from the Highland and Islands. More information on Rock Challenge can be found at: www.rockchallenge.co.uk.

The District Partnership may wish to consider making this remaining money available to groups/schools that wish to participate in the Rock Challenge from the Lochaber District. If this is agreeable then the partnership will need to consider how it will promote this opportunity and distribute funds.

3 Summary of actions already completed/in progress

	<ul style="list-style-type: none">• n/a
4	<u>Implications</u> <ul style="list-style-type: none">a) Resource – Noneb) Legal - Nonec) Equality - Noned) Climate change - Nonee) Risk - None

Recommendation

The Lochaber District Partnership is asked to consider the allocation of remaining HDAP monies to Lochaber District based groups/schools wishing to participate in the 2016 Rock Challenge.

Lochaber District Partnership

Agenda item	8
Report number	7
Meeting date	27/10/15

Report Title	Thematic Action Plan (Autumn)
Report by	GM Pat McElhinney
Organisation	Scottish Fire and Rescue Service

Situation Summary

The Scottish Fire and Rescue Service (SFRS) have produced their Autumn thematic action plan which outlines the current actions for the SFRS in place throughout the country and how these may impact our local communities.

Pat McElhinney from the SFRS will highlight areas of interest at the Partnership meeting and outline how SFRS can assist in supporting education and training to help reduce risk and loss both physical and financial.

1 Background

The attached papers are provided in advance of the meeting so Partnership members can prepare any questions they may have for the meeting on this item.

4 Implications

- a) Resource – n/a
- b) Legal n/a
- c) Equality n/a
- d) Climate change n/a
- e) Risk n/a

Recommendation

Partnership members are asked to note the contents of the reports attached.

AUTUMN SEASON 2015 THEMATIC ACTION PLAN

Tactical Guidance



**SCOTTISH
FIRE AND RESCUE SERVICE**
Working together for a safer Scotland

PURPOSE

The purpose of this guidance is to support Local Senior Officers (LSOs) and Risk Managers minimise operational demand during the peak autumn period (Friday 9th October 2015 - Friday 13th November 2015), and to coordinate arrangements at local level to ensure public safety.

OUTCOMES

LSOs are requested to develop and implement an effective multi-agency action plan that supports partnership working at local level. The success of prevention and intervention activities within the action plan and provision of fire safety advice to the public should be measured against the following outcome based performance indicators.

- Reduce the number of deliberate primary and secondary fires
- Reduce the number of fires involving refuse/rubbish
- Reduce fire related antisocial behaviour
- Reduce accidents and injuries arising from outdoor fires and/or misuse of fireworks
- Compliance with firework legislation (firework related offences/offending)
- Unsafe bonfires (bonfire attendances)
- The safety of operational personnel (reported acts of violence)
- Refuse/rubbish/fly tipping referrals/uplifts

In addition to the above, consideration should be given to adopting a robust, multi-agency approach to dealing with fire offending and offenders. Such partnership working has proved to be a strong deterrent to fire setting in both urban and rural areas.

PARTNERSHIP WORKING

Multi-agency partnership working has proven to be an effective way of improving seasonal fire and fire related performance indicators.

The following is a representative list of partner agencies and local service providers that can assist to manage and minimise operational demand. It is acknowledged that the involvement of agencies, services and organisations will depend upon local circumstances, available resources and levels of operational demand, and that these may differ significantly between urban and rural areas.

- Community Planning Partnerships, Community Safety Partnerships and Community Councils
- Police Scotland
- Local Authority ASB Forums
- Criminal Justice Services
- Environmental and Cleansing Services/SEPA
- Community/Neighbourhood Wardens
- Housing Providers (Neighbourhood Management Teams)
- Consumer and Trading Standards
- Trading Standards Scotland
- Scotland Crimestoppers
- Firework Retailers/Wholesalers
- Education Authorities and Youth Services
- NHS(A&E and/or Health Promotion Officers)
- Local Press/Media Agencies and Services
- Scottish Business Resilience Centre (SBRC)
- RoSPA/Health and Safety Executive (HSE)
- Community Councils/Tenants Associations
- Neighbourhood Watch Schemes.

IDENTIFICATION OF LOCAL PRIORITIES

Statistical evidence indicates an increase in deliberate fires, fire related offending and hostility towards fire crews during October, commencing at the start of the school holiday period and peaking on or around November 5th each year. Local fire/incident data, operational intelligence and local knowledge will assist identify locations where unsafe bonfires, fire setting and antisocial behaviour is likely to occur.

Consultation with Police Scotland and community safety partners should ensure that relevant fire and safety information is factored into established police and/or multi-agency tasking and coordination processes. Information about hotspot neighbourhoods/locations should be shared with community safety partners such as; ASB Forums, Neighbourhood Management Teams, Community Wardens and Public Space CCTV Centres.

To help reduce the number of deliberate fires in vacant premises the Buildings at Risk Register for Scotland can be used to identify vacant/unoccupied heritage buildings or building with architecturally important features.

Educational premises are often the target for vandalism and fire raising, so consideration should be given to initiating a 'school watch programme' to protect high risk premises, in conjunction with Education Services, Police Scotland, PTAs, Neighbourhood Watch and/or Local Community, particularly over school holiday periods such as the October mid-term break.

SFRS Health & Safety recording systems provide information about reported acts of violence and should be reviewed as part of local contingency planning arrangements to ensure the safety of the public and fire crews attending incidents in areas considered to be high risk.

DEMAND REDUCTION PLAN

An effective multi-agency seasonal action plan should be developed by each LSO Area to coordinate prevention activities, review emergency response arrangement and deliver appropriate safety messages and advice to the public.

The focus of all multi-agency working during the autumn months should be on prevention and intervention activities that will impact upon local operational fire demand, thereby ensuring the safety of operational staff and members of the public.

The following measures should be considered as part of the autumn demand reduction plan:

- *The primary means of reducing fire setting and fire related antisocial behaviour within affected neighbourhoods is positive engagement and education of children and young people. A National Bonfire presentation with facilitator notes has been provided for this purpose designed to support educational input for the target P6 – S1 age group.*
- *The adoption of a less tolerant multi-agency approach to dealing with offences and offenders has proved to be a strong deterrent. In particular improved information exchange with Police Scotland together with encouraging residents within affected neighbourhoods to pro-actively report deliberate fire setters via the Crimestoppers website or hot line 0800 555 111 is known to be an effective control measure.*
- *When engaging with young people (11-16 year olds), staff should emphasise the availability of Fearless.org which is a site they can access for information and advice about crime and criminality. This site provides young people with a safe place to give information to Crimestoppers about crime. The site is 100% anonymous and operated by the independent charity Crimestoppers.*
- *Liaison with Local Authority CCTV control centres to identify persons involved in fire setting and other antisocial*

behaviour. Often CCTV cameras scanning areas are the first to locate and report smoke or fire, criminal activity or unsafe behaviour.

- *Derelict, unoccupied or unsecure properties should be monitored and arrangements made to have high fire risk buildings made safe and secure. An online search of the Buildings at Risk Register for Scotland can be undertaken to identify local derelict or unoccupied buildings of historical or architectural importance.*
- *Enquiries should be made to identify Local Authority owned vacant/unoccupied premises or surplus building stock that may be a target for theft, vandalism and/or deliberate fire setting.*
- *Where there is evidence of deliberate fire setting, Community Intelligence Reports (CIR) should be submitted and Crimestoppers Cards issued as part of Post Domestic Incident Response (PDIR) procedures. All fire related offences and/or acts of antisocial behaviour should be reported to Police Scotland for whatever investigation and action that they deem appropriate.*
- *Combustible refuse/rubbish and fly tipped material should be reported to the Local Authority Environmental Department and or Cleansing Services or the Dumb Dumpers Website/Stopline on 0845 2 30 40 90.*
- *In high risk areas consultation with Police Scotland may result in resources being allocated to jointly respond to fire incidents within known high risk localities on, or around, November 5th and consideration should be given to providing a dedicated SFRS liaison officer as part of any emergency planning or joint policing arrangement.*

MULTI-AGENCY ENFORCEMENT ARRANGEMENTS

Depending upon the circumstances, Police Scotland, Local Authority, Health and Safety Executive (HSE) and SEPA are responsible for enforcing relevant legislation and investigating offences and offenders.

- *Fire setting and misuse of fireworks have been used to harm, harass or victimise people, or to cause injury and/or distress to pets, livestock or wildlife, therefore all such incidents must be immediately reported to Police Scotland.*
- *Trading Standards will visit every retailer that registers to sell and store fireworks in the period up to bonfire night. They will check the correct categories fireworks are being stored; net explosive content for storage on the shop floor and in the storage areas. They will carry out a safety inspection for issues such as separation distances,*

sources of ignition, labelling and handling. There is a checklist produced by the Health & Safety Executive that comprehensively covers what is required. The inspection makes sure that the conditions of the licence are being fully complied with.

- Trading Standards will carry out an underage sales inspection – making sure the retailer doesn't sell fireworks to persons under 18, has an underage sales register, knows what is appropriate proof of age, has staff training records, and displays the legally required age restriction sign.
- Trading Standards will routinely carry out safety checks on electrical items through sampling and testing at accredited test houses. Cheap imports of electrical chargers are a real source of house fires and Trading Standards safety testing strives to make sure that unsafe electrical products are removed from supply chains, including inspections of imports at borders and docks.
- Fireworks are explosives and therefore retailers should be encouraged to be vigilant and report any theft and/or suspicious transactions involving fireworks to Police Scotland.
- Fire Safety Enforcement Officers must be advised of suspected breaches of Fire Safety Legislation.
- SEPA and/or Local Authority Environmental Services must be advised of fly tipping or any suspected breaches of environmental and waste management legislation.
- Fire incidents suspected of involving the illegal burning of trade waste or in connection with metal theft must be reported to Police Scotland, SEPA and/or Local Authority.

SUPPORTING INFORMATION AND GUIDANCE

- Autumn TAP Communications Strategy 2015
- Bonfire & Fireworks Leaflet
- Deliberate Firesetting Leaflet
- Deliberate Firesetting and Bonfire Posters
- Reducing Deliberate Fire Setting & Fire Related ASB Guidance Note
- Local Partnership Working Guidance And Good Practice
- Community Intelligence Report Guidance and Blank Form
- Fire Related Anti-Social Behaviour Presentation & Lesson Plan

ADDITIONAL INFORMATION AND RESOURCES

- UK Fireworks Safety
- HSE Organising Firework Displays
- RoSPA Safer Fireworks
- Fireworks: The Law
- Fireworks Be Safe Not Sorry
- Arson Prevention Forum
- SFRS Bonfire Safety
- SFRS Firework Safety
- SFRS Deliberate Fires
- Crimestoppers
- Go Safe Scotland
- Trading Standards Scotland

EVALUATION

At the conclusion of the five week monitoring period (Friday 9th October 2015 - Friday 13th November 2015) each LSO must ensure that a comprehensive evaluation report of all activities undertaken is submitted to the P&P Directorate via Community Action Team (CAT) Coordinators. This should summarise the media promotion, prevention based and partnership work activities undertaken within localities, together with the inclusion of a comprehensive assessment of the impact this has had upon local operational demand and public safety.

CAT Coordinators should collate returns for their respective Service Delivery Area and forward them to the P&P Partnership Unit on, or by, Friday 18th December 2015.

CSET RECORDING

It is important that all P&P activities carried out in connection with the implementation of local area TAP's are recorded within CSET to support organisational performance reporting. It is recommended that a member of staff within each LSO establish the "Autumn TAP 2015" as an initiative for that Area.

All P&P activities relating to the Autumn TAP should be directly linked to the overarching initiative.

When creating new TAP initiatives they should be titled as:

"LSO Area – Seasonal TAP – Date" for example
"Aberdeenshire and Moray – Autumn TAP – 2015"

By recording the TAP as an "Initiative" and linking associated "Activities" on CSET this will reduce the information required for some sections of the evaluation report.

When completing the evaluation form provide a link to specific activities that have been highlighted in order for P&P staff to refer to CSET easily. This will support the production of the campaign evaluation and supplement the information provided in the TAP Evaluation Form.

For guidance on initiatives.

For guidance on activities.

Activities not relating to P&P engagement shall not be entered into any of the applications on CSET. Examples of other Directorate and Section workloads that do not get recorded in CSET include -

- *Multi-storey flat inspections - (Response & Resilience and Enforcement)*
- *Operational Intelligence (OIs) - (Response & Resilience)*
- *Operational Risk Assessments (ORAs) - (Response & Resilience)*
- *Operational Reassurance Visits (ORVs) - (Enforcement)*
- *Care Homes - (Enforcement)*
- *Any operational familiarisation visits (Response & Resilience)*

The Response & Resilience Directorate and the Fire Safety Enforcement Section will have their own reporting mechanisms for the above.

Further information about seasonal thematic action plans and public safety advice can be obtained from the Prevention and Protection Directorate, Partnership Unit.



Prevention & Protection Directorate **LOCAL PARTNERSHIP WORKING GUIDANCE AND GOOD PRACTICE**

Produced by	SM Graeme Binning
	SFRS Partnership Unit

Prevention & Protection Directorate
Version 1.1
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SCOTTISH
FIRE AND RESCUE SERVICE

Working together for a safer Scotland

1. INTRODUCTION

The purpose of this document is to support the Community Safety Engagement (CSE) Framework 2013-16 with a clear and straightforward guidance which supports local partnership working.

The CSE Framework focusses on the following priorities:

- Reducing accidental fires in the home and consequential casualties and loss
- Reducing deliberate fire setting and fire related anti-social behaviour
- Participating in local Community Planning Partnership and Single Outcome Agreement objectives
- Demonstrate a commitment to the sharing of information and ensuring agreements are established to facilitate joint working with partners

This document breaks down the key sequential steps to successful and sustainable partnerships. These steps will already be evident across Local Senior Officer (LSO) Areas with resulting viable partnerships.

The 5 key steps to the success of sustainable local area partnerships are:

1. Identify relevant and capable partner agencies
2. Deliver training to relevant staff
3. Create and maintain a simple but robust Home Fire Safety Visit (HFSV) referral process compatible with CSET and supporting SFRS's risk rating process
4. Deliver HFSV
5. Feedback HFSV outcome to referring agency

To consolidate and understand the value and outcomes from any partnership, it will be necessary to support the 5 key steps with:

1. On-going consultation with internal and external stakeholders
2. Evaluation of outcomes and measures (including use of CSET Initiatives/Partnerships) to ensure future commitments continue to bring value
3. Continuing development of partners through reciprocal training, e-learning etc. and SFRS staff through maintenance phase development etc.

2. RELEVANT AND CAPABLE PARTNER AGENCIES

The success of any partnership relies on there being a joint will between agencies to work together towards positive outcomes for the mutual benefit of both organisations.

To realise these outcomes, it is essential for local areas to understand the dynamic of their local Community Planning structures. This understanding will lead LSO Areas towards identifying local partners who are both relevant and capable of working together towards joint outcomes. The relevance of working in partnership with specific organisations can only be fully supported by understanding local data and information in relation to emerging trends and operational demand.

Capable partners can be considered as agencies who:

'are willing and able to work in partnership, share information and jointly deploy resources to deliver outcomes which improve the safety of communities'.

The success of local partnerships relies on the joint strategic intent of the SFRS and key local (and national) partners which may include:

- Local Authority Social Work Services
- Police Scotland
- Housing Associations
- NHS
- Third Sector organisations i.e. Age Scotland, Alzheimer's Scotland, Barnardos etc.

3. TRAINING

Specific training targeted towards the development of identified partners is essential to ensure that referrers receive the knowledge and confidence to be able to recognise signs of fire risk within the homes of varied client groups. The training must also clearly outline the HFSV referral pathway to ensure that referrers know how (and where) to process referrals, and what will be done with them once received.

LSO Areas should investigate opportunity to work with higher education / training establishments to integrate key fire safety messages within core curriculum. This learning can then be supplemented by the development of e-learning packages for referrers to utilise throughout their careers to maintain their existing knowledge and further develop their knowledge of emerging risk factors.

4. REFERRAL PROCESS

When setting up arrangements for receiving referrals from partners, it is good practice that referrals are processed through the SFRS website <https://cset.firescotland.gov.uk/Public/HFSV/RequestVisit/>. This ensures that HFSV requests are recorded directly into CSET at the point of referral and will appear immediately in Station pending lists. This referral pathway requires partner agencies to register their domain names within CSET in order for staff to be able to set up user accounts to process referrals into CSET via the website.

5. HFSV DELIVERY AND FEEDBACK

Where possible it is desirable for high risk HFSV's to be delivered jointly with a representative from the referring agency. The value of conducting joint partnership visits is that the referrer is party to any information or advice which is given to the householder and in many cases may be able to promptly implement any required actions.

In some cases a joint partnership visit will not be possible. Where this is the case, staff are advised to refer to the 'SFRS Generic Risk Assessment for Community Safety Engagement within the Home Environment'. In the event that joint partnership visits cannot be arranged, it is essential that processes are set up locally to ensure that formal feedback is sent to the referring agency 'post-visit'.

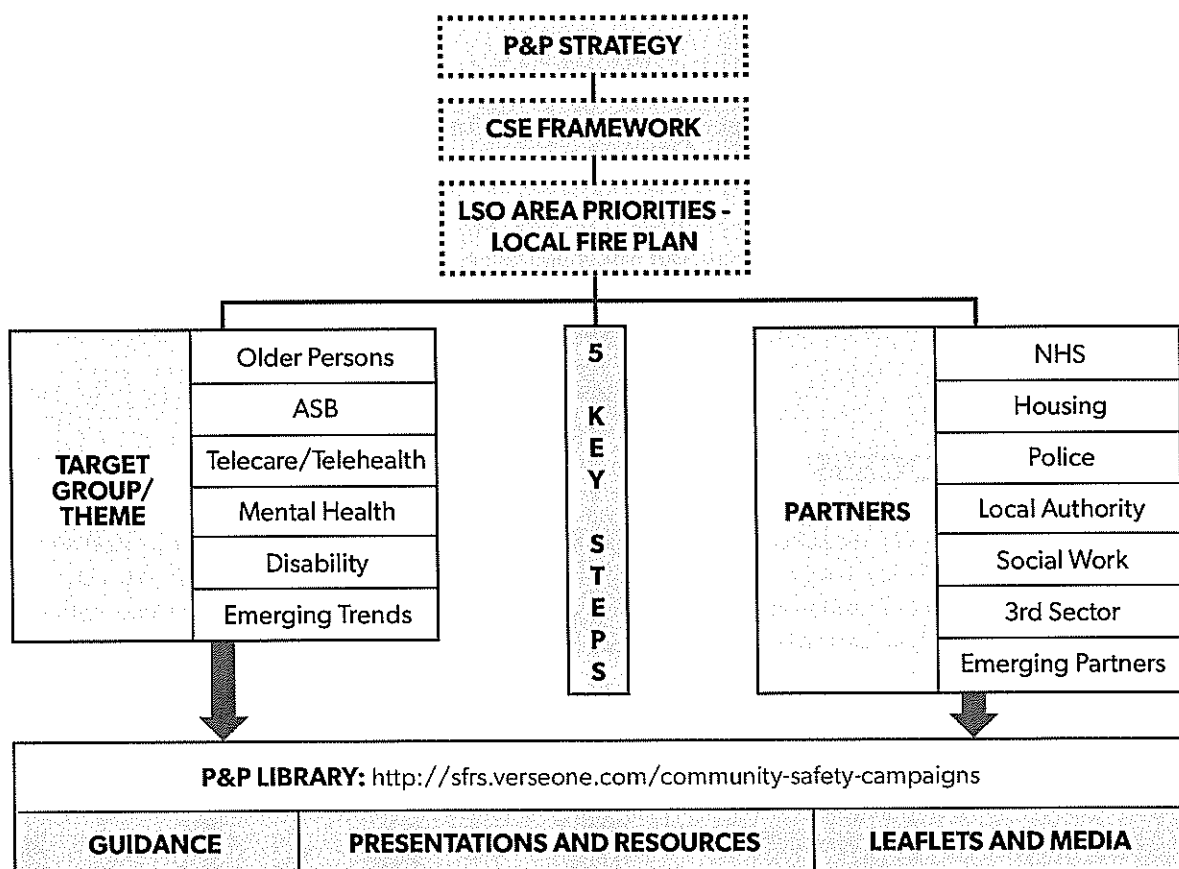
6. FURTHER CONSIDERATIONS

If the 5 Key Steps to successful local partnership working are understood, they can be utilised with a range of partners across the community safety landscape.

Where relevant and capable partners are identified, it is essential to establish joint local governance and communication structures between partner organisations to support and develop effective service delivery.

To support the development of partnerships at a local level, the Prevention and Protection Directorate have developed a suite of resources which are available on the intranet. These resources include specific guidance and materials in relation to community safety themes and partner agencies who sit within the Community Planning landscape. Supporting materials will ensure the consistency of the message being delivered across the Service.

This simple, clear and consistent approach is represented below:



GOOD PRACTICE EXAMPLES

1. SFRS & NHS TAYSIDE LINK WORKER

BACKGROUND

Following discussions between SFRS, NHS Tayside, Local Authorities (Perth & Kinross, Angus and Dundee) and Alzheimer's Scotland it was agreed that SFRS would appoint a Community Fire Safety (CFS) Link Worker in order to develop and maintain effective partnerships with a range of agencies including health and social care teams, and provide interventions including joint Home Fire Safety Visits (HFSV) in the homes of vulnerable adults at risk of domestic fires.

On appointment, the CFS Link Worker visited Community Health Teams managing people with mental health disorders or vulnerable older people within the City of Dundee. Fire Safety awareness training was delivered to these teams at their own place of work. This training highlights the multiple risks to fire which client groups with complex health problems may be exposed to.

Simultaneously, a SFRS Fire Safety Referral form was integrated into NHS Tayside's Multi Disciplinary Information System (MiDiS). This system is used by all NHS Tayside staff to record interventions with service users. Key SFRS staff were identified and given approved access to the MiDiS system in order to access NHS HFSV referrals and process them through the Community Safety Engagement Toolkit (CSET).

The CFS Link Worker (or other key SFRS staff involved in the process) arranges a HFSV (usually in communication with the referrer) and carries out a visit (ideally as a joint visit with the referrer).

Following the visit feedback is supplied to the referrer through the MiDiS system. This ensures that there is a 360 degree process from the point of referral back to the referrer.

OUTCOMES

In the pilot phase of the partnership arrangements with NHS Tayside, 63% of the HFSV's (87 of 138) were conducted jointly between the CFS Link Worker and Community NHS teams. The results of this approach were reflected in feedback from partners which indicated that the interventions were very positive and a culture of 'high trust' between SFRS and NHS had been established from a baseline of virtually no contact or awareness.

PARTNERSHIP REFERRAL AND FEEDBACK

Within the partnership arrangement with NHS Tayside, a Fire Safety Risk Rating form was integrated into the NHS's recording system (MiDiS) which is used to record all NHS interventions with service users. The CFS Link Worker and 2 administration staff were given user status to the MiDiS system in order to access NHS HFSV referrals and process them through CSET.

The referral form which is embedded within MiDiS enables SFRS staff to retrieve HFSV referrals from the system. At the point of retrieval the referral form details are transferred directly onto CSET.

Following the HFSV being carried out, the CFS Link Worker accesses MiDiS to record the outcome of the visit, this information will then remain part of the client notes within MiDiS.

In some cases a joint visit involving the CFS Link Worker was not possible and on these occasions the visit was conducted with a second member of staff from SFRS (the majority of all visits were also carried out in the presence of a family member). The value of the feedback process within the NHS MiDiS system is highlighted further on the occasions that a joint visit cannot be arranged, as the case notes will still be updated on MiDiS by the CFS Link Worker following the visit. This enables the detail of the visit to be communicated back to the referrer on actions taken, advice given or any advised follow up activity. In addition, if for any reason the visit does not take place the CFS Link Worker can record this on MiDiS for appropriate and timely action.

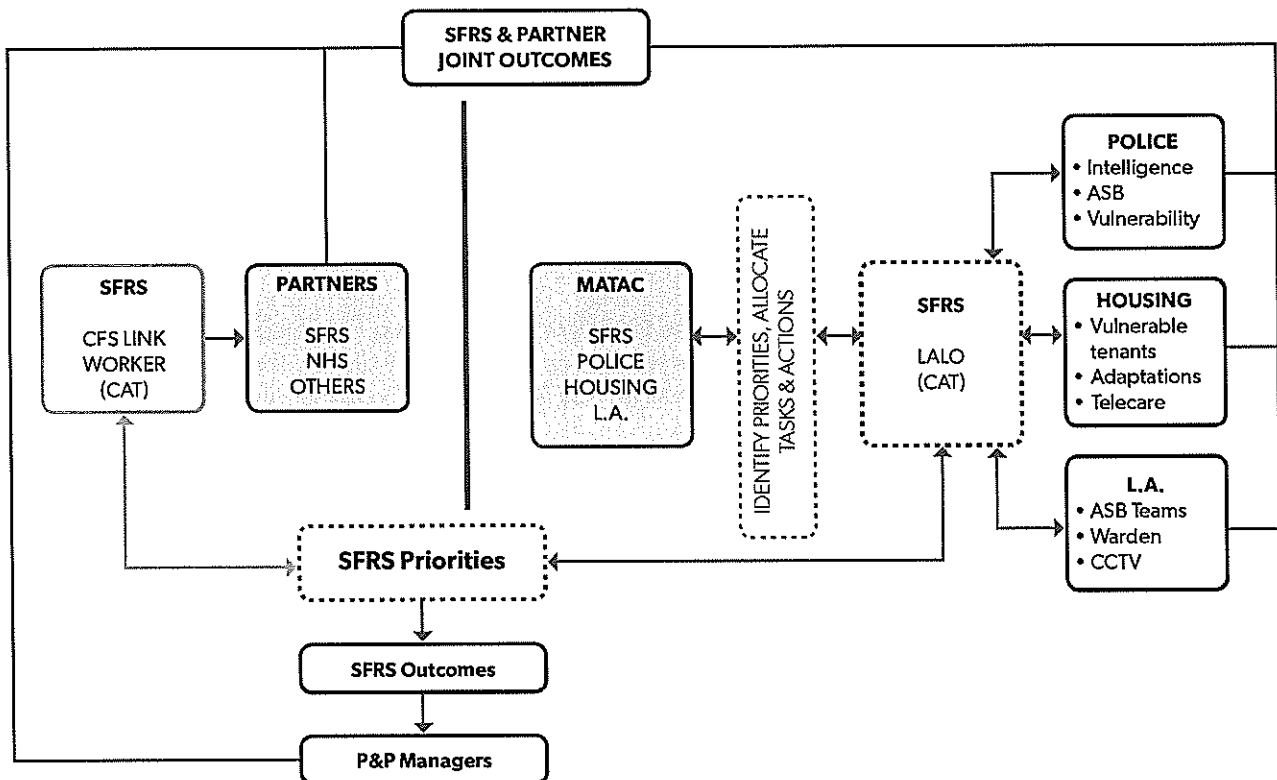
CONTEMPORARY STUDENT PLACEMENTS

In addition to the creation of the CFS Link Worker role, SFRS, NHS Tayside and Robert Gordon University embarked upon an initiative which saw Occupational Therapy (OT) undergraduate students taking part in Contemporary Student Placements with SFRS. The aim of the placements was to highlight the work of the fire service at an early stage in an OT’s career to assist in ensuring the on-going safety of service users in their own home. The six week placements consisted of two students spending two days per week with SFRS staff and 3 days per week with community mental health teams (older people) in order to give them an insight into the work involved between the two organisations and how effective partnerships can deliver mutual outcomes.

The future of the contemporary placements is currently being considered by Scottish Government, NHS, Education for Scotland and SFRS with regard to future opportunities with the 3 centres of learning in Scotland for OT studies (Robert Gordon, Queen Margaret, and Glasgow Caledonian Universities).

CFS LINK WORKER AND LOCAL AREA LIAISON OFFICER JOINT PRIORITIES

In addition to the value that the CFS Link Worker role realised to the Tayside Area, it also became clear that the Local Area Liaison Officer (LALO) role also offers significant value when considering both roles together within a local context. The potential benefits to the multi-agency landscape are clear, and by understanding the interdependencies between both the CFS Link Worker and the LALO there is the opportunity to prioritise issues and target resources based on the combined understanding of validated local Community Information and Intelligence. Below is a basic schematic of how the role of CFS Link Worker and LALO can be considered. From this schematic, it is clear that the CFS Link Worker role is not necessarily exclusive to a single partner, but if it is developed effectively can be a conduit to establishing and maintaining high quality partnership relationships.



1. SFRS/GLASGOW HOUSING ASSOCIATION PARTNERSHIP

BACKGROUND

In August 2010, Glasgow Housing Association (GHA) and Strathclyde Police agreed to trial a concept deploying police officers on secondment to create a multi-agency team to respond to, and prevent, anti-social behaviour (ASB).

In May 2011, the partnership commitment to this initiative was augmented by the inclusion of a SFRS Station Manager to work directly with a dedicated Police Inspector and GHA management. This unique approach to partnership working resulted in the creation of the Community Improvement Partnership (CIP). In June 2013 this was further supported by SFRS with a Watch Manager seconded to support the Station Manager in consolidating the operational day to day management of the CIP.

CIP AIM

The CIP was created to support GHA processes and to ensure that the management of information contributes to achieving outcomes shared jointly by all three organisations.

The aim of the CIP is:

"To work in partnership to identify community concerns and produce sustainable solutions in respect of ASB and tenant vulnerability"

DEFINITION OF THE CIP

The CIP aims to drive sustainable change in both the behaviour of tenants and the way GHA deals with ASB and tenant vulnerability by allowing partners to actively contribute to joint outcomes.

CIP PROCESS

GHA processes for managing community information centre on the Housing Officer's, who's responsibility it is to manage their own individual housing areas. Responsibility of each staff member to capture all community information is clearly defined and housing staff have been provided with specific training to recognise all relevant issues, including specific fire risk recognition.

HOUSING OFFICE TASKING AND COORDINATION MEETING

GHA have agreed that a local tasking meeting will be held fortnightly in every Housing Office, where ongoing and emerging issues will be discussed. This allows a managerial overview of the risks arising across the community specific to GHA residents as well as providing a forum to ensure that resources are allocated effectively, and to identify where good practice can be captured and shared.

The Housing Office Manager or other appropriate representative will chair each meeting, and attendees will include Housing Officers, Neighbour Relations Officers (who deal with all issues relating to crime and anti-social behaviour), Neighbourhood Environmental Teams, local SFRS Station Managers and local Community Police. Agencies or individuals will be invited to tasking meetings where a specific need is identified.

SFRS LOCAL RESPONSIBILITY

The referral pathway from GHA to SFRS for HFSV's is automated but any follow up actions of specific relevance to local Station Managers will require a face to face contact with Housing Office staff.

The periodic attendance of local Station Managers at tasking meetings will ensure that updates can be given with regard to:

- HFSV's updates
- Adults at risk of harm/Adults in need
- Facilitating Youth Diversionary courses
- Facilitating Young Fire Setters interventions
- Involvement in Case Study/Conference

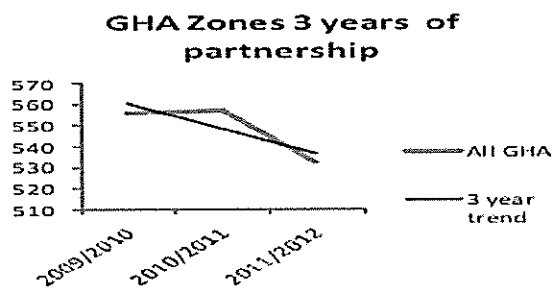
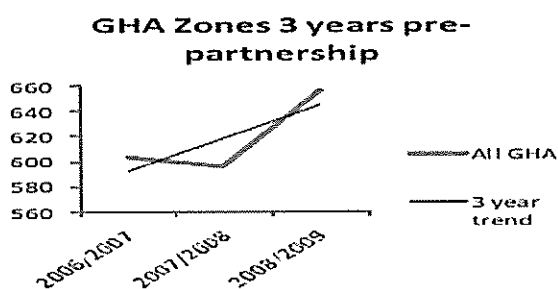
TRAINING

SFRS is committed to providing ongoing training to GHA staff through fire safety experiential training, which is delivered by Community Action Team staff. This training will continue to be offered to GHA and Police staff as it provides them with the necessary knowledge to identify vulnerable tenants and how to refer them for a HFSV. This training has led to 2389 HFSV referrals being submitted through the CIP process since May 2011.

OUTCOMES

Accidental Dwelling Fires

Fiscal Yrs	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
All GHA	603	596	655	556	557	532	514
Rest of Glasgow	427	414	416	388	349	369	303
All Glasgow	1030	1010	1071	944	906	901	817



In GHA property, there has been a reduction of 14.7% in accidental dwelling fires between 2006/7 and 2012/13. 56% of the reduction of 254 accidental dwelling fires across all Glasgow (2008-2013) can be directly attributed to GHA property. The significance of this figure is put in context by the fact that GHA have approximately 14% (41,500), of the overall number of properties in Glasgow (301,513).

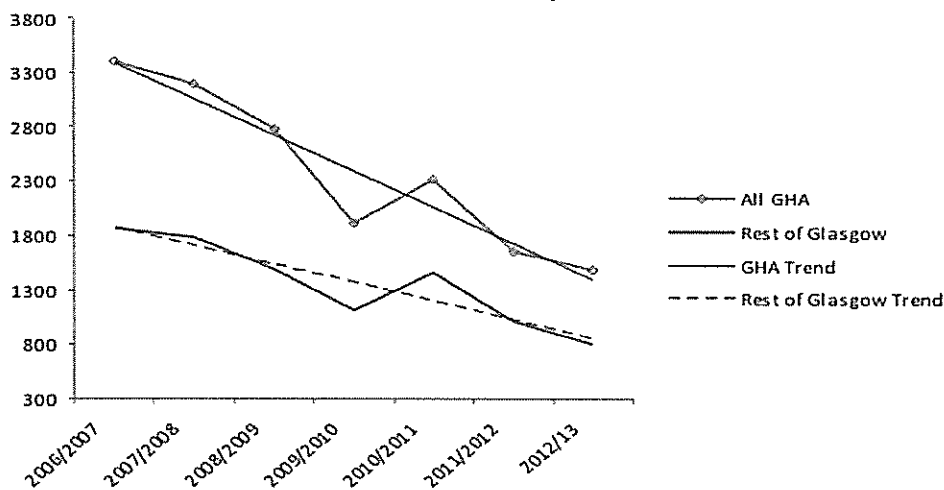
The economic cost of a dwelling fire is stated to be £25,500*. With a reduction from 603 to 514 (2006/7-2012/2013) this represents a societal saving of £2,269,500 as a result of this improvement.

*Economic costs of fire have been taken from the SFR Community Fire Safety Assessment 2010

Secondary Deliberate Fires

Fiscal Yrs	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
All GHA	3405	3192	2785	1909	2311	1651	1482
Rest of Glasgow	1865	1784	1486	1115	1462	1013	806
All Glasgow	5270	4976	4271	3024	3773	2664	2288

7 Fiscal Years of Secondary Deliberate Fires



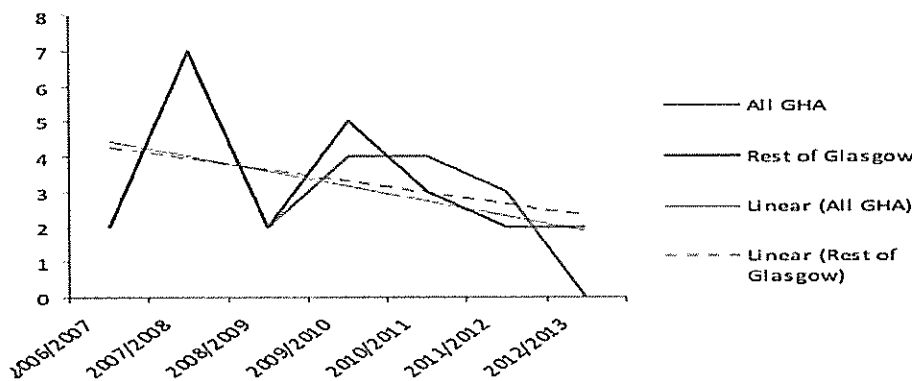
There has been a reduction of 56.5% in secondary fires between 2006/7 and 2012/13 within 20 metres of a GHA property. 64% of the reduction of 2688 secondary fires across all Glasgow (2007-2013) can be directly attributed to GHA areas (within 20 metres of GHA property).

The economic cost of a secondary fire is stated to be £2080. With a reduction from 3405 to 1482 (2006/7–2012/2013) this represents a societal saving of £3,999,840 as a result of this improvement.

Accidental Dwelling Fire fatalities

Fiscal Yrs	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
All GHA	2	7	2	4	4	3	0
Rest of Glasgow	2	7	2	5	3	2	2
All Glasgow	4	14	4	9	7	5	2

Fire Fatality Incidents from 2006/07 to 2012/13



There have been zero fire deaths since 14th July 2011 in GHA property. From March 2003 to July 2011 there were 57 fire deaths in GHA property.

This data shows that there is potentially circa 21 fire deaths which have been prevented due to there being zero fire deaths over a 3 year period. The CLG economic cost of a fire fatality is stated to be £1,546,688 which represents a societal saving of £32,480,448 as a result of this improvement.

In addition, the following key statistics have been gathered in relation to GHA and Police Scotland:

- Reduction of ASB across GHA tenancies from 18% to 5% (Based on Police Scotland data)
- Increase in tenancy sustainment from 78% to 86.8% (Based on GHA data)
- Decrease in persons not feeling safe at night from 32% to 10% (Based on GHA Customer Satisfaction Surveys)
- Increase in total number satisfied with the area in which they live from 80% to 87% (Based on GHA Customer Satisfaction Surveys 2009-2013)
- Over 500 staff trained on how to recognise the significance of information, intelligence and vulnerability
- Drugs seized with a street value of £15,827
- 1893 Scottish Intelligence Reports processed by the CIP-Intelligence Unit onto the Police Scotland’s Scottish Intelligence Database (SID).