

# LOCHABER DISTRICT PARTNERSHIP

## AGENDA

### FOR THE MEETING TO BE HELD ON TUESDAY 19 APRIL 2016 IN THE COUNCIL CHAMBERS, LOCHABER HOUSE, FORT WILLIAM

THE MEETING COMMENCES AT 1.30 PM

- 1.30pm - 1.45pm      Welcome & Apologies  
Previous action note of 2 February 2016 (attached)  
-update on actions not otherwise on the agenda:  
(i) Mobile stake resource/skate park Fort William  
(ii) Booking of community facilities (new schools)  
(iii) Housing discussion- moving forward

#### General Business

- 1.45pm - 3.15pm      **1. HTSI Community fund** – Lochaber allocations for 2015/16 (Report 1)
- 2. HDAP – Drug and Alcohol funds**  
- Allocations for 2015/16 (Report 2)  
- Lochaber HDAP action plan for 2016/17 (Report 3)
- 3. Substantial project updates**  
- New Hospital facility  
- Family centre  
- Women's centre/Robertson's Trust (Report 4)
- 4. DP instructed business/working groups**  
- Lochaber 'road safety awareness week'  
- Safe Highlander 2016  
- Plantation planning group (Report 5)  
- Claggan – projects/community work emerging (Report 6)  
- Childcare & Family Resource Partnership
- 5. Lochaber District partnership plan progress updates** (standing item)  
- District Managers (Adult Services, Children and Families)  
- Partners / communities
- 6. CLD plan** (standing item)
- 7. HTSI – Adult services Commissioning support worker** (third sector) –  
introduction to Gwen Harrison and her new role

Comments invited from the public on the above general business

#### Plan Spotlight

- 8. Care in the community (plan section 6)**
- 3.15pm - 4.15pm      Introduction – Marie Law, District Manager (Adult Services) - Community hub's and the expansion / development of care units
- Care at Home in South and Mid Highland – Stephen Pennington, Highland Home Carers

Meeting close approx. 4.30pm - Please note all timings are approximate and a comfort break will be made available at some point during the meeting as the agenda allows.

## LOCHABER DISTRICT PARTNERSHIP

**ACTION NOTE FROM THE MEETING HELD ON: TUESDAY 2 FEBRUARY 2016 AT 1.15PM IN THE COUNCIL CHAMBER, LOCHABER HOUSE, FORT WILLIAM**

**PRESENT:** Bren Gormley(Chair); Thomas MacLennan; Brian Murphy; Emma Taylor; Gerard Storey (HC); Flora McKee (VAL); Mark Richardson (HLH); Ross MacKenzie (NHS); Ellen Morrison (HC – note).

**APOLOGIES:** Michael Foxley; Jim Douglas; Pat McElhinney; Liz Featherstone; Marie Law.

**IN ATTENDANCE:** David Goldie; Lyn Kilpatrick (HC); Alan Grant (HES); Maureen Cameron (LCR).

ITEM	SUBJECT	ACTION AGREED	LEAD
	Setting of 2016 meeting dates	<ul style="list-style-type: none"> <li>• Tuesday 19 April</li> <li>• Tuesday 21 June</li> <li>• Tuesday 25 October</li> </ul>	
	Previous action note of 27/10/15	Agreed.	
	Update on actions not otherwise on the agenda	Mobile Skate Park – Brian Murphy raised the matter again over use of this particular piece of equipment and why it is not available for use in Fort William on a regular basis. He raised there was public concern over young people skateboarding in the High Street and damaging street furniture etc. Mark Richardson advised that if there was a demand for use of equipment it could be brought to Fort William. Mark to report back the District Partnership after High Life Highland have discussed/looked into the issue with Young People.	HLH
	(i) HTSI Community Fund – Lochaber update	Flora McKee updated the Partnership on this fund. The Health Inequalities Reference Group is the conduit for applications. To date eight applications have been received with four approved and two being invited to re-submit. £14K has already been approved from the fund of £40K. A development worker (14hrs/week) will be working with groups in the area. A further update will be provided to the District Partnership at the next meeting.	VAL/ NHS
	(ii) CLD plan update	Mark Richardson updated the District Partnership on the Community Learning Development (CLD) Plan. He advised that each area designated to have a CLD plan were due to meet to discuss the way forward. However, Lochaber District Partnership agreed that instead of having	

		a separate plan for the area that any gaps in relation to community learning be linked into the existing Lochaber Community Development Plan.	HLH/HC
	(ii) Drug & Alcohol funds	<p>Emma Tayler added that the Economic and Employability Development Forum may also prefer to link into the Lochaber Community Development Plan.</p> <p>Emma Tayler updated the District Partnership on the Drug and Alcohol funds administered by Voluntary Action Lochaber. It had been thought that the balance of the funds would be used for local schools wishing to participate in "Rock Challenge". Kinlochleven High School had advised that they would be attending the Challenge but that they did not require funding. Therefore the monies remain unused at present.</p>	
	(iv) Lochaber "road safety awareness week & Safe highlander 2016	<p>Emma Tayler provided an update from Pat McIlhinney of the Scottish Fire and Rescue Service. Two meetings had taken place so far involving joint services; driving schools and secondary schools. It is not possible to link in with Safe Highlander in June. Therefore an event will be run in conjunction with "driving ambition" week in September 2016. A further update to be provided at the next District Partnership meeting.</p>	SFRS/HC
1	Lochaber District Partnership Plan update	<p>The "Healthier, Safer and Stronger" section of the Community Development Plan had previously been circulated for information. Emma Tayler asked Partners to provide her with any status updates prior to the refreshed document being published on websites.</p> <p>Noted from discussion was:</p> <ul style="list-style-type: none"> <li>1.1 Remove 3b(i) - POPP programme has folded. However, individual parenting work will continue.</li> <li>1.2 New line – Claggan consultation work.</li> <li>1.3 Point 1.3 3(c) – under this point LDP to formally object to the fares increase at Corran Ferry at the Community Services meeting to be held on 4 February 2016.</li> <li>1.4 Care at Home. It was agreed that this subject be covered as a "spotlight" for the next LDP meeting.</li> </ul>	HC HC
2	Community Safety Action Team disbanding – actions	<p>Emma Tayler advised that the last meeting of the Community Safety Action Team had been held on 17 November 2015. All business for community safety will now sit within the District Partnership remit. It was noted that outstanding actions from the Community Safety Action Team were:</p> <ul style="list-style-type: none"> <li>2.1 Cluster housing for complex needs.</li> <li>2.2 The District Partnership to investigate a cyber bullying project. Perhaps link in with Safe Highlander.</li> </ul>	Safe Highlander

3	Substantive projects updates:	
(i)	New hospital facility	<p>Ross MacKenzie, Area Manager – West with NHS Highland gave an update to the District Partnership on the proposals for a new hospital facility. Land at Blar Mhor has been acquired. Two meetings have already taken place - one clinical and one with the community. An initial plan/business case needs to be developed prior to submission to the Scottish Government. The new build will be capital funded with the potential for shared facilities ie. West Highland College UHI – heating etc. Although still early days a possible timeframe for completion is 2019/2020.</p> <p>Noted from discussion:</p> <p>3.1 Access to the site. There is the ongoing issue of the link road project. As this involves more than just the hospital project NHS Highland would be looking to work with others on this matter.</p> <p>3.2 Will the new hospital still be a consultant led rural general hospital? At present NHS Highland view the new hospital to be like for like but would also investigate other opportunities available. Post graduate training would still play a key role.</p>
(ii)	Family Centre at Camaghael Hostel	<p>Gerard Storey provided an update on the plans for the proposed Family Centre at Camaghael Hostel. A lot of work/discussions have taken place with staff and the requirements needed for the centre. Resources that could be utilised at Lochaber High School are also being investigated. Further updates will be given at future meetings of the District Partnership.</p> <p style="text-align: right;">HC</p>
(iii)	Women's Centre/Robertson Trust	<p>Flora McKee provided a progress update to the District Partnership. Discussions are still ongoing to ascertain if there is a need/desire for an "all women's centre" in the Lochaber area. A further meeting will be held at the end of February, which Voluntary Action will lead on. At present the actual outcomes that the Robertson Trust is looking for are still unknown. However, if the project were to progress The Robertson Trust would not want it to be agency led.</p>
4	Comments invites from the public on the above general business.	None.
5	Housing planning investment & development	<p>David Goldie, Head of Housing with Highland Council spoke to his presentation on Housing Need and Demand. Points covered in the presentation were Strategic Planning Framework; Lochaber Development Plan; Local Housing Strategy and Strategic Housing Investment Plan. Background to Housing Development Forums was given and detail on the strategic issues relevant to Highland and to Lochaber was provided. Housing stock profiles; Housing Needs</p>

		<p>Assessment and the Housing Development Programme which gave a comparison for 2005/10 and 2011/16 was also provided. (copy of presentation available on request)</p> <p>Noted from discussion:</p> <p>5.1 Highland Council to work on the Local Housing Strategy during 2016.</p> <p>5.2 Housing need is normally undertaken by the Highland Small Housing Communities Trust. Community housing needs assessments do prove useful. With the increasing student population to the area this will also increase the demand for accommodation.</p> <p>5.3 As the Housing Development Forum is officer based, how can Councillors and other partners be involved? Highland Council still to decide how this can be done.</p> <p>5.4 How do we engage communities in future planning?</p> <p>5.5 Cluster housing developments for older persons requires further discussion.</p>	<p>HC HC-DG HC</p>
<p><b>6 &amp; 7</b></p>	<p>Housing Management Services &amp; Housing Support Services. Housing contribution to Integrated Health &amp; Social Care</p>	<p>Lyn Kilpatrick, Housing Policy Officer with Highland Council spoke to her presentation on "Housing Management and Housing Support Services. Matters covered were the Scottish Social Housing Charter; Highland Council as a landlord; the Highland Housing Register and Social Tenancies. The scope of services provided under social tenancies includes rent accounting/collection/arrears management; tenancy management, housing repairs and tenant participation; Sheltered housing wardens; community wardens; anti-social behaviour, garden aid and aids and adaptations. Statistics on the housing revenue account and private home adaptations were supplied. Additional services that fall within the Housing Service remit are: Gypsy/travellers; housing support contracts; independent advice and information; MAPPA and MARAC. The second part of the presentation covered the Joint Improvement Team and the Housing Contribution – Integration of Health and Social Care. Detail was given on the national policy framework for Housing, Health and Social Care; the Housing Contribution Statement (HCS) and the link this will have with both the Health and Social Care Plan and the Local Housing Strategy. Points to be covered/included in the HCS were given and examples of shared priorities were listed. Under the HCS process learning points so far were highlighted along some points for the District Partnership to give thought to. (copy of presentation available on request)</p> <p>Noted from discussion was:</p> <p>6.1 Work on the Housing Contribution Statement will be done in 2016. Although this will be Highland specific more thought is needed to prioritise issues for Lochaber.</p> <p>6.2 Housing statistics for Lochaber during 2015 were 190 relets with 940 housing applications currently on Highland Housing Register.</p> <p>6.3 What engagement with young people is happening? It was agreed that further discussion on how to engage with young tenants is required.</p>	<p>HC/HLH/ BG</p>

		6.4 How is information captured in order that it can be forwarded on to Housing development forum?	
8	Be@home update Partnership Demonstration Project update	<p>Maureen Cameron, Lochaber Care and Repair gave a presentation updating the District Partnership on the "Be@Home" project (previously known as Lochaber Adaptations Demonstration Site). Now a year on since attending a District Partnership meeting she gave background on the project and the progress to-date. The project will offer housing options advice and information; housing adaptations; handyperson service; telecare and assistive technology installation; equipment and aids provision; pre and post diagnosis dementia support and a pathway to High Life Highland. Next steps for the project include recruitment of a part-time Occupational Therapist; develop a website; agree an outcome measurement tool; finalise the pathway to High Life Highland; a "Pop up Shop" and the formal launch of the project. (copy of presentation available on request)</p> <p>Points for noting:</p> <p>8.1 NHS Highland "single point of contact" – integrated access pathway developed and agreed.</p> <p>8.2 National Practice Sharing Event to be held in Lochaber.</p> <p>8.3 Be@Home promotional leaflet developed.</p> <p>8.4 The project is open for all - there are no age restrictions.</p> <p>8.5 The challenge ahead will be funding all the different services on offer via the project from one "single pot" of money.</p>	
9	Home energy Scotland – fuel poverty	<p>Allan Grant, Community Liaison Officer with Home Energy Scotland - Highlands and Islands gave a presentation to the District Partnership on "Cold homes, Fuel Poverty and Affordable Warmth". This covered the "challenge – to eradicate fuel poverty by 2016 where practicable"; national and local statistics for households and pensioners in fuel poverty; a map showing areas in Highland in fuel poverty; energy prices and the impact that cold and damp houses can have on a person and their health. Information on a national scheme "Warmer Homes Scotland" launched in September 2015 was given. Work undertaken in conjunction with partners agencies was covered which included the initiative "Healthy Homes for Highland". (copy of presentation available on request)</p> <p>Points for noting were:</p> <p>9.1 Seven out of ten people in Highland could be in fuel poverty.</p> <p>9.2 Home Energy Scotland advice centres provide free impartial and expert advice;</p> <p>9.3 Mains gas is the cheapest fuel with electricity being the most expensive;</p> <p>9.4 Healthy Homes for Highland - an e-learning tool for this is available for partner agency staff.</p>	

10	Comments invited from the public on the above "spot light" business	None.	
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## Lochaber District Partnership

Agenda item	1
Report number	1
Meeting date	19 April 2016

Report Title	HTSI – Community Self Management Development Fund (CSMDF)
Report by	Emma Tayler
Organisation	Highland Council

### Situation Summary

HTSI requested that the locality made arrangements to assess applications and recommend awards for the CSMD fund. This fund is managed by the Highland third sector partnership. The health inequalities reference group considered applications for Lochaber at the request of the District Partnership. This report summaries the awards made by HTSI.

### 1 Background

£40,000 was allocated to Lochaber at the end of October 2016 from the CSMD fund.

Following recommendations from the Lochaber reference group. HTSI have made the following awards totalling £39,480

Group	Amount
Ewen's Room	£4,500
The Arty Forty Group	£500
Care Lochaber	£4,700
THRIVE Healthy Living Community Café	£5,000
Green Fingers Project	£5,000
Kinlochleven - You time	£2,590
Birchwood Highland	£4,80
Eigg Wellbeing	£2,590
Action on Depression	£4,800
Care Lochaber -IT Events	£5,000

### 2 Future

The HTSI have informed the locality that the fund is now closed and there will be no further funding available.

HTSI have indicated that they will be providing a full report at a later date.

### Recommendation

- The District Partnership is asked to note the contents of this report.



## Lochaber District Partnership

Agenda item	2
Report number	2
Meeting date	19 April 2016

Report Title	Lochaber Drug and Alcohol Monies - Allocation of D & A Funds
Report by	Flora McKee
Organisation	Voluntary Action Lochaber

### Situation Summary

At the Lochaber District Partnership meeting held on the 27<sup>th</sup> October 2015, Partnership members agreed to support school groups from the Lochaber District to participate in the Rock Challenge.

### 1 Background

#### Funds £2,500 –

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 last 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.

To date this money has contributed to local activity including;

- HLH – Delivery of Summer Activity Programme - £400.00
- Delivery of safe Highlander 2015 event - £300.00
- Kinlochleven High School – Rock Challenge contribution £1000

**TOTAL £1,700**

### 2 Assessment

#### Remaining Funds £800

The Lochaber District Partnership needs note the balance and consider the allocation of this within their HDAP funding proposal for spend in 2016/17. The Partnership may wish to consider continuing to ring fence the £800 for those schools wishing to participate in rock challenge 2017.

(refer to following report on the Lochaber HDAP action plan)

### Recommendation

The Lochaber District Partnership is asked to

- 1) Note the spend to date against the Lochaber Drug and Alcohol funds (HDAP fund)
- 2) Consider the allocation of remaining Lochaber HDAP monies for the purpose of supporting schools/groups to participate in Rock Challenge 2017 OR
- 3) Consider an alternative proposal for the use of funds

## Lochaber District Partnership

Agenda item	2
Report number	3
Meeting date	19 April 2016

Report Title	HDAP funding 2016-17
Report by	Emma Tayler
Organisation	Highland Council

### Situation Summary

The Highland Drug and Alcohol Partnership (HDAP) provides a small amount of funding to local Drug & Alcohol partnerships to help underpin costs associated with the work the locality has prioritised. As the Lochaber District Partnership took on the work of the Community Safety Action Team (which had also subsumed the work of the former Lochaber Drug & Alcohol forum) the responsibility of producing the plan has passed to the Lochaber District Partnership.

### 1 Background

The Community Safety Action team previously put together and agreed the HDAP Lochaber plan. This plan listed projects and actions that would be undertaken for the financial year utilising grant money provided by HDAP.

HDAP provides funding of £2000-£2500 per annum subject to the submission of a satisfactory local action plan and submission of invoice.

Email extract from Sharon Holloway at HDAP received

**2016-2017 Action Plans:** *I know that these are being updated as I speak so the sooner I can have these submitted to us with your invoices the sooner payments can be arranged to Forums. I would like funds to be paid to Forums before the end of June this year, at the latest, so the sooner I can get your invoices for 2016-2017 processed through our system the better. I would like to try and encourage a new system where Forums have their allocated funding as quick as possible in each financial year. I have attached the pro-forma invoice for completion by Chairs.*

The Lochaber HDAP plan needs to be submitted before the end of June if the Lochaber District Partnership is to draw in the funds for local activity.

### 2 Progress

A call went out to the DP assessment panel regarding the pulling together of the plan. The little feedback that was received has been incorporated into the plan template (appendix 1). Partnership members need to note that some costings have not been received as yet.

### Recommendation

The District Partnership is asked to;

- Note to progress made to date on the draft plan
- Comment on the content and agreed if the drawing of funds is to be progressed and if so;
- Nominate a lead officer from the District Partnership to progress the finalisation and submission of the plan.

**Drug and Alcohol Focus – Action Plan 2016 – 2017 (DRAFT)**

**BUDGET**

Current balance: £800.00  
 Funding required for 2016-2017:

Date:  
 Amount requested from HADP:

Please identify any monies in your account that are ring-fenced and attach details as required

What HADP outcomes will this work contribute to?	What specific actions will the Forum undertake?	Lead Individual / Agency	Timescale	What local outcome will this work achieve	Cost & Source	How will you monitor progress with this work?
<ul style="list-style-type: none"> <li><b>Recovery</b>  <i>Development of a service user, carer and family strategy</i></li> <li><i>Development of a local workforce development strategy</i></li> <li>e.g. SMART groups, service user/peer mentor groups, delivering training - Alcohol brief interventions, NPS prevention/treatment, Naloxone Training</li> </ul>	Distribution of training opportunities through community planning partners					
<p><b>Reporting</b> (bullet points to say how the action was achieved)</p> <ul style="list-style-type: none"> <li>HDAP weekly training bulletin now distributed to CCP partners</li> </ul>						

<p>• <b>Maximising Health</b></p> <p>Embed ABI programmes across range of networks, communication strategy i.e. awareness raising campaigns, social marketing opportunities.</p> <p>Support schools substance misuse prevention and education, diversionary activities, Community based activities and education.</p> <p>e.g. Bottleguard, awareness raising and local campaigns. Rock Challenge annual event. Use of social media – facebook to promote and raise awareness of Toolkit. Support delivery of ABI's.</p>	<p>Retention and strengthening of Lochaber Street work project</p> <p>HLH now require extra 7.5k to bring this service back to where it was for period 2014/2015 (3 staff working Fri/Sat &amp; B/H until 11pm) – currently have 2 staff and will not be working beyond 10pm Fri/Sat or B/H if we cannot secure the extra funding</p>	<p>HLH</p>		<p>Establish relationships with the young people and offer them the same opportunities as young people who attend building based provisions. Identify young people who would most benefit from additional support. Improved image of young people in Highland. Increased confidence and self-esteem for young people attending.</p>	<p>£7,500</p>	<p>Through HLH internal planning and evaluation tool and reporting externally to DP</p>
	<p>A' for Alkie play - Looking to further develop and roll out to other High Schools in Lochaber + deprived area community.</p>	<p>Com Grp (Drama Fish)</p>	<p>XXX</p>	<p>XXX</p>		

**Reporting** (bullet points to say how the action was achieved)

- HLH area management staff attended training - 'Discussing Drugs and Alcohol with Young People, Training for Trainers' Feb 2016. They are currently looking at how to role this out with HLH staff and others interested.
- HLH area youth development officer attended legal high's training March 2016. Currently looking at how this can be rolled out to other staff and further development with young people.
- Lochaber street work – looking to strengthen/maintain weekend presence as operating on skeleton staff
- A for 'Alkie' play developed in conjunction with WHC UHI/HLH delivered to Kinlochleven HS and community. Looking to further develop and roll out to other High Schools in Lochaber + deprived area community.

<ul style="list-style-type: none"> <li>• <b>Protecting Communities</b> Support and input to enforcement activity and the Police Scotland alcohol strategy</li> </ul> <p>e.g. pub watch, operation Respect, Safehighlander and Rock Challenge event, local campaigns, community safety initiatives, Serve wise Training Courses. SPS/CJS joint working with Prisoners to assist with community integration.</p>	<p>Delivery of Lochaber Safe Highlander 2016.</p>	<p>HLH</p>	<p>8<sup>th</sup> June</p>		<p>HDAP Funding required - £300 (Against £2000 event)</p>	<p>Reporting to District Partnership + Monitoring/evaluation of event will take place.</p>
	<p>Delivery of Lochaber road safety awareness week</p>	<p>SFRS</p>	<p>w/b 29/8/16</p>		<p>£350 required for PR /support materials</p> <p>Talks/demonstrations delivered in kind</p>	

	Support for Rock Challenge preparations 2017 (schools) so they can take part in the event	HC (High Schools)	Apr Jan/Feb 2017		HDAP Funding req £800 (propose to carry forward 2015/6 monies for this purpose) (Approx cost £4000)	Reporting to District Partnership
<b>Reporting</b> (bullet points to say how the action was achieved)						
<ul style="list-style-type: none"> <li>Lochaber Safe highlander being organised for 8<sup>th</sup> June 2016. D&amp;A set to be delivered to P7's</li> <li>Kinlochleven HS participating in Rock Challenge 2016 supported by £1000 of HDAP area funding. Others schools made aware of funding support opportunity to help participate.</li> <li>Road safety awareness week planned for wb 29<sup>th</sup> August 2016. Awareness raising of the effects of D&amp;A whilst using road included in safety messages. Includes family day on Sat 3<sup>rd</sup> Sept, work in High Schools social health and well-being classes, SFRS safety events (4) linked to referrals from local driving schools.</li> </ul>						
<ul style="list-style-type: none"> <li><b>Children &amp; Families</b></li> </ul> <p>Develop more formal family support interventions for those affected by alcohol and drug issues</p> <p>e.g. input to schools, youth café, awareness raising, Rock Challenge, family support groups</p>						
<b>Reporting</b> (bullet points to say how the action was achieved)						

**Signature :**.....

**Date:** .....

## Lochaber District Partnership

<b>Agenda item</b>	<b>3</b>
<b>Report number</b>	<b>4</b>
<b>Meeting date</b>	<b>19 April 2016</b>

<b>Report Title</b>	<b>Robertson Trust (TRT) - Development of an All Women's Centre</b>
<b>Report by</b>	<b>Flora McKee</b>
<b>Organisation</b>	<b>Voluntary Action Lochaber (VAL)</b>

### **Situation Summary**

This report is intended to inform the Lochaber District Partnership of the potential investment and commitment by the Robertson Trust to develop an All Women's Centre in Fort William

### **1 Background**

Over the last 12 months VAL has been involved in an initial consultation and the co-ordination of follow-on meetings on behalf of the Robertson Trust, all with a purpose of ascertaining whether there was an interest from the women of Lochaber in the development of an All Women's Centre (AWC).

Through the survey we were able to demonstrate the support for the development of an AWC, however this information did not confirm that the respondees' would use the AWC. The evidence although helpful did not evidence "need".

Over the period the Lochaber contributors have struggled to convey to others what an AWC might be as we were committed to the TRT "vision" that the AWC would be something that would develop and evolve to reflect the interests and aspirations of the women of Lochaber.

Follow on discussion between different stakeholders and TRT started to take a different slant TRT appeared disappointed that Lochaber did not demonstrate a "hunger" to take this project forward. At this point TRT indicated they would be withdrawing.

The interpretation of the situation was challenged by Emma Tayler (THC) and a small number of interested stakeholders, this led to further meetings and it was agreed that VAL should lead in the development of an AWC. VAL staff put forward some initial thoughts to TRT on how this could be delivered through an enterprise model. When VAL Board considered this model further the Board gave a clear steer that although they would be happy for VAL to develop an AWC they did not want this to be badged under the VAL name as this would be seen as detrimental to VAL's core business of supporting all Lochaber communities.

TRT accepted the VAL Board's proposal to lead on the development with a view to creating a stand-alone organisation in the future.

TRT have also agreed to fund both Kilmallie Free Church and Lochaber Hope with a view to them working with women within their project proposals. In order to give us a better understanding of the possibilities VAL, Lochaber Hope and Kilmallie Free Church representatives were invited by TRT on a study visit to Centrestage in Kilmarnock. This enabled the representatives to see first-hand how Centrestage has been an integral part of the community developments in the Kilmarnock & Cumnock area. The study visit took place on the 17<sup>th</sup> & 18<sup>th</sup> March 2016



**2 Summary of actions already completed/in progress**

**COMPLETED**

- Consultation – 500 women surveyed.
- Follow on Meetings
- Agreement with VAL to work with TRT to develop AWC
- Study Visit to Kilmarnock

**IN PROGRESS**

- Meeting arranged between VAL and TRT Monday 4<sup>th</sup> April to discuss an application from VAL for costs associated with the employing a Development Worker to progress AWC

**Recommendation**

**Partnership members asked to note progress and support development as required.**

## Lochaber District Partnership

<b>Agenda item</b>	<b>4</b>
<b>Report number</b>	<b>5</b>
<b>Meeting date</b>	<b>19 April 2016</b>

<b>Report Title</b>	<b>Plantation Planning Group</b>
<b>Report by</b>	<b>Emma Tayler</b>
<b>Organisation</b>	<b>Highland Council</b>

### **Situation Summary**

This report sets out to inform partnership members of the progress being made by the recently established Plantation planning group.

### **1 Background**

Partners received an update on progress at their October 2015 meeting. This report summarises the activity and progress being made since then.

### **2 Progress**

A follow up meeting with the Plantation Community Association (PCA) principle office bearers and the Assistant Wards Manager, Highland Council took place on the 3<sup>rd</sup> December. It was agreed at this meeting that a 'Plantation planning group' would form to provide support to the community and assist with the development of a community action plan which will guide the community and agencies over the next 3-5 years in terms of priorities, resourcing etc.

There had already been a commitment made by key partners back in September 2015 to work with the community towards getting a robust plan of action in place.

The Plantation planning group has the following membership;

- The Plantation Community Association
- West Highland College UHI
- Voluntary Action Lochaber
- The Highland Council (inc Lundavra Primary School)
- High Life Highland
- NHS Highland
- Lochaber Housing Association + tenant group (extended invite)
- Lochaber Environmental group

This group met on the 10<sup>th</sup> February 2016 and a number of actions were agreed. (appendix 1).

All of these actions are being progressed or have already been completed. In addition substantial work on operational matters by High Life Highland has also taken place regarding the safe operation of the Young Place hall.

The next re-grouping of the Plantation planning group will take place prior to the next PCA meeting on the 26<sup>th</sup> May 2016.

### **3 Community Empowerment Act implications**

District Partnership members will be aware that work is being progressed at a Highland level to consider what areas of Highland will have to have 'local action plans' in place. These areas will be those in highest need (most disadvantaged) and it is envisaged that the Plantation area of Fort William will be identified as one such community so the work currently underway will go some way to fulfilling the legal requirement under the Community Empowerment Act when this comes into force.

A report went to the Highland Council's Communities and Partnership Committee on the 23<sup>rd</sup> March outlining progress on this issue (Extract from report below)

#### **3.15 A focus on disadvantage**

*CPPs have a new legal duty to reduce inequalities of outcome resulting from socio-economic disadvantage. **They must produce and deliver locality plans in disadvantaged areas and pay particular attention to involving community bodies representing people living with disadvantage.***

*3.16 While a regulation is expected on the geography or population thresholds to use for the localities in scope, the CPP has done some work on identifying areas to prioritise that goes further than reliance on the Scottish Index of Multiple Deprivation and to include rural disadvantage. The work is not completed and a further report can be made to a future meeting of the Committee. It is proposed to engage with the Chairs of Local Committees and the **Chairs of District Partnerships**, along with the Chair and Vice Chair of the Communities and Partnerships Committee on this work in advance of any proposals for the CPP Board.*

*3.17 Identifying the areas to start with for locality plans will be an important first step for the CPP. This new focus on partnership effort to tackle disadvantage will be an important area for local community planning.*

#### **Recommendation**

**The District Partnership is asked to note the positive progress being made in relation to the formation of the District Partnership working sub-group known as the 'Plantation planning group' and the actions underway and completed by this group.**



	<ul style="list-style-type: none"> <li>- JT confirmed that the hall capacity is 18 persons. PCA asked if there were any reasonable adjustments to the building that could be made to increase this capacity. <b>Action</b> - JT to look into.</li> <li>- Discussion took place regarding youth club provision for primary and secondary age children. It was agreed to explore options with the young people (primary age) including the potential the new school offers in terms of facilities. <b>Action</b> - NT and KE to progress.</li> </ul>	<p>JT NT/KE</p>	<p>2 months immediately</p>
<p><b>5 &amp; 6</b></p>	<p><b>Community health and well-being hub (ref CHC initiative doc) plus Next Steps</b></p> <p>Further discussion took place regarding how best to now move forward</p> <ul style="list-style-type: none"> <li>- <b>Agreed</b> – comprehensive consultation needed to be undertaken with the community regarding what was working well / not so well, needs and aspirations. This follows on from the good work done with the PCA in 2015. <b>Action</b> – a working group consisting of FMcK/HW/PCA to be established to 1) explore ideas on how this can be done and 2) formulate a plan of action. David Maclaren of LHA to be invited to the ‘consultation’ working group. <b>Action</b>- FMcK/HW, NP and KMacL to provide further input as required.</li> <li>- NT outlined a variety of activity taking place in the school with parents which may offer additional ways of engagement with those who have English as a second language.</li> <li>- VAL to provide guidance and training to PCA committee members. <b>Action</b> - FMcK to follow up with PCA committee. (<i>what they can offer/support</i>)</li> <li>- <b>Agreed</b> – public access wi-fi was required to help support activity currently taking place / could be further developed in the hall (ie job club etc). NP/HW confirmed that funding would be available for this. <b>Action</b> – JT to confirm if this was possible and report back to NP and HW.</li> <li>- <b>Action</b> – HW/FMcK to pursue HTSI fund opportunity which may offer the possibility of an activity programme aimed at those living with long term illness. To co-ordinate discussion with JT/PCA.</li> <li>- <b>Agreed</b> – after initial consultation work has taken place a plan of action needs to be formulated with the community. The resource mapping work is a useful reference tool when looking at individual areas of provision ie. pre-school education / childcare / parent &amp; toddler group / support employment provision etc. It was noted that both the new school and young place offer possibilities in terms of area facilities.</li> </ul>	<p>FMcK/HW PCA/LHA NP/ KMacL</p> <p>FMcK</p> <p>JT</p> <p>HW/FMcK</p> <p>All</p>	<p><i>Finalised Plan of action to go to May PCA meeting</i></p> <p><i>Immediately</i></p> <p><i>Immediately</i></p> <p><i>Immediately</i></p> <p><i>To be discussed after consultation work complete</i></p>
<p><b>7</b></p>	<p><b>Next meeting</b> – it was noted that support agencies/organisations were attending monthly PCA meetings so regular contact was being made with the community. <b>Agreed</b> – ET to attend a PCA meeting on a quarterly basis (every 3 months) to check on progress against agreed actions. KE to pass PCA meeting dates/times to ET and put on the appropriate PCA agenda. (first one to attend being May)</p>	<p>ET KE</p>	<p>May 2016</p>

## Lochaber District Partnership

Agenda item	4
Report number	6
Meeting date	19 April 2016

Report Title	Claggan emerging community work - Claggan Consultation
Report by	Flora McKee
Organisation	Voluntary Action Lochaber (VAL)

### Situation Summary

This report is intended to inform the Lochaber District Partnership members of the progress being made by VAL and partners on Community Consultation within the Claggan area.

### 1 Background

#### Playpark monies: Planning gain allocation for Claggan £16,500

Claggan is a community of 368 households, there are no public buildings or community groups in operating within the community. Voluntary Action Lochaber on behalf of the Partnership has been tasked with consulting with the community to ascertain the communities' wishes with regards to spend of Planning Gain monies for Claggan.

VAL reported at the District Partnership meeting on that they were aware that there were a number of groups wishing to consult with the Claggan Community and agreed to facilitate a partnership approached consultation event with the Claggan community.

The event "Claggan Matters" was held on Saturday 30<sup>th</sup> January 10 a.m. – 4 p.m. at An Drochaid Claggan. The event was jointly hosted by Voluntary Action Lochaber, Lochaber Environmental Group, The Greenfingers Project and THC Tenants Participation Officer Kate MacLennan. We were also joined on the day by Lochaber Credit Union.

The event was promoted via Nevis Radio and individual invitations were hand delivered to every household within the Claggan community. Each of the 4 groups involved also made direct contact through their respective networks.

Unfortunately, on the day storm Gertrude was underway and the weather was extremely poor, this had an impact on the attendees, with numbers a lot lower than expected. The attendees who came out on the day were extremely enthusiastic on the four key consultation issues:

- **Playpark facilities**
- **Development of a Tenants Association**
- **Reduce waste Project**
- **Greenfingers Project.**

In that the numbers were low and there was a general interest in all 4 key areas it was agreed that the best approach would be to support the formation and development of a Tenants Association for Claggan. The Tenants Association would be the conduit for further consultation and partnership working within the Claggan area.

### **Agreed Actions**

The Highland Council Tenant Participation Officer (TPO) agreed to co-ordinate a further meeting in April/May with a view to attracting a larger representation of Claggan residents.

VAL will:

- facilitate and chair the meeting
- provide any equipment/refreshments as required
- Support the TPO in the establishment of a Tenants Association
- Support the group to develop appropriate governance structure
- Provide governance training & support as necessary
- Provide meeting space for the group

The TPO will deliver a presentation on securing lottery funding for Playparks and Community led projects.

### **Recommendation**

The Partners to note progress and support the joint approach.

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

Agenda Item 5. Apr 16

**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	CLD plan	LOIP
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 appropriate expansion (if required) of ‘SLUG’ allotments in Upper Achintore	SLUG/ FCS/ VAL	A	CC	
		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	G		
	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	Scot Canals	A		
		2. Further develop opportunities that encourage more use of our forests ( <i>reporting required from FCS/SNH on specific activity under this aim</i> )	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	L/ CC	
		3. Increase the number of community members to take up Volunteer trainer and assessor roles. ( <i>requires update from VAL/HLH + benchmark to</i>	HLH/ VAL/ LSA		L/ CC	



2	<p><b>Jointly promote opportunities for increased physical activity and physical &amp; mental health promotion for children and young people</b></p>	<p><b>h.</b> Support initiatives to improve accessibility for young people to engage more readily with health services</p>	<p><i>monitor aganist</i></p>	<p>1. Maintain the current provision of HLH Lochaber Youth Clubs</p> <p>2. Mapping of voluntary sector youth clubs - locations/age range/contacts/average numbers. <i>(Requires discussion as to whether this info is now held)</i></p> <p>2. Establish a new youth provision in Mallaig.</p> <p>3. Develop 2 projects per year to engage young people with Health services. <i>(Requires discussion – what does this mean, how is it to be reported)</i></p> <p>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.</p> <p>2. Young people through the Youth Forum will play an active role in local democracy.</p> <p>1. VAL to continue to operate and develop the toy library with financial support from Highland Council (Early years monies)</p> <p>2. Further develop the use of existing mobile skate and football equipment throughout Lochaber</p> <p>3. Community consultation – Claggan re: use of developer contributions and enhancement of play facilities</p> <p>4. Community consultation – Upper Achintore re: use of developer contributions and enhancement of play facilities <i>(consultation work due to start in spring 2016)</i></p> <p>5. Establish system/structure to oversee the booking and community use of new school facilities. This should be established immediately and not after a</p>	HLH	G	YW	
	<p><b>i.</b> Encourage the further development of the Lochaber youth forum to initiate activity/projects that promote healthier lifestyle choices</p>			HLH/ VAL	R			
				HLH	G			
				NHS/ HLH	R	YW		
				HLH	A	YW		
				HLH	A	YW		
				VAL	G			
				HLH/ NHS	G	YW		
				VAL/ HC/ NHS	A	CC		
				VAL/ HC		CC		
				HC/ HLH	R			

		facility is open to ensure full accessibility to the community.		
	6.	Work with Caol community to develop new community outdoor area/play space next to new school campus <i>(Community have established their own play park group and are looking at options throughout Caol)</i>	Caol community group	CC
	7.	Implement Plantation community space project inc. new play area <i>(project complete)</i>	PCA	G
	8.	Support enhancement of Banavie play park <i>(community group established)</i>	Scott Canal s/Community Group	CC
	9.	Support the enhancement of Ardgour play park <i>(community group established)</i>	Ardgour play park SCIO/HC	CC
	10.	Support the development of new play facilities – Arisaig project	Arisaig Community Trust	CC
3	1. b.	Partners will support the development and delivery of parenting courses to ensure those in most need receive the support	Lochaber Family Team.	W
		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 programmes locally.		



	<p>c. Partners will ensure that family support services are accessible to families across the Lochaber area including those in most need and residing in our rural communities</p> <p><i>(Requires reporting from AforC/CALA)</i></p>	<p>1.</p>	<p>A Public Sector Partnership comprising Action for Children and the Care and Learning Alliance and is piloting a programme, in partnership with each other to deliver family support services. This service will provide a flexible community support service with a focus on supporting families at the time of need including weekends, school holidays and in the evenings; helping parents to build on their parenting capacity; enabling them to find their own solutions; while keeping the child at the centre.</p>	<p>AforC / CALA</p>	<p><b>B</b></p>		
<p>2.</p>	<p>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.</p>	<p>AforC / CALA</p>	<p><b>B</b></p>				
<p>3.</p>	<p>Action for Children and CALA will provide an early intervention, universal service for children 0-8 covering the period Monday to Friday.</p>	<p>AforC/ CALA</p>	<p><b>B</b></p>				
<p>4.</p>	<p>Action for Children will provide a complimenting service to these children delivered in the evenings, weekends and during holiday periods.</p>	<p>AforC/ CALA</p>	<p><b>B</b></p>				
<p>5.</p>	<p>Families will be offered activities or supported to access community resources including leisure services.</p>	<p>AforC/ CALA</p>	<p><b>B</b></p>				
<p>6.</p>	<p>CALA and Action for Children will provide a network of volunteers to help parents access services and appointments required.</p>	<p>AforC / CALA</p>	<p><b>B</b></p>				
<p>7.</p>	<p>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.</p>	<p>HC C&amp;L</p>	<p><b>R</b></p>				





		holiday time.					
	other initiatives which promotes healthier lifestyle choices	3.	Youth work staff to support Integrated Children staff working with vulnerable young people.	HLH/ HC	A	YW	
		4.	Establish Fusion-multi-activity nights - one per month 3 times per year in the Oct-March period.	HLH	G	YW	
	g.Partners will work together to sustain and improve services/ interventions which make communities feel safer through the reduction of alcohol and illegal drug consumption	1.	Encourage Pubwatch to continue engaging with secondary school pupils	LDP	R		
		2.	Continue education and promotion around alcohol and substance misuse including legal highs	PS/ HLH	A	L/ YW	
		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.	HC C&L/ NHS	R		
		4.	Seek more detailed analysis of alcohol-related admissions to the Belford including geographic area/age range etc.	NHS	B		
		5.	Promote delivery of diversionary activities as and when required, via short-term working as necessary	HLH	A		
	h. Partners will support provision of Men's Shed type activities	1.	Provision of support for activities for men which reduce isolation ( <b>men's shed established</b> )	Vol Org (?)	G	L/ CC	
5 <b>Develop and sustain resources that support personal and community well-being</b>	b. Partners will support the establishment of a business case for future hospital provision on the Blar Mhor site	1.	Continue to support/progress plans for future hospital provision as opportunity arises and seek early establishment of Steering Group ( <b>steering group established</b> )	NHSH / HC	G		
		2.	Ensure Belford Hospital replacement is on NHS Highland Capital Plan	NHSH	A	CC	
	c. Partners will be actively engaged in supporting the development of 21 <sup>st</sup> century care home provision in line with	1.	Maintain appropriate levels of care home provision locally in line with community needs	NHSH	A		
		2.	Ongoing review of local provision in order to ensure balance of residential and nursing care beds provided is appropriate	NHSH	A		







			appropriate.				
		2.	Promote the use of and development of local paths and nature trails to support healthier lifestyles and social inclusion.	HC (D&I)	A		
	f. Partners support the effective planning of resources and activity to meet the needs of communities	1.	To support the development and implementation of a Lochaber District Community learning and development (CLD) plan	HLH	A		
		2.	District Partnership to keep an overview of grant funding streams available to the District and how these are being spent. To be reported annually to the Partnership. (April) – <b>first report due Apr 2016</b>	LDP			
6	<b>Jointly promote opportunities which support active healthy lifestyles in older adults</b>	1.	To strengthen the connection of the housing development forum to the District Partnership to improve communication in relation to the Local Housing Strategy at locality level	HC	A		
		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.	Deliver of HEEPs (private sector insulation works programme	HC	A		
		1.	Continue to support equipment store and care & repair provision	NHSH	A		





	identified issues related to health and wellbeing	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	HC/ NHS / VAL	G	
		3.	Development of health indicators which can be used by projects and agencies to measure the extent to which they are improving health and reducing health inequalities	HC/ NHS / VAL	G	
		4.	Make local recommendations for spend against appropriate funds ie HTSI fund for those with long term illness, D&A interventions funding etc.	NHS/ partner s	A	
c. Partners will support the development of individual skills to strengthen the capacity of community members and other stakeholders to plan and monitor health inequalities and community development efforts in Fort William		1.	Participatory action research capacity building training and support	NHS/ UHI/ VAL	A	L/ CC
		2.	Support for photo-voice and other community cultural development projects	NHS/U HI and Partners (TBD)	A	CC
		3.	Establishment of a citizen health and wellbeing forum	HC/ NHS / VAL	B	CC
		4.	Partners to support the Plantation Community to develop a 'local action' plan	NHS/HC / HLH and Partners	A	CC



# COMMUNITY HUB

## What's a Community Hub?

A Community Hub provides a focal point and facilities to foster greater local community activity and bring residents, the local business community, and smaller organisations together to improve the quality of life in their areas.

Community Hubs are based at the heart of their communities, offering and hosting an ever-expanding range of services, public events and activities, and spaces to meet friends and contribute to community life.

## Why do we need them?

Social isolation has been linked to poorer physical and mental health. A study of a group of people over 52 found that being isolated from family and friends was linked with a 26% higher death risk over 7 years.

Furthermore, 'lacking social connections is a comparable risk factor for early death as smoking 15 cigarettes a day, and is worse for us than well-known risk factors such as obesity and physical inactivity'.



**Lochaber is renowned for its strong community spirit, proud heritage of social engagement and its dedicated commitment to looking after its own.**

*We are privileged to have many voluntary organisations who provide much needed support to our local communities in a range of imaginative and innovative ways. However, I am passionate about the development of our Care Units as I believe they are the basis of a community hub approach which will serve and be served by the local community who own it.*

### *How could this work?*

*Although we are all part of Lochaber, access and provision of 'wellbeing' and 'social activities' can significantly vary with access often affected by rurality and limited transport options.*

*If you split Lochaber in to 4 equal virtual zones, there is a*



## The Facts.

There is a 'growing mismatch between the money available to fund community care services and increasing levels of need in an ageing society.'

The role of the Third Sector in delivering social care. Dickinson, H., Allen, K., Alcock, P., Macmillan, R., & Glasby, J. (2012)



Age UK reports that 'falls represent the most frequent and serious type of accident in people aged 65 and over. Furthermore, falls are the main cause of disability and the leading cause of death from injury among people over 75 in the UK'. Costs incurred as a result of falls are estimated at £6million per day or £2.3billion per year. Age UK describe a 'mass of evidence' showing that exercise programmes designed to improve strength and balance can reduce falls.

*care unit centrally situated in each one of them.*

*Care Units are often misguidedly considered a place where you go when you can no longer live your life independently and although geographically placed in the centre of communities they are often not considered a 'go to place'. Myself and the care unit managers would like to see the units become 'the hub' of the local community and wish to see them developed and moulded into special places with meaning, that invites interaction between local people. It should be a place where people feel welcome to sit, chat, socialise and relax.*

*The care units are of course someones home. And this will be preserved, but how magical would it be if they could walk through a door in their home and interact with the community they have been part of all of their lives!*

*Please read the notes on the left for reasons why, this is good for the residents, volunteers and the community as a whole. The NHS can not provide everything a community needs or wants, but we can support and work with the community to develop what we already have in abundance....community residence and social engagement.*

*The list of possible activities is endless, but here are a few ideas of what we could do!*

Knitting and Nattering

Walking Football

A book and a Blither

Bake and buy

Music groups

High School 'Befriending'

Mens Sheds

Cooking classes - 'meals for one'





# Where age is no bar to friendship

**What happens when you bring teenagers into a care home? Answer: everyone, including staff, benefits**

There's a joyful buzz of chatter coming from the day room of Balhousie Clement Park care home in Dundee. In one corner, teenagers in school uniform are looking through magazines with several of the home's older residents.

From the sounds of it, none of them thinks too much of the fashions or the celebrities featured, and they make common cause,

laughing and pointing at some particularly outrageous images.

There's a game of dominoes going on, the large, brightly coloured tiles again forging a bond between the older people and their young visitors. In fact, it's hard to tell who is enjoying it more.

Sweetening the whole process are cups of tea and coffee and piles of jam doughnuts, and most are tucking in.

This scene is repeated most Monday afternoons. It is the result of a volunteering partnership between the care home and one of the city's secondary schools, Harris Academy.

The initiative, which started in 2014, involves a group of five or six students per week visiting the home and interacting with residents.

Last year, the project was honoured in the Scottish Care Awards which celebrate achievements of care homes, winning in the personalisation and partnership category.





It is a project that benefits people living in the home and the young people alike, as well as the staff, who appreciate the extra help to keep residents entertained, says staff nurse Jan Malone (pictured above left).

'The older people love it,' she says. 'They like seeing the kids and they interact really well. It gives them something different to do; it's a bit of stimulation. We get the same kids coming in, so they get to know the residents. And even people who are usually quiet will get chatty.'

Kelly McConnachie, housekeeper and activities worker at the home,



## 'IT'S A GOOD WAY TO DISPEL SOME MYTHS ABOUT CARE HOMES'

— Cheryl Banks

*Above left and right: Life at Balhousie Clement Park care home in Dundee is enlivened by weekly visits by teenagers from the local Harris Academy school*

agrees. 'There are a couple of people who like to spend a lot of time in their room, but they'll come out when the kids are here,' she says. 'It creates a real buzz.'

As well as games like dominoes, activities include crafts such as mosaics and weaving, reminiscing, and, in warmer weather, gardening. Residents – the oldest is 98 – can dip in or out as they wish.

### Recruitment

According to Cheryl Banks, participation partner with the Balhousie Care Group, the project has been so successful that it is now being rolled out in other homes across the group – and it is having an unexpected, but welcome, effect on staff

recruitment. 'It's a great way of developing intergenerational engagement,' she says. 'It's also a good way of dispelling myths about care homes. This sort of initiative is good for us as employers. Some young people – and older people as well – have the wrong idea about care homes, but the experience of actually coming here shows them that they can be great places to work.'

Indeed, one young pupil who first visited the home as a volunteer liked it so much that she applied for a job there. She was successful, she believes, because staff had already seen her in action. Chloe Walker, 16, says she wouldn't have thought of working in the care sector previously, but was delighted to have had her eyes opened to the possibilities.

'It was quite scary at first,' she admits. 'But once I got past that, I enjoyed it. I like doing arts and crafts and other activities. And I like talking to older people. >

### SUMMARY

In an award winning project in Dundee, secondary school pupils pay weekly visits to a care home and interact with the residents, who love their cheery company. The project improves understanding between generations and helps dispel myths about care home nursing.

### Author

Jennifer Trueland is a freelance journalist

▶ You can have good conversations. I also like to feel that I'm making a difference. One resident likes to go for a wander [around 80% have cognitive difficulties including dementia] so I like to be involved in distracting her, getting her to think of something else.'

Chloe, who is employed part-time at the home, hopes to get a full-time job soon, and thinks she might go to college at a later stage to pick up qualifications that will help her develop her career.

### Popularity

The volunteer scheme is popular with students, says Harris Academy support for learning teacher Pam Cook. 'We've got a queue at our door of kids wanting to come to the home now. They hear from the others how it's a good thing to do, and now a lot of them want to do it.'

She explains that the school was able to continue the volunteering project thanks to a grant from Education for All, a commission for developing Scotland's young workforce. Around 15 students aged 14 to 17 can be involved at any one time.

Ms Cook has no doubt that they benefit. 'It's given them skills that will be useful in their working lives,' she says. 'Some of the young people have additional learning needs, and it's been great to see them grow in confidence and develop while they're here. In fact, when you see them interacting with the older people, it's like they're different kids.'

'This experience is helping their employability and I believe it's improving their life chances.'

But what of the residents? Later in the afternoon, when the school volunteers have gone, two residents settle down in the room that now seems curiously quiet. Asked if they like it when the pupils come, one nods emphatically. 'It makes the place cheery,' she says, offering round some of the remaining doughnuts. 'Yes, it makes the place cheery'. NS



## 'I USED TO THINK OLDER PEOPLE HATED TEENAGERS'

When Dundee teenager Jordan Cord, pictured with staff nurse Jan Malone, was first offered the chance to volunteer at Balhousie Clement Park care home, he admits that he wasn't that keen on the idea.

Much to his surprise, however, he absolutely loved it – and as a result, has plans to develop a career in nursing.

'I wasn't looking forward to it,' says Jordan, who is now 17. 'I felt like older people hated young people. I thought that they crossed the road when they saw a group of us coming, and that they judged us. But it's not been like that at all; it's been good.'

Jordan, a pupil at Harris Academy, enjoyed visiting the home so much that he now volunteers every week. It is clear that he is hugely popular with the residents, particularly the women. He has a smile for everyone, answers questions good-naturedly, and does whatever is required – whether that's offering an arm to support someone with impaired mobility, or taking

part in some of the many activities organised for residents in the home. But it's equally obvious that Jordan is benefiting from his volunteering.

'I like talking to the older people, and listening to them. Some of them had great jobs when they were young. There's one man who was in the Black Watch [formerly an army regiment, now a battalion that is part of the Royal Regiment of Scotland] and he's interesting, and there's another who worked in the mills [Dundee was once famous for its jute mills] and can talk about that. I enjoy hearing about what things were like when they were younger – and they like talking about it, so that's great.'

Jordan credits his time in the home with his decision to try for a career in nursing. 'I never would have thought of it before, so this has definitely influenced me,' he says. 'I want to do adult nursing, and I think that this will be good experience for me. I'm pleased to be doing it.'

## A Collaborative Commissioning Approach

### Care At Home in South and Mid Highland

#### 1.0 Introduction

This paper describes developments in care@home in the South and Mid area of NHS North Highland. From the outset, we would make the point that these developments need to be seen within the context of Highland circumstances and the development of commissioning practices and relationships since integration. It is important to focus on the context of developing relationships, practices and behaviours that have made the new arrangements possible and ignore the headline payment rate, which is a by-product of this process.

#### 2.0 Commissioning Context

Since integration, NHS Highland has been implementing a strategic commissioning approach towards the development and delivery of services. Key to this activity has been the perception that whilst the formal partnership agreement instituting the lead agency arrangements for delivery of adult care are between the NHS and The Highland Council, the concept of "integration" being pursued reflects a belief that true integration takes place across sectors, and allows the full contribution of the community to the design and delivery of services.

To this end, the developments within care@home need to be seen within the context of a commissioning approach which started in 2012 with the establishment of the Adult Services Commissioning Group which is jointly chaired by the NHS and the Independent Sector (by agreement with third sector, Carers and service users); and the establishment of an approach which invites all sectors to collaborate on the planning of service design, investment and disinvestment across the totality of adult care spend (circa £0.5bn), as opposed to maintaining a disproportionate focus on small initiative funds such as the Change and Integration Funds.

It was out of this work, that Highland engaged in a Programme Budgeting Marginal Analysis (PBMA) pilot to better understand a structured approach to priority setting.

#### 3.0 The South and Mid Care@Home Project

The PBMA pilot in South and Mid (S&M) was part of an overall PBMA programme in North Highland, supported by the Scottish Government and Glasgow Caledonian University.

The project commenced with introductory inputs to an S&M project group in November 2013, and January 2014, when some principles of Health Economics were introduced, and the basics of Programme Budgeting Marginal Analysis were introduced.

This exposed the staff group to concepts of activity, variation and cost and began to discuss the idea of opportunity cost and change within a fixed financial envelope. Three inputs were described as being particularly important:

- i) A simple description of opportunity cost resonated particularly strongly with all partners. Quote *"Why can't people explain it like this more often. Of course you can't spend what you haven't got"*;
- ii) The provision of information on activity, cost and variation. This information has been shared with managers often, but had never been shared with staff and community at a local level. Quote: *"I don't think I have seen this before, and if I have it has never been explained properly. If people understand what is going on, they are more likely to understand why we might want to change. This is really interesting"*;



- iii) The introduction of a framework within which to place investment/disinvestment decisions, namely the way in which PBMA approaches needs assessment by asking five questions about resources:
1. What resources are available in total?
  2. In what ways are these resources currently spent?
  3. What are the main candidates for more resources and what would be their effectiveness and cost?
  4. Are there any areas of care which could be provided to the same level of effectiveness but with less resources, so releasing those resources to fund candidates from (3)?
  5. Are there areas of care which, despite being effective, should have less resources because a proposal from 3. is more effective (for £s spent)?

Questions 1 and 2 pertain to the *PROGRAMME BUDGET*

Questions 3-5 are addressed in *MARGINAL ANALYSIS*

Quote: *"I really like this PBMA (thing). I am looking at all my resource decisions by asking these five questions"*

#### **4.0 Moving From a Small PBMA Project to a Major Service Change**

Initially the PBMA work commenced to develop a series of business cases:

- Mental Health
- Virtual Ward
- Day Care
- Care @ Home

In evaluating these priorities, however, several influences came to bear:

The local team quickly came to a view that the current budget position, and initial planning for the 2014/15 budget suggested that there was a need for bold action. This meant that the team moved away from their initial ideas for disinvestment (seen increasingly as tinkering with the edges) to look towards a big challenge that might yield big results. *Quote: "It's not about being brave, it's about having no choice"*. To this end, the team's thinking moved from small scale tests of change around day care and mental health, to look at a wholesale reform of care@home in S&M (previously seen as too big an issue, with too much politic surrounding it).

The second issue was that the in house provision of care@home had received poor quality ratings. Whilst the work to address this had been successful in elevating inspection ratings, it had also exposed significant problems in the structure and efficiency of the service, following on from reorganisation immediately prior to integration.

The third was that the fabric of care provision in Highland was becoming increasingly stressed. The Care Home provider base was experiencing numerous suspensions of admissions (and some closures) based on quality issues to the extent that up to 63% of all available beds were inaccessible, whilst the Care @ Home capacity was being challenged by difficulties in recruiting and some provider instability. The impact was that the delayed hospital discharge position was deteriorating seriously.

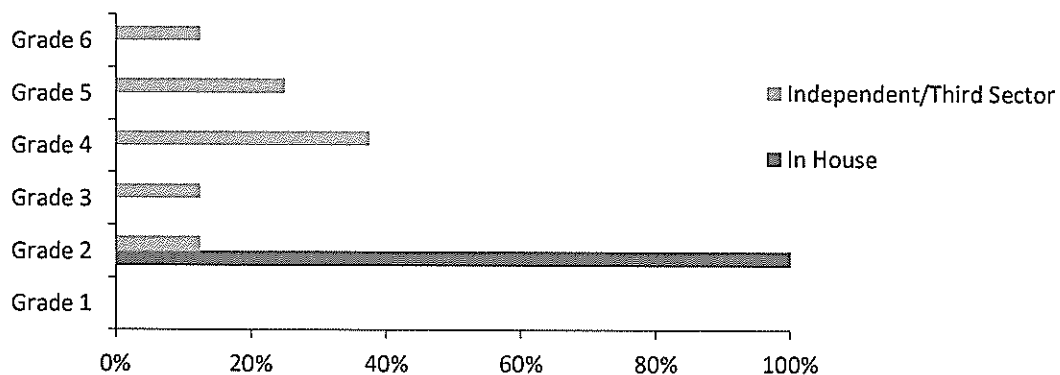
Quote: "We needed to do something urgently to increase Care at Home capacity; capability; flexibility and delivery. The truth is that we had always shied away from this really big decision because the political implications seemed toxic. By using the five PBMA questions, we established it was a no-brainer; in fact we established that we HAD to do something radical to improve quality and delivery. It became very simple after that".

Looking at the questions, the team developed the following case for care@home:

1. What resources are available in total?  
*The budget for Care at Home was £10.96m (for South and Mid).*
  
2. In what ways are these resources currently spent?  
*The split of spend was £6.46m 'in house' and £4.5m Independent Sector/Self Directed Support.*
  
3. What are the main candidates for more resources and what would be their effectiveness and cost?  
*The main candidate for more resource was more care@home hours, however the achievement of more hours would require not only the purchase of more hours, but also the establishment of a sustainable approach to funding these hours at a level that nurtured the provider base and enabled sustainable recruitment. The UK Home Care Association suggested that a fair price for an hour of delivered care@home allowing payment of the Living Wage would be £18.59. This would represent an increase of £3.35 per hour in urban settings, and £2.85 in rural areas.*
  
4. Are there any areas of care which could be provided to the same level of effectiveness but with less resources, so releasing those resources to fund candidates from (3)?  
*The in house service was heavily reliant on overtime to cover sickness and ineffective scheduling. This suggested that improved management would allow the same provision for less resource.*
  
5. Are there areas of care which, despite being effective, should have less resources because a proposal from 3. is more effective (for £s spent)?  
*The provision of care@home via the third and independent sectors is comparatively less expensive. At the time that the initiative commenced, NHS Highland was purchasing care@home at £15.24 per hour (urban) and £15.74 per hour (rural), whilst the in house service relied on cost of circa £29 per hour. In terms of effectiveness, the independent sector hours were also delivered at a higher quality grading and with greater flexibility. See quality ratings below*

### Care at Home Gradings 2013

IS and In House Minimum Care and Support Grading



## 5.0 Highland Planning Context

Alongside the local management discussions, a Development Group had been set up to examine ways in which care@home provision could expand in capacity and quality to meet increasing need.

The membership consisted of:

- Statutory Sector Purchaser/Provider (Chair)
- Statutory Contracts Team
- Statutory Operational Management
- Independent Sector Providers
- Third Sector Providers

This group was initially run on traditional transactional lines whereby the statutory sector:

- Described the *business that would be made available* to the sector.
- Defined the standard required
- Set a fee structure.

It is not unfair to describe the behaviour of the statutory sector in this setting as procurement, rather than commissioning and very traditional in setting terms and driving down price. It is also important to note that, as a purchaser /provider, the statutory sector protected and prioritised use of the “in house” service, at the expense of the stability of the Sectors.

Market facilitation (or lack of) requires to be seen in this context. Due to a position as a 60% provider of care@home, the statutory sector made available those hours that they did not have capacity/logistics to provide themselves. Provision was not jointly planned and forward planning to allow sector expansion was minimal.

The standard applied was that providers had to perform above Grade 2; however this was not enforced when the in house service overall grade dropped to Grade 2

The fee structure was set by establishing the level of increase that could be borne by the budget, based on existing configurations of activity.

This “hand to mouth” approach was further exacerbated by the ability of the in house service to offer better terms and conditions to staff. The result was that the independent and voluntary providers trained up new staff, only to see them attracted away to the in house service due to better terms and conditions, resulting in staff shortages which destabilised independent provision, resulting in the return of packages to the in house service, “proving” that the sector could not be relied upon to deliver sustainability.

This vicious cycle was further amplified because the lack of a consistent or sustained flow of hours/work meant that the Sector could not recruit in advance, as there was no assurance that the trained up staff would be deployed..... despite a shortage of care@home.

The resulting context was poor and distrustful relationships; a dysfunctional market and an adversarial and acrimonious liaison meeting. However this approach did help to foster a cooperative approach from all non statutory providers under the coordination of Scottish Care, which became a crucial aspect of the subsequent changes.

## 6.0 Making the Change

Through February and March 2014, the Care@Home group agreed we could achieve greater care@home capacity within a fixed budget envelope. The question was what would need to change to allow this.

The group identified the following principle issues to be addressed:

- A level playing field for allocation of care packages, ie no longer prioritising allocation to the in house service and removing packages from the other providers to fill in house schedules.
- Recruitment by the in house service (paying better terms and conditions) resulting in a loss of trained staff to the Sector, and an inability to deliver packages sustainably. It was therefore agreed that a moratorium on in house recruitment would be implemented. This moratorium would be lifted only with the agreement and acceptance of all partners that recruitment was not feasible for anyone but the NHS. It was also agreed that the NHS would support funding of additional staff to recruit carers.
- The development of a “zoning” approach to enable collaboration across sectors to pass packages of care. This would aid recruitment, as providers would no longer be competing to attract the same people. It would also reduce the logistic costs of provision. This would be taken forward by local allocation meetings attended by all sectors at which new work would be allocated and existing packages would be passed between providers to make up viable runs. Critical to this was the requirement for all providers to work collaboratively to assist each other to make up viable runs.
- Development of a “fair” tariff for a standard hour of delivered care @ home. An initial move was made to improve the position by implementing a £0.75 per hour increase on the condition of provision of the “Living Wage” as an interim point en route to establishing a genuine “fair price”. After considerable analysis, the UKHCA recommendations (see **appendix 1**) were adopted and a rate of £18.59 set with conditions developed by the Sector (see **appendix 2**) The Tariff was adopted on 1 May 2015.

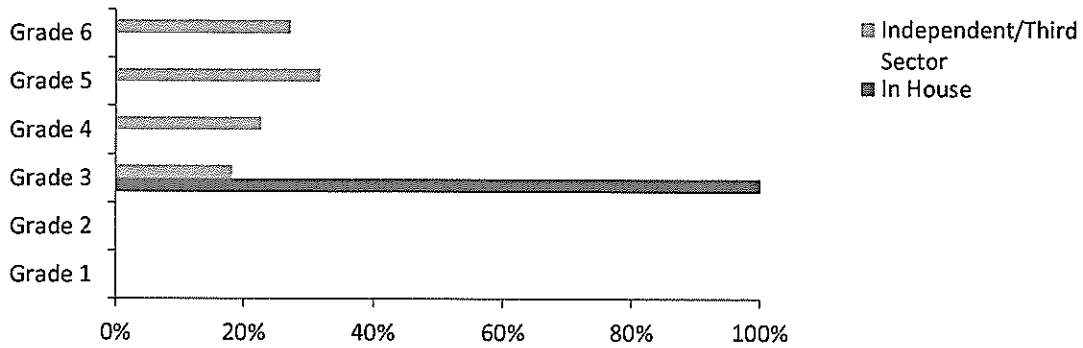
It is important to note that the implications of the Tariff are that a standard rate applies to all standard hours of care@home. The calculation includes a “fair” allowance for travel. In a rural area like Highland, it is incumbent on the providers to work together to establish efficient zones of work to reduce travel time and logistic cost.

## 7.0 What Changed 2014/15?

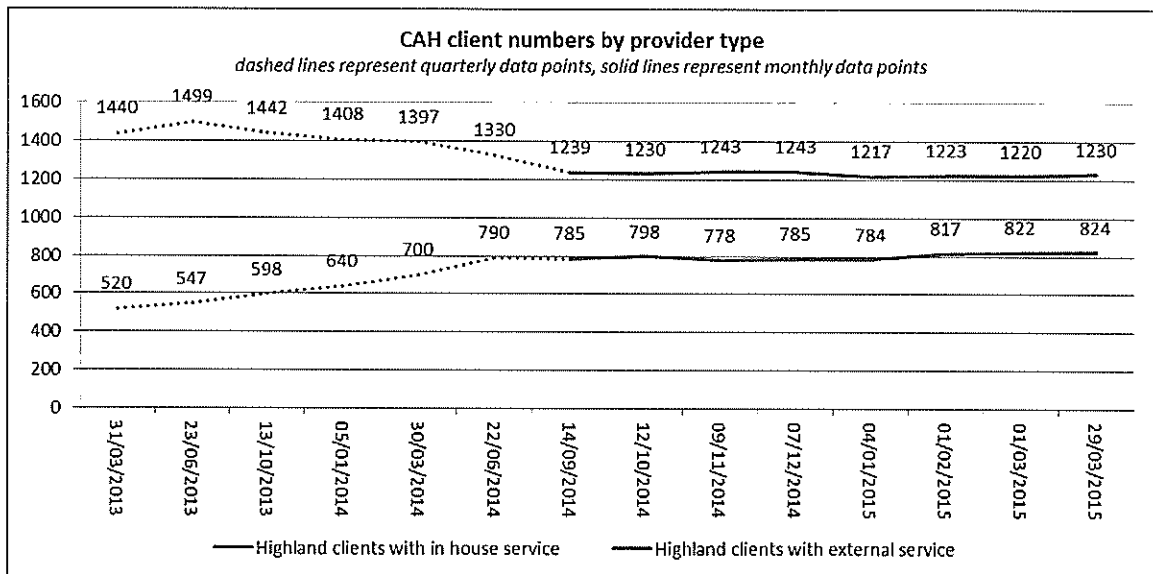
- There was a shift in quality;
- In South and Mid, the volume of care@home delivered by the non statutory sector overtook that provided by the in house service; and
- The Partnership provided funding for Scottish Care to commission a joint recruitment strategy for the Sector, considering new approaches. This would be implemented the following year.

## Care at Home Gradings 2014

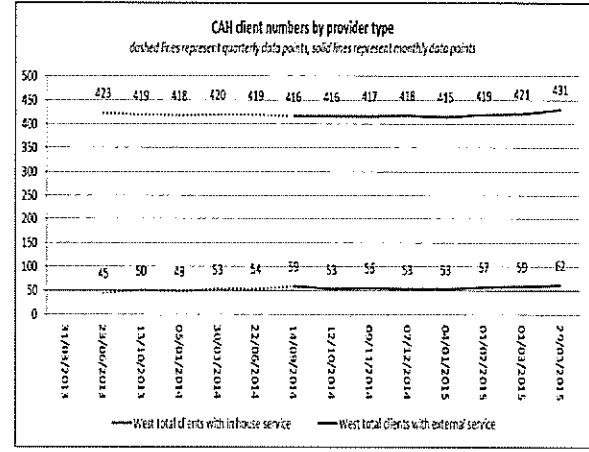
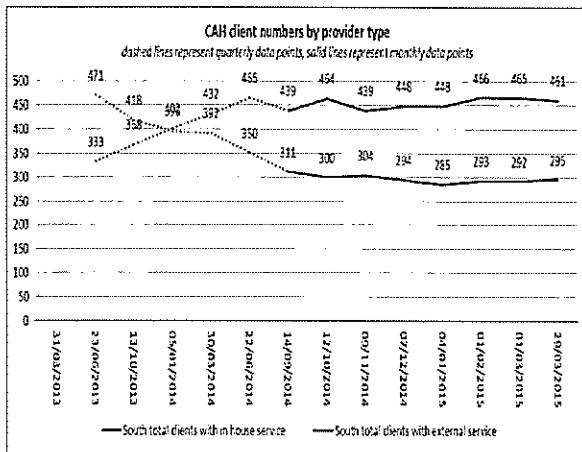
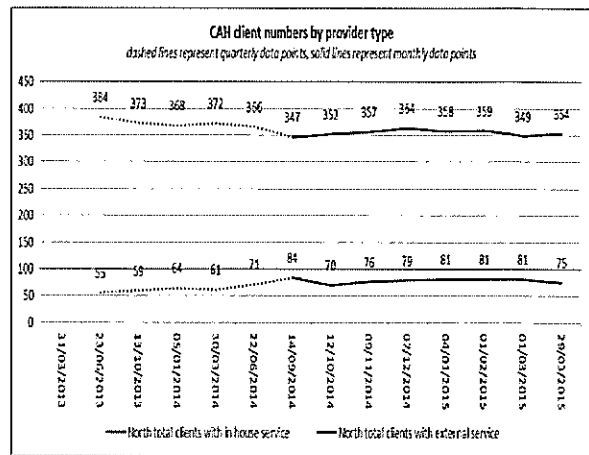
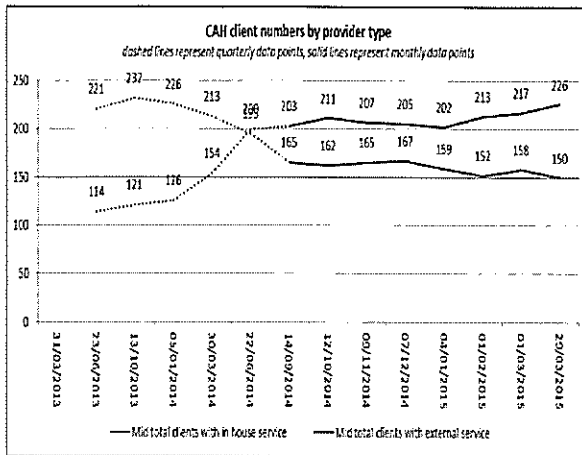
### IS and In House Care and Support Gradings July 2014



The graphs below show a shift in activity from the in house service to the independent sector.



The graphs below examine this in more detail. The change has taken place in the PBMA project area only.



The establishment of the in house service at the end of 2014/15 for the in house service was 210.99 Whole Time Equivalents. As a result of planned transfer of service from in house to other providers and Self Directed Support, the in house service reduced by 12 WTE and £288k of the in house budget was vired from in house to purchased provision. This represented a 5% shift.

The reference to Self Directed Support is also important. Through the process of collaboration, it became apparent that there were localities where no provider was able to operate successfully, but where the community wished to support provision. In these (principally rural) areas, a partnership approach between the community and the independent sector was taken forward to establish “pop up” care@home which knitted together existing provision with community capacity to create reliable care at home where there had previously been none. This model may be particularly applicable to the very rural North and West of Highland as we move to this approach in 2015/16.

### 8.0 What Changes are Planned 2015/16:

As noted above, the Tariff of £18.59 was implemented on 1 May 2015.

In South and Mid, this equates to a pressure of £767k. This is to be financed by an accelerated reduction in the in house service supported. Non recurrent provision of £500k has been made available should this be required to support double running costs in 2015/16. In order to deliver this change, 1,200 hours per week of **existing** activity needs to move from the in house service to other providers. This equates to circa 35 WTE of in house staff.

Any **new** activity sits outwith this model but is anticipated that the Independent Sector will pick this additional activity up rather than the in house service as per the agreed transition process.

The above graphs show the movement of activity over time from in house to Independent Sector. In order to achieve the plan we need to accelerate the rate of change and the graphs in future months should demonstrate the desired shift in activity.

In North and West, no change has yet taken place. To date, the argument has been that the provider base is insufficiently developed, and that the cost of remoteness requires to be factored in. During 2015/16, the work to establish the real cost associated with remoteness will be established (ie Lairg is only remote if you don't live there) and the opportunities to spread and share practice will be pursued.

Aside from activity levels, the partners also aspire to change the nature of provision. The collaborative approach, combined with zones, mean that there are real opportunities to move from the traditional timed visits to outcome based provision. This creates an opportunity to work together to establish a sustainable approach to developing training and qualification supports.

As indicated in the attached conditions to the tariff, significant challenges remain for the non statutory providers, not least the establishment of a business continuity plan/resource to allow seamless absorption of potential missed visits, or the failure of a provider.

Scottish Care has been funded, through the Integrated Care Fund, to appoint a Development Officer in order to support the Sector to meet the requirements of the Tariff approach.

## 9.0 Culture and Behaviours

In reflecting on the path that has been followed by the Care at Home Sectors within Highland, it is important to recognise that whilst there have been practice, process and system changes, the real underlying changes have occurred within behaviours and culture.

Key to these are:

- Building trusting relationships

Firstly this refers to the relationship between the NHS and the non-statutory providers: evidencing that we mean what we say about working together, and that we are intent on doing this at scale, rather than making change at the margins to demonstrate good practice, whilst continuing to protect the 60% of inward commissioning to the in-house service.

Secondly, this refers to the development of a (possibly unique) local arrangement whereby the Provider base adopts a collaborative approach towards coordination of recruitment and allocation of work. The importance of this cooperative culture cannot be understated, not least as entrants to the Highland "market" require to understand the behaviours expected of the members of that market.

The upshot of the above is that there is an unusual level of trust between the commissioner and providers; and between providers.

- Relinquishing power

Alongside the development of trust, has been a relinquishing of power to allow the Sector, as a whole, to develop the new arrangements, rather than the NHS imposing conditions on them. This has resulted in the attached conditions to the Tariff which are the statement, developed by the providers, of "what they think the NHS should be expecting" to achieve the outcomes we have agreed to pursue. It is probably fair to

say that the resultant conditions are probably both better owned and more robust than the NHS might have otherwise hoped for.

- Changing expectations

The above changes have raised expectations of both behaviour and levels of provision. We have moved from a traditional approach to monitoring and compliance to a point where the Development Group considers challenges and jointly promotes improvement, rather than the Commissioner challenging a provider in isolation. The expectation within the Highland environment is that the Sector (including the in-house provider) will suggest and implement solutions to maintain a "self healing" provider base.

- Acting with integrity

This expectation cuts both ways. At the start, there was much that had been negative about the way that the Purchaser/Provider split operated; and we needed to be honest about that and to try and fix it. We can now say that both the NHS and the Sector are prepared to critically appraise our own approaches and to openly seek solutions. This has been as much about being honest about what we can't do, as it has about what we can.

## **10.0 Conclusion**

This report describes the route taken by Highland. Whilst it may not work for everybody, we believe there can be little doubt that a collaborative commissioning approach must be more conducive to achieving positive outcomes than the adversarial procurement environment we started out with.

SP/BS/SS/GG/JPS  
14 July 2015



**UKHCA Recommendations**

**XX**

Tariff Conditions

Key Tariff Conditions of NHS as Commissioner	
Condition	Phasing
1.1	From 1 April 2015
<p>a) Make payment of the tariff rate, within 28 days of receipt of a valid invoice.</p> <p>b) Pay interest on invoices not paid within the agreed terms, as per standard NCHC wording (as noted below):</p> <p><i>Should payment not be made within 28 days from such receipt the Health Board shall, on demand by the Provider, pay interest at 4% per annum above the Bank of Scotland Base Rate from the later of (a) the date of receipt of the relevant invoice by the Health Board; or (b) the date when the sum became due by the Health Board to the Provider; or (c) the last date of execution of this Contract by the Parties until such payment is made, such interest to be calculated on the daily balance outstanding including VAT but not including any interest. Any demand for interest must be in writing, giving full details as to why it is considered the Health Board is liable for such interest and must be separate and not annexed to or incorporated within any other invoice, demand or communication submitted to the Health Board.</i></p>	
1.2	From 1 October 2015
1.3	From 1 October 2015

Key Tariff Conditions of Service Providers (in house and independent sector)

Condition		Phasing	Detail	How to Monitor	Comment
2.1	Living Wage compliance.	From 1 April 2015	<p>a) Providers to pay staff the Living Wage</p> <p>b) Living Wage levels to be attained taking in to consideration travelling time and mileage.</p> <p>c) Providers to ensure ongoing compliance with any Living Wage increase, as announced in November each year, to be applied by April the following year (TBC).</p>	<ul style="list-style-type: none"> <li>Written assurance from provider.</li> <li>Evidence sought during contract monitoring visit.</li> </ul>	
2.2	Quality provision.	By 1 April 2016	<p>a) Providers to achieve and maintain quality and outcomes focussed services:</p> <ul style="list-style-type: none"> <li>grade 4 for care and support</li> <li>delivery to agreed quality schedule.</li> </ul>	<ul style="list-style-type: none"> <li>Care Inspectorate reports.</li> <li>Annual customer satisfaction surveys of &gt;80%, satisfied or better.</li> <li>Contract monitoring approach / third party monitoring of quality schedule.</li> <li>To be developed.</li> </ul>	<p>NHSH to provide support to providers to assist maintain quality.</p> <p>To clarify in contract, suspension process where a grade of 2 or less is applied to care and support.</p>
2.3	Service delivery certainty.	From 1 April 2015	<p>a) No returned packages to NHS unless planned and agreed in advance. Failed visit default arrangements to apply where packages returned unplanned.</p>	<ul style="list-style-type: none"> <li>Self assessment returns</li> <li>Care at home commissioner feedback</li> <li>Delayed discharge returns</li> </ul>	<p>Criteria for "agreed in advance" to be determined.</p> <p>Commitment by NHSH to review requirement to</p>

Key Tariff Conditions of Service Providers (in house and independent sector)

Condition		Phasing		Detail		How to Monitor		Comment	
		From 1 April 2015		b) Providers to prioritise delayed hospital discharge packages.					hold packages for 3 week if service user in hospital.
		From 1 October 2015		c) No delayed hospital discharges for service users residing within areas covered by the provider's zone/activity.					
		From 1 October 2015		d) Requirement to accept all (appropriate) referrals made.					
		From 1 October 2015		e) Collaboration to ensure cover.					
				f) On call duty manager / key point of contact.					
				g) Reporting on missed/failed visits.				Provider returns. Contract monitoring submission/visit.	
2.4	Trained, skilled and competent workforce.	1 October 2015		a) Participation in development and implementation of Highland care workforce planning.				Attendance at meetings.	
		1 October 2015		b) 100% of staff to have completed agreed core training within 8 weeks of start date.				Contract monitoring submission/visit.	
		1 October 2015		c) 100% of staff to receive annual key training.				Contract monitoring submission/visit.	
		1 April 2016		d) Range of flexible employment				Contract monitoring	

Key Tariff Conditions of Service Providers (in house and independent sector)

Condition		Phasing	Detail	How to Monitor	Comment
			contracts (not just zero hours contracts).	submission/visit.	
		1 April 2017	e) all new staff to be offered opportunity for SVQ2 after 6 months in post; 75% of new staff (after 6 months) to be working towards SVQ2; and existing staff to be supported to achieve SVQ2.	Contract submission/visit. monitoring	Commitment by NHS to creating SVQ assessor capacity.
2.5	Care at home availability across south and mid operational units	1 April 2016	a) Development and delivery of services in difficult to provide locations.	Contract submission/visit to review coverage.	
		1 April 2016	b) A minimum of 10% of total Highland care at home service to be delivered in rural areas (defined as TBC / specific rural zones to be identified).	Contract submission/visit to review coverage.	
2.6	Collaboration and engagement.	1 April 2015	a) Active engagement with NHS and sector partners.	Attendance at meetings.	
		1 April 2015	b) Regular attendance and active input to sector and allocation meetings.	Attendance at meetings.	
		1 October 2015	c) Break down barriers with care homes / collaboration / joint initiatives / working with other.		

Key Tariff Conditions of Service Providers (in house and independent sector)

Key Tariff Conditions of Service Providers (in house and independent sector)				
Condition	Phasing	Detail	How to Monitor	Comment
		providers including specialist providers.		
	1 October 2015	d) Active engagement in sector business management and scenario planning.		
2.7	1 April 2015	<p>Community capacity building</p> <p><i>Promotion of sustainable procurement and delivery of community benefits to:</i></p> <ul style="list-style-type: none"> <li>• Support the economic, social and environmental wellbeing of NHSH area;</li> <li>• Facilitate the involvement of small and medium enterprises, third sector bodies and supported businesses</li> <li>• Promote innovation</li> <li>• Provide training, development and sub-contracting opportunities</li> </ul> <p><i>Promotion of principles of Procurement Reform (Scotland) Act 2014</i></p>	<p>Contract submission/visit.</p> <p>monitoring</p>	

Key Tariff Conditions of Service Providers (in house and independent sector)

Condition	Phasing	Detail	How to Monitor	Comment
<p>2.8 Adherence to NHS Highland commissioning characteristics.</p>	<p>1 April 2015</p>	<p>a) Continue to adhere to NHS Highland commissioning characteristics / principles:</p> <ul style="list-style-type: none"> <li>• Demonstrably and consistently places the service user at the centre of their service.</li> <li>• Promotes service user independence and can demonstrate improved service user outcomes.</li> <li>• Operates transparently and routinely engages with service users and relevant stakeholders.</li> <li>• Actively identifies inefficiencies in packages and proactively recycles for maximum service user benefit</li> <li>• Willingness to adapt, innovate, change and improve.</li> <li>• Solutions focussed.</li> <li>• Delivers quality, efficient and effective services.</li> <li>• Competent trained staff and a commitment to the living wage.</li> <li>• Willingness to collaborate</li> </ul>	<p>To be embedded within service specification.</p>	

Key Tariff Conditions of Service Providers (in house and independent sector)

Key Tariff Conditions of Service Providers (in house and independent sector)				
Condition	Phasing	Detail	How to Monitor	Comment
		<p>with other providers to achieve quality and efficiency.</p> <ul style="list-style-type: none"> <li>• Commits to addressing inequalities and variations.</li> <li>• Embeds SDS principles and promotes option two</li> <li>• Promotion of enablement</li> <li>• Willingness to embrace new technology and ideas to enhance and improve service delivery.</li> </ul>		
2.9	Compliance with conditions	1 April 2015	<p>Persistent breach to result in a) notification of breach b) opportunity to remedy and c) fee rate reverting to pre tariff level where remedy not achieved.</p>	
2.10	Creation of additional capacity of 1,000-1,200 hours per week	1 April 2015	<p>Additional capacity across the sector in agreed zoned areas/runs.</p>	Quarterly comparison of sector volumes.