

Argyll and Bute Council
Comhairle Earra Ghaidheal agus Bhoid

Customer Services
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2 August 2010

NOTICE OF MEETING

A meeting of the **SOCIAL AFFAIRS THEMATIC CPP GROUP** will be held in the **MEMBERS ROOM, KILMORY, LOCHGILPHEAD** on **MONDAY, 9 AUGUST 2010** at **10:30 AM**, which you are requested to attend.

Douglas Hendry
Executive Director - Customer Services

BUSINESS

1. **APOLOGIES FOR ABSENCE**
2. **DECLARATIONS OF INTEREST (IF ANY)**
3. **MINUTES**
Social Affairs Thematic CPP Group 1 February 2010 (Pages 1 - 4)
4. **SOCIAL AFFAIRS THEMATIC CPP GROUP SCORECARD - PERFORMANCE MANAGEMENT**
 - (a) Report by Head of Improvement and Strategic HR (Pages 5 - 8)
 - (b) Report by Head of Adult Care (Pages 9 - 20)
 - (c) Report by Head of Children and Families (Pages 21 - 22)
5. **IT ACCESS TO PYRAMID FOR PARTNERS**
Report by Head of Customer and Support Services (Pages 23 - 24)
6. **INTEGRATION OF STRATEGIC PARTNERSHIPS**
Report by Area Customer Services Manager (Pages 25 - 56)
7. **PRINCIPLES OF REPRESENTATION ON COMMUNITY PLANNING PARTNERSHIP**
Report by Community Planning Manager (Pages 57 - 58)

8. HEALTH IMPROVEMENT - HEALTH IMPROVEMENT PLANNING AND PERFORMANCE ACTION GROUP UPDATE

Report by Public Health Specialist, NHS Highland (Pages 59 - 74)

SOCIAL AFFAIRS THEMATIC CPP GROUP

Councillor Vivien Dance (Chair)	Councillor Mary Jean Devon
Councillor Anne Horn	Councillor David Kinniburgh
Councillor John McAlpine	Councillor Roderick McCuish
Councillor James McQueen	Cleland Sneddon, Argyll & Bute Council (Thematic Lead)
Derek Leslie, NHS Highland	Elaine Garman, NHS Highland
Marlene Baillie, Strathclyde Police	Geoff Calvert, Strathclyde Fire & Rescue
Glenn Heritage, Third Sector	Eleanor MacKinnon, Third Sector
David Price, Association of Community Councils	

Lynn Smillie, Argyll and Bute Council	Eileen Wilson, Community Planning Partnership
Jim Robb, Argyll and Bute Council	Douglas Dunlop, Argyll and Bute Council
Judy Orr, Argyll and Bute Council	David Clements, Argyll and Bute Council

Contact: Fiona McCallum Tel: 01546 604406

MINUTES of MEETING of SOCIAL AFFAIRS THEMATIC CPP GROUP held in the TRAINING ROOM, WHITEGATES, KILMORY ROAD, LOCHGILPHEAD on MONDAY, 1 FEBRUARY 2010

Present: Councillor Vivien Dance (Chair)

Councillor Anne Horn, Argyll and Bute Council
Councillor David Kinniburgh, Argyll and Bute Council
Councillor Roderick McCuish, Argyll and Bute Council
Councillor Neil Mackay, Argyll and Bute Council
Councillor James McQueen, Argyll and Bute Council
Douglas Hendry, Lead Officer, Argyll and Bute Council
Geoff Calvert, Strathclyde Fire and Rescue
William Rae, Strathclyde Fire and Rescue
David Price, Association of Community Councils
Eleanor MacKinnon, Third Sector
Derek Leslie, NHS Highland

Attending: Lynn Smillie, Area Corporate Services Manager
Laura Cameron, Service Standards Officer, Community Services
Eileen Wilson, Community Planning Manager
David Clements, Performance Manager, Chief Executive's Unit

The Chair advised that she had received a request to discuss the proposed budget cuts and what the implications of this would be for the voluntary sector. The Chair advised that this issue did not fit in with the terms of reference of this Group and that it was therefore not appropriate to add as an urgent item to the agenda.

It was noted that if Partners were concerned with any aspects of the proposed savings to the Council's budget it was open to them to speak directly to individual Members and Officers of the Council.

1. APOLOGIES FOR ABSENCE

Apologies for absence were intimated from Councillor John McAlpine (Argyll and Bute Council), Chief Inspector Marlene Baillie (Strathclyde Police) and Glenn Heritage (Third Sector).

2. DECLARATIONS OF INTEREST

None declared.

3. MINUTES

The Minutes of the Social Affairs Thematic CPP Group meeting held on 9 November 2009 were approved as a correct record.

4. DEVELOPMENT OF SOCIAL AFFAIRS THEMATIC CPP GROUP SCORECARD

A report providing progress on the development of the Social Affairs Thematic CPP Group Scorecard was considered.

Decision

1. Noted the Social Affairs Thematic CPP Group Scorecard as detailed at Appendix 1 was incomplete as it still required data from Partners in specific areas;
2. Agreed that the Council's Pyramid Team should issue to Partners details of the Scorecard information required in order to populate those areas where no information is contained, seek to clarify from Partners how this information will be reported eg annually, quarterly or monthly, and who the Lead Officer collating this information will be for each Partner;
3. Agreed to request a report from the Head of ICT and Financial Services regarding providing Partners with access to the Council's Performance Management System Pyramid; and
4. Agreed the quarterly reporting format by the Thematic Group Lead Officer for the Social Affairs Thematic Group as detailed at Appendix 2 of the report.

(Reference: Report by Area Corporate Services Manager, submitted)

5. INTEGRATION OF EXISTING STRATEGIC PARTNERSHIPS

The Thematic CPP Group gave consideration to the process to be undertaken in the integration of Strategic Partnerships and their linkages within the Social Affairs thematic provisions relating to health, housing and local area regeneration, poverty, voluntary sector issues, school and pre-school education, young people and life long learning, social work services and matters relating to culture and sport as contained within the Argyll and Bute Community Plan.

Decision

1. Agreed the Strategic Partnership integration principles as outlined at paragraph 3.3 of the report;
2. Agreed the integration flow chart detailed at appendix 1 of the report as the basis of the integration process for Social Affairs Strategic Partnerships;
3. Noted the Strategic Partnership integration working example as it relates to the Community Plan Social Affairs Priority: We will make people feel safe and secure, and the connections with the Community Safety Partnership as outlined in Appendix 2 of the report; and

4. Agreed to follow through with this process with the other Strategic Partnerships relevant to the Social Affairs Thematic Group and that a report be brought back to the next meeting in May 2010 on the outcome of the integration process, highlighting if there are any overlaps or gaps in the work being undertaken by Strategic Partnerships.

(Reference: Report by Area Corporate Services Manager dated 22 January 2010, submitted)

6. COMMUNITY PLANNING CONFERENCE

The Community Planning Manager provided the Group with an update on progress with arrangements for the forthcoming Argyll and Bute Community Planning Partnership Conference.

Decision

1. Noted that the Argyll and Bute Community Planning Partnership Conference was scheduled to take place on 30 and 31 March 2009 to coincide with the Scottish Rural Network Day taking place on 30 March 2009; and
2. Noted that arrangements for the second day had still to be finalised.

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**Argyll and Bute Community Planning
Partnership**



**Social Affairs Thematic Group
9th August 2010**

Performance Management

1. SUMMARY

- 1.1** This paper provides an update on progress of the performance management arrangements for the Social Affairs Thematic Group. The previous concerns about Partners' direct access to Pyramid are being addressed. The Thematic Group Scorecard is attached for information and to assist discussion of future performance requirements.

2. RECOMMENDATIONS

- 2.1** It is recommended that the Thematic Group
- a) considers how performance will be monitored and managed in the future and
 - b) considers any changes to the CPP Social Affairs Scorecard.

3. BACKGROUND

3.1 Partners' remote access to Pyramid

Argyll and Bute Council uses a performance management system, Pyramid, through which all performance is monitored, managed and scrutinised. The Community Planning Partnership has agreed to use Pyramid for the same purpose.

Pyramid is an on-line system requiring access to the Council's IT network. To enable Partners to access Pyramid, the Council's IT Service is piloting access to three officers of the Argyll and Bute CHP. This will assist in understanding and overcoming potential data security and access problems.

The Thematic Group will receive a report on progress of the pilot work at this meeting.

3.2 Social Affairs Thematic Group Scorecard

The Scorecard is attached for information. The status of performance against the National Outcomes in the SOA is unknown due to insufficient data.

The Group should consider whether any beneficial changes should be made to the CPP Social Affairs Scorecard.

For further information contact: Jane Fowler
Head of Improvement & HR
Argyll & Bute Council
jane.fowler@argyll-bute.gov.uk

Social Affairs Thematic Group Scorecard			Jun 10		
National Outcomes (SOA)			Actions due	On track	Status Trend
04	Young people are successful learners	4	1	1	✘
05	Our children have the best start in life	14	5	5	✘
06	We live longer, healthier lives.	32	7	7	✘
07	Tackling the significant inequalities in Scottish society.	23	7	7	✘
08	Improved life chances for young people and families	18	6	6	✘
09	We live our lives safe from crime, disorder and danger.	9	3	3	✘
11	Strong resilient, supportive communities	13	3	3	✘
Community Plan and SOA					
Community Plan - Social Affairs		Total No	On track		
		9	2	A ↑	
SOA Social Affairs Outcomes		Total No	On track		
		113	43	A ↑	
Community Engagement		Total No	On track		
		12	10	C ↑	
CPP Thematic Risks		R = 2	A = 6	C = 0	
Risk - % exposure		FQ3 09/10	FQ4 09/10		
		54.00 %	54.00 %	↑	

Key Performance Measures			Benchmark	Target	Actual	Status Trend
Outcome CPP CP7 - services planned and delivered						
EC6C4	% ceasing to be looked after - Away - attaining SCQF Level 3 in English/math	75.00 %	40.00 %	75.00 %	75.00 %	C ↑
EC6C3	% ceasing to be looked after - At Home - attaining SCQF Level 3 in English/math	73.70 %	40.00 %	73.70 %	73.70 %	C ↑
Attainment - SQA examinations						
AC1	Increase in FE activity	5,500.00	6,390.00			C ↑
NP07	School leavers positively employed	85.60 %	88.00 %	87.50 %		A →
	% of Older People receiving Care in an Institution	35.00 %	37.34 %			A ↓
Outcome CPP CP8 - improve health, wellbeing, independence, inclusion						
CABD47	% Children affected by disability receiving Comm Based Support	80.00 %	84.07 %			C ↑
CA16a	% LAAC in Residential Care	27.00 %	27.00 %	30.41 %		R ↑
A&B	No of People Awaiting FPC within their Homes	0	6			A ↓
NHS-H2	Children registered with dentist	80.30 %	73.30 %	80.50 %		C ↑
NHS-A10	Waiting time for patient referrals					C ↓
NHS-T8	Delayed Discharges STANDARDS	5.00 %	0.00 %	1.00 %		C ↑
Outcome CPP CP9 - People feel safe & secure						
ABC06	More homes, less homelessness					C ↑
NP27	House building rate	122.50	83.25			R ↓
SP2a	Anti-social offences	9.25	17.25			C ↑
SP2b	Detections for drugs supply	13.75	16.50			C ↑
Outcome CPP CP10 - our diverse culture is celebrated						
CPP New Pool and leisure facility for Helensburgh						
NEW MEASURE Increase extra curricular opps by 5% within schools						
	Female participation in physical activity	897.00	897.00			C ↓

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Social Affairs PPG, August 2010

Performance Review

Adult Care



Contact:

James D M Robb

Head of Adult Care Services

Argyll and Bute Council
Annual Performance Review 2010
Adult Care

Introduction

This initial annual performance review document sets out the key elements of our improvement journey in Adult Care during 2009 and includes the period up 31st March 2010.

The report includes the following three sections:

Section 1

High level strategic overview of the improvement secured across Adult Care during 2009/2010. This includes key milestones achieved in the redesign of older people services, Learning Disability and Mental Health. Key operational objectives detailed in Pyramid and the development of the new Adult Protection agenda is also considered.

Section 2

This section of the report relates to Appendix 1 as per guidance note. This details the main key performance indicators as detailed on the Adult Care scorecard. These key performance indicators are detailed and achievements are noted along with improvement actions. This report is split into Outcomes, Resources and Improvement.

Section 3

This section includes financial data relating to 2008 to 2010.

Section 1 Background

Key Milestones- Modernisation and Redesign of Services

Older Peoples Services

The redesign and modernisation of older peoples services continues to build momentum and the project management framework and process has facilitated the development of key recommendations to be considered at the forthcoming Project board in August 2010.

Learning Disability

The redesign and modernisation of the Learning Disability service continues to make progress with a long list of options being developed by the project team. Key dates in relation to the next steps include the forthcoming project board in August 2010.

Mental Health

The re-design and modernisation of mental health services continues to make progress. The project board received sign off from the Scottish Government at the start of February 2010 and the new service including Acute facility to be completed by May 2013.

Key Operational Improvements

The performance of Adult Care staff in relation to shifting the balance of care and delayed discharge has improved during 2009 and the start of 2010. The delayed discharge agenda is one of the main priorities for assessment and care management staff and the assessment timescale for the completion of assessment has over the past three years by reduced from 56 days in 2008, 2009 to 42 days then 28 days on 1st April 2010. This has allowed staff and managers the opportunity to speed up the process of assessment and final care/support plan implementation.

The number of unallocated cases dropped significantly during 2009 and this improvement has continued during 2010 to the current performance which is currently on target- Green RAG status on Pyramid.

Adult Services have also successfully introduced a new set of Adult at Risk procedures which have been developed by a West of Scotland group which included 12 Council, Strathclyde Police and a number of aligned Health Boards.

Adult Care managers have made a significant contribution to the new Social Work Service Plan 2009/2012 and are actively involved in the preparation for the forthcoming SWIA follow up inspection planned for October 2010.

Budget Management

Adult Services have managed the budget allocation in a robust way and having started 2009 in a negative position have secured significant improvement in the majority of budget lines. This improvement has been secured by the efforts of all managers in Adult Care contributing to this agenda. Further detail is included in section three of this report.

Conclusion

The combined efforts of all managers in Adult Care have contributed to the good news story in relation to Adult Care performance in 2009/10. Managers have contributed to better budget management and improvement in key tasks in relation to assessment and care management. The re-design of services mentioned above continues to build momentum and timescales are being met.

Ambitious targets have been set in relation to key strategic and operational objectives. The use of the PPMF framework and in particular Pyramid sits at the centre of our improvement journey. Pyramid continues to play an increasing role in all levels of the management structure and plans are in place to roll out additional training to managers and practitioners in Adult Care.

Managers and staff move into 2010 with ever increasing confidence concerning key strategic and operational objectives clearly set out in the vision for the re-design of services and as detailed in the Social Work Service plan.

Appendix 1 – Annual Performance Review

Outcomes	Criteria	Evidence sources (as a minimum)	Key Dates	Lead Officer	Improvement Actions
Key Performance Results	<p>What has your service achieved in relation to your Performance Indicators?</p> <p>ADULT CARE SCORECARD KPI</p> <p><u>1/ Number of people awaiting FPC in their own home.</u></p> <p>June 2010: 6.</p> <p>Sep 2007: 51</p> <p>Colour: Amber as only 5 and under achieves Green</p> <p>OLI: 0</p> <p>H & L: 1</p> <p>B&C: 0</p> <p>MAKI:5</p> <p>Main area of concern is MAKI</p> <p>No one waiting more than 4 weeks for service</p>	Service plan outcomes	June 2011	Jim Robb	1/ Ensure quicker access to FPC by efficient use of current available resources. Ensure assessment and care management function is working to expected timelines and standards.

<p>delivery</p> <p><u>2/ Outstanding assessments over 28 days for Adult Care(Operations)</u></p> <p>June 2010:15 over the 28 day target</p> <p>June 09: 82 over the 48 day target.</p> <p>MAKI:15</p> <p>H&L:1</p> <p>B&C: 0</p> <p>OLI:1</p> <p>Presently sitting at Amber. Required to achieve 9 and under for Green. Main area of concern is MAKI</p> <p><u>3/ ASO3M11 % of older people receiving care in the community. % receiving care in an Institution.</u></p> <p><u>Care at Home:</u></p> <p>June 2010:62.89%. Scores Amber as 65% required to achieve Green.</p> <p>B&C: 60.15</p>			<p>October 2010</p>	<p>Allen Stevenson</p>	<p>2/ Improve performance within assessment and care planning cycle to ensure turnover/ workload management is maintained in all teams. Specific Targets and timescales to complement general progress to be confirmed</p>
			<p>November 2010</p>	<p>Allen Stevenson</p>	<p>3/ Improve performance in relation to shifting the balance of care across teams in all areas. Confirm specific targets and timescales to complement general progress.</p>

	<p>H&L:62.9</p> <p>MAKI:59.9</p> <p>OLI:69.72</p> <p>Institutional Care figures also include NHS Continuing Care beds of which there are high numbers in the MAKI area which helps to explain the poor performance in that area.</p> <p>Target to achieve Green will be raised to 70% in November 2010 to coincide with overnight home care team being put in place, the re-launch of Telecare and the implementation of 5 pilot areas for Extra Care Sheltered Housing in Rothesay(2), Campbeltown(1) and Oban (2) in partnership with the Housing Associations</p> <p><u>4. Adult Care (Operations): Unallocated Work.</u></p> <p>June 2009:90</p> <p>June 2010: 28</p> <p>Scores Red as 19 and less for Amber and 9 and less for Green</p>		<p>October 2010</p>	<p>Allen Stevenson</p>	<p>4/Robust workload management and supervision of staff to ensure turnover in work that allows for prompt allocation of new cases.</p> <p>Additional Social Worker has been allocated to the</p>
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	<p>B&C:2</p> <p>H&I: 0</p> <p>MAKI:26</p> <p>OLI: 0</p> <p>Again MAKI is the lowest performing area.</p> <p><u>5/ % of LD Clients receiving Alternative Community Based Services only(No Resource Centre being used as part of Care Package):</u></p> <p>Performance is Red at 51.14%. Improved performance will be tied into LD review which envisages a move away from Resource Centres.</p> <p>Best performing area is H&L: 76.36%which has no Resource Centre.</p> <p>B&C:40.74%</p> <p>MAKI:48.72%</p> <p>OLI:36.36%</p> <p><u>6/ No of Delayed Discharge over 6 weeks.</u></p>			<p>MAKI team funded via Resource Release.</p> <p>Expectation is that MAKI performs as per the other 3 areas on issues such as unallocated work and late assessments by October 2010</p>
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Service Outcome Narrative	Period Year		Data			2010			
	2008		2009			2010			
	Sum of Actual	Sum of Budget	Sum of Variance	Sum of Actual	Sum of Budget	Sum of Variance	Sum of Actual	Sum of Budget	Sum of Variance
Adult Protection				12,832.83	30,992.00	18,159.17	235,166.05	237,860.00	2,693.95
Central/Management Costs	4,174,487.30	4,206,082.72	31,595.42	896,913.41	920,134.59	23,221.18	607,379.96	650,766.05	43,386.09
Learning Disabilities	4,931,142.38	4,657,706.27	-273,436.11	6,881,699.28	6,423,109.96	-458,589.32	7,116,109.14	7,063,372.09	-52,737.05
Mental Health	882,307.73	1,124,914.68	242,606.95	1,330,201.41	1,364,287.15	34,085.74	1,216,584.43	1,360,319.52	143,735.09
Older People	18,074,490.95	19,042,622.37	968,131.42	23,050,653.21	22,533,575.00	-517,078.21	24,739,054.15	24,586,794.99	-152,259.16
Grand Total	28,062,428.36	29,031,326.04	968,897.68	32,172,300.14	31,272,098.70	-900,201.44	33,914,293.73	33,899,112.65	-15,181.08

Notes

2007/08 the main factors in the underspend are Over recovery of income Council Residential units £145K, underspend on Residential care £252K and the transfer to CFCR of the cost of Garelochhead £486K, but not the transfer of budget.

2008/09 The increase in variance movement can be explained in that overall terms the budget between 07/08 and 08/09 increased by £2,240K and the corresponding actuals have increased by £4,109K a movement of £1,869K

This is mainly due to Older People £1,494K, Mental Health £208k and Learning Disability £185K

2009/10 The reduction in variance movement can be explained in that overall terms the budget allocation for 09/10 increased by £2,627 to reflect the high level of spend in 2008/09 and that the corresponding expenditure increased by £1,742. Thus generating the reduction of £885. This reflects the work undertaking within the service to control costs.

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Children & Families – Scorecard Indicators

1. SUMMARY

- 1.1 This report provides further information as requested in relation to indicator CA16a % of LAAC in Residential Care.

2. RECOMMENDATIONS

- 2.1 *CA16a - % of LAAC in Residential Care*

To note that this figure is a key target to both reduce costs and promote better outcomes for young people. The target has changed in line with CA14 and has been set to indicate the desired direction of the service.

3. CONCLUSION

- 3.1 The indicator represents some of the key priorities of the service and reflect some of the success of the service over the past year or so. The inclusion from April 2010 of figures relating to children looked after by Kinship Carers has distorted the trend information for CA16a, but this will set a new baseline from April 2010 onwards.

4. IMPLICATIONS

Policy:

Financial:

Legal:

Personnel:

Equal Opportunities:

Director of Community Services

For further information contact: Douglas Dunlop
Head of Service – Children & Families
Kilmory Castle
Lochgilphead
PA31 8RT

Tel: 01546 604526

**ARGYLL & BUTE COUNCIL
CUSTOMER & SUPPORT SERVICES
PARTNER ACCESS TO PYRAMID**

ECONOMY THEMATIC CPP GROUP

8 JUNE 2010

1. SUMMARY

At the meeting of 24 February 2010 the Economy Thematic CPP Group considered the development of the group scorecard within the Council's Pyramid performance management system and requested details on how access to the scorecard could be provided to partners. This report seeks to provide the requested information.

2. RECOMMENDATIONS

- 2.1 The proposals to provide access to 3 individuals from the CHP on a pilot basis by end of March are noted.
- 2.2 A further report will be made at a later date as to the suitability of the pilot solution for broader roll-out.

3. DETAIL

- 3.1 ICT and Financial Services will provide access to specified individuals nominated by the CPP group to the Pyramid portal. A form of browser based access will be provided to a secure https website address secured with appropriate certificates. Access will be given from the CHP data network IP address.
- 3.2 The Pyramid system administrator will be required to set up specific Pyramid logins and passwords for the nominated individuals. Most access to Pyramid utilises Active Directory such that network logins provide direct access to Pyramid without requiring the individual to login again. This will not apply to external third parties coming in via the Internet as they will not be given access to the Council network. Their access will be restricted to the Pyramid server only.
- 3.3 External third parties will require to have Java script enabled onto their PCs – ICT & Financial, Services will liaise with the appropriate contact in their organisation to facilitate this.
- 3.4 Details of 3 persons from the CHP have been provided and they will be used as a small pilot to ensure that this technical solution works satisfactorily. This is expected to be implemented by end of March.
- 3.5 The Pyramid system administrator will ensure that appropriate access rights are set up within Pyramid so that users have access to the relevant scorecards and are able to drill down to the elements within

them. Where appropriate read access can be extended to update access to the elements for which they are responsible. They will have full responsibility for ensuring that appropriate access rights are maintained within Pyramid for Partners.

- 3.6 Following successful implementation for the pilot, a review will take place to determine if the solution is suitable for broader roll-out to a wider group of Partners.

4 IMPLICATIONS

- 4.1 Policy: Supports full engagement from Partners
- 4.2 Legal: Data privacy considerations have been taken into account in proposed solution
- 4.3 Financial: None
- 4.4 Personnel: None
- 4.5 Equal Opportunities None

For further information, please contact Judy Orr, Head of ICT and Financial Services (Ext 5280)

Judy Orr
Head of ICT and Financial Services
2 March 2010

SOCIAL AFFAIRS THEMATIC CPP**9 AUGUST 2010****INTEGRATION OF STRATEGIC PARTNERSHIPS**

1. The purpose of this paper is to outline details of the integration of Strategic Partnerships process undertaken to establish the linkages within the Social Affairs thematic provisions relating to health, housing and local area regeneration, poverty, voluntary sector issues, school and pre-school education, young people and lifelong learning, social work services and matters relating to culture and sport as contained within the Argyll and Bute Community Plan.

2. RECOMMENDATION

- 2.1 Note the details of Appendix 1 which outlines the key strategic partnerships which undertake work streams within the provisions of the Social Affairs Thematic CPP
- 2.2 Consider how to undertake formal linkages with the Key Strategic Partnerships outlined in Appendix 1.
- 2.3 Consider what kind of relationship the significant other Strategic Partnerships as outlined 3.6 of this papers should have with the Social Affairs Thematic CPP.

3. BACKGROUND

- 3.1 Within the Thematic CPP Terms of Reference the Group has to develop a work programme to review appropriate Strategic Partnerships and their linkages to relevant thematic groups, ensuring Partnership Agreements are in place for all appropriate strategic partnerships.
- 3.2 To achieve this Social Affairs Thematic Group agreed to set working principles as the framework to undertake the integration of strategic partnerships ensuring there is a consistency of approach:
 - Partnership agreement in place
 - Priorities established through evidence based analysis
 - Planning and Performance framework in place
 - Community Engagement arrangements in place
- 3.3 To undertake the integration process the Strategic Partnerships Lead Officers provided information relating to the agreed working principles which is contained within Appendix 1 for each of the Social Affairs Priorities within the Argyll and Bute Community Plan.
- 3.4 The Strategic Partnerships which should have direct linkages to the Social Affairs Thematic CPP are:

CPP CP07- Services planned and delivered

Argyll and Bute Community Health Partnership
Argyll and Bute Care and Health Partnership
Argyll and Bute Children's Services Strategic Partnership

CPP CP08- Improve health, wellbeing, independence and inclusion

Argyll and Bute Community Health Partnership
Argyll and Bute Care and Health Partnership
Argyll and Bute Children's Services Strategic Partnership

CPP CP09- People feel safe and secure

Argyll and Bute Strategic Housing and Communities Forum
Argyll and Bute Community Safety Partnership

CPP CP 10- Our diverse culture is celebrated

Argyll and Bute Health Improvement Partnership

3.5 It is vital that the identified Key Strategic Partnerships have formal linkages with the Social Affairs Thematic CPP and to undertake this the Thematic Group needs to consider how this could be undertaken i.e. partnership representation on the Thematic CPP or formal bi annual reporting by each key strategic partnership as part of the Thematic work programme.

3.6 Having identified the Key Strategic Partnerships which have an overarching partnership agreements which relate directly to the CPP priorities there are however significant other strategic partnerships which undertake projects, initiatives and programmes which deliver Outcomes in the Single Outcome Agreement and in turn have a direct impact on the outcome of the Social Affairs Thematic CPP priorities these include:

Argyll and Bute Drugs and Alcohol Partnership
Fairer Argyll and Bute Partnership
Health Improvement Planning and Performance Action Group
Argyll and Bute Against Domestic Abuse and Violence Against Women Partnership
Argyll and Bute Youth Forum
Young Scot- Dialogue Youth
Argyll and Bute Health and Wellbeing Partnership
Argyll and Bute Sports and Physical Activity

Given the potential number of partnerships, this would tend to mitigate against partnership representation on the Social Affairs Thematic Group and suggest a reporting mechanism may be more appropriate.

This is major area of debate for the Thematic Group to consider on the 9 August 2010 as to what relationship the identified significant other Strategic Partnerships have with the Social Affairs Thematic CPP.

THEMATIC GROUP SOCIAL AFFAIRS

CPP CP07– Services Planned and Delivered

Key Performance Measure:	Attainment - SQA examinations Increase in FE activity School leavers positively employed % of Older People receiving Care in an Institution % ceasing to be looked after - away - attaining SCQF Level 3 in English/maths % ceasing to be looked after – home - attaining SCQF Level 3 in English/maths
Strategic Partnerships:	Argyll and Bute Community Health Partnership Argyll and Bute Care and Health partnership Argyll and Bute Children’s Services Strategic Partnership
Partnership Agreements :	Argyll and Bute Community Health Partnership and Argyll and Bute Care and Health partnerships have Partnership agreements in place Argyll and Bute Children’s Services Strategic Planning Partnership established as statutory responsibility regarding Child Protection Committee, Childcare Partnership and Children with Special Needs and all have terms of reference

<p>Work Streams:</p>	<p>Redesign of mental health, older people and Learning Disability Services Delayed discharged Balance of Care Integration of NHS, single line management delegated to one of the partners</p> <p>Individual support plan in place for children and young people who are looked after Young people leaving care have a pathway plan Interagency coordination for all transition stages for the transition and preparing for independence Integration of family support services Parenting support services and child development services Family literacy and numeracy support services Health and wellbeing initiatives Child health weight intervention programme and child smile Programme Review of mental health and wellbeing services</p>
<p>Performance reporting mechanism:</p>	<p>All performance measures are incorporated in pyramid and linked to single outcome agreement</p>
<p>Community Engagement Examples:</p>	<p>Extensive community engagement on redesign of services</p>

THEMATIC GROUP SOCIAL AFFAIRS

CPP CP08– Improve health, wellbeing, independence and inclusion

Key Performance Measure:

% Children affected by disability receiving Comm Based Support
 % Looked After and Accommodated Children in Residential Care
 No of People Awaiting Free Personal Care within their Homes
 Children registered with dentist
 12 week max Waiting time for patient referrals
 Delayed Discharges STANDARDS: no clients waiting over 6 weeks in an NHS Bed.

Strategic Partnerships:

Argyll and Bute Community Health Partnership
 Argyll and Bute Care and Health Partnership
Argyll and Bute Children’s Services Strategic Partnership

Partnership Agreements :

Argyll and Bute Community Health Partnership and Argyll and Care and Health Partnership have Partnership agreement in place
Argyll and Bute Children’s Services Strategic Planning Partnership established as statutory responsibility regarding Child Protection Committee, Childcare Partnership and Children with Special Needs and all have terms of reference

Work Streams:	<p>Redesign of mental health, older people and Learning Disability Services Delayed discharged Balance of Care Integration of NHS, single line management delegated to one of the partners</p> <p>Individual support plan in place for children and young people who are looked after Young people leaving care have a pathway plan Interagency coordination for all transition stages for the transition and preparing for independence Integration of family support services Parenting support services and child development services Family literacy and numeracy support services Health and wellbeing initiatives Child health weight intervention programme and child smile Programme Review of mental health and wellbeing services</p>
Performance reporting mechanism:	All performance measures are incorporated in pyramid and linked to single outcome agreement
Community Engagement Examples:	Extensive community engagement on redesign of services

**SOCIAL AFFAIRS THEMATIC GROUP
INTEGRATION OF STRATEGIC PARTNERSHIPS**

Outcome CPP CP 09 – People feel safe and secure

Key Performance Measure:	More homes, less homelessness Housing build rate Anti- Social Offences Detection of drugs
Strategic Partnerships	Argyll and Bute Strategic Housing and Communities Forum Argyll and Bute Community Safety Forum
Partnership Agreements :	Formalised remit for Argyll and Bute Strategic Housing and Communities Forum is in place which all partners have agreed Formalised remit for Argyll and Bute Community Safety Forum is in place which all partners have agreed

Work streams:	Household technical survey report Housing needs and demand assessment household survey Four decentralised area housing needs and demands studies Delivering Community Safety Action and a strategic and local level
Performance reporting mechanism	All performance measures are incorporated in pyramid
Community Engagement	Citizen Panel Surveys undertaken either involving one to one sessions, formalised workshops and or drop in sessions Local Community Safety Partnerships working directly with local communities on specific projects i.e. drive safe, junior wardens,

THEMATIC GROUP SOCIAL AFFAIRS

CPP CP10 – Our diverse culture is celebrated

Key Performance Measure:

Increase participation levels in sport and physical activity in Argyll and Bute
 Increase number of active volunteers with current coaching qualifications

Strategic Partnerships:

Sport and Physical Activity Steering Group
 Argyll and Bute Football Forum
 Sportscotland
 Commonwealth Games Legacy Group
 Stramash Social Enterprise

Partnership Agreements :

Sport and Physical Activity Strategy 2009 – 2015
 Football, Rugby ,Shinty and Golf Development Plans
 Active Schools Annual Plan
 Facilities & Pitch Strategy (under development)
 Commonwealth Games Legacy Plan

Work Streams:

Argyll and Bute Participation in Sport (sportscotland 2006)
 Potential of Sport – SOA links (sportscotland 2009)
 Reaching Higher – Scotland National Strategy for sport
 Argyll and Bute Council’s Sport & Physical Activity Strategy 2005 – 2008 Evaluation
 NHS Healthy Weight Strategy 2009
 Active Schools Annual Report 2008/09

Performance

All performance measures are incorporated in pyramid

reporting mechanism:	
Community Engagement Examples:	<p>Annual Coaching Conference surveys all 300 participant about current and future service delivery</p> <p>All holiday programmes surveys children and parents/ guardians</p> <p>Active Schools conducting electronic pupils survey</p> <p>Football Forum comprises representatives of every section of the football community in Argyll and Bute</p> <p>The development of the facilities strategy includes widespread public consultation and focus group meetings</p> <p>Engagement with and support of volunteers is integral to all activities e.g. annual Sport Volunteer Awards</p>

Argyll and Bute Community Planning Partnership

Social Affairs Thematic Group

DRAFT

1. Introduction

- 1.1 This Partnership Agreement forms part of the Governance and Accountability Framework for the Argyll and Bute Community Planning Partnership. The Agreement is not a legal document but sets out a set of principles and working arrangements to which members of the CPP Social Affairs Thematic Group are committed. The Partnership Agreement is intended to take effect from **27 August 2010** and to further strengthen partnership working in Argyll and Bute.
- 1.2 The CPP Social Affairs Thematic Group is referred to as the Social Affairs TG throughout this document and encompasses the groups contained within the governance structure, namely:

Argyll and Bute Council
NHS Highland – Argyll and Bute Community Health Partnership
Strathclyde Police
Strathclyde Fire and Rescue
Argyll and Bute Association of Community Council
Third Sector – Argyll and Bute
Argyll and Bute Registered Social Landlords

The Social Affairs TG is underpinned by a broader network of stakeholder groups, including the contribution of all CPP partner organisations and communities that feed into the main community planning structure. The Social Affairs TG is also linked with the Local Area Community Planning Groups that will further progress the delivery of services and engagement of communities across Argyll and Bute.

2. Purpose of Social Affairs Thematic Group

- 2.1 Argyll and Bute Community Planning Partnership was set up in 2001 to coordinate the delivery of services and other activities in Argyll and Bute to improve the quality of life and physical social affairs for residents and visitors to the area. The purpose of the Social Affairs TG is to coordinate the activities of the Partnership to ensure that the action plan agreed by the Full Partnership is delivered.
- 2.2 The ambition of the Social Affairs TG is to create employment and prosperity by developing competitive and successful businesses, sustainable economic assets and vibrant towns that are centres of economic activity
(Argyll and Bute Community Plan 2009-2013)
- 2.3 Argyll and Bute Community Plan, Action Plan 2009-2013

CPP/CP07 – Services are planned and delivered based on local need

- Development of integrated joint services between partners

- Learning services accessible by people of all ages in all communities
- Shift the balance of care from 'institutional' to 'home based' care

CPP/CP08 – Overall health, well being, independence and social inclusion are improved

- Redesign of health and social care services to ensure people are supported to improve their lives
- Redesign of health and social care service to improve access for all groups

CPP/CP09 – People feel safe and secure

- Increase the rate of new affordable house building
- Work with communities to identify community safety issues and needs

CPP-CP10 – Our diverse culture is celebrated

- Create better leisure facilities
- Link with London 2012 and Glasgow 2014 to create opportunities for local people

3. Governance arrangements for Social Affairs TG

3.2 The Social Affairs TG is a sub-group of the Argyll and Bute Community Planning Partnership and is currently referred to as the Social Affairs Thematic Group within the Council's strategic partnership arrangements. The Social affairs TG will ensure it delivers all requirements as a thematic group of the Argyll and Bute Community Planning Partnership in terms of delivery against Argyll and Bute Community Plan, the SOA, performance management requirements, including risk assessment, national indicators and maintenance of effective links with other Community Planning Partnership thematic groups (Economy TG, Environment TG).

3.4 A summary of the roles, responsibilities, accountabilities and membership of the component parts of the governance structure is attached to the Agreement as an appendix. (appendix 1....CPP Partnership agreement)

4. Leadership

4.1 The Local Government of Scotland Act 2003 requires local authorities to take the lead in arrangements for community planning. The Act means all local authority areas have to have a 'Community Planning Partnership'. Councils have a statutory obligation to lead the Partnership: In Argyll and Bute Argyll and Bute along with NHS Highland, Strathclyde Police, Strathclyde Fire and Rescue Highlands and Island Enterprise/Scottish Enterprise/Skills Development Scotland and SPT have a statutory obligation to participate in the Partnership:

4.2 In Argyll and Bute other agencies and organisations are committed to the Community Planning process and co-operate to improve outcomes for everyone living and working in Argyll and Bute:

- Argyll Voluntary Action
- Islay and Jura CVS

- Bute Community Links
- Association of Argyll and Bute Community Councils
- Argyll and Bute Social Enterprise Network
- Fyne Homes
- Argyll Community Housing Association
- West Highland Housing Association
- Dunbritton Housing Association
- Scottish Government Housing and regeneration
- Scottish Government Rural Payments and Inspection
- HiTrans
- Cal Mac (CMAL)
- Scottish Environmental Protection Agency
- Scottish Natural Heritage
- Crofters Commission
- Loch Lomond and the Trossachs national Park
- Scottish Water
- M.O.D.
- Job Centre +

In addition, other stakeholder interests can be represented on the Social Affairs TG, by agreement.

- 4.3 In Argyll and Bute, the Elected Member for the Council's Policy and Performance Group (PPG) has been appointed as chair and carries the political accountability for ensuring the Social affairs TG fulfils its responsibilities. A Lead Officer has been appointed to ensure that CPP arrangements are consulted, established, monitored and changed in order to meet the requirements of the CPP.

5. Accountability of partner organisations and agencies and Performance Management

- 5.1 Each partner organisation and agency represented in the governance arrangements retains their own existing lines of accountability and management control. However, all partners are together responsible for delivering the priorities defined and agreed in the Community Plan and SOA.
- 5.2 Partner organisations and agencies agree to share and review information and intelligence to support robust needs assessment and performance management arrangements within an agreed framework and cycle of monitoring and review at both an Argyll and Bute wide and local level to support the delivery of the Community Plan and SOA. On the basis of performance monitoring, the Social Affairs TG agree actions to address areas of required improvement. The governance arrangements allow the CPP Sub-groups, the CPP Management Committee and ultimately the Full Partnership to monitor the impact of partnership working and will ensure that monitoring arrangements to review actions in the Community Plan and SOA are in place with a focus on outcome and impact.

- 5.3 All Core Partners and Strategic Partnerships, by way of signing this Partnership Agreement, agree to work within the Governance Framework of the CPP, and are thereby committed to the principles of good governance, namely openness and inclusivity, integrity and accountability. They recognise that establishing and developing effective working relationships across partnerships is of critical importance, and commit corporately to joint working, with the practical arrangements they put in place within their own organisations allowing a true focus on joint delivery of outcomes.

NHS Highland (Argyll and Bute CHP)

CPP-CP07

- Mental health Service redesign agreed

CPP-CP08

- 80% of all three to five year old children to be registered with NHS dentist by 2010/11 (NHS-H2)
- 12 week max wait for all outpatients referrals and for inpatient/day case from Dec 2010, 18 week RTT (Referrals for Treatment) from Dec 2011 (NHS-A12)
- Delayed discharges: to continue to have no clients waiting over 6 weeks in an NHS bed (NHS-T11)

Argyll and Bute Council

CPP-CP07

- Attainment of looked after children: Number and percentage attaining at least one SCQF level 3 in English AND Maths (ABC04c)
- Attainment levels in national qualifications (ABC04d)
- Reduce percentage of older people receiving services cared for in care home (ABC05b)
- Increase percentage of older people receiving services cared for with intensive home care (ABC05b)
- Reduce resource centre placements for learning disability clients (ABC05b)

CPP-CP08

- Community based support for children affected by disability (ABC05a)
- Proportion of looked after and accommodated children in a residential setting (ABC05a)
- Waiting lists for home care adults, residential care adults and clients with a learning disability (ABC05c,d and e)

CPP-CP09

- Completions on shared equity and social rented houses (ABC06a)
- Repeat homelessness within 12 months of case being completed (ABC06a)
- Increase the rate of new house building - number of new builds (NP27)

CPP-CP10

- New Pool and leisure facility for Helensburgh
- Increase the extracurricular opportunities by 5% within schools and fill gaps in provision
- Female participation – 5% increase in physical activity levels across primary and secondary pupils

Argyll College

CPP-CP07

- FE activity increases to match the Scottish average (AC1)
- Increase the proportion of school leavers (from Scottish publicly funded schools) in positive and sustained destinations (FE, HE, employment or training) (NP07)

Strathclyde Police (Alcohol and Drug Partnership)

CPP-CP09

- Substance misuse: Anti-social offences (Consumption of alcohol in public and Urinating in Public) (SP2a)
- Substance misuse: Number of persons detected for drug supply crimes (SP2b)

5.4 Formal performance and risk reporting will be as follows:

- The Social Affairs TG will report to the Argyll and Bute Community Planning Partnership Management Committee on a 2 monthly basis.
- The Social Affairs TG will report to the Argyll and Bute Community Planning Partnership Full Partnership on a 4 monthly basis.

(The performance reports will include feedback from stakeholders and be locality specific where appropriate)

Partner organisations should use the performance reports to inform their own governance arrangements of progress with Social Affairs TG arrangements in Argyll and Bute.

5.4 In accordance with the principles of Community Planning, the Social Affairs TG is committed to effective community involvement and this will include both direct dialogue between core members and their relevant communities, boards and service users, as well as regular consultation with individual citizens and community representatives (via, for example, the Citizen's Panel and the Association of Argyll and Bute Community Councils)

5.5 All members of the Social Affairs TG will ensure that the statutory duties to promote equality and diversity are met through all the functions of TG, for example, in service planning, commissioning and delivery, consultation and procurement. In addition the Social Affairs TG will have due regard to the statutory guidance prohibiting discrimination on the basis of race, gender, sexual orientation, age, religion and belief, pregnancy and maternity and gender reassignment.

6. Statement of values and declaration of interest

6.1 In relation to a possible conflict of interest all Social Affairs TG members must declare any organisational or personal prejudicial interest and not be part of discussion and/or decision making on the service area concerned. This would not normally include interests of a strategic or general professional nature that would contribute to and enrich partnership work. In a situation where there could be a possible conflict of interest members of the TG would be expected to leave the meeting for that item. The rule is, ‘when in doubt declare openly and leave immediately’.

7. Membership of the Social Affairs TG

7.1 Membership criteria - representatives must have a strategic role within their organisation/agency, and be of sufficient seniority to enable them to:

- Speak for their agency with authority;
- Commit their agency on service development and practice matters;
- Influence the development of their agency’s practices;
- Ensure that the CPP is represented in agency decision-making regarding resources; and
- Contribute to the development of robust and effective monitoring and performance functions.

7.2 Social Affairs TG Membership

CPP Thematic Lead, Argyll and Bute Council Chief Inspector, Strathclyde Police Elected Members, Argyll and Bute Council Policy and Performance Group NHS Highland – Argyll and Bute Community Health Partnership ????? Strathclyde Fire and Rescue Chairman, Argyll and Bute Association of Community Council Third Sector Representative – Argyll and Bute ??? Argyll and Bute Registered Social Landlords	Core
	Co-optee
	Non Core
Performance Manager	In attendance
Customer Services Area Manager	In attendance

CPP Partnership Manager	In attendance
	Observer

Core Members are those identified by the CPP Management Committee as
 Argyll and Bute Council
 NHS Highland – Argyll and Bute Community Health Partnership
 Strathclyde Police
 Strathclyde Fire and Rescue
 Argyll and Bute Association of Community Council
 Third Sector – Argyll and Bute
 Argyll and Bute Registered Social Landlords

Non Core Members are those organisations who have been invited to be members of the Social affairs TG. However, non core members enjoy the same level of responsibility and accountability.

Co-optee status is reserved for the agreement by the group.

In attendance indicates those representatives, mainly local authority officers, who undertake leadership roles within the governance structure and/or are sitting in an advisory capacity.

7.3 Duties of Members

- Members must attend regularly and if they are unable to attend must ensure that a deputy, with the power to act and report on behalf of their agency/organisation/group, attends on their behalf.
- Ensure information is fed back to the representative agency or sector.
- Act as a contact point for members of their agency/organisation/group.
- Be committed to equality of opportunity and diversity.
- Display consistency and honesty in achieving consensus through debate.
- Respect the views of other members.
- Respect confidential information.
- Remain focused and strategic.
- Be participative, inclusive and accessible.
- Be prepared to learn from others and good practice elsewhere.

7.4 Voting

Voting on an issue as a way of making a decision should be an exception and not the rule in terms of the function of the Social Affairs TG. Voting should also be understood in the context of the Council's statutory function in discharging local political and democratic accountability. However, if a vote is required, Core and Non Core Members of the Social Affairs TG have a vote. Where there is more than one representative from a specific partner it is the organisation that has the one vote and not the number of representatives. In a situation where the vote is tied the Chair has the casting vote.

8. Meeting Arrangements

- 8.1 The Social Affairs TG will meet 4 times per annum or more frequently if required.
- 8.2 The positions of Chair and Vice Chair will initially be held by the Elected Member responsible for chairing the associated PPG.
- 8.3 Housekeeping:
- Papers are to be sent out to TG members at least 7 working days before meeting to allow informed discussion.
 - Papers to be tabled only when necessary to avoid members being over-loaded with information.
 - Copies of minutes, agendas and all relevant papers to be available on Modern.gov, within 7 working days.

8.3 Quorum

- a. The Social Affairs TG will be quorate one quarter of the partners represented must be present for any decision making. If after ten minutes no quorum is achieved the meeting will be deemed inquorate and not take place.

9. Review of the Partnership Agreement

- 9.1 This Social Affairs TG Partnership Agreement, will be subject to an annual review to ensure that it continues to be fit for purpose. The Agreement is also subject to interim amendment to take account of legislative changes and/or any other significant changes that may affect the composition of the TG. The Social Affairs TG will publish an annual report as part of the annual refresh of the Argyll and Bute Community Plan and SOA.



Constitution and Partnership Agreement

1 INTRODUCTION

- 1.1. Effective community partnership working is essential if we are to deliver local outcomes within the new national framework. This document enables us, as a partnership, to demonstrate our commitment to the continuous improvement and effective delivery of Community Planning in Argyll and Bute.
- 1.2. The need to demonstrate how partners work together to achieve common outcomes places a responsibility on partners to effectively integrate their different contributions and deliver a multi-agency approach to planning improved service delivery. We also need to demonstrate that communities are effectively engaged in the community planning process – that they are influencing how services are planned and delivered.
- 1.3. The Local Government in Scotland Act (2003) places a statutory duty on Councils to lead and facilitate Community Planning. There is also a corresponding duty on a range of partners to participate locally.
- 1.4. Argyll and Bute Council is required to ensure financial accountability as the recipient of grants and other community planning funding streams.

2 COMMUNITY PLANNING IN ARGYLL AND BUTE

- 2.1. The Argyll and Bute Community Plan is acknowledged as the guiding document for strategic planning by all partners. The Plan sets out the vision for Argyll and Bute to be the Leading Rural Area.
- 2.2. Community Planning partners have also developed the Argyll and Bute Single Outcome Agreement (SOA). The SOA details short and medium term outcomes that the partners will deliver to enable progress towards the longer term vision set out in the Community Plan.
- 2.3. The Single Outcome Agreement is *“the means by which CPPs agree their strategic priorities for their local area and express those priorities as outcomes to be delivered by the partners, either individually or jointly, while showing how those outcomes should contribute to the Scottish Government’s relevant National Outcomes.”* (SOA Guidance for CPPs, IS 2008)
- 2.4. SOA and community plan outcomes will be:

- Directed towards the achievement of the Leading Rural Area vision (detailed below)
- evidence based
- specific, measurable and costed to enable effective performance management
- risk based
- ensure that equalities and sustainability objectives are fully integrated in all plans

Argyll and Bute: Leading Rural Area

Vibrant Communities

- safe supportive communities with positive culture and sense of pride in the area
- well balanced demographically with young people choosing to stay or move to the area
- vibrant local economy that is based on core attributes of the area, flexible and open to new opportunities
- well connected economically and socially
- a sense of history with a view to the future
- housing that is appropriate and affordable with local people able to participate in the housing market
- high quality public services and leisure/community facilities that attract people to settle in Argyll and Bute

Outstanding Social affairs

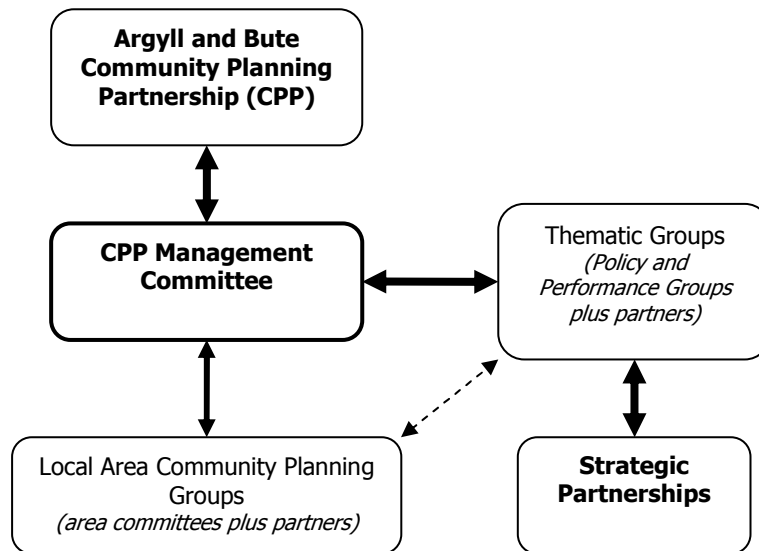
- high quality social affairs that is valued, recognised and protected
- the social affairs is respected as a valued asset that can provide sustainable opportunities for business
- a high quality image and identity that is recognised and appreciated globally
- an area that is accessible, yet retains its remote character

Forward Looking

- communities that are culturally rich with a desire to excel
- proactive communities where local people and organisations look for and create opportunities
- dynamic public sector with more delivery of high quality 'professional' services from Argyll and Bute
- partnership working across all sectors to coordinate developments, promote Argyll and Bute and remove constraints
- communities that encourage lifelong learning

3 DECISION MAKING STRUCTURES

3.1. The high level CPP structure is detailed below.



3.2. Key parts of the structure operate as follows:

- **Full partnership** - Comprises representatives of organisations at strategic level. The Full Partnership gives all CPP partners an opportunity to participate in influencing the strategic direction of the partnership.
- **Management Committee** - Comprises representatives at senior officer level from core partner organisations. The Management Committee is the operational group driving forward the implementation of the Community Plan and the Single Outcome Agreement. The committee is also responsible for the monitoring and evaluation of CPP processes, the SOA and other strategic partnerships.
- **Thematic Groups** (Policy and Performance Groups plus CPP partners) To monitor and review achievement of key outcomes in the Community Plan within the thematic areas noted below by ensuring appropriate performance measures are in place. To support and encourage effective collaboration and coordination between and within public, voluntary and community organisations operating in Argyll and Bute within the relevant thematic area. To give effect to the Community Engagement Strategy at a thematic level.
- **Local Area Community Planning Groups** (Area Committees plus CPP partners) – To develop and maintain Local Area Community Plans within Community Plan outcomes. To monitor and review achievement of the local delivery of key outcomes identified in the Community Plan by ensuring appropriate performance measures are in place. To support, and encourage effective collaboration and co-ordination between and within community based organisations operating in the local area. To give effect to the Community Engagement Strategy at a local level. We will encourage involvement by people from hard to reach and seldom heard groups, including people with disabilities, different ethnic backgrounds, different genders, beliefs and sexual orientations.
- **Strategic partnerships** – Comprising relevant stakeholders, this small number of partnerships are focused on the key strategic issues for the area. Their remit is strongly focused on the outcomes in the Single Outcome Agreement

- 3.3. Further details of these groups in terms of membership, terms of reference and meeting arrangements are detailed in the appendix.
- 3.4. These groups are complemented by **Time Limited Groups** comprising relevant CPP partners with a designated lead. Time limited working groups are formed to address specific issues and make recommendations to the Management Committee or other strategic partnership.
- 3.5. **Conference** – An annual Community Planning conference enables all partners to participate in an information sharing and consultation event. The conference brings community representatives, young people, hard to reach groups and CPP partners together to share good practice and influence the direction of community planning in Argyll and Bute.

4 ENGAGING THE COMMUNITY

- 4.1. The Argyll and Bute CPP has developed a Community Engagement Strategy to engage with stakeholders. Performance will be monitored by the Management Committee.
- 4.2. All partnerships at all levels are responsible for ensuring that they conduct engagement activities in line with National Standards for Community Engagement.
- 4.3. The Community Engagement Action Plan outlines the activities supported through the CPP
- 4.4. Communications are managed as a subset of actions within the Community Planning Action Plan. Activities will be coordinated by the Council's Communications Team through regular liaison with the managers responsible for communications in each of the partner organisations.

5 PLANNING AND PERFORMANCE MANAGEMENT FRAMEWORK

- 5.1. High level aims within the Community Plan are translated into priorities which influence the corporate plans of the CPP partners. Relevant partner and community planning priorities will form the main content of the Single Outcome Agreement (SOA).
- 5.2. Performance against the Community Plan and SOA will be appraised by each partner monitoring its own performance with details on key success measures shared to enable effective overview of performance. The performance overview will be reported using performance scorecards compiled by the Council on behalf of the CPP and monitored by the Management Committee, thematic groups and local area planning groups.
- 5.3. Different tiers of the Community Planning Partnership will receive performance reports as follows:
 - Management Committee: will monitor all outcomes/actions within the Community Plan. The committee will also monitor the outcomes in the SOA relevant to Community Planning Partners.

- Thematic Groups: will agree a relevant performance scorecard to provide information to CPP Partners and service users. The scorecard will focus on thematic priorities based on national and local outcomes detailed in the community plan and SOA.
- Local Area Community Planning Groups: will agree a relevant performance scorecard to provide information to CPP Partners and service users. The scorecard will focus on local priorities of interest to the area or communities within the area.

5.4. Each level of the CPP will agree performance reporting arrangements using the template below:

Stakeholders	Identification of key stakeholders drawing from formal Community Planning partners; linked partnerships; service users; and communities (geographic and of interest)
Structure	Detail of how the partnership or group relates to the overall CPP structure ensuring links are clear for those who are expected to contribute to the partnership/group and the links where the partnership contributes – e.g. a thematic group will detail which strategic partnership contribute and indicate that it reports to the Management Committee
Vision	This is the main vision to which the partnership contributes – this will either be the overall leading rural area vision or elements of that vision relevant to the partnership
Plan and priorities	The key plans priorities and outcomes relevant to the partnership/group
Translates downwards:	Details which partnerships, partners and plans that are influenced by the key plans and priorities of the partnership/group
Type of report	Performance scorecard or other reporting arrangement
Measurements	The key success measures that will be monitored to ensure that the relevant outcomes are achieved
Report to	Detail of the partnership or group responsible for overseeing the performance of the group
Scorecard themes	These are the high level elements within the performance scorecard and are agreed by each group and the partnership to which it reports

6 RISK MANAGEMENT

- 6.1. All partners will manage risk with respect to their own operations via strategic and operational risks as appropriate.
- 6.2. The CPP has a joint risk register built on relevant strategic risks from partners and more general strategic risks that affect the partnership as a whole (e.g. economic and social risks).
- 6.3. Risks are assessed using the standard methodology of separate assessments of likelihood and impact combined to form an overall assessment of whether a risk is high, medium or low. Mitigation measures are then detailed and monitored as appropriate. Risks are reviewed on a regular cycle dependent that is determined by the overall risk rating (i.e. higher risks are reviewed more often).

7 PARTICIPATION IN CPP AND STRATEGIC PARTNERSHIPS

- 7.1. CPP partners have responsibility for defining arrangements for Community Planning within their organisation.
- 7.2. It is the responsibility of the individual organisations to ensure appropriate representation at all levels and to demonstrate how they contribute to the implementation of the Community Plan and the Single Outcome Agreement
- 7.3. CPP partners have the responsibility to disseminate relevant Community Planning information to other strategic and operational partnerships in which they participate.
- 7.4. CPP partners are not expected to be responsible for the actions of other partners, but the joint commitment to the CPP implies that each partner will act in the interests of the CPP and other partners. They also have the duty to bring to the CPP any issues arising in other strategic or operational partnerships that affect the CPP.

8 FINANCE AND RESOURCES

The CPP is not a corporate body and so does not hold funds of its own.

- a. All funds will be held by the appropriate officers of the relevant partner organisation
- b. The reporting year for the CPP will be 1st of April to the 31st of March
- c. It is the responsibility of the relevant CPP partner to ensure that appropriate financial accounting arrangements are in place according to legal or other audit requirements
- d. The allocation of funds by the CPP must contribute to achieving agreed outcomes
- e. Core CPP staff will be employed by the Council on behalf of the CPP
- f. Where a costed plan includes items funded by different partners, each partner will be responsible for ensuring effective management of their funds. The partnership with responsibility for the joint plan will still include financial monitoring as part of the relevant performance scorecard
- g. Partnership groups will recommend funding allocations as appropriate against outcomes based on evidence of need and assessment of relevant risks. Formal allocation of funds will take place through the formal budget process of the relevant partner(s)

9 EQUALITIES AND SUSTAINABILITY

- 9.1. All actions of the CPP will contribute to tackling the significant inequalities in our society and will be subject to equality impact assessment as appropriate. These assessments will be made by the main partner responsible for delivery of an action.
- 9.2. The principles of sustainable development will guide the development and delivery of our projects and services. Sustainability assessments will be undertaken as appropriate.
- 9.3. Impact assessments will be reviewed as required by the appropriate thematic group or Management Committee.

10 PARTNERSHIP AGREEMENT

10.1. Partners are invited to acknowledge the direction of the CPP and to commit to the enhancement of joint working to deliver quality services in Argyll and Bute by signing this agreement.

10.2. This is an agreement amongst the members of the Community Planning Partnership to work together to achieve common goals for the people of Argyll and Bute. It is not a legally binding contract and so nothing in its operation will give rise to legally binding rights and obligations amongst the parties.

Signatories to the agreement:

Name	Designation	Organisation	Signature

May 2009 (version 9)

APPENDIX – detailed arrangements for groups in the high level CPP structure

1 FULL PARTNERSHIP

- 1.1. Comprises of representatives of organisations at strategic level. The Full Partnership gives all CPP partners an opportunity to participate and influence direction.

CPP Partner Organisations
Argyll and Bute Council
Strathclyde Police
Strathclyde Fire and Rescue
NHS Highland (AB CHP)
Highlands and Islands Enterprise
Scottish Enterprise
Skills Development Scotland
Initiative at the Edge
Argyll CVS
Islay and Jura CVS
Bute Community Links
Argyll and Bute Volunteer Centre
Mull and Iona Community Trist (MICT)
Association of Argyll and Bute Community Councils
Argyll and Bute Social Enterprise network (ABSEN)
Fyne Homes
ACHA
West Highland HA
Dunbritton HA
SG Housing and Regeneration
SG Rural Payments and Inspection
SEPA
Scottish Natural Heritage
Crofters Commission
Forestry Commission
Loch Lomond and the Trossachs National Park
HiTrans
SPT
Cal Mac
Scottish Water
M.O.D.
Job Centre +

Note: Depute Council Leader and Council Directors may also be in attendance, as are the Council's Policy and Strategy Manager and the Community Planning Manager. Note: Silent Observers can also attend meetings and contribute when invited to.

1.2. Terms of Reference

The Full Partnership provides a forum for full partner participation to:

- a. Ensure effective partnership working at strategic level
- b. Give strategic direction for community planning in Argyll and Bute
- c. Engage communities in decision making processes
- d. Ensure accountability of community planning related grants and funding streams

2 MANAGEMENT COMMITTEE

- 2.1. Comprises representatives at senior officer level from core partner organisations. The Management Committee is the operational group driving forward the implementation of the Community Plan and Single Outcome Agreement. The committee is also responsible for the monitoring and evaluation of CPP processes.

Partner Organisation	No of Delegates
Strathclyde Police	1
Argyll and Bute Council	1
Strathclyde Fire and Rescue	1
NHS Highland (AB CHP)	1
Highlands and Islands Enterprise	1
Scottish Enterprise	
Skills Development Scotland	
Initiative at the Edge	
Argyll CVS	2
Islay and Jura CVS	
Bute Community Links	
Argyll and Bute Volunteer Centre	
Mull and Iona Community Trist (MICT)	
Association of Argyll and Bute Community Councils	
Argyll and Bute Social Enterprise network (ABSEN)	
Fyne Homes	1
ACHA	
West Highland HA	
Dunbritton HA	
SG Housing and Regeneration	
SG Rural Payments and Inspection	2
SEPA	
Scottish Natural Heritage	
Crofters Commission	
Forestry Commission	
Loch Lomond and the Trossachs National Park	
HiTrans	1
SPT	
Cal Mac	
Scottish Water	
M.O.D.	
Job Centre +	
Total number of delegates	

Note: Relevant Council Directors are also in attendance, as are the Council's Policy and Strategy Manager and the Community Planning Manager. In the event that the substantive representative is unable to attend he/she may nominate a substitute and must notify the Community Planning Manager.

2.2. Terms of Reference

The Management Committee has been established to:

- a. Ensure implementation of the Community Plan and the Single Outcome Agreement
- b. Agree processes for monitoring and evaluating action/delivery
- c. Disseminate information ensuring all partners are aware of and able to participate in community planning process
- d. Enable community participation through agreed structures
- e. Monitor and evaluate the effectiveness of the Community Planning process

3 MEETINGS

3.1. Full Partnership

- a. The Full Partnership will meet three times a year.
- b. The Full partnership will be chaired by the Leader of Argyll and Bute Council. In her/his absence the meeting will be chaired by the Vice-chair (Depute Leader of Argyll and Bute Council). If both are absent, a person will be appointed to chair the meeting.
- c. The Full partnership will be responsible for the appointment of Management Committee chair and vice-chair from partner organisations at 2 year intervals. The new chair will normally be from a different partner organisation.

3.2. Management Committee

- a. The Management Committee will meet six times a year. Dates for meetings will be agreed by the final meeting of each year
- b. The Management Committee will be chaired by a partner organisation.

3.3. General

- a. Dates for meetings will be agreed at the final meetings of each calendar year.
- b. The Chair can convene additional meetings at the request of four or more partners or if he/she considers there is good reason.
- c. At least seven clear days before CPP meetings public notice will be given on the Council's website
- d. Agendas and all related papers will be available on the Council website www.argyll-bute.gov.uk or through a link on the Community Planning website www.argyllandbutecpp.net
- e. Items not on the agenda will only be considered if they are urgent and with the agreement of the chair and members of the partnership/ committee present
- f. Meetings will be open to the public. The members of the partnership/ committee can resolve to exclude the public if an item is deemed sensitive.

- g. Quorum - One quarter of the partners represented must be present for any decision making. If after ten minutes no quorum is achieved the meeting will be deemed inquorate and not take place.
- h. Minutes of meetings will be taken by a member of Council and will be made available on the Council's website www.argyll-bute.gov.uk or through a link on the Community Planning website www.argyllandbutecpp.net
- i. Members of the CPP must declare any interest, financial or non-financial, if any contract is to be discussed

4 THEMATIC GROUPS

4.1. Comprising of Council PPG members and relevant CPP partners Thematic groups will monitor and review achievement of key outcomes in the Community Plan within the thematic areas noted below by ensuring appropriate performance measures are in place. Thematic Groups will support and encourage effective collaboration and coordination between and within public, voluntary and community organisations operating in Argyll and Bute within the relevant thematic area.

4.2. The relevant thematic provisions relate to -

4.2.1. Social Affairs -

health, housing and local area regeneration, poverty, voluntary sector issues, school and pre-school education, young people and lifelong learning, social work services, and matters relating to culture and sport

4.2.2. Economy -

Economy, business and industry, vocational training, tourism and matters relating to transport and transportation, and matters relating to the strategic regeneration of the Council area.

4.2.3. Social affairs –

Social affairs and sustainable development, natural heritage, the land use planning system and building standards, social affairsal and protective services, energy agriculture, forestry and fisheries.

5 LOCAL AREA COMMUNIT PLANNING GROUPS

5.1. Local Area Community Planning Groups will develop and maintain Area Plans within Community Plan outcomes. To monitor and review achievement of the local delivery of key outcomes identified in the Community Plan by ensuring appropriate performance measures are in place. To support, and encourage effective collaboration and co-ordination between and within community based organisations operating in the local area. To give effect to the Community Engagement Strategy at a local level.

6 TIME LIMITED GROUPS

- 6.1. Comprising of relevant CPP partners with a designated lead. Time Limited Groups are formed to address specific issues and make recommendations to the Management Committee.
- 6.2. Time Limited Groups will agree their own operating arrangements assuming that they:
 - a. Follow the guidance given by the Management Committee in terms of their operational remit
 - b. Reach decisions by consensus
 - c. Report back to Management Committee at agreed times
- 6.3. Terms of Reference
Time Limited Groups will be created to:
 - a. Take forward an issue that requires more focused attention
 - b. Make recommendations to Management Committee within time agreed
 - c. Minutes or action notes of Time Limited Groups must be recorded and distributed to all group members. How minutes are recorded and distributed will be agreed by the group
- 6.4. Links to the Management Committee
 - a. Lead officers of Time Limited Groups will attend Management Committee meetings as required
 - b. Short written progress reports will be submitted as required

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Principles of Representation at CPP

This document is for all CPP partners, whether representing or being represented, at all levels within the CPP structure. It may also be of interest to other stakeholders.

The CPP Partnership Agreement was adopted in May 2009. Under the new structure partner organisations are regularly required to represent each other at Management Committee, Thematic Partnerships, Local Community Planning level and at other strategic partnerships.

In order for this to work partners must be confident that they are fully informed of any discussions taking place and are able to feed into any debate. It is essential that information flows in both directions.

If you are involved in Community Planning, at any level, you must demonstrate representation and ensure accountability:-

Clear lines of **accountability** allow representatives to speak with real authority. This does not mean that all decisions are subject to a consensus, at times a representative will have to present diverse, sometimes conflicting, views. Representatives should be prepared and able to explain decisions and actions.

Partners in a representation role should:-

- put into place reporting mechanisms that support the flow of information without creating unnecessary burdens;
- make arrangements that enable all partners to participate as fully as possible;
- ensure there is clarity about when one partner has a clear mandate to represent and when they do not.
- be clear about who they are representing

Other key principles of representation

- **Equality** – place equality, diversity and inclusiveness at the core of what they do
- **Leadership** – representatives will need to think and act strategically
- **Openness** – be as open as possible in all dealings and relationships
- **Purpose** – be clear about objectives and contributions – supporting them with a strong evidence base
- **Sustainability** – ensuring the continuation of the collective voice
- **Values** – identify and build on the values of community planning

It is not intended to prescribe how partners should organise themselves. However, a guiding set of principles should help partners develop arrangements that strengthen their representation, widen participation and

ensure transparency for other organisations taking part in events and meetings at which the representative is present.

Annual Review 2009/10

As part of the Annual review we will be asking partners to demonstrate

- how they are ensuring information flows within and between organisations
- that arrangements are in place to ensure that they are represented as appropriate in the CPP structure and associated strategic partnerships
- what they do to promote community planning

For further information contact: Eileen Wilson
Community Planning Manager
Eileen.wilson@argyll-bute.gov.uk

Telephone 01436 658726

HEALTH IMPROVEMENT – HEALTH IMPROVEMENT PLANNING AND PERFORMANCE ACTION GROUP UPDATE**Elaine C Garman, Public Health Specialist, NHS Highland****The CPP Social Affairs Thematic Group is asked to:**

- Note the paper

In the early part of 2008/09 the CPP multi-agency health improvement group (Health and Wellbeing Theme Group) started considering the planning mechanism required after the end of the existing Joint Health Improvement Plan. We recognised that despite having an SOA (and within that a health inequalities plan – Fairer Argyll and Bute Plan) we still required a plan and a group that would deliver on the multi-agency health improvement activity. We have reformed the group into Health Improvement Planning and Performance Action Group (HIPAG) and have agreed that activity should be around the national health improvement performance priorities: health inequalities, mental wellbeing, tobacco, alcohol, obesity and early years.

In June 2009 the Scottish Government provided an Advice Note on the role of Community Health Partnerships (CHPs) in improving the health and reducing health inequalities in the context of the Single Outcome Agreement (SOA) process. This Advice Note explains the requirement for more detailed health improvement planning with community planning partners below the SOA previously provided by Joint Health Improvement Plans. The HIPAG had anticipated the necessity the requirement for more detailed planning and undertook to produce a detailed plan. This paper outlines the work carried out that resulted in plans being produced during 2009/10.

The topics of mental wellbeing, tobacco, alcohol, obesity and early years have agreed national outcomes which have corresponding intermediate outcomes. We selected the intermediate outcomes in each of these areas and invited the Local Public Health Networks (LPHNs) (that link to HIPAG) to consider their priorities. The aim was to merge the top down agenda with local grass roots priorities and enthusiasm. Working on these outcome-focussed plans represents a huge amount of work, in many cases being undertaken by community members and voluntary organisations working alongside their statutory agency partners. With these plans each of the Networks then allocated their portion of the Health Improvement Fund (HIF) according to their identified outcomes. However it should be noted that some of the work requiring HIF monies was slipped from last year to 2010/11 due to budgetary constraints. Appendix 1 shows the consolidated actions being taken across all the LPHNs. Now that this is complete we can consider whether there is further strategic work that needs to happen within the Argyll and Bute CPP to complement the local actions.

So far NHS Health Scotland has developed strategic logic models for alcohol and tobacco and is currently working on mental health and wellbeing. This draft logic model is contained in Appendix 2. It is populated with the different levels of outcomes and NHS Health Scotland is currently adding the evidence to support actions/interventions and a menu of suggested performance indicators. This will cut down substantial duplication of work across Community Planning Partnerships in Scotland.

In conclusion the way that we have developed health improvement planning within Argyll and Bute meets the requirements of the Advice Note sent out in June 2009. The consolidated plan now allows us to take forward further strategic work to complement these local actions.

Elaine C Garman**Public Health Specialist, 22 April 2010**

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Health Improvement Planning and Performance Action Group - Consolidated Outcome-focused Plan		Short term outcomes	Intermediate outcomes	Long term outcomes
Actions				
Improving Mental Wellbeing				
Increased partnership working, networking and forums, marketing, training and awareness raising of each others activities through regular updates, joint training and networking opportunities	Increased suicide prevention activity	Fewer suicides		
Suicide prevention activities				
Marketing, raising awareness				
Referral schemes to complementary therapies and stress management. Self management programmes, self esteem and confidence building programmes, CBT based counselling, volunteering courses, outdoor activities, physical activity, training, befriending and supportive networks and groups	Increased health and wellbeing support in schools			
Buddying, befriending, signposting				
Emotional literacy courses and programmes, PX2 programme. Breakfast Club				
Contraception to be easily accessible to young people in Council premises	*Increased joined up activities and training to support mental health improvement work and suicide prevention	Greater mental health literacy across the public sector		Reduced inequalities in mental wellbeing in adults aged 16+
Workshops on mental health, MHFA, partnership working				healthy life expectancy at birth
Support and coordinate activities for older people (50+) to lead a full and active life and to increase mental health and wellbeing in later life such as lunch clubs, dance clubs, outings, active aging groups, forums etc	More opportunities for social interactions particularly for isolated individuals			
Attending local activities, e.g. Rosneath Games, Police 5 a side team				
Social interaction with peers				
Outdoor physical activity, Stramash, Atlantis Active Schools				
Timebanking/volunteering promoted				
Increased face to face support for dementia sufferers				
Respite for carers				
Development and delivery of information and training packages in the needs of young carers	*More opportunities for creative activities for vulnerable groups			
Drama, music groups U3A				
Individual support to disaffected young people				
Physical health programme based on risk reduction model - falls, admissions, dependencies	*Young people develop coping strategies to deal with personal issues *Accessing active health provision	*Older people having confidence in accessing services appropriately		

Information and guidance to access related services	*Establish links to formal services	*Increased awareness of health and wellbeing services	
* local action plan additions Scope for more creative actions			

Reduced alcohol related deaths and hospital admissions, reduced inequalities in Healthy Life Expectancy			
Actions	Short term outcomes	Intermediate outcomes	Long term outcomes
Increased information points and access to clear, consistent information, support and advice at multiple locations.	Increased public access to information relating to risks, and attitudes to drinking in young people *Increased networking and joined action	Improvements in knowledge and attitudes towards to alcohol	Reduced alcohol related illness
Develop sign posting and referral routes Draw up local workplan for joint working and monitoring of activities Encourage GP practices to sign up to NHS programme of early screening and intervention			
Run targeted local campaigns to highlight safe use of alcohol and drugs Provide counselling, support and activities for people who misuse alcohol and drugs Awareness raising in schools	Increased understanding of risks and attitudes to drinking and drugs *Increased support to change attitudes and habits		
Encouragement of increased availability of evening and weekend activities which are perceived as acceptable to young people Range of diversionary activities by youth work providers, Discos, Youth Café, Youth Clubs	*Increased opportunities for young people to socialise and develop interests and hobbies	Less drunkenness	Less alcohol related violence
Use of Young Scot card as proof of age Forum for communication with licence holders is established/used to raise a number of issues around alcohol use	Reduced sales of alcohol to underage drinkers and their agents		
DRIVESafe Work with new drivers	Fewer drunk driving episodes	Less drink driving	
Awareness raising re refusing to serve alcohol to drunk people		Reduced acceptability of hazardous drinking and drunkenness	Less absenteeism
Make alternatives to alcohol more attractive			Culture in which low alcohol consumption is valued and accepted as the norm
* local action plan additions	Gaps: absenteeism - promote Healthy Working Lives/occupational health, sickness absence policies link with Alcohol and Drugs Plan		

Reduced illness due to obesity, reduced inequalities in Healthy Life Expectancy	Actions	Short term outcomes	Intermediate outcomes	Long term outcomes
Use, create and maintain suitable information points for information resources about healthy eating and active lifestyles	Partnership working	Increased knowledge of physical activity opportunities *Increased uptake of healthy lifestyle information	Increased physical activity	
Develop, coordinate and update easy referral and signposting routes to local physical activity and healthy lifestyle programmes	Physical health programme based on risk reduction model - falls, admissions, dependencies	Increased knowledge, skills and motivation to partake in physical activity		Reduced deaths from Coronary Heart Disease
Provide Healthy Family programme	Provide aquanatal service	More people walking regularly		
Support the establishment of volunteer led health walks				
Dance programme - increased participation of teenage girls in physical activity	Promote Sports Leader training course and create more opportunities for participation in PA and skills development			
Physical wellbeing monitoring -BP, heart rate monitoring, mental health and dementia tests	Active schools programmes			
Referral process for Xprogramme				
			More options available for active travel	Improved population mental health and wellbeing
Promote out door activity programmes and use of green spaces and routes including active travel		*Increased knowledge of the benefits of establishing patterns of active living in families	More use of outdoors for physical activity	
Run programmes and develop resources to increase skills, availability and knowledge about healthy eating		*Increased knowledge and skills about effect of food intake on health and weight		Reduced illness due to obesity
Basic skills cookery courses		*Increased skills to grow foods and cook a meal from fresh ingredients		
Support Farmers Markets and food fairs and events		*Increase in available local produce		
		*Increased knowledge of the benefits of healthy maternal and infant nutrition		

* local action plan additions **Green font** - links with Food and Health Strategic Plan **Gap** - active travel - **CfE/HWLs** - green travel plan/active commuting packs/stair walking signs

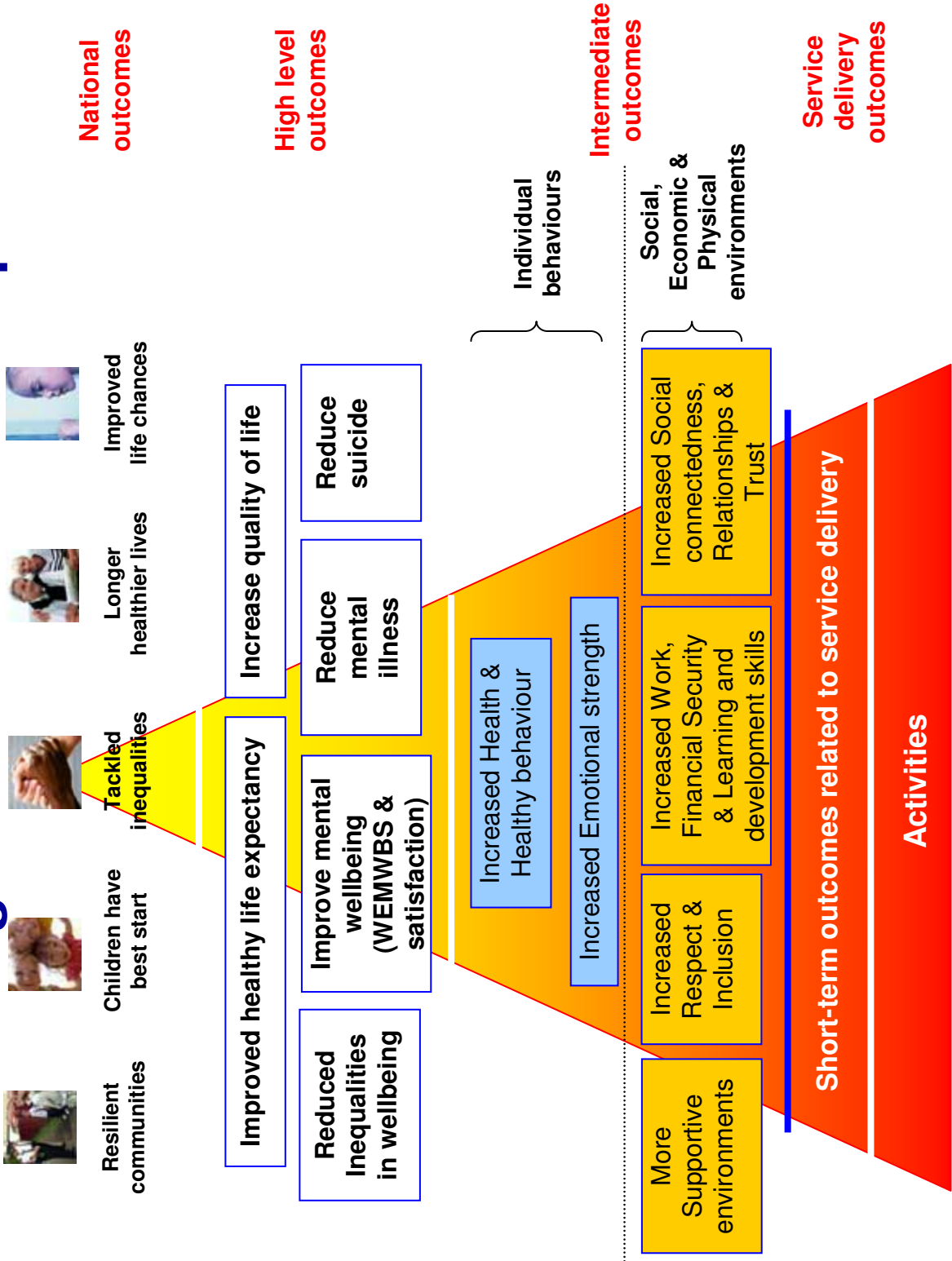
Actions	Short term outcomes	Intermediate outcomes	Long term outcomes
Promote Healthy Living Award	*Increase in resources for use in the community *Increased healthy food choices available		
Marketing-community baby Friendly Promotion of breast feeding Bumps and babies, parent and toddler	Promote a positive environment for breast feeding	Increased rate of exclusive breastfeeding at 6-8 weeks	
* local plan additions	scope for actions to promote Baby Friendly Community?		

Reduce tobacco related morbidity and mortality and reduce inequalities	Short term outcomes	Intermediate outcomes	Long term outcomes
Actions			
Information dissemination, No Smoking Day activity, promotion smoking cessation services	Understanding risks, attitudes to smoking	Reduced rates of active smoking in adults and young people	Increased healthy life expectancy (in most deprived areas)
One to one support, smoking cessation group, drop in support sessions			
Monitor underage sale of tobacco		Reduced uptake of smoking by young people	
Smoke Free Me in schools			Reduced cardiovascular disease
		Reduced exposure to second hand smoke	Reduced risk of cancer
Actions around tobacco test purchasing?			

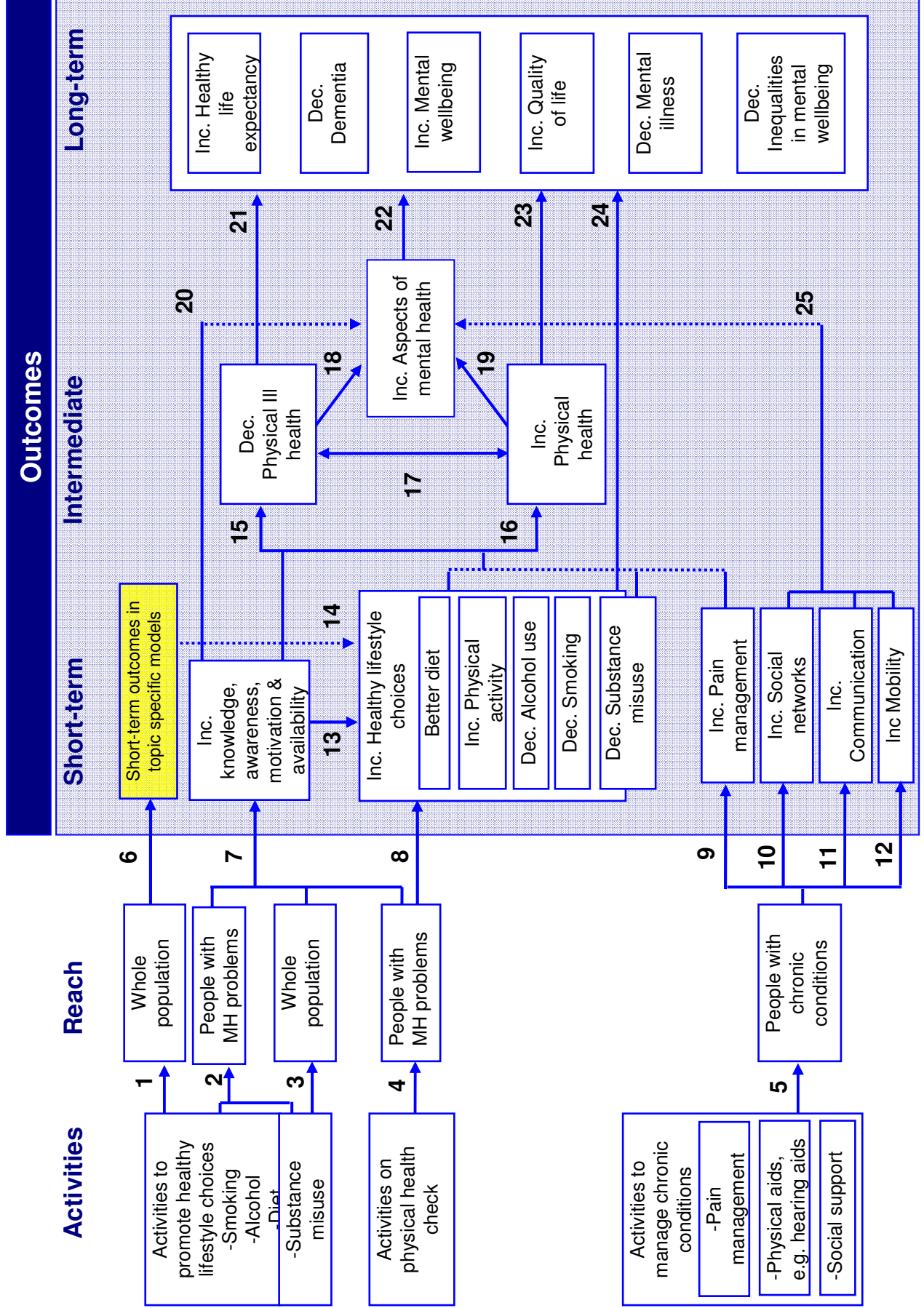
Early years- ensuring the healthy development of young children and their parents/carers			
Actions	Short term outcomes	Intermediate outcomes	Long term outcomes
Bumps and babies, parent and toddler	*A positive environment for breast feeding Increased knowledge of the benefits of healthy maternal and infant nutrition	Improved breast feeding rates	
Nutrition awareness sessions pre and post birth, promotion of breast feeding Weaning demos, information, resource packs	Increased uptake of information for young people, including drop in centres	Reduction in vulnerable pregnancies	Reduced inequalities in low birthweight - - healthy life expectancy at birth
Needs assessment re the Zone Curriculum based educational programmes	*Signs of confidence and bonding between parents and babies as measured using practice based research evidence		
Positive parenting classes Baby massage classes			
Dissemination of information in schools re the drop ins, sign posting Promote programmes and activities in families , Parent and toddler groups			
Restyle Xprogramme After and out of school clubs Sessions in Leisure pool Promotion of walking groups to new mums Top Start for pre 5 workers Paths to health support	*Increased group activities for parents with babies and young children	Reduced % of children overweight or obese	
Annual health fayres, activities during national awareness days Breakfast club support	Increased knowledge of the benefits of establishing patterns of active living in families	Healthier lifestyles among younger women (diet, smoking, alcohol)	
Promotion of smoking cessation service No Smoking Day activity	Increased knowledge of harmful effects of smoking particularly during pregnancy		

Actions	Short term outcomes	Intermediate outcomes	Long term outcomes
Access to natural play spaces		Children have more active lifestyles, access to green space and opportunities to play	
Physical activities indoors/outdoors- raising awareness of healthy bodies through fun activities			
Promoting Forest school trips outdoors			
Children learning to take risks in a controlled environment			
Road safety - car seats, trips in the community and on outings			
Bookstart, rhyme time	*Children improve literacy and numeracy skills		
Volunteer tutor group supporting vulnerable school age children			
* local action plan additions Vulnerable families- ? able to target more			

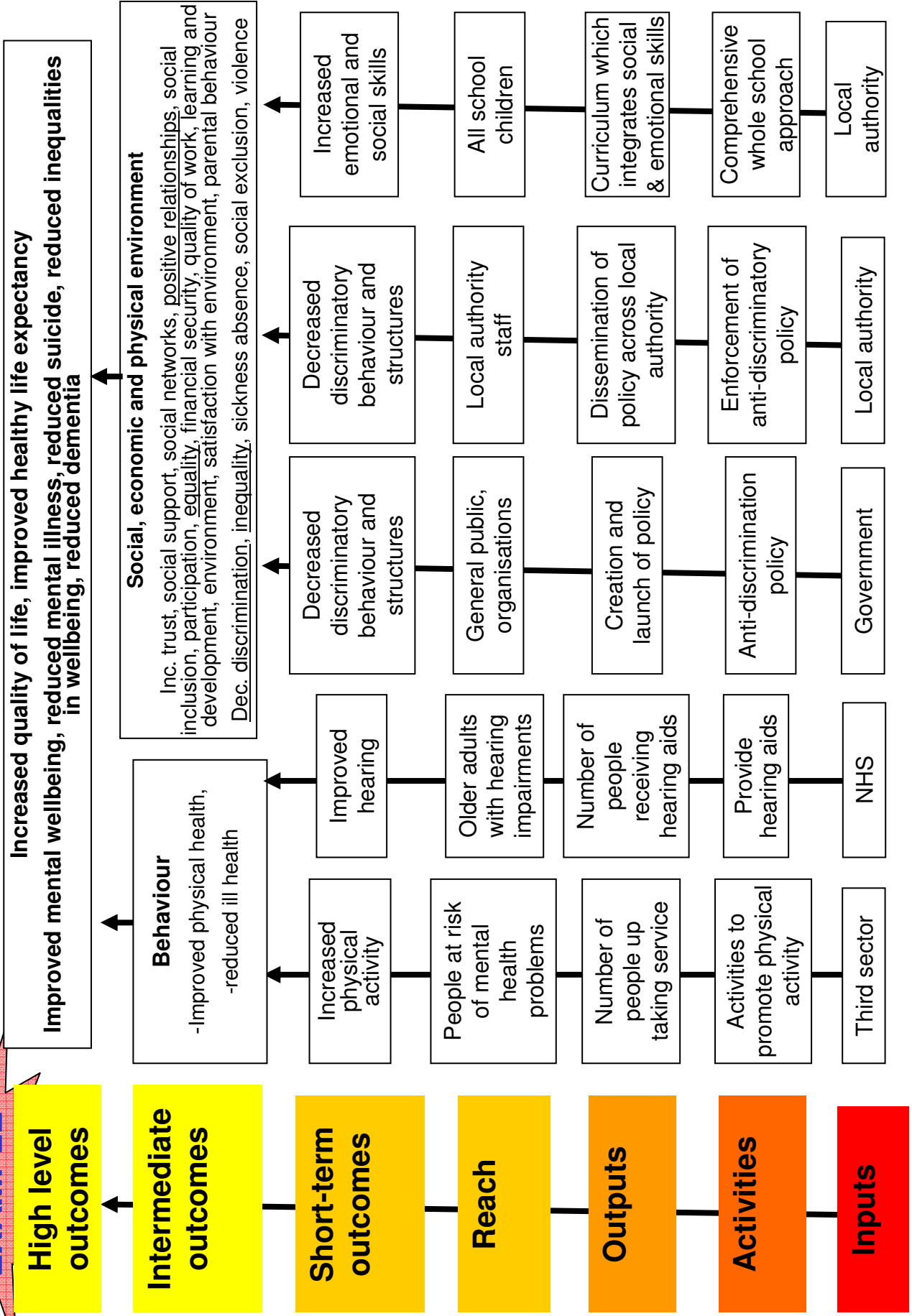
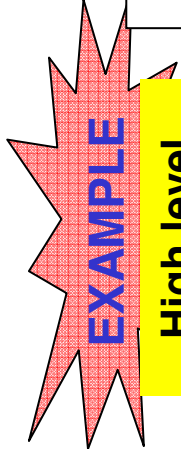
Outcomes triangle for mental health improvement



Draft mental health logic model



Multiple results chains



Intermediate outcome areas

**More
supportive
environment**

**Increased
work, financial
security &
learning and
development
skills**

**Increased health
& healthy
behaviour**

**Increased
emotional
strength**

**Increased social
connectedness,
relationships &
trust**

**Increased
respect
and
Inclusion**

Intermediate outcome areas

More supportive environment

Safety

- Neighbourhood safety
- Home safety
- Non-violent neighbourhood crime
- Perception of local crime

Physical environment

- Neighbourhood satisfaction
- Noise
- Escape facilities
- Green space
- House condition
- Overcrowding

Violence

- Partner abuse
- Neighbour violence
- Attitude to violence

Increased health & healthy behaviour

General health

- Self-reported health
- Long standing physical condition or disability
- Limiting long-standing physical condition or disability

Healthy living/behaviour

- Physical activity
- Healthy eating
- Alcohol consumption
- Drug use

Increased emotional strength

Mastery, Control & Self-efficacy (Emotional intelligence)
Meaning & Purpose (spirituality)
Individual psychological factors

Increased work, financial security & learning and development skills

Working life

- Stress
- Work-life balance
- Demand
- Control

Financial security/dept

- Financial management
- Financial inclusion

Learning & development

(related to work)

Increased respect & inclusion

Social inclusion

- Worklessness
- Education

Participation

- Volunteering
- Involved in local community
- Influencing local decisions

Equality

- Income inequality
- Equality analysis

Discrimination

- Discrimination
- Racial discrimination
- Harassment

Access to & experience of services

Fairness

Perceived inequality / exclusion

Increased social connectedness, relationships & trust

Social networks

- Social contact

Social support

- Social support
- Caring

Trust

- General trust
- Neighbourhood trust

Relationships

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