

Community Wellbeing Activity Mapping Services

Final Report

for

Highland Wellbeing Alliance
Partners
April 2007



economic development & regeneration

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Executive Summary

Introduction

This study has been prepared by EKOS in response to a brief issued by the Highland Wellbeing Alliance (HWBA), the Community Planning Partnership (CPP) for the Highlands, which is in the process of refocusing its activities around seven key themes, of which one is “Community Wellbeing”.

Study Aims and Objectives

The mapping exercise examines the current activities and arrangements around a variety of fields that make up the Community Wellbeing strand – regeneration, health, community safety, community learning, financial inclusion and European programmes. The other theme that is proposed for Community Wellbeing (cultural planning) is not included in this review as there is not yet an agreed HWBA strategy in place. Each of these currently tends to have separate funding streams, requirements to produce plans, working groups, and reporting arrangements. The partnership has identified that there may be opportunities for streamlining, removing duplication, achieving better targeting of resources and clarifying roles, responsibilities and governance arrangements.

While the Community Wellbeing theme has links to a number of other key themes in the CPP, the study is particularly interested in exploring strategic and partnership linkages with the theme of “integrated children’s services”. There is a need to bring integrated children’s services formally into Wellbeing Alliance structures and ensure that work streams, which deal with children, become part of the children’s plan and committee arrangements rather than setting up separate arrangements.

There are therefore three key study objectives:

1. Literature review of strategies, plans, and outcome agreements to: provide an overview of all the objectives, targets, delivery and reporting mechanisms and life spans, etc.; identify areas of overlap, linkages and stand-alone areas; and identify fit with children’s services;
2. Identify drivers and resources for activities in the Wellbeing cluster – paying particular attention to national policy, requirements, resources and upcoming changes, and partner resources and staffing. This stage again involved identifying overlaps, linkages, stand-alone activities, and fit with children’s services; and
3. Map partnership processes: structures, governance, reporting, and extent of community involvement.

There is a requirement to acknowledge that the Community Wellbeing cluster sits within a constantly shifting landscape, and that the study is undertaken during a period of transition for many of the work streams and also within the Highland political structures. The forthcoming elections may bring further change to the operating environment and policy priorities at the Scottish and local levels.

In addition, it is important to note the caveat that this report provides a factual mapping of the objectives, targets, performance indicators, resources etc outlined in the various strategies and plans and does not necessarily reflect what people are doing on the ground in terms of the implementation and delivery of these strategies.

This study aims to contribute, therefore, to the discussions at national, regional and sub-regional level, on the changes that are necessary to implement the Community Wellbeing strand of the Highland Wellbeing Alliance in a more efficient and effective way.

Study Method

A major part of the exercise involved a literature review of key strategic documents, supplemented by online research where appropriate, of the 22 strategies, plans and outcome agreements that form the basis of the Community Wellbeing cluster.

In order to supplement the initial literature review and to gain a better understanding of the cluttered landscape of the Community Wellbeing cluster, it was necessary to gain feedback through consultations with key strategic partners and via an online survey with partners at the sub-regional level. A total of 21 consultations (some of which were group meetings) were undertaken with some 29 individuals. The online survey achieved responses from seven individuals (32% response rate). The limited level of response attained has not allowed for a full assessment to be made of activities at the operational level.

Furthermore, the outcome of the discussions at a meeting of the Officers' Group, held at the Highland Council headquarters in Inverness on Wednesday, 4th April 2007, has been factored into this report.

Key Findings and Conclusions

Community Wellbeing Cluster Work Streams

It has been possible to identify groupings within the Community Wellbeing cluster. Within the 'regeneration' theme, three strategies that have come down from the Scottish Executive focus on getting people into education, training and sustainable employment (WFP, NEET, WFF). The future delivery of WFF and NEET will need to be reviewed and delivered in the context of WFP.

Likewise, there are a number of strategies within the regeneration theme that focus on tackling issues in particular communities (ROA, STN, IatE and RSPA). The approaches range from economic and employment promotion, to community facilities and engagement, depending on community needs. There may be an opportunity to extend the reach of the ROA, which is currently a plan for the use of the Community Regeneration Fund, to be the lead document for other regeneration activities, such as those named above. This would help to integrate and streamline approaches to community regeneration under the HWBA banner.

Similarly, the term 'community safety' covers a broad range of themes from protection and from prevention of crime and anti-social behaviour to environmental, road, home and personal safety, and could be considered to encompass a range of strategies in the cluster (CSS, ASBS, VAW, YJ and HD&AATCAP).

The equality and diversity theme cuts across the Community Wellbeing cluster (and indeed the other clusters in the HWBA). Steps should be taken to ensure that this theme is incorporated into partnership activities across the board.

The European Programmes play a *supporting role* to the other strategies and plans in this mapping study, and have explicit strategic linkages with the WFP and NEET, CtoG initiatives, Lifelong Learning Strategy and Adult Literacy and Numeracy Strategy, and the forthcoming Social Enterprise Strategy. The draft ESF Operational Programme states "Structural Funds can be an important instrument for integrating funding in support of the social inclusion and employability aspects of the regeneration agenda". Therefore, the Programmes support the regeneration, community learning and development and social economy themes of the Wellbeing cluster. There is also crossover into the HWBA Economy cluster, particularly from the ERDF Programme.

Objectives

The literature review brought to light in excess of 100 strategic objectives in the Community Wellbeing cluster. Under nine broad headings as defined in the report, the key linkages, areas of overlap and uniqueness are summarised in **Table 6.1** in the main report. It is clear that many of the strategic documents have wide-ranging strategic objectives, while others have a unique purpose and aim. In some instances, we also identified that important aims of strategies were not always to be found in their list of key objectives. For example, with regard to the *equality* theme, it is important to note that other strategies such as the ASBS, ERDF, ESF and ALNSP deal with equal opportunities, but this is not expressed in the main objectives. Indeed, there is a statutory requirement under the Local Government Scotland Act 2003 for equality and diversity issues to be embedded in and reflected across all the work streams within the Wellbeing cluster. Given the volume of strategic documentation under review, the limitations of this exercise to comment

on all of the less explicit objectives of the strategies, is therefore acknowledged.

Performance Targets/Indicators

The review also uncovered some 200 performance indicators and targets. That said, we noted that a number of strategies (10) had no performance indicators that we could apply to this exercise, either because they were under development, at sub-regional level, or not found.

It was again possible to find commonalities across the strategies, and we divided the performance indicators into the objective themes of economy, employment, learning/training, etc. One new category had to be added, environment, to capture performance indicators within the RDP.

As shown in **Table 6.2** in the main report, in many cases we identified indicators relating to similar themes. In some cases also, we found matching indicators/targets across strategies. However, in other cases, varying targets were attached to the same performance indicator and there is an opportunity for this overview to provide the basis of some rationalisation and clear up of performance monitoring information. We would recommend that the number of performance indicators be reduced to a more focused, manageable quantity.

There may also be scope to review the performance indicators in the light of the objectives section to identify any areas where the strategy's objectives are not fully reflected in the performance indicators and vice versa.

Areas for Further Consideration

The issues outlined below highlight some of key areas that need to be considered by the Officers' Group prior to the preparation of the proposed Wellbeing Cluster ActionPlan.

Social Economy's Contribution to Work Streams

The overall mapping of the strategies and plans for the Wellbeing cluster is incomplete given the current lack of an appropriate all encompassing strategic document for the social economy and voluntary sectors and, as a consequence, a lack of quality standards and frameworks to enable workers on the ground to track and monitor a plethora of activities. At present, activities in these sectors are driven by the allocation of funding and service level agreements on a project-by-project basis. The solution to this issue lies at a national and political level, with the need to drive towards an integrated and strategic approach to all the sub-sectors which comprise the social economy.

It should also be recognised that this theme, in relation to social enterprise, also has a place in the HWBA 'Economy' cluster, and there is need for clarification of CP arrangements in this regard.

Policy Context

The interpretation of policy cascading down from the Scottish Executive is a key issue for the work streams within the Wellbeing cluster. Policies (e.g. anti-social behaviour) tend to be designed with a focus on urban (i.e. Central Belt) areas rather than for rural Scotland. Different dynamics are prevalent in rural areas, which has made it harder to achieve fit with and contribution toward national policy and targets. The issues outlined below should be considered:

- there is a need for clarification on the numerous targets that have been set at the national level vis-à-vis those that are appropriate to measure at a regional level. Fit and contribution to national targets still needs to be demonstrated in order to access funding. For example, organisations such as the NHS are reviewed on their performance against national targets but are also expected to work with local partners to achieve locally determined objectives;
- at present, policy is driven by the specification of outputs and impacts by the Scottish Executive. Ministers are involved in the 'means to the end' i.e. what must be put in place for local delivery. The solution to local delivery issues may be for the Scottish Executive to be more focused on the end rather than the means. This approach would enable the community itself to determine the most effective delivery mechanism on the ground; and
- the current period of structural change at sub-Highland level, presents an opportunity to tackle the disconnect between the policy level and the sub-regional operational level. However, important issues remain, not least the different sub-regional geographies of the Highland Council, NHS Highland and Northern Constabulary. Leaving room for local priorities to be addressed, while streamlining partnership structures, presents a major challenge.

Accountability, Management and Audit

The report highlights the various partnerships, lead partner organisations and the various Scottish Executive departments, by each Wellbeing cluster work stream, that are held to account in terms of providing appropriate scrutiny and governance activities. A breakdown of each discrete work stream's managerial requirements is then provided at the partnership and lead partner organisation level. As result of this mapping and supplementary consultations with senior staff by work stream, it is suggested that the following issues need to be discussed and considered:

- mechanisms to be put in place for collaborative strategy development, performance monitoring and joined-up reporting thus reducing duplication in terms of capturing the evidence for similar performance measures to satisfy the various reporting requirements by partnership groups and that of distinct organisations to their own funding bodies. For example, the ROA and ASBS contain similar and related performance indicators, but have reporting requirements at varying times throughout the year, namely January and July respectively, where the lack of a collaborative approach to such performance reporting has led to inefficiencies in terms of staff time;
- clear and transparent arrangements need to be put in place to hold people to account. However, the governance situation cannot be resolved purely at the Highland level, and there is a need for the Scottish Executive to provide clarity on its requirements at a local level; and
- the HWBA Leadership/Leaders' Group adopts a more pro-active influencing and facilitating role with the various Scottish Executive departments with regard to promoting partnership connections and collaborations between work streams and providing clarity on governance arrangements.

Statutory Requirements for Equality and Diversity

There is a statutory duty under the Local Government Act to embed and mainstream equality and diversity policy (race, disability, gender) into the Community Planning process, and for Local Authorities to report on actions and procedures to local communities. There is no requirement for general reports to be submitted to the Scottish Executive.

Equality and Diversity issues therefore need to be embedded in and reflected across all the work streams within the Wellbeing cluster, including links with FHCh2.

Resources

The issues for discussion with regard to the processes and procedures involved in securing resources, both financial and human, for the Wellbeing cluster are as follows:

- there is wide variance in the volume of funding available to deliver strategies, with some benefiting from fairly stable and significant funding, e.g. ROA, whereas others have no confirmed funding in place, whether from national or Highland sources (e.g. Draft Financial Inclusion Strategy);

- clarification is required over the available resources to deliver the plans compared with the resources at the disposal of individual partners in terms of delivery by work stream activities and themes, such as for the JHIP and CL&DS;
- some areas have complex funding structures in place, where funding is secured through a multitude of funding streams, such as the £2m of Scottish Executive resource to Youth Justice;
- there is a requirement for the Scottish Executive to provide more transparent routes to funding through distinct CP groups thus reducing funding streams which straddle partnership responsibilities which lead to confusion, instability and uncertainty;
- given that many of the strategies and plans are still in draft form, it is important to ensure that where necessary and appropriate, dedicated human resources are identified which are supported directly through a particular fund; and
- there is potential for the IMG to add value to the CPP, through a dedicated resource, to see the 'bigger picture' in terms of the evidence base and the monitoring and reporting requirements across the various public and voluntary sector agencies / organisations by work stream. This needs to be tempered with a recognition that a 'generalist' IMG team cannot be expected to know all the details involved by work streams i.e. the IMG should be a key support function rather than a policy leader.

Streamlined Partnership Approach

While taking cognisance of the various statutory obligations, the HWBA is keen to develop a more streamlined partnership structure which alleviates the current issues regarding overlapping roles and responsibilities and resources required to make these complex partnership arrangements work. Care must also be taken to allow for partnership interface with the children's structures, where strategies and funding streams crossover age boundaries. The following issues need to be considered:

- in terms of corporate partnership activity there is a need for such capacity to be incorporated into representatives' formal roles in order to attend HWBA meetings. Furthermore, individuals who sit on the Officers' Group need to have some delegated authority to make decisions on behalf of their organisation. Therefore, function – role – outcome – all need to be clearly defined with due cognisance to be given to the various cultural issues within different organisations and agencies;
- greater buy-in and ownership of strategies and plans by individuals and organisations needs to be won. Individuals and organisations do not necessarily associate the work they do with the strategy,

and it is often left to a small number of individuals to monitor progress. For example, it has been suggested that focusing on the element of health improvement that concerns capacity building of partnership organisations as “health improving organisations” would provide added value to this theme. A key issue with regard to partnership working has been the inconsistency of involvement; this inevitably impacts on the ability to manage and drive the strategic agenda; and

- it has been suggested that the HWBA refocus its activities around a number of key priorities for the cluster, around which partnership groups could be formed. Specific suggestions related to the themes such as the prevalence of alcohol misuse, reduction in crime and inward migration of workers. This can be translated into providing a focus on the overarching priorities as detailed below:
 - community regeneration
 - community safety
 - health improvements.

At the same time, this may be a valid point to review the core membership of the HWBA itself. The consultations in particular raised the question of Jobcentre Plus’ key role in many of the regeneration activities, while lying outside the core membership of the Community Planning Partnership.

Discussions will be required around the findings relating to the local partnership groups in existence at sub-regional level, many of which mirror those at the Highland-level, as follows:

- partnership of unequals – varying levels of authority around the table, with lack of decision-making powers causing delays and frustrations at partnership level;
- initiative overload – too many strategies from different government departments/agencies, each with their own requirements has resulted in a need for rationalisation;
- lack of commitment and buy-in to the CP process from some partners – there is a need to change approach to make the partnership work more effectively;
- need to clarify roles and responsibilities;
- lack of flexibility – desire for local delivery based on high level strategic direction at the Highland level; and



- vertical communication – need to improve levels of communication between Highland and sub-Highland levels.

1. Introduction

This is the draft final report of the Community Wellbeing Alliance Mapping Study. The study was commissioned by the Highland Wellbeing Alliance (HWBA), the Community Planning Partnership (CPP) for the Highlands, which is in the process of refocusing its activities around seven key themes, of which one is “Community Wellbeing”.

1.1 Study Objectives

The mapping exercise examines the current activities and arrangements around a variety of fields that make up the Community Wellbeing strand – regeneration, health, community safety, community learning, financial inclusion and European programmes. The other theme that is proposed for Community Wellbeing (cultural planning) is not included in this review as there is not yet an agreed HWBA strategy in place. Each of these currently tends to have separate funding streams, requirements to produce plans, working groups, and reporting arrangements. The partnership has identified that there may be opportunities for streamlining, removing duplication, achieving better targeting of resources and clarifying roles, responsibilities and governance arrangements.

While the Community Wellbeing theme has links to a number of other key themes in the CPP, the study is particularly interested in exploring strategic and partnership linkages with the theme of “integrated children’s services”. There is a need to bring integrated children’s services formally into Wellbeing Alliance structures and ensure that work streams, which deal with children, become part of the children’s plan and committee arrangements rather than setting up separate arrangements.

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2. Identify drivers and resources for activities in the Wellbeing cluster – paying particular attention to national policy, requirements, resources and upcoming changes, and partner resources and staffing. This stage again involved identifying overlaps, linkages, stand-alone activities, and fit with children’s services; and
3. Map partnership processes: structures, governance, reporting, and extent of community involvement.

The process map shall be presented along with a commentary which identifies areas for improvement and further consideration.

According to the brief, EKOS was not required to produce an improvement plan. This is outwith the scope of this project and will be taken forward separately.

It is important to note the caveat that this report provides a factual mapping of the objectives, targets, performance indicators, resources etc outlined in the various strategies and plans and does not necessarily reflect what people are doing on the ground in terms of the implementation and delivery of these strategies. Although an online survey was undertaken to capture the processes at the local level, the limited level of response attained has not allowed for a full assessment to be made of activities at the operational level.

1.2 Study Method

The study method comprised five stages:

Stage 1: Inception: this has involved a first meeting to clarify study objectives and method with the Steering Group, and the set up of the study, including draft design of proformas and reporting structures and collection of documents;

Stage 2: Literature Review: desk-based research to map plans' objectives, targets, monitoring requirements etc, and where possible through a documentation review, undertake the ground work for the other two study objectives by identifying policy drivers and resources, and partnership structures;

Stage 3: Interim Report: providing the opportunity for the advisory group to comment on the desk-based research, and the arrangements for the consultations and online survey;

Stage 4: Consultations and Online Survey: gathering views from representatives of the key strategic partners (21 interviews were conducted with a total of 29 consultees), and sub-regional partners through an online method, regarding current and future policy drivers, resources at national and Highland levels, and to identify where changes are needed to rationalise activities under the Community Wellbeing banner¹; and

¹ The online survey targeted sub-regional managers of Highland Council, NHS Highland, Northern Constabulary and Highlands and Islands Enterprise, achieving a 32% response rate.



Stage 5: Analysis and Reporting: final analysis and synthesis of findings in a draft report, presented at a meeting with the HWBA Officers Group, to begin the process of future action planning. This final report has been produced following that meeting, and has taken into account comments received at that time. A final presentation was made to all those involved in the consultations in May 2007.

2. Study Context

2.1 Introduction

This chapter sets the mapping study in context, providing some background to community planning, and the Audit Scotland's review of progress, as well as recent and forthcoming changes to the CP environment in the Highland area.

2.2 Community Planning

The impetus for CP came in 1998 when the Scottish Executive and COSLA produced guidance to steer Councils in the development of CPPs. The introduction of the Local Government in Scotland Act (2003) gave CP a legislative base and established The Power to Advance Wellbeing and Best Value.

The main aims of CP have been described as²:

- making sure people and communities are genuinely engaged in the decisions made on public services that affect them; allied to
- a commitment from organisations to work together, not apart, in providing better public services.

Furthermore, CP should be the key over-arching framework for co-ordinating initiatives and partnerships and where necessary acting to rationalise and simplify a cluttered landscape. It can act to improve the connection between national priorities and those at regional, local and neighbourhood levels. It needs to be a three way process, where CPPs can influence national priorities, but also co-ordinate the delivery of national priorities in a way that is sensitive to local needs and circumstances.

Whatever structures adopted, there needs to be clarity of roles and tasks, clearly defined operational rules, and clear lines of accountability and delegation to ensure that structures work effectively.

The Act places responsibilities on local authorities to initiate and facilitate the CP process but development and delivery of specific strategies and themes within the CPP should be a shared task, with the leadership role being carried out by the organisation best placed to discharge this role.

²Scottish Executive, Local Government in Scotland Act 2003 Guidance.

The Scottish Executive also has a duty to ensure that it is joined up in setting priorities and communicating to agencies and CPPs the means of delivering these priorities. The Scottish Executive needs to integrate and co-ordinate national policy initiatives and funding streams that require partnerships at local level.

2.3 Findings of Audit Scotland Review

The initial review of community planning conducted by Audit Scotland³ found that the Scottish Executive and CPPs should agree a small number of strategic priorities and how to measure performance against these policy areas. It found that central government should:

- improve co-ordination and integration among initiatives;
- rationalise the different funding streams accessed by partnerships; and
- develop a more standard approach to monitoring spend against individual funding streams.

The report highlighted that nationally accountable partners (such as the enterprise network, the NHS and Communities Scotland), supported by the Scottish Executive, should set clear guidelines for their local organisations on what they expect to be achieved through local partnership working. It found that this should be supported by allowing greater flexibility and autonomy to accommodate local partnership priorities when responding to national priorities.

Finally, the report recommended that the Scottish Executive should review the number of partnerships it requires local authorities and other partner organisations to establish, and ensure there are clear remits and no duplication.

2.4 Developments in the Scottish Executive ⁴

At the present time, the Scottish Executive is in the process of liaising with the chairs of all CPPs throughout Scotland to assess their prioritisation of policy for this year's Strategic Spending Review.

Ministers have a legal duty to promote and develop the community planning agenda, but the Scottish Executive is trying to move away from imposing excessive bureaucratic requirements with regard to policy development and delivery.

³ Audit Scotland (2006) *Community Planning: An Initial Review*

⁴ Based on discussions with the Head of Community Planning Team at the Scottish Executive

The Community Planning Team is working closely with other discrete teams in the Scottish Executive in order to streamline bureaucracy from the top-down and to create stronger departmental links thus leading to greater communication. For example those working on:

- the new outcome-focused performance framework⁵ for local government and its partners is being developed as an important part of the Public Service Reform agenda to replace the Statutory Performance Indicator (SPI) Framework; and
- the development of Pathfinder Outcome Agreements (OAs) – particularly OAs that cover the whole area of work for local authorities and CPPs. At present the Pathfinder OAs for North Lanarkshire, South Lanarkshire, West Lothian and East Renfrewshire are in the public domain.

There is recognition by the CP team and other such teams in the Scottish Executive of the need to realise a measurable reduction in planned strategies across the various themes thus decreasing the number of planned funding streams. Tensions can arise when portfolios and policies are developed without due consideration of potential overlapping areas. In the early years of CP, it has been claimed that 'initiative-itis' was widespread, a symptom of greater availability of financial resources. As discussed above, new outcome-focused performance framework has flagged up the need to reduce the number of separate funding streams and to co-ordinate activities better.

In light of the above there is a need for the convergence of overlapping areas of policy. Due cognisance needs to be given to how CPPs work locally and making sense of the 'cluttered landscape' with regard to CP policies, strategies, plans, OAs, overlapping partnership groups (a symptom of overlapping policies), performance measures, etc.

There is specific interest in flagging up issues in the mapping study regarding the timing of reporting back to the various departments of the Scottish Executive on performance against various strategies, OAs, etc, many of which are recording the same or similar performance measures.

2.5 A Time of Change in the Highlands

This study is being undertaken at a time of review and restructuring in the Highlands.

⁵ A discussion paper, 'Improving Local Services in Scotland: a New Performance Framework', outlines how the framework is being developed, and sets out the guiding principles which it is suggested should underpin the framework, together with the key requirements in the development of performance measures.

As already mentioned, the HWBA is refocusing its working arrangements to deliver on seven areas of partnership business. They relate to issues of strategic concern (such as the economy, transport, housing and the environment) and areas of integrated service delivery such as services for children and services for people with community care needs. The final theme, defined as “Community Wellbeing” includes Scottish Executive initiatives, broader cross-cutting work and regional activities which are aimed largely at improving social inclusion.

Partners have acknowledged that current arrangements for the range of activities in this cluster could be improved to:

- streamline partnership working to ensure as much resource as possible is directed to the delivery of services;
- avoid duplication in planning, implementation, monitoring and reporting;
- bring fragmented resources together for greater impact (funding and people);
- agree the targeting of resources;
- construct usable and meaningful performance measures;
- clarify lines of responsibility across the partnership; and
- clarify governance and reporting.

At the same time, the Highland Council is also restructuring. This will see the Council reduce the number of services it operates from eight to six. The Council is moving from eight to three management areas. In addition, there will be a new ward focus. This presents an opportunity to engage at ward level and for arrangements to be developed with partners for CP at this geography.

3. Review of Strategies and Plans

3.1 Introduction

This section presents the findings of a review of plans, strategies and outcome agreements in the Community Wellbeing cluster.⁶

A list of core documents reviewed, arranged by theme, is provided in **Table 3.1**. The key Scottish Executive Department(s) or Agency responsible for each strategy is also noted. While these core documents formed the basis of the review, it should be noted that a range of other information has been provided by consultation partners, and sourced from the Internet, and this has been used to supplement the core documents where necessary.

It should also be noted that a number of key strategies are currently under development or in draft stage, including:

- **European Programmes:** the new ERDF and ESF Programmes, as well as the Rural Development Plan (including the LEADER element) are still in a draft form and key aspects such as performance targets and partnership delivery mechanisms and processes have not yet been fully articulated;
- a revision to the **Domestic Abuse Partnership** strategy is currently being developed with the aim to extend this to a wider Violence Against Women strategy (includes rape, etc). Therefore at present this whole work stream is in transition – thus there will be gaps with regard to mapping activities;
- the **Equalities and Diversity Strategy** and **Financial Inclusion Strategy** are in a draft stage and incomplete;
- a new national **Social Enterprise Strategy** will be launched in 2007. Key social economy/social enterprise mechanisms operating in the Highland area – Highlands and islands Social Enterprise Zone (HISEZ) and Local Social Economy Partnership (LSEP) – are also under review/in transition; and
- a local Action Plan is currently under development to fit with the Scottish Executive's **Workforce Plus: Employability Framework**.

⁶ Please note that there are a large number of abbreviations used in this report. A list of abbreviations is found in **Appendix 4**.



Furthermore, individual partner organisations will be required to draft plans specific to their own organisation in the areas of Gaelic, Strategic Environmental Assessments and Climate Change and will benefit in terms of sharing the learning and transferability from plans already created, such as the Highland Council's Gaelic Language and Culture Plan and the joint working that has already been conducted in order to mainstream equality and diversity issues across all strategies and plans.

| Table 3.1: List of Core Documents Reviewed | | | |
|---|--|---|-------------------|
| Theme | Document | Scottish Executive/Agency with Lead Strategic Responsibility | Time-frame |
| Regeneration | Highland Wellbeing Alliance Regeneration Outcome Agreement April 2006 Update | Communities Scotland | 2005-2008 |
| | Service Priority, Accessibility & Quality in Rural Scotland May 2006 | SEERAD | 2005-2008 |
| | Initiative at the Edge | Enterprise, Transport & Lifelong Learning (ET&LL) | 2004-2007 |
| | Small Town Networks | ET&LL | 2002- |
| | Workforce Plus – Employability Framework | ET&LL | 2006-2010 |
| | More Choices, More Chances, NEET Strategy 2006 | ET&LL & Education Ministers | 2006- |
| | Working for Families | Development Department | 2004-2008 |
| European Programmes | Draft Final Operational Programme: European Social Fund Highlands and Islands Scotland | ET&LL | 2007-2013 |
| | Draft Final Operational Programme European Regional Development Fund, Highlands and Islands Scotland | ET&LL | 2007-2013 |
| | Draft Rural Development Plan | SEERAD | 2007-2013 |
| Social Economy | Community Plan Highland <i>(Social Enterprise Strategy to be launched 2007)</i> | Communities Scotland | 2004-2007 |
| Health Improvement | HWBA Joint Health Improvement Plan | Health Department | 2004-2007 |
| Violence Against Women | HWBA Domestic Abuse Strategy | Justice/Health/Equality Unit | 2003-2006 |
| Community Safety Inc. Drug & Alcohol Services | HWBA Community Safety Strategy | Justice Department | 2004-2007 |
| | Highland Drug & Alcohol Action Team Corporate Action Plan | Health/Justice Departments | 2006-2007 |
| Antisocial Behaviour | Antisocial Behaviour Strategy | Justice Department | 2005-2008 |
| Youth Justice | For Highland's Children 2 – Integrated Children's Plan Summary | Justice Department | 2005-2008 |
| Community Learning & Development | Community Learning & Development Strategy | Highland Council | 2005-2008 |
| | Adult Literacy and Numeracy Strategic Plan | | 2006-2008 |
| | Learning Centre Strategy Group Framework for Development | | 2007- |
| Equality & Diversity | Draft Strategy Framework | Equality Unit | 2006- |
| Financial Exclusion | Draft Financial Inclusion Strategy | Development Department | 2006- |

The following sections examine information extracted from the documents, in terms of:

- objectives;
- target group/area;
- performance indicators/targets;
- fit with For Highland’s Children 2 performance targets; and
- accountability, managerial and audit mechanisms.

3.2 Objectives

This section provides an overview of the (over 100) objectives as articulated in the strategic documents. On analysis of the various objectives, we have identified high level linkages, which we have arranged under nine broad headings:

- **economic:** relating to improvements to the economy and business development;
- **employment:** objectives concerning worklessness, addressing barriers to employment, and improving employability;
- **learning and training:** relating to the provision of education and training, stimulating participation in education and training, and attainment;
- **health:** tackling health inequalities, improving health and addressing issues that affect health;
- **community:** objectives relating to improvements to community infrastructure, environment and services, to community participation and to community sustainability;
- **equality:** objectives promoting equality and tackling inequality;
- **crime:** objectives relating to the reduction of crime;
- **safety:** objectives relating to increasing safety, addressing issues which affect individuals’ safety; and



- **financial inclusion:** objectives relating to the promotion of financial inclusion.

Areas of linkage and overlap, as well as themes which are unique to one document, are highlighted in each of the **Sections 3.2.1 to 3.2.9**, with **Table 3.2** providing an overview of high level linkages across the cluster.

Table 3.2: Linkages Between Strategies in the Wellbeing Cluster – Common Objectives

| Sub-Theme | Title | Economic | Employment | Learning/Training | Health | Community | Equality | Crime | Safety | Financial Inclusion |
|----------------|---|----------|------------|-------------------|--------|-----------|----------|-------|--------|---------------------|
| Regeneration | Highland Wellbeing Alliance ROA (ROA) | □ | ■ | ■ | ■ | ■ | ■ | □ | ■ | |
| | Rural Service Priority Areas (RSPA) | ■ | | ■ | | ■ | | | | |
| | Initiative at the Edge (IatE) | | | | | ■ | | | | |
| | Small Town Networks (STN) | ■ | | | | ■ | | | | |
| | More Choices, More Chances, NEET Strategy (NEET) | | ■ | ■ | | | | | | |
| | Workforce Plus Employability Framework (WFP) | | ■ | | ■ | | | | | |
| | Working for Families (WFF) | | ■ | | | | | | | |
| European Progs | Draft ERDF 2007-2013 (ERDF) | ■ | | | | ■ | □ | | | |
| | Draft ESF 2007-2013 (ESF) | | ■ | ■ | | | □ | | | |
| | Draft Rural Development Plan 2007-2013 (RDP) | ■ | | | | ■ | | | | |
| S Econ | Community Plan Highland (SE-CP) | ■ | | | | | | | | |
| H I | HWBA Joint Health Improvement Plan (JHIP) | ■ | ■ | | ■ | ■ | ■ | | ■ | ■ |
| V A W | HWBA Domestic Abuse Strategy (DAS) | | | | | | □ | □ | ■ | |
| CS | HWBA Community Safety Strategy (CSS) | | | | ■ | ■ | ■ | ■ | ■ | |
| | Highland Drug and Alcohol Action Team Corporate Action Plan (HD&AATCAP) | | ■ | ■ | ■ | | | ■ | ■ | |
| ASB | HWBA Anti-Social Behaviour Strategy (ASBS) | | | □ | ■ | ■ | □ | □ | ■ | |
| YJ | Youth Justice (For Highland's Children 2) (YJ) | | | | | | | ■ | | |
| CL&D | Community Learning & Development Strategy (CL&DS) | | | ■ | | □ | | | | |
| | Adult Literacy and Numeracy Strategic Plan (ALNSP) | | □ | ■ | | ■ | □ | | | |
| | Learning Centre Strategy – Framework for Development (LCS) | □ | □ | ■ | | □ | | | | |
| E&D | Draft Strategy Framework (E&DSF) | | | | | | ■ | | | |
| FI | Draft Financial Inclusion Strategy (FIS) | | ■ | | | | | | | ■ |
| Linking Theme | For Highland's Children 2 | | □ | ■ | ■ | ■ | | ■ | ■ | □ |

Key: ■ direct linkage (i.e. expressed as an objective in the plan document)
□ Indirect linkage (strategy refers to this theme but not expressed in the objectives)

3.2.1 Economic Objectives

We identified six strategies with objectives relating to the economy and business development:

| Strategy | Objectives |
|-----------------|---|
| RSPA | Enhance efficiency of local industry by providing businesses with support to increase their business opportunities. |
| STN | Examine the potential of social enterprises to tackle the problems of local service delivery. |
| ERDF | Growth of economy through improving competitiveness of enterprises, particularly through enhanced research and technological development (RTD) and enterprise support. Support investments in strategic economic infrastructure. |
| RDP | Underpin performance and quality in the agriculture, food processing and forestry sector. Promote a more diverse rural economy. |
| SE – CPH | Develop and enhance the social economy. |
| JHIP | As part of Communities priority: ensure that economic development and inward investment strategies carefully consider the implications they might have for the health of local communities |

Linkages

ERDF and RSPA target enterprise development and business support, though RSPA support is at a local level, and the RDP supports development in rural-focused sectors.

We identified a focus on social economy in the Community Plan and the Small Towns Network identifies social enterprise as a possible solution to local service delivery issues. As noted above, the new Scottish Social Enterprise Strategy is due to be launched in the near future.

Unique

ERDF has a wider economic development objective than the other strategies, including research and technological development (RTD), and supports infrastructure investment.

The JHIP aims for consideration of health implications in economic policymaking.

3.2.2 Employment Objectives

Eight strategies with a focus on employment were identified.

| Strategy | Objectives |
|----------|---|
| ROA | Getting people into work (national priority for regeneration). Developing a strong, sustainable and competitive economy: Encouraging lifelong learning (CPP strategic regeneration objective). |
| NEET | Stem the flow into NEET. Develop a system-wide focus on NEET. Prioritise education and training outcomes as a step towards lifelong employability. Position NEET reduction as a key indicator for measuring the pre and post 16 system success. |
| WFP | Early intervention: Early identification of those at risk of long-term worklessness. Client focused intervention: Identify and respond to obstacles faced by individuals. Employer engagement. Sustaining and progressing employment. Better outcomes - Focus on the outcome of sustained work. Joined up planning and delivery of services. |
| WFF | Improve parent employability. |
| ESF | Broaden and increase sustainable participation in the Highlands and Islands workforce, particularly for groups which face severe and multiple disadvantages. |
| JHIP | As part of Healthy Working Lives priority - Provide all working age people with the skills, support and opportunity to work (paid or voluntary); To protect employees from environmental and other work related hazards; To optimise the workplace as a health promoting setting; To optimise the role of employment and the workplace in supporting wider community health and wellbeing. As part of Communities priority - Explore innovative approaches to support local communities to diversify in respect of future sources of employment. |
| ALNSP | Encourage more learners to ...progress on to ... work. |
| FIS | Increase employability |

Linkage

NEET, WFP, WFF, JHIP, ALNSP and FIS all have objectives around the theme of *prevention* of worklessness and promoting *employability*.

ESF, WFP and NEET target *sustained participation* in the workforce.

Overlap

ESF targets groups facing severe and multiple disadvantage – and this will include groups targeted in the NEET, Employability Framework and Working for Families strategies.

Unique

The JHIP focuses on workplace conditions for employees.

3.2.3 Learning/Training Objectives

Eight strategies were identified which expressed learning/training objectives.

| Strategy | Objectives |
|-----------|---|
| ROA | Raising educational attainment (national priority for regeneration). Giving young people the best possible start in life (CPP strategic regeneration objective). |
| RSPA | Enhance the local skills base by working with partners to provide ongoing education and training opportunities. |
| NEET | Stemming the flow into NEET; developing a system-wide focus on NEET; prioritising education and training outcomes as a step towards lifelong employability. Position NEET reduction as a key indicator for measuring the success of the pre and post 16 system. |
| HD&AATCAP | Increase number of people recovering and entering EET. |
| ESF | Increase skills and earnings levels in the workforce in all sectors of the regional economy, with particular reference to priorities identified in the ERDF programme, fostering the growth of new enterprises and entrepreneurship. Widen access to lifelong learning, increasing the range of quality education and training provision and participation rates. |
| CL&DS | Support the further development of UHI Millennium Institute (MI) as a university with a mission to serve its region. Target training programmes towards known skills gaps. Achieve targets for supporting adult literacy/numeracy learners (Highland ALNSP). Encourage investment in the voluntary sector as a means of enhancing community capacity. Promote the concept of learning as a major sector of the economy. Build on existing initiatives to encourage high standards of continuing professional development (CPD) in all sectors. Implement the new community schools strategy. Promote attainment and achievement for all. Co-ordinate support for learners to enable them to fulfil their potential. Promote the role of cultural and sporting activity as pathways to lifelong learning. |
| ALNSP | Encourage greater participation in adult literacy and numeracy by our target groups. Encourage more learners to complete individual learning plans and progress on to further opportunities – more learning/work/community participation/ input to family life due to learning. |
| LCS | Engaging learners and supporting businesses. |

Linkages

Three strategies have objectives to improve *learning and training provision*: the aim of the RSPA is to provide ongoing education and training opportunities; the ESF focuses on increasing the range of quality education and training provision, while the CL&DS aims to develop UHI

MI, target training programmes towards known skill gaps, and develop Continuing Professional Development and support for learners.

Improving the skills base/workforce is a focus of the RSPA, ESF and CL&DS.

Other objectives focus on *entering education and learning*, and attainment as a route to new opportunities – NEET, HD&AATCAP, ESF and CL&DS.

Unique

CL&DS focuses on schools, and on the role of cultural and sporting activity in learning.

3.2.4 Health Objectives

Six strategies have been identified with health-related objectives.

| Strategy | Objectives |
|-----------|--|
| ROA | Improving health (national priority for regeneration and also CPP strategic regeneration objective). |
| WFP | Early interventions – with those at risk of long-term worklessness including those who become ill at work or applying for Incapacity Benefit |
| JHIP | Improving the health of children and families. Improving the health of teenagers. Improving the health of older people. Improving working environments. Tackling inequalities in health between geographical communities. Tackling inequalities in health between different groups within Highland (e.g. ethnic minority groups). Developing a comprehensive food strategy. Developing the capacity of Wellbeing Alliance partners as health improving organisations. |
| CSS | Tackling drug and alcohol misuse. |
| HD&AATCAP | Reduce binge drinking. Increase no. of misusers in contact with treatment/care. Increase no of drug misusers completing treatment. Reduce hazardous drinking by children. Reduce waiting times for drug treatment. Increase no. of misusers in contact with treatment/care. Increase no of drug misusers completing treatment. Reduce no of drug related deaths. |
| ASBS | Tackling alcohol misuse. |

Linkage

The ROA recognises health as an issue to be addressed, as part of the wider regeneration objectives in the Highland area, and likewise, the JHIP tackles issues in specific client groups and geographies, and seeks to work in effective partnerships to address health issues.

One of the communities of interest that the JHIP aims to assist is people experiencing domestic abuse. We understand that the forthcoming Violence Against Women strategy will contain an objective regarding the impact of domestic abuse/violence on health.

There is also a health dimension to employability support. The Workforce Plus strategy's objective for early intervention highlights the need to identify those at risk of long-term worklessness, including those who become ill in work, and engagement with those in the process of people applying for Incapacity Benefit. This area is currently being pursued in the Highlands through the 'Unlock Your Potential' and 'Pathways to Work' initiatives.

Overlap

Three of the above strategies have objectives to improve health by dealing with *drug and alcohol misuse* (CSS, HD&AATCAP, ASBS).

Unique

JHIP focuses on organisational capacity to promote and improve health.

3.2.5 Community Objectives

In total, 12 strategies have objectives that can be categorised as relating to "community".

Linkage

There are three main areas of linkage:

- *improving infrastructure, environment and services*, through the ROA, RSPA, IatE, RDP and ASBS;
- *promoting capacity building of rural communities* through community groups and participation, in IatE, STN, RDP, CL&DS, ALNSP, LCS, CSS and JHIP; and
- objectives aiming to *improve sustainability of communities*, found in the ROA, IatE and ERDF.

| Infrastructure, Environment and Services | |
|---|---|
| Strategy | Objectives |
| ROA | Ensuring current residents, especially families, find it desirable to stay and are supported to do so through public services. |
| RSPA | Improve the quality of life and health for residents and visitors by upgrading local facilities and infrastructure. |
| IatE | Material progress made on key projects identified in the development plan. Visible evidence of improved community facilities and services. |
| RDP | Support rural services and infrastructure. |
| ASBS | Improving and sustaining environmental quality. Aligning public services to improve planning, delivery and review of services. |

| Groups and Participation | |
|---------------------------------|--|
| Strategy | Objectives |
| IatE | A well functioning community development group with the respect of the local community. A broad range of community groups revitalised, |
| STN | Support and encourage local people to develop a vision for their own community. Foster a network of small towns that can exchange ideas and solutions. |
| RDP | Build capacity in rural communities. |
| ALNSP | Encourage more learners to ...more community participation. |
| CSS | Engaging with young people. |
| JHIP | Tackle inequalities in health between geographical communities. -test out.... focused community development approaches -..local community led approaches to addressing barriers to healthy lifestyles. As part of the teenagers' priority – ensure the involvement of young people in service design and delivery. As part of older people priority – ensure full involvement of older people in community life. |
| ASBS | The ASBS objective to work with communities more likely to be affected by anti-social behaviour. |

In addition, relating to community capacity, the CL&DS and LCS deal with softer skills and learning opportunities, such as building on individual and community confidence and capacity, which in turn can lead to health and social benefits. (This is not expressed in the main objectives, however).

| Community Development and Sustainability | |
|---|---|
| Strategy | Objectives |
| ROA | Building strong safe and attractive communities (national priority for regeneration) To develop a range of focused community development approaches to support the most disadvantaged communities take action to address their disadvantage: Building community capacity (CPP strategic regeneration objective). |
| IatE | Early indications of population decline being successfully tackled, with a renewed interest in people returning to/moving to the area. |
| ERDF | To support viable communities across the region by promoting community sustainability. |

Unique

The following community related objectives were found to be unique:

- the RDP objective to promote public access and understanding of the countryside; and
- the STN objectives to identify ways of regenerating small towns that can be utilised elsewhere in the Highlands; and examine the role of Inverness in relation to the surrounding small towns, i.e. the Inverness city region.

3.2.6 Equality Objectives

Four strategies with explicit equality objectives were identified.

| Strategy | Objectives |
|----------|--|
| ROA | Promoting equality and valuing diversity. Use of CRF in Highland will focus on measures that address inequalities in disadvantaged urban areas. |
| E&DSF | Promote equality of opportunity. Eliminate discrimination. Eliminate unlawful harassment. Engage and involve equality groups. Services that respond to individual needs. Promote positive attitudes to diversity. Add value through joint partnership working. |
| CSS | Promoting equalities and valuing diversity. |
| JHIP | Tackling inequalities in health within communities of interest (e.g. homeless, minority ethnic communities, people with disabilities, looked after children, carers, lesbian, gay). |

Linkages

The ROA and CSS have the same objective to promote equality and value diversity. In addition, E&DSF and JHIP both tackle inequalities and discrimination.

Other strategies, such as ASBS, ERDF ESF and ALNSP, deal with equal opportunities, but this is not expressed in the main objectives. For example, the ALNSP Strategy states that it aims to address the challenge of providing ESOL (English for Speakers of Other Languages) for the growing number of people in the area who require this. The ERDF and ESF Programmes have equal opportunities as a horizontal theme. Furthermore the gendered focus of the DAS (and forthcoming VAW strategy) clearly links this as an equalities issue.

3.2.7 Crime Objectives

Three strategies have explicit objectives to tackle and reduce crime.

| Strategy | Objectives |
|------------|---|
| CSS | Tackle crime and fear of crime. |
| HD&AATCAP | Reduce proportion of under 25s offered illegal drugs. Reduce drug & alcohol related crime. |
| YJ – FHCh2 | Reduce the numbers of persistent young offenders. |

Linkage

Two strategies deal with young people: the HD&AATCAP focuses on young people as victims of drug dealers, whereas the youth justice strand in FHCh2 focuses on young people as offenders.

The specific objectives of *'reducing drug and alcohol related crime'* and *'reducing the number of persistent young offenders'* identified in the Drug and Alcohol Action Team Corporate Action Plan and For Highland's Children 2 respectively, will contribute to the Community Safety Strategy's overall aim to tackle crime and fear of crime and to the tackling alcohol misuse which contributes to anti-social behaviour.

Indirect Linkage

Furthermore, the other strategic objectives have an implied link with crime. Particularly, the ASBS, with its objectives of *'tackling alcohol misuse which contributes to anti-social behaviour; encouraging responsible driving in our communities; and improving and sustaining our environmental quality (focusing on dog fouling, litter, noise, neighbour complaints, abandoned vehicles and fire setting)'* and the strategies which tackle issues such as smoking, alcohol and drug use amongst young people, have a linkage with this theme.

For example, the ROA, with its objectives *'engaging young people (national priority for regeneration); and giving young people the best possible start in life (CPP strategic regeneration objective)* also on closer inspection has a link with crime, in terms of the actions and performance indicators which follow these objectives (reduce % of 13-15 year olds reporting use of alcohol, smoking regularly, using drugs in last month).

It was also noted that the forthcoming VAW strategy would make an explicit linkage to this theme.

3.2.8 Safety Objectives

Six strategies with safety objectives were identified.

| Strategy | Objectives |
|-----------|--|
| ROA | Building strong safe and attractive communities (national priority for regeneration). To develop a range of focused community development approaches to support the most disadvantaged communities take action to address their disadvantage: Building community capacity (CPP strategic regeneration objective). |
| DAS | Work towards the prevention of domestic abuse for women and their dependants. Ensure the protection of women and their dependants. |
| CSS | Addressing domestic abuse. Increasing home safety. Improving road safety. Supporting water and mountain safety. |
| HD&AATCAP | Reduce harm to children affected by abuse. |
| ASBS | Encouraging responsible driving. |
| JHIP | As part of Geographical Communities priority - continue to promote innovative ways to foster community safety. As part of older people priority - ensure that older people feel safe and secure in their homes and communities. As part of the Communities of Interest priority - improve the health of people experiencing domestic abuse and violence. |

Linkage

Four strategies deal with *domestic abuse* – DAS, CSS, JHIP and the HD&AATCAP. It should be noted that at a policy level, Violence Against Women is seen as nesting within equalities rather than *community safety*, based on Scottish Executive guidance and Highland’s own policy structures, however, this area is clearly associated with *personal safety*.

Both the ROA and JHIP refer to community safety.

Another theme that crosses over strategies is *road safety*, found in the Community Safety Strategy and Anti-Social Behaviour Strategy. The JHIP also states an objective to promote innovative ways to foster community safety.

Unique

Objectives in the Community Safety Strategy relating to *safety in the home and water/mountains*.

3.2.9 Financial Inclusion

| Strategy | Objectives |
|----------|--|
| FIS | Improve the provision of advice, information and support on finance. Improve financial capability/awareness raising. Improve intelligence/targets and research issues. Focus on training / quality assurance standards. Improve the availability of affordable credit and financial services for Highland residents. |
| JHIP | As part of the Communities of Interest priority – improve the health of people living in poverty or financial exclusion. |

Unique

The working draft financial inclusion strategy tackles a set of objectives which are not found elsewhere in the Community Wellbeing-related strategies and plans.

The JHIP focuses on the health of those living in poverty or financial exclusion.

3.3 Target Groups

Table 3.3 overleaf provides an overview of the target groups identified in strategy documents.

Table 3.3: Target Groups in Plans, Strategies and Agreements

| Title | Children | Young People | Adults | Parents/lone parents | Older people | NEET/Workless | With drug/alcohol problems | Offenders | Carers | children in/leaving care | Disabled/health problems | Low attainers/low skilled | Low income | Minority ethnics | Homeless | Victims of abuse/crime | Business | Community | Voluntary sector |
|---|-----------------|---------------------|---------------|-----------------------------|---------------------|----------------------|-----------------------------------|------------------|---------------|---------------------------------|---------------------------------|----------------------------------|-------------------|-------------------------|-----------------|-------------------------------|-----------------|------------------|-------------------------|
| Regeneration Outcome Agreement | | ✓ | ✓ | | | ✓ | ✓ | | | | | ✓ | | | | | | ✓ | |
| Rural Services Priority Areas Initiative at the Edge | ✓ | ✓ | ✓ | | | | | | | | | | | | | | ✓ | ✓ | |
| Small Town Networks | | ✓ | ✓ | | | | | | | | | | | | | | ✓ | ✓ | |
| Workforce Plus Employability Framework | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | | |
| More Choices, More Chances, NEET Strategy 2006 | | ✓ | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | |
| Working for Families | | | ✓ | ✓ | | ✓ | ✓ | | | | ✓ | | ✓ | ✓ | | | | | |
| Draft ESF 2007-2013 | | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ |
| Draft ERDF 2007-2013 | | | ✓ | | | ✓ | | | | | | | | | | | ✓ | ✓ | |
| Draft Rural Development Plan 2007-2013 | | | ✓ | | | | | | | | | | | | | | ✓ | ✓ | |
| Social Economy in the Community Plan | | | ✓ | | | | | | | | | | | | | | | | ✓ |
| HWBA Joint Health Improvement Plan | ✓ | ✓ | ✓ | | ✓ | | | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| HWBA Domestic Abuse Strategy | ✓ | ✓ | ✓ | | | | | | | | | | | | | ✓ | | | |
| HWBA Community Safety Strategy | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | | | ✓ | | | ✓ | ✓ | ✓ | | | |
| Highland Drug and Alcohol Action Team Corporate Action Plan | ✓ | ✓ | ✓ | | | | ✓ | | | | | | | | | | | | |
| HWBA Anti-Social Behaviour Strategy | ✓ | ✓ | ✓ | | | | ✓ | ✓ | | | | | | ✓ | | | | | |
| Youth Justice in For Highland's Children 2 | | ✓ | | | | | ✓ | ✓ | | | | | | | | | | | |
| Community Learning and Development Strategy | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | ✓ | ✓ |
| Adult Literacy and Numeracy Strategic Plan | | | ✓ | | | ✓ | | | | | ✓ | | ✓ | ✓ | ✓ | | | | |
| Learning Centre Strategy | | ✓ | ✓ | | | | | | | | | | | | | | ✓ | | |
| Equalities and Diversity Draft Strategy Framework | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | |
| Draft Financial Inclusion Strategy | | ✓ | ✓ | ✓ | | ✓ | | | | | | | ✓ | | | | | | |

- **Children** are **specifically targeted** in five strategies:
 - HWBA Joint Health Improvement Plan
 - HWBA Domestic Abuse Strategy
 - HWBA Community Safety Strategy
 - Highland Drug and Alcohol Action Team Corporate Action Plan
 - HWBA Anti-Social Behaviour Strategy;

- **Young people** are the **main** focus of two strategies:
 - More Choices, More Chances, NEET Strategy 2006
 - Youth Justice in For Highland's Children 2;

- Young people are also **specifically targeted** in 15 other strategies:
 - Regeneration Outcome Agreement
 - Rural Services Priority Areas
 - Initiative at the Edge
 - Small Town Networks
 - Workforce Plus Employability Framework
 - Draft ESF 2007-2013
 - HWBA Joint Health Improvement Plan
 - HWBA Domestic Abuse Strategy
 - HWBA Community Safety Strategy
 - Highland Drug and Alcohol Action Team Corporate Action Plan
 - HWBA Anti-Social Behaviour Strategy
 - Community Learning and Development Strategy
 - Learning Centre Strategy
 - Equalities and Diversity Strategy Framework
 - Financial Inclusion Strategy;

- **Adults** are targeted in all strategies with the exception of NEET and FHCh2, and are the **main focus** of a number of strategies:
 - Working for Families
 - Adult Literacy and Numeracy Strategy
 - Draft ERDF 2007-2013
 - Draft ESF 2007-2013
 - Draft Rural Development Plan 2007-2013.

Within these age groups, a number of target/client groups are identified, including:

- parents/lone parents (WFP, WFF, ESF, CSS, FIS);
- older people (WFP, JHIP, CSS);
- NEET/Workless (ROA, WFP, NEET, WFF, ERDF, ESF, CLDS, FIS);
- people with drug/alcohol problems (ROA, WFP, NEET, WFF, ESF, HD&AACAT, ASBS, YJ);
- offenders (WFP, NEET, ESF, JHIP, CSS, ASBS, YJ);
- carers (NEET, JHIP);
- children in/leaving care (NEET, JHIP);
- disabled (WFP, NEET, WFF, ESF, JHIP, CSS, ALNSP);
- low attainers/low skilled (ROA, WFP, NEET, ESF);
- low income (WFP, WFF, ESF, JHIP, ALNSP, FIS);
- minority ethnic communities (WFP, WFF, ESF, JHIP, CSS, ASBS, ALNSP);
- homeless (WFP, ESF, JHIP, ALNSP); and
- victims of abuse/crime (JHIP, DAS, CSS).

As we discuss below, the *objectives* in targeting these group are varied – reducing drugs/alcohol abuse, reducing offending behaviour, getting into employment and training, etc, and there is without doubt a need for joined up working across themes to address multiple needs.

In addition, we identified that:

- **Businesses** are targeted in the following: RSPA, IatE, STN, ESF, ERDF, RDP, JHIP, LCS;
- **Communities** are targeted in ROA, RSPA, IatE, STN, ESF, ERDF, RDP, JHIP, CLDS; and
- the **Voluntary Sector** is targeted in ESF, with the Social Economy being a principal target in the CPH, JHIP, CLDS.

3.4 Target Areas

In most cases, the documents reviewed applied to the whole Highland area. However, in some instances, the scope was restricted to particular areas and communities. **Table 3.4** (over) maps the plans relating to specific geographies by the Local CPP areas.

- **Caithness** is highlighted as a priority area in both the IatE and the WFF, and Wick is a focus of the ROA;
- in **Inverness**, Merkinch is identified as a priority in the ROA, as well as the WFF, and the whole of Inverness is included in the STN;
- in **Ross and Cromarty East**, parts of Invergordon, Alness and Seaboard South area are targeted in the ROA, and Easter Ross is a focus of the WFF. In addition, Tain, Alness, Invergordon and Dingwall are part of the STN;
- in the **Skye and Lochalsh area**, Skye is a RSPA as well as being highlighted in the WFF. Glenelg and Arnisdale are designated areas of the IatE;
- parts of **Sutherland** are involved in the RSPA, WFF and STN (Golspie and Rogart, Kyle of Sutherland and Dornoch); and
- in addition, as yet unspecified rural areas will be targeted in the new RDP.

| Table 3.4: Strategies and Plans Focusing on Specific Geographic Areas | | | | | | |
|--|--|------------------------|-----------------------|-------------------|---|------------------------------|
| Title | ROA | RSPA | IatE | WFF | STN | RDP |
| Area | | | | | | Rural areas -to be confirmed |
| Badenoch & Strathspey | | | | | | |
| Caithness | Wick (Pulteneytown South) | | Caithness South East | East Caithness | | |
| Inverness | Merkinch North Merkinch South Merkinch East South Kessock | | | Merkinch | Inverness | |
| Lochaber | | | | | | |
| Nairn | | | | | Nairn | |
| Ross & Cromarty | Invergordon (Strath Ave) Alness (Kirkside, Teaninich) Seaboard South | | | Easter Ross | Alness, Dingwall, Invergordon and Tain | |
| Skye and Lochalsh | | Skye West | Glenelg and Arnisdale | Skye and Lochalsh | | |
| Sutherland | | Tongue, Farr and Brora | | Sutherland | Dornoch, Golspie and Rogart, and Kyle of Sutherland | |
| Wester Ross | | | | | | |

3.5 Performance Targets

As part of the document review, all of the performance indicators and targets were reviewed to identify areas of linkage, match and mismatch.

Tables A1.1 to A1.9 in Appendix 1 show the performance targets as identified in the document review, broken down by the same set of linking themes identified in the Objectives section. It should be noted that the following documents are not represented in this analysis, for reasons outlined below:

- Equalities and Diversity Strategy: a monitoring framework will be developed in 2007;
- Community Learning and Development Strategy: eight local action plans each have their own set of indicators/targets. The individualised nature of this approach makes it difficult to map this strategy against other plans;
- Learning Centre Strategy: there are no performance targets associated with this strategy;
- Rural Services Priority Area: no information available;
- Initiative at the Edge: no targets were identified, and the scheme is currently under review;
- NEET Strategy: Highland targets to be set (national targets are included in this review);
- Workforce Plus: Highland plan under development;
- Small Town Networks: no targets were identified;
- ERDF and ESF: performance indicators and targets are still under development; and
- Domestic Abuse/Violence Against Women: new targets not yet determined.

In summary, key areas of linkage, overlap and mismatch are highlighted below:

Economy

Three strategies have performance indicators/targets relating to the economy: WFF, RDP and JHIP:

- the WFF has a general target to improve the environment for new and re-locating businesses;
- the RDP has a number of outcome targets relating to farming which aim to improve economic growth and labour productivity; and
- JHIP has targets for business starts and businesses applying improvement tools, as part of its objective to explore innovative approaches to support local communities to diversity in respect of future sources of employment.

As noted above, the ERDF performance targets are under development but this programme will also have a range of economy related performance targets for the period 2007-2013.

Employment

In total, six strategies were identified with employment related performance indicators/targets: ROA, NEET, WFF, RDP, HD&AATCAP, SE in CPH (Social Economy in Community Plan Highland) and JHIP:

- reducing unemployment is the focus of the ROA (16+ and those claiming Incapacity Benefits and Severe Disablement Allowance); while the JHIP aims to reduce the proportion of adults on incapacity benefits and increase the proportion of those who are economically active (particularly in deprived communities);
- a number of plans target increases in employment and training in particular target groups:
 - NEET (young people, and specific targets for looked after young people)
 - WFF (parents from disadvantaged areas and groups entering / moving towards employment)
 - HD&AATCAP (people recovering from drug and alcohol problems)
 - JHIP (learning and physical disabilities, sensory impairment, teenagers and older people); and
- the Community Plan targets an increase in the numbers of jobs in the social economy sector.

Learning/Training

Five strategies have learning/training performance indicators and targets: ROA, NEET, RDP, ALNSP and JHIP:

- both the ROA and ALNSP target increased numbers of adult learners;
- the JHIP has indicators for older people engaged in lifelong learning and increased uptake of CLD and personal development opportunities. It also monitors numbers of businesses engaged in workforce development;
- the RDP has a more specific targets for the number of participants completing training in agriculture/forestry and general; and
- the NEET strategy and JHIP have performance indicators for young people entering employment and training.

Health

Four strategies have targets relating to health: ROA, JHIP, HD&AATCAP and ASBS:

- Young People and Alcohol related indicators are found in all four strategies:
 - the target '*reduce % of 13-15 year olds self-reporting the use of alcohol in the last week to 35%*' is found in the ROA, the HD&AATCAP and the ASBS. However, the HD&AATCAP and ASBS have a timeframe to 2006, while the ROA extends to 2008
 - the ASBS also has a target to reduce the number of people concerned about young people's misuse of alcohol
 - the HD&AATCAP and JHIP also cites a (national) target for alcohol consumption reduction by 12-15 year olds;
- Young People and Drugs:
 - both the ROA and the HD&AATCAP have targets for reduction in self-reporting of drug use by 13-15 year olds to 14%, but again the ROA has an extended timeframe to 2008. The JHIP does not specify age ranges or a percentage figure
 - the HD&AATCAP also cites a national target, this time for under 25 year olds reporting use of illegal drugs and heroin use;

- Young People and Smoking:
 - both the ROA and JHIP have targets for reduction of smoking, though the age bands are different (13-15 versus 16-19);
- Adult Alcohol Intake:
 - the target to 'reduce the incidence of adults exceeding weekly sensible drinking levels (male/female)' in the HD&AATCAP is similar to the indicator for 'reduction in % of adults drinking in excess of recommended limits' in the JHIP;
- Young People and Active/Health Lifestyles:
 - Both the ROA and JHIP have targets relating to healthy, active lifestyles for children/young people, although the indicators are different; and
- Other Health-related targets:
 - a range of unique targets is found in the JHIP and HD&AATCAP.

Community

Six strategies have community-related performance indicators/targets: ROA, WFF, RDP, ASBS. JHIP and SE in CPH:

- the ROA, WFF and JHIP have targets for community engagement and capacity building;
- the target for the '*number of community facilities improved*' within the ROA overlaps with the WFF strategy's target for '*improved community facilities, services and environment*';
- a number of other targets relating to improved community facilities/services and projects are found in the HWBA ROA, RDP JHIP and Community Plan;
- the ROA and JHIP target youth participation in community activities, and also measure residents' satisfaction with their neighbourhood; and
- uniquely, the ASBS has targets for reduction in dog fouling and litter.

Equality

Only the JHIP has specific indicators relating to equalities and diversity – these are found throughout the document, particularly in Geographical Communities, Communities of Interest and Healthy Working Lives.

Crime

Five strategies have performance indicators/targets for reducing crime and offending: ASBS, HD&AATCAP, CSS, YJ in FHCh2 and JHIP:

- Drug/alcohol related crime:
 - the target *'reduce alcohol related crime'* under the HD&AATCAP is replicated under the ASBS. The Anti-social Behaviour Strategy's target is more specific as it indicates a *'5% reduction in the number of drink related crimes by 2008'*
 - the target *'increase the weight of drugs seized by 10%'* under the CSS is more specifically articulated in the HD&AATCAP, through the target *'increase the weight of Class A drug seizures by 10% to 2006/7'*
 - other unique targets are found in this theme: the CSS also aims to increase the number of drug seizures by 10%, while the HD&AATCAP aims to increase the number of recorded offences for supply and possession of Class A drugs by 2%;
- Youth Justice:
 - both the ASBS and FHCh2 strategies aim for a reduction in the number of *offence and* numbers of persistent young *offenders*. The JHIP also has an indicator *'Youth Action Service Youth Crime targets and statistics'*;
- Hate Crime:
 - both the ASBS and JHIP monitor the incidence of hate crime; and
- Unique Crime Targets:
 - the CSS has a range of other targets for violent crime, housebreaking, car crime and 'clear up' rates
 - the JHIP has a target for reduction of offences against older people.

Safety

Five strategies have safety-related performance indicators: ROA, CSS, HD&AATCAP, ASBS and JHIP.

- Road Safety:
 - two targets are replicated under the ASBS, CSS and JHIP but the specific percentage differs i.e. *'reduce road accidental death and serious injury rates by 40% by 2010'* (CSS and JHIP) compared with a *'33% reduction in fatal/serious casualties by 2010'* (ASBS), and reduce the number of children killed and seriously injured on roads by 50% (CSS and JHIP), compared with 40% reduction by 2010 (ASBS)
 - all of these strategies aim for a 10% reduction in the slight casualty rate
 - ASBS and JHIP target road safety measures in schools – participation in 'risk watch'
 - the ASBS targets a reduction of the number of households concerned with speeding;
- Resident Safety:
 - ROA, ASBS and JHIP measure residents' perception of safety: the ROA targets an increase of 3% of residents feeling safer while the ASBS targets a 1% increase per year, and the JHIP targets number of people reporting that the area within 15 minutes of their home is a very safe area;
- Domestic Abuse:
 - both the JHIP and HD&AATCAP have performance indicators for violence in the home; the JHIP has a wider range relating to awareness raising and support as well as reducing incidence of domestic abuse, while the HD&AATCAP targets reduced harm to children affected by substance misusing parents/carers; and
- Unique Safety Targets:
 - the CSS has a target to reduce accidental death and serious injury rates.

Other Targets

Only the RDP has specific outcome and impact targets relating to the environment.

3.6 Fit with For Highland’s Children 2 Targets

As noted above (**Section 3.3**), a number of strategies in Community Wellbeing specifically target children and young people.

The objective of this stage is to explore the fit of information relating to services for children in the cluster with the Children’s plan and performance framework as set out in For Highland’s Children 2 (FHCh2). **Appendix 2** details the fit with FHCh2 Outcome Targets, with **Sections 3.6.1 to 3.6.3** pulling out the key matches, linkages and mismatches.

3.6.1 Direct Matches

Directly matching targets were found with the ASBS, WFF, HD&AATCAP, ROA and JHIP, as detailed below.

| FHCh2 | Matches With |
|---|--|
| Theme 1 Safe: accident prevention - schools participating in risk reduction programmes and numbers of schools with 20mph restrictions and approved travel plans. | ASBS |
| Theme 2 Nurtured: Parental Employment: increase numbers of parents moving towards employment by removing childcare barriers. | WFF |
| Theme 3 Oral Health: increase proportion of 5 year olds free of dental caries | JHIP |
| Theme 3 Healthy: Substance Misuse: targets for reducing substance misuse in young people in terms of alcohol, smoking and drug use. | HD&AATCAP, ASBS, ROA, JHIP – alcohol HD&AATCAP, ROA – smoking HD&AATCAP, ROA – drug misuse |
| Theme 3: Birth weight: reduce the gap in birth weight amongst babies to women in highest and lowest deprivation groups | JHIP |
| Theme 3 Healthy: Breastfeeding: increase proportion of mums breastfeeding at 6-8 weeks after birth. | JHIP. |

3.6.2 Linkages

In a number of areas, we found that linkages could be made between the FHCh2 targets and the Community Wellbeing strategies – similar themes are addressed although the targets are not identical.

| FHCh2 | Links With |
|---|---|
| <p>Theme 1 Safe: Accident Prevention - schools participating in risk reduction programmes and numbers of schools with 20mph restrictions and approved travel plans.</p> | <p>JHIP – no of schools participating in Risk Watch and children participating in Safe Highlander.</p> |
| <p>Theme 1 Safe: Assessment and Planning: Utilising common assessment process, children and young people who need it will have an intervention plan, involving an integrated package of appropriate health, care and education support, and an identified lead professional.</p> | <p>The NEET strategy also targets an integrated package of support across health, care and education.</p> |
| <p>Theme 2 Nurtured: increase number of parents participating in parenting programmes</p> | <p>JHIP also targets access to parenting programmes across communities.</p> |
| <p>Theme 3 Healthy: targets for teenage pregnancy, health promoting schools, school nutrition, pregnant women smoking and pre-school immunisation.</p> | <p>Similar targets in JHIP. We are aware that work has been done to align JHIP indicators to the targets contained within FHCh2. This resulted in an updating of the JHIP's indicators for children and teenagers and the streamlining of links between the JHIP and FHCh2.</p> |
| <p>Theme 6 Respected and Responsible: Determined to Succeed: targets to increase the proportion of schools leavers in education training or employment. Specific target groups – low income families, young carers, looked after children, care leavers.</p> | <p>NEET strategy target to reduce the proportion of young people who are NEET by 2008. Also contains a specific target for looked after young people leaving care, but these could be more closely aligned.</p> |
| <p>Theme 6 Respected and Responsible: Youth Participation: increase number of people on pupil councils and youth forums who are from minority ethnic backgrounds/have disabilities.</p> | <p>The ROA also has a target for young people on youth forums, from disadvantaged areas.</p> |
| <p>Theme 6 Respected and Responsible: Leadership: increase proportion of young people engaged in recognised youth frameworks.</p> | <p>The ROA has a specific target (5% increase) in young people involved in leadership / achievement awards, although it should be noted that this target only applies to designated ROA areas.</p> |

We also identified a number of areas where there is **potential for linkage** with Wellbeing cluster themes, although this is not expressed in overlapping outcome targets.

| FHCh2 | Potentially Links with: |
|--|--|
| <p>Theme 1 Safe - 2: Child Protection: implement an action plan to address the recommendations of the pilot Child Protection Inspection.</p> | <p>DAS – at present only one DAS objective, i.e. <i>to ensure the protection of women and their dependents</i> can be mapped with FHC2. Two other objectives namely, <i>to work towards the prevention of domestic abuse for women and their dependents</i> and <i>to develop the provision of services for women and their dependants</i> could also be incorporated and considered under the Children’s Plan.</p> <p>HD&AATCAP – reduce harm to children affected by substance misusing parents.</p> |
| <p>Theme 1 Safe – 4: Bullying: reduce proportion of pupils who report having experienced serious bullying.</p> | <p>ASBS</p> |
| <p>Theme 2 Nurtured – 5: Out of School Care: increase number of out of school care places.</p> | <p>Links with work in the Regeneration theme, particularly WFF.</p> |
| <p>Theme 6 Respected and Responsible – 37: Youth Crime: achieve a reduction in communities reporting fear of youth crime.</p> | <p>Anti-Social Behaviour theme addresses similar issues.</p> |
| <p>Theme 6 Respected and Responsible – 39: Youth Participation: ensure that all schools have Pupil Councils and all areas have youth forums...increase the number of young people on Pupil Councils and youth forums.</p> | <p>ROA also targeting participation in youth forums and involvement in youth leadership awards, but with different target groups.</p> |
| <p>Theme 7 Included – 49: Poverty: reduce proportion of children living in workless households.</p> | <p>Regeneration theme.</p> |

3.6.3 Mis-matching and Conflicting Information

In some instances we found similar themes being addressed although indicators were expressed differently. These relate to the following strategies:

| FHCH2 | Mismatch With |
|--|---|
| Theme 1 Safe: 3 Accident Prevention | Targets for reducing road accidents in FHCh2 are expressed differently in the CSS and JHIP and differently again in the ASBS. |
| Theme 3: Substance Misuse | Different age groups targeted for alcohol and smoking in JHIP. |
| Theme 6 Respected and Responsible: 37 Youth Crime | Targets for reducing offences by young people are expressed with a longer timeframe in the ASBS. |

3.7 Accountability, Managerial and Audit Arrangements

Table 3.5 presents a summary of the identified accountability, management and audit arrangements for each of the strategies reviewed.

During consultations, a number of concerns were raised regarding the difficulties in co-ordinating and reporting against a plethora of performance indicators.

For example, the ROA and ASBS contain similar and related performance indicators, but have reporting requirements at varying times throughout the year, namely January and July respectively. In the case of JHIP, there is a range of reporting requirements to various departments in the health department. The Health Department requires NHS to report against targets and this tends to drive the agenda, but at the same time, the JHIP reflects other organisations' priorities; the CHP has to work to targets, and the HC has also been given guidance on health improvement through COSLA and through NHS Health Scotland. As a result it has been argued that the JHIP is too broad, providing a menu of partners' activity rather than a strategy with a manageable number of priorities which partners can deliver together.

There is a requirement for mechanisms to be put in place for collaborative strategy development, monitoring and reporting, as appropriate. There may be an influencing and facilitating role for the Leadership Group, to work with the various Scottish Executive departments with regard to the partnership connections and collaborations between work streams.

Linked to this, however, is the need for clarification on numerous targets that have been set, with regard to how these can be measured, particularly at regional levels. This was raised, for example, by the Highland Drug and Alcohol Team, which has set separate Highland level targets for each of its objectives, with a robust performance measurement system in place, and finds many of the national level indicators opaque and without adequate systems for measurement.

A further issue relates to reporting of progress where there are overlaps in targets between documents. For example, JHIP has now aligned its performance targets relating to children with the FHCh2 and all of the work towards these targets is being taken forward by the FHCh2 team. While this performance is again repeated in JHIP progress reports, it may be more suitable to direct readers to the FHCh2 as the recognised lead in this field, rather than repeating statements in both documents.

We are aware that distinct organisations all have their own reporting, evaluation, external audit and inspection requirements to their own discrete funding bodies.

| Table 3.5: Review of Accountability, Management and Audit Arrangements | | | | | | | | |
|---|--|-------------------------------------|----------------------------------|--------------------------------|----------------------------------|-----------------------------|--|---|
| Strategy | Accountability (Scrutiny, Governance) | | | Managerial Arrangements | | | Reporting & Evaluation | Audit or Inspection Requirements |
| | Partnership | Partner Organisations | National Level | Partnership | Lead Partner Organisation | Scottish Executive | Timing | |
| ROA | HWBA Leaders | HC Resources Committee | Communities Scotland | Officers Group | Highland Council | | Jan 07 | Communities Scotland Audit Scotland |
| RSPA | | HC | SEERAD | HWBA | | SEERAD | 6 monthly M&E reports National Evaluation & Monitoring Group | None identified |
| IAtE | (local community) | | National Steering Group | Local Agency Steering Group | | National Steering Group | Recent Evaluation commissioned by E, T, & LLL Dept. | None identified |
| STN | | HC Planning & Development Services. | | Project Officers | Highland Council | | Monthly reports and quarterly forum mtgs. | None identified |
| NEET | | HC ECSS Committee | ET&LL Dept & Education Ministers | NEET Strategy Group | Highland Council | Scottish NEET Delivery Team | | None identified |
| WFP | | HIE | Development Dept. | Unlock Your Potential Group | HIE | ET&LL Dept | Executive to review WFP by end 2007. Highland WFP not included in this pilot phase however. | None identified |
| WFF | | HC P, D, E & T Committee | ET&LL Dept | Core Steering Group/HOL. | | ET&LL Dept | Quarterly monitoring reports and annual report. National evaluation by Napier University. | None identified |

| Table 3.5: Review of Accountability, Management and Audit Arrangements (continued) | | | | | | | | |
|---|--|------------------------------|--|--|--|---|--|---|
| Strategy | Accountability (Scrutiny, Governance) | | | Managerial Arrangements | | | Reporting & Evaluation | Audit or Inspection Requirements |
| | Partnership | Partner Organisations | National Level | Partnership | Lead Partner Organisation | Scottish Executive | Timing | |
| ERDF | Programme Monitoring Committee | | ET&LL Dept (ESF Div) | Programme Monitoring Committee | HIE and UHIMI have Intermediate Delivery Body Status | Scottish Executive ESF Division of ET&LL Dept reports to European Commission. | Quarterly. Annual report. | Programme Audit Authority is the Scottish Executive (Finance & Central Services Department) |
| ESF | Programme Monitoring Committee | | ET&LL Dept (ESF Div) | Programme Monitoring Committee | HIE and UHIMI have Intermediary Delivery Body Status | Scottish Executive ESF Division of ET&LL Dept reports to European Commission | Quarterly Annual report Programme Level evaluations commissioned by Scottish Executive | Programme Audit Authority is the Scottish Executive (Finance & Central Services Department) |
| RDP | | | SEERAD National Project Assessment Committee | Regional Project Assessment Committees | | SEERAD reports to European Commission | Annual Report | It will be the responsibility of SEERAD to audit the RDP. |
| CL&DS | | | Communities Scotland | Highland CL&D Partnership. 8 Area Partnerships. | Highland Council | | Annual review to Plan. Targets, 6 monthly review of work. | None identified |
| E&DSF | HWBA Partnership Group via Officers' Group | | Equality Unit | Equality and Diversity Strategy Group | | Equality Unit | Annual | Scottish Executive requires and monitors publication of EO statistics. |

| Table 3.5: Review of Accountability, Management and Audit Arrangements (continued) | | | | | | | | |
|---|---|---------------------------------|--------------------------------|--|--|-------------------------------|--|---|
| Strategy | Accountability (Scrutiny, Governance) | | | Managerial Arrangements | | | Reporting & Evaluation | Audit or Inspection Requirements |
| | Partnership | Partner Organisations | National Level | Partnership | Lead Partner Organisation | Scottish Executive | Timing | |
| JHIP | HWBA Partnership Group via Officers' Group | New Bipartite Strategic Group?? | Health Dept. | JHIP Implementation Group | | Health Dept. | Bi-annual reports | None identified |
| DAS | Reports to CS Steering Group (historical – recently no reporting) | | Justice/ Health/ Equality Unit | Strategy Group Local Link Groups | | Justice/Health/ Equality Unit | | None identified |
| CSS | HWBA Officers Group | Area Committees | Justice Dept. | CS Steering Group Local Action Teams | | Justice Dept. | Regularly | None identified |
| HD&AAT CAP | HWBA Leaders Group | | Health/ Justice Depts. | Strategy Implementation Group D&A Forums | Drug and Alcohol Team | Health/Justice Depts. | Quarterly | National Quality Standards for substance misuse services. |
| ASBS | | HC Resources Committee | Justice Dept. | HWBA Officers' Group ASB Coordinating Group?? | Highland Council and Northern Constabulary | | Annual reporting to CPP. Annual reporting against outcome agreement for SE. July 07 | Scottish Executive links with regulatory bodies to ensure that ASB becomes integral to inspections, which cover education, social work and housing services." |

Table 3.5: Review of Accountability, Management and Audit Arrangements (continued)

| Strategy | Accountability (Scrutiny, Governance) | | | Managerial Arrangements | | | Reporting & Evaluation | Audit or Inspection Requirements |
|----------------|---------------------------------------|--|-------------------|-----------------------------------|--|--------------------|--|---|
| | Partnership | Partner Organisations | National Level | Partnership | Lead Partner Organisation | Scottish Executive | Timing | |
| YJ in FHCh2 | | | Justice Dept. | Youth Justice Strategy Group. | Children's Services Common Performance Management Group. | Justice Dept. | Quarterly, annually, 3 yearly | National Standards for Youth Justice. Statutory reports for offending behaviour. External audits by S.E. relating to particular initiatives, e.g. electronic tagging. Ongoing inspection and registration. Annual YJ mapping exercise incorporated in Integrated Children's Services Planning framework from 2006-07. |
| Social Economy | | Communities Scotland HIE | | HISEZ Team LSEP | HISEZ Board, EQUAL, HIE and Communities Scotland. | | Quarterly Review of HISEZ ongoing. | None identified |
| FIS | | HC Resources Committee (not mandatory) | Development Dept. | Financial Inclusion Working Group | | Development Dept. | Annual Reporting Health and Equalities Impact Assessment after Yr 1. | None identified |

4. Drivers and Resources

4.1 Introduction

This section of the mapping study aims to identify the following:

- what instigated the plan, strategy, outcome agreement;
- whether there are any statutory requirements or government guidance / requirements attached to the plans, strategies or outcome agreements – with these summarised;
- the lead Scottish Executive department(s) or agency involved;
- Scottish Executive and government resources currently identified to deliver the strategies, plans or outcome agreements, showing the amounts, source of funding, and the funding route;
- any change in national funding arrangements as currently known;
- partner resources where these are already recorded; and
- the dedicated staffing resource across the partnership in terms of full-time equivalent posts employed by each partner.

4.2 Drivers and Requirements

In this section we discuss the drivers for the instigation and development of the strategies and plans, and any government requirements or guidance attached to them.

4.2.1 Policy Drivers

As would be expected in this cluster, with its social inclusion focus, a number of strategies and plans are driven by the Scottish Executive's Closing the Opportunity Gap (ROA, RSPA, NEET, WFP, ESF and FIS). However, a wide range of other Scottish Executive drivers is in play, including 'Curriculum for Excellence', the 'Framework for Economic Development', 'Towards a Healthier Scotland', etc.

A number of strategies are led by legislation, including the Local Government in Scotland Act 2003's requirements for Community Planning arrangements, with the incorporation of equality policies and inclusion of communities in the implementation of policy.

Many strategies have government guidance and requirements attached, e.g. NEET and WFF, stipulating arrangements for partnership working and joint delivery.

It was noted during consultations that not all national policies or initiatives are transferable into a rural context, for example, the pattern of anti-social behaviour is different from Highland and urban areas of the Central Belt. In general, it is difficult to implement legislation such as the Anti-Social Behaviour Act at a rural level given dispersed geographies, which consequently results in the fragmentation of approaches across the Highlands and disjointed working between partners.

The new Draft Culture Bill is currently out to consultation – culture covers a wide spectrum of activities from art, language (Gaelic), heritage, music, etc. The adoption of the Culture Bill, which will be supported by new guidance from the Scottish Executive, will result in significant changes, particularly for the Highland Council – will provision be adequate?

Local cultural entitlements are identified in the Draft Culture Bill as being the responsibility of local authorities. There will be specific types of cultural activity or services that authorities will seek to make available to each person in their area who wishes to access them e.g. libraries, swimming pools, etc. The overarching purpose of local cultural entitlements is to encourage participation in the arts across all sections of the community. Appropriate and adequate infrastructure needs to be put in place (e.g. access to a theatre, use of village halls, etc) to support the activities outlined in the Culture Bill, if these are to be delivered in local communities.

Potential political changes following elections this year may result in different priorities and focus in community planning and on Community Wellbeing issues.

4.2.2 Statutory Requirements

As noted in **Table 4.1** (p.46), statutory requirements are attached to many of the plans and strategies. At a basic level, The Local Government in Scotland Act 2003 provides a statutory basis for Community Planning in Scotland. Under the Act, Community Planning Partnerships must involve the community itself as the main partner in the process of planning and delivering the services that are needed to make a difference at a local level.

There is also a statutory duty under the Local Government Act to embed and mainstream equality and diversity policy (race, disability, gender) into the Community Planning process, and for Local Authorities to report on actions and procedures to local communities. There is no requirement for general reports to be submitted to the Scottish Executive.

Equality and Diversity issues therefore need to be embedded in and reflected across all the work streams within the Wellbeing cluster, including links with FHCh2. Three specific points should be taken into consideration:

- work is currently being undertaken to ensure the Final Equalities and Diversity Strategy and supporting Action Plan incorporate the statutory requirement to reflect E&D issues across all work streams. This includes the Children’s Plan which must adhere to the rights of children in terms of gender, those who are disabled and children from different racial groups/ethnic backgrounds;
- there is need to support the E&D work across all work streams including the areas that affect children. In terms of the application of E&D policy the support group, or some other means to deliver such support, should assist in developing an understanding of the E&D issues, how to action such policy and how to gather an evidence base of actions undertaken – using the expertise of the Intelligence and Monitoring Group. It is suggested that this will require the delivery of training in areas such as equality impact assessments; and
- E&D strategic work must be taken forward as a group. Specific tasks relate to the requirement to record, monitor and publish incidences in communities, such as racial abuse. The Highlands and Islands Equality Forum under SCVO and funded by ESF, H&IPP, SCVO, HIE, UHI MI, DTI and Tulloch plc, delivers training on E&D issues for the private sector – uptake is voluntary and tends to be with the larger Highlands and Islands based businesses.

4.2.3 Guidance

A number of strategies are also designed to meet Scottish Executive guidance and national standards.

Of all of the strategies reviewed, only the Small Town Networks, which until recently was framed within the context of the European Commission’s Northern Periphery Programme, is not subject to some degree of influence or control at the national level.

Table 4.1 provides a summary of our findings.

| Table 4.1: Drivers and Statutory Requirements / Government Guidance and Requirements Attached to Plans | | |
|---|---|---|
| Title | Drivers or Expressions of Highland Level Added Value | National Policy Drivers and Statutory Requirements or Government Guidance / Requirements |
| ROA | | <p>Closing the Opportunity Gap (CtOG). It is a requirement (although not statutory) for each Community Planning Partnership area to produce a Regeneration Outcome Agreement. Guidance and templates were provided to CPPs by Communities Scotland, for the integration of SIPS into CPP and the start of the CRF in April 2005. There are also national standards and guidance for community engagement.</p> |
| RSPA | | <p>The Scottish Executive is committed to supporting rural life (CtOG Rural Target H), rural communities and the rural economy. Improving the delivery of services to rural communities, thereby enabling all rural residents to enjoy a high quality of life, is central to the Scottish Executive's vision for rural Scotland.</p> |
| IatE | | <p>The Initiative is part of the Scottish Executive's wider rural economic development strategy. In 1997, Scottish Office Ministers believed that there needed to be a particular development effort focused on some of the most remote and fragile areas of the Highlands and Islands. The Initiative was established in 1997 to concentrate attention and effort on tackling the problems that were clearly evident in a number of areas across the region. No statutory requirements.</p> |
| NEET | | <p>Drivers: Closing the Opportunity Gap, Curriculum for Excellence. National guidance: local partnerships must jointly: • clearly identify the nature of their leadership function, defining who is involved and the nature of support expected from other partner agencies; • detail the specific partnership structures that will be responsible for ensuring a comprehensive and co-ordinated local response to NEET and the wider employability agenda; • audit activity to better understand local needs (i.e. young people at risk of becoming NEET and those already NEET) and resources (i.e. current level and type of services and how they "fit" with each other); • establish challenging local targets for NEET, and processes for monitoring and reporting. This should involve more than the headline NEET figures, and include details of stock and flow (particularly sustained long-term NEET status), and incidence of NEET by the key sub-groups most at risk of becoming NEET; • define the local entitlement, including national training programmes, and how it will be delivered, in the context of a coherent framework of employability and support services; • detail how the action set out in their ICSP and ROA contributes to the local response to NEET, including preventing the flow into NEET; • undertake and use an analysis of current and future employment opportunities, with a view to demonstrating how area-based strategies to tackle NEET will meet the demands of local employers; and • detail action to build the necessary infrastructure, including joint training and development activities across partner agencies.</p> |

| Table 4.1: Drivers and Statutory Requirements / Government Guidance and Requirements Attached to Plans (continued) | | |
|---|---|---|
| Title | Drivers or Expressions of Highland Level Added Value | National Policy Drivers, Statutory Requirements or Government Guidance / Requirements |
| WFP | The Unlock Your Potential initiative which pre-dates the WFP Employability Framework will be used as the foundation for WFP activity in the Highlands. | The Executive's Partnership for a Better Scotland makes it clear that growing the economy is a top priority. Closing the Opportunity Gap aims to prevent individuals and families from falling into poverty, provide them with routes out of poverty, and sustain them in a lifestyle free of poverty. For most people and their families, work is the surest way out of poverty. The first Closing the Opportunity Gap objective is to " <i>increase the chances of sustained employment for vulnerable and disadvantaged groups – in order to lift them permanently out of poverty</i> ". No statutory requirement, but national guidance through the Employability Framework and related documents. |
| WFF | | WFF is a Closing the Opportunity Gap initiative. Guidelines for Implementation were provided at the start of the Programme. Includes requirement to consult with partners and target groups in developing projects; inclusion of voluntary sector in development and delivery; must target those most in need; actively promote role of social economy sector in developing services; authorities must collect data for national monitoring and evaluation. |
| STN | The need for a "bottom up" approach to regeneration, through encouraging local communities to seek their own way forward. The project reflected the need for these towns to regenerate themselves through the work of voluntary groups from the local business and community sectors. | No statutory requirements. |
| ERDF | | Lisbon and Gothenburg agendas, Smart Successful Highlands and Islands, CtOG. EU regulations govern the management of Structural Funds Programmes. |
| ESF | | Socio-economic analysis married with policy context at EU, National and regional levels (incl FEDS, WFP, CtOG, Regeneration Policy Statement, LLL Strategy, etc). |
| RDP | | At EU Level, Common Agricultural Policy. At Scottish level, policy influences are Scottish Executive Partnership Agreement, Rural Scotland - A New Approach and others. Requirement for new Rural Development Network to share good practice. LEADER integrated within the RDP and cuts across the three axes; coverage to be extended across Scotland. |

| Table 4.1: Drivers and Statutory Requirements / Government Guidance and Requirements Attached to Plans (continued) | | |
|---|---|--|
| Title | Drivers or Expressions of Highland Level Added Value | National Policy Drivers, Statutory Requirements or Government Guidance / Requirements |
| CL&DS | | CLD as a development of Community Education is a statutory legal function of local government. "Working and Learning Together to Build Stronger Communities" has been accompanied by formal guidance from the Scottish Executive. The Adult Literacy and Numeracy Strategy in Scotland (ALNiS) has accompanying funding from the Scottish Executive for its implementation, and the Executive has published a national "Lifelong Learning Strategy." |
| JHIP | | The national strategy is set out within 'Towards a Healthier Scotland'. JHIP guidance issued by Scottish Executive outlines responsibilities of CPP partners. |
| DAS/VAW | | Scottish Executive driving on widening agenda to violence against women. Draft guidance has been issued, which is informing the development of the new violence against women strategy for the Highlands. |
| E&DSF | | Statutory Requirements: legislation Race Relations (Amendment) Act, Disability Discrimination Act, Equality Act, Local Government Scotland Act. The Local Government in Scotland Act 2003 introduced a statutory basis for mainstreaming equality in the implementation of Community Planning duties. Section 59(1) of the Act requires that Scottish Ministers, local authorities and all other bodies participating in Community Planning do so in a manner which encourages equal opportunities and, in particular, the observance of legislative equal opportunity requirements. Guidance on the Act advises that equality objectives should be mainstreamed throughout the Community Planning process and that community partnerships should: identify actions to encourage equal opportunities; assess policy proposals for impact on equalities; engage with equalities groups; build capacity to increase participation – of both community groups and community planning partners; share information on equalities groups; monitor and evaluate performance relating to equal opportunities; and report on performance. Legislation requires all public bodies to develop and publish a Disability Equality Scheme by December 2006, a Gender Equality Scheme by April 2007, and a Race Equality Scheme by 2005 (and every 3 years thereafter for each with annual reports on each also to be published). |
| CSS | | Key component of the Scottish Executive's vision for Scotland's communities is that people feel safe both in their homes and when they are out and about on their daily business. "Safer Communities in Scotland" (Scottish Executive, July 1999) provides comprehensive guidance to assist Community Safety Partnerships to create the framework necessary to develop strategies and action plans. The guidance recommends that as a minimum, partnerships should involve, at a senior level, the local authority, police, health board and/or trust and the fire service. It also stresses that partnerships should consider the role of the private and voluntary sectors, housing associations and racial equality councils, either as members of the core partnership groups, or by being involved in specific working groups. |

| Table 4.1: Drivers and Statutory Requirements / Government Guidance and Requirements Attached to Plans (continued) | | |
|---|---|--|
| Title | Drivers or Expressions of Highland Level Added Value | Statutory Requirements or Government Guidance / Requirements |
| HD&AATCAP | | The Executive has adopted "Tackling Drugs in Scotland: Action in Partnership" as the drugs strategy for Scotland. Requirement for Drug Action Teams. National Quality Standards for substance misuse services. |
| ASBS | | Anti-social Behaviour etc. (Scotland) Act 2004. The Scottish Executive requires an Anti-social Behaviour Outcome Agreement to be produced by the Highland Wellbeing Alliance. The Scottish Executive has identified a set of 28 core indicators for use in the accountability framework. From 2006 it will provide annual reports against the core indicators. |
| YJ (FHCh2) | | National Standards for Youth Justice. Anti-Social Behaviour Legislation. |
| FIS | CP objective to reduce financial exclusion and poverty (ROA); Community Plan objective to reduce financial exclusion and fuel poverty; reinforced in JHIP; keen to encourage inward migration - financial services that support the demands of new residents reduces obstacles to transition and integration. | Scottish Executive sets out a range of expectations of local authorities relating to financial services, advice and support and financial education. Other requirements are set for the Scottish Executive and Communities Scotland as well as financial services sector. |

4.3 Financial Resources

Table 4.2 provides a summary of each strategy and plan's funding arrangements.

There is wide variance in the volume of funding available to deliver strategies, with some benefiting from fairly stable and significant funding, e.g. ROA, whereas others have no confirmed funding in place, whether from national or Highland sources (e.g. Draft Financial Inclusion Strategy).

In some cases, e.g. JHIP and CL&DS, there is lack of clarity over resources to deliver the *plan* as opposed to resources that individual partners have at their disposal for delivery in the general thematic area.

Other areas have complex funding structures in place. For example, the Scottish Executive resource to Youth Justice is around £2m but this comes through a multitude of funding streams and added to this, there is instability of resource, e.g. future availability of funding for electronic tagging was not known just weeks before the end of the current financial plan. Added to this, funding streams straddle partnership responsibilities – for instance, the Drug and Alcohol services have a different strategy group and operate through a different strategic channel, but carry out activities that crossover Children's Services.

| Table 4.2: Financial Resources Attached to Strategies and Plans | |
|--|--|
| Title | Resources (Financial) |
| ROA | 2005/6 £500,176 (actual); 2006/7 £579,566 (revised budget); 2007/8 £786,000 |
| RSPA | Resources totaling £2.2 million were announced for the RSPA in December 2005, £100K for each RSPA. Therefore £300,000 for Highlands. |
| IAtE | The LDOs have been funded by local level agencies and organisations. In addition, seedcorn-type funding has been made available through HIE; Rural Challenge; Scottish Executive; and ERDF to support the pre-start up phase of projects and assist in the networking of the Initiative areas. Once a local community/agency partnership agreement has been drawn up, community groups are awarded "development plan funding" to assist with the delivery of their development plan. An evaluation found agency commitment weaker than anticipate, consequently minimal impact on "bending" mainstream (rather than discretionary) funding or service provision. Funding too limited for adequate development officer training, admin support and office accommodation. |
| STN | In some areas, e.g. Ross and Cromarty, towns have benefited from Community Economic Development (CED) funding however most projects have accessed funding from the Community Chest, which is designed to act as seedcorn finance that local initiatives can draw on to kick-start modest priority projects of a social, economic and environmental nature. Other sources of funding include the Scottish Community Action Research Fund (SCARF), which The Kyle of Sutherland Initiative (KOSI) secured funding from in order to produce a strategic vision for their community for 2008. |
| NEET | £75,000 pa from Scottish Executive for 2006/7 and 2007/8. In addition, funding has also been allocated to Highland to support the development and introduction of a Psychological Service for Young People, aged 16 to 25, in order to support these developments. |
| WFP | No Scottish Executive monies have been allocated to the Highland area for WFP. |
| WFF | £600,000 per annum for 2006-07 and 2007-08. A funding review will take place in September 2007. |
| ERDF | Total €15.04 million will be shared between the priorities in the following way: Priority One – Sustainable Enterprises: 39%; Priority Two – Sustainable Key Sectors: 34%; Priority Three – Sustainable Communities: 24% Technical Assistance budget. |
| ESF | In total €7.52 m will be shared between the priorities: Priority One – Increasing the workforce: €3.01 million 29%; Priority Two – Investing in the workforce: €3.01 million 39%; Priority Three – Access to lifelong learning: €1.5 million 29%. Technical Assistance budget. |
| | N.B. Community Planning Partnerships will be given multi-year packages of ESF and ERDF funding to support eligible activities set out in the Structural Funds Outcome Agreements, prepared by the partnerships and updated and monitoring on annual basis. For example, the development of e-learning facilities under the ERDF Programme and the rolling-out of an e-skills learning project for target groups under the ESF Programme. The approach will encourage a more co-ordinated, area-based approach to addressing areas with the most severe social inclusion and employability problems. Awards will be made on a competitive basis for a share of the joint ERDF Priority 3-ESF Priority 1 allocation. Funding will be delivered through specified accountable bodies to be used in activities set out in line with key local strategies. Activities will be set out in annual Structural Funds Outcome Agreements. The Agreements will identify the specific activities to be funded by the ERDF contribution, how the funding would be used in conjunction with the ESF contribution (and identifying clear ESF outcomes for the funding), make clear the additionality of activity and set financial and performance targets in line with the priority targets. The Agreements would be monitored regularly by the Managing Authority, which would report to the PMC on the performance of the selected Community Planning Partnerships on an annual basis. |

| | |
|----------------------|---|
| RDP | The total EAFRD budget for Scotland is £246m, including €28m (£19.3m) over the 7 years to Highlands and Islands in respect of convergence status (this does not prevent additional EAFRD funds also being spend in these regions). The level of Scottish Executive match funding has still to be decided by Ministers but national funding must be between 25% and 80% for Axis 1 and 3; and between 20% and 80% for Axis 2 and 4. LEADER - at least 5% of the European element of the SRDP budget must be spent using the LEADER approach. |
| CL&DS | "Not possible to quantify because of different definitions and ways of collecting and reporting financial information." |
| ALNSP | Forecast Scottish Executive funding to CL&DS Partnerships through Local Authority Grant Aided Expenditure for ALN Partnerships: 2006/7 £392k, 2007/8 = £394k. Forecast funding from other major sources (EU, Additional Local Authority Grant Aided expenditure, LECs, Learning Connections, British Council totaling £179,500 in 2006/7 and £156,374. In-kind contributions from Local Learning Partnerships, public, voluntary and private sectors estimated at £17,500 per annum. |
| E&DSF | Community Voices Fund - £20k for 06/07 - currently an under-spend which the E&D Partnership Group will be allowed to carry over to next year. Annual challenge fund from Commission for Racial Equality and Scottish Executive - recent bids not successful with reason given that such policy needs to be mainstreamed across all Community Planning activities. |
| JHIP | There is zero dedicated resource for JHIP. Plans for NHS Improvement Fund to allocate £6k were withdrawn. However, the JHIP estimated that in 2004/05 spend across the partnership (not by the partnership) for health improvement was approx. £4,611,300. The NHS has been awarded £231,000 for 06/07 and £231,000 for 07/08 for the 'Choose Life Programme' (suicide prevention). |
| DAS/VAW | National Resources for 2 years from April 2004 funded an awareness campaign coordinator. Other national resources went to voluntary organisations to support front line service delivery. For new VAG strategy, £32,390 from Scottish Executive to support implementation of VAW training plan- including appointment of Training & Development worker. |
| CSS | CRF around £130k to £140k - spending in the main on CCTV and public realm, environmental, improvements. Currently an under-spend in the CS area - CSU now disbanded - seconded to HC has now gone back to the NC. This under-spend will be carried forward - spend on activities such as the employment of Community Wardens. Funding distributed to 50% of the most deprived data-zones across Highland - there are nine. |
| HD&AATCAP | 2005/6 funding = £210,050, 75% from SE and 25% from NHS Highland and Highland Council. |
| ASBS | Scottish Executive funding for Community Wardens, SACRO Mediation Service, HC ASB Team, projects through CS SG and LAF: 2005/6= £694,232 + £1.24m for CCSF, restorative justice, YP ASBO programmes, Intensive Support Services. 2006/7= £707,532 2007/8= £718,090 Mainstream funding for ASB - 2005/6 £893,477 on youth crime, drug rehab, YAT and community wardens. Additional CRF funding, not specified. |
| YJ in FHCh2 | Funding for the Youth Action Service comes from a range of different streams, and the priority is to consolidate and sustain existing services. |
| SE in CPH | £3k to £5k from the LA (nothing guaranteed) to each CVS with £1k dedicated to community planning issues. HIE has no budget line for SE, however does spend an unidentified amount supporting social enterprise activities. HISEZ - £50k revenue and £10k procurement budget (2007/8). Unknown funding for LSEP. |
| FIS | No Scottish Executive resources have been identified for Highlands. Local Partners will streamline existing services and work in partnership to avoid duplication of resources. |

4.4 Human Resources

Table 4.3 provides an overview of dedicated human resources. It is notable that many do not have any dedicated resources, relying instead on the input of partner organisations as required. In a number of instances there is a time-bound resource, in many cases funded by the Scottish Executive. In many cases the picture is that of instability and ad-hoc response.

| Table 4.3: Dedicated Human Resources | |
|---|---|
| Title | Resources (Human) |
| ROA | CRF part funds 1 FTE Programme Coordinator, plus 2.5 FTE staff in Merkinch, 2FTE in Alness, 0.25 FTE in Invergordon, 1 FTE in Balintore and 2 FTE in Wick. |
| RSPA | £26,000 from funding allocation for Development Worker to delivery local service targets (Skye). |
| IatE | Local Development Officers in Caithness East and Glenelg & Arnisdale |
| NEET | Highland resources not identified. |
| WFP | Not known |
| WFF | Ten people make up the core team: the co-ordinator and administrative assistant are based in the Highland Opportunity Ltd. offices in Inverness and there are two parent champions in each of four areas: Caithness & Sutherland, Skye & Lochalsh, Ross & Cromarty and Inverness. |
| STN | A member of the Council's Economy and Regeneration team based at the Council headquarters in Inverness acts as the overall STN Project Manager, but this is not a dedicated full-time post. At the local sub-regional level, the project is the responsibility of the appropriate Area Development Manager |
| ERDF | Not allocated |
| ESF | Not allocated |
| RDP | Not allocated |
| CL&D | Partners have over 30 FTE staff designated as community learning and development workers, plus a large number of staff for whom CL&D is part of their work, and the sector has numerous volunteers.. |
| ALNSP | 14 FTE Support/Development staff; 14 FTE Volunteer Tutors; 12 FTE Paid Tutors (2006/7) |
| LCS | No dedicated resource. |
| E&DSF | No dedicated support - down to E&D Partnership Group members. |
| JHIP | There is no dedicated HR attached to JHIP. NHS as lead was granted NHS resource (1xFTE for one year) to develop the plan and has utilised internal resource to monitor and co-ordinate partnership activity. |
| DAS/VAW | New VAW strategy: the key dedicated human resource is the Training and Development worker. |
| CSS | HC - Community Safety Unit now disbanded - no staffing resource. Secondee to HC has now gone back to the NC. |
| HDAAT | 4.5 FTEs in D&A Team 1xWorkforce Development Trainer funded by Scottish Executive until 09/07. |
| ASB | 10x Community Wardens, 2xSACRO Mediation Service, ASB Team Housing Service x5 |
| Youth Justice | Youth Justice Manager. 4 Youth Action Teams across Highland area. Support from voluntary organisations. |
| Social Economy | CS - <0.5 FTE; HIE - no dedicated staff. HISEZ - 1xFTE Admin, 2xDevelopment Officer - for HIE area. Possibly LSEP Coordinator - currently poorly resourced. |
| FIS | No dedicated resources. A number of responsible officers are identified in the Action Plan. |

4.5 Summary and Comment

The following table, **Table 4.4**, provides an overview of this section; this highlights the correlation between statutory requirements and resourcing: in cases where there are requirements, there is generally a resource in place.

| Table 4.4: Summary of Drivers and Resources | | | | |
|--|--|---------------------------|----------------------------|----------------------|
| Document | Scottish Executive/ Lead Agency | S.E. Requirements? | Direct S. E. Funds? | Dedicated HR? |
| ROA | Communities Scotland | R | Y | Y |
| RSPA | SEERAD Land Use and Rural Policy Division | G | Y | Y |
| IatE | Enterprise, Transport and Lifelong Learning | G | N | Y |
| STN | Enterprise, Transport and Lifelong Learning | N | N | N |
| WFP | Enterprise, Transport and Lifelong Learning | G | N | N/K |
| NEET | Enterprise, Transport and Lifelong Learning | R | Y | N/K |
| WFF | Development Department Social Inclusion Division | G | Y | Y |
| ESF | Enterprise, Transport and Lifelong Learning | G | N | Y |
| ERDF | Enterprise, Transport and Lifelong Learning | G | N | Y |
| RDP | SEERAD | G | N | Y |
| CL&DS | Communities Scotland | G | N/K | N |
| SE in CPH | Communities Scotland | N | Y | Y |
| JHIP | Health Department | G | N | N |
| DAS | Justice Department - rape. Health Department - sexual assault VAW Unit and Equality Unit - domestic abuse. | G | Y ⁷ | Y |
| CSS | Justice Department Crime Prevention Unit | G | Y | N |
| HD&AATCAP | Health Department is responsible for Drug & Alcohol Policy. Drugs now in Justice Department | R | Y | Y |
| ASBS | Justice Department | R | Y | Y |
| YJ- FHCh2 | Justice Department | R | Y | Y |
| E&DSF | Equality Unit | R | N | N |
| FIS | Development Department Social Inclusion Division | G | N | N |

Note: R= Requirement; G= Guidance supplied by Scottish Executive

⁷ Training Strategy only, plus Challenge Fund for frontline services

5. Partnership Structures and Processes

5.1 Introduction

The final objective of the study is to map partnership processes for activities in the Wellbeing cluster. In detail, the brief specified the following:

- partnership groups and forums – their titles, arrangements for chairing, remits, frequency of meeting, membership and stakeholders;
- delivery mechanisms for each strand in the cluster;
- arrangements for community / user representation and involvement;
- arrangements for Elected Member and non-Executive Director involvement;
- governance and accountability arrangements – for decision making and scrutiny of performance; and
- mechanisms for reporting on performance to communities/users.

5.2 Overview of Partners

An overview of the range of partners named in the various strategies is provided in **Table 5.1**. This highlights the principal actors within the HWBA in Wellbeing cluster activities (HC involved throughout, followed by NHS Highland and HIE) and the wide range of 'other' partners involved in specific work streams.

During the consultations general issues regarding the membership of the HWBA were raised, namely:

- the opportunity for a fundamental review of HWBA membership; in particular the inclusion of JobcentrePlus was suggested, but there may be other organisations who merit inclusion; and
- consideration needs to be given to quality and competence in terms of what partners take and give to the HWBA Officers Group. This issue was mirrored at work stream-level groups as well.

Table 5.1: Overview of Partners

| Theme | Strategy | Key HWBA Partners | | | | | | | | Other Partners |
|------------------------|------------------------------------|-------------------|-----|----------|----|-----|---------|-----|-----|---|
| | | HC | HIE | NHS High | NC | CS | H&I FRS | SNH | VAH | |
| Regeneration | ROA | √ | √ | √ | √ | √ | √ | √ | √ | |
| | RSPA | √ | √ | √ | √ | √ | √ | √ | √ | |
| | IatE | √ | √ | √ | | √ | | | | Community Groups, Crofters Commission. |
| | NEET | √ | √ | √ | | √ | | | | Jobcentre Plus, Highland Opportunities, Careers Scotland, Businesses, FE/HE. |
| | WFP | √ | √ | √ | | √ | | | | Jobcentre Plus. |
| | WFF | √ | √ | √ | | | | | √ | Jobcentre Plus, Highland Childcare Family Resource Alliance, Scottish Childminding Association, Highland Opportunities, HPS. |
| | STN | √ | √ | | | | | | | Community Groups. |
| European Prog. | ERDF | √ | √ | √ | √ | √ | √ | √ | √ | |
| | ESF | √ | √ | √ | √ | √ | √ | √ | √ | |
| | RDP | | √ | | | | | √ | | Forestry Commission Scotland. |
| Comm. Learning & Dev't | | √ | √ | | | | | | √ | Jobcentre Plus, Careers Scotland, STUC, Ross County FC, UHI MI; University of Aberdeen; Learndirect Scotland; Inverness College; Sabhal Mòr Ostaig; Highland Theological College, Learning Centre Network, Procurator Fiscal, Voluntary sector organisations. |
| | CL&DS | √ | √ | | | | | | | Workers Educational Association, Sabhal Mòr Ostaig, Inverness College, North Highland College, Careers Scotland, Lead Scotland, Porterfield Prison, Jobcentre Plus |
| | LCS | √ | √ | √ | | √ | | | | UHI MI, Jobcentre Plus, STUC, HICCaP (SCVO) |
| Equality & Diversity | E&DSF | √ | √ | √ | √ | √ | √ | √ | √ | HIEF, JCP, UHI, COPFS |
| Health Improve't | JHIP | √ | √ | √ | √ | √ | √ | √ | √ | |
| Violence Against Women | DAS/VAW | √ | | √ | | | | | | Women's Aid, HDAF, Rape Crisis, Victim Support, Procurator Fiscal. |
| Comm. Safety | CSS | √ | | √ | √ | | √ | | | Licensed Trade Association, Women's Aid, CVS, Age Concern, SSPCA, Victim Support, Community Councils, HM Coastguard, Procurator Fiscal, Children's Reporter. |
| | HD&AATCAP | √ | | √ | | | | | √ | Highland Drug and Alcohol Forums, Scottish Prison Service, Procurator Fiscal and Scottish Drugs Forum. |
| Anti-social Behaviour | AS BS | √ | | (√) | √ | (√) | (√) | | | |
| Youth Justice | YJ in FHCh2 | √ | | √ | | | | | | NCH, BLAST, Apex, SACRO and CVS, Children's Reporter. |
| Soc. Econ. | (Local Social Economy Partnership) | √ | √ | | | √ | | | √ | SCVO, Albyn Housing Society |
| Fin. Inc. | FIS | √ | | √ | | | | | | Jobcentre Plus, Age Concern, the Highland Employers Coalition, Highland Opportunity Ltd, Highland Advice and Information Network. |

Note: See **Appendix 5** for abbreviations

5.3 Structures

An overview of partnership structures is provided in **Table 5.2** with further detail on sub-regional partnerships outlined in **Appendix 4**.

This shows the main Scottish Executive/Agency department(s) with responsibility for the strategy, instances where national level groups are in place, the Highland level strategic and operational groups, and any sub-regional groups.

A number of issues regarding structures were raised during consultations.

Wellbeing cluster activities need to be conducted in a formalised partnership approach to social inclusion to ensure delivery of activities is indeed adding to the quality of life in the Highlands. This requires a long-term view, and focus to be given to the process of delivery.

In order to add value to service delivery there is a need to remove duplication of effort and disjoint across work streams – to see the bigger picture. How lead organisations work in partnership, levels of co-operation and conflict resolution mechanisms remain issues to be addressed.

Various suggestions have been made on possible structures for the Wellbeing cluster. One suggestion is that work stream activities could be split between community support and community safety headings. Another suggestion is that all work stream activities could come under a 'regeneration' heading with a key focus on the national priorities for regeneration: *building stronger, safe and attractive communities; getting people back into work; improving health; engaging young people*.

The Wellbeing cluster cannot be taken in isolation but must consider other elements of the Wellbeing Alliance. Economic development (including major elements of the ERDF Programme) and the social enterprise element of the social economy theme fit with the 'economy', which is proposed as a separate service delivery theme to Community Wellbeing. Likewise issues affecting children need to be included under integrated children's services. Overall there is a need to establish a strong interface where there is a crossover in activities between service delivery themes.

The draft ERDF and ESF Programmes also represent a fresh opportunity for the HWBA to integrate the management and delivery into CPP structures. The Scottish Executive has proposed to make use of CPPs to deliver social inclusion/regeneration funding in the new Programmes, i.e. limited to ESF Priority 1 (Increasing the Workforce) and the new ERDF Priority 3 (Sustainable Communities) to complement their key role in delivering social inclusion and regeneration goals at a local level. It is proposed to invite CPPs to bid for funds under ERDF Priority 3 concentrating support on 'fragile areas'.

The Officers Group should meet periodically to undertake theme-based workshops e.g. prevalence of alcohol misuse, reduction in crime, inward migration of workers. These issues cut across health, rural regeneration, economic development and social aspects. These could be organised with support from the proposed Partnership Co-ordination Group, Policy Support Group and Citizenship & Community Engagement Group. This would ensure due cognisance to legislation and that recognised standards are being achieved.

| Table 5.2: Overview of Wellbeing Cluster Partnership Groups | | | | | | | | | | | |
|---|----------------------|--------|---|---|---|---|--|--|---|--|-----------------|
| | ROA | RSPA | IatE | NEET | WFP | WFF | STN | ERDF | ESF | RDP | CL&DS/ALNSP/LCS |
| Scottish Executive Department / Lead Agency | Communities Scotland | SEERAD | ET&LL | ET&LL | ET&LL | Dev Dept. | ET&LL | ET&LL | ET&LL | SEERAD | CS |
| National Level Partnership Groups | No | | National Steering Group Remit: strategic direction. Chair: Minister for H&I Members: key regional and local agencies and organisations. | | National Workforce Plus Partnership Remit: leadership, strategic direction and support for the local partnerships. Members: all the key agencies. | | No | No | No | National Project Assessment Committee | No |
| HWBA LEADERS GROUP: Frequency: Two-Monthly | | | | | | | | | | | |
| HWBA OFFICERS GROUP Frequency: Monthly | | | | | | | | | | | |
| Highland Level Partnership Groups | | | | NEET Strategy Group: Remit: development of local Strategy and co-ordination and commissioning of appropriate services Membership: HC (Education, Cultural and Sport Service), HIE, JCP & NHS Highland. | WFP Group for H&I Remit: developing an Action Plan, building on existing arrangements via Unlock your Potential Chair: HIE Members: HC, JCP, NHS & Highland Employers' Coalition. | WFF Steering Group Members: representatives of referring agencies, regional and local partners. | STN Project Officer Meetings Remit: Operational Management Frequency: Quarterly. | Single PMC for ERDF and ESF. Members: representatives reflecting the key sectoral interests in the programme, including the economic and social partners, plus Scottish Executive. All to be confirmed during 2007. | Regional approach will require a co-ordinated structure based on Rural Development Forums, Regional Project Assessment Committees, and LEADER regional structure. All to be confirmed during course of 2007. | Highland CLD Strategy Partnership Members: pan Highland partners and area reps. Remit: responsible for Strategy and Action Plan and monitoring, review and evaluation. Frequency: quarterly. Highland CLD Strategy Partnership Working Group. Members: small group of partnership members with remit to address immediate business. Takes executive responsibility for delegating and decision-making. Thematic Working Groups - Gaelic, AL, LC, CG & Youth Adult Literacies Working Group Chair: Workers Educational Association Members: Sabhal Mòr Ostaig, Inverness College, North Highland College, Highland Libraries, HC Adult Basic Education, CS, Lead Scotland, Porterfield Prison, Training and Guidance, HIE & JCP. Remit: strategic lead for Adult Literacies Initiative – collectively takes all strategic and funding decisions. | |

Table 5.2: Overview of Wellbeing Cluster Partnership Groups (continued)

| | E&DSF | JHIP | DAS/VAW | CSS | HD&AAT | ASB | YJ | SE | FIS |
|--|--|---|--|--|--|---|---|--|---|
| Scottish Executive Department / Lead Agency | Equality Unit | Health Dept. | Justice Dept for sentencing policy. Health Dept has role re victims of childhood sexual abuse. Equality Unit for broad VAW strategic guidance and work with perpetrators. | Justice Dept. | Health Dept/Justice Dept. | Justice Dept. | Justice Dept. | Communities Scotland | Dev Dept. |
| National Level Partnership Groups | No | No | No | No | No | No | No | No | No |
| HWBA LEADERS GROUP: Frequency: Two-Monthly HWBA OFFICERS GROUP Frequency: Monthly | | | | | | | | | |
| Highland Level Partnership Groups | Equality and Diversity Partnership Group Chair: NHS Highland Members: HC, HIE (from 04/07), NC, CS, H&IFRS, VAH, JCP, HIEF & UHI (plus COPFS but never attended) Frequency: Monthly. | JHIP Steering Group Chair: NHS Highland Members: HC, HIE & CS. Remit: Frequency: quarterly New bi-partite Health Improvement Leadership structure planned. Members: Vice-convenor (nominated NHS Director), the Director of the NHS Board and the Director of Public Health. Remit: strategic direction. Frequency: 2-3 times per annum. Support: CHPs, the NHS HI Team, the HD&AAT, the CLE Directorate and the Health Promoting Schools Mgr & HC Policy Team. | Multi Agency VAW Strategy Group. Training Consortium Remit: development and implement training strategy. Chair: NHSH Members: HC, WBA training and development officers, women's aid groups & NC. Sub Group - working group for all with responsibility to implement in 8 Highland areas. Future structure and membership under review. | Community Safety Steering Group Chair: Members: Remit: Frequency: | Strategic Implementation Group Two working groups - quality standards implementation, and info sharing. Links to CS Steering Group, Homeless SG, Health & Homeless SG, YJ & Child Protection Officers' Group. | ASB Co-ordinating Group. Remit: co-ordinates policy and procedures to deal with statutory responsibilities. "The Group has a joint responsibility to inform the strategic direction of the Alliance and for advocating and promoting interfaces between strategic, managerial and operational activities. Members: NC, HC (number of departments) & NHS Highland Frequency: 6 times p.a. Steering Group Remit: oversees mediation services, workload, referrals, Framework for annual report. Chair: HC SW. Members: HA, CJ, SACRO & HC. Frequency: quarterly. | Top – Area Committee; Community Health Partnership. Middle – Area Children's Services Forum. Below that Youth Officers Group with Youth Offenders Forum & Liaison Groups. | Local Social Economy Partnership. Members: CS, HIE, HC and the LCVS as core partners. HISEZ Board Members: HIE, VS, Housing Associations, Development Trusts Association Scotland & HOL. Currently under review. | Financial Inclusion Working Group Chair: HC Members: NHS High, JCP, Age Concern, Highland Employers Coalition, HOL, Highland Advice and Information Network Remit: development of FIS |

Table 5.3: Detail of Sub-Regional Partnerships

| | ROA | RSPA | IatE | NEET | WFF | STN | RDP | CL&DS | E&DSF | DAS/VAW | CSS | HD&AAT | ASB | YJ |
|--------------------|--|--------------------|---|--|---|---|---|--|--|---|----------------------|--------------|--|------------------------------|
| Sub-Highland Level | Local Partnerships in Caithness, Ross & Cromarty and Inverness Remit: develop local regeneration plans, community engagement, etc | Local Partnerships | Each IatE area has a local Steering Committee responsible for project development and, in some cases, implementation and management of funding. | 6 Pilot Associated Schools Groups undertaking initial audit activity to understand local needs. Wick HS, Alness Academy, Dingwall Academy and St Clements School, Portree HS, Inverness HS & Gairloch HS. Chair: Head Teachers | Local Steering Groups in Caithness, Sutherland, Ross & Cromarty, Skye & Lochalsh and Inverness monitor local progress. The project is managed by Highland Opportunity Limited (HOL), the Highland Council's Enterprise Trust. | STN Forum Meetings Remit: share experience, learning. Frequency: Quarterly. | Local Action Groups still to be agreed. Opportunity to fit with CPP structures. | 8 Area Partnership Planning Groups: Remit: Local Planning & Evaluation. | Some sub-groups at local level deal with E&D issues. | Link Groups Remit: area groups supportive to women's aid and refuge teams. Frequency: quarterly. Report to Subgroup. | 8 Local Action Teams | 8 D&A Forums | ASB Partnership Groups. Chair: Area Housing. Remit: dealing with local ASB issues. | Area Childcare Partnerships. |

5.4 Partnership Issues

5.4.1 Governance

Interviewees have highlighted the lack of effective governance of Community Planning as a key problem. It is argued that corporate governance arrangements of the Wellbeing cluster are weak, with limited control at the local level and no standard terms of delivery. For example, the governance for ASB and CS is the Highland Council Resources Committee. It is argued that strategies need to be linked into a formal structure, and the recognition of a plan by HC Resources Committee can be key to the strategy's prioritisation and resourcing. However, there is a danger that the Wellbeing cluster is structured and delivered in the format of one key organisation and not necessarily what is the most effective and efficient approach to such governance issues for all the partners.

The Council's Committee Structure presents issues in partnership working: while external bodies, e.g. NHS Highland, may have an officer speak at meetings, non-elected Council Directors are not permitted to speak. The role of Elected Members in external partnership structures is also not without issue; members may be elected onto Community Health Partnerships, for example, but they are not permitted to make decisions without referral to appropriate Council Committees.

The governance arrangements for the ROA are also unclear – reports have gone to both the Highland Council Resources Committee and the HWBA Leaders Group in the past, however the ultimate decision-making body has never been resolved.

However, the governance situation cannot be resolved purely at the Highland level, and there is a need for the Scottish Executive to provide clarity on its requirements at a local level. Clear and transparent arrangements need to be put in place to hold people to account.

Effective governance also provides a mechanism for conflict resolution to ensure lead organisations and support organisations work in partnership in a co-operative and collaborative manner.

5.4.2 Capacity

Attendance at HWBA meetings (Officers Group and Leaders Group) tends to be seen as an add-on to the representatives' day job – although this is not a consensus view. As a corporate partnership activity there is a need for such capacity to be incorporated into representatives' formal roles. Furthermore, individuals who sit on the Officers Group need to have some delegated authority to make decisions on behalf of their organisation.

This is reflected in work stream groups; in some instances we identified a lack of ownership of strategies/plans. Individuals and organisations do not necessarily associate the work they do with the strategy, and it is often left to a small number of individuals to monitor progress. Possibly, greater focus and clarity on particular activities that can be best delivered through the HWBA would help to secure greater buy-in and participation. For example, it has been suggested that focusing on the element of health improvement that concerns capacity building of partnership organisations as “health improving organisations” would provide added value to this theme.

Function – role – outcome – all need to be clearly defined. However, due cognisance also needs to be given to the various cultural issues within different organisations and agencies. For example, in the HC and NHS, corporate decisions are made by HC Committees (inclusion of elected members) and NHS Board, respectively.

5.4.3 Commitment

A key issue with regard to partnership working was raised as inconsistency of involvement (e.g. Violence Against Women, Youth Justice). In the Violence Against Women work stream it was argued that some agencies or departments tend to develop and work on their own issue and are not linking such activities back to the current strategy or indeed understanding how such activities could contribute to the revised strategic focus in the wider domain of VAW rather than solely Domestic Abuse. In the case of JHIP, while a number of HWBA partners were involved in compiling the Plan, in practice only a small number of partners are actively engaged in ongoing development and measurement of progress. Lack of consistency of involvement inevitably impacts on the ability to manage and drive the strategic agenda.

5.5 Intelligence and Monitoring Group

The Intelligence and Monitoring Group (or proposed Information Support Group) has been in existence for a number of years, and aims to provide professional advice on data e.g. technical advice, efficacy on data sources and monitoring advice. At present it is the only standing committee with written ‘terms of reference’. There is potential for the IMG to add value to the CPP, through a dedicated resource, to see the ‘bigger picture’ in terms of the evidence base and the monitoring and reporting requirements across the various public and voluntary sector agencies / organisations by work stream.

While some partnership groups, e.g. JHIP, have used the IMG, this is by no means universal and in some cases there was a low level of awareness of this group during consultations. Some have found the IMG’s services to be valuable. Although sharing data is important, the sharing of intelligence and knowledge is key, and this is applicable to all work streams.

The need to incorporate a sound evidence base is a crucial aspect for all strategies and plans for each work stream. The main skills of the IMG are an understanding and knowledge on secondary data sources and the interpretation of that data. There is a fundamental gap with regard to primary research – no resource or skills to fill this gap – which is critical for decision-making processes to inform the direction and actions for organisations such as the NHS.

There are three core tasks to form a sound and robust evidence base regardless of work stream:

- capture the data – done by individual organisations anyway to meet funding requirements;
- analysis of the data – a key role for the IMG. However, the IMG has no authority to influence what information is captured at the organisational / agency level; and
- requirement for primary research to find out what is happening on the ground.

We found consensus that there is merit in sharing information and data, but at present the Group is not properly resourced. In addition, there is an imbalance within the IMG, with a small group of individuals doing all the work. It is not clear whether this reflects the specific skills of these individuals or the workload of others who do not participate.

It would appear that there is a role for the IMG to target the various work stream groups to increase awareness and training to help disseminate an understanding of why some data needs to be gathered and identified. This needs to be tempered with a recognition that a 'generalist' IMG team cannot be expected to know all the details involved by work streams i.e. the IMG should be a key support function rather than a policy leader.

There is a suggestion from the representatives of the voluntary sector that the IMG should gather information of voluntary services activities across the area to compile a 'live' comprehensive Highland-wide database.

5.6 Community and Elected Member Involvement

A key question for the HWBA Officers Group to consider is how to achieve the correct investment in, fit with and contribution to, CP from the business and voluntary sectors, representative groups and Elected Members.

Table 5.4 (over) shows the known arrangements of community / user and Elected Member representation and involvement.

This shows that there is a range of mechanisms for community participation and involvement. In some cases, this is on a consultative basis, during project development, as in the Rural Services Priority Areas and Initiative at the Edge.

In other cases, such as the Local Drug Action Forums and Community Learning and Development Partnerships, there is ongoing input from the community in partnership groups.

However, given the statutory obligation for community engagement, it is concerning that no formal mechanisms have been identified for community participation in a number of work streams.

This situation should be addressed as part of the current review.

In only two cases, Domestic Abuse and HDAAT, were elected members identified as core participants in strategic groups. However, there is also an opportunity for scrutiny of activities through reporting to Committees.

During consultations it was argued that there is a varied understanding and participation of Community Wellbeing activities among elected members. This could be addressed through clear reporting of wellbeing issues through the HWBA.

| Table 5.4: Arrangements for Community / User and Elected Member Representation and Involvement | |
|---|---|
| ROA | Community involvement through local CPPs. Examination of developing a "citizen's panel" for Highland to meet some of the joint CP requirements for involvement and monitoring. National standards and advice for community engagement |
| RSPA | Communities involved in preparation of proposals to Scottish Executive - meetings held in each community. |
| IatE | Yes - The operating principle of IatE gives community groups the power to identify their needs, set their own priorities, outline the actions required and, with the assistance of their local partner bodies (Highland Council, Caithness and Sutherland Enterprise, Crofters Commission and Caithness Voluntary Groups) develop projects accordingly. |
| NEET | Six pilot associated school groups are undertaking an audit to understand local needs and identify young people at risk of becoming NEET in their local area. The strategy will be further developed across all 29 ASGs from June 2007. |
| WFP | Not identified. |
| WFF | Local childcare providers are members of local steering groups. |
| STN | Voluntary community groups, such as the local Community Councils, provide an important source of additional project support at the local level. |
| ERDF | Communication Plan in place. |
| ESF | Communication Plan in place. |
| RDP | Community involvement through the Local Action Groups (new arrangements yet to be confirmed). |
| CL&DS | HCL&D Partnership must ensure appropriate representation on Partnership (youth groups, community groups, communities of interest, voluntary sector and geographical). |
| E&DSF | Key objective to engage with and involve equality groups. |
| JHIP | No mechanisms in place for involvement/reporting on JHIP as a whole. Each individual work stream within it involves local communities. |
| DAS/VAWS | Elected member chairs strategy group (standing down at elections). Consultations with regard to the new strategy will be with service providers and service users. Women's groups and voluntary sector organisations and groups are involved at the local level. |
| CSS | H&I F&RS - the Integrated Risk Management Plan for 2007/2008 will go out to a 12 week consultation period where feedback will be sought from Community Councils, Councils, MPs, MSPs, etc. Likewise the NC publishes its Annual Report which includes feedback on performance against targets. |
| HD&AATAP | Community participation in local forums. Elected member chairs HD&AAT. |
| ASBS | During 2006 the community planning partnership will develop joint approaches to community engagement supported by the new Standards of Community Engagement. Six ASB roadshows have been delivered across the Highland area - mixed attendance by key public sector organisations and agencies. |
| YJ in FHCh2 | Ensure that local communities are aware of strategies in place and local reductions in youth offending. |
| Social Economy | Not identified. |
| GLP | Not yet considered. Consultation will be built into drafting of Plan from June-August. Plans to post consultation on website, publicise through newspapers and hold public meetings. |
| FIS | No sub-regional mechanism for implementation. Residents Associations were invited to planning meetings. Local Councillors not involved in development of strategy. |

5.7 Feedback at Sub-Regional Level

With a view to ensuring an inclusive and open approach to the mapping exercise, and recognising that the sub-regional dimension is an important factor in the Community Planning process, EKOS undertook an online survey of:

- Council Area Managers;
- Police Area Commanders;
- CHP Managers; and
- LEC Chief Executives.

Invitations were sent out during the week of 26 February 2007 with an initial deadline of 9 March 2007. Following a low response, reminders were circulated with a revised deadline of 16 March 2007 for responses. However, disappointingly, only seven responses in total were received; these were broken down as follows:

- 1x Highland Council;
- 3 x Highlands and Islands Enterprise;
- 2 x Northern Constabulary; and
- 1 x NHS Highland.

The reasons for the low response are unclear, however, the timing of the exercise, during a period of restructuring of the Highland Council areas and shortly before the financial year end, may have been a contributing factor.

The findings relating to the local partnership groups in existence at sub-regional level have been incorporated in **Section 5.3**. We also sought views on key issues and potential improvements to the Community Planning structure. Briefly, the main findings can be summarised as follows:

- partnership of unequals – varying levels of authority around the table, with lack of decision-making powers causing delays and frustrations at partnership level;

- initiative overload – too many strategies from different government departments/agencies, each with their own requirements. Need to be rationalised;
- lack of commitment and buy-in to the CP process from some partners – there is a need to change approach to make the partnership work more effectively;
- need to clarify roles and responsibilities;
- lack of flexibility – desire for local delivery based on high level strategic direction at the Highland level; and
- vertical communication – need to improve levels of communication between Highland and sub-Highland levels.

These concerns mirror, to a large extent, the issues raised during the Highland-level consultations.

6. Conclusions

6.1 Overview

The Community Wellbeing cluster comprises a very complex range of strategies, plans and outcome agreements, each with their associated groups, performance indicators and reporting requirements. Added to this, the Wellbeing cluster cannot work in isolation, but must interface with other HWBA themes, particularly integrated children's services and economic development.

CP aims to achieve more in partnership than organisations can deliver alone. Joined up working is not about more power, rather it is about sharing, and where necessary, giving up, power. The adjustments this requires at organisation level have been difficult hurdles to overcome.

This mapping study endeavours to provide an overview of the documents, drivers, resources and partnership structures currently in place. However, we must acknowledge that this is a constantly shifting landscape, and that the study is undertaken during a period of transition for many of the work streams and also within the Highland political structures. The forthcoming elections may bring further change to the operating environment and policy priorities at the Scottish and local levels.

This study aims to contribute, therefore, to the discussions at national, regional and sub-regional level, on the changes that are necessary to implement the Community Wellbeing strand of the Highland Wellbeing Alliance, and by extending CP more generally, in a more efficient and effective way.

6.2 Community Wellbeing Cluster Work Streams

It has been possible to identify groupings within the Community Wellbeing cluster. Within the 'regeneration' theme, three strategies that have come down from the Scottish Executive focus on getting people into education, training and sustainable employment (WFP, NEET, WFF). The NEET strategy is currently under development and is taking the WFP into account. This future delivery of the WFF will also need to be reviewed and delivered in the context of the WFP.

Likewise, there are a number of strategies within the regeneration theme that focus on tackling issues in particular communities (ROA, STN, IatE and RSPA). The approaches range from economic and employment promotion, to community facilities and engagement, depending on community needs. There may be an opportunity to extend the reach of the ROA, which is currently a plan for the use of the Community Regeneration Fund, to be the lead document for other regeneration

activities, such as those named above. This would help to integrate and streamline approaches to community regeneration under the HWBA banner.

Similarly, the term 'community safety' covers a broad range of themes from protection and from prevention of crime and anti-social behaviour to environmental, road, home and personal safety, and could be considered to encompass a range of strategies in the cluster (CSS, ASBS, VAW, YJ and HD&AATCAP).

The equality and diversity theme cuts across the Community Wellbeing cluster (and indeed the other clusters in the HWBA). Steps should be taken to ensure that this theme is incorporated into partnership activities across the board.

The European Programmes play a *supporting role* to the other strategies and plans in this mapping study, and have explicit strategic linkages with the WFP and NEET, CtoG initiatives, Lifelong Learning Strategy and Adult Literacy and Numeracy Strategy, and the forthcoming Social Enterprise Strategy. The draft ESF Operational Programme states "Structural Funds can be an important instrument for integrating funding in support of the social inclusion and employability aspects of the regeneration agenda". Therefore, the Programmes support the regeneration, community learning and development and social economy theme of the Wellbeing cluster. There is also crossover into the HWBA Economy cluster, particularly from the ERDF Programme.

6.3 Objectives

The literature review brought to light in excess of 100 strategic objectives in the Community Wellbeing cluster. Under nine broad headings as defined in the report, the key linkages, areas of overlap and uniqueness are summarised below in **Table 6.1**. It is clear that many of the strategic documents have wide-ranging strategic objectives, while others have a unique purpose and aim.

In some instances, we also identified that important aims of strategies were not always to be found in their list of key objectives. For example, with regard to the *equality* theme, it is important to note that other strategies such as the ASBS, ERDF, ESF and ALNSP deal with equal opportunities, but this is not expressed in the main objectives. Indeed, there is a statutory requirement under the Local Government Scotland Act 2003 for equality and diversity issues to be embedded in and reflected across all the work streams within the Wellbeing cluster. Given the volume of strategic documentation under review, the limitations of this exercise to comment on all of the less explicit objectives of the strategies, is therefore acknowledged.

| Table 6.1: Strategic Objectives: Linkages, Overlap and Unique | | | | |
|--|---|--|---|--|
| Objective | Linkage | | Overlap | Unique |
| Economic | Enterprise development and business support. | ERDF; RSPA (local level); RDP (rural-focused sectors). | | ERDF – wider economic development remit, including research and technological development. JHIP – considers the health implications in economic policymaking. |
| Employment | Prevention of worklessness and promoting employability. | NEET, WFP, WFF, JHIP, ALNSP & FIS | ESF – targets groups facing severe and multiple disadvantage, including groups in the NEET, WFP & WFF . | JHIP – workplace conditions for employees. |
| | Target sustained participation in the workforce. | ESF, WFP & NEET | | |
| Learning/ Training | Improve learning and training provision and improving the skills base/workforce. | RSPA, ESF & CL&DS | | CL&DS – focus on schools and on the role of cultural and sporting activity in learning. |
| | Entering education and learning. | NEET, HD&ATTCAP, ESF & CL&DS | | |
| Health | Address health issues in terms of regeneration activities (ROA) and for specific client groups and geographies (JHIP) and those becoming ill due to long-term worklessness (WFP). | ROA, JHIP & WFP | CSS, HD&AATCAP and ASBS – improving health by dealing with drug and alcohol misuse. | JHIP – focuses on organisational capacity to promote and improve health. |

Table 6.1: Strategic Objectives: Linkages, Overlap and Unique (continued)

| Objective | Linkage | Overlap | Unique |
|------------------|---|--|---|
| Community | Improving infrastructure, environment and services. | ROA, RSPA, IatE, RDP & ASBS. | RDP - promote public access and understanding of the countryside. STN – identify ways of regeneration small towns that can be utilised elsewhere in the Highlands and examining the role of the Inverness city region. |
| | Promoting capacity building in rural communities through community groups and participation. | IatE, STN, RDP, CL&DS, ALNSP, LCS, CSS & JHIP. | |
| | Improve sustainable communities | ROA, IatE & ERDF. | |
| Equality | Promote equality and value diversity. | ROA & CSS. | |
| | Inequalities and discrimination | E&DSF & JHIP. | |
| Crime | Young people | ROA, HD&AATCP (victims) & YJ – FHCh2 (offenders). | |
| | Reduce drug and alcohol related crime and reducing the number of persistent young offenders will contribute to tackling crime, the fear of crime and alcohol misuse which contributes to anti-social behaviour. | ASBS, CSS, HD&AATCP & YJ – FHCh2. | |
| Safety | Domestic abuse | DAS, CSS, JHIP & HD&AATCP. | CSS – safety in the home and water/mountains. |
| | Community safety | ROA & JHIP. | |
| | Road safety | CSS, ASBS & JHIP. | |

| Table 6.1: Strategic Objectives: Linkages, Overlap and Unique (continued) | | | | |
|--|----------------|----------------|--|-----------------------|
| Objective | Linkage | Overlap | Unique | |
| Financial Inclusion | | | Improve the provision of advice, information and support on finance; et al | FIS (draft) |
| | | | Improve the health of those living in poverty | JHIP |

6.4 Performance Targets/Indicators

The review also uncovered some 200 performance indicators and targets. That said, we noted that a number of strategies (10) had no performance indicators that we could apply to this exercise, either because they were under development, at sub-regional level, or not found.

It was again possible to find commonalities across the strategies, and we divided the performance indicators into the objective themes of economy, employment, learning/training, etc. One new category had to be added, environment, to capture performance indicators within the RDP.

As shown in **Table 6.2** (over), in many cases we identified indicators relating to similar themes. In some cases also, we found matching indicators/targets across strategies. However, in other cases, varying targets were attached to the same performance indicator and there is an opportunity for this overview to provide the basis of some rationalisation and clear up of performance monitoring information. We would recommend that the number of performance indicators be reduced to a more focused, manageable quantity.

Overall, the picture is of a plethora of performance indicators for the Community Wellbeing cluster. Particular issues arise where there is both nationally prescribed and locally developed performance indicators for very similar measurement. This must inevitably lead to duplication of effort for staff in collecting and analysing data.

A particular issue arises with the JHIP, which required a separate appendix to capture the full range of performance indicators. While the intention of this plan to highlight the wide-ranging effect of health improvement on daily life, the question must be raised as to what the plan itself actually aims to achieve, with the resources at its disposal. A more focused plan with a smaller range of objectives and performance indicators could be developed which details activities and outcomes that

the HWBA as a partnership aims to deliver (an example which has been given is the work to promote health improving organisations).

| Table 6.2: Performance Indicators: Linkages, Overlap and Unique | | | |
|--|--|--|---|
| Objective | Similar – Not Exact Match | Match/Overlap | Unique |
| Economic | | | WFF – more competitive environment for businesses, RDP – performance of farms, JHIP – new business and business improvement. |
| Employment | Reducing unemployment /Incapacity Benefit | JHIP & ROA. | SE in CPH – increase jobs in social economy sector. |
| | Increase education and training in particular target groups. | NEET, WFF, HD&AATCAP & JHIP. | |
| Learning/ Training | | JHIP, ALNSP, ROA – increase no of adult learners NEET, JHIP – young people entering education and training. | RDP – specific targets re agricultural training. JHIP – businesses engaged in workforce development; older people in LL. |
| Health | Young People and Alcohol | ROA, JHIP, HD&AATCAP & ASBS. | A range of unique targets are found in the JHIP and HD&AATCAP . |
| | Young People and Drugs | ROA, JHIP & HD&AATCAP. | |
| | Young People and Smoking | ROA & JHIP. | |
| | Alcohol Intake | JHIP & HD&AATCAP. | |
| | Young People and Healthy Lifestyles | ROA & JHIP. | |

| Table 6.2: Performance Indicators: Linkages, Overlap and Unique (continued) | | | | | |
|--|--|---|----------------------|--|--|
| Objective | Similar – Not Exact Match | | Match/Overlap | Unique | |
| Community | Community engagement / capacity building | ROA, WFF & JHIP. | | ASBS – dog fouling and litter. | |
| | Improved community facilities | ROA & WFF. | | | |
| | Improved services, etc | HWBA ROA, RDP, JHIP and SE in CPH. | | | |
| | Youth participation | JHIP & ROA. | | | |
| | Residents satisfaction | JHIP & ROA. | | | |
| Equality | | | | JHIP – equalities and diversity indicators. | |
| Crime | Drug/alcohol related crime | ASBS & HD&AATCAP. | | CSS - violent crime, housebreaking, car crime and 'clear up' rates. | |
| | Drug seizures | CSS & HD&AATCAP. | | | |
| | Reduction in young offenders/offences | JHIP | | FHCh2 & ASBS. | |
| | Hate crime | ASBS & JHIP. | | | |
| Safety | Domestic abuse | JHIP & HD&AATCP | | CSS – accidental death and serious injury rates. | |
| | Residents safety | ROA, JHIP & ASBS. | | | |
| | Road safety | CSS, ASBS & JHIP. | | | |
| Environment | | | | RDP – environmental indicators. | |

There may also be scope to review the above performance indicators in the light of the objectives section to identify any areas where the strategy's objectives are not fully reflected in the performance indicators and vice versa.

6.5 Areas for Further Consideration

The issues outlined below highlight some of key areas that need to be considered by the Officers' Group prior to the preparation of the proposed Wellbeing Cluster Action Plan.

Social Economy's Contribution to Work Streams

The overall mapping of the strategies and plans for the Wellbeing cluster is incomplete given the current lack of an appropriate all encompassing strategic document for the social economy and voluntary sectors and, as a consequence, a lack of quality standards and frameworks to enable workers on the ground to track and monitor a plethora of activities. At present, activities in these sectors are driven by the allocation of funding and service level agreements on a project-by-project basis. The solution to this issue lies at a national and political level, with the need to drive towards an integrated and strategic approach to all the sub-sectors which comprise the social economy.

It should also be recognised that this theme, in relation to social enterprise, also has a place in the HWBA 'Economy' cluster, and there is need for clarification of CP arrangements in this regard.

Policy Context

The interpretation of policy cascading down from the Scottish Executive is a key issue for the work streams within the Wellbeing cluster. Policies (e.g. anti-social behaviour) tend to be designed with a focus on urban (i.e. Central Belt) areas rather than for rural Scotland. Different dynamics are prevalent in rural areas, which has made it harder to achieve fit with and contribution toward national policy and targets. The issues outlined below should be considered:

- there is a need for clarification on the numerous targets that have been set at the national level vis-à-vis those that are appropriate to measure at a regional level. Fit and contribution to national targets still needs to be demonstrated in order to access funding. For example, organisations such as the NHS are reviewed on their performance against national targets but are also expected to work with local partners to achieve locally determined objectives;
- at present, policy is driven by the specification of outputs and impacts by the Scottish Executive. Ministers are involved in the 'means to the end' i.e. what must be put in place for local delivery. The solution to local delivery issues may be for the Scottish Executive to be more focused on the end rather than the means. This approach would enable the community itself to determine the most effective delivery mechanism on the ground; and
- the current period of structural change at sub-Highland level, presents an opportunity to tackle the disconnect between the policy level and the sub-regional operational level. However, important issues remain, not least the different sub-regional geographies of the Highland Council, NHS Highland and Northern Constabulary. Leaving room for local priorities to be addressed,

while streamlining partnership structures, presents a major challenge.

Accountability, Management and Audit

The report highlights the various partnerships, lead partner organisations and the various Scottish Executive departments, by each Wellbeing cluster work stream, that are held to account in terms of providing appropriate scrutiny and governance activities. A breakdown of each discrete work stream's managerial requirements is then provided at the partnership and lead partner organisation level. As result of this mapping and supplementary consultations with senior staff by work stream, it is suggested that the following issues need to be discussed and considered:

- mechanisms to be put in place for collaborative strategy development, performance monitoring and joined-up reporting thus reducing duplication in terms of capturing the evidence for similar performance measures to satisfy the various reporting requirements by partnership groups and that of distinct organisations to their own funding bodies. For example, the ROA and ASBS contain similar and related performance indicators, but have reporting requirements at varying times throughout the year, namely January and July respectively, where the lack of a collaborative approach to such performance reporting has led to inefficiencies in terms of staff time;
- clear and transparent arrangements need to be put in place to hold people to account. However, the governance situation cannot be resolved purely at the Highland level, and there is a need for the Scottish Executive to provide clarity on its requirements at a local level; and
- the HWBA Leadership/Leaders' Group adopts a more pro-active influencing and facilitating role with the various Scottish Executive departments with regard to promoting partnership connections and collaborations between work streams and providing clarity on governance arrangements.

Statutory Requirements for Equality and Diversity

There is a statutory duty under the Local Government Act to embed and mainstream equality and diversity policy (race, disability, gender) into the Community Planning process, and for Local Authorities to report on actions and procedures to local communities. There is no requirement for general reports to be submitted to the Scottish Executive.

Equality and Diversity issues therefore need to be embedded in and reflected across all the work streams within the Wellbeing cluster, including links with FHCh2.

Resources

The issues for discussion with regard to the processes and procedures involved in securing resources, both financial and human, for the Wellbeing cluster are as follows:

- there is wide variance in the volume of funding available to deliver strategies, with some benefiting from fairly stable and significant funding, e.g. ROA, whereas others have no confirmed funding in place, whether from national or Highland sources (e.g. Draft Financial Inclusion Strategy);
- clarification is required over the available resources to deliver the plans compared with the resources at the disposal of individual partners in terms of delivery by work stream activities and themes, such as for the JHIP and CL&DS;
- some areas have complex funding structures in place, where funding is secured through a multitude of funding streams, such the £2m of Scottish Executive resource to Youth Justice;
- there is a requirement for the Scottish Executive to provide more transparent routes to funding through distinct CP groups thus reducing funding streams which straddle partnership responsibilities, which lead to confusion, instability and uncertainty;
- given that many of the strategies and plans are still in draft form, it is important to ensure that where necessary and appropriate, dedicated human resources are identified which are supported directly through a particular fund; and
- there is potential for the IMG to add value to the CPP, through a dedicated resource, to see the 'bigger picture' in terms of the evidence base and the monitoring and reporting requirements across the various public and voluntary sector agencies / organisations by work stream. This needs to be tempered with a recognition that a 'generalist' IMG team cannot be expected to know all the details involved by work streams i.e. the IMG should be a key support function rather than a policy leader.

Streamlined Partnership Approach

While taking cognisance of the various statutory obligations, the HWBA is keen to develop a more streamlined partnership structure which alleviates the current issues regarding overlapping roles and responsibilities and resources required to make these complex partnership arrangements work. Care must also be taken to allow for partnership interface with the

children's structures, where strategies and funding streams crossover age boundaries. The following issues need to be considered:

- in terms of corporate partnership activity there is a need for such capacity to be incorporated into representatives' formal roles in order to attend HWBA meetings. Furthermore, individuals who sit on the Officers' Group need to have some delegated authority to make decisions on behalf of their organisation. Therefore, function – role – outcome – all need to be clearly defined with due cognisance to be given to the various cultural issues within different organisations and agencies;
- greater buy-in and ownership of strategies and plans by individuals and organisations needs to be won. Individuals and organisations do not necessarily associate the work they do with the strategy, and it is often left to a small number of individuals to monitor progress. For example, it has been suggested that focusing on the element of health improvement that concerns capacity building of partnership organisations as "health improving organisations" would provide added value to this theme. A key issue with regard to partnership working has been the inconsistency of involvement; this inevitably impacts on the ability to manage and drive the strategic agenda; and
- it has been suggested that the HWBA refocus its activities around a number of key priorities for the cluster, around which partnership groups could be formed. Specific suggestions related to the themes such as the prevalence of alcohol misuse, reduction in crime and inward migration of workers. This can be translated into providing a focus on the overarching priorities as detailed below:
 - community regeneration
 - community safety
 - health improvements.

At the same time, this may be a valid point to review the core membership of the HWBA itself. The consultations in particular raised the question of Jobcentre Plus' key role in many of the regeneration activities, while lying outside the core membership of the Community Planning Partnership.

Discussions will be required around the findings relating to the local partnership groups in existence at sub-regional level, many of which mirror those at the Highland-level. These are as follows:

- partnership of unequals – varying levels of authority around the table, with lack of decision-making powers causing delays and frustrations at partnership level;

- initiative overload – too many strategies from different government departments/agencies, each with their own requirements has resulted in a need for rationalisation;
- lack of commitment and buy-in to the CP process from some partners – there is a need to change approach to make the partnership work more effectively;
- need to clarify roles and responsibilities;
- lack of flexibility – desire for local delivery based on high level strategic direction at the Highland level; and
- vertical communication – need to improve levels of communication between Highland and sub-Highland levels.

Appendix 1: Performance Indicators/Targets

The following tables present an overview of the performance indicators and targets that were identified in the strategy documents under review⁸. To assist with analysis, targets have been split where possible, into the same categories that were used for the analysis of objectives in **Section 3.2**. However, an additional category, environment, has been added.

| Table A1.1: Economy Performance Indicators/Targets | | |
|---|--|---|
| WFF | RDP | JHIP |
| More competitive environment for establishing businesses and re-location of public and private sector jobs. | Outcome: Increase in GVA in supported farms. Increase non-agri GVA. No of holdings introducing new products/techniques. Value of agri production under quality standards. No of farms entering market. Additional numbers of tourists. Impact: Economic growth and labour productivity. | Geographical Communities: number of new business starts number of businesses supported to apply business improvement tools |

| Table A1.2: Employment Performance Indicators/Targets | | | | | | |
|--|---|--|---|--|---|---|
| ROA | NEET | WFF | RDP | HD&AATCAP | SE in CPH | JHIP |
| Reduce no and % of unemployed 16+ and those claiming IB and SDA. | Target G: By 2007, ensure that at least 50% of all 'looked after' young people leaving care have entered education, employment or training. | Increase the number of parents from disadvantaged areas and groups entering or moving towards employment by removing childcare barriers. | Outcome: Gross jobs created. Impact: Employment creation. | Increase the number of people recovering from drug and alcohol problems entering training, education and employment. | Increase the number of jobs in the social economy sector. | Teenagers: increased numbers taking up modern apprenticeships, further education and employment opportunities Older people: evidence of older continued/re-employment monitoring of vacancies via employment agency public bodies employing more older people Various indicators under " Communities of Interest " and " Healthy Working Lives " including reduce the proportion of adults on incapacity benefits, increase the proportion of those who are economically active (partic. In deprived communities) |

⁸ Given the volume of performance indicators in the JHIP, all of the main Plan indicators have been listed, as well as the more detailed 'objective' indicators which match or link with other strategies. Reference is made to other indicators, with a full list provided in Appendix 1a.

| Table A1.3: Learning/Training Performance Indicators/Targets | | | | |
|--|---|---|--|--|
| ROA | NEET | RDP | ALNSP | JHIP |
| No of adult learning opportunities accessed (5% inc to 2008). 65 adult enrolments in local vocational training to 2008. | Reduce the proportion of young people who are not in education and training by 2008. Increase the average tariff score of the lowest attaining 20 per cent of S4 pupils by 5% by 2008. Target E: By 2008, ensure that children and young people who need it have an integrated package of appropriate health, care and education support. | Outcome: No of participants completing training - agriculture/forestry and general. | No of adult learners participating in ALN programmes Number of new adult learners pa Learning hours available Learning hours for new ALN learners Av hours per learner Av hours per new learner | Older People: indicators for lifelong learning and PC access Geographical Communities: Increased opportunities for skills development in appropriate fields Increased uptake of personal development training opportunities Number of businesses engaged in workforce development activities Number of businesses engaged in management and leadership training Communities of Interest: Increase in CLD opportunities for excluded individuals and groups Increase uptake of CLD development opportunities People with physical disability/sensory impairment in employment/education |

| Table A1.4: Environment Performance Indicators/Targets |
|--|
| RDP |
| Outcome: Area under land management contributing to biodiversity/water quality/climate change etc. Impact: Reversing biodiversity decline; maintenance of high nature value farming & forestry; improved water quality; contribution to combating climate change. |

| Table A1.5: Health Performance Indicators/Targets | | | | |
|---|--|--|--|--|
| Title | ROA | JHIP | HD&AATCAP | ASBS |
| Young People and Drugs/Alcohol/Smoking | Reduction of risk - taking behaviour of 13 and 15 yr olds: reduce % of 13-15 year olds self-reporting use of alcohol in last week (to 35%) and using drugs in last month to 14%) and smoking regularly (to 12%) by 2008. | Priority Theme Indicator: % teenagers (16-19) smoking. Teenagers reduce alcohol misuse in yp age 12-15 to 18% reduce smoking reduction in tobacco use reduction in drug / alcohol misuse | N: Reduce frequency and level of drinking from 20% of 12-15 year olds between 195 and 2005 to 16% by 2010 . H: Reduce the proportion of 13 and 15 year olds self-reporting using alcohol by 2% to 35% by 2006 . N ⁹ : Reduce proportion of under 25s reporting use of illegal drugs, and heroin use by 25% by 2005 . H: Reduce the proportion of 13 and 15 year olds self-reporting using drugs by 2% to 14% by 2006 . | 3% reduction in no. of people concerned about young people's misuse of alcohol. Reduction in 13-15 yr olds self-reporting using alcohol in the last week (37% to 35% - 2006). |
| Adults and Drugs/Alcohol/Smoking | | Priority Theme Indicator: Reduce% adults drinking in excess of recommended limits. Health of Children and Families: reduced numbers of women smoking during pregnancy reduced numbers of women using alcohol and/or drugs during pregnancy Older people: alcohol related problem reduction within age groups number of workplaces offering smoking cessation support to their staff | N: Reduce the incidence of adults exceeding weekly sensible drinking levels: 33% to 31% for men between 1995 and 2005, and to 29% by 2010; and 13% to 12% for women between 1995 and 2005, and to 11% by 2010. | |
| Young People and Activity/Healthy Lifestyles | Increased participation by young people in active, healthy lifestyles (3% inc in young people taking part in recreational activity outside the school curriculum; 3% inc in no of learning opportunities accessed by young people by 2008) | Health of Children and Families: Improvement in fitness measured through fitness checks for all primary school children Increased uptake of activity programmes Increased uptake of Hi-Life card More families accessing active leisure facilities More children walking and cycling to school Reduction in levels of childhood obesity Number of communities involved in developing play spaces Number of opportunities for inclusive play Increased opportunities for informal and formal play Teenagers: increased uptake of physical activity More people walking/cycling to school | | |

⁹ N: National targets and H: Highland targets.

| Table A1.5: Health Performance Indicators/Targets (continued) | | | | |
|---|-----|---|---|------|
| Title | ROA | JHIP | HD&AATCAP | ASBS |
| Unique | | <p>Priority Theme Indicators % low birth weight babies. % immunisation uptake for 2 year olds. % pregnant women smoking at antenatal booking. % mothers breastfeeding at 6-8 weeks. Childhood (1-14) Mortality rate/100,000. Pregnancy rate / 1000 females (13-15). Premature death rates per 100,000. Suicide rate per 100,000 population. % population with limiting long-term illness. % population with self-reported good health. % adults smoking. % of population >65 with limiting long-term illness. % of population 65 with self-reported good/fairly good health. Healthy life expectancy at 65.</p> <p>Health of Children and Families: various re men's, women's children's, babies health Health of Teenagers: various re sexual health, suicide, healthy eating Health of Older People: various Healthy Working Lives – various indicators re workplace health Food – various targets regarding food and nutrition Health Improving Organisations – various indicators regarding partnership working to improve health at corporate level</p> | <p>Reduce incidence of emergency admission for chronic pancreatitis and acute intoxication.</p> <p>Reduce waiting times for drug treatment and rehabilitation services (max 5 weeks).</p> <p>Increase the number of drug misusers in contact with treatment and care services by 10% every year to 2005.</p> <p>Increase the number of drug misusers successfully completing treatment.</p> <p>Reverse upward trend in drug deaths and reduce total number by at least 25% by 2035.</p> | |

| Table A1.6: Community Performance Indicators/Targets | | | | | | |
|---|---|--|--|--|---|--|
| | ROA | WFF | RDP | ASBS | JHIP | SE in CPH |
| Community groups/capacity | 5% inc. no of community training and capacity building opportunities accessed by 2008. 42 community meetings (to devise method of monitoring community engagement) by 2008. | Greater level of community activity and community-generated developments and enterprise. A respected community development group working closely with the public agencies on the areas' development priorities. | | | Older People: involvement of older people in community groups...etc Geographical Communities: Objective 2 community consultations, | |
| Community facilities/projects | 14 community facilities improved by 2008. 40 community projects funded through small grants scheme by 2008. 9 community audits and improvements completed by 2008. 5% increase in no. of community cultural and recreational opportunities accessed by 2008. | Improved community facilities, services and environment. | Outcome: Population in rural areas benefiting from improved services. Increase Internet penetration in rural areas. | | Geographical Communities: see Objective 6 | Percentage of community investment in fragile communities. |
| Youth Participation | 20 young people involved in youth forum. 5% increase in young people involved in youth leadership and achievement awards. | | | | Teenagers: Participation in Dialogue Youth Involvement in design and delivery | |
| Community satisfaction | 3% increase of residents satisfied with neighbourhood (to 2008). | | | 3% increase of residents stating they are satisfied/fairly satisfied with neighbourhood (to 2008) | | |
| Other Community | | | | Decrease in 1% of sites surveyed each year affected by dog fouling. Decrease in 1% sites surveyed each year affected by litter. | | |

| Table A1.7: Crime Related Performance Indicators/Targets | | | | | |
|---|---|--|--|--|---|
| Title | CSS | HD&AATCAP | ASBS | JHIP | YJ in FHCh2 |
| Drugs/alcohol related crime | Increase number of drug seizures by 10%. Increase the weight of drugs seized by 10%. | Reduce drug and alcohol related crime. Increase 'the number of recorded offences for supply and possession' of Class A drugs by 2% to 2006/7. Increase the 'weight of Class A drug seizures' by 10% by 2006/7. | 5% reduction in number of drink related crimes by 2008 | | |
| Hate crime | | | Reduction in hate crime – reporting protocols in use and effective | Communities of Interest: fewer incidents of hate crime | |
| Youth justice | | | 10% reduction in numbers of persistent young offenders (2003-2006) 10% reduction in offences by young people (2003-2006) 2% reduction in people reporting concern about youth crime in their community to some or a great extent | Geographical Communities: Youth Action Service Youth Crime targets and statistics | Reduce numbers of persistent young offenders by at least 10%. |
| Other Crime | Reducing violent crime. Reducing incidents of housebreaking. Support victims of crime. "Clear up" 65% of all group 1-5 crimes. Reduce group 1-5 crimes by 2%. Reduce serious violent crime by 5%. Reduce domestic housebreaking by 10%. Reduce car crime by 15%. | | | Older People: Reduction in number of offences against older people | |

| Table A1.8: Safety Related Performance Indicators/Targets | | | | | |
|--|--|---|---|--|--|
| Title | ROA | CSS | HD&AATCAP | ASBS | JHIP |
| ASB | | | | 2% reduction in no. of people concerned about rowdy and drunken behaviour. No. of people helped to resolve disputes through mediation. 100% of all serious and persistent ASB cases referred are dealt with and concluded. Full alignment of relevant strategies, actions and targets | Geographical Communities: NOF Active Steps referral Youth Action Service referrals |
| Road Safety | | Reduce road fatal and serious casualties by 40%. Reduce the number of children killed and seriously injured on roads by 50%. Reduce the slight casualty rate on roads by 10%, expressed as the number of people slightly injured per 100 million vehicle kilometre. | | 33% reduction in fatal/serious casualties by 2010. 40% reduction in child fatal/serious casualties by 2010. 10% reduction in slight casualty rates. Increase the proportion of schools participating in accredited "risk reduction" programmes – such as "risk watch" and "cycling proficiency". Increase the number of schools with 20mph restrictions (to 80 implemented or approved schemes by 2007). Increase the proportion of schools with agreed travel plans. 2% reduction on households reporting concern about speeding. | Geographical Communities: the number of fatal and serious casualties (target 40% reduction) the number of children killed and seriously injured (target 50% reduction) the number of slightly injured people (target 10% reduction per 100 million vehicle kilometres) increased number of schools participating in Risk Watch increased number of children participating in Safe Highlander |
| Domestic Abuse | | | Reduce harm to children affected by substance misusing parents/carers | | Communities of Interest: increased uptake of training and awareness raising implementation of relevant protocols reduced incidence of Domestic Abuse greater awareness of domestic abuse greater awareness of resources and services to support people experiencing domestic abuse |
| Perception of Safety | 3% inc in residents feeling safer at day and at night. | | | Increase the % of residents feeling safe or very safe in the community (daytime). Target of 1% increase per year. | Geographical Communities: number of people reporting that the area within 15 minutes of their home is a very safe area |

| Table A1.8: Safety Related Performance Indicators/Targets (continued) | | | | | |
|--|--|---|--|--|--|
| Other | | Reduce accidental death and serious injury rates by at least 20% by 2010. | | | reduced number of racist incidents reduced number of homophobic incidents |

| Table A1.9: Equality and Diversity Indicators | |
|--|--|
| JHIP | Geographical Communities: see Objectives 4 and 5 Communities of Interest: see Objective 3 Healthy Working Lives: see Objective 1 |

Appendix 1A: Full List of JHIP Performance Indicators

The Health Of Children And Families

| | |
|---|--|
| <p>Objective 1</p> <ul style="list-style-type: none"> reduced numbers of women smoking during pregnancy reduced numbers of women using alcohol and/or drugs during pregnancy reduced gap in birth weight amongst women in Highland in the highest and lowest income groups increased uptake and maintenance of breast feeding at birth and at 6 weeks appropriate shifts in conception/pregnancy statistics decrease in relevant conception/pregnancy statistics | <p>Objective 2</p> <ul style="list-style-type: none"> access to parenting programmes across communities evidence and use of parenting interventions improving family health and wellbeing parents confident re sexual health of teenagers reduced numbers of children recorded as having delayed development |
| <p>Objective 3</p> <ul style="list-style-type: none"> reduction in levels of male suicide reduction in levels of self harm increased use of Men's Health Project by young fathers increased number of Highland calls to Breathing Space appropriate shifts in the uptake of services increased user satisfaction with access to and quality of services change in attitudes as reflected in Excellence in Policy survey improvements in media portrayal of mental health/ illness | <p>Objective 4</p> <ul style="list-style-type: none"> breast feeding rates at birth and 6 weeks BMI across school populations breast-feeding rates at birth and 6 weeks BMI across school populations oral health of pre-school/primary children 5% increase in number of 5 year olds free of dental caries by 2005 1% reduction in the average number of decayed, missing and filled teeth among 12 year olds by 2005 can only be measured 10-20 years hence school meals facilities do not advertise or promote food or drink with a high fat or high sugar content increased uptake of healthier options schools consult with pupils on a regular basis on provision of school meals increased uptake of school meals, including free meals nutrient standards introduced to primary and special needs pupils by Dec 04 provision made for special diets and allergies decrease in the consumption of chips and less healthy food positive outcomes from HMI inspections drinking water available in all schools |
| <p>Objective 5</p> <ul style="list-style-type: none"> decrease in waiting times for referral to services increased early detection of problems and prompt access to services relevant quality standards and inspection | <p>Objective 6</p> <ul style="list-style-type: none"> improvement in fitness measured through fitness checks for all primary school children increased uptake of activity programmes increased uptake of Hi-Life card more families accessing active leisure facilities more children walking and cycling to school reduction in levels of childhood obesity number of communities involved in developing play spaces number of opportunities for inclusive play increased opportunities for informal and formal play |

The Health Of Teenagers

| | |
|---|--|
| <p>Objective 1 increased participation in Youth Voice and other youth fora increased numbers taking up modern apprenticeships, further education and employment opportunities increased uptake of physical activity increased participation in Dialogue Youth referrals to Youth Action Service referrals to NOF Active Steps reduce alcohol misuse in yp age 12-15 to 18% reduce smoking reduce pregnancy rates of 13-15 year olds numbers accessing Young Scot/High Life web site numbers accessing youth one stop shops suicide rate reduction for young adults increased use of support services increased satisfaction with access to and quality of support services</p> | <p>Objective 2 levels of involvement of young people in service design and delivery improved uptake of key services by young people number of young people with High Life/Young Scot card number of young people participating in the Dialogue Youth Programme</p> |
| <p>Objective 3 suicide rate reduction for young adults increased access to support services increased numbers accessing support services increased user satisfaction with access to and quality of services</p> | <p>Objective 4 reduction in tobacco use reduction in drug / alcohol misuse reduction in obesity Highlife card uptake school meals facilities do not advertise or promote food or drink with a high fat or high sugar content increased uptake of healthier options schools consult with pupils on a regular basis on provision of school meals increased uptake of school meals, including free meals nutrients standards introduced to secondary pupils by Dec 06 provision made for special diets and allergies drinking water available in all schools and centres positive outcomes from HMI inspections reduced incidence of sexually transmitted infections all schools have peer support working in place by 2005 development of Highland Young Scot advice and information pages</p> |
| <p>Objective 5 more youth participation programmes developed increased promotion and uptake of access measures such as High Life and Young Scot cards promoted more people walking and cycling to school</p> | |

The Health Of Older People

| | |
|--|--|
| <p>Objective 1 more involvement of older people in community groups evidence of increased and consistent involvement in planning services, facilities etc roll out of effective practices e.g. Strupags (Gaelic-tea & chat) older people provide oral history through schools outreach kinship fostering and older befrienders increased number of intergenerational schemes/opportunities increased involvement of older people in delivery of curriculum increased involvement of young people as volunteers in delivery of services to older people increased involvement of older people as volunteers in delivery of services to younger people fewer people citing loneliness as a reason for seeking care home placement reduction in prescriptions for anti depressant medication to older adults reduced suicide rates among older people befriending via children in need/panels improved transport system/access to amenities/DDA compliance</p> <p>Objective 3 appropriate change in age profile of participants in lifelong learning increased involvement in buddy schemes increased number of older people who have their own pc or are regularly able to access one</p> <p>Objective 5 number of people reporting that the area within 15 minutes of their home is a very safe place reduction in numbers of offences against older people increased numbers of neighbourhood watch schemes increased number of people who have access to Community Wardens increased information in variety of forms - tapes etc increase in available advocacy increase in falls prevent programme increase in use of handyperson schemes increase in numbers accessing Northern Constabulary home safety / crime prevention checks increase in numbers accessing home/fire risk assessments increase in numbers of people accessing message in a bottle scheme increase in numbers accessing telemedicine and improved community alarm systems increase in number of people receiving services under the falls prevention strategy increase in availability of "smart house" and other assistive technologies reduction in fire deaths and casualties</p> | <p>Objective 2 numbers of older people volunteering evidence of older continued/re-employment monitoring of vacancies via employment agency public bodies employing more older people membership of Public Partnership Forum membership of Joint Committee for Action in Community Care membership of Carers Strategy Steering Group, Raigmore Patient Council etc reduction in recorded suicide/attempted suicide alcohol related problem reduction within age groups reduction in prescriptions for antidepressant medicine to older people</p> <p>Objective 4 increased referrals from the Energy Efficiency Advice Centre increased uptake of all Energy Efficiency and Home Improvement Grants reduction in reported diagnosis and effects of cold weather related illness evidence of maximised income reduction in below tolerable standard houses reduction in homelessness in older people increase in housing benefit applications for older people increased uptake of Care and Repair grant increased response rate from Energy Efficiency Rural Roadshows increased range of formats of information and advice increased uptake of advocacy increased number and range of transport options for older people</p> <p>Objective 6 increased numbers of older people engaged in regular physical activity increase numbers of High Life membership for older people increase in Active Referrals for older people increased numbers of older people involved in coaching and volunteering around physical activity programmes increased uptake of "movin about"</p> |
|--|--|

Geographical Communities

| | |
|---|--|
| <p>Objective 1 increase in Community Learning development opportunities for excluded individuals and groups Increase in the uptake of Community Learning development opportunities indicators to be developed</p> | <p>Objective 2 lifestyle survey results numbers of community consultation exercises carried out number of community led actions increased involvement in activities increase in Healthy Highland Week activities in disadvantaged communities</p> |
| <p>Objective 3 increased opportunities for skills development in appropriate fields increased uptake of opportunities increased opportunities for skills development increased uptake of opportunities for skills development increased uptake of personal development training opportunities number of new business starts number of businesses supported to apply business improvement tools number of businesses engaged in workforce development activities number of businesses engaged in management and leadership training</p> | <p>Objective 4 increased reporting of homophobic and racist incidences existing and new strategies and plans demonstrate innovative approaches being taken identification of changing demographics of people setting in the Highlands, using Census information wider representation on Community Councils wider representation on Community Safety Action Teams</p> |
| <p>Objective 5 number of people reporting that the area within 15 minutes of their home is a very safe area Youth Action Service Youth Crime targets and statistics NOF Active Steps referral Youth Action Service referrals reduced number of racist incidents reduced number of homophobic incidents the number of fatal and serious casualties (target 40% reduction) the number of children killed and seriously injured (target 50% reduction) the number of slightly injured people (target 10% reduction per 100 million vehicle kilometres) number of racist incidents number of homophobic incidents strategy produced increased number of schools participating in Risk Watch increased number of children participating in Safe Highlander</p> | <p>Objective 6 % of strengthening communities investment in priority areas % of business investment in priority areas increased number of enhanced community facilities increased usage of community facilities by services/ agencies increased uptake of services provided through community facilities number of jobs supported increased number of health impact assessments carried out in partnership monitoring of difference that health impact assessments have made</p> |
| <p>Objective 7 greater numbers of children, teenagers, adults and older people involved in sport and recreation greater numbers of children involved in active play better play facilities linked to schools and nurseries through the Play Strategy. Development of path networks to promote safe and attractive access to the outdoors and green space for all ages and abilities increase in life expectancy greater numbers of children, teenagers, adults and older people involved in walking and cycling increase in life expectancy statistics more people of all ages choosing to walk or cycle to work, shops, school or for leisure, as a result of attractive, safe and well designed routes increased cycling facilities through increased investment for walking and cycling through planning gain</p> | |

Inequalities Within Communities Of Interest

| | |
|--|---|
| <p>Objective 1 increase in uptake of Council Tax benefit uptake of High Life Budget Scheme membership to be developed increased uptake for Energy Efficiency Grants increase in general energy efficiency awareness training reduction in numbers of people living in fuel poverty</p> | <p>Objective 2 at least 150 approvals for new affordable housing each year increased levels of available temporary accommodation new and expanded housing support services reduction in homeless presentations better liaison and joint working between agencies less use of Bed & Breakfast particularly for families with children increased number of staff/agencies trained in homelessness issues increase in healthy lifestyles activities aimed at people vulnerable to homelessness (e.g. re diet, exercise, activity, independent living skills etc.) increased number of homeless people registered with a GP increased number of service reviews and developments involving user consultation</p> |
| <p>Objective 3 increased number of organisations within WBA with a training strategy on equal opportunities and diversity service uptake self reported experiences of accessibility of services use of interpretational translation services baseline of existing accessible information developed priority translation needs identified increase in number of performance surveys and consultations that include monitoring increase in number of people from ethnic minorities who respond to performance surveys and consultations</p> | <p>Objective 4 increased reporting of incidents to police, mental welfare commission and self reporting increases in people with learning disabilities in employment and volunteering clear strategies and action plans in place people with learning disabilities involved in development of strategies and action plans increased satisfaction with services more people with learning disabilities using services</p> |
| <p>Objective 5 reporting of incidents to Police and Mental Welfare Commission risks to people with mental health problems clearly identified within relevant health plans improved dual diagnosis services increased availability of specialist advocacy services increase in people with mental health problems in employment and volunteering decrease in incidence of suicides and attempted suicides</p> | <p>Objective 6 increased number of people with physical disability in employment or education fewer incidents of discrimination or hate crime improved access to transport built environment better suited to facilitate participation in activities fewer people with physical disabilities reporting loneliness or isolation as a reason for accessing care services increased number of people with physical disabilities using Hi-Life cards and council recreational facilities increased numbers of people with physical disability who are volunteers increased numbers of people with physical disability in employment or education increased numbers of people with physical disabilities using services</p> |

| | |
|--|--|
| <p>Objective 7 increased numbers of people with sensory impairment in employment or education fewer incidents of discrimination or hate crime increased number of employees of WBA agencies who have completed deaf awareness training increased number of people accessing deaf interpretation services fewer people with sensory impairment reporting loneliness or isolation as a reason for accessing care services increased number of people with sensory impairment using Hi-Life cards and Council recreational facilities increased numbers of people with sensory impairment in employment or education increased numbers of people with sensory impairment who are volunteers increased number of trained deaf communicators/interpreters available in Highland increased availability of WBA information and publications in large print, Braille or voiced equivalents increased availability of specialist advocates increased availability of specialist interpretation or communication services increased number of public service offices, clinics etc. with hearing loops or other specialist adaptations to facilitate access for sensory impaired people more voiced road crossings, Braille signage etc</p> | <p>Objective 8 set out in For Highland's Children 2 set out in For Highland's Children 2 increased number of young people choosing to stay in care beyond age 16 set out in For Highland's Children 2 more young people in suitable accommodation</p> |
| <p>Objective 9 increased uptake of training and awareness raising implementation of relevant protocols reduced incidence of Domestic Abuse greater awareness of domestic abuse greater awareness of resources and services to support people experiencing domestic abuse</p> | <p>Objective 10 increased availability of respite service increased number of carers offered and accepting assessment for a carers support plan increased level of awareness among schools and GPs of who is a young carer increased uptake of Independent Living Fund and Direct Payment scheme increased uptake of Highland Advocacy Service by carers all young carers identified and appropriate support provided</p> |
| <p>Objective 11 increased acceptance and valuing of diversity reduced isolation amongst LGBT Community increased training and awareness opportunities for staff in WBA organisations reduced suicide rates reduced incidence of eating disorders reduced rates of involvement with mental health services reduced rates of HIV/AIDs reduced rates of other STIs greater awareness of existing barriers reduced levels of addiction amongst LGBT community</p> | |

Healthy Working Lives

| | |
|--|---|
| <p>Objective 1</p> <ul style="list-style-type: none"> reduce the proportion of adults on incapacity benefits increase the proportion of those who are economically active (particularly in deprived communities) increase in number of employers with Investors in People (IIP) number of workplaces with family friendly policies number of workplaces with equal opportunities policies relative employment rates number of supported employment schemes number of employers with policies which support staff with mental illness and disabilities under the DDA employment rate of excluded groups number of organisation who adopt disability symbol for recruitment | <p>Objective 2</p> <ul style="list-style-type: none"> number of incidents recorded by the HSE number of days lost to sickness absence proportion of employees reporting stress percentage of the workforce covered by occupational health service support number of workplaces which are smoke free number of workplaces offering smoking cessation support to their staff number of workplaces running programmes to reduce ORR road traffic accident rates related to work |
| <p>Objective 3</p> <ul style="list-style-type: none"> percentage of the workforce in SHAW registered organisations number of employers registered at Bronze number of employers registered at Silver number of employers registered at Gold percentage of the workforce covered by occupational health service support number of workplaces with canteens registered with Scotland's Healthy Choices number of employers providing health screening services number of workplace credit unions/credit union members number of workplaces with travel plans | <p>Objective 4</p> <ul style="list-style-type: none"> Health Impact Assessments relative unemployment rates between deprived communities and elsewhere relative unemployment rates between disadvantaged groups and population number of community business sponsorship and in kind support of community initiatives employees encouraged to volunteer employers achieving SHAW gold award |

Food

| | |
|---|---|
| <p>Objective 1 wide commitment to strategy membership of Food and Nutrition Steering Group development of partnership based work programme Grampian, Highlands and Islands Cost of Living survey fruit and vegetable availability in local shops specific outcomes of food for thought project lifestyle survey results HMI school inspection of school meals health promoting school status reduced incidence of food poisoning</p> | <p>Objective 2 adult lifestyle survey National Survey data development of standards appropriateness of referrals to specialist services safe routes to Schools numbers of cycle routes and pathways lifestyle survey results numbers of Highland Health Promoting Schools healthy vending in schools, swimming pools, leisure centres and health facilities</p> |
| <p>Objective 3 QIS standards on food fluid and nutrition in hospitals introduction of protected meal times nutritional analysis of hospital meals enteral feeding data Nutritional Risk Score audit improved recovery times reduced rates of complications</p> | <p>Objective 4 increase fruit and vegetable production increase fruit and vegetable consumption improved local food economy decrease in food miles</p> |

Becoming Health Improving Organisations

| | |
|--|--|
| <p>Objective 1 Increased range of partners involved in JHIP Implementation Group Increased uptake and availability of training in inequalities Increased involvement in the learning and development group Increase in voluntary and community groups involved in implementation of the JHIP Increased health improvement activity at community level Media involvement in effort to improve health and reduce inequalities in health</p> | <p>Objective 2 integrated impact assessment tool developed evaluation tool developed training programme & support structure in place and used increased volume of impact assessments undertaken within these sectors more plans and proposals reflect use of impact assessments evaluation shows evidence that impact assessments have influenced decision making</p> |
| <p>Objective 3 number of organisations using checklist frequency of use of checklist by organisations objectives, personal development plans reflect health improvement and inequalities committee and Council / Board agendas reflect this service plans reflect health improvement work</p> | <p>Objective 4 work or job plans to reflect expectation of positive health impacts Common agreed understanding of issues All business and other plans reflect evidence base where available increased use of research resources data sources developed</p> |

Appendix 2: Performance Indicator Fit with FHCh2

| Table A2.1: Link with For Highland's Children 2 | | | | | | |
|---|--|--|--|---|--|---|
| FHCh2 Key Outcome Targets | NEET | HDAS | HD&AATCAP | HCSS | ASBS | JHIP |
| THEME 1 - SAFE | | | | | | |
| 1. Assessment and Planning: utilising the common assessment process, children and young people who need it will have an intervention plan, involving an integrated package of appropriate health, care and education support, and an identified lead professional. | By 2008, ensure that children and young people who need it have an integrated package of appropriate health, care and education support. | | | | | |
| 2. Child Protection: implement an action plan to address the recommendations of the pilot Child Protection Inspection. | | Ensure the protection of women and their dependants. | Reduce harm to children affected by substance misusing parents/carers. | | | |
| 3. Accident Prevention: reduce child injuries and fatalities relative to total population for all accidents and specifically for road traffic accidents and home accidents. | | | | Reduce the number of children killed and seriously injured on roads by 50%. | 40% reduction in child fatal/serious casualties by 2010. | No. of children killed or seriously injured (target 50% reduction) |
| 3. Accident Prevention: increase the proportion of schools participating in accredited risk reduction programmes such as risk watch and cycling proficiency. | | | | | Y | No. of schools participating in Risk Watch No of children participating in Safe Highlander |
| 3. Accident Prevention: increase the number of schools with 20 mph restrictions; and increase the proportion of schools with agreed travel plans. | | | | | Y | |

| Table A2.1: Link with For Highland's Children 2 (continued) | | | | | |
|--|-----------|------|-----|-----|--|
| FHCh2 Key Outcome Targets | HD&AATCAP | ASBS | ROA | WFF | JHIP |
| THEME 2 - NURTURED | | | | | |
| 8 Parenting Programmes: Increase number of parents participating in funded parenting programmes | | | | | Access to parenting programmes across communities |
| 9 Parental Employment: increase the number of parents from disadvantaged areas / groups entering or moving forwards in employment by removing childcare barriers. | | | | Y | |
| THEME 3 - HEALTHY | | | | | |
| 16 Oral Health: increase proportion of 5 year olds free of dental caries | | | | | 5% increase in no of 5 year olds free of dental caries by 2005 |
| 17. Substance Misuse: reduce the proportion of 13-15 year olds self-reporting using alcohol in the last week to 35% (2006). | Y | Y | Y | | Reduce alcohol misuse in YP aged 12-15 to 18% |
| 17. Substance Misuse: reduce the proportion of 13-15 year olds self-reporting smoking regularly to 12% a week (2006). | Y | | Y | | % teenagers (16-19) smoking. |
| 17. Substance Misuse: reduce the proportion of 13-15 year olds self-reporting using drugs in the last month to 14% (2006). | Y | | Y | | Reduction in drug misuse |
| 18 Teenage Pregnancy: sustain a downward trend in number and rate per 1000 of teenage pregnancies/ | | | | | Pregnancy rate/1000 females (13-15). |
| 19 Health Promoting Schools ensure schools achieve and/maintain Health Promoting Status | | | | | Various – see Health of Children & Families Obj. 4 |
| 20 Hungry for Success: all schools meet school nutrition status, increase provision of fresh drinking water | | | | | Various – see Health of Children & Families Obj. 4 |
| 21 Birthweight: reduce the gap in birthweight amongst babies to women in highest and lowest deprivation groups. | | | | Y | |

| Table A2.1 Link with For Highland's Children 2 (continued) | |
|---|--|
| FHCh2 Key Outcome Targets | JHIP |
| 22 Smoking in pregnancy: reduce proportion of women smoking in early pregnancy. | % pregnant women smoking at antenatal booking. |
| 24 Breastfeeding: increase proportion of mums breastfeeding at 6-8 weeks. | Y |
| 25 Immunisation: achieve and maintain 95% uptake of pre-school immunisation excl. MMR. | % immunisation uptake for 2 yr olds |
| THEME 5 - ACTIVE | |
| 32 Sports Participation | Various – see Health of Children and Families Obj. 6 Teenagers Obj. 1 |
| 33 Play | Various – see Health of Children and Families Obj. 6 |
| 34 Fitness – increase proportion of primary school children walking and/or cycling to school | Y |

| Table A2.1 Link with For Highland's Children 2 (continued) | | | | |
|---|--|---|--|---|
| FHCh2 Key Outcome Targets | NEET | ASBS | ROA | JHIP |
| THEME 6: RESPECTED AND RESPONSIBLE | | | | |
| 37 Youth Crime: achieve a 10% reduction in offences by young people (baseline 2003/4=1452; Target 2004/5=1307). | | 10% reduction in offences by young people from 2003 to 2006 | | |
| 37 Youth Crime: achieve a 10% reduction in number of persistent young offenders (Baseline 2003/4=57; target 2004/5=51). | | 10% reduction in persistent young offenders from 2003-2006 | | |
| 38 Determined to Succeed: increase the proportion of school leavers in education, training or employment and by: a) all, b) low income families; c) young carers; d) looked after children; e) care leavers. | Reduce the proportion of YP who are NEET by 2008. By 2007, ensure that at least 50% of all 'looked after' YP leaving care has entered EET. | | | Increased no. taking up modern apprenticeships, enter education and employment opportunities |
| 39 Youth Participation: increase the number of young people on Pupil Councils and Youth Forums who are from minority ethnic backgrounds / have disabilities. | | | 20 young people involved in youth forum. | Increased participation in Youth Voice/other youth fora Levels of involvement in service design and delivery |
| 40 Leadership: increase proportion of YP engaged in recognised leadership frameworks | | | 5%inc. in YP involved in leadership /achievement awards. | |

Code: Y= exact match with FHCh2 performance target.

 = similar but not matching targets.

Appendix 3: Sub-Regional Structures

Badenoch and Strathspey

| Strategy | Partnership Group |
|----------|---|
| HD&AAT | Members: NC, Ed, Community Health, Licensing, Youth Action Team, Streetwork Frequency? |
| YJ/FHCh2 | Area Childcare Partnerships |

Caithness

| Strategy | Partnership Group |
|----------|--|
| ROA | Caithness: Working Group for CRF, with the Partnership Manager taking a lead role. |
| IatE | S.E. Caithness Development Group Members: HC, HIE C&S, Crofters Commission, NHS Highland, SNH, Caithness Volunteer Group. Remit: Project development, implementation and management of funding. |
| WFF | Local Steering Group Chair HOL, Members: CVG, Pultneytown Peoples Project, CS, HCS, TAG Team, Homestart, JCP, CASE, Jobs4All, HC, NHS. Frequency 6-8 weeks. Issue of low attendance at Caithness. |
| CL&DS | Members: HC, NHS |
| E&DSF | Promoting Equalities and Valuing Diversity Subgroup of CS, organised by Caithness Voluntary Group. |
| DAS/VAW | Domestic Abuse Link Group Chair Cllr McNab Link: standing item on CS agenda. |
| CSS | CS Action Team Chair: Area Manager & NC Area Commander Members: HC, NC, H&IF&RS, CVG, Caithness Partnership, community representatives Elected Members: 2 Councillors represent the Area Committee. Subgroups: Vandalism; Chair NC Homes Safety; Chair H&IF&RS Road Safety: HC Roads & Community Works Manager. Promoting Equalities and Valuing Diversity: Chair CVG CCTV: Chair Richard Guest |
| HD&AAT | Members: CLD, Area Committee, YAT, Caithness Council on Alcohol, NC, Voluntary Group, Caithness Mental Health Action Team, Ed, Home Aid, Community Frequency? |
| YJ | Area Childcare Partnerships |

Inverness

| Strategy | Partnership Group |
|----------|--|
| ROA | Merkinch Partnership |
| WFF | Local Steering Group Chair HC Members: UHI, Direct Childcare, CS, SCMA, NCH, JCP. Frequency: quarterly |
| HD&AAT | Members: NC, Osprey House, Ed, SWS, Com on Alcohol, Blast Drug project, Beechwood House, APEX Frequency: quarterly? |
| YJ | Area Childcare Partnerships |

Lochaber

| Strategy | Partnership Group |
|----------|--|
| HD&AAT | Members: NHS, Education, SWS, NC, Housing, Streetwork, VA Lochaber, LC on Alcohol, CW, Elected member and community reps. Frequency 6-8 wks Remit: develop and implement Action Plan |
| YJ | Area Childcare Partnerships |

Nairn

| Strategy | Partnership Group |
|----------|--|
| HD&AAT | Members: NHS, NC, SWS, VS, Community. Frequency: quarterly? |
| YJ | Area Childcare Partnerships |

Easter Ross

| Strategy | Partnership Group |
|----------|--|
| ROA | Ross and Cromarty: using the existing Community Economic Development Partnership |
| WFF | Local Steering Group Chair: HC Members: NHS, CS, Homestart, JCP, Direct Childcare Frequency: quarterly |
| E&DSF | Equalities and Diversity Group |
| CSS | CS Local Action Team Members: HC, NC, H&IF&RS, NHS, transervScotland, Victim Support, Women's Aid, Coastguard. Frequency 6-8 weeks Oversees work of D&A forum and Equalities and Diversity Group. |
| HD&AAT | Drug and Alcohol Forum Members: Ed, SWS, NC, VS, Community. Frequency: 6-8 weeks? |
| YJ | Area Childcare Partnerships |

Wester Ross

| Strategy | Partnership Group |
|----------|-----------------------------|
| YJ | Area Childcare Partnerships |

Skye and Lochalsh

| Strategy | Partnership Group |
|----------|---|
| RSPA | Designated area: Skye. Funding decisions via existing CPP structures. |
| IatE | Glenelg and Arnisdale Development Trust developed an Action Plan and leads on IatE. |
| WFF | Local Steering Group Chair: HOL Members: HIE, Learning Centre, CS, HC, Direct Childcare, JCP, Family First Frequency: 3 times per annum. |
| CSS | There had been an active Community Safety Partnership in Skye and Lochalsh but the staff who were on secondment from the Police and Fire Service to support Community Safety across Highland have not been replaced consequently activities have been curtailed. The Scottish Executive has new community safety priorities – Domestic Abuse, Anti-Social Behaviour and Diverting Youth from Crime. Domestic Abuse is being taken forward by Social Work, Anti-Social Behaviour by Housing and Diversionary Youth Activities by ECS/CLL. Once the new Multi-Member Wards are in place, there will be an opportunity for a new structure to Community Safety Partnerships. |
| HD&AAT | Members: HC, NC, Ed, SWS, VS, Community Frequency: quarterly? |
| YJ | Area Childcare Partnerships |

Sutherland

| Strategy | Partnership Group |
|----------|--|
| RSPA | Designated area: Skye. Funding decisions via existing CPP structures |
| WFF | Local Steering Group Chair: HOL Members: HPS, FwF, HC, NHS, New Futures, community. Frequency: 3 times per annum. |
| HD&AAT | Not active |
| YJ | Area Childcare Partnerships |

Appendix 4: List of Abbreviations

Organisations/Groups

| | |
|----------|---|
| CHP | Community Health Partnership |
| COPFS | Crown Office and Procurator Fiscal Service |
| CS | Communities Scotland |
| CW | Community Wardens |
| DTI | Department for Trade and Industry |
| H&IFRS | Highlands and Islands Fire and Rescue Service |
| H&IPP | Highlands and Islands Partnership Programme |
| HC | The Highland Council |
| HDAF | Highland Drug and Alcohol Forum |
| HEC | Highland Employers Coalition |
| HICCaP | Highlands and Islands Community Capacity Partnership |
| HIE | Highlands and Islands Enterprise |
| HISEZ | Highlands and Islands Social Enterprise Zone |
| HOL | Highland Opportunities Ltd (HC's Enterprise Trust) |
| HWBA | Highland Wellbeing Alliance |
| IMG | Intelligence and Monitoring Group (HWBA group) |
| JCP | Jobcentre Plus |
| LCVS | Local Council for Voluntary Sector |
| LSEP | Local Social Economy Partnership |
| NC | Northern Constabulary |
| NHS High | NHS Highland |
| PMC | Structural Funds Programme Management Committee |
| SCVO | Scottish Council for Voluntary Organisations |
| SEERAD | Scottish Environment and Rural Affairs Department |
| SSPCA | Scottish Society for the Prevention of Cruelty to Animals |
| SWS | Social Work Service (in HC) |
| UHI MI | University of Highlands and Islands Millennium Institute |
| VAH | Voluntary Action Highlands |
| YAT | Youth Action Team |

Strategies/Plans

| | |
|-------------|---|
| ALNSP | Adult Literacy and Numeracy Strategic Plan |
| ASBS | Anti-Social Behaviour Strategy |
| CL&DS | Community Learning and Development Strategy |
| CPH | Community Plan for the Highlands |
| CSS | Community Safety Strategy |
| ERDF | Draft European Regional Development Operational Programme |
| ESF | Draft European Social Fund Operational Programme |
| FHCh2 | For Highland's Children 2 |
| FIS | Draft Financial Inclusion Strategy |
| HD&AATCAP | Highland Drug and Alcohol Action Team Corporate Action Plan |
| IatE | Initiative at the Edge |
| JHIP | Joint Health Improvement Plan |
| LCS | Learning Centre Strategy |
| NEET | Not in Employment, Education or Training Strategy |
| ROA | Regeneration Outcome Agreement |
| RSPA | Rural Services Priority Area |
| SE in CPH | Social Economy in the Community Plan for the Highlands |
| STN | Small Town Networks |
| VAW/DAS | Violence Against Women/Domestic Abuse Strategy |
| WFF | Working for Families |
| WFP | Workforce Plus: Employability Strategy |
| YJ in FHCh2 | Youth Justice in For Highland's Children 2 |
| CtOG | Closing the Opportunity Gap |