Highland
Community Planning Partnership

Guidance on Health and Care District Partnerships (v6)

REVISED DRAFT

December 2014

Role and Remit of Health and Care District Partnerships

The Health and Care District Partnerships bring local partners together to consider the delivery of health, social care and community safety issues in each District. Taking account of other local District Partnerships, the District Partnerships may also provide the District Partnership for the consideration of other local community planning matters[1].

The role and remit of the Health and Care District Partnership is to:

1. consider and advise on the local delivery and performance of health and social care services for children, adults, families and communities;
2. identify and comment on key local issues and priorities in the delivery of strategy and policy in services for children and adults;
3. identify and comment on local issues and priorities to support community safety across the District;
4. consideration of associated community planning issues (with appropriate representation) within the District;
5. contribute to the redesign of local services.

Strategic Structure

Community Planning is about co-ordinated working across sectors and services, to meet local needs. It aims to improve the connection between national priorities and those at regional and local levels

Effective community planning should help public agencies work with their communities to deliver better services and make real improvements in the quality of people's lives. This should involve stakeholders in the decisions made about public services that affect them

The Community Empowerment Bill defines community planning as improving outcomes through public service provision and contains provisions to improve community planning by empowering communities. Community empowerment is seen as a process where people work together to make change happen in their communities by having more power and influence over what matters to them. The Bill contains provisions to enable communities to have control of land and buildings and for them to challenge and improve public services to achieve better outcomes.

The Highland Community Planning Partnership provides the over-arching framework to co-ordinate our shared activity. It has seven key themes:

- children and early years
- community safety
- economic growth
- employment
- environment
- older people
- reducing health inequalities

[1] Some Districts already have community planning forums, and they may choose to continue with these.

The Partnership has also agreed strategic priorities:

1. Maximise the use of collective resources to achieve best outcomes, demonstrating a shift to prevention and the re-allocation of resources between community planning partnership members where this represents best value
2. Collaborate on workforce planning and skills development to meet Highland needs, in the context of the Highlands and Islands Skills Investment Plan and our roles as major employers
3. Engage in dialogue with communities in order to empower them to participate in service planning and delivery
4. Tackle deprivation and inequalities including by improving access and connectedness for communities
5. Value and be positive about Highland life to attract people, jobs and investment.

The responsibility for strategic planning, resourcing and decision making in children's and adult services lies with the governance committee for the lead agency, as set out in the Integration Scheme. Each governance committee has nine members who have the remit of ensuring good links and communication with a District Partnership, also ensuring that strategic decision making is informed by local views and circumstances.

The Highland Council also has a Community Safety, Public Engagement and Equalities Committee, which engages with the national services for police and fire and rescue and scrutinises local community safety performance. The Council's Area Committees also have this role at a local level..

The Health and Care District Partnership is the locality planning District Partnership for the Community Planning Partnership, with regard to health, social care and community safety – and for wider aspects where there is no other local District Partnership.

Health and Social Care

Health and Social care services involve a range of community based provision for children, adults and families.

For Highland's Children is the plan for services for children and families. It has a vision for all of Highlands children to have the best possible start in life; enjoy being young; and are supported to develop as confident, capable and resilient, to fully maximise their potential

The plan sets out an improvement agenda with regard to: Schools, Early Years, Child Protection, looked after children, Youth Action, Mental Health, Additional Learning Needs and Disability, Young Carers, Play, Transitions, Public Health, Supporting Parents and the Highland Practice model (GIRFEC).

We seek to develop local plans, that support children to be safe, healthy, achieving, nurtured, active, respected and responsible, and included, in each District.

The Plan for services for adults is set out in the District Change & Improvement Plan.

Community Safety

By considering the range of public protection and community safety issues together and in this way, the Community Planning Partnership has identified common themes across nearly all types of crime. These are:

- Alcohol misuse is often a contributory factor for a range of crimes;
- Areas of multiple deprivation have higher crime levels and higher levels of fear of crime; and
- Integrated partnership processes produce better results and safer communities (evidenced by the reducing offending and reoffending among young people through adopting the Highland Practice Model (GIRFEC)).

The Community Planning Partnership has committed to a new strategic focus and concerted effort on these priorities, and these are included in the partnership delivery plan. The Partnership also recognises that the three main public concerns regarding community safety are: road safety, alcohol misuse and antisocial behaviour.

The Partnership Delivery Plan involves working to achieve a range of outcomes, which include[2]:

Long-term community safety outcomes

- Communities and individuals are safe from alcohol related offending and antisocial behaviour.
- Areas with most multiple deprivation become safer and are felt to be safer.
- Improve road safety.
- Reduce anti-social behaviour.
- People are, and feel, free to live their lives without harassment and discrimination, and can take part in community life.

Intermediate and short term community safety outcomes

- Reduction in the number of alcohol related fires.
- Reduction in the number of alcohol related crimes.
- Engagement with communities in order to understand their needs and concerns.
- Reduce Road Traffic Accidents (RTAs).
- Reduce the level of concern in communities about speeding cars.
- Continued reduction in anti social behaviour incidents recorded.
- Continued reduction in crimes of vandalism.
- People feel more confident in reporting hate incidents that they have experienced or witnessed.
- Individuals within protected groups feel safe and secure within their local community.
- Violence against Women is reduced
- Recorded crimes and offences committed continue to decrease.
- Detection rates continue to increase.
- At least sustain the % of people feeling safe in their community.
- Reduce the number of accidental fires in the home.

Chairman

[2] These are listed, as this is a new responsibility

The Chair and Co-chair of each District Partnership will come from the Lead Health and Care District Partnership Member on the NHS Board or the Lead Health and Care District Partnership Member on Highland Council's Education, Children & Adult Services Committee.

It is envisaged that the two Members will determine who is Chair between themselves, and that these arrangements will normally rotate on an annual basis. If the two Members are not able to agree, the Chair will be confirmed by the Leader of the Highland Council and Chair of NHS Highland.

District Partnership Chairs and Co-chairs should meet as a Networking District Partnership, at least once per year.

Assessment Panel

This Panel will draw from the Health and Care District Partnership core membership and will consist of the Chairman and Co-Chair, NHS Highland Manager, Care and Learning Service Manager, Third Sector Partnership representative and Council Ward Manager. Police Scotland and Scottish Fire & Rescue should also be invited to attend.

The purpose of the Panel is to consider requested agenda items for meetings and accept, reject or re-direct them as appropriate. Items will be assessed 21 days in advance of the District Partnership taking place. A sample of the agenda request form is attached.

If an item is accepted, the Panel may consider that due to its sensitivity it should be discussed either partially or wholly in private.

District Partnership Membership

- NHS Board Member or other representative of the Health and Social Care Committee[3]
- Highland Council Elected Member representative of each Council Ward in the areas of the District Partnership[2] (1 from each Ward). (The 9 Members appointed by Education, Children & Adult Services Committee as Lead Members will be the representative from their Ward on the H&CF)
- Third and Independent Sector representation (organised by Third Sector Partnership)
- Care & Learning Service Area/District management
- NHS Highland Area/District management
- Children and Adult Services practitioners (dependent on agenda items)
- Police Scotland
- Scottish Fire & Rescue
- GP representative
- Associated School group representation
- Youth Work Services

[3] Formally nominated substitutes can be provided if the NHS Highland and Highland Council representatives are unavailable.

- Council Ward Manager (facilitation role)

The Assessment Panel will extend a meeting invite(s) to appropriate others as and when required dependant on the items being discussed.

Each agency will be responsible for its own travel expenses, except that one representative of the Third Sector Partnership will be funded 1/3 and 1/3 respectively by NHS Highland and Highland Council.

Meeting

The Health and Care District Partnership will meet at least 4 times per annum, in public. Whilst District Partnerships are not public meetings, at least one opportunity will be scheduled during each agenda to listen to any public views or suggestions.

The action points arising from the District Partnership will be considered by the relevant strategic governance body of both NHS Highland and The Highland Council on at least a six monthly basis.

The meeting will be facilitated by the local Council Ward Manager, with focussed agendas and action points. The meeting will deal in an ordered way with items relating to Children's Services, Adult Services and Community Safety.

Agenda for and Action Points from each meeting will be uploaded onto the Highland Council and NHS Highland website. There should also be feedback from the lead member (supported by the Ward Manager and Service Managers as required) at the subsequent Highland Council Ward Business Meeting.

The meetings must be promoted to the general public using appropriate means agreed by the District Partnership, in addition to the above. i.e. through a press release, display of posters etc.

Sub-groups

The District Partnership can agree formal sub-groups to deal with specific matters, for example such as the expansion of childcare and early learning. This provides an opportunity to rationalise the structure and format of other local partnership groups.

Appendix Three: Feedback from Highland Third Sector Interface

Summary

Individual District Partnerships (DPs) are, in places, significantly different from one another. This results in variations in engagement, effectiveness and direction. Although some instances of increased public agency awareness around each other's activity are evident, there is a growing sense of frustration around the lack of impact the DPs are capable of having.

There continues to be no clear structure in place to monitor impact against a set of clear actions or criteria. Participation both from the public and agencies varies, while agenda's appear difficult to pull together in some areas due to lack of submitted items and areas of obvious discussion.

While the TSI undoubtedly needs to consider how we can better link the sector more broadly into the DPs and the discussion this can't be done in isolation. There is arguably a role for the broader CPP to support the development of district partnerships, both in terms of promoting the role to the public and the quality of discussion. Without an improvement in understanding and quality of discussion it would be very difficult to engage the sector in some areas.

We would strongly recommend that consideration is given to:

- The inclusion of a broader remit aligned to the CPP key themes but with a specific emphasis on Health, Social Care, Community Safety and CLD.
- The inclusion of Police Scotland as a rotational chair, in line with the increased responsibilities connected to the CPP through the Community Empowerment Bill. This may mean including operational staff as Chair but this may be more practical in the longer term?
- A framework for monitoring performance against either the CPP themes or the Highland Quality Approach being created and implemented.
- Putting resource in place to facilitate individual DP development days in each locality.

1. Guidance

1.1 The document describes the increased remit of the Health and Care District Partnerships, making specific reference to the fact that the local DP is the '*locality planning District Partnership for the Community Planning Partnership.'* The name should be revised to reflect this. Could *Community District Partnership* be considered?

1.2 At a recent DP meeting a Council Member highlighted a need for a possible definition of *Community Safety* in relation to the role and remit of the DP. By adopting the larger CPP key themes with a recognised emphasis on Health, Social Care, Community Safety and Community Learning and Development (as a cross

cutting theme) would this give a clearer picture of the role and remit and how this fits within the CPP structure?

1.3 Given the increased role for NHS and Police Scotland in the support and delivery of the CPP within the Community Empowerment Bill should consideration not be given to a rotation of the chair between the three agencies? This reflects the increased emphasis across health, social care and community safety. CLD could be dealt with through the proposals the CLD CPP group are considering.

1.4 The process to submitting an agenda item is too complex and we doubt that this is actually applied in most instances. The fact that Ward Managers are struggling to have agenda items is evidence of the fact that there is insufficient understanding/interest in engaging the DP in business and that the process doesn't encourage participation. We would recommend that the agenda request process is significantly reviewed and streamlined.

1.5 We note that the guidance currently says '*Third and Independent Sector representation (organised by the Third Sector Partnership)'*. We are happy to co-ordinate third sector representation but it would be more appropriate for someone else to arrange 'independent' sector representation. Also this needs to be better defined given the increased remit proposed. Please also note our name change to Highland Third Sector Interface.

1.6 It has proven, and we believe that the Scottish Health Council have fed this back separately, that there is more engagement from the public if they are given the opportunity to engage at the end of each agenda point. We acknowledge that the Chair must manage that process but it would be good to see this continue where it works.

1.7 Not all DP paperwork is being uploaded to the Highland Council website, could this be reviewed? Also the new website is not very intuitive and can be difficult for people to navigate.

1.8 It is concerning that there continues to be no framework for measuring the effectiveness of the DPs. There is also no process in place for monitoring action points raised and progress against them in all instances. It is difficult to understand the impact the DPs are actually having within the Highland Quality Approach.

1.9 We also note that the health and social care aspect of the guidance in respect of adults is incomplete.

2. Attendance

2.1 Would moving the venue of the DPs, to something run by and in the interests of the community increase community engagement and possibly attendance?

2.2 Would it be possible to trial evening meetings to see how they are received in areas where there has been little to no engagement?

2.3 Could the CPP collectively take responsibility for promotion and increased understanding of the DPs with the general public? Social Media, for example, is currently under used in the promotion of the DPs.

2.4 It has also been noted that there is a varying lack of engagement from the agencies in attending between different areas. It is difficult to make a case around why the public should be attending the meetings when there are times when some of the agencies aren't in attendance.

2.5 Should the Scottish Ambulance Service, who attend some of the DPs, be included in the membership?

2.6 What consideration could be given to the inclusion of users and carers voices as part of the membership?

3. District Partner Development

3.1 Could there be some time and resource made available to DPs to come together in a development session to consider:

- Action plans for the subsequent 12 month period
- Local planning partnerships, mapping and overlapping agendas
- Attendance and promotion of the DP within the locality.

4. Overlaps

4.1 In relation to the community safety, how will duplication be avoided at the ward forum level?

4.2 There needs to be more action in reconciling the agendas and remits of locally based forum. Without this there is potential duplication in agenda's and attendees leading to a waste in public resource.

5. Communication

5.1 Could there be an abbreviated quick reference guide to the DPs created for circulation to the members and the public? This could form the basis of a common language which is used to engage the public in a consistent way across all agencies and geographies.

5.2 Could we produce a leaflet for distribution out through the community councils and community groups?