Single Outcome Agreement

Between the Highland Community Planning Partnership and the Scottish Government

2013/14 – 2018/19

Final Draft 19.6.13

Foreword

Public services in the Highlands are continuously improving and they play an important part in making the Highlands a great place to be. We inhabit a wonderful landscape; have ambitions to grow our economy sustainably and to create successful places across the region. Over the period of this Single outcome Agreement we will create and sustain 5000 new jobs, improve our infrastructure for business growth and see the establishment of the University of the Highlands and Islands campus.

Our communities have a strong record on community safety and community action and public services will continue to support these assets for our communities to be even safer and stronger.

In this Single Outcome Agreement, public service providers commit to making the best use of public money. We will build on the way services have changed already to focus on our children getting the best start in life and for our older people to be healthy and independent and in control of their care when they need it.

We will work hard to make the Highlands a fairer place, so that everyone has the opportunity to enjoy the benefits of our region, widening participation in the labour market and ensuring our young people can enter the labour market with aspiration, skills and experience. We have actions to reduce fuel poverty, prevent homelessness further and to understand better how to tackle deprivation and rural fragility.

We will develop new ways of governing our partnership work so that we can be clear about what are we achieving together and where we need to improve. We will also demonstrate that we listen to our communities in setting priorities for the region, building on the good work done so far.

This Agreement with the Scottish Government sets out our joint ambitions not only for the Highlands, but also for the Highlands as a region contributing to the growth and development of Scotland.

Council Leader Drew Hendry,

Chair of the Highland Public Services Partnership

Contents	**Page**

List of tables and figures

1. Introduction

1.1 This is the third Single outcome Agreement (SOA) for the Highlands. It covers the period 2013/14 to 2018/19 and will be reviewed annually.

1.2 The former SOA showed how Highland Community Planning Partners would contribute to the Scottish Government's national outcomes. It did this comprehensively and helped to align different public service providers better in their joint working. Annual performance reports demonstrated incremental improvement across most services provided. However, while this SOA builds on successful partnership approaches to improve public services in the Highlands, this SOA is different.

1.3 It is different because:
- It does not try to show what each partner is doing individually to meet all 16 national outcomes with equal weighting. This time it focuses on the six national policy priorities set out by the Scottish Government and sets out what partners need to do together to address them together.

- It includes new ways of providing health and social care services to improve the outcomes for older people and for children. The integrated approach in Highland is pioneering, challenging how public services operate and while in early days, partners are developing new ways of evaluating what difference this makes to people.

- It highlights where concerted effort by all public service providers is needed to tackle long standing inequalities in the Highlands. It does not underestimate the task to make the Highlands a fairer place, to reduce the gap in outcomes experienced and to reduce disadvantage. Focusing on this should reduce future public spending.

- It is prepared in the context of budget challenges, the need to manage demand for services better and includes the beginning of a partnership prevention plan.

- It acknowledges that further change is needed to make community planning more effective in the Highlands.
  - Changes to working relationships and accountabilities are underway, not just through the integration of some services, but also with new local scrutiny in place for the national police and fire and rescue services.
  - Improving engagement with communities across the Highlands is also needed for community planning to work well and a new partnership approach to community learning and development is being developed.
- A review of partnership working and accountability is underway over the summer of 2013. This will ensure the right arrangements are in place to realise the aspirations in this SOA and the requirements of public service reform.

1.4   The Highland area covers a third of the Scottish landmass. It has an outstanding natural environment. Over the past 10 years the region has experienced population growth at more than double the rate for Scotland as a whole (an increase of 11% between 2001 and 2011 compared to an increase of 5% for Scotland). The population is now 232,000. The region has structural challenges to overcome; but also immense potential with new economic and environmental opportunities to maximise. Sharing the opportunities and the benefits derived from them more widely will be a focus of this SOA.

1.5   The SOA is organised into 11 sections. For each of the six national policy priorities there is: a partnership analysis of the Highland context; the outcomes partners will work towards and performance frameworks in use and under development; the preventative approach to be taken; how inequalities will be addressed; the approach to community involvement and the total partnership resource available (where this is quantified). The alignment between the national outcomes and each national policy priority is shown in the table below.

1.6   Although not directly a national policy priority for SOAs, environmental outcomes are highlighted in this SOA. The unique environment of the Highlands requires this focus. Work in this area will contribute to national policy priorities, particularly in relation to economic recovery and growth, employability, in tackling health inequalities and encouraging physical activity.

1.7   Also, given the support for Gaelic across the Highlands and the importance of its future health and growth, the links to the priority areas of economic recovery and growth and early years are identified in the SOA. Gaelic arts, culture and heritage are important contributors to employment, tourism and area regeneration. The Highlands has the largest Gaelic Medium Education provision.

1.8   It is acknowledged that there are gaps or work still to conclude to address all national policy priorities in the way required in the guidance to CPPs. The Partnership has identified these to be around:

- Further work is underway to complete the performance framework in the delivery plans of the SOA. Some of this relates to current work in progress, such as the production of 'For Highland's Children 4' and for others it is about having a stronger partnership arrangement for a particular policy areas, for example in reducing health inequalities.

- A more prominent and strategic partnership approach to reducing poverty and inequality. The chapter on health inequalities, the prevention plan and individual inequalities sections in each of the chapters set out what is currently planned, but a more strategic partnership focus is required. The community planning review will give this more of a focus operationally and by the Partnership Board so that all partners contribute to this common outcome.

- Quantifying the total public resource of all partners for each policy priority has been achieved for older people and for early years through the work done to support integration of these services. This was a time consuming process and involved Scottish Government support. Partners will require more time and support to identify the total resource available for different policy areas.

- Ensuring the CPP has the right governance structures in place for effective partnership working and the delivery of the SOA. As noted in paragraph 1.3 above and in section 11 of the SOA this review will be undertaken over the summer of 2013.

These matters will be addressed during the life of the SOA and as CPP processes improve.

1.9   The CPP recognises that the six priority areas are inter-related and that partnership action in one area can bring wider benefits to another. This is particularly the case for those local outcomes that are preventative in approach or are likely to reduce inequalities. Reducing equalities and prevention are key themes in this SOA, addressed in each national priority area and with a dedicated section on a partnership prevention plan.

Table 1: Alignment between the national outcomes and the national policy priorities

National Outcomes	Economic recovery & growth	Employ-ment	Early Years	Safer & Stronger +Reducing offending	Health inequalities	Physical activity	Outcomes for older people
1. We live in a Scotland that is the most attractive place to do business in Europe	X	X		X			
2. We realise our full economic potential with more and better employment opportunities for our people	X	X			X	X	
3. We are better educated, more skilled and more successful, renowned for our research and innovation	X	X				X	
4. Our young people are successful learners, confident individuals, effective contributors and responsible citizens	X	X	X	X	X	X	
5. Our children have the best start in life and are ready to succeed	X	X	X	X	X	X	
6. We live longer, healthier lives	X	X	X		X	X	X
7. We have tackled the significant inequalities in Scottish society	X	X	X	X	X	X	X
8. We have improved the life chances for children, young people and families at risk		X	X	X	X	X	
9. We live our lives safe from crime, disorder and danger				X		X	X
10. We live in well designed, sustainable places where we are able to access the amenities and services we need	X		X	X		X	X
11. We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others	X		X	X	X	X	X
12. We value and enjoy our built and natural environment and protect it and enhance it for future generations	X			X		X	X
13. We take pride in a strong fair and inclusive national identity	X				X	X	
14. We reduce the local and global environmental impact of our consumption and production	X					X	
15. Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it						X	X
16. Our public services are high quality, continually improving, efficient and responsive to local people's needs.	X	X		X	X	X	X

2.   Summary of key partnership outcomes

2.1   The Community Planning Partnership has identified a range of long term and intermediate outcomes that should reduce the inequalities gap and reduce demand for public services in the future. These inequalities are most evident in our health, with the difference in life expectancy between men in our most deprived and least deprived communities reaching 14 years. The actions to tackle this mean improving people's life chances, for education, for employment and for taking part in community life. The partnership is committed to take the following joint action:

- To widen participation in the labour market across all client groups and across all Highland geographies.
- To increase number of people in areas of deprivation engaged in activities that strengthen the skills and confidence of those communities to take effective action on community issues.
- To improve access to services for hard to reach and disadvantaged groups.
- For areas with most multiple deprivation (SIMD 2012) to become safer and to be felt to be safer.
- To reduce fuel poverty, especially for older people.
- To reduce homelessness further.
- To reduce inequalities in the early years through various partnership programmes of family support.
- To improve educational attainment for children suffering disadvantage.
- For older people to be geographically and socially connected and for them not to become isolated.
- To reduce health inequalities between targeted areas and the four least deprived areas in Highland.

2.2   The partnership effort in achieving these outcomes will be supported by a new partnership group focusing on deprivation and inequality. It will be scrutinised as an explicit part of the Partnership's Board remit. This is described more fully in Section 11 below.

2.3   The case for this approach is compelling. The outcomes gap in Highland identified by partners across the six national policy priorities shows:
- The unemployment rate in Highland varies geographically from 1.5% to 7.1%, with the Wards containing deprived areas having typically six times as many JSA[1] claimants as less deprived Wards.
- The rate of long term unemployment varies geographically from 0.3% to 3% across Wards with the highest levels found in Wards with deprived areas and with some rural Wards experiencing higher than average rates.
- Youth unemployment varies geographically with similar patterns to the above, with the Wards containing deprived areas having up to four times as many JSA claimants as less deprived Wards and at 12% in Wick.

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[1] Job Seekers Allowance

- The most deprived areas of Highland have up to four times as many people claiming disability related benefits compared to the overall population of Highland.
- 15% of children in the Highlands are growing up in poverty, compared to the Scotland wide figure of 20%. In Inverness Central 29% of children live in poverty, and in Cromarty Firth the rate is 25%. Around 2,000 children in the Highlands live in *severe* poverty – 6% of all children in the area (Save the Children 2012)
- 37% of households in Highland are fuel poor, this rises to 57% for Highland's pensioners.
- All-cause mortality rates are twice as high in more deprived areas, with the gap between the least and most deprived areas increasing between 1996 and 2009. People living in poverty are less likely to take up health screening programmes.
- Older people living in areas of multiple deprivation tend to have more physical and mental health problems that those living in the least deprived areas.
- Areas of multiple deprivation are associated with higher incidence of recorded crimes, are more vulnerable to dwelling fires and are felt to be less safe by people living there.
- Those living in poverty are at increased risk of experiencing drug and alcohol problems and are more likely to come to the attention of public services.

2.4 These are supported by broader long term outcomes for the Highland CPP to achieve, focusing on spreading the benefits of regional opportunities more widely, as listed below.

2.5 Economic recovery and growth
- Infrastructure – the region has fit for purpose infrastructure to support economic growth and recovery, notably, broadband, mobile, ports and business and industrial land;
- Business Support – the region has strategies and action plans (route maps) for the growth of the key sectors of Energy,Life Sciences, Financial and Business Services, Tourism; Food and Drink, and Creative Industries; Social Enterprises; business start ups in general; and inward investment.
- Skills and Employability – the region has sector skills development plans that are evidence based and aligned with the key growth sectors. The development of these plans will link into emerging plans for the Employment strand of the SOA.
- Creating Succesful Places – the region is to take advantage of the opportunity afforded by large scale employment growth sites such as Scrabster, Nigg, Inverness Campus, Ardersier and Kishorn, and will ensure that there are appropriate strategies and plans in place to achieve this. The Highlands develop as an international study destination.

Key outcome target of 5000 new jobs created or sustained with public support by 2018.

2.6 Employment

Employment Outcomes are to: widen participation in the labour market across all client groups and across all Highland geographies and to ensure that young people can enter the labour market with aspiration, skills and experience.

2.7   Early years
Outcomes for early years are to improve the wellbeing of children and young people. The delivery plan focuses on joint action in the following areas:
- Children receive the help and support they need to optimise their well-being at every stage.
- Children get the best start in life and enjoy positive, rewarding experiences growing up.
- To improve the wellbeing of families to support children.
- To improve the ways in which communities participate and are empowered.
- To improve the help and support provided to children at an early stage.
- Children are equipped with the skills, confidence and self-esteem to progress successfully in their learning and development.
- Children are protected from abuse, neglect or harm at home, at school and in the community.
- Children are physically active and experience healthy growth and development.
- To improve the involvement and participation of children, their families and stakeholders.
- Children thrive as a result of nurturing relationships and stable environments.

2.8   Safer and stronger communities and preventing reoffending
The long term outcomes are that:
- Communities and individuals are safe from alcohol related offending and antisocial behaviour
- Areas with most multiple deprivation (SIMD 2012) become safer and are felt to be safer.
- Road safety is improved.
- Anti-social behaviour decreases.
- People are, and feel, free to live their lives without harassment and discrimination, and can take part in community life and that people benefit from public services in a fairer way and are able to have their say about them. Interim outcomes relate to hate crimes and violence against women.
- Highland becomes even safer.

2.9   Health inequalities and physical activity
Long term outcomes relate to early years, poverty and disadvantage, health and wellbeing, geographical and personal inequalities and changes to partnership working arrangements to focus on inequality. For physical activity

outcomes include increasing the level of physical activity to 50% adults and for 10% journeys made by bike by 2020.

2.10 <u>Older people</u>
The partnership outcomes for older people are that:
- People are healthy and have a good quality of life.
- People are supported and protected to stay safe.
- People are supported to realise their potential and to maximise their independence.
- People retain dignity and are free from discrimination.
- People are geographically and socially connected and do not become isolated.
- People and their carers are informed and in control of their care.

2.11 <u>Environmental outcomes</u>
Environmental outcomes are:
- Manage sustainably the outstanding natural heritage of the Highlands to optimise the economic, health and learning benefits.
- To increase and develop the use of renewable energy.
- A carbon neutral Inverness in a low carbon Highland by 2020
- Reducing fuel poverty
- Supporting communities to be resilient to extreme weather events.
- Improving access to the outdoors.

2.12 <u>Making the connections across priorities</u>
The priority outcomes above are inter-related and action in one area can bring wider benefits to another. For example, investing in early years should prevent health inequalities in childhood and adult life, improve employability prospects and avoid community safety issues emerging. Making best and sustainable use of the environment in the Highlands will support long term economic growth and employment (particularly through renewables energy development) and improving access to the environment will help increase physical activity levels for all age groups.

2.13 <u>Integration</u>
The Partnership is pioneering integration of health and social care services for children and for older people. It is also building an integrated approach to employability, especially to address significant employment inequalities in Highland by adopting a coherent and individualised approach to post school transition for young people experiencing significant barriers to employment. The Partnership has started to develop an integrated approach to community development.

3.   Economic Recovery and Growth

3.1   <u>Introduction and Highland Context</u>

3.1.1   Partnership action to support economic recovery and growth will contribute to the following national outcomes: 1, 2, 3, 4, 5, 6, 7, 10, 11, 12, 13, 14 and 16.

3.1.2   The Highland Council area covers an area which incorporates the most northerly and most westerly points of the UK mainland and includes some of the most remote and peripheral parts of Europe. The area is home to the UK's highest mountain, deepest freshwater loch and many iconic land marks such as Loch Ness, Eilean Donan Castle, the Isle of Skye and the Glenfinnan Viaduct.

3.1.3   The city of Inverness is the area's capital and houses the headquarters of many public bodies including the Highland Council, NHS Highland, Highlands and Islands Enterprise, the Crofting Commission, Forest Enterprise and Scottish Natural Heritage. It also provides cultural and retail services to much of the region, which means it has a diversity and scale of provision greatly in excess of what might be expected from a city of c60,000 people.

3.1.4   The scattered settlement pattern across the region means the population density, at 8.7 persons per square kilometre is only a fraction of the Scottish average of 67 and compared to the European Union average of 166 is clearly one of the most sparsely populated parts of the continent. The region's challenging geography also means that its economy does not function as a single unit. Rather, outwith the Inner Moray Firth area, the region consists of a number of small local economies with relatively weak linkages between neighbouring communities. Supply chain linkages and travel to access services tend to involve Inverness (although parts of the region south of Fort William have stronger links to Glasgow) rather than neighbouring communities.

3.1.5   Outwith the Inner Moray Firth there are a number of key settlements around the area including Wick and Thurso in the far north, Fort William in the south west and Portree in the west. These towns act as local service centres for the extensive rural hinterland which makes up the bulk of the region.

3.1.6   This complex geography has implications for the approach public sector partners take to stimulating economic growth. While some strategic infrastructural investments (such as Higher education provision and upgrading broadband services) can generate region-wide benefits, most projects have only a local impact. As such it is essential for agencies and authorities to understand the challenges and opportunities in each of the local communities that make up the region, and to organise their delivery response accordingly.

3.1.7   <u>Population</u>
The population of the Highland Council area is 232,000 (census 2011)

making it one of the fastest growing places in Scotland over the past ten years. Around two thirds of its residents live in the Inner Moray Firth area – essentially the extended labour market for the city of Inverness. This is the part of the region that has grown most rapidly, accounting for around 80% of total population growth over the past decade. The population profile of the area is older than the Scottish average as a result of outmigration of young people seeking further and higher education opportunities in the south, coupled with the appeal the area has to returners later in life due to the attractive environment, low crime, quality of public services and broadening economic base.

3.1.8   Sustained population growth is anticipated in the coming decade with the expansion of further and higher education provision right across the region mitigating the historic loss of young people. The key constraints on continuing population growth will be expanding the supply of housing (including social housing) and creating jobs in new, growing sectors of the economy that will attract and retain talented workers.

3.1.9   <u>Economic activity</u>
Given the diverse geography of the region it is difficult to generalise about the structure of its economy. The sectoral breakdown varies considerably from the relatively industrialised Inner Moray Firth area to a heavy reliance on the public, primary and tourism sectors in the more remote and fragile parts of the region; although dependency on the public sector is reasonably consistent across Highland.

3.1.10 The unemployment rate in Highland (claimant count) is below the Scottish average, and has been for some years. In February 2013 the figure for Highland is 3.1% compared to Scotland's figure of 4.1%. However, the average masks the variability of unemployment data across the region from a low of 2.4% in Badenoch to 4.2% in both Wick and Invergordon. A key characteristic of the region's economy is the high employment rate. Most recent data (October 2011 to September 2012) from ONS indicates that 82% of the working age population are economically active, compared to a Scottish / UK figure of 77%, and a higher proportion of those that are economically inactive (29% compared to 24/25% at Scotland / UK level) have stated that they want a job. Factors contributing to the relatively low unemployment rate include the number of Highland residents whom access employment beyond the region (e.g. in the Oil and Gas sector). There is also an element of 'under' employment – reflected in the lower than average earnings – for example amongst spouses of professionals migrating into the region. This can act as a disincentive to the best qualified candidates taking up employment in the region. Further information on employment in provided in Section 4 below.

3.1.11 While participation rates are amongst the highest in the country, the average size of enterprise across Highland is considerably smaller than the national average, and the sectoral make-up of the economy is dominated by the public sector and the tourism sector. The small number of large employers and private sector headquarter operations within the region and

the lack of high value-added finance and IT related businesses means that average wages in the area are around 10% below the Scottish level.

3.1.12   The structure of the economy is, however, changing.   In recent years considerable investment has been targeted at the harbour infrastructure and the key sites identified in the National Renewables Infrastructure Plan are a focus for activity in the Renewable Energy sector.   Further growth of this sector will require the attraction of inward investors and considerable investment in the skills base of the local economy.   This sector has the potential to create jobs both directly, and through a supportive supply chain, in some of the more challenging parts of the region.   On the north coast around Scrabster, in Easter Ross (Nigg / Cromarty Firth), Wester Ross (Kishorn) and Ardersier in the Moray Firth opportunities will emerge for engineering, manufacturing and deployment of offshore wind and other marine energy devices.

3.1.13   Within the Inner Moray Firth the Life Sciences sector has grown to become a large component of the private sector economy.   Continued investment in infrastructure, the attraction of inward investors and support to enable the growth of existing firms will augment the availability of high paying employment opportunities available in the area.   Ensuring the strategic alignment of activity undertaken by innovative regional assets such as the Centre for Health Science and major institutions such as Raigmore Hospital coupled with the development of Inverness Campus, and working closely with and partners along the A96 corridor towards Elgin, will provide more growth opportunities and help build prosperity levels across the region in the coming decade.

3.1.14   Socio-economic factors
The Highland Council area offers an excellent quality of life to existing and potential residents.   Over 70% of residents rate the area a very good place to live (Scottish figure is 55%), and only 6% (half the Scottish figure) perceive vandalism/graffiti/damage to property as a problem in their community.   In addition, Education standards are very high in both primary and secondary schools and attainment levels are amongst the very best in Scotland.

3.1.15   In predominantly rural parts of the country such as the Highland Council area indicators such as the Scottish Index of Multiple Deprivation (SIMD) do not always accurately reflect the extent of socio-economic inequality within communities.   While the city of Inverness and the larger towns all tend to have some pockets of urban-style deprivation (characterised by low income, low levels of employment, poorer health outcomes and shorter life expectancy), across the extensive rural parts of the region people at different ends of the social spectrum can often live quite close together.   This form of social mix tends to mask the true level of deprivation.   The Partnership has a role in tackling deprivation in areas where it is concentrated and where it is more dispersed, although the approaches required may differ.

3.2   <u>Analysis of Issues and Opportunities</u>

3.2.1   During a time of considerable economic instability, Highland has remained resilient and is coming out of the recession in a much stronger position than many other rural areas. Despite this the area continues to face serious challenges and uncertainty not least in terms of unemployment and particularly youth unemployment (see section 4 below). Highland has an increasingly relatively successful economy but over the next 20 years projections indicate that considerable potential can be realised if the challenges and opportunities ahead can be grasped if we are to improve the quality of life and prosperity of Highland residents.

3.2.2   The key challenges facing Highland such as reducing public sector spending and consequential job losses (direct and indirect), seasonality of employment, low wages, youth unemployment, fragile and remote areas etc. are listed below along with a section on emerging opportunities such as the University of the Highlands & Islands and its Inverness Campus, Skills Academies, life sciences industries, finance and business services, energy and renewables, creative industries, quality of life and nature-based tourism. The Community Planning Partnership (CPP) has a vital role in co-ordinating innovative responses to these challenges and opportunities.

3.2.3   Challenges –
- Financial environment
    - Availability of finance (difficulty in securing finance from banks)
    - Private sector investment relatively low
- Relative low wages and consequently relatively lower disposable income
- Youth (un)employment issues
- Geographic-specific issues, e.g. the decommissioning of Dounreay
- Public sector spending reductions, job losses (direct and indirect)
- Seasonality of employment in some key sectors
- Demographic change (see Section 8 below)
- Fragile & Remote communities
- Transport connectivity and the improvement of the road network

3.2.4   Opportunities –
- Key growth sectors
    - Energy sector (oil & gas)
    - Life sciences
    - Tourism Sector
    - Food and Drink Sector
    - Creative Industries Sector
    - Renewables (onshore and offshore – wind, wave & tidal)
    - Financial & Business Services
    - Universities

- New University of the Highlands & Islands
- Inverness Campus
- Sabhal Mor Ostaig (Kilbeg Project)
- Skills Academies
- Inward Investment
- Inverness: city region
- Broadband (benefits realisation)

3.3 Economic outcomes and priorities

3.3.1 The CPP has four long term economic outcomes for the region. They are:
1. High quality infrastructure secures Highland's competitive success;
2. Business support activities are aligned to help businesses prosper;
3. Workforce skills are matched to the needs of key growth sectors and businesses. (see the Employability Section 4 below); and
4. Creating successful places with the right environment for Highland towns, industrial and rural areas to prosper.

The CPP will pay particular attention to those requiring support to participate in the labour market and to take a preventative approach by targeting skills development and opportunities for young people (see the Employability Section 4 below).

3.3.2 Targets over the five year period include 5,000 jobs to be created and sustained; Business Gateway to create 1,250 new business start-ups and to assist 3,000 existing businesses with advice and support over the term of the plan.

3.3.3 Other targets will include growing turnover, international trade and, graduate placements /internships. Further information on helping people into work, education or training is provided in section 4 on Employment below. These targets will be agreed during the development of subsequent details of the Plan with key CPP partners, notably THC and HIE, and others including Skills Development Scotland, Jobcentre Plus, UHI and Colleges and private sector business organisations.

3.4 Prevention and reducing inequalities

3.4.1 It is recognised that there is a key role for a successful economy in the overall health of the population. The CPP recognises that work is good for health. Given that people in employment generally have better health outcomes than those not in work, effective economic development can provide the type of early and preventative intervention to reduce health inequalities and provide more sustainable outcomes for individuals, communities and public, private and third sector organisations. Moving people into employment, particularly for those who find it difficult to gain meaningful opportunities for work, will be key to the CPP's approach to reducing socio-economic inequalities in our population.

3.4.2 The CPP will seek to maintain the economic base that we have, with

resultant employment, GVA and wages. Through engagement with key businesses in the key growth sectors, and others, the CPP will seek to have as much advance notice as possible of any significant scale expansions and ensure that the CPP is able to provide training opportunities for skills to be matched to business needs.

3.4.3   The CPP will particularly support exemplary practice in relation to employability and look to find ways to link the job creating sectors with those requiring help to get back into work. This should help to address the outcome gaps between different people. Further information on the CPP's approach to health inequalities is provided in Section 7 below.

3.4.4   The CPP will review its approach to regeneration and fragile areas so that it is focused on reducing outcome gaps for communities across Highland.

3.4.5   The CPP will identify how to make best use of its procurement to support local employment and training opportunities.

3.4.6   The CPP will work to encourage growth businesses to support apprenticeship schemes. These are already in place with the major employers of Scottish and Southern Energy (SSE) and Lifescan.

3.5   Plan for the delivery of outcomes
3.5.1   The four 'priority' elements of the Economic Regeneration & Recovery plan on which actions by the key agencies will be focussed are:-
   1. Enabling Infrastructure
   2. Support for Businesses
   3. Skills & Employability (see also the Employability section below)
   4. Creating Successful Places
The plan is set out below.

3.5.2   Partners will put in place fit for purpose structures that enable the necessary collaborative working to support the delivery of the SOA. This will include collaborative working with HIE, UHI, SDS, JC+, Chambers of Commerce, FSB, BID's, Caithness and North Sutherland Regeneration Partnership, DMO's etc.

3.5 Table 2: Economic Regeneration & Recovery plan

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
Infrastructure - High quality infrastructure secures Highland's competitive success	Roll out of Next Generation Broadband across the area.	HIE contract with BT - £149m (total figure for H&Is: Highland indicative budget to be determined).	Broadband figures for baseline to be determined from study underway.	85% of premises to be connected by 2020.
		Scotland's community broadband initiative – working with communities to identify and deliver bespoke solutions for communities off the main infrastructure network. - £budget £m t.b.c.		X communities supported to implement bespoke solutions to provide next generation broadband service to residents and businesses.
	Ensure that the region has access to 3G, 4G and mobile telephony services fit for the 21st century.	THC to lead with mobile telephony providers to develop a strategy and plan for the region.	% of premises with 3G coverage % of premises with 4G coverage % of transport network with 3/4G coverage	90% 4G coverage by 2018

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
	Ensure that the region has appropriate connectivity through road, sea, rail and air links.	HITRANS to continue to lead the development and delivery of a strategy and action plan.	t.b.c. – HITRANS have a strategy and plan, and the key figures will be taken from that. E.g. Priority routes for upgrade from single to dual track identified. Timescale for A9/A96 upgrades agreed Baseline – current level of air connectivity with Schiphol and London.	t.b.c. – HITRANS have a strategy and plan, and the key figures will be taken from that. E.g. x miles of strategic routes upgraded to dual track standard by 2017. Key milestones reached in planning and preparation for A9/A96 upgrades Secure code-share twice daily air links to a global hub airport.
	Ensure that the supply of Business/Industrial meets anticipated future demand levels.	HIE to lead on research to inform a strategy for key localities across the Region.	Work needs to be undertaken to identify gaps in provision of land/property, and to prioritise (by criteria to be agreed) the areas that need coverage. The Region's Local Development Plan can provide a useful base line and also as a baseline – quantification / commentary on current availability of strategic sites across the region	The initial outcome will be a strategy and plan for the Region. This will provide a framework to monitor progress. The Region's Local Development Plan can provide a useful base line, and indicators are likely to be based around area of land, and size and type of buildings, e.g. tangible progress in 3-5 years at Scrabster / Nigg / Corpach / Ardersier / IABP / Etc.

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
	Ensure that the electricity grid infrastructure is fit-for-purpose to support ambitions for renewable power.	HIE to lead with THC on a strategy to influence investment in the the electricity grid.,	The UK's Electricity National Strategy Group will be tasked to identify the key pinch points, and to prioritise (by criteria to be agreed) the grid areas that need improvement. E.g. Baseline – current reach and capacity of transmission network.	The initial outcome will be a strategy and plan for the region's grid, to influence that it is fit-for-purpose to support the region's ambitions in economic growth through renewable energy. Indicators are likely to be length of cable/transmission, and its capacity.
	Ensure that the region's ports can play an appropriate roll in the Energy sector.	HIE to lead with THC on an overall strategy, and Energy-port specific development plan for the region's main ports, working in partnership with these main ports.	Work needs to be undertaken to identify gaps in the region's port infrastructure, and to prioritise what developments are needed (by criteria to be agreed) to meet the needs of the Oil and Gas and Renewables sector The Region's Local Development Plan can provide a useful base line. In addition there is NRIP 1, 2, and (nascent) 3 to provide a significant start, plus HIE's work with the port owners/operators	The initial outcome will be a strategy and plan for the region's ports are fit-for-purpose to support the regions ambitions in economic growth through oil and gas and offshore renewables. Indicators are likely to be around the length of quayside, hard standing, water depth, and buildings. Also, tangible growth in through-put/job creation at e.g. Scrabster / Nigg / Invergordon / Ardersier / Kishorn.

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
	Ensure that there is sufficient housing stock to support the region's growth ambitions	The Housing Strategy to influence the delivery suitable housing stock through partnership working with Scottish Government, Housing Associations, and the private sector.	The Region's Housing strategy will provide the base line information. E.g. No. completions each calendar year / total housing stock / occupancy figures. Planning policy to enable delivery of 5000 new homes by 2017 and 1000 in 2012/13. Deliver 600 new Council houses by March 2013 and 120 in 2012/13.	The initial outcome will be a strategy and plan for the region's housing stock to influence that is fit for purpose to support the regions ambitions. Indicators are likely to be around the number of units, and the mix and quality of new and existing housing stock
Business Support - Business support activities are aligned to help businesses prosper	Inward Investment – ensure that the area is well represented in Scotland's proposition material. Notable strengths in the key sectors of Energy, Life Sciences, Financial & Business Services, and Tourism. The key outcome is the attraction of new investment into the Region.	HIE to lead with THC and SDI .	Baseline will be HIE's work on the number of FDI businesses, and key indicators such as the total investment, number of jobs, turnover and international trade generated as a result.	The initial outcome will be a strategy and plan for the Region has promotional material to support inward investment activities. HIE has a nascent strategy with SDI, and this will be shared with partners to develop into specific actions, and to identify indicators. Indicators are likely to be around scale of investment, number of

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
				businesses, jobs, average wages, turnover, and international trade by 2017.
	Implementation of sector route maps for thekey sectors of: • Energy • Life Sciences • FBS • Tourism • Food & Drink • Creative Industries • Universities Intended to maximise growth opportunities across the economy and region.	HIE to lead with THC and other key agencies and organisations such as UHI, SFC, SDS, SDI on the development and delivery of sector route maps, working with key businesses and business associations as required. For energy:	Baseline information on size of each growth sector, or number of account managed businesses in each sector. Increase installed capacity of renewable energy to 2908 MW by 2017 (HC) Three demonstrated wave & tidal projects to be implemented by March 2017 (HC) No. of clients in the renewables and life sciences sectors supported through Business Gateway	The initial outcome will be a strategy and plan for the Region's key sectors. Each sector will have its own vision, strategy and action plan, and the action plan will determine inputs, outputs and outcomes. Indicators are likely to be around number of businesses, number of start-ups, employment, jobs created/retained as a result of actions by CPP partners, average wages, skills, training, turnover, productivity, innovation, international trade.

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
			(HC) Increase the value of tourism by 4% per annum (HC indicator) Support a 15% increase in visitor numbers to the Cairngorm National Park	
		For tourism: Increase the value of tourism in the Cairngorms National Park in line with the targets in Cairngorms Sustainable Tourism strategy		
Business Support - cont.	Ensure that there is a suitable support to the area's Social Enterprises.	HIE to lead with THC and other key agencies and organisations such as UHI, SFC, SDS, SDI on the development and delivery of a strategy and action plan. Produce a social enterprise strategy for the Highlands (HC Programme commitment)	The initial action is for HIE to bring together in a deliberate way key partners to agree a vision, strategy and action plan that is likely to be an amalgam of existing plans. Baseline information on size of social enterprise sector, or number of account managed social enterprises	The R initial outcome will be a strategy and plan for the Region has an iterative and current action plan for developing Social Enterprises. We would see the region characterised by a thriving social enterprise sector. Likely indicators are around number of social enterprises, social impact, jobs, and turnover in the social economy.
	Ensure that the strategy and action plan to support business start up in the area is current and fit for purpose.	THC to lead via Business Gateway	THC will bring partners together to refresh the regions vision, strategy, and action plan for start ups. Base line data from current	The initial outcome will be a strategy and plan for the Region that has an iterative and current action plan for developing business start ups. Likely indicators are around number of start ups, start ups in

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
			economic surveys, notably current rate of business starts.	key sectors, survival rates, employment, turnover, and international trade.
	Enhance access to finance for Highland businesses.	The Council will support small businesses and Highland entrepreneurs with advice and finance through Highland Opportunities Ltd and Business Gateway HIE will continue to work with businesses of growth potential in the key sectors, and where appropriate provide finance to support growth. HC continues to be transparent in awarding contracts, and fair and efficient in setting our bills (HC programme commitment)	Disaggregation of access to finance data from HIE Business panel survey or SG access to finance survey, HIE can provide base line data on number of businesses supported, level of support to start ups in key sectors, FDI, survival rates, employment, turnover, and international trade. Increase the total HC direct spend with Highland businesses by 5% by 2017 and with Highland Small Medium Enterprises (SMEs) by 5% by 2017. Pay 60% of invoices within 10 calendar days of receipt and 90% within 30 calendar days. (HC)	Indicators to be informed by discussions around key sectors and start ups. Track change through either SG survey or HIE survey. Evidence from business organisations (SCDI / CoC / FSB etc) would add additional breadth and depth. Likely indicators are around number of start ups, start ups in key sectors, survival rates, employment, turnover, and international trade. £xm invested in SMEs, leveraging in £ym debt finance from banks

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
Business Support cont.	Create and support initiatives which strengthen the status and profile of Gaelic within general economic development, the creative industries and tourism in the Highlands; and work to develop strategies for Gaelic-related employment.	THC to lead on the development of a business focussed gaelic strategy and action plan	HIE is undertaking a survey to determine the economic impact of Gaelic, which will inform the base line.	A Gaelic strategy and plan exists, and this is to be refreshed in discussions with CPP. Indicators will be around Gaelic businesses in key sectors; more businesses using Gaelic as part of their marketing strategy; and more businesses with gaelic as language of choice in the workplace?
Skills & Employability – Workforce skills are matched to the needs of key growth sectors and businesses	Implement regional skills investment plan. Tackling inequality: cross reference to Employability chapter in SOA.	SDS to lead with THC and other key agencies and organisations such as UHI, SFC, and SDS on the development and delivery of sector skills route maps, working with key businesses and business associations as required.	The initial action is for SDS to bring together in a deliberate way key partners to agree a vision, strategy and action plan that is likely to be an amalgam of existing plans. The development of a regional skills strategy is underway, and this will inform the baseline.	The initial outcome will be a strategy and plan for the Region that has an iterative and current action plan for developing a regional sector skills vision, strategy and action plan. Likely indicators will be around the development of key sector skills action plans, the number of people trained, the number of people entering the job market or moving mid-career, number of business supported, number of training course provided, investment in training infrastructure – the Regional

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
				Skills Investment Plan will inform this once finalised and adopted.
Creating Successful Places –Highland towns, industrial and rural areas prosper as a result of the right environment to make them attractive for people and investment	Inverness and the wider region realise the benefits of the 'Seven Cities' strategy.	THC to lead with HIE on the development of a strategy and action plan to identify and deliver the anticipated benefits from a city region, focussed on Inverness	Work is underway via Community Planning and the Inverness City Partnership. Also, work is underway with the 7 Cities alliance Baseline demographics.	The initial outcome will be a strategy and plan for the City, setting out key indicators, which are likely to be around: Inward Investment Tourism – as a gateway and destination Attraction of skills talent for key businesses and key sectors Promotional strategy and action plan.
	The right environment for Highland towns, industrial and rural areas to prosper exists	THC to lead on the development of plans for key areas across the region.	Baseline demographics.	A growing population in every part of the region – track using mid-year estimates
	Support large–scale employment growth opportunities at the Nigg Energy Park, Scrabster, Ardersier, Kishorn and the Inverness Campus	HIE to lead with THC: each EA to have its own development plan, linking into the sector and inward investment plans above.	Prepare planning guidance of enterprise areas (Scrabster, Nigg & UHI Campus) (HC) % increase employment in Cromarty Firth	5,000 jobs to be created and sustained by public investment

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
	Enterprise Areas.		(Invergordon, Highland Deephaven and Nigg Energy Park), Scrabster Enterprise Area, Ardersier and Kishorn by 50% by 2017. Increase the number of cruise liner visits to Highland ports (Scrabster, Ullapool, Portree, Fort William, Invergordon) to 130 by 2015 and support a 50% employment increase in major ports -Inverness, Invergordon, Wick, Scrabster by 2017.	
	Communities can participate in and benefit from the development of renewable energy across the Highlands (Highland Council)	Implement HC policy on community benefit	No. of developments in Highland that pay community benefit and pay through the council policy	THC to inform.
			No. of communities receiving community benefit from renewables	THC to inform.
Creating Successful Places – cont.	Targeting Regeneration & Fragile Areas	Review with relevant partners the designation of priority areas within Highland to inform the targeting of resources.	CPP partners to review	The outcome in the short term will be joint agreement across partners on the key communities for focus, and identification of an action plan.

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
				Indicators are anticipated to be based around percentage of population, average wages, employment & unemployment rates, longevity.
Creating Successful Places – cont.	Ensure Caithness and North Sutherland reap maximum social, community benefits from the decommissioning process.	Report on the annual target of 100 jobs (to counter the job losses arising from nuclear decommissioning) and on maintaining income and public services in Caithness and North Sutherland.	100 jobs	Ensure Caithness and North Sutherland reap maximum social, community benefits from the decommissioning process.
	An attractive region for young people	Work with relevant partners to ensure that Highland Region possess the necessary characteristics to make it attractive to young people to live, work and study.	The initial action is for CPP to bring together in a deliberate way key partners to agree a vision, strategy and action plan that is likely to be an amalgam of existing plans.	The outcome in the short term will be joint agreement across partners on the main themes and areas for focus. Criteria likely to be around percentage of young people in the population; jobs; training; education opportunities
	Highland as an international study destination – Improved access to further and higher education within Highland communities for both young people	University of the Highlands and Islands to target overseas markets and sectors with focus on the environment, culture, heritage and employment sectors of the region. Encouragement to private sector providers to develop student	TBC	TBC

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
	and mature students.	accommodation. Partnership working to provide social, cultural and leisure dimension to in-migrating students and integration into local communities.		

3.6   Resources

3.6.1   This information is to be quantified. It will include: HIE's discretionary cash budget for the 3 area offices; HIE projects over the period including strategic projects that will impact in the Highland area; Highland Council's budget for Business Gateway and Employability.

3.7   How the business community and others are being involved

3.7.1   The principal ways of engagement are through direct one-to-one engagement with key businesses; HIE's geographic business panels; and liaison with business associations, such as SCDI and Chambers of commerce; and Business Sector Associations, such as Energy North, and Destination Organisations. The Economic Forum is one mechanism for engagement with these partners.

3.8   Linkages to other plans

3.8.1   <u>Outcomes for Older People</u> – whilst not a key growth sector in terms of The Government's Economic Strategy, the Highland CPP recognise that there are links between the Economic Regeneration and Recovery strand and the Outcomes for Older People that would merit exploration, notably around the provision of care homes, and the economic activity they provide, and around the delivery of technology that improve the quality of life, and enable businesses to be created around the development of new technologies, and the resultant economic activity.

3.8.2   <u>Health Inequalities</u> – in terms of the actions around "Regeneration and Fragile Areas", the identification of communities in greatest need will be significantly informed by data and activities around Health Inequalities. The opportunity for collaboration is to take a whole-view of these communities, and in doing so consider the role that employment creation, rural-fragile-area support, social enterprises, skills development, etc., can play.

3.8.3   Hyperlinks to relevant plans are to identified.

4. Employment

4.1 <u>Introduction and Highland Context</u>

4.1.1 Partnership action to support employment in the region will contribute to the following national outcomes: 1, 2, 3, 4, 5, 6, 7, 8 and 16.

4.1.2 Employment matters. Sustainable growth of the Highland economy needs growing and successful businesses and for this to happen, businesses need to have a skilled, educated and adaptable workforce. If everyone who is able to work and they have the support and opportunity to do so, their life experiences and life chances will be significantly improved.

4.1.3 As noted in Section 3 above, compared to the rest of Scotland, Highland historically has had higher rates of economically active people and lower levels of unemployment.

4.1.4 However, not everyone is having the opportunity to access and participate in the labour force. Prior to the 2008 financial crisis and when the economy was generally more vibrant with strong demand for labour, employers often turned to skilled and experienced migrant workers rather than to those workers who were unskilled and unemployed. In the current economic downturn, there are limited jobs available and it is those individuals who have the skills and the experience of the workplace, who are better placed to compete for and secure the work that is available.

4.1.4 <u>Employment</u>
The employment rate as measured by the Annual Population Survey usefully gives a rolling average at a Highland and Travel to Work Area (TTWA) level. As evidenced in Figure 1 below, the Highland rate varies over the years, is seasonal and is sitting at 78% and below historic levels of +80%.

Figure 1: Employment Rate for Highland
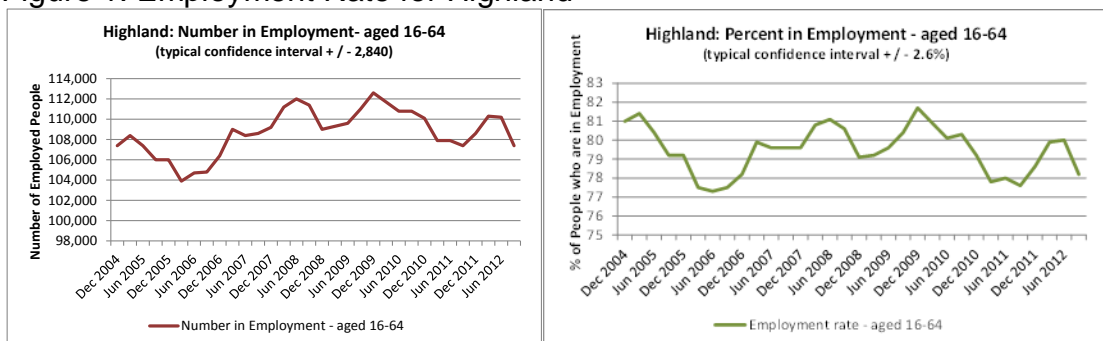
4.1.5 While data confidence levels impact adversely at local levels, the general trends across the Highland TTWA's is detailed in Table 3 and demonstrates mixed fortunes.

Table 3: Local Employment Rate Trends

Travel To Work Areas	% Aged 16 to 64 in Employment	General Trend
Badenoch	82	Increasing
Dornoch & Lairg	85	Increasing
Invergordon	79	Stable / increasing slowly
Inverness & Dingwall	78	Falling
Lochaber	81	Stable / falling slowly
Skye & Lochalsh	74	Falling slowly
Thurso	75	Stable
Ullapool & Gairloch	72	Falling
Wick	79	Increasing slowly

4.1.6   Early releases from the 2011 Census have identified that the working age population in Highland has increased since 2001 by 10.7%, from 136,000 to 150,600, the fourth highest percentage increase in Scotland. Population projections for the next 10 years suggest however, that the Highland working age population will remain generally stable despite this growing population with its positive inward migration. Clearly this will not be the case across all local areas and as more statistically robust data from the Census becomes available, a more detailed understanding will be possible.

4.1.7   Unemployment
The Employment Rate includes those individuals who are unemployed and looking for work. The claimant count, as measured by those individuals in receipt of Job Seekers Allowance (JSA), is detailed in Figure 2 below.

Figure 2: Job Seekers Allowance Claimants (October 2004 to February 2013)
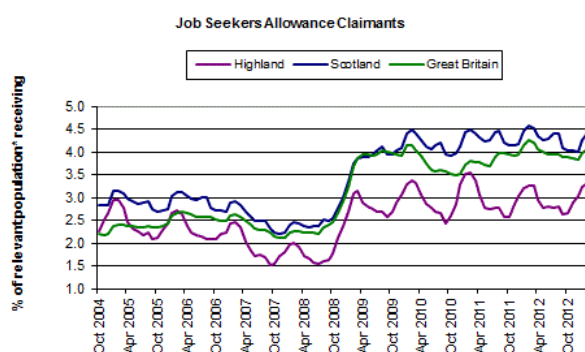
4.1.8   This illustrates the strong seasonal nature of unemployment in Highland and the overall increase particularly since October 2007. In February 2013, 4509 people claimed JSA in Highland, 3.3% of the working age population. Across the Highland Council Wards the unemployment rate varies significantly from 1.2% in Inverness South to 7% in Inverness Central, with the Wards containing deprived areas having typically over six times as many claimants as less deprived Wards.

4.1.9   Long-term unemployment trends in Highland are similar to those for JSA.

Figure 3 below shows a steady fall in the rate was experienced before it halted during late 2007 and began to rise in late 2008 with Highland having the fourth highest increase in Scotland over the past 12 months.

Figure 3: Long Term Unemployment Claimants (October 2004 to February 2013)
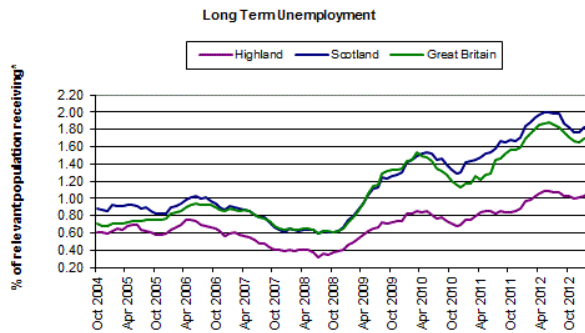
4.1.10 In February 1460 people or 1% of the working age population were unemployed for over 6 months. Across Highland this varies significantly from 0.3% to 3% and while higher in those Wards containing deprived areas, rural Wards also experience higher than average rates.

4.1.11 <u>Out-of-Work Benefits</u>
In light of the emerging Welfare Reform changes the number of individuals and the client group considered available and looking for work will change. If an overview is taken of those individuals who are claiming a range of out-of-work benefits (JSA, ESA and Incapacity Benefits, lone parents and others on income related benefits,) Figure 4 shows that following the credit crunch and resulting recession, there was an increase in benefit take-up.

Figure 4: Key Out of Work Benefits (nos. and %)
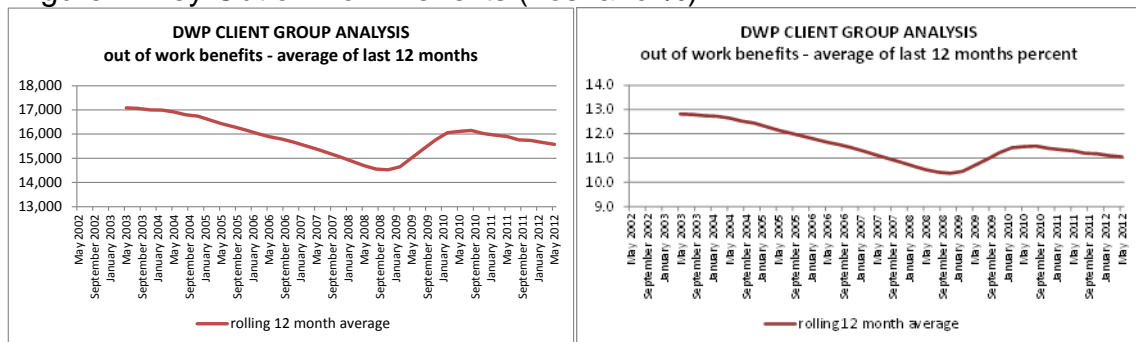
4.1.12 The falling trend since late 2010 may in part be related to improved economic circumstances but mostly will be due to a more rigorous assessment of suitability for employment with reducing ESA/IB benefit claimants. It is anticipated that as the Welfare Reform changes proceed, there will be a greater number of individuals who are considered suitable for employment with resulting increases in the number claiming JSA (or equivalent) of approximately 25% or 1550 individuals.

4.1.13 Figure 5 below gives more detail on the numbers and time series trends for

each key benefit claimed.

Figure 5: Number of People receiving Key Benefits
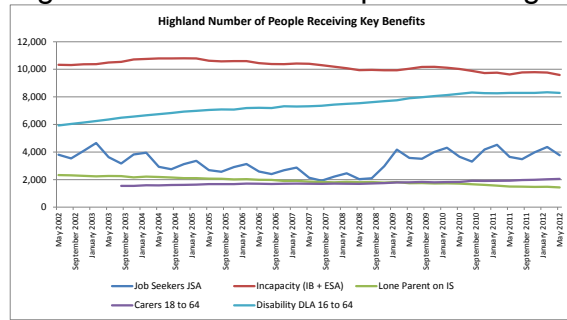
4.1.14 Young People

Figure 6 below shows that the percentage of young people receiving JSA who are aged under 25 years generally follows the national pattern. 1045 young people (6.5%) in Highland currently receive the benefit. This has risen from 450 in September 2007.

Figure 6: Youth Unemployment (October 2004 to February 2013)
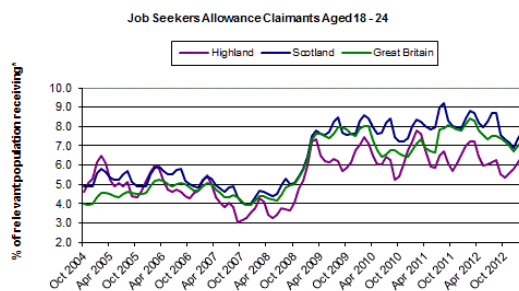
4.1.15 There is significant variation in the number of unemployed young people across Highland from 3.6% in the Black Isle to over 12% in Wick, which also has the highest rate of long-term youth unemployment.

4.1.16 Around 2,500 young people leave school in Highland each year, with 90% achieving a positive destination. (Skills Development Scotland (SDS) - SLDR Return 2011-12). This positive figure reflects the high number of young people who go direct into work (29.7% compared to a Scottish figure of 19.8%) but Highland has lower numbers entering Higher Education (34.6% compared to 37.3%), further education (21.2% compared to 26.8%) or training (2.5% compared to 4.6%) reflecting the challenges of accessing such education and training in Highland.

4.1.17 Overall 91.4% of female pupils enter positive destinations with more females (15%) continuing their studies than male pupils. More generally those pupils who stay on at school past the statutory leaving age are more likely to enter positive outcomes with statutory summer and winter leavers more likely to enter work but also they are four times more likely to be unemployed and seeking work.

4.1.18 However, around 250 young people each year are either unemployed,

undertaking voluntary work or participating on Activity Agreements and therefore are seeking their first post school job or training opportunity. These young people form a significant cohort needing early and sustained support.

4.1.19 For many young people their first opportunity may be a temporary employment or short term training programme. For example there are some 240 young people aged 16 – 19 year on Highland Council's Activity Agreement programme, these in addition to those identified by the SLDR information. There are different sources of information about young people not in employment, education or training as shown in the Tables below[2].

4.1.20 Table 4: JSA Claimants Aged 17 – 24*

TRAVEL TO WORK AREAS	Aged under 17	Aged 17	Aged 18	Aged 19	Aged 20-24	Total Claimants 18 to 24
Thurso	0	5	15	15	55	85
Wick	0	0	15	20	55	90
Dornoch & Lairg[3]	0	0	5	5	20	30
NORTH						**205**
Invergordon	0	0	30	20	100	150
Inverness & Dingwall	0	0	60	70	250	380
Badenoch	0	0	5	5	25	35
INNER MORAY FIRTH						**565**
Lochaber	0	0	5	10	55	70
Skye & Lochalsh	0	0	5	5	30	40
Ullapool & Gairloch*	0	0	5	0	10	15
SOUTH & WEST						**125**
Highland	**5***	**5**	**140**	**155**	**600**	**895**

*Figures are rounded to nearest 5, so column totals do not match exactly the sum of the individual figures shown (NOMIS Dec 2012).

4.1.21 SDS is the principal source of information on the "destinations", the first opportunity for young people who have left school. Recent data indicates that some 136 young people are not currently engaged in learning or employment activity with a further 70 or so young people not currently engaging with SDS though they may be employed or engaged in provision (SDS unpublished Dec 2012). The distribution of those who are engaging with SDS but not placed is shown in Table 5.

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[2] The data presented here is shown in the main Travel to Work Areas defined by the Office of National Statistics using "best fit" and in some cases approximation to adjust for geography or data limitations. They are intended to illustrate the issues.
[3] Adjusted to include estimate for North West Sutherland

Table 5: Young People "Unemployed and Seeking" in contact with SDS (*SDS data Dec 2012 – unpublished – mainly 16-17 years but will overlap with JSA claimants.)

NORTH	**12**	(8 M; 4F)
EAST ROSS	63	(F 25; M 38)
INVERNESS, NAIRN, B&S)	47	(F 19; M 28)
INNER MORAY FIRTH	**110**	* includes EAST ROSS & INVERNESS
LOCHABER & WEST	**14**	(F 4; M 10)
Not Known / Out of Area	8	
	136	

4.1.22 Highland was one of the pilot areas for the development of Activity Agreements[4] and is currently supporting some 240 young people in individual programmes, see Table 6 (Dec 2012). Young people on Activity Agreements do not form part of the "Unemployed and Seeking" category described above.

Table 6: Activity Agreements

Activity Agreements		
AREA	**Numbers**	**Reaching end of age related eligibility**
NORTH (Caithness & Sutherland)	**60**	**6 - 8**
Easter Ross	60	6 - 8
Nairn, Badenoch and Strathspey	25	2 - 4
Inverness	53	8 - 10
INNER MORAY FIRTH	**138**	**16 - 22**
Lochaber	22	2 - 4
Wester Ross/Skye	20	2 - 4
SOUTH AND WEST	**42**	**4 - 8**
HIGHLAND	**240**	**26 - 38**

4.1.23 The principal outcomes from Activity Agreements are progress to further learning (currently Get Ready for Work or Further Education provision) or employment. It is anticipated that the additional flexibility available through the Employability Fund will result in a higher proportion progressing in this way. This illustrates the potential of better alignment of services where partner funding is directed at ensuring continued engagement with young people and individual progression onto further opportunities. This will be an important feature in the development of services in Highland over the coming year through local networking arrangements.

4.1.24 Taken together with the young people who are "unemployed and seeking" this indicates that there are will be between 300 and 400 young people in

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[4] Activity Agreements are individual, informal learning programmes for young people managed by Highland Council Education Service in collaboration with partners and supported by Scottish Government & ESF funding.

Highland in the Scottish Government's 16 – 19 year Opportunities for All priority group and as indicated by the JSA figures, an increasing proportion are having a longer period of "inactivity".

4.1.25 For Looked After children, the Council's approach to the 'Family Firm' is important, to support looked after children as they prepare to leave school and progress into further/higher education, training or employment.

4.1.26 There is clear evidence of a high proportion of young people staying on at school post 16 but not necessarily following a traditional academic timetable (of 3 Highers or more). In most schools now those staying on at S5 and S6 and not doing Higher subjects are now in a majority highlighting the need to develop more occupational and vocational learning opportunities. There is also clear evidence that those who leave school at S4 do less well post school, particularly those who leave at the December leaver date. These factors illustrate how important it is for the Partners to have clear alignment and progression routes through "school" and "post school" learning particularly in relation to awareness of work, information, guidance, work experiences and skills development. Businesses who try to engage young people consistently tell us young people are not "job ready" yet we need to engage with businesses to help create clearer and differentiated pathways to experiencing "work" particularly in the Senior Phase of the Curriculum for Excellence.

4.1.26 Employability pipeline
The Employability Pipeline model is a common framework with which to describe, map and deliver employability services in Highland (Table 7).

Table 7: Employability Pipeline

Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
Engagement / Assessment	**Removing Barriers**	**Vocational Training**	**Employer Engagement & Job Seeking**	**Employment and sustaining employment**
Outreach Engagement activity (drop in and taster events 121 Mentoring Activity Agreement Advice and guidance	a) **Personal Development** - specialist support to target group - personal and life skills - core skills development b) Vocational skills and interests activity - advice and guidance - work experience	Vocational training Work experience related to vocational training Information, Advice & Guidance Financial Advice	Industry specific courses with qualifications Customised training for employment work experience Information, Advice & Guidance; Financial Advice	Induction / Job coaching / mentoring; Health & Wellbeing; Employer training programmes; PACE; Information, Advice & Guidance; Financial Advice

Engagement / Attendance; Identifying personal issues; Individual Actions; Dealing with barriers	a) personal progression / improving engagement / core skills achievements b) SCQF pre-employability / personal development/ core skill provision 18 SCQF credit points at level 3 or above.	SCQF credit rated employability / vocational provision of at least 18 credit points at level 4 or above	Employer or Industry Certification	Employer or Industry Certification

4.1.27 The "Staged" approach is intended to provide a framework which can more clearly articulate both individual's needs and progression as well as be clearer about the nature of "learning" being provided and "work readiness" of individuals. It will also provide a model that will allow better articulation of what we mean by "work experience" and what we want from businesses at different stages in the learning journey giving them a structured and more satisfactory engagement in the process.

4.1.28 Skills
As noted in Section 3 above on economic recovery, the CPP will look to find ways to link the job creating sectors with those requiring help to get back into work.

4.1.29 Summary
This evidence demonstrates that despite its good employment rate and below national unemployment figures over the past 10 years, Highland has many individuals who are unable for a variety of reasons to participate in the labour market and contribute to the sustainable growth of the Highland economy or improve their life chances and experiences through work. There is a need therefore to increase and sustain the level of employment opportunities in Highland and provide client focused services that enable all, who are able, to participate in the labour market.

4.2 Employment outcomes, tackling inequalities and prevention priorities
4.2.1 Long term unemployment can damage young people and stunt their life chances. There are long term financial implications if a generation of young people fail to make the transition into regular employment. There are also costs to society including mental and physical health consequences, an increased risk of offending and other social problems linked to long term unemployment. These are costs that society in Highland cannot afford to pay.

4.2.2 The CPP will develop preventative approaches for those young people at greatest risk of becoming unemployed. Partners have adopted a six point commitment to youth employment and Youth Employment Action Plan (16-19 years). This guides partnership action to support young people to enter the labour market. It is included in actions for the Delivery Plan below. Equality outcomes published by the Education Authority (Highland Council)

are included in the delivery plan as they support improved educational outcomes for young people which in turn will help to deliver employment outcomes.

4.2.3 Based on the evidence gathered, the long term outcomes the CPP needs to work towards are:
- To widen participation in the labour market across all client groups and across all Highland geographies and
- To enable the regions' young people to have the opportunity to flourish and to contribute to the sustainable economic growth of the Highland economy.

4.2.4 When doing so there is a need to see this achieved in an equitable manner across all parts of Highland and for all client groups. This will require targeting support to:
- those furthest from the labour market (recognising that for those individuals who have recently been made unemployed or for those who are returning to the workforce, the journey to work is an increasingly difficult one as time passes) and
- those young people at risk of being furthest from the labour market.

4.2.5 To do this the six intermediate/medium term employment outcomes are:
1. To support large–scale employment growth opportunities at the Nigg Energy Park, Ardersier, Scrabster and the Beechwood Campus Enterprise Areas. (Economic recovery outcome)
2. Develop evidence based sector skills development plans (Economic recovery outcome)
3. To enable those who are currently removed from the labour market, to move towards and into sustained work.
4. To improve equality of access to the labour market for all client groups, including disabled people.
5. To ensure that young people can enter the labour market with aspiration, skills and experience.
6. Partners address significant inequalities in Highland through a coherent and individualised approach to post school transition for young people experiencing significant barriers to employment.

4.2.6 To guide it in everything that it does, the Highland Works partners have signed up to more integrated working and have agreed the following vision:
Individuals and business will receive a client focused and seamless integrated service – one of the best employability services in Scotland.
One team focused on helping individuals and business to flourish through sustainable economic growth.

4.2.7 To date integration has meant developing joint approaches to the commissioning and delivery of employability services in Highland including:
- Provide a coordinated "no wrong door" approach to businesses as part of support to economic growth and development;
- Ensure progression opportunities and improved outcomes for individuals;
- Smarter, more efficient procurement of public services to boost employment levels and available learning opportunities; and

- Maximise the use of resources through integrated and coordination of supply.

4.2.8   The partnership has mapped:
- The range of employment programmes provided by Highland Council (x 6), SDS (x 4) and DWP/Job Centre+ (x 4);
- The range of organisations and suppliers of employability support (statutory x 10, third sector x 25 and private sector x 4)
- The geography of provision across Highland
- The different stages of the skills pipeline covered by these programmes and providers.

4.2.9   As noted above Highland community planning partners believe that the Highland economy is well placed for economic growth and therefore envisage that over a three year plus timescale, the increased job opportunities will be forthcoming and that the economy will then be resilient and able to sustain them over a ten year period. The Plan for the delivery of employment outcomes is shown below.

4.3 Table 8: Delivery Plan for Employment Outcomes

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources	Indicators & Baseline info	Improvement/ Targets
Widen participation in the labour market across all client groups and across all Highland geographies. (Links to Skills & Employability outcome in Economic Recovery in Section3 above – Workforce skills are matched to the needs of key growth sectors and businesses*)	Support large–scale employment growth opportunities at the Nigg Energy Park, Ardersier, Scrabster and the Beechwood Campus Enterprise Areas. (see Section 3 above on economic recovery).	See section 3 above	See section 3 above	Targets over the five year period include 5,000 jobs to be created and sustained.
	(Develop evidence based sector skills development plans)*. To enable those who are currently removed from the labour market, to move towards and into sustained work.	Aligning all employability activity/services around the strategic skills pipeline. The financial baseline will be for 2013/14 to reflect the new SDS Employability Fund Programme.	Employment rate (No. of people in employment aged 16-64 years as a percentage of the population aged 16-64 at the Highland level).	Increase
	Improve equality of access to the labour market for all client groups, including disabled people.	Partners to agree how to improve access to good jobs across the social gradient and make it easier for people who are disadvantaged in the labour market to obtain and keep	The employment rate for the Highland area and Travel To Work Area Areas (data at SIMD priority area level is not sufficiently robust to use). The number and % of working age population unemployed and	Increase Reduce

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources	Indicators & Baseline info	Improvement/ Targets
		work Partners to agree how to develop 'pathways' to support people into employment.	living in Highland in the 15% most deprived data zones in Scotland. The number and % of people supported into employment in Highland in the 15% most deprived data zones in Scotland (data not currently available from DWP)	Increase
			Increased number of people who are furthest from the labour market taking up opportunities in CPP organisations through employability initiatives. (Criteria and partners TBC)	Increase
			The disabled employment rate - % of employed disabled population aged 16-64, divided by percentage of employed non-disabled population aged 16-64 (3 year rolling average) (total/male/female).	Increase
			% of ESOL learners attending classes to achieve accreditation, achievement of specified goals (including completion of courses), or progress to positive destinations. Base-line TBC (HC)	75%

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources	Indicators & Baseline info	Improvement/ Targets
			% of Adult Literacies Learners move to positive destinations Base-line TBC (HC)	10%
Ensure that young people can enter the labour market with aspiration, skills and experience.	Ensure that our young people and looked after children progress to further/higher education, training or employment. Aim to ensure every 16-19 year old seeking employment has the opportunity to access a modern apprenticeship or further training.	All young people, starting with those in secondary school, receive the information, guidance and advice they require to enable them to make informed choices on the training and employment options open to them. Partners provide training and work experience directly itself, via employers and 3rd sector organisations to help young people to make informed choices on the training and employment options open to them and for some to get their first critical experience of the world of work. The Partners will create youth specific trainee and permanent jobs across a wide range of occupations	Increase the number of young people leaving school moving into education, training or employment by 3% per annum (Education authority outcome and measured by gender) An annual reduction in the number of young people who are unemployed and seeking work – indicators are: - the Youth Claimant Count: the actual number of young people (aged 16 to 24) claiming - the rate – the % of the number of people in this age group claiming JSA – total, male and female.	increase 3% p.a. annual reduction

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources	Indicators & Baseline info	Improvement/ Targets
		and locations throughout Highland. The Partners will encourage employers and developers to provide opportunities for young people through its use of grant and loan finance, the Business Gateway advisory service and promotion of corporate responsibility. The Partners will require suppliers and contractors to provide training, work experience and jobs for young people through its purchase of goods and services. Ensure that all bidders for significant council contracts must provide targeted plans to recruit young unemployed people in the Highlands. Transition planning for young people – information, guidance and advice.	Council Services will examine the potential for procurement contracts to offer opportunities for recruiting young people – numbers quantified annually (HC)	

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources	Indicators & Baseline info	Improvement/ Targets
	Partners address significant inequalities in Highland through a coherent and individualised approach to post school transition for young people experiencing significant barriers to employment.	Family Firm approach.Staff and pupils have a greater awareness of how they can support equality through delivery of curriculum for excellence Children and Families who have experienced interrupted learning including Gypsy/Traveller Children and children from military families are better supported	Indicator for Looked After children going on to positive destinations to be identified Increase attainment levels for children and young people from deprived areas, and increase the number from this group moving into education, training or employment. Reduce the attainment gap between pupils with ASN and those without ASN Reduce the attainment gap between boys and girls	Increase Reduce Reduce

4.5   Resources
Partnership resources for employability support are to be quantified during the period of the SOA.

4.6   Process of engagement
4.6.1   The Highland Works partnership of the CPP includes: Department of Works & Pensions - Job Centre Plus; Highland Council; Highland & Islands Enterprise; NHS Highland; Skills Development Scotland; and University of the Highlands & Islands (HE and FE provision). It is part of the Highland Economic Forum which enables engagement also with a range of business organisations including Chambers of Commerce in Highland; Scottish Council for development and Industry and the Federation of Small Businesses as well as sector based organisations such as Energy North, Tourism and Hospitality, Construction and other key sectors.

4.6.2   Young people's views have been instrumental in shaping the Youth Employment Action Plan (through school forums, service providers and Youth Voice) and in feeding back on the services being provided.

4.6.3   All of the public sector partners involved will come together every six months under the strategic direction of Highland Works, to monitor and review their collective effort and the outcomes secured. Each public sector organisation will monitor and review its own Action Plan response.

4.7   Linkages to other plans
4.7.1   Links to supporting plans are to be identified by partners.

5.   Early Years

5.1   Introduction and Highland context

5.1.1   Partnership action to support improved outcomes for the early years will contribute to the following national outcomes: 4, 5, 6, 7 and 8.

5.1.2   The CPP supports the Government's ambition to make Scotland the best place in the world to grow up in by improving outcomes, and reducing inequalities, for all babies, children, mothers, fathers and families across Scotland to ensure that all children have the best start in life and are ready to succeed.

5.1.3   The Early Years Framework, the Early Years Collaborative and the National Parenting Strategy take account of what we know about brain development in the early years, and critically about the extent of development that takes place by the age of three years. This is shown in Figure 7 below.
Figure 7:

The Evidence Base
Brains Are Built from the Bottom Up: Skills Beget Skills
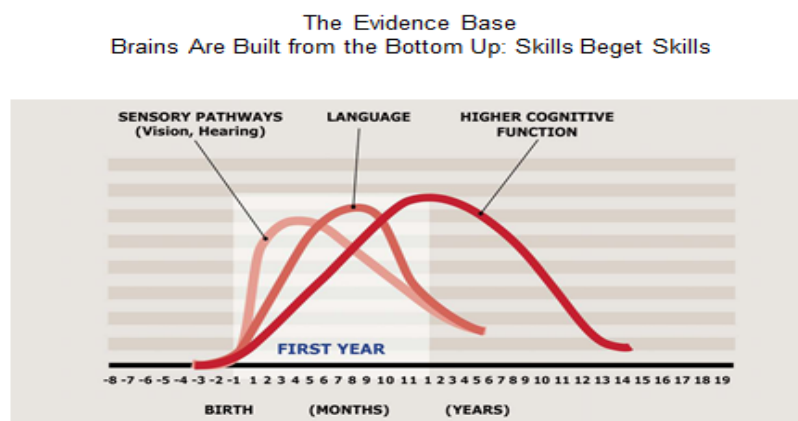
5.1.4   In Highland there are 38,942 children aged 0 – 15 (Census 2011), 14,477 aged 0 – 5 (SAPE estimates 2010). In addition around 2,400 babies are born each year. Contextual data on children in Highland aged under 5 years seen to be at risk of significant harm and included in the child protection register, the number affected by parental substance misuse and the number of looked after children are provided below.

5.1.5   Child protection
Highland Council maintains a register of all those children and young people in the area who are considered to be at risk of significant harm, where there is a child protection plan that includes multi-agency action to protect the child and reduce that harm.

5.1.6   The number of children under five on the Child Protection Register (CPR) over the last four years has remained constant. This is shown on the Figure 8 below. The number of children on the child protection register was greater prior to 2009 and the decrease and relative stability of the

number of children on the register points to the impact of both Early Intervention and the embedding of the 'Getting it Right for Every Child' approach.

Figure 8: The number of children aged 0-5 years on the child protection register 2009-2013
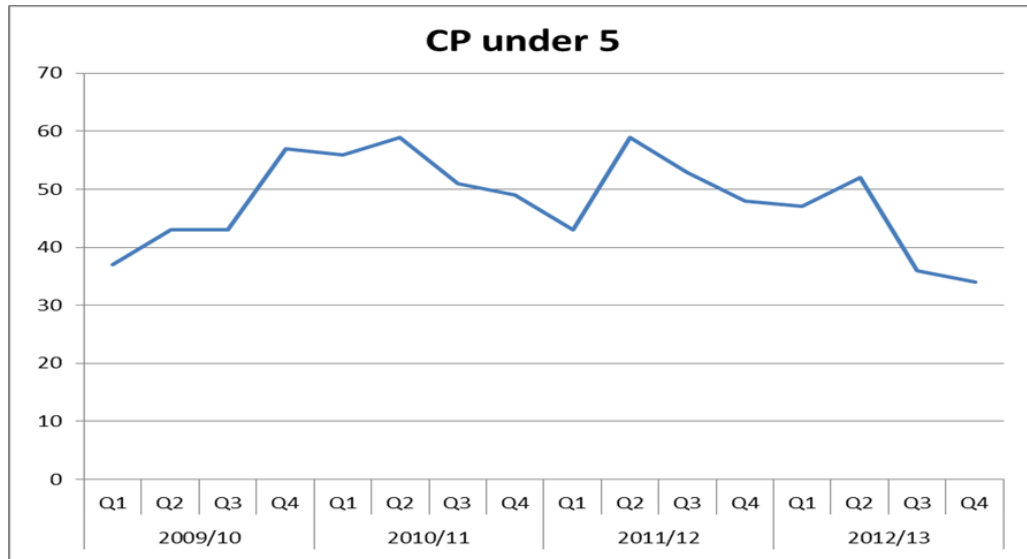
5.1.7   Children Affected by Parental substance Misuse
In Early Years in Highland there is systematic monitoring of children who are affected by parental substance misuse. Nationally it is believed that only around 2% of substance misusers present to specialist substance misuse services. An audit of 100 randomly selected substance misusers known to services in Highland showed that over half (55%) had dependent children. 68% were drug misusers and 12% were alcohol misusers. Between them they had 100 children, although only 24 children still lived at home. Over half (54%) of these had social work support.

5.1.8   An audit was conducted on all cases on the Child Protection Register (CPR) as at 1st April 2011 plus all cases coming onto the CPR between April 2011 and March 2012. Table 9 below shows the findings from the audit in terms of the number of children by age from 0-5 years in Highland who were affected by parental substance misuse. The numbers relate to 86 families.

Table 9: Children 0-5 years affected by parental substance misuse 2011-12

Age	Male	Female	Total
0-1 year	27	12	39
2 years	9	5	14
3 years	8	7	15
4 years	8	7	15
5 years	4	4	8
Total	56	35	91

5.1.7   It is clear that the Council must continue to monitor this cohort of children and provide timely intervention to improve outcomes for both the children and their families.

5.1.8   <u>Looked after children</u>
A child who is looked after is one for whom the local authority is providing accommodation away from home, who is subject to a supervision requirement from a Children's Hearing or who is the subject of a permanence order or permanence order proceedings.

5.1.9   There has been a slight increase in the total number of looked after children aged 0-5 over the last four years. In the last quarter of 2012/13 there were 111 looked after children, compared to 106 in the last quarter of 2009/10. The living arrangements for looked after children over this period are shown on figure 9 below.

<u>Figure 9: The number and living arrangements of looked after children in Highland aged 0-5 years from 2009/10 to 2012/13</u>
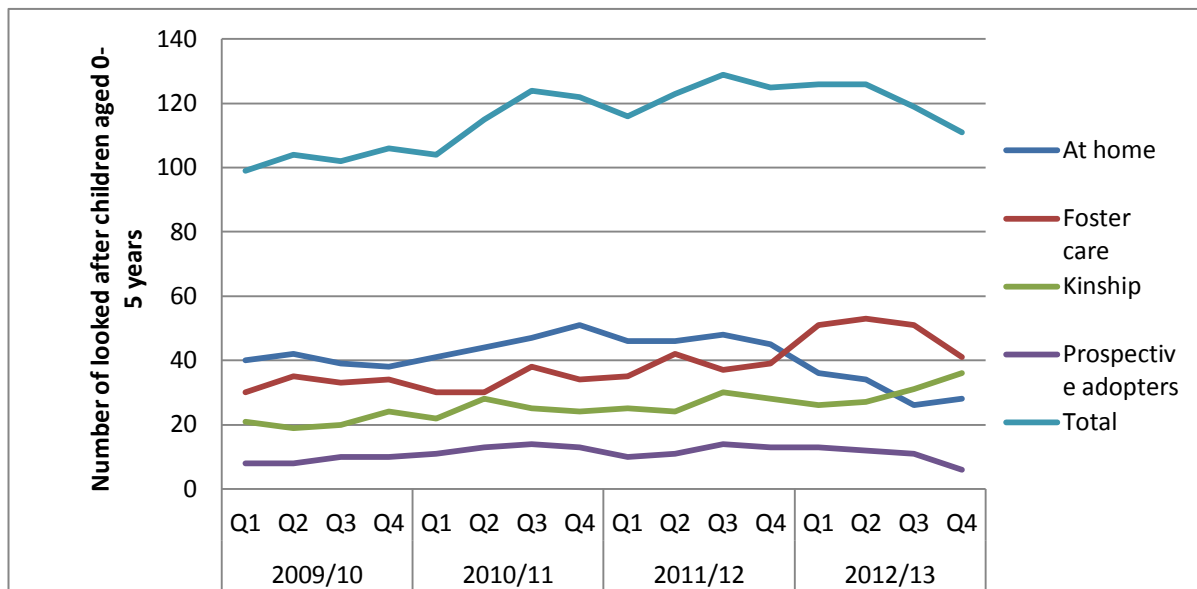
5.1.10   Over the period the greatest reduction has been in the number of children looked after at home with a corresponding increase in the number of children in foster care and kinship care. This demonstrates improvement in early intervention over the period and illustrates the need to continue to monitor performance and the impact of policies and procedures designed to improve outcomes for this vulnerable cohort of children in Highland.

5.2   Outcomes and priorities
5.2.1   The Scottish Government has established three stretch aims within the early Years Collaborative:
    1. Women experience positive pregnancies which result in the birth of more healthy babies: a reduction of 15% in the rates of stillbirths and infant mortality by 2015.
    2. 85% of all children reach all of their developmental milestones by 30

months, by end-2016.

3. 90% of all children reach all of their developmental milestones at the time the child starts primary school, by end 2017.

5.2.2 The Early Years Collaborative work in Highland is delivered in the context of the integration of Health and Social Care services. This was formally established with a Lead Agency Model approach (Partnership Agreement between Highland Council and NHS Highland - April 2012) where Highland Council has responsibility for the delivery of all community-based services for Children. This has enabled a more formal and structured approach to the delivery of Services across Highland, delivering improvement in effective partnership working. This currently involves planning for the integration of front line health, care and Additional Support for Learning teams. It is intended that this partnership will be further developed to combine the new Health and Social Care Service with the Education, Culture and Sport Service, creating a single Children's Service.

5.2.3 Early Years services in Highland are delivered in an integrated way with close partnership working not only between services but importantly with parents, carers and stakeholders. Identifying outcomes for children and their families and improvement priorities for the next five years for children in Early Years has had a renewed focus of shared activity since integration in April 2012. The full range of outcomes for all Children's services will be included in the Service Plan, For Highlands Children 4, which will be published in August 2013.

5.2.4 The plan incorporates and builds upon outcomes identified within the 'Performance Management Framework' developed as part of the partnership agreement which established Highland Council as the Lead agency for delivering services to children. In addition, it develops the themes articulated within For Highlands Children Three. This shared vision is that:

'All Highlands Children 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'.

5.2.5 The outcomes detailed in FHC4 are centred on:
- Improving the wellbeing of children and young people;
- Improving the wellbeing of families to support children and young people;
- Improving the ways in which communities participate and are empowered;
- Improving the help and support provided at an early stage;
- Improving the involvement and participation of children, young people, their families and stakeholders.

**5.3   Early years, prevention and reducing inequalities**
5.3.1 The prevention agenda is most closely associated with interventions in the

early years and is a fundamental concern of the Early Years Collaborative. It is supported by other national research as shown below.

5.3.2   The Royal Society for Edinburgh *(date)* stated that: "There is very clear evidence of marked geographical inequalities in Scotland, with significant inequalities in health, educational attainment, and economic participation….. Scotland faces significant challenges, including in care of the elderly, young people in care, alcohol misuse and levels of heart disease, which must be addressed".

5.3.3   The Christie Commission (2011) also highlighted: "…the stubborn fact that a substantial proportion of the people of Scotland do not share fairly in the wealth and success of the country. People experiencing high levels of multiple deprivation experience a number of negative outcomes that are inextricably interlinked. They frequently live in families and communities where poor outcomes are mutually reinforcing, reflecting the significant spatial dimension to inequalities. Living in an area with poor quality housing, low employment rates and high crime levels impacts on the health and wellbeing of all those that live there and perpetuates both the generational and geographical experience of poor outcomes. The most acute levels of deprivation tend therefore to be highly localised, with a spatial clustering of poor outcomes. Evidence indicates that tackling these multiple problems in isolation addresses neither the experience of negative outcomes through people's lives, nor their root causes."

5.3.4   "Child Poverty in Scotland: A local snapshot", published by Save The Children in April 2012 states that,"Child poverty in the Highlands is lower than in Scotland as a whole, but there are still many children growing up poor." Specifically,15% of children in the Highlands are growing up in poverty, compared to the Scotland wide figure of 20%. In Inverness Central 29% of children live in poverty, and in Cromarty Firth the rate is 25%. Around 2,000 children in the Highlands live in *severe* poverty – 6% of all children in the area.

5.3.5   Evidence suggests that preventative spending programmes targeted at the early years age group are the most effective in delivering long-term savings. Economic modelling work published by Scottish Government in November 2010 suggests that £1 invested in preventative measures can save £9 on more acute services in later life.

5.3.6   Other studies confirm that money spent on early years interventions can have up to a ten-fold return on later savings – or even more. For example, studies by Action for Children in 2009 found that £1 invested in Action for Children's targeted services produced between £7.60 and £9.20 in benefits to society. Oxfam calculate that £1 invested in intensive tuition programmes for those with the lowest level of ability in literacy would save £12 - £19 in the future. A study by Price-Waterhouse-Coopers in 2004 calculated that expanding free childcare and early education would result

in a 1-2% increase in GDP through higher rates of maternal employment and the employment of young people.

5.3.7   These returns can be achieved through very simple but tangible interventions.   For example, recent evidence illustrates what impact is achieved if parenting support increases the rate of breastfeeding.   By increasing exclusive breastfeeding to 65% at four months, around £27 million could be saved annually across the UK by avoiding the costs of treating the four main acute diseases in infants. A further £28 million would be saved from the costs of treating breast cancer over the lifetime of each annual cohort of first-time mothers, if 32% of women breastfed for 18+ months in their lifetime.

5.3.8   Similarly, if these various measures can reduce childhood obesity, that will continue to impact into adulthood. The impact of obesity on public expenditure has been well documented. The cost of obesity and related conditions to the NHS in the UK is estimated to be in excess of £4 billion. The Foresight report (2007) estimates that current trends in obesity, if not arrested, would cost the UK economy £50 billion by 2050. This is described also in Section 7 on physical activity below.

5.3.9   Research also indicates that for every £1 spent on early years education, we would have to spend £7 to have the same impact in adolescence. Children in the early years are 'programmed' to learn and respond. By adolescence, many behaviours have become learned and entrenched, and are significantly more difficult to modify.

5.3.10   Accordingly, because of all of these factors, there is a very influential illustration by Heckman and Masterov (2004) that articulates the value of early years investment (shown below as Figure 10). The horizontal axis represents age and the vertical axis represents the rate of return to investment, assuming the same investment is made at each age. All things being held constant, the rate of return on a pound of investment made while a person is young, is significantly higher than the rate of return to the same pound made at a later age.

Figure 10: The value of early years investment, Heckman and Masterov (2004)
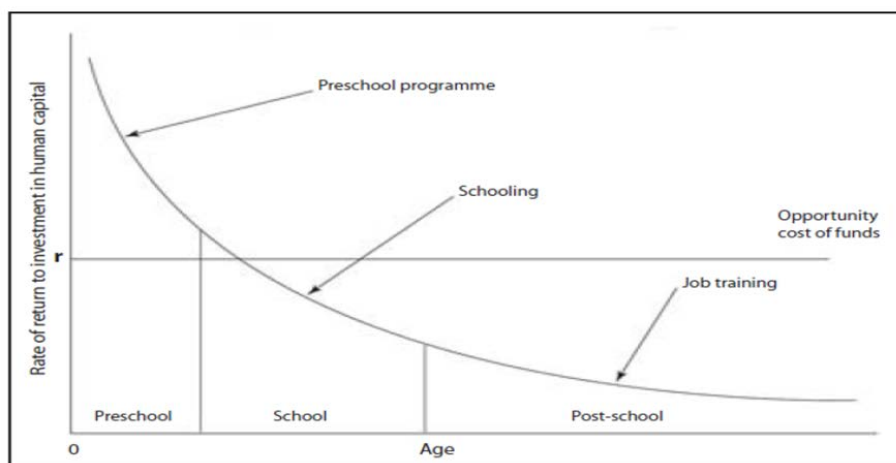
5.3.11 These returns are achievable across the public sector.

Table 10: Benefits from early years investment

Effect on Child Outcome	Financial Benefits to Public Sector	Financial Benefits to Local Authority
Reduced child maltreatment	Lower costs to child welfare system	Reduced costs for social care services
Reduced accidents and injuries	Lower costs for emergency room visits and other public health care costs	Reduced costs for public health nursing teams
Reduced incidence of teen childbearing	Lower costs for public health care system and social welfare programmes	Reduced costs for health and social care
Reduced course repetition in schools	Fewer years spent in primary and secondary education	Reduced education costs
Reduced use of ASN support and special education	Lower costs for special education	Lower costs for special education
Increased college and university attendance rate	More years spent in post-secondary education	Reduced LA education costs
Increased workforce participation and earnings in adulthood	Increased tax revenue	Greater income to authority
Reduced use of welfare	Reduced cost of welfare programmes	Greater income to authority
Reduced crime and contact with criminal justice system	Lower costs for the criminal justice system	Reduced costs for social care
Reduced incidence of smoking and substance abuse	Lower costs of public health care system and from premature death	Reduced costs for health and social care
Improved pregnancy outcomes	Lower medical costs from fewer low birth weight babies	Reduced costs for education, health and social care

5.3.12 New preventative approaches and resources for early years are detailed in the Partnership Prevention Plan at Section11below.

5.4 Partnership plan for the delivery of outcomes for early years

5.4.1　Change that is achieved in the early years will not only impact early, but also throughout life. Key partnership priorities will be:

- To meet public health targets for young children, including breastfeeding rates;
- To meet health plan indicators within 6-8 weeks of birth;
- To provide health weight interventions and outcomes for young children;
- To reduce numbers of children and young people misusing substances;
- To reduce numbers of children looked after away from home;
- To improved educational attainment (see Section 4 above on employability);
- To reduce youth offending (see Section 6 below on community safety).

5.4.2　These priorities are aligned with the Government's key performance outcomes around improving the wellbeing of children and young people and impact on children, young people and families. The timescales for the local achievement of these national outcomes, determining whether they are long term (10 years), medium term (3 years) or annual are set out in the tables below.

5.4 Table 11: Delivery Plan for early years

Partners will confirm the performance framework for the delivery plan through the production of For Highland's children 4 in 2013.

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources	Indicators & Baseline info	Improvement/ Targets
Children receive the help and support they need to optimise their well-being at every stage.	To ensure that Anti-natal and Post-natal support will be of high quality, providing early intervention for those children identified to be at risk.	Determine a continuum of support from core/universal through to additional/specialist, planned through improving the child's planning process. *Multiagency partners within the Early Years Improvement Group*	Methodology to be established	TBC
Children get the best start in life and enjoy positive, rewarding experiences growing up.	To track and monitor the health and wellbeing of babies in the early weeks after birth.	Health Visitors will make returns for the 6-8 week assessment, Health Visitors will agree and record the appropriate Health Plan Indicator by the time a baby is 6-8 weeks old and Midwives and Health Visitors will support mothers to breast feed, providing information and direct personal support for this.	Number of Health Plan indicators. Number of mothers exclusively breastfeeding at six weeks.	TBC

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources	Indicators & Baseline info	Improvement/ Targets
		Multiagency partners within the Early Years Improvement Group		
	To reduce deaths and injury in the first years of life through a number of interventions aimed at reducing avoidable stillbirths and neonatal death rates, reducing avoidable infant mortality rates and reducing avoidable injury and harm to children	*Multiagency partners within the Early Years Improvement Group*	Number of stillbirths and neonatal deaths Number of injuries in the first year of life	TBC
	Increase the number of children achieving age appropriate milestones. and communication skills	Increase the number of children at age 27 months achieving expected milestones in language and emotional skills and in fine and gross motor skills. Increase the number of children starting school having achieved expected	Baseline to be established	85% of all children have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review, 90% of all children have reached all of the expected

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources	Indicators & Baseline info	Improvement/ Targets
		milestones in language and communication skills, social and emotional skills and in fine and gross motor skills. *Multiagency partners within the Early Years Improvement Group*		developmental milestones at the time the child starts primary school
	To work with others to ensure effective transitions at all levels*	Not agreed *Multiagency partners within the Transitions Improvement Group*	Methodology to be established	TBC
	Resource earlier diagnosis of developmental delay and learning needs.	£250 k *Multiagency partners within the ASN Improvement Group*	Methodology to be established	TBC
	Improve the percentage of parents rating their neighbourhood as a good place to live.	*Multiagency partners within the Supporting Parents Improvement Group*	*% of adults stating their neighbourhood is a 'very good' place to live)* *Scope to use the HC annual survey with data disaggregated for parents on*	TBC

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources	Indicators & Baseline info	Improvement/ Targets
			the Citizens' Panel. TBC	
	Ensure children/young people with ASN have good quality child's plans that support positive outcomes Further develop individualised support to maximise number of children with Additional Support Needs (ASN) who are able to sustain full-time school attendance Within the framework of Curriculum for Excellence ensure programmes are tailored to meet individual needs.	Develop and implement a systematic and robust evaluation of the quality of child plans *Multiagency partners within the Practice Model Improvement Group*	Reduction in the number of children with Additional Support Needs who are not in school full time All children with additional learning needs have a Child's Plan which has been evaluated and considered fit for purpose. Baseline to be set	TBC
	Promote the benefits of bilingualism; support Gaelic growth in the early years and pre-school sectors; and upwards through the education and			

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources	Indicators & Baseline info	Improvement/ Targets
	lifelong learning continuum.			
To improve the wellbeing of families to support children	Parental confidence and parenting skills are increasing.	Provide £200k to support the roll out of parenting programmes across the authority (which is in addition to funding for 3 and 4 year olds from the Scottish Government) *Multiagency partners within the Supporting Parents Improvement Group*	Number of specific programmes for parents delivered. No baseline set	TBC
To improve the ways in which communities participate and are empowered	The public has increasing confidence that services are built around the needs of children, young people and families.	Ensuring wraparound childcare continues to be available in every ASG where there is an identified need *Multiagency partners within the Early Years Improvement Group*	wraparound childcare is available in every ASG where there is an identified need	Child Care and Early Years Teams monitoring requests for wraparound care and responding to any requests where this is not available within an Associated School Group.

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources	Indicators & Baseline info	Improvement/ Targets
To improve the help and support provided to children at an early stage	Children, young people and families' receive advice and guidance at an early stage to help them build on their own strengths and resilience.	Provide a 'one stop shop' to universal child/family support, to provide improved access to a range of services where parents and Carers will be able to access appropriate information and support quickly and simply without having to repeat their 'story' to several services. Through an agreed training strategy ensure staff have the specialist knowledge to support children more easily and can apply contemporary training within current frameworks / models including training on resilience, attachment and evaluating risks *Multiagency partners within the ASN and Early Years Improvement*	Methodology to be agreed	TBC

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources	Indicators & Baseline info	Improvement/ Targets
		Groups		
	Children and young people benefit from clear protocols and procedures which take account of best practice in information-sharing within and across services and the effective systems for recording observations and concerns about children and young people.	Develop a clear strategy for communicating with all staff working in the early years to keep them up to date with new developments, changes and expectations. *Multiagency partners within the Early Years Improvement Group*	Increase the number of children & families receiving a Self-Directed Support package Year on year there will be an increase in the number of integrated teams set around associated school groups	TBC
	Implement 600 hours/year flexible childcare and early learning	To be developed *Multiagency partners within the Early Years Improvement Group*		
Children are equipped with the skills, confidence and self-esteem to progress successfully in their learning and development.	Deliver a programme of school facility improvement to meet individual needs as they arise. Taking account of local	To be developed *Multiagency partners within the Early Years and Curriculum for Excellence Improvement Groups*		

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources	Indicators & Baseline info	Improvement/ Targets
	circumstances we will create a coherent 3 – 18 curriculum and support structure which ensures effective transitions. Improve processes and protocols that lead to streamlined planning, assessment and decision making to meet the needs of all learners.			
Children are protected from abuse, neglect or harm at home, at school and in the community.		Reduce the number of children (pre-birth to 8) referred to reporter on care and protection grounds *(n/a)* Reduce the number of children on the child protection register who have been registered previously. *Multiagency partners within the Child protection Improvement Group*		TBC

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources	Indicators & Baseline info	Improvement/ Targets
Children are physically active and experience healthy growth and development.		Alongside partners to improve access to existing spaces for play and increase the number of spaces for play *Multiagency partners within the Play Improvement Group*	Methodology to be established	TBC
To improve the involvement and participation of children, their families and stakeholders		Involve Children and Young people in decision making and planning and involve parents and professionals meaningfully in decision making and planning Ensure children are involved, engaged and included across service and policy development Ensure children and young people, parents and carers are represented across strategic commissioning groups Conduct a review of	Methodology to be established	TBC

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources	Indicators & Baseline info	Improvement/ Targets
		child's plans showing they are fit for purpose against the framework; Provide evidence that Child's Plans have the agreement of all partners. *Multiagency partners within the Early Years Improvement Group*		
Children thrive as a result of nurturing relationships and stable environments		Reduce numbers of children looked after away from home; Ensure fewer placement moves when children are looked after. Ensure 100% statutory health assessments are done within 4 weeks of becoming looked after Support looked after children develop personal interests and hobbies; *Multiagency partners*	Reduce the length of time it takes between LAC permanency decisions and matching increase the proportion of children who are Looked After at home increase in the number of children who need to live away from the family home, but can be supported in kinship care Increase the number of looked after children supported through the Family Firm scheme	TBC

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources	Indicators & Baseline info	Improvement/ Targets
		within the Looked After Children Improvement Group Work with partners to reduce the % of children in benefit dependent households	Fewer looked after children in out of authority placements	

5.5   The Performance Framework

5.5.1   A detailed performance measurement process, ranging from small tests of change, through to high level drivers and outcomes, is being developed as part of the work on the Early Years Collaborative.

5.5.2   The Performance Framework for Children's Services is under review and includes the critical strategic outcome measures, and these will be set out in detail within *For Highland's Children 4* to be published in 2013.

5.6   Resources

5.6.1   A significant proportion of the £50m resources for Health & Social Care is focussed on support and interventions for children and families in the Early Years. This will be supplemented by an additional £2m for preventative spend, over 2013/15, as set out in the Partnership Prevention Plan in section 11 below.

5.6.2   This expenditure includes £7.5m for universal health services for children, and £3.5m for family support and childcare.

5.6.3   The budget for early years education, across Council Services, is around £8m. This will be supplemented during 2014/15, to achieve the expansion of early education to 600 hours/year.

5.7   Engaging with partners and parents

5.7.1   Early Years services have a long tradition of effective engagement with partners and parents. The service plan for the next five years (For Highland's Children 4) has a number of outcomes which are designed to ensure that this practice is both maintained and enhanced. The outcomes aim to increase the extent to which local communities experience improvements in quality of life through enhanced participation and empowerment, increased capacity and confidence in services.

5.7.2   They are also intended to improve the extent to which communities participate in the planning and delivery of local services for children and families. They relate to how well the resources available within the community are put to best use and builds the capacity of all those involved. They have a focus on the extent to which there is public confidence in services for children and families.

5.7.3   The outcomes seek to improve the ways in which the views of children and those supporting them are sought and recorded and the ways in which they participate in key processes. They are designed to improve how well we elicit and represent the views and wishes of children, young people and families. They consider the extent to which children, young people and families are informed, included and enabled to participate meaningfully.

5.8   Links to other Plans

5.8.1   The following links provide further relevant information
  - The Early Years Framework -
    http://www.scotland.gov.uk/Publications/2009/01/13095148/5

- The Early Years Collaborative - http://www.scotland.gov.uk/Topics/People/Young-People/Early-Years-and-Family/early-years-collaborative
- The National Parenting Strategy - http://www.scotland.gov.uk/Publications/2012/10/4789
- Play Matters, The Highland Play Strategy - http://www.playhighland.co.uk/userfiles/file/documents/play-strategy-and-delivery-plan-final.pdf
- For Highland's Children 3 – http://forhighlandschildren.org/

6.   Safer and stronger communities and reducing reoffending

6.1   Introduction

6.1.1   During 2012 and 2013 Council, health, fire and police partners have worked together to produce the first Strategic Assessment for community safety in the Highlands. This will support the development of local plans for police and for fire and rescue services.

6.1.2   The strategic assessment has analysed a range of public protection and community safety issues for the Highlands drawing on:

- partners' evidence of the incidence of crimes, partner interventions and the demand for their service;
- the views of practitioners, communities and scrutiny bodies;
- reaching a partnership view on what works;
- identifying key issues and challenges for partners to address;
- developing a partnership understanding of how to work more preventatively; and
- agreeing how to work together to address patterns of inequality by considering who is more likely to be a victim of crime or a perpetrator of crime and to identify the most vulnerable communities.

6.1.3   The full Strategic Assessment will be published in the autumn 2013 to accompany further public engagement on local plans for police and fire. From the analysis, partnership action has been identified for several public protection and community safety themes which will be taken through specific joint operational plans, as listed in section 6.7 below.

6.1.4   In addition, by considering the range of public protection and community safety issues together and in this way, partners identified common themes across nearly all types of crime. These were:

- Alcohol misuse was 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
- Moving to more integrated partnership processes would produce better results and safer communities (especially given the success of reducing offending and reoffending among young people by adopting the partnership practice model (GIRFEC)).

Partners have committed to a new strategic focus and new concerted effort on these three priorities and these are included in the partnership delivery plan below.

6.1.5   In listening to public views on community safety the three main concerns are persistently about road safety, alcohol misuse and antisocial behaviour. These are addressed below and feature in the partnership delivery plan.

6.1.6   In developing equalities outcomes, partners have agreed shared outcomes to achieve in relation to hate incidents and crimes and violence against women. These are addressed in the partnership delivery plan.

6.1.7   **Highland Context**
         Overview of crime, community safety and re-offending

For all crimes recorded, Highland has the 7th highest number of all 32 community planning areas in Scotland and is ranked 15th for crimes per 10,000 of the population. In total 9827 crimes were recorded in 2011/12, excluding miscellaneous and road traffic offences. This number has reduced from 10,320 in 2009/10 (a 4.8% reduction in three years). Over the same period the detection rate has increased from 56.6% to 63.2%. This is significantly above the Scotland average of 49% over the same period. Based on the relatively low number of crimes per 10,000 of the population and the relatively higher detection rate, the Highlands generally are a safe place to be.

6.1.8   Most crimes recorded relate to crimes of dishonesty (Class 3 crimes), crimes of vandalism (Class 4) and other crimes including drugs offences and public order offences (Class 5) accounting for 40%, 28% and 26% of all Class 1-5 crimes respectively. Crimes against the person including murder, serious assault and robbery (Class 1) account for less than 4% of Class 1-5 crimes and numbered 332 in 2011/12. Crimes of indecency (Class 2) account for less than 2% of Class 1-5 crimes and numbered 191 in 2011/12.

6.1.9   Since 2009/10 the overall reduction in recorded crimes in Highland relate to fewer recorded crimes of dishonesty and vandalism. When compared with Scotland as a whole, Highland has a similar proportion of Class 1, Class 2, and Class 4 crime. In contrast, Highland has a higher proportion of Class 5 crime (30% compared to 22% nationally for other crimes including drugs offences and public order offences) and a lower proportion of Class 3 crime (39% compared to 49% nationally for crimes of dishonesty).

6.1.10   Fire safety
The number of dwelling house fires has fallen from 175 in 2007/8 to 148 in 2011/12. Common causes relate to cooking, electrical or appliance faults and conducted heat or smoking. The dwelling fires in 2011/12 were more likely to involve people with disabilities, older single people and people living in areas of deprivation. Smoking and drinking alcohol were also risk factors in some of these fires.

6.1.11   The number of secondary fires (those not involving casualties or rescues and attended by four or fewer fire engines) has fluctuated between 599 and 676 during 2007/8 to 2011/12. Of the 676 fires in 2011/12, 62% were grassland fires and 33% were for refuse or refuse container fires. A current focus is on addressing wildfires, affected by periods of warm, dry weather.

6.1.12   The number of deliberate fires set has fallen from 386 in 2007/8 to 361 in 2011/12. This anti-social behaviour can also be influenced by alcohol.

6.1.13   The number of fire casualties has fluctuated between 26 and 57 per annum over the period 2007/8 to 2011/12. Of the 50 casualties in 2011/12 there were 7 fatalities resulting from both road traffic collisions and dwelling house fires.

6.1.14 Reducing re-offending
The rate of reconvictions within one year has been falling steadily in Highland. The latest data for 2009/10 show that of the 1938 offenders in 2009/10, 26.9% were reconvicted within one year, a reduction from 33.4% in 2005/6. This rate is the second lowest of the five community planning partnerships within the Northern Community Justice Authority and below the Scottish figure of 31.7%.

6.1.15 Reduced youth offending
Over the past three years the number of recorded complaints about young people has decreased and the number of offences committed by young people has decreased. The average number of monthly offence-based referrals to the Scottish Children's Reporter Administration (SCRA) has decreased from 73 in 2010/11 to 45 in 2012/13. In 2010/11 the rate of children referred to SCRA on offence grounds was 29 per 1000 population compared to 35 per 1000 population for Scotland. The number of persistent young offenders has also fallen significantly (by 63%) from 98 in 2010/11 to 30 in 2011/12. As at April 2013 there were 7 persistent young offenders. Unlike central Scotland, there is no known gang activity and nor associated organised violence in the Highlands. The partnership's practice model (GIRFEC), supported by a range of diversionary activities has had a positive impact on reducing youth offending and reoffending.

6.1.16 Community views
The most recent results from public surveys[5] indicate that 96% of the Highland population rate their area within 15 minutes' walk of their home as very or fairly safe, an increase from 92/9% reported in 2010/11. Although comparisons can no longer be made nationally, other surveys show higher reporting of safety in the Highlands. For example:
- 76% of residents stated that they feel 'very/fairly safe' walking alone in the local neighbourhood after dark, compared to a Scottish average of 68%.
- 95% of Highlands & Islands respondents stated that they feel 'very/fairly safe' when at home alone at night, compared to a Scottish average of 94%.
(Scottish Crime and Justice Survey 2010/11)

6.1.17 Both Police and Council surveys show that consistently over time the Highland public identifies road safety, alcohol abuse and anti-social behaviour as their top three community safety concerns. Over 75% of adults are concerned about road safety, 65% are concerned about alcohol abuse (an increase from 51% in 2009) and over 61% are concerned about anti-social behaviour.

6.1.18 Alcohol misuse
Alcohol misuse is a cross-cutting issue which impacts significantly on

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[5] The Citizens' Panel response to the Council's annual survey of performance and attitudes in 2012 and the 2012 Northern Constabulary Community Consultation Survey.

community safety in Highland. During April – December 2012, there were 8,893 incidents reported to police in Highland that were marked as alcohol related. This is 11.8% of total incidents recorded during this period. It is likely that further incidents also involved alcohol however this is not always known or recorded. The volume incident types that are most likely to have an alcohol marker are incidents of; breach of the peace, drunk person, assault, and domestic abuse. Serious incidents such as domestic abuse, serious violent incidents, and sexual offence incidents, were more likely to involve alcohol (see details below).

6.1.19 During the last three years (2009/10 – 2011/12) incidents of drunk and incapable have decreased from 2,252 to 2,202 in Highland. Over the same period, incidents of underage drinking have declined by 41% in Highland, from 552 in 2009/10 to 325 in 2011/12. Levels are still too high.

6.1.20 Operation Respect was initiated in 2008 as a response to concern at a perceived increase in violence and disorder within Inverness City Centre. The operation has since been run over the festive period in successive years. During Operation Respect 2012, a total of 436 antisocial, violent, and dishonesty incidents were reported in Inverness City Centre. Of these, 243 were crimes, of which 208 (86%) were detected. The number of incidents recorded in 2012 increased by 13% in comparison with 2011, and 18.7% in comparison with the average for the previous 4 years. The top incident types for the past 3 years have remained virtually unchanged: breach of the peace, drugs, drunk person, and assault. 80 Fixed Penalties were issued in Inverness in December 2012 and 26 licensed premises checks were conducted in Inverness City Centre during the period of the Operation in 2012.

6.1.21 Alcohol-related hospital admission rates have fallen from 913 per 100,000 in 2006/7 to 673 per 100,000 in 2010/11, bringing it lower than the Scottish rate of 695 per 100,000. Over the same period alcohol-related deaths in Highland have fallen from 79 to 53.

6.1.22 Pupils aged 15 years self-reporting ever having an alcoholic drink has fallen from 88% in 2006 to 82% in 2010, but this is higher than the figure for Scotland at 77%. Those drinking alcohol on a weekly basis has fallen from 25% to 22% over the same period, but this is higher than the 20% self-reporting in Scotland as a whole. The number of young people aged 18 years and under admitted to hospital with a diagnosis of alcohol intoxication has increased from 122 in 2006/7 to 158 in 2011/12. Over this period, 753 young people have been admitted to hospital. This data may under-report alcohol-related hospital admissions.

6.1.23 Alcohol misuse is associated with crimes and offences as follows:
- It is a risk factor in dwelling fires, fire setting and related casualties;
- It contributes to a high proportion of crimes recorded; e.g. between April – December 2012 alcohol was recorded as being involved in 51% (686 incidents) of minor assaults in Highland, 65% of serious violent incidents (26 incidents relating to serious assault, attempted

murder or murder), 41% (665 incidents) of domestic abuse incidents, and 24.8% (33 incidents) of sexual offence incidents (with excess alcohol consumption leading to the increased vulnerability of victims);

- It affects noise complaints about neighbours and other forms of antisocial behaviour;
- It makes roads unsafe - more young drivers (aged 20-29 years) commit drink driving offences than other age groups, accounting for 90 of the 305 recorded in 2011/12;
- It is a risk factor for child protection - an audit of the child protection register in 2012 highlighted that in 60% of cases parental substance misuse (alcohol and drugs) was a risk factor for concerns about children;
- Alcohol abuse is the second greatest worry among the community and its perception of safety, with nearly two thirds of the adult population expressing this worry.

6.1.24   Antisocial behaviour
Antisocial behaviour (ASB) covers a range of crime and offences that cause concern in communities. It can mean different things to different people, but occurs in most communities in the Highlands although to differing degrees and depending on different levels of tolerance in communities. It can include:

- Assault
- Breaches of the peace
- Vandalism
- Youth offending
- Disturbance and noise incidents
- Drunk persons
- Fire raising
- Offensive weapons incidents.

Taking these types of incidents together (excluding vandalism), there were 16,712 reported in 2011/12, a reduction of 8.9% from 2010/11 when 18,346 were reported. However during this period increases were recorded in incidents of breach of the peace and noise nuisance.

6.1.25   In 2011/12 there were 4,984 reported incidents of breach of the peace, of which 1,691 were subsequently recorded as crimes. This is an increase on 2010/11 when there were 4,891 reported incidents, of which 1,523 were recorded as crimes. These figures highlight that a large proportion of incidents relate to low level, non criminal acts, such as individuals making noise, gathering in the street and other acts. However, while these incidents are low level, they are of concern to the individuals who feel the need to call the police to complain, and there is also the concern that, unless these incidents are dealt with correctly, they may escalate into more serious criminal behaviour. The Police beats with the highest incidence of breach of the peace in 2011/12 were Inverness city centre (275 offences), Wick (94) and Thurso (89).

6.1.26 Complaints to police about neighbour behaviour (mostly music and party noise) have increased by 70% from 1,789 calls in 2009/10 to 3,045 in 2011/12. Significant increases in the reports about neighbours occurred in Tain, Alness, Inverness Hilton/Milton and Inverness Crown. Alcohol consumption at home is often a contributory factor. Council and police partners target their intervention to those repeatedly reported by neighbours for noise nuisance through Operation Notebook and this has shown a decrease in the number of cases escalated for action.

6.1.27 While crimes of vandalism have decreased in the Highlands from 2010 to 2012, they accounted for 26% of all crimes in 2012 and contribute to perceptions of community safety. The police beats with the highest recorded vandalism offences in 2011/12 correspond with areas of multiple deprivation. The majority of perpetrators are male (85% in 2011/12) and are most likely to be aged 10-19 years (45% were in this cohort in 2011/12).

6.1.28 Many acts of antisocial behaviour do not become recorded crimes, but can be of significant concern to communities and neighbours. The Council's housing and property service, supported by its community wardens, intervened in 243 cases in 2011/12, with police involvement required for 50. This shows a higher proportion of escalated cases and police involvement that in the previous year when there were 247 cases but with police involvement in 30.

6.1.29 In 2011/12, 3 full ASBOs and 1 interim ASBO were granted in Highland. This has fallen each year from 10 in 2007/8. The reduction in ASBOs over the last two years is largely due to the introduction of the Scottish Government Preventions Framework in 2009. This, along with local policy changes, has ensured that ASB Investigators are involved at an earlier stage and that more preventative options are available in order to help modify behaviour.

6.1.30 Road safety
The road network in Highland is the most extensive of all community planning partnership areas, with several major arterial routes (A9, A82 and A96), a significant number of B routes and rural roads with different safety issues on each road. In 2011/12 there were 3,593 road collisions, which is a reduction on 2010/11 and 2009/10 when there were 3,690 and 4,115 collisions respectively. In 2011, 488 collisions resulted in an injury or fatality, compared to 475 in 2010. In 2011, 94 people were seriously injured and 16 killed. This is a decrease from 2010 when there were 105 people seriously injured and 26 fatalities. However the rate of fatalities is the highest in Scotland and three times higher than that for Scotland as a whole (12.9 per 100,000 in Highland compared to 4.4 per 100,000 for Scotland). In almost a third of Highland cases fatal road collisions involve motorcycles. Most fatalities are among young men.

6.1.31 Most collisions happen on rural roads and in the Inverness area where traffic volumes are higher, but collisions have decreased in all areas of

Highland other than in Lochaber and Skye. Road collisions are caused mostly by slippery roads (due to weather) and driver or rider error or reaction (failing to look properly or loss of control). Hazards on Highlands' rural roads include deer (estimated to be involved in at least 1000 collisions each year) and livestock and slower road users such as pedestrians and pedal cyclists.

6.1.32   The pattern of traffic offences in Highland shows:
- A high level of speeding offences – 3222 people charged in 2011/12 with 34% in the Badenoch and Strathspey area and 32% in the Inverness area. The top three beats are Daviot, Newtonmore and Kingussie (all on the A9).
- Dangerous driving and careless driving crimes have decreased between 2009/10 and 2011/12 but still feature in causing accidents. In 2011/12 183 drivers were charged with dangerous driving, nearly all were men and 43% were aged between 20 and 29 years. 420 drivers were charged with careless driving and over 80% were men. The largest number of offences was in Inverness and Caithness and Sutherland, with the top two beats in Wick and Nairn.
- There were 305 drink driving offences in 2011/12, a decrease from 395 in 2009/10. Unlike the pattern elsewhere in Scotland where drink drivers are more likely to be older men, in Highland they are more likely to be younger men and aged between 20 and 29 years (a total of 90 charged in 2011/12). The top three beats were Fort William, Aviemore and Thurso.
- In 2011/12, 29 drivers were charged with drug driving, nearly all were men. The top two beats were Aviemore and Thurso.
- Drivers aged between 20 and 29 years have the highest number of traffic offences recorded for dangerous driving, careless driving, drink driving and drug driving but of this age group the number of speeding offences committed were highest (675 out of 981 offences - 69% of all offences for this age group). Young people are also more likely to express their concern about road safety in the Highlands.
- Speeding cars was cited by 75% of adults as a concern in recent surveys.

6.2   Reducing inequalities
6.2.1   Some communities of place and of people are more vulnerable to crimes and less safe than others. This needs to be addressed by the partnership for the Highlands to be a fairer as well as safer place.

6.2.2   <u>Geographical patterns of recorded crimes</u>
Areas of concentrated multiple deprivation are identified through the Scottish Index of Multiple Deprivation (SIMD) which includes data on recorded crimes. There are 17 datazones in Highland that are among the 15% most deprived in Scotland (SIMD 2012). They are found mainly in parts of Inverness, Easter Ross and Wick. 8 out of these 17 most deprived datazones also feature in the top 17 datazones for crime in Highland. Indeed, two of the top three multiply deprived datazones are also in the top

three datazones for crime in Highland, namely Inverness Merkinch North and Wick Pultneytown South.

6.2.3   The Inverness Central and Longman datazone is ranked 3rd highest in Scotland for crime, but is ranked 479 in Scotland overall. This high ranking for crimes recorded arises from the number of crimes recorded from city centre activities, attracting people from outside the area, as a proportion of a relatively small resident population. It is also a feature of proactive policing at weekends particularly around licensed premises. Care is needed with such data to understand the context of crimes recorded and in considering solutions. Other localised factors affecting recorded crimes in the Highlands are annual festivals which are actively policed (e.g. RockNess and Belladrum music festivals).

6.2.4   As well as Inverness City Centre, areas of concentrated multiple deprivation are associated with higher incidence of recorded crimes, for example in 2011/12 the top three beats:
- for crimes against the person (murder, serious assault and robbery) were Inverness Merkinch, Alness and the City Centre;
- for crimes of indecency were Wick, Invergordon and Thurso;
- for crimes of dishonesty were Inverness Centre, Merkinch and Dalneigh;
- for crimes of vandalism were Inverness Merkinch and Inverness Hilton/Milton and Thurso (followed by Wick and Alness);
- for other crimes including drugs offences and public disorder were Inverness Centre, Foyers (RockNess) and Inverness Merkinch.

Perpetrators are more likely to be young men (aged up to 29 years). Alcohol is often a contributory factor to crimes recorded.

6.2.5   Other community safety issues in areas of deprivation include:
- people living in areas of deprivation are more vulnerable to dwelling fires; and
- those living in poverty are at increased risk of experiencing drug and alcohol problems and are more likely to come to the attention of public services (Highland Drug and Alcohol Partnership, 2013);

6.2.6   Public survey results do show a variance by area when questions about levels of worry in the community are asked. While the responses at ward level cannot be generalised to the adult population in the Ward (the response size is too small) it is worth noting that Wards with datazones in the 15% most deprived in Scotland tend to show far higher levels of worry about being a victim of crime. They also tend to be areas where public concerns about alcohol misuse are greater.

6.2.7   <u>Feelings of safety among different groups in the community</u>
The Council's survey of the Citizens' Panel (2012) showed that disabled people are more worried about being a victim of crime (57%) than the panel as a whole (42%). 48% of disabled people are worried about being attacked, assaulted or robbed in the street compared to 31% of those who

are not disabled. Providing more assurance and responding effectively to their concerns is required.

6.2.8   In the same survey, concerns about being a victim of attempted rape or other serious sexual assault were expressed by 14% of respondents; however 21% of female respondents expressed concerns. There is a notable 12% rise in concern in the community generally regarding violence against women compared to 2011.

6.2.9   Feedback from equality groups and from personal testimony in the Highlands shows that people with protected characteristics are subjected to abuse, bullying and offences because of their characteristics. Personal testimony from people in the Highlands with mental ill health, learning disability, ethnic minorities and from gay, lesbian, bisexual and transgender people tells of frequent harassment and verbal abuse, of threats and sometimes of physical attack. All of these actions cause harm and restrict the ability of people to take part in community life. Often people are reluctant to report such hate incidents.

6.2.10   Hate incidents and crimes
Noting that hate incidents tend to be under-reported, in 2011/12 in Highland there were reports of 106 race hate incidents, 2 disability hate incidents, 8 gender/sexual hate incidents, 2 religious/belief hate incidents and 5 other hate incidents. Of this total of 123, 82 were subsequently recorded as crimes. This shows an increase from 105 hate incidents reported in 2010/11, and 69 subsequently recorded as crimes. This increase could have arisen from greater confidence in reporting such incidents. Partners will take further steps to encourage the reporting of hate incidents and to ensure people reporting incidents feel they receive a good service.

6.2.11   Community attitudes to diversity
Part of the action to reduce hate incidents is to challenge any acceptance that 'it's just life or to be expected' and that there is no real problem. This includes whole population awareness raising. The Council's annual survey of the Citizens' Panel shows that when compared to attitudes in Scotland as a whole, attitudes in Highland tend to be slightly less positive about diversity. The latest survey results show that a significant minority of adults in Highland (30% in 2012) felt there was sometimes good reason to be prejudiced (compared to 28% for Scotland as a whole). Discriminatory attitudes were more likely to be expressed about Black and Asian people, lesbian and gay people, cross dressing people and gypsy travellers. However those knowing people with certain characteristics were less likely to express discriminatory views and in 2012 more adults (52%) would prefer to live in an area with lots of different kinds of people that where most people were similar to them (up from 47% in 2011).

6.2.12   Violence against women
Violence against women (VAW) is recognised as both a cause and a consequence of gender inequality. It can be physical, sexual, psychological and emotional. It takes many forms including domestic

abuse, rape, incest and child sexual abuse, sexual harassment and intimidation, commercial sexual exploitation including prostitution, pornography and trafficking, dowry related violence, female genital mutilation, forced and child marriages and 'honour' crimes. Research estimates that between 1 in 2 and 1 in 5 women will experience at least one form of such violence in her lifetime.

6.2.13 The number of domestic incidents reported has risen from 1622 in 2009/10 to 1966 in 2011/12. The number of domestic incidents resulting in a crime or crimes has increased over the same period from 786 to 882. 83% of the incidents related to violence against women. The number of repeat victims has also increased over this time, with nearly 62% of victims experiencing at least one incident in the past. The number of repeat offenders has also increased, with 29 offenders having 5 or more charges against them (27 were men and 2 were women).

6.2.14 There were 6 murders by domestic abuse perpetrators in 2010/11 and 2 murders in 2011/12. Most perpetrators were involved previously in a domestic incident and most victims are known to be at higher risk by the police. Between November 2012 and March 2013 in Inverness and Ross-shire, 59 people who were regarded as higher risk victims were referred for additional support (55 were women, 4 were men -some later found to be perpetrators- and 84 children were involved). 906 women received a service from Women's Aid in 2012.

6.2.15 Rape and sexual violence reported to the police has increased from 39 incidents in 2011 to 57 in 2012. The number for 2013 is expected to increase particularly from new disclosures about historical abuse. In 2012 44 rapes were reported to the crown by the police.

6.2.16 Crimes of indecency in Highland totalled 236 in 2011/12, similar to the number in 2009/10 (237), although there was an increase to 316 in 2010/11.

6.2.17 Data on commercial sexual exploitation e.g. prostitution, trafficking and lap dancing for Highland is limited.

6.2.18 As with hate crimes described above, most incidents are not reported. In addition, emotional and psychological abuse by a perpetrator may not constitute an offence. Most women seeking outreach support from Women's Aid report emotional/psychological abuse as the main reason. Women experiencing abuse are 15 times more likely to use alcohol and 9 times more likely to use drugs that women who are not.

6.2.19 Partnership Equality Outcomes
Long term equality outcomes for the Highlands were published in April 2013 and they include a commitment for partners to work together so that:
- People are, and feel, free to live their lives without harassment and discrimination, and can take part in community life;
- People benefit from public services in a fairer way and are able to

have their say about them.
The intermediate outcomes and performance framework for hate incidents and violence against women are shown on the partnership delivery plan below.

6.2.20   Other vulnerable groups
Historical fire incident data shows that people with disabilities, older single people and people living in areas of deprivation are more vulnerable to dwelling fires. The Fire Service approach to identifying high risk and vulnerable groups will be assisted by improved data sharing among partners.

6.2.21   Men and especially young men (aged 20-29 years) are far more likely to commit road traffic offences of dangerous, careless, drink and drug driving and with a high number of charges for speeding. They are also more likely to be seriously injured and killed in road traffic collisions.

6.2.22   Prevention
Nearly all community safety and public protection services emphasize prevention.   Prevention can be targeted to high risk groups e.g. fire prevention targeting identified high risk areas and vulnerable people through, home safety fire visits, fire safety audits of premises providing sleeping accommodation and use of enforcement notices, and a range of educational and diversionary programmes such as Hi-Fires work experience programme, Firesetters intervention scheme and Safe Highlanders events. Prevention can also be whole population based e.g. in challenging acceptance of hate incidents, promoting diversity and fostering good relations among different groups in the community, raising awareness of the impact of hate incidents and in promoting healthier and fairer gender relationships. Specific preventative approaches will be contained in the joint operational plans supporting the Single Outcome Agreement and as listed insection6.7 below and some are included in the delivery plan below.

6.3   Outcomes and priorities
6.3.1   Partnership outcomes and priorities are drawn from:
   • The partnership Strategic assessment – focussing on reducing alcohol misuse, making areas of multiple deprivation safer and doing this through more integrated ways of working;
   • Feedback from the public – with a focus on road safety, alcohol misuse and antisocial behaviour; and
   • Published partnership equality outcomes relating to hate incidents and violence against women.
These are shown on the partnership delivery plan at Table 12 below.

6.3.2   Developing further integrated ways of working are a means to making the Highlands a safer and fairer place and making better use of public resources. Partners have identified the following improvement areas for working together better:
   1. More data sharing to identify people vulnerable to dwelling fires;
   2. Identifying alcohol misusers who are at high risk of offending and

having a process for supporting them akin to the process for supporting children and young people (the practice model developed for GIRFEC);

3. Extending Operation Notebook to cover not only noise complaints but also ASB and disorder incidents and to include other partners;

4. The Operation Notebook 2 calls per month trigger to be used more widely than noise nuisance for partnership intervention in other aspects of community safety where it does not currently apply.

5. Establishing a multiagency task force for repeat offenders of sexual assault and rape.

6. Establish a partnership sharing information group for serious and organised crime.

7. Establish a scrutiny panel to learn from and to improve the partnership responses to hate incidents.

8. Ensure the review of community planning in 2013 includes the establishment of a partnership Antisocial Behaviour Group and for it, the road safety group and the hate incidents group to be linked in to the Safer Highland Group and for governance to be reviewed;

9. To review the data support required for the Safer Highland Partnership Group and to plan how to fill the data gaps identified in the Strategic Assessment.

10. As part of the review of community planning, the Safer Highland Partnership Group will review how to improve engagement with partner organisations and their staff, with third sector community safety bodies and with the general public.

6.4 Table 12: Plan for the delivery of outcomes

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners	Indicators & Baseline info	Improvement/ Targets
Communities and individuals are safe from alcohol related offending and antisocial behaviour	Reduction in the number of alcohol related fires	Improve data on alcohol related fires	Reduce the rate of fire fatalities and casualties per million population by 5% a year based on the previous 3 year rolling average (rolling average of 25 incidents over 2009-2012)	Decrease below 25 alcohol related fires
		Delivering home fire safety visit preventative programmes Increase referrals to	3600 home fire safety visits (HFSV) delivered in 2012/13	4000 HFSV to be delivered 0n 2013/14
		Increase referrals to SFRS from partners and improve data sharing to prevent fires	Data currently shared through the Health Homes for Highland programme	Increased data sharing across the CPP
	Reduction in the number of alcohol related crimes	Improve data on alcohol related crimes	11.8% of incidents reported to police were marked as alcohol related between April-December 2012 (8,893 incidents)	Decrease but NB data reliability issue.
		Identify misusers who are at high risk of offending and have a process for adults akin to GIRFEC. Operation Respect		Date for new process TBI

6.4 Table 12: Plan for the delivery of outcomes

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners	Indicators & Baseline info	Improvement/ Targets
	Meet targets for delivery of alcohol brief interventions (ABIs)	Highland Alcohol and Drug Partnership (HADP)	4640 ABIs in 2011/12 2736 ABIs in 2012/13 (target)	Standard to be maintained
	Meet targets for drug and alcohol treatment waiting time	HADP	90% clients wait no longer than 3 weeks from referral to treatment that supports their recovery 2012/13 target	Sustain standard of 90%
	Evidence used to inform licensing policy	Supply evidence to Licensing Board for policy on over-provision	Self-assessment of impact on information provided to Licensing Board – process to be agreed.	
Areas with most multiple deprivation (SIMD 2012) become safer and are felt to be safer	Engagement with communities in order to understand their needs and concerns.	A new partnership focus on areas of deprivation. Linked to community health coordinator role in four communities (Merkinch, Wick, parts of Easter Ross and Fort William).	Partnership approach agreed Levels of crime in identified deprived communities Fear of crime in identified deprived communities	By April 2014 Decrease Decrease
Improve road safety	Reduce Road Traffic Accidents (RTAs)	Targeted action for young (and male) drivers TBC Targeted action for motor cyclists.	RTAs – seriously injured children (2004-08 average of 12) RTAs – child fatalities (2004-08 average of 2) RTAs – total fatalities (2004-08 average	Decrease Decrease

6.4 Table 12: Plan for the delivery of outcomes

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners	Indicators & Baseline info	Improvement/ Targets
		Targeted action for accident hotspots and beats with highest number of road traffic offences	of 28) RTAs – total number of people seriously injured (2004-08 average of 160)	Decrease Decrease
	Reduce the level of concern in communities about speeding cars		% concerned about speeding cars 75% in 2012 (Citizen Panel Survey)	Decrease
Reduce anti-Social behaviour	Reduction in fire related antisocial behaviour		Reduce the number of deliberate fires reported (rolling average of 333 incidents over 2009-2012)	Decrease below 333 fires
	Sustain fire prevention programmes	SFRS Community Safety Advocate delivered Firesetter Programme	Increase number of targeted Firesetters programmes	Increase
	Continued reduction in ASB incidents recorded	Deliver HI-Fires Youth Engagement Programme	Increase no. of HI-Fires programmes delivered (funding dependant) 18,346 incidents recorded in 2010/11 16,712 incidents recorded in 2011/12	Increase
	Reduction in no. of breach of the peace offences		4,984 incidents, of which 1,691 were crimes in 2011/12. 4,891 incidents, of which 1,523 were crimes in 2010/11.	Decrease
	Reduction in no. of breach of the peace offences in the top 3		Inverness centre – 275 in 2011/12	Decrease

6.4 Table 12: Plan for the delivery of outcomes

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners	Indicators & Baseline info	Improvement/ Targets
	beats	Operation Notebook – Police and Council	Wick – 94 in 2011/12 Thurso – 89 in 2011/12	
	Reduction in the number of households escalated to stage 3 for noisy behaviour through Operation Notebook	ASB recording facility within the Housing Information System. Survey design.	102 households in 2009/10 39 households in 2010/11 50 households 2011/12	Decrease
	Continued reduction in crimes of vandalism		2993 crimes in 2010 2838 in 2011 2297 in 2012	Decrease
	Increase in % of Council house tenants reporting satisfaction with antisocial behaviour complaints		Baseline set in 2013 as part of Scottish Housing Charter	Increase
	Increase the number of ASB cases resolved (that are reported to the Highland Council's Housing Service)		No. of cases of ASB reported in the last year No. of cases resolved in the last year No. of cases resolved within locally agreed targets in the last year. Baselines to be set as part of Scottish Housing Charter in 2013.	Increase
Equality outcomes	Hate incidents • The population of Highland		• Base-line from HC survey of performance and attitudes 2013	Increase

6.4 Table 12: Plan for the delivery of outcomes

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners	Indicators & Baseline info	Improvement/ Targets
People are, and feel, free to live their lives without harassment and discrimination, and can take part in community life.	have an increased understanding of hate incidents and of their impact on individuals and communities. • People feel more confident in reporting hate incidents that they have experienced or witnessed. • People who report hate incidents feel satisfied with the response received from public agencies. • Individuals within protected groups feel safe and secure within their local community.	Encourage reporting Hate Free Highland website Increase number and capacity of third party reporting organisations Establish scrutiny panel in 2013. Produce DVD for staff on awareness raising on adult protection issues (NHSH lead)	(available Sept 2013) • No. of hate incidents - 105 in 2010/11, 123 in 2011/12 • No. of hate crimes reported - 69 in 2010/11, 82 in 2011/12 • No. of hate incident reports made through third parties • New survey work to begin in late 2013 • Increase the detection rate for 'racially aggravated' crimes – 74.4% in 2010/11, 93.5% in 2011/12 • New data to be collated for base-line – may be qualitative • Fear of crime amongst people with disabilities compared to	 Increase Increase Increase Reduce the gap
People benefit from public services in a fairer way and are able to have their say about them.				

6.4 Table 12: Plan for the delivery of outcomes

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners	Indicators & Baseline info	Improvement/ Targets
			others	
			Highland Council Citizens' Panel surveys: 57% disabled people are worried about being a victim of crime compared to 42% of all panel members. 48% of disabled people are worried about being attacked, assaulted or robbed in the street compared to 31% of those who are not disabled.	
			The % of adults who feel there is sometimes good reason to be prejudiced. 33% in 2011, 30% in 2012.	Reduce
			The % of adults who would prefer to live in an area with lots of different kinds of people. 47% in 2011, 52% in 2012.	Increase
	Violence against women Violence Against Women is Reduced • Perpetrators are tackled about their behaviour • Reduced acceptance of	Police Domestic Abuse Investigation Team Women's Aid Roll out of MARAC programme for higher	Repeat victimisation of domestic abuse (police, MARAC and perpetrator programme stats) base-line TBC Repeat perpetration of domestic abuse (police, MARAC and perpetrator	Reduce Reduce

6.4 Table 12: Plan for the delivery of outcomes

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners	Indicators & Baseline info	Improvement/ Targets
	VAW • There are healthier gender relationships The long term impact of Violence Against Women (VAW) on women and children is reduced • Women affected by VAW receive services which meet their needs • Children and Young People affected by VAW receive services which meet their needs	risk victims Programme to address perpetrator behaviour Establish a Highland Crisis Centre for Victims of rape and domestic abuse Develop a multi-agency task force for repeat offenders of sexual assault and rape	programme stats) base-line TBC Repeat perpetration of rape/sexual assault base-line TBC Increased detections for Class 2 crime Scottish attitudes to VAW show reduced levels of acceptance (SG data) No. of women, children and young people feeling supported by the services they have used (VAW survey, Womens' Aid surveys, MARAC case sample data) Additional performance indicators are expected from Police Scotland on e.g. levels of domestic abuse, detections, multiagency interventions, protection and prevention orders. These will be adopted in the partnership once confirmed.	 Reduce Increase Reduce Increase

6.4 Table 12: Plan for the delivery of outcomes

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners	Indicators & Baseline info	Improvement/ Targets
Highland becomes even safer	Recorded crimes and offences committed continue to decrease		Rate of recorded crimes and offences per 10,000 population 2011/12 – 525 2010/11 – 526 2009/10 – 550	Decrease
	Detection rates continue to increase		Detection rate 2011/12 – 66% 2010/11 – 62% 2009/10 – 61%	Increase
	At least sustain the % of people feeling safe in their community		96% of the population rate their area within 15 minutes' walk of their home as very or fairly safe (Council Survey of Citizens' Panel 2012).	At least sustain
			76% of Highland residents state that they feel 'very/fairly safe' walking alone in the local neighbourhood after dark, compared to a Scottish average of 68%. (Scottish Crime and Justice Survey 2010/11)	At least sustain
	Reduce the number of accidental fires in the home	Fire safety advice and education provided and smoke detectors tested and/or fitted where appropriate	Base-line: 175 dwelling fires in 2007/8. 148 in 2011/12. 3400 HFSV delivered 2012/13	Decrease 20% increase in HFSV to 4000 2013/14

6.5   Resources

6.5.1   Partnership resources are quantified to date for:

- Drug and alcohol funding. In total for 2012/12 they amount to £6.76m comprising £2.4m of ring-fenced funding, £1.95m of core NHSH funding and £2.39m of Highland Council funding.
- Antisocial behaviour investigators, community wardens, community safety advocates and ASB police constable post (£325k annual Council resource – police resource TBC).
- Violence Against Women - Women's Aid, £704,987 of Council resources and £675,867 of Scottish Government resources in 2011/12. Partnership MARAC budget of £60k (£20k each from Council, NHSH and Police). Rape and abuse line £21k from Council and NHSH. £46.5k from Council for dedicated staff.

6.6   Engaging partners and communities

6.6.1   The partnership Strategic Assessment has built on the partnership working across several community safety groups involving police, fire, health, Council and SSCRA partners. It has highlighted new priorities for the partnership leadership for community safety. In the summer of 2013 a review of community planning arrangements will be carried out to ensure:

- All relevant strands of community safety and public protection are covered;
- The right routes for governance are identified;
- The balance between Highland approaches and local issues is right;
- Public service reform is supported.

6.6.2   During 2012/13 new methods of engaging local elected members and communities with the new national services for police and fire were trialled through the Government's pathfinder Project. This led to the establishment of a new Council Community Safety, Public Engagement and Equalities (CPE) Committee. The operation of the Committee in its first year has given rise to areas of good practice recognised by the Pathfinder Project and in the early inspection work of HMICS. The Committee will continue to improve and learn from practice elsewhere. Future inspection activity will focus on the engagement around the development of local plans for police and fire from early 2014.

6.6.3   A range of methods are used to consult with the general public. Methods include surveys of the Council's Citizens' Panel on community safety issues, surveys of a random sample of the population by the Police, discussing community safety issues at Ward Forums and through Police engagement with Community Councils (156 in Highland). The development of Ward Policing Plans (x22) has benefitted from local engagement with elected members and from the issues raised by Community Councils and Ward Forums.

6.6.4   Engaging with young people is arranged through discussions with Highland Youth Voice (the elected body of young people through schools), visits to schools by emergency services and through the curriculum on being a responsible citizen. The Highland Children's Forum has also consulted with

young people 'At the edge of exclusion' who had involvement with criminal and youth justice systems, those receiving intensive support and supported by third sector agencies. This identified new actions, especially around transition periods.

6.6.5   Engagement with people more vulnerable to crimes and offences is supported through meetings with equality groups in the Highlands including testimony sessions held in private following the CPE Committee meetings. The Police also facilitate a Community Advisory Group to gauge views from people with protected characteristics.

6.6.6   With a new focus for the partnership on making areas of multiple deprivation safer, partners will consider the approach required and link with the community health work being tested with communities in four areas of multiple deprivation. Partners have identified lessons from Edinburgh in their approach to understanding what matters to people who are usually harder to reach through their street surveys of community safety.

6.6.7   Community safety is supported in the Highlands through third sector response bodies including Mountain Rescue and the RNLI. In addition, much diversionary activity is undertaken by third sector groups. Formal links with the third sector will be established through the community planning review in 2013.

6.6.8   As noted above as part of the review of community planning, the Safer Highland Partnership Group will review how to improve engagement with partner organisations and their staff, with third sector community safety bodies and with the general public.

6.7   Linkages to other plans
6.7.1   The following plans support the partnership to make the Highlands a safer and fairer place:
- Published partnership equalities outcomes
- Local Interim Police Plan 2012/13
- Local Interim Fire Plan 2012/13
- Fire and Rescue Service Framework Document 2013 http://www.scotland.gov.uk/Resource/0040/00408831.pdf
- Prevention and Protection Departmental (Fire) Plan 2013/14
- Mountain safety guidance (being refreshed in 2013)
- NCJA Area Plan 2011 – 14 and NCJA Annual Action Plan 2013 – 14, see www.northerncja.org.uk/Area-Action-Plans
- The Youth Justice Improvement plan is under revision. A link will be provided as soon as the plan is agreed. The revised plan will form part of the new For Highlands Children service plan.
- Alcohol Brief Intervention HEAT Standard 2012/13 http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance/alcoholbriefinterventionsStandard
- Drug and Alcohol Treatment Waiting Times HEAT Target http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance/drugandalcoholwaitingtime

- Highland Alcohol and Drug Partnership (HDAP) local delivery plan http://www.highlandadp.org.uk/userfiles/file/Strategy%20Framework%20and%20Action%20Plan/Highland%20ADP%20Local%20Delivery%20Plan%202012%20-%2015%5B1%5D.pdf
- HADP annual report 2012 http://www.highlandadp.org.uk/userfiles/file/Strategy%20Framework%20and%20Action%20Plan/Highland%20ADP%20Annual%20Report%20June%202012%5B1%5D.pdf
- The HADP Strategy http://www.highland-dp.org.uk/userfiles/file/Local%20Reports/Microsoft%20Word%20-%20ADP%20Strategy%202011.pdf
- The Highland Council and Northern Constabulary Antisocial Behaviour Strategy, Multi Agency Operational Protocol and Antisocial Behaviour Booklet. The Highland Council also have an Antisocial Behaviour Policy and Charter. All can be found at: http://www.highland.gov.uk/livinghere/housing/anti-socialbehaviourandneighbourhood/
- Northern Constabulary has a Force Reference Document that sets out the methods used to work with local authorities when dealing with issues relating to antisocial behaviour. See: http://www.northern.police.uk/Downloads/Force-Reference-Documents/FRD-A16.pdf
- A Hate Incident campaign http://www.hatefreehighland.org/ has been developed to make reporting easier and record all hate incidents.
- For Highland's Children 4 – due to be published in 2013.
- Highland Violence Against Women Multi-Agency Guidance
- Supporting Adult Survivors of Child Sexual Abuse (on NHS Highland intranet)
- NHS Highland Policy for Supporting Staff Experiencing Gender Based Violence (on NHS Highland intranet) – The Highland Council has adopted a similar policy
- MARAC (on NHS Highland intranet)
- National guidance for responding to Forced Marriage is also applicable to staff in Highland
- Management of Offenders etc. (Scotland) Act 2005. – Definition of Act
- http://www.scotland.gov.uk/Publications/2012/01/12094716/0 - MAPPA Guidance
- http://www.scotland.gov.uk/Topics/Built-Environment/Housing/16342/management/highrisk/sexoffenders - National accommodation Strategy

7.   Health inequalities and physical activity

7.1   <u>Introduction and Highland Context – health inequalities</u>

7.1.1   Partnership action to tackle health inequalities will contribute to the following national outcomes: 2, 4, 5, 6, 7, 8, 11, 13 and 16.

7.1.2   Differences and inequalities in the conditions in which people are born, grow, live and work lead to the development of health inequalities. The fundamental causes of health inequalities are the socio-economic inequalities in society i.e. inequalities in income, wealth and power. They are rooted in the complex interactions between social, economic, educational and environmental issues. The distribution of wealth, income and power in our communities explain the health inequalities in our population. This can include the access that different population groups have to positive assets (strengths) and influences and the differential exposure to things that could reduce the chances of a longer, healthier life. It must be emphasised that if health inequalities result from social inequalities, action to reduce health inequalities requires action across the social determinants of health.

7.1.3   <u>Highland Context</u>
Like the rest of Scotland, the health of people living in Highland is improving. However, not everyone is reaping the benefits of these improvements and health outcomes are unequally distributed across Highland. While health has improved over time it has improved more rapidly in some areas than others. Across Highland there are groups of people whose experiences of good health are significantly worse than others and the health gap between the most affluent and most deprived areas has widened *(DPH Annual report 2011).* People in lower socio-economic groups are more likely to experience ill-health, spend longer periods of their lives suffering as a result of illness or disability and die earlier than people who are more advantaged. *(DPH Annual report).*

7.1.4   The gap in health inequalities has increased over time. Life expectancy for both males and females is increasing in Highland. However the inequalities gap for life expectancy has grown between the most and least deprived areas of Highland. Between 2003 and 2007 areas among the most deprived have gained just over one year of life expectancy while the least deprived have gained about four years. In the period 1994-98 the difference was 5.2 years and in 2003-09 it was 7.1 years. Currently the absolute gap in life expectancy at birth between those living in the most deprived and least deprived areas in Highland is 14 years and around 13 more people die each year in each of the most deprived areas compared to the least deprived areas.

7.1.5   All cause mortality rates have consistently fallen in recent years in Highland. However rates are twice as high in more deprived areas and the gap between the least and most deprived areas has increased over the period 1996 to 2009. The social gradient for emergency admissions to

hospital is well known and is often used as an indicator to monitor the success of prevention and treatment outside of hospital. There is an assumption that emergency admissions can be avoided if local systems are put in place to identify those at risk and to target service, particularly Primary and Social care. Between 1997 and 2009 there has been little change in standardised hospital emergency admission rates and the gap in inequalities has also remained constant.

7.1.6   Revascularisation rates (Coronary Artery Bypass Grafts and Coronary Angioplasties) have increase in line with national trends since 2001. Rates have remained fairly stable over the past five years but demonstrate a higher rate of intervention in more deprived areas of Highland. Deprived populations are known to have higher rates of deaths from coronary heart disease than more affluent areas and it is unclear whether the higher rates of revascularisation in deprived areas is enough to meet the needs created by the increased levels of disease in those areas.

7.1.7   Screening uptake is known to be influenced by socioeconomic deprivation and evidence suggests that people from lower socio-economic groups have their cancer diagnosed at a later stage which affects subsequent treatment options and survival rates. While only a few areas fall below the minimum national standard for uptake of screening, there are specific areas that consistently exhibit rates 70% below the national standard. Highland data?

7.1.8   Poverty is one of the biggest issues for health inequalities. With increases in unemployment, lower wages, changes to the welfare system, rising fuel prices, public sector funding constraints and economically fragile areas, the number of people affected by poverty and financial hardship is growing. The challenges faced in making ends meet in a rural area are further complicated by higher costs of living. Research will be reported in 2013 to quantify the additional income required for living at an acceptable standard in rural and remote areas. Supporting people to maximise their income and reduce costs, particularly in relation to changes to the welfare system, will be a key commitment in the coming years.

7.1.9   Section 4 above on the CPP approach to employment highlights that work is good for health and that people in employment generally have better health outcomes than those not in work.

7.1.10 There is no definitive source of information on disabled people at local area level and there are issues with defining disability. However numbers claiming incapacity benefit/severe disability allowance can provide a proxy measure of levels of disability in communities and provide an outline of the socio-economic disadvantage of those not in work as a result of mental or physical incapacity. Unemployment rates are known to be higher among disabled group. This may reflect discrimination given that surveys have shown that most people with long term physical and mental illness want to work. The gradient between income deprivation and disability rates at local level is very marked with the most deprived areas showing up to four times as many people claiming disability related benefits compared to the overall

population of Highland.

7.1.11 Section 4 above on employability highlights:
- that changes to the welfare system will affect the number of people claiming incapacity benefit/severe disability allowance and this will affect trend data when using this as a proxy measure of levels of disability in Highland; and
- that the CPP will improve equality of access to the labour market for all client groups, including disabled people.

7.1.12 People at risk of homelessness can experience a range of multiple and complex needs for example poor mental and physical health, substance misuse, poverty, social exclusion and issues around employability. These can all cause homelessness or be exacerbated by homelessness. People in temporary accommodation and groups such as formerly looked after and accommodated young people are particularly at risk of homelessness. Work to prevent first time homelessness and repeat homelessness will be a key part of our work to tackle health inequalities. Key points to highlight are:
- A reduction in homeless presentations is expected. During 2012/13 there were 1,001 applications, a reduction of 22% on the previous year.

- The majority of homeless households are single people (64%) or single parents (20%), with 38% people aged 25 or under. The number of actual homeless households has reduced by 29% in the last year, and at the end of 2012/13 totalled 750 households.

- The Council has abolished the test of Priority Need in assessing homelessness applications, and all unintentionally homeless households have the right to an offer of settled accommodation.

- The lack of available settled accommodation often results in households staying in temporary accommodation. Average case durations remain high at 48 weeks; however this is a reduction of 5 weeks compared to the previous year.

- The Council's Homeless Prevention team is continuing to help many households access appropriate housing without becoming homeless. In 2012/13 the team have assisted 1,675 people, and prevented homelessness in 69% of cases.

7.1.13 In determining what will help the CPP to reduce health inequalities in Highland, it needs a clear understanding of where to target its efforts and what interventions are likely to have the most impact. In doing this the CPP will consider whether its interventions work to improve health **or** to reduce health inequalities. It will be mindful of the need to provide more intensive and targeted interventions with more disadvantaged groups and communities than more advantaged groups and communities. It will consider the levers available to use in terms of tackling the underlying

socio-economic inequalities in income, wealth and power and build on what it is already doing or look at where it needs to do things differently.

7.2   Prevention and reducing inequalities
7.2.1   The ways in which the determinants of health such as income, employment, housing, transport and social networks are distributed within Highland explain the inequalities in our population.

7.2.2   Public services in Highland can make an important contribution to reducing health inequalities. The CPP's aim is to build on work that will further shift the balance from crisis management to early intervention and prevention. Providing services in proportion to need are likely to help the CPP reduce health inequalities, bringing immediate benefit to individuals, families and communities and saving costs in later life. Building on the resources that individuals, families and communities have to improve health will be important, but those facing the greatest challenges, who often find it most difficult to bring together the resources needed, require the most consideration. It is important that we not only target the worst off in terms of health and social outcomes, but also make sure that we reduce the gap between socio-economic groups and reduce inequalities across our population in Highland.

7.2.3   Most CPP partners have a duty from the Equality Act (2010) to publish equality outcomes. Equality outcomes need to demonstrate that public bodies understand the needs of people with protected characteristics[6] and to articulate the action that needs to be taken to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.

7.2.4   While each partner in the CPP that has this duty will publish the equality outcomes for their organisation in April 2013, the CPP has identified three longer term outcomes to work together on and some intermediate outcomes where responsibility is shared as they need partnership action.

7.2.5   The longer term outcomes are:
1. People are, and feel, free to live their lives without harassment and discrimination, and can take part in community life;
2. People benefit from public services in a fairer way and are able to have their say about them;
3. Staff feel there is an organisational culture where everyone is treated with dignity and respect (this outcome is tailored by each partner but it relates to duties on public bodies as employers).

7.2.6   Intermediate/shorter term partnership equality outcomes relate to hate incidents (covering all protected characteristics), violence against women (covering gender) and employability (covering disability, age and gender).

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[6] The duty covers the following protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The public sector equality duty also covers marriage and civil partnerships, with regard to eliminating unlawful discrimination, harassment and victimisation in employment.

They are included in the Sections above on Safer and stronger Communities and Employment.

7.2.7   The partnership will work to reduce the gap by improving processes as follows:

- applying our knowledge of community profiles, SIMD, health and social care outcomes, ethnicity etc to identify high risk groups and communities;
- understanding the risks and impact of social circumstances and the wider determinants of health and planning our services with the explicit aim of reducing inequalities;
- engaging with and involving those at high risk in decision making as well as those at low risk;
- increasing uptake of existing services and where applicable mainstream redesign of services to have a greater focus on high risk groups, providing intensity of service that is proportionate to disadvantage and paying particular attention to equality aspects in relation to the protected characteristics set out in the Equality Act 2010;
- monitoring the differences between high and low risk groups/communities;
- equalising service access and outcomes across the socio-economic spectrum using methods such as inequalities impact assessment, equity audits etc;
- developing inequalities sensitive practice;
- building on community assets and community capacity using methods such as co-production and community development;
- improving integrated working at local level, including in relation to Data/knowledge, use of resources etc

Partnership equality outcomes are set out in section 10 below.

7.2.8   The high risk geographical communities to target partnership interventions are those areas where there is greatest concentration of multiple deprivation. Based on the Scottish Index of Multiple Deprivation, the Highland communities which have been amongst the 15% most deprived in Scotland are: the Merkinch and South Kessock areas of Inverness; Wick; some communities in Easter Ross (parts of Alness, Invergordon and the Seaboard villages); and part of Fort William. The CPP has begun a review of how to target partnership interventions more effectively in these communities.

7.2.9   However, given the dispersed settlement pattern in the Highlands deprivation is more dispersed. 85% of the income deprived population lives outwith the areas above. Considering the 15% most deprived datazones in Highland using SIMD includes some rural as well as urban communities. They are listed in Appendix 1 and will be considered by the CPP.

7.2.10 Preventing health inequalities in Highland will involve the CPP taking the following action:

- Targeting preventative spending – see the Partnership Prevention

Plan in Section 11 below;
- Influencing and improving early childhood – see the section above on the partnership approach to early years;
- Community development and engagement;
- Reducing poverty by:
  - Supporting people to maximise their income and reduce costs, including action to help those affected negatively by welfare reform
  - Effective economic development and supporting more people into employment – see Section 4 on employability above.
- Improving workplace health to reduce sickness absence and increase productivity;
- Preventing homelessness and dealing with insecure housing;
- Targeting communities and individuals most at risk from fire in the home;
- Planning and evaluating public services with the needs of people with protected characteristics in mind and engaging with equality groups to advance our work on reducing discrimination;
- Targeting partnership activity to reduce health inequalities in areas of concentrated multiple deprivation in the Highlands.

7.3 The plan to reduce health inequalities

7.3.1 The CPP Plan to reduce health inequalities covers the following areas:
1. Early years – see also Section 6 above
2. Poverty and deprivation
3. Health and wellbeing
4. Organisational – partnership working arrangements
5. Equalities duties
6. Geographical equalities

7.3.2 In the absence of national indicators to monitor progress in reducing health inequalities the Highland CPP is committed to developing a local suite of indicators to assess its performance in reducing health inequalities, including those identified within the national menu of local outcome indicators. This work is in the developmental stage but initially the following indicators will be used to report progress on reducing health inequalities to the CPP Board. Indicators will be measured across the social gradient to ensure that we are focused on reducing the gap between the most and least deprived. Other indicators outlined in the tables below will be considered in the coming year but are provided to illustrate the kind of information that will be used to assess our progress on reducing health inequalities.
- Percentage of babies with a healthy birth weight
- Percentage of children in P1 with no obvious dental decay experience
- Percentage of new born children exclusively breastfed at 6-8 weeks
- Percentage of children with a healthy weight in primary 1
- Number of persons killed or seriously injured in road accidents
- Life expectancy at birth

- All cause mortality
- Percentage of adult population who smoke
- Mortality rates per 100,000 for people aged under 75
- Emergency hospital admissions per 100,000 population
- Rate of alcohol related hospital admissions per 100,000 population
- Breast screening rates

7.4 Table 13: Delivery plan for health inequalities

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
Early Years - Reduce inequalities by achieving the stretch aims of the early year collaborative in the three key areas – minus 9 months to plus 1 year, 2 years to 3 years and 4 years to 6 years.	Reduce the variation of uptake of healthy start between the most and least deprived Ensure year on year uptake/participation of parenting interventions at 3 and 4 years old. Demonstrate improvements through targeted intervention and activity across the three EYC workstreams. Establish a system fit for purpose for healthy start and parenting Achieve stretch aim of 75% of eligible teenagers enrolled in the programme for the FNP	All staff across the range of integrated children's services involved in children and young people's lives Establish work programmes for the EYC work streams with related consideration of small tests of change and PDSA cycles/run charts.	Uptake of healthy start Uptake of parenting Increase the number of parents accessing parenting groups and programmes Achievement of stretch aims within FNP Breastfeeding rates across birth to 6-8 weeks by social gradient. Percentage of low birth weight babies by social gradient. Immunisation uptake by social gradient Percentage of children in primary 1 with no obvious dental decay experience Allocation of health plan indicator at 27 to 30 months BMI by social gradient in P1 Low birth weight by social gradient	

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
			small tests of change and PDSA cycles/run charts	
Poverty & Disadvantage: Reduce fuel poverty Reduce the number and % of working age population unemployed and living in Highland in the 15% most deprived data zones in Scotland Increased number of people in areas of deprivation engaged in activities that strengthen the skills and confidence of those communities to take effective action on community issues. Reduce the number of fires in the home.	Increase the number of low income households taking up income maximisation and energy efficiency advice Improve access to good jobs across the social gradient and make it easier for people who are disadvantaged in the labour market to obtain and keep work – agree with employability partnership how to do this. Increase the number and % of people supported into employment in Highland in the 15% most deprived data zones. – Agree with employability partnership how to do this. Develop capacity to deliver community development approaches in the 4 geographical areas prioritised by the	All staff across the range of services for income maximisation, economic development, housing, community development employability and fire safety. Preventative spend funding	% of income spent on fuel in most and least deprived data zones Benefit uptake Median income in most and least deprived data zones Uptake of Healthy Highland Homes initiative. Unemployment rate in most and least deprived data zones *Increase the proportion of the council's housing stock meeting energy efficiency standards as part of achieving the Scottish Housing Quality Standard by 2015.* *TBC*	

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
Reduce number of homeless presentations to below 1000 by 2017 Reduce number of households in temporary accommodation to below 500 by March 2017 Maintain number of homeless cases prevented at 1000 each year	CPP to tackle health inequalities Increase the percentage of high risk households with working smoke alarms Identify and reach individuals and communities most in need of advice and support to maximise income and improve energy efficiency. Further develop 'pathways' to support people into employment Engage with the private sector to increase capacity Review commissioning and delivery of housing support services	Review the indicator set for use in CAB contracts from April 2013-2016 Housing support providers	At least maintain customer contact levels with CAB from 2011/12 base-line; Increase the number of customers reached by the Council's money advice and welfare rights service; Increase in financial benefit to customers from the advice given by the Council; Increase the uptake in Free School meals as a % of the total eligibility figure for Primary and Secondary schools from 72.4%. Increase the number of homeless prevention team referrals to 1,000 referrals a year (target for 500 cases of successful prevention outcomes per year)	

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
	Review community development activity across the community planning partnership. Develop capacity for healthy weight interventions, early intervention and community development co-ordination through the preventative spend proposals. Identify and target communities and individuals most at risk from fire in the home. Engage with communities to deliver Community Fire Safety advice and education	Deliver home fire safety visits	4000 home fire safety visits in 2013/14 All homes visited tested or fitted with working smoke detector	
Health & Wellbeing: Reduction in CVD risk factors	Mainstream Keep Well Sustained engagement from targeted individuals and communities to	Keep Well funding Keep Well staff Community development	Numbers of people receiving a Keep Well health check % of exclusively breastfed babies at 6-8 weeks in the 15% most	

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
Reduction in CVD morbidity and mortality Earlier presentation of long term conditions Reduced rates of smoking in the 40% most deprived areas of Highland Reduced rate of teenage pregnancy Increased rate of breastfeeding at 6-8 weeks Improved mental wellbeing Reduced number of road accidents	improve health Reduced number of people starting smoking in our most deprived communities Increase numbers of people stopping smoking in our most deprived communities. All hospitals and targeted communities attain the UNICEF BFI award Sexual health and Relationships Education delivered to all pupils in Highland schools appropriate to age and stage Develop inequalities targeted cardiovascular health checks in identified areas of deprivation and to specific high risk groups Increase the number of people engaging with smoking cessation	staff Smoking cessation advisers Midwives Health Visitors Breastfeeding peer supporters Infant feeding Co-ordinator Sexual Health services Council ECS Monitor and report the numbers and trends in relation to the Road Safety Casualty Reduction Targets to 2020 which have been set by the Scottish Government to the CSPEE Committee	deprived data zones. Rates of teenage pregnancy Rate of alcohol related hospital admissions per 100,000 Number of successful one month quits for smoking in the 40% most deprived areas of Highland Percentage of adult population who smoke Life expectancy at birth Mortality rates per 100,000 for people aged under 75 Emergency hospital admissions per 100.00 population Number of persons killed or seriously injured in road accidents	

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
	services Develop skills and capacity of appropriate staff to deliver support to breast feed Increase confidence and skills of staff to deliver sexual health and relationships education to young people Improved road safety			
Organisational – partnership working arrangements: Improve access to services for hard to reach and disadvantaged groups Increased number of people who are furthest from the labour market taking up opportunities in	Develop guidelines for procurement that will help reduce inequalities. Increase the number of inequalities impact assessments undertaken. Improve inequalities recording/monitoring All CPP organisations support employability initiatives Review procurement practice to identify opportunities to impact on	Highland Council NHS Highland Fire and Rescue Service Northern Constabulary Third sector partnership HIE	**To be developed in year**	

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
CPP organisations through employability initiatives.	inequalities locally. Increase awareness and skills to undertake Inequalities impact assessments across the partnership Increase awareness of requirement to record equalities information across the partnership All CPP organisations are aware of the opportunities to support employment policies Develop a suite of indicators to measure progress on reducing health inequalities			
Equalities	Services and employers are supported to adhere to equality guidance. Raise awareness of equality guidance			

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
Geographical inequalities: Reduced health inequalities between the targeted areas and the four least deprived areas in Highland	Improved engagement in service planning and development in targeted communities Establish local stakeholder groups in each area Agree natural community boundaries Participatory mapping or other engagement tool in each are to develop shared understanding of communities and local strengths and issues Recruit community health co-ordinators Develop a suite of indicators	CPP health inequalities group. CPP Community Development review group. Community Health Co-ordinators Community Development Officers Preventative spend funding	Indicators to be developed in year	

7.4 Resources

7.4.1 It is difficult to quantify the total resource available for reducing health inequalities as much of the resource is built into mainstream services. The following specific annual funding is provided for particular services: Fire service resources for home safety visits and risk reduction activities £180k; Keep Well £396k; preventative spend for deprivation £1m; preventative spend for Early Years £1m; Preventative spend for older people £1m; and the Family nurse Partnership £265k.

7.5 Process of engaging partners and communities

7.5.1 The highly complex and inter-related nature of the work to reduce health inequalities means that a range of methods and opportunities for engagement will be required. Some of the existing 'single issue' partnerships such as the Highland Health and Homelessness partnership the Highland Works partnership, the Healthy Homes for Highland partnership etc. will continue to be important processes for engaging partners and communities around the issues that determine health outcomes . Many of these existing forums engage communities using a range of methods.

7.5.2 In addition the Public Sector Partnership Board have set up a new partnership group to oversee development of a programme of work on health inequalities that focuses on the four geographical areas mentioned earlier in this section. Over the course of the next few months, further opportunities will be developed for communities to be involved in health inequalities work through development of local stakeholder groups in the four priority areas. This will include an opportunity to link with existing community groups and consider links with the new District Partnerships.

7.5.3 Community development
Strengthening links with communities and building links within and between communities supports communities to identify and realise their potential in gaining power and control over the decisions that affect their lives. In turn this has been shown to have a positive effect on health. The CPP will recognise and support mapping of community assets to support communities to build capacity locally, enhance community connectedness and tackle the inequalities apparent in our most deprived communities. The CPP will do this through asset mapping, community development approaches and community engagement.

7.6 Links to other plans

7.6.1 Relevant plans for tackling different aspects of health inequalities are: For Highlands Children 4 (to be published in 2013); Highland Woks Strategy and Action Plan; Community Development Strategy; Health and Homelessness Action Plan; Housing Strategy; Keep Well implementation plan; Maternal and infant nutrition strategy; Highland Sexual Health and HIV Action Plan; Highland Alcohol and Drugs Strategy; Partners published equalities outcomes.
http://www.forhighlandschildren.org/pdf/forhighlandschildren3.pdf
http://www.scotland.gov.uk/Topics/Statistics/Browse/Social-

Welfare/IncomePoverty/CoreAnalysis
www.highland.gov.uk/NR/rdonlyres/.../HIGHLANDWORKSJan11.doc

www.nhshighland.scot.nhs.uk/.../6.1b%20Health%20and%20Homeless%...
www.highland.gov.uk/NR/.../highlandhousingstrategy20102015.pdf
www.highland-adp.org.uk/.../Microsoft%20Word%20-%20ADP%20Stra

www.nhshighland.scot.nhs.uk/Publications/.../DPH%20report%202011.p

7.7   Physical Activity

7.7.1.   Introduction and Highland Context
         Partnership action to promote physical activity will contribute to the
         following national outcomes: 2 to 16 inclusive.

7.7.2   Self-reported data in the Scottish Health Survey (2010) found that only 39%
         of adults and 72% of children achieved the minimum recommended levels
         of physical activity (30 minutes per day on five days of the week for adults,
         and 60 minutes per day for children). Another study in South West England,
         which used objective measuring devices, found that only 2.5% of 5595
         participating 11 year olds achieved recommended levels and intensity of
         physical activity (5.1% in boys and 0.4% in girls). The picture varies little
         across the UK, and is a clear priority for action in Scotland and in Highland.

7.7.3   Wider research has shown low fitness to be the largest 'attributable fraction'
         of all-cause mortality; and this data has also been framed to show that low
         fitness causes more deaths than obesity, diabetes and smoking combined.
         Globally, the World Health Organisation found that over 3 million people
         each year die due to physical inactivity, making physical inactivity the fourth
         leading cause of preventable death.

7.7.4   Scottish projects supporting people with long term conditions to become
         more active through walking found improved physical and mental wellbeing
         of those who engaged in walking activities, as well as unexpected
         outcomes of capacity building, and sharing and learning between
         participants. These findings are reinforced by local evaluation of health
         walking groups undertaken by Cairngorms Outdoor Access Trust.

7.8   Prevention and reducing inequalities

7.8.1   Physical activity is increasingly being regarded as 'the single most
         important thing we can do for our health' (Dr Mike Evans in '*23 ½ hours*'). It
         provides a significant contributory element of the prevention of major
         diseases, and to the improvement of mental health.

7.8.2   Establishing patterns of physical activity from the very early stages of
         development and maintaining these throughout our lives into older age
         contributes significantly to increasing the proportion of life spent in good
         health.

7.8.3   Our aims to reduce hospital admissions and readmissions, for example
         related to falls, will be further achieved by supporting a physically active
         and confident population. Guidelines from National Institute for Clinical
         Excellence (NICE) and further expert guidelines and briefing from
         organisations such as British Heart Foundation Centre for Physical Activity
         and Health, provide clear direction for the preventative value of physical
         activity.

7.8.4   The partnership is aware of a social gradient in physical activity
         participation, which requires additional focus for areas of deprivation. It has
         knowledge of lower levels of activity among women, especially teenage

girls; and of the decline in regular activity with age. Two physical activity summits in Scotland, (1 for older people and 1 for teenage girls), were held in 2010 and made a number of recommendations.

7.8.5   Within Highland, key initiatives include:
- play@home,
- the provision of all weather clothing in early years settings (Rain Starts Play),
- an increase in outdoor play opportunities for children,
- physical activity both directly and indirectly within school curriculum,
- Active Schools programmes,
- Safer Routes and Active Travel schemes,
- Community Sports Hubs,
- support of local clubs and volunteers,
- improved facilities,
- outdoor education centres,
- the High Life membership scheme,
- workplace initiatives through Healthy Working Lives,
- community development and voluntary sector activities,
- volunteer-led health walks in local communities,
- green gyms,
- allotments and community growing,
- falls prevention programmes.

7.8.6   Highland has an opportunity to capitalise on the sense of place and environment that is afforded by our natural surroundings. Key agencies such as Forestry Commission Scotland, Scottish Natural Heritage, Cairngorms National Park Authority, Community Woodlands Association, and The Conservation Volunteers provide coordination and momentum to maximise the potential of our outdoor spaces.

7.8.7   This opportunity must also be balanced with the imperative to maximise access and a sense of ownership and reduce inequalities. Therefore new resources for prevention will include coordinated health promotion activity in areas of concentrated multiple deprivation.

7.8.8   The CPP also needs to ensure that sustainable and active travel networks in Highland, including Core Paths and Safer Routes network, continue to be improved and expanded. Transport and land use planning that supports use of public transport and active travel wherever possible should be prioritised. This benefits both the resident population and the important, visiting tourist population.

7.8.9   Our remote and rural characteristics bring challenges along with opportunities. Connecting communities to the health benefits offered by our unique Highland 'place', such that it can be incorporated within people's daily lives, is paramount in each partner's role.

7.8.10   Our creation of a strong sense of place also extends to utilising physical

activity opportunities to build social and community capacity; and also enhance our sense of safe and strong communities. Local opportunities in volunteering, grassroots clubs and local groups that join together for enjoyment and/or common purpose are the backbone of community relations. Community participation and diversionary activities reduce crime, and fear of crime; and also provide positive role models for children and young people.

7.8.11 In broad prevention terms, international research by Global Advocacy for Physical Activity (GAPA) and the publishing of the Toronto Charter for Physical Activity has recommended 7 "best investments" for physical activity. These are:
1. 'Whole-of-school' programmes
2. Transport policies that prioritise walking, cycling and public transport
3. Urban design regulations and infrastructure that provide for equitable and safe access for recreational physical activity, and recreational and transport-related walking and cycling across the life course
4. Physical activity and non-communicable disease prevention integrated into primary health care systems
5. Public education, including mass media, to raise awareness and change social norms on physical activity
6. Community-wide programmes involving multiple settings and sectors that mobilise and integrate community engagement and resources
7. Sports systems and programmes that promote 'sport for all', and encourage participation across the life span.

7.8.12 These investments can be seen to fit well with the priorities and emerging direction of Highland activity; and there is benefit in keeping them central to the planning for delivery of services and development of programmes.

7.9 Plan for delivery of physical activity outcomes

7.9.1 There are five long term outcomes for the CPP. These are:
1. To increase level of physical activity to 50% adults and 80% children (as per Let's Make Scotland More Active);
2. 10% journeys made by bike (as per Cycling Action Plan for Scotland which sets 10% by 2020),
3. Robust transport network that prioritises active travel opportunities
4. Open Space planning guidelines extended to commercial and industrial developments?
5. Reduction in sickness absence

To discuss further with partnersreducing the activity gap for disadvantaged communities and groups.

7.9.2 The plan for achieving these outcomes is set out below.

7.9.3 Table 14: Delivery plan for physical activity

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
Physical Activity: Increase level of physical activity to 50% adults and 80% children (as per Let's Make Scotland More Active); 10% journeys made by bike (as per Cycling Action Plan for Scotland which sets 10% by 2020), Robust transport network that prioritises active travel opportunities Open Space planning guidelines extended to commercial and industrial developments? Reduction in sickness absence	On-going support and partnership with local Active Travel projects (e.g. Transition Black Isle, Velocity Cycle Café) 1% per year annual increase in physical activity levels 1% increase every 2 years in journeys made by bike Open Space planning guidelines applied to all new residential developments A further 4 allotment site when land identified Further outcomes to be specified around community growing Increased no. businesses taking up healthy working lives services Review of HC Physical	Preventative Spend money? ECS / TECS Core Paths High Life Highland – including Active Schools -Forestry Commission - Scottish Natural Heritage -Cairngorm National Park Authority -Community Woodland Association –Highland Environmental Network Sports Scotland NHSH / Health Improvement (e.g. funding for Step It Up Highland) Voluntary sector and associated grants	Specifically from updated menu of local outcome indicators: - Sporting participation -Percentage of children walking or cycling to school increase the number of schools with agreed travel plans -Percentage of journeys to work made by public or active transport Increase the number of children walking and cycling to school (HC) -The proportion of adults making one or more visits to the outdoors per week -(Potentially) Average score on the short version of the Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) Additional specific performance frameworks included within relevant plans below?	

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
	Activity and Sport Strategy Active Travel support through extension of bikes on buses and trains Investigate appropriate local Physical Activity and Health Alliance opportunities – e.g. within CNPA Each community planning partner produce a clear action plan for promotion of physical activity and active travel to their own staff Additional 4 allotment sites within HC Policy around community growing Increase awareness of the healthy working lives brand	Dedicated fitness advisor	Scottish Health Survey SFRS 100% fire and rescue staff supported and assessed (medically and for fitness) to perform their role effectively .	100% operational staff supported and assessed

7.10   Resources

7.10.1   Much of the work to increase physical activity is built into mainstream services and is difficult to quantify.

7.11   Engaging with partners and with communities

7.11.1   The proposed review of The Highland Council's Physical Activity and Sport Strategy will be the key process by which partners may be brought together to ensure maximum reach and impact of this work. Many partners bring direct community engagement frameworks: for example, Active Schools network and the Highland Third Sector Partnership.

7.11.2   The Cairngorm National Park Authority is initiating 'Active Cairngorms', which represents the potential formation of a broad and inclusive Physical Activity Alliance within the National Park boundaries, with proposed plan of action over the coming 3-5 years.

7.11.3   Partnership between NHS Highland and High Life Highland (and other independent leisure providers) is currently progressing to increase signposting and support of non-traditional participants to appropriate physical activity opportunities.

7.12   Links to other plans

7.12.1   The following plans relate to the CPP's support for physical activity:
- HC Physical Activity and Sport Strategy - http://www.highland.gov.uk/NR/rdonlyres/4D8E0D13-7DD0-43DC-90DE-7ED3B801D39A/0/PhysicalActivityandSportsStrategy.pdf
- HC Play strategy: Play Matters **-** committee paper and strategy - http://www.highland.gov.uk/NR/rdonlyres/219D3632-3897-44D8-A45A-B1A29CC93BA7/0/Item6CYP0912.pdf
- Forestry Commission – Woods for Health Strategy - http://www.forestry.gov.uk/forestry/INFD-6ZFMZB
- SNH - Developing the contribution of the natural heritage to a healthier Scotland - http://www.snh.gov.uk/docs/A289431.pdf
- Cairngorm National Park Authority – Park Plan - http://cairngorms.co.uk/park-authority/national-park-plan/cairngorms-national-park-plan-2012-2017/
- A Games Legacy for Scotland Legacy Plan - http://www.scotland.gov.uk/Publications/2009/08/21141849/0
- Step it Up Highland http://www.pfw.org.uk/projects/step-it-up-highland/

8. Outcomes for older people

8.1 Introduction and Highland context

8.1.1   Partnership action to support positive outcomes for older people will contribute to the following national outcomes: 6, 7, 9, 10, 11, 12, 15 and 16.

8.1.2   The health and well-being of older people has never been better than it is now and it continues to improve. Older people make tremendous contributions to their families, friends and communities and the Highland CPP believes we should celebrate, facilitate and encourage this.

8.1.3   The national policy framework, Reshaping Care for Older People, highlights the need to move from a paradigm of providing services that are done **to** people, to one of support done **with** people (i.e. co-production), and this is very much the approach in Highland. Nationally and locally we are committed to increasing the proportion of funding allocated to preventing, delaying and reducing the need for care, to anticipatory care and to proactive care and support at home. Putting older people at the centre of their care and promoting their health and well-being is core to our approach in Highland.

8.1.4   We live in a society with an increasing proportion of older people; this success in improving life expectancy is the result of both better health care and changes in the wider environment. The great majority of older people live independently and actively and we will encourage this trend to continue. However, greater longevity and, particularly, rapidly rising numbers of very elderly people, bring an increasing prevalence of long-term conditions (LTC).

8.1.5   Many of those aged over 75 years have two or more LTCs. Having a LTC does not necessarily prevent people from leading full and active lives; older people themselves have highlighted that being busy, having an adequate income and financial security, getting out and about, contributing to their communities, access to good information, good housing, safe neighbourhoods, social activities and networks are all as important as health and individual lifestyle factors to their sense of wellbeing. Being able to exercise choice and control over their lives and being able to help others are also seen as central to having an enjoyable life.

8.1.6   The Highland CPP recognises this and aim to support older people to lead the lives they want to as far as possible.

8.1.7   In April 2012, NHS Highland and The Highland Council entered into a ground-breaking arrangement to integrate services for children and for adults, under a lead-agency model. Within this model, both agencies jointly plan and invest in care and services for older people, and the NHS commissions, procures and provides services on behalf of both agencies. Although it is early days, the model is already beginning to demonstrate the considerable benefits of integrated working. The wider CPP contributes to health and wellbeing of older people in a wide range of

ways – from the provision of volunteering opportunities, community development support, leisure activities, community and lifelong learning and support for enjoying the outdoor environment, through to the provision of a wide range of voluntary sector services.

8.1.8   According to population projections published in 2012, the population of the Highland Community Planning Partnership area is projectted to increase by 15% over the next 25 years.

8.1.9   Older people will make up an increasingly larger proportion of the population in the future. This is partly because birth rates have decreased markedly compared to those in the middle of the last century, and also because death rates in older people have decreased. The effect of this is that more people are moving into older age, while there are fewer younger people.

8.1.10   As the following table demonstrates, between 2010 and 2025, the 65+yrs population is projected to rise by 47%. The 75+ population is expected to rise by 64% over the same 17 year period and the 85+ population by 85%.

Table 15: population projections for older age ranges 2010-25

	65-74 yrs	75-84 yrs	85-89 yrs	90+ yrs	Total 65+yrs
2010	22948	13708	3428	1594	41678
2015	27201	15377	3837	2258	48673
2020	29605	17787	4578	2899	54869
2025	30516	21508	5450	3820	61294

8.1.11   Life expectancy for both men and women is increasing in Highland, with an average life expectancy of 76.4 years for men and 81.5 years for women. Population numbers by sex and age are shown below.

Figure 11: Population Numbers by Age & Sex
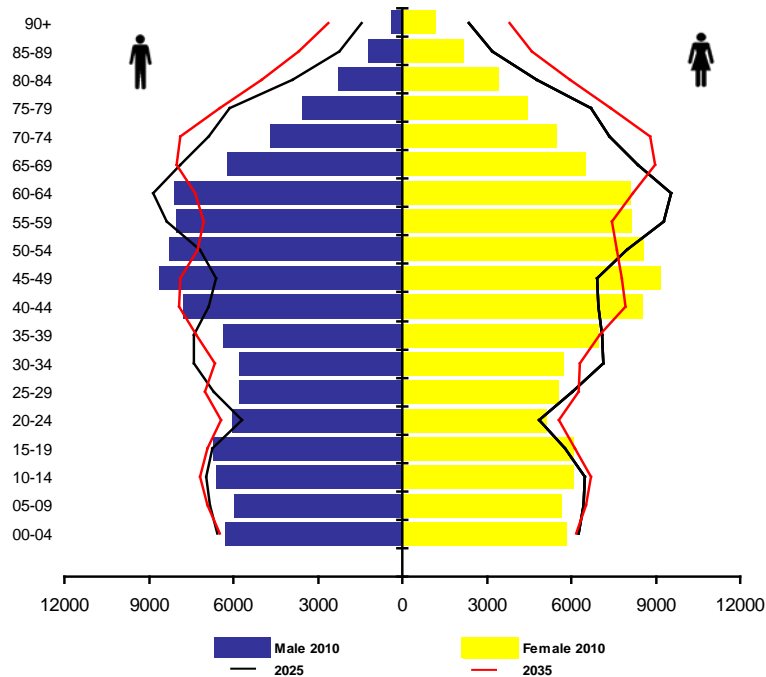
8.1.12   However the inequalities gap for life expectancy has grown between the
          most and least deprived areas of Highland. Between 2003 and 2007,
          areas among the most deprived have gained just over one year of life
          expectancy while the least deprived have gained about four years. In the
          period 1994-98 the difference in life expectancy was 5.2 years whilst by
          2003-09 it had grown to 7.1 years. Currently the absolute gap in life
          expectancy at birth between those living in the most deprived and least
          deprived areas in Highland is 14 years. The influence of multiple
          deprivation upon the health outcomes of older people can be as much as
          15% in those over 60 years and 12% in those over 70 years.

8.1.13   Most older people (89.5%) do not receive 'formal' care in NHS continuing
          health care or a care home, nor do they have home care services. For
          many this is because they do not need any assistance, while for others
          assistance is provided by family and friends, or organised and purchased
          privately. Even though the proportion of older people receiving this type of
          formal care rises as people age, it is still well under half of those aged over
          85 years. In the NHS Highland area in the 2001 census, two-thirds of
          people aged 90 years and over were living at home, rather than in an
          institution.

8.1.14   However, the impacts of deprivation mean that those older people living in
          areas of multiple deprivation tend to have more physical and mental health
          problems than those living in the least deprived areas. Living most or all of
          one's life in deprived circumstances inevitably takes its toll on health and
          wellbeing and compounds other problems.

8.1.15   The latest Scottish House Condition Survey Local Authority Report 2011
          reported that in the Highland Council area over one in three (37%, 37,000)
          of households were in fuel poverty and over half of Highland's pensioners

(57%, 19,000) are fuel poor.

8.1.16   The prevalence of disability increases with age, and it is estimated that around 45% of older people have some form of disability. The most commonly-reported impairments are those that affect mobility, lifting or carrying. People with disabilities are far more likely to be living in poverty than people without disabilities.

8.1.17   Older people have a critical role to play in keeping other older people out of the formal care system and living independently at home: they actually provide far more care than they receive. It is estimated that in Scotland just over 3,000 people over 65 years **receive** more than 20 hours of paid care per week while over 40,000 people over 65 years **provide** more than 20 hours unpaid care per week.

8.1.18   Evidence shows that the impact of caring can be immense; intensive caring can result in carers being twice as likely to suffer from ill health as non carers, many carers are isolated or experience poverty of opportunity, and the financial implications of caring can be acute, including for example, increased heating costs, special dietary requirements or use of special equipment.

8.1.19   The frequency of most illnesses and ill health rises with increasing age, and so, as more people live into older age the number with chronic illnesses and poor health will also increase. A range of physical functions, such as mobility, change with increasing age and can influence the well-being and independence of older people.

8.1.20   For many people, living with one or more Long Term Conditions (LTCs) is now the norm: in Scotland, 50% of those over 50 have at least one LTC and 50% of those aged over 70 years have two or more.

8.1.21   The probability that someone will be admitted to hospital increases with age and the time spent in hospital after admission is also on average longer with increasing age. Around 70% of hospital beds in Highland are occupied by people aged over 65 years. Hospital admissions for older adults are falling slightly; the fall is most marked in elective admissions for the very elderly, as day case rates increase. Emergency admissions have also fallen slightly over the last ten years with a reduction in length of stay. While these changes may not appear marked, in the context of the increasing numbers of older adults, particularly the very elderly, they represent very substantial changes to the way in which we support older people with both acute and chronic health problems.

8.1.22   Falls are an important cause of injury and death in older people. Rates of hospital admission after a fall increase markedly by age group. In the NHS Highland area, around 1,150 people are admitted to hospital after a fall each year. Some people are admitted more than once in the same year, so there are about 1,300 admissions in total.

8.2   Outcomes and priorities

8.2.1   The long term outcomes the CPP seeks to achieve are that:
1. People are healthy and have a good quality of life;
2. People are supported and protected to stay safe;
3. People are supported to realise their potential and to maximise their independence;
4. People retain dignity and are free from discrimination;
5. People are geographically and socially connected and do not become isolated; and
6. People and their carers are informed and in control of their care.

8.2.2   These outcomes reflect what older people have told the CPP that we should be jointly seeking. They take a preventative approach, as described below, and reflect the performance framework agreed by the Health and Care Partnership of the CPP.

8.3   Prevention and reducing inequalities

8.3.1   People now have different expectations for their older years than was the case in decades past. Most older people want to be active and connected and to live independent and fulfilling lives as they age. Community Planning Partners and others are recognising this and there is a growing emphasis on the economic opportunities for those willing to cater for the growing market provided by older people. We are working together to provide an environment in which older people can thrive and live life to the full for as long as possible; contributing to and engaged in society, rather than being dependant on it.

8.3.2   Prevention, in the context of older people, is about and promoting opportunities to have many years of healthy and fulfilling life and, where care and support is needed, providing this in a place and in a way that enhances health and independence.

8.3.3   Within the Highland Health and Care Partnership of the CPP there is a shift in the focus from responding to crisis towards promoting well-being. It is embracing a model of care that focuses on empowering older people. Anticipatory care, enablement and an emphasis on strengthening and building on capability and independence are the cornerstones of the approach of the Partnership. The Partnership works with community groups, with the voluntary and independent sectors and with older people and their carers, in ways that empower, enable and promote their confidence and capability for supported self care and self management.

8.3.4   However there remains much to be done to embed a philosophy of prevention in the way we work. In Highland around 49% of the health & social care spend on older people goes on institutional care costs. Although this includes some hospital care that is necessary and appropriate, there remains a need to do more to shift the balance given the shared vision that older people should be helped to remain at home or

in a homely setting for as long as is possible.

8.3.5 As an example; an emergency admission to hospital may be the right course of action for an older person who has a potentially serious or life threatening health problem that needs urgent specialist investigation or treatment in hospital. However for some older people an admission to hospital for less serious interventions can be followed by complications such as a serious loss of confidence that prolongs their stay and compromises their independence. While rehabilitation services can minimise this risk it is important to prevent avoidable emergency admissions.

8.3.6 There are therefore a number of strands to the CPP's approach to prevention in the context of older people. They are:
- Improving and maintaining health
- Reducing Inequalities in Health
- Reablement
- Capacity building and resilience
- Community Safety
- Information, Advice and Assistance
- Transport
- Housing
- Telecare and telehealth
- Focus on outcomes and co-production
- Supporting Carers
- Involvement

The partnership approach and action is described for each of these below.

8.3.7 <u>Improving and maintaining health</u>
The CPP wants to ensure that older people have benefited from health improvement activities throughout their lives so that they have fewer risk factors for long term conditions when they reach 65. It is continuing to develop approaches to support healthy ageing, including a focus on diet, exercise, falls prevention and building on lessons from the Keep Well and anticipatory care programmes. It is important to ensure that health improvement activities throughout adulthood, and in later years support people to adopt healthy lifestyles in order to increase their prospects of many years of health life expectancy.

8.3.8 Supporting people to take advantage of the wonderful outdoor environment we have on our doorstep in the Highlands is important and partners including SNH and others provide a wide range of opportunities for older people to benefit from this.

8.3.9 This includes promoting access to the countryside and greenspaces through the path networks as well as more organised outdoor activities such as Step it Up Highland (http://www.pfw.org.uk/projects/step-it-up-highland/). Local biodiversity projects which encourage older people to get outside through planting for wildlife, conservation projects or gardening and allotment activities provide gentle exercise in the fresh air.

8.3.10   The University of the Highlands and Islands offers a range of opportunities for further and higher learning, accessible at local colleges, learning centres and, in some instances, on-line. The university has a higher proportion of part-time and older learners than is typical of other universities in Scotland. These, and the wide variety of learning opportunities available to all Highland residents, are important contributors to improving and maintaining health and provide opportunities for social interaction as well as learning.

8.3.11   <u>Reducing Inequalities in Health</u>
Inequalities in health take their toll across the life course and can impact significantly on older people. The partnership commitment to reducing inequalities includes a focus on reducing the impacts of social and economic inequalities as they affect health – in both older people and, in children and adults, which, if successful, will have longer term benefits all round.

8.3.12   Initiatives like 'Healthy Homes for Highland' – a cross-referral fuel poverty initiative that encourages and supports frontline staff and volunteers to identify vulnerable households and refer them to sources of advice on energy efficiency, income maximisation and home safety – are an important aspect of mitigating the impact of inequalities.

8.3.13   Information on benefits entitlement and other forms of money advice are also crucial. Women, people with disabilities, and people from BME communities are less likely than others, because of higher propensity to poverty during their working-age years, to have adequate income in older age, and it will be important to target all groups vulnerable to poverty and inequality, not only those living in areas of multiple deprivation.

8.3.14   Similarly, it will be important to continue to recognise that older people's experiences, needs and preferences are varied, and to ensure that equality impact assessment underpins plans and developments – the needs of older people from BME communities, the experiences and needs of older LGBT people, the different perspectives and needs of men and women and the needs of those with different types of disabilities all need to be understood and reflected throughout all we do.

8.3.15   <u>Reablement</u>
Reablement entails actively helping a person to regain skills, confidence and independence, often following a specific period of illness or injury. Reablement services are usually provided as a short-term intensive alternative to long term health and social care packages for up to six weeks, and for many people this may help them to maintain independence for a greater period of time.

8.3.16   Over the past year or so, the outcomes from this approach demonstrate that for 50% of people, no further care at home package was required at the end of the reablement phase, and for many other the home care

package required was less extensive than would otherwise have been required.

8.3.17 However it is also recognised that reablement is an approach and philosophy that applies across the journey of care and impacts on a wide variety of care givers.

8.3.18 <u>Capacity building and resilience</u>
The importance of supportive communities cannot be over-emphasised. Supportive communities can reduce isolation and loneliness and improve health and wellbeing. From simple but crucial activities like checking an older person has provisions in inclement weather, and volunteer library book exchange schemes, through organising social activities and other opportunities for people to come together, to more formally organised community action like the provision of community transport, the range and scope of community action is huge.

8.3.19 The CPP has invested in Community Development workers to support and encourage the development of such initiatives across Highland communities, and a full integrated partnership approach to supporting community development and community capacity building is in development. Similarly, a winter resilience fund has supported local community activity to prevent and mitigate the potential impacts of severe weather on individuals who may otherwise be at risk of falls or the consequences of inadequate heating or nutrition, or be isolated during spells of severe winter weather.

8.3.20 Of course older people are not only potential beneficiaries of such action but are also significant contributors and this involvement in itself has the potential to improve wellbeing, reduce isolation and increase connectedness amongst older people.

8.3.21 Some communities are more active than others, and some individuals will benefit more from the support of their friends, neighbours and wider community than others. Key aspects of our approach to community development and community capacity building need to be encouraging and supporting the less active communities to be more active, and encouraging community and voluntary groups to ensure that their efforts reach those who are perhaps less well connected and less likely to have extended personal support networks in place.

8.3.22 The workstreams around Living it Up (see telehealth below), in particular the Hidden Talents and Keeping Connected streams, will further support individual and community capacity building.

8.3.23 <u>Community Safety</u>
The Partnership has a well developed approach to community safety and a range of initiatives have developed in recent years to promote community safety and to reassure people: perception of risk to safety often being as debilitating as real risks.

8.3.24   A survey conducted in 2011 found that 88% of older people felt that their community was a safe place in which to live. *Insert reference*

8.3.25   Examples of the partnership approach include:
- Home Fire Safety Checks in older people's homes. The CPP is aware that people aged over 80 nationally are almost three times more likely to die in a house fire than people of 'all ages' and four times more likely than people aged 17 to 24. The safety visits are focussed on the most vulnerable homes and whilst a recent study did not identify being older to be a key risk factor per se, certain risk factors including deprivation, being single (widowed) and suffering from age related mental/physical disability, are particularly apparent amongst older people. Whilst doing the safety checks, the trained fire fighters and dedicated community safety advocates are able to offer advice and signpost people to other services they perceive might be helpful.

- Handyperson schemes further promote and support home safety, and can be crucial in helping maintain independent living arrangements.

- Bogus Callers: Police Community Safety Officers, working in partnership with Trading Standards, provide regular training to NHS staff on how to keep safe and on dealing with bogus callers. Staff are then able to cascade that information to the older people they care for. This is a helpful addition to the regular talks that Community Safety and Trading Standards officers offer directly to groups of older people.

- Stay Safe Highland is a very successful peer speaking project aimed at reducing the fear of crime amongst those aged 50+. Volunteers of a similar age to those they speak to, give talks to groups of older people on a variety of topics, including bogus callers, scams and other issues related to community safety.

8.3.26   Information, Advice and Assistance
We know from what local people have told us that knowing how to navigate the care landscape, and knowing where to access advice and information on a wide range of topics is an important aspect of prevention – often a small piece of information at the right time can prevent deterioration, empower people to be active partners in their care, assist with financial inclusion or fuel poverty, or just provide reassurance to people.

8.3.27   The development of integrated care teams will mean a 'one stop shop' for people who may need care or support and will prevent many of the previously familiar 'navigating the system' type problems. Similarly, the development of accessible information on the wide range of services and support available in people's local communities is a key priority for us.

The network of Advice agencies across Highland is well placed to offer benefits and money advice and is particularly valuable to those experiencing poverty or financial exclusion.

8.3.28 Transport
People have consistently highlighted the importance of transport to enable them to participate in day to day activities, to keep in touch with family and friends and to attend GP and other appointments. Community car and volunteer driver schemes are a lifeline to many people and operate in many communities across Highland.

8.3.29 The partnership agreement between The Highland Council and NHS Highland that underpins integrated services commits the partnership to the development of an Integrated Community Transport Strategy and a Flexible Procurement Framework for demand led transport within the Council.

8.3.30 As part of that commitment, work is underway to develop and trial in Lochaber a model for an integrated and co-ordinated network of all transport providers. The aim is the delivery of an integrated and sustainable transport system that meets the needs of local communities.

8.3.31 The partnership agreement further proposes that buses previously associated with adult community care services and retained by the Council at Integration will in future, provided they are in a serviceable condition, be gifted to appropriate community groups within an Integrated Community Transport Strategy to stimulate further transport and community development opportunities.

8.3.32 Housing
There is considerable evidence that demonstrates the contribution that housing and housing related services (such as adaptations, care and repair, handyperson schemes and housing support) play in supporting older people to live independently at home.

8.3.33 The approach in Highland is focused on enabling people who have community care needs to access 'mainstream' public and private housing – housing which is accessibly designed; can be adapted if necessary; which supports them to access the services they need and which supports service delivery. As well as contributing to developing balanced communities, this helps to make sure that the benefits from investment are sustainable and contribute to achieving other objectives.

8.3.34 This is helped by a policy of continuing to build all affordable housing to Housing for Varying Needs standards. It is also assisted by encouraging, through land planning processes, the public and private sector to contribute to providing appropriate housing and accommodation solutions, for example, by putting in place a policy which helps identify sites that are particularly suitable for older people and people with disabilities (because they are close to appropriate facilities) and encouraging / enabling them to

be brought forward for this use.

8.3.35 A joint review of sheltered housing policy is anticipated in the near future.

8.3.36 <u>Telecare and telehealth</u>
Telehealthcare services have been widely implemented across Highland and continue to develop supported by an integrated single point of access for call handling and response co-ordination. As part of a Scotland wide programme, Highland is participating in Living it Up, an initiative to show how assisted living technologies and services can be used to promote well-being and provide top quality health and care, enabling people to live independently.

8.3.37 Living it Up will develop and deliver a digitally enabled, thriving community of opportunities to support better health, wellbeing and active lifestyles by harnessing familiar technologies to connect people to the right place, at the right time on the device that is right for them. It will provide an enhanced and personalised experience, will save time, be affordable, easy to operate and understand, and will be 'at your fingertips'.

8.3.37 There are 4 work streams:
1. Hidden Talents (which will enable users to further develop their individual skills and interests, and support connections to other likeminded individuals, groups and/or services to 'give back' and 'care for others');
2. Market Place (this will allow people access to local services, information, education, national and local support organisations and equipment from trusted sources);
3. Keeping Connected (will allow people recruited to Living it Up to connect to friends, family, community and also health and social care professionals. This connection can be by phone, social media or by video); and
4. My Care (will link Living it Up to COPD, Heart Failure and Falls pathways amongst others).

8.3.38 <u>Focus on outcomes and co-production</u>
The CPP's approach to providing care for those who need it emphasises the delivery of personalised care based on outcomes/goals agreed with the older person (and their unpaid carer) and on assessments which focus on personal outcomes. This is an important aspect of the preventative approach: by starting from an assets based approach to assessing strengths and capacities, and agreeing personal goals and outcomes, and working together to achieve these, the emphasis is put on the individual being an active participant in their care and support, and on maintaining or regaining independence.

8.3.39 Self Directed Support offers opportunities for older people and their families to exercise greater choice about the kind of support they receive and how they receive this, choosing to direct their own care in some cases. Take up of SDS amongst older people is currently very

low. However implementation of the new Social Care (Self-directed Support)(Scotland) legislation which received royal assent in January 2013 should result in a rise in demand in coming years.

8.3.40   Support for self-management[7] involves a wide range of voluntary organisations together with statutory sector services and has been in place for a number of years. Focussed on improving opportunities and capacities for the active self-management of long term conditions, this approach offers opportunities to prevent further deterioration in health and to improve wellbeing by informing the individual about their condition and putting them in control of decisions about their health and care.

8.3.41   The integration of health and social care in Highland has offered significant opportunities to support the provision of integrated, seamless care for individuals. The emphasis on anticipatory care, on re-ablement, on understanding and accepting that risk is a part of everyday life, and on personalised high quality care throughout the care system is an important part of the Partnership approach to prevention.

8.3.42   Supporting Carers
Supporting carers to care, and to protect and maintain their own health and wellbeing are central to our preventative approach. A range of support services for carers includes the use of Carer Assessments and Carer Support Plans, Schemes to improve the range, choice and availability of short breaks and respite care, Carer Information services, one to one telephone support, peer group support, carer training and drop-in facilities are all in place so that carers and the people they care for have a better quality of life and feel better supported in their caring relationship.

8.3.43   A carer advocacy service has been provided for many years now, and helps carers make their voice heard, have more control over their lives and make known their views and wishes about the decisions that affect them.

8.3.44   An important aspect of work on carers' issues is the need to ensure that the Health and Social Care workforce is well informed, knowledgeable, trained and skilled in identifying carers and meeting their needs as well as engaging with them as equal and expert partners.

8.3.45   Involvement
The development of our Partnership outcomes and of the whole approach to older people has been and continues to be informed by what individuals and communities tell us. The methods used include:
- An extensive involvement exercise for the development of the Joint Community Care Plan;
- Service users and their carers were involved in discussions prior to

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[7] Self management is a set of knowledge, skills and attitudes that a person living with a LTC adopts in order to manage the affects of their condition(s). Self management involves individuals and services working together to support the person living with the condition to live their life to its fullest.

integration of health and social care services;

- Setting up Nine District Partnerships to consider issues raised around local service delivery, to identify key local issues and priorities and to provide views on the redesign of local services;
- Employing a worker to involve older people across Highland in service development and improvement supported by the Change Fund,
- Engaging with the Highland Senior Citizens' Network as a key partner; and
- The development of a new service users' forum to link with a new Adult Social Care Practice Forum.

8.4 Plan for delivering outcomes for older people

8.4.1   The six long term outcomes for older people the CPP seeks to achieve are set out below along with a performance framework. Further work on identifying suitable indicators and targets is currently underway and this will support the integration approach in Highland. Nationally a performance framework for older peoples' services is under development and this will up-date the framework below in due course.

8.4.2 Table 16: Delivery plan for older people

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
People are healthy and have a good quality of life	People live longer healthier lives	The health & social care spend on older people approx. £204m per annum. This figure excludes some costs that cannot be disaggregated (eg some aspects of prescribing). Still to add anything from partners	Increased healthy life expectancy	Increase
	Inequalities in health are reduced		Reduce life expectancy gap between most and least deprived areas Perhaps an indicator re increase in % of those entitled to claim benefits doing so? Increase the number of people receiving Self Directed Support both 18-64 and 65+ Baseline 18-64 -154 Baseline 65+ - 67	Detail to be discussed TBA Increase
	People know how to stay as healthy & fit as	Create a single point of access to services to be	People's perceptions of their levels of health	TBA

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
	possible	available in every District	Number of Anticipatory Care Plans	Increase from baseline of - 4310
	People's health needs are met at the earliest and most local level possible	Provide targeted re-ablement services through Integrated District Teams with Increase the number of community-based health and social care activities in each area of Highland and the number of community-based activities in each area. Implement a local pilot area to examine the options for developing an integrated transport solution in relation to health and social care and community wellbeing	% of people receiving reablement interventions who do not require ongoing care interventions after initial 6 weeks 40% of people receiving re-ablement interventions not requiring on-going care interventions after initial 6 weeks. Increase the number of Anticipatory Care Plans Increase the number of people, by age group, receiving a care at home service: age 18-64 Increase the number of people, by age group, receiving a care at home service: age 65+ Increase the number of people, by age group, receiving a care at home service in the evenings or overnight: age 18-64 Increase the number of people, by	Increase from baseline of 40% Increase from baseline of – 4310 Baseline 355 Baseline – 2406 Baseline – 108 Baseline – 857

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
			age group, receiving a care at home service in the evenings or overnight: age 65+	
			Increase the number of people, by age group, receiving a care at home service at weekends: age 18-64	Baseline – 179
			Increase the number of people, by age group, receiving a care at home service at weekends: age 65+	Baseline 1712
			Increase the number of hours of home care provided to older people (as a rate per 1000 population aged 65+)	Baseline – 263.3 hours per 1000 pop.
			Increase the % of older adults who had a community care assessment completed within timescale (15 days) Reduce the rate of emergency inpatient bed days for people aged 75 and over per 1,000 population	Baseline – 34.4% Baseline - 4711
	People's health needs are anticipated and planned	Develop strategic and operational commissioning	The age of admission of older people to long-term residential and	Baseline – 10% - 65-74, 36.4%

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
	for	of services for adults within the Lead Agency Model Improve service delivery through service review and redesign	nursing care Increase the number of Anticipatory Care Plans Reduce the rate of emergency inpatient bed days for people aged 75 and over per 1,000 population Increase the number of enhanced telecare packages Reduce the number of people with learning disabilities, physical disabilities and complex needs or challenging behaviours placed outwith Highland region Increase the proportion of placements within residential care homes available to support reablement	75-84, 52.8% 85+ Baseline – 4711 Increase from baseline of – 4310 Baseline – 348 Baseline – 6 people to be returned each year Baseline - tba
	People who have dementia will receive an early diagnosis	Deliver faster access to mental health services and 18 weeks referral to treatment for Psychological Therapies from December 2014.	Early diagnosis of dementia.	Increase from 2011 baseline of 1834

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
	Fewer people experience falls		The number of A&E admissions due to falls Measure to be indentified	Detail tba
	People have access to volunteering opportunities		% of older people reporting being involved in volunteering	Increase from baseline of 2012
	People are aware of and have easy access to activities that take them out into their local environment and green spaces		Greater promotion and publicity of activities for older people such as Step It Up Highland Uptake of activities by older people	Active promotion of Step It Up Highland to older people Increase in people over 65 taking part in Step it Up Highland events– baseline to be identified
People are supported and protected to stay safe	Peoples perceptions of their safety are increased		% of older people reporting feeling safe in their neighbourhood/local vicinity Decrease % of people who avoid going out in the dark or avoid	Increase from 53.2% of 65-74 yr olds reporting feeling that the area within 15 mins of home is very safe Increase from 59% of 75+yr olds feeling that the area within

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
			going out alone because of possible worries about crime Note that these figs are for Northern Constabulary area	15 mins of home is very safe Decrease from 35.4% of 65-74 yr olds and 42.7% 75+ yr olds who avoid going out in the dark Decrease from 33.8% 65-74 yr olds and 36.1% 75+ yr olds who avoid going out alone
	Fewer older people are casualties in house fires		Number of dwelling fire casualties who are older people Number of home fire safety visits to older people's households. Baseline 2012/13.	Reduce from baseline TBC Increase by 20% to 4000 in 2013/14
People are supported to realise their potential and to maximise their independence	People have access to appropriate housing which maximises their independence & wellbeing		Number of enhanced telecare packages	Increase from 2010/11 baseline of 321
	People remain at, or return, home with		Increase the number of Anticipatory Care Plans	Increase from baseline of –

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
	appropriate support		Increase the number of people, by age group, receiving a care at home service: age 18-64	4310 Baseline 355
			Increase the number of people, by age group, receiving a care at home service: age 65+	Baseline – 2406
			Increase the number of people, by age group, receiving a care at home service in the evenings or overnight: age 18-64	Baseline – 108
			Increase the number of people, by age group, receiving a care at home service in the evenings or overnight: age 65+	Baseline – 857
			Increase the number of people, by age group, receiving a care at home service at weekends: age 18-64	Baseline – 179
			Increase the number of people, by age group, receiving a care at home service at weekends: age 65+	Baseline 1712
			Increase the number of hours of home care provided to older people (as a rate per 1000	Baseline – 263.3 hours per 1000

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
			population aged 65+)	pop.
			Increase the % of older adults who had a community care assessment completed within timescale (15 days)	Baseline – 34.4%
			Reduce the rate of emergency inpatient bed days for people aged 75 and over per 1,000 population	Baseline - 4711
			% of people with reduced dependency following reablement package	Baseline – 40%
			increase the percentage of older adults who had a community care assessment completed within timescale (15 days;	Baseline – 34.4%
			No hospital discharges delayed by 4 or more weeks;	Target 0 by April 2015
			reduce the number of bed days lost due to delayed discharges;	Baseline - 1658
	Carers feel able to continue in their caring role		Number of respite bed nights provided	Increase from 2010/1 baseline of 9975
			Number of respite day hours	Increase from 2010/11 baseline of

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
			Number of Carer Support Plans in place	78,857 Increase – baseline to be identified
	People are active participants in meeting their own care needs		Self Management indicator?	
People retain dignity and are free from discrimination	People are, and feel, free to live their lives without harassment and discrimination		Older individuals feel safe & secure within their local community Capacity building and resilience?	Survey - increase in baseline
People are geographically & socially connected and do not become isolated	People perceive themselves to be socially & geographically connected		Indicator around social isolation? Transport - tba % older people with internet access – how measure? Increase the number of times Access Point terminals are used per 1000 population	?
People and their carers are informed and in control	People are in control of decisions that are made about their care and the		Number of older people with Self Directed Support Packages	Increase from baseline - 67

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
of their care	care they receive			
	People are fully engaged in the development of their Personal Plan		% of Personal Plans that show evidence of engagement with the individual	Target 100%
	People know about the services we provide and how to access them		People say they are informed	TBA
	Carers are supported		% of carers with Carer Assessments % of carers with Carer Support Plans	TBA

8.5 Resources

8.5.1 The health and social care spend on older people is approximately £204m per annum. This figure excludes some costs that cannot be disaggregated (eg some aspects of prescribing).

8.5.2 Additional preventative spend for older people amounts to £1m per annum from Highland Council. This is set out in the Prevention Plan below.

8.6 Engaging with communities

8.6.1 As noted above in section 8.3, the Highland Health and Care Partnership of the CPP engages older people, community groups, third and independent sector providers and carers through a range of methods including capacity building, co-production, carer support and formal forums for involvement.

8.6.2 These methods build on the earlier consultation for the Joint Community Care Plan and the discussions with service users and carers prior to integration of health and social care services. The whole approach to older people has been and continues to be informed by what individuals and communities tell the partnership.

8.6.3 Many of the discussions focused on what being independent meant, what people had found helpful or difficult and what changes or improvements would help them remain at home. The issues raised have all been factored into the programme for the Health and Care Partnership and are reflected throughout this chapter.

8.6.4 Nine District Partnerships, between them covering the whole of the Highlands, are a relatively new and evolving mechanism for engagement and involvement. These partnerships consider issues raised in relation to local service delivery, identify key local issues and priorities in relation to the delivery of strategy and policy in services for older people (amongst others), and provide views on the redesign of local services, as appropriate.

8.6.5 The Highland Senior Citizens' Network are key partners in strategic and operational planning mechanisms, including in the Adult Services Planning and Development Group, and are supported by Change Fund monies to employ a worker to involve older people across Highland in service development and improvement.

8.6.6 In 2013, a further opportunity for older peoples' involvement in the work of the Health and Care Partnership is being developed in the form of a service users' forum that will link directly into a new Adult Social Care Practice Forum. This will build further on the well- developed involvement mechanisms already in place to support strategic commissioning and decision making around the older peoples' Change Fund.

8.7 Links to operational plans

8.7.1 A five year plan for health and social care is in development. This will form part of a Strategic Commissioning Plan emphasising our commitment to this new approach with the third and Independent sector, the public, carers and communities.

9.   Environmental outcomes
9.1   Introduction and Highland context
9.1.1   Partnership action to support positive outcomes for the environment will contribute to the following national outcomes: 1, 2, 3, 4, 6, 9, 10, 11, 12, 14, 15 and 16.

9.1.2   <u>The natural environment</u>
The environment, landscapes, and wildlife of the Highland region is outstanding. Its dramatic mountains, big areas of natural/semi-natural habitat, and diverse and extensive island and coastal landscapes enjoy iconic status, of international renown. This is an area of the highest quality that is of wider Scottish, UK and European importance.

9.1.3   Highland includes many of Scotland's finest landscapes, including 16 of the 40 National Scenic Areas (some 55% of the total area), and a large part of the Cairngorms National Park. Landscapes largely characterised by mountains, sea and lochs, the area includes the UK's highest mountain, largest extent of upland plateau, and largest areas of wild land. All of Highland contains distinct, fine landscapes that reflect their history of settlement and management.

9.1.4   This attractive, high quality environment is a critical asset for the region. The drama of the mountains and relative wildness of much of the Highland landscape is the main attraction for visitors to Scotland and the area (as well as attracting businesses to locate). Through the services provided by robust and resilient ecosystems, is essential to healthy lifestyles. The recreational opportunities provided by a good quality natural environment not only benefit residents in terms of health opportunities, but also provide the competitive advantage for the tourism industry in terms of our iconic species, landscapes, and habitats. It is also a key driver in our Highland identity and distinctiveness.

9.1.5   The Highland area is a key stronghold for certain rare and/or iconic species and habitats. Species include otter, red squirrel, wildcat, red deer, osprey, dolphins, harbour seal, golden eagles and sea eagles. Habitats include mountain ranges, heather moorlands, Caledonian pinewoods and blanket bog.

9.1.6   The natural environment provides an important contribution to the economy not only in terms of attracting visitors and business to the area but significantly in terms of primary sector activity (forestry, farming, fishing and crofting).

9.1.7   The region's exceptional natural environment is the leading reason why tourists choose to visit the Highlands ([Visit Scotland Survey, 2011](#)). In 2010, the Highland Region attracted 2.1 million visitors, spending a total of £536 million.

9.1.8   Greater use and enjoyment of the outdoor environment is provided by:
        • A network of core paths which cater for all types of users – walkers,

cyclists, horse riders, canoeists, people with disabilities etc. and are a key part of outdoor access provision.

- Providing Green Networks
- Protection of public access rights and the promotion of the Scottish Outdoor Access Code
- The Cairngorm National Park
- Public and private outdoor education and services
- Archaeology services and events
- Ranger services
- Supporting biodiversity projects

This activity improves economic, health and learning outcomes.

9.1.9   The Coastal environment
The length of the coastline in Highland, including islands is 4900km; comprising 21% of Scotland's coast. The coastline is rugged and with sea lochs in the west, has cliffs to the north and is low lying with gentle gradients around firths and bays to the east. Much of the coast is categorised as "isolated" or "undeveloped" in the Highland Coastal Development Strategy.

9.1.10   The Highland Coastal Development Strategy was approved in May 2010. This strategic planning framework for the coast and nearshore area of the Highland region which takes account of national policy guidance and the need more detailed plan coverage in appropriate areas. It includes an appraisal of the key issues and opportunities by sector and provides sub-regional overviews and strategic priorities for the North, East and West coasts.

9.1.11   Forestry
Woodland occupies around 300,000 hectares of the land area in the Highlands, which is approximately 25% of the Scottish total. Around 70% of woodland in the Highlands is coniferous. Notably Highland holds some 85% of the country's resource of native pine woodlands.

9.1.12   Forestry is an important primary industry in the Highlands which holds a long tradition of timber production and processing, woodland expansion and management expertise, both by the public and private sectors. Early plantings were devoted to production of fast growing conifers. Over the past decade or so the balance has shifted to the restoration and expansion of historically depleted native woodland resource. Well-managed woodland is truly a renewable and multi benefit resource, offering a mix of economic, recreational, tourist, landscape, climate change, and nature conservation benefits. Community woodlands are an important development and delivering significant public and community benefits.

9.1.13   Employment associated with forestry is important in the highlands and includes timber processing, haulage, and self-employment. Forestry also contributes to the tourist sector e.g. through nationally significant mountain bike trails. The Partnership will identify the percentage of national employment found in Highlands as well as the gross output and GVA from the sector.

9.1.14   The use of wood for fuel has developed rapidly and Highland is very well placed to lead and benefit from this area of renewable energy, specifically installing more small to medium scale projects appropriate to local resources and heat demand. The Scottish Government recently set up a £7.5million grant scheme to support biomass.

9.1.15   Agriculture
The Highlands have the largest proportion of Scotland's agricultural land amounting to 2.17 million hectares or 35% of the national area, as well as 39% of Scotland's farmed woodland.

9.1.16   The majority of the land within Highland is classed as Less Favoured Area and makes up the largest proportion of grass and rough grazing in Scotland (35%) with cattle and sheep being the primary production. The exception to this is a relatively narrow area running along the East coast from Nairnshire, Black Isle and Easter Ross and including part of the Northern coast near Thurso in Caithness, where the soil, topography and climate allows for more intensive systems and arable units. The number of dairy units within the region is very small.

9.1.17   The total area of crops and fallow within the region comprises less than 10% of the Scottish area and is primarily crops grown for stock feed, with the remainder comprising barley and wheat for the malting or distilling market, oilseeds, seed and ware potatoes and horticultural crops.

9.1.18   Of the recorded 10,379 total holdings within the region, a high number are small units (<10ha) reflecting the crofting landscape particularly in the north and west. This is also reflected in the relatively high number of occupiers and family members that work directly in agriculture. Some 10,113 people (including employees) are recorded as being employed or working in agriculture in the Highland Region at June 2010.

9.1.19   Climate change
Climate Change is one of the greatest threats to the Highland region. Any increases in flooding, erosion, landslides, storms, wind, drier periods and rising sea levels could threaten both the natural and built environment. The region has experienced the impacts of flooding and landslides as well as drier periods resulting in wildfire activity and its impact on the fragile wildlife and natural environment. Community Planning Partners, communities, and individuals, have a vital role to play in safeguarding the natural environment. Tackling climate change will require both mitigation, by reducing greenhouse gas emissions, and adapting to the effects of climate change to minimise impacts on the region.

9.1.20   In August 2012, DECC published revised Local Authority Carbon Dioxide (CO$_2$) figures, 2005-2010. Highland has the highest CO$_2$ emissions per capita of any region is Scotland. This is due mainly to the weather conditions, the dispersed settlement pattern (resulting in higher emissions from more journeys) and the nature of the housing stock (generally less

energy efficient due to house types, age, tenure and restricted fuel choices).

9.1.21 The Highland region is also an important carbon store. Carbon is sequestered by a number of land uses, most notably by forestry and by peat lands. Highland contains large areas of both of these land uses, and this must be managed carefully as a resource which can mitigate against climate change.

9.1.22 The effect of land use and land use change (LULUCF) is also calculated by DECC (see table below 17). The addition of Total CO_2 emissions and LULUCF can be calculated to understand whether the Highland region is a source or a sink of CO_2. In 2009 the region was a small sink of CO_2, for all other years the region was a net source of CO_2, highest in 2010 at 2.6 tonnes CO_2 per capita.

Table 17: The carbon effect of land use and land change.

| Year | Per Capita (tonnes CO_2) | | | | |
	Industry and Commercial	Domestic	Road Transport	Total Emissions	LULUCF
2005	4.8	3.6	2.8	11.3	-9.6
2006	4.5	3.6	2.8	11.0	-9.1
2007	4.4	3.5	2.8	10.8	-8.9
2008	4.3	3.5	2.7	10.5	-9.7
2009	3.7	3.2	2.7	9.6	-9.7
2010	4.1	3.4	2.7	10.3	-7.7

9.1.23 As a "Major Player" in reducing carbon emissions Highland Council has a Carbon Management Plan (CMP). The Council has measured and reported on carbon emissions from six sectors of operations: Energy Use in Buildings; Business Travel; Fleet; Street Lighting; Waste; and Water, and reduced carbon emissions by 13% (8,973 tonnes CO_2) between 2007/08 and 2011/12.

9.1.24 The progress made by other organisations in Highland, as signatories to the Highland Climate Change Declaration was reported in the annual report up until 2010/11. The number of signatories to the declaration has grown each year and currently there are 22 organisations committed to the declaration. The CPP will develop plans to work towards a carbon neutral Inverness in a low carbon Highlands by 2025.

9.1.25 Energy efficiency
There are significant housing quality problems in both the private and public sectors in Highland. Poor energy efficiency is a particular feature in the

Highlands and this alongside low income levels result in high levels of fuel poverty. As noted in Section 8 above on older people, one in three (37%, 37,000) of households were in fuel poverty (Scottish House Condition Survey 2011). Due to the prevalent house types and limited mains gas network, the options for improving the thermal efficiency of existing houses are limited and expensive. The harsh climate also impacts on the fabric and condition of buildings themselves and the need for decent affordable heating.

9.1.26   The energy efficiency of Highland Council Houses continues to improve, and at end March 2012, 47.9% of the housing stock met the standard for energy efficiency, placing it 24th out of 30 local authorities with housing stock.

9.1.27   Renewable energy
Growth in the renewable energy generation sector is a high priority for the Scottish Government, with targets set out to generate 100% of Scotland's gross annual electricity demand and 11% of the heat demand from renewables by 2020. The Highland region has large renewable resources, and the Highland Council has a key role in terms of planning decisions in determining appropriate renewable energy generation developments. The potential for the renewable energy sector to contribute to economic recovery and growth and employment in the Highlands is included in Sections 3 and 4 above.

9.1.28   The capacity of private renewable energy schemes that were consented by the Council by 2011/12 was 1330 mW, with onshore wind energy (1151 mW) and hydro (179 mW) being the main contributors. The Council has had meetings with the prospective developers of the Pentland Firth wave and tidal schemes and Moray Firth offshore wind schemes. A Pilot Marine Spatial Plan for the Pentland Firth and Orkney Waters is in preparation. Grid reinforcements, vital to significant expansion of renewable energy generation in Highland, are being progressed.

9.1.29   The UHI research programme and Centres will contribute to the expertise in renewables and in the region through its programmes on environmental sciences, mountain studies and sustainable development, marine sciences, renewable energy and sustainability.

9.1.30   Managing waste
The Highland Council has a series of requirements which it has to meet under Scotland's Zero Waste Plan (2010) with regards to Municipal and Household Waste collection and disposal. It will provide services to Highland communities so that the region will contribute to the overall Scottish targets of: 50% household waste recycling by 2013, rising to 60% by 2020; with 70% of all waste to be recycled by 2025 and by then for not more than 5% of all waste to be sent to landfill.

9.1.31   Adapting to climate change and extreme weather events
Public services will need to adapt services to deal with the impact of global warming and extreme weather events. Adaptation plans will need to cover

for example, flooding, landsides, drier periods and wildfires, land use, buildings design, public health impacts, species impact and business impact. In addition, including climate impacts within the Strategic Environmental Assessments of relevant plans, programmes and strategies will support this action. In April 2012, the Council published its first climate change adaptation strategy for the Highland region: "Adapting to Climate Change in Highland".

9.1.32   The strategy uses the latest UK Climate projections, information on past climate trends and weather events to help identify current climate risks as well as future threats and opportunities for the region. It contains an action plan which is reviewed annually.   It was developed in consultation with multiple stakeholders and with guidance and advice from Adaptation Scotland.

9.2   Outcomes and priorities
9.2.1   To make the most of the region's resources and potential, the CPP's environmental outcomes are:
1. To sustainably manage the outstanding natural heritage of the Highlands to optimise the economic, health and learning benefits in the long term;
2. To increase and develop the use of renewable energy(linked to economic recovery and employability outcomes); and
3. A carbon neutral Inverness in a low carbon Highland by 2025;
These are aligned to the climate change duties set out below.

9.2.2   Climate change duties
The Climate Change (Scotland) Act 2009, places duties on public bodies requiring that they must, in exercising their functions, act:
1. in the way best calculated to contribute to delivery of the Act's emissions reduction targets;
2. in the way best calculated to deliver any statutory adaptation programme; and
3. in a way that it considers most sustainable.

9.2.3   The Council, HIE and SNH have has a commitment to work with others support and invest in appropriate opportunities presented by renewable energy, particularly wave and tidal power. It commits to continue to develop the Highlands as a centre for research and development, fabrication and engineering. It has set the following targets: to increase installed capacity of renewable energy to 2908 MW by 2017 and for three demonstrated wave and tidal projects to be implemented by 2017.

9.2.4   In June 2010, the CPP, through its Environment Forum, produced the Highland Climate Change Declaration (HCCD). Initially there were fourteen Highland organisations across the public, private, and voluntary sectors signing up to the joint regional climate change declaration, committing to:
•   Measure their carbon footprint and reduce it by 3% per year;
•   Provide an annual update of progress;
•   Share information and work with partners in Highland to promote

good practice;
- Encourage businesses and communities to take action.

9.2.5 The number of signatories to the declaration has grown each year and currently there are 22 organisations committed to the HCCD. Data from the signatory organisations was collated and an annual report up until 2010/11 was produced. New methods for collating this data from partners and reporting on it will be explored as the declaration is developed during the SOA period.

9.2.6 The Council's Carbon Management Plan (CMP) for example has been reviewed and will include a wider scope of carbon emissions to manage. It aims to achieve a 21% reduction in emissions between 2013/14 and 2019/20. The CMP will capture and report on community emissions too, including energy use in Council Housing (68,007 tonnes CO_2), and Municipal and Household Waste (26,898 tonnes CO_2e). The Council has an influence over these carbon emissions and national targets to implement.

9.2.7 During the SOA period, the CPP will work towards a carbon neutral Inverness in a low carbon Highlands by 2025.

9.2.8 Carbon sequestration by forestry can mitigate against climate change. The opportunities for woodland expansion within Highland are considerable with over 5000 ha already approved for new woodland creation under the 'Scotland Rural Development Programme'. This, in part, promotes an increased proportion of productive conifers in well-designed mixed woodlands which are important to fully deliver the carbon benefits of woodland creation. Forestry Commission Scotland will take a lead on forestry within the SRDP.

9.2.9 The CPP supports the 'Peatlands of Caithness and Sutherland Management Strategy 2005 to 2015 '. A £9m Heritage Lottery Fund project is being developed to help deliver this strategy. The main funding partners are SNH, RSPB and FCS. If successful, the 3 year project will start in 2014. The strategy will be updated in 2015. The CPP supports the timber transportation strategy which provides an approach agreed by the partners for the sustainable extraction of timber from the peatlands. The CPP also supports the listing of the Flow Country on the World Heritage Site tentative list . This recognises the peatlands as a world class resource.

9.2.10 Further preventative outcomes are set out below.

9.3 Prevention and tackling inequalities
9.3.1 The partnership's preventative outcomes will focus on:
1. Tackling wildlife crimes (intermediate outcome);
2. Supporting communities to be resilient to extreme weather events (linked to Section 6 above on safe and strong communities);
3. Reduce fuel poverty (linked to the sections above on health inequalities and older people);

4. Improve access to the outdoors (intermediate outcome linked to the section above on physical activity);
5. *Inequalities outcome awaited (areas with health coordinators and linked to health inequalities above)*

9.3.2 <u>Wildlife crimes</u>
Wildlife crime incidences in the Highlands are unacceptable. They send out a negative message about our environmental stewardship and are abhorrent to the general public. These crimes have far reaching consequences; they pose a risk to human health, to the business and tourism sectors and have serious impacts on both the distribution and population of some species.

9.3.3 High profile cases in 2010 and 2011 showed how pesticide misuse led to the death of iconic species of birds of prey in the Highlands. 103 poisoning incidents involving birds of prey in Scotland occurred between January 2006 and December 2010. When broken down by former police force areas, Northern constabulary area had the highest total, 29 incidents, of any force during this period.

9.3.4 The population of red kites in the Highlands has been significantly limited since their reintroduction here in 1998. 103 red kites have been found dead in North Scotland between 1998 and 2006. Of these 40% were killed illegally, mainly due to poisoning. Population models suggest that in the absence of illegal causes of mortality the Highland population should have been around 293 pairs in 2006 instead of the actual figure of 41 pairs.

9.3.5 Crimes against endangered species, such as fresh water pearl mussels, has damaged several rivers protected under European law and can lead to impacts of international significance. Illegal pearl fishing still occurs in the big fishery rivers and in North and West Scotland. Less obviously destructive crimes such as disturbance to dolphins can affect the longer-term survival rates of this endangered population, as well as spoiling people's enjoyment while wildlife watching. Whilst theft of birds eggs and plants can lead to reduced productivity and opportunities for wildlife watching.

9.3.6 The CPP will work with the signatories to the Highland Climate Change Declaration to work together on adapting services to deal with extreme weather events.

9.3.7 The Council are currently finalising the [Sustainable Design Guide](). This will accompany and support the approach to Sustainability and Design within the Highland wide Local Development Plan. The Guide is intended to encourage the development of high quality and sustainably-designed buildings which will minimise impacts on the natural environment, help counter the effects of climate change, and also promote greater use of local and renewable materials.

9.3.8 As noted in Sections 7 and 8 above on tackling inequalities and outcomes for older people, the CPP will work to reduce fuel poverty in the Highlands.

9.3.9   As noted in Section 7 above on physical activity, the CPP will work to improve access to the outdoors.

9.3.10   The CPP will target opportunities for outdoor access to those areas of particular deprivation in the Highlands. For example:

- Merkinch community are actively involved in maintaining and improving the path networks at the Local Nature Reserve there though their own action and through The Conservation Volunteers and the Green Gym initiative. The Highland Council ranger service provides a programme of activities in the LNR and there is a project to engage 'young rangers' where younger members of the community are given skills to help manage and interpret the site.

- Scottish Waterways Trust helps underprivileged groups access the network of canals and inland waterways, particularly at either end of the Caledonian canal in Inverness and Fort William. The Trust works to create brighter futures for communities by getting people active and providing opportunities for them to improve their health and mental well-being. Through their projects the Trust increases employment prospects and strengthens community life.

- Trees for Life Work Weeks project provides outdoor volunteering and learning opportunities particularly for people who are homeless, at risk of becoming NEET, older people, primary school pupils (a priority group listed in the Highland BAP), people from disadvantaged urban communities, people from rurally isolated communities, and unemployed people. Spending time in a wild natural environment and taking part in moderate to strenuous physical activities helps to improve health and well-being and increase personal development skills.

- Other examples include Green Gym, Step-it-up Highland, 'Wild Things', Aigas Field Centre, Knoydart Foundation and the Backbone Community Leadership Project.

9.4   Plan for the delivery of outcomes

9.4.1   The CPP will work to improve environmental outcomes in the Highlands to make the most of the opportunities of the unique environment and to prevent environmental damage. This action will be in keeping with the outcomes identified for economic recovery and growth and tackling health inequalities and encouraging physical activity. The delivery plan is set out below.

9.4 Table 18: Delivery plan for environmental outcomes

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
Manage sustainably the outstanding natural heritage of the Highlands to optimise the economic, health and learning benefits	To maintain the area of land under designation and improve the condition of designated features. To reduce wildlife crime in the Highlands	SHN, FCS, SGRIPD, Police Scotland, HC	Area under natural heritage designations and condition Increase detection and conviction of offenders against wildlife and environmental law. (2011/12 baseline: 19 crimes,72 incidents and 89.5% detection rate)	80% of features into favourable condition by the end of 2015 10% increase in detection rates by 2018/19. TBC
	Implement the Scottish Land Use Strategy	Contribute to discussions over the Scotland Rural Development Programme 2014-20 Highland Environment Forum partners	• Percentage of High Nature Value farms under management to maintain their HNV status through SRDP. • Percentage of eligible farms undertaking agri-environment work through SRDP. (SGRPID should have this information)	Increase to 8% of HNV farms under management through SRDP Increase to 80% of eligible farms undertaking agri-environment work through SRDP
	Deliver the Biodiversity Duty (All public bodies have a biodiversity duty under the	Public bodies to enhance their working practices to further the conservation of biodiversity.	Public bodies to report on compliance with their Biodiversity Duty to Scottish Government by 2014. (This is a statutory obligation	All public bodies in Highland to report on their Biodiversity Duty by 2014.

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
	Nature Conservation (Scotland) Act 2004.)	(Highland Environment Forum partners)	under the Wildlife and Natural Environment (Scotland) Act 2011.)	
	Deliver the Highland Biodiversity Action Plan	Undertake projects to address the key strategic issues identified in the Highland BAP. Review current Highland BAP (2011-13) and produce new Highland BAP (2014-16) (Highland Environment Forum partners)	Projects currently underway to address 3 of the 10 key strategic issues identified in the Highland BAP. Highland BAP (2011-13)	Increase no. of projects underway to address all 10 key strategic issues identified in the Highland BAP. Produce new Highland BAP (2014-16) by mid 2014.
	Undertake projects to address priority Invasive Non-Native Species in Highland	1. Rhododendron control project underway on National Forest Estate. 2. Highland Rhododendron Project identified 4 priority zones outwith NFE. 3. Mink Control programme underway. 4. Invasive Non-Native Plant Species control work.	Percentage of infected NFE area in Highland cleared of Rhododendron. Percentage area of priority zones under control. Percentage of catchments Mink free in the control zone. Percentage of catchments with	NFE free from Rhododendron by 2025. Eradication work underway in all 4 priority zones. Area North of Ullapool and Dingwall Mink free by 2018. Eradication work

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
		(Rivers & Fisheries Trusts Scotland, Highland Environment Forum partners)	eradication programmes underway.	underway on all infected catchments.
To increase and develop the use of renewable energy (linked to economic recovery and employability outcomes).		invest in appropriate opportunities presented by renewable energy, particularly wave and tidal power	Installed capacity of renewable energy No. of wave and tidal projects implemented	Increase installed capacity of renewable energy to 2908 MW by 2017 3 wave and tidal projects to be implemented by 2017
A carbon neutral Inverness in a low carbon Highland by 2025	Climate change declaration targets met for all signatories (3% per annum)	Further development of the Highland Climate Change Declaration Annual report to Scottish Government showing the Council's progress in meeting Scotland's Climate Change Declaration and provide positive annual reports on progress with the Council's adaptation strategy	Base-line TBC HC emissions base-line for 2011/12 is 63,374 tonnes CO_2e	Reduce measureable carbon emissions by at least 3% per annum for all signatories of the Declaration Reduce HC emissions by 21% by 2020 - this equates to a reduction in emissions of

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
	Achieve a 57% rate of recycling household waste by 2017.	Increase opportunities for recycling	45.9% achieved by 2011/12 43.7% achieved by 2012/13 (TBC)	1,901 tonnes CO_2e per annum from 2013/14. Increase
	Carbon neutral Inverness in a low carbon Highlands by 2025 TBC	Implement seven cities strategy – sustainable city action plan Prepare a Green Transport Strategy for TECS Committee approval by September 2013.	TBC	
	Develop Green Networks	Green Network plans developed for A96 corridor and Inner Moray Firth. (Highland Council / Developers)		80% of Green Network delivered in currently developed area.
Reducing fuel poverty (linked to the sections on health inequalities and older people)		Affordable Warmth Action Plan actions	The proportion of the council's housing stock meeting energy efficient (SHQS) *and to cross reference with anything in performance*	Increase Meet standard by 2015

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
			frameworks for tackling health inequalities and older people No. of households receiving an insulation measure through UHIS (universal home insulation scheme) while a scheme is funded by Scottish Government.	
Inequalities outcome awaited (areas with health coordinators and linked to health inequalities above<mark>)</mark>		Target support for community growing to areas of deprivation. Identify a further 4 allotment sites between 2012 and 2014 and review allotment targets in 2014 for the period to 2017 and for these to include community growing. (HC)	Community growing TBC	Increase by 4 the number of new allotment sites supported by the Council by March 2014.
Improve access to the outdoors (intermediate outcome linked to the section above on physical activity)		TBC	TBC	TBC
Supporting communities to be resilient to extreme		Further development of the Highland Climate	TBC	TBC

Long Term Outcomes	Intermediate/Short Term Outcomes	Inputs/Resources Partners TBI	Indicators & Baseline info	Improvement/ Targets
weather events (linked to Section 6 above on safe and strong communities);	Extend emergency planning partnership arrangements to work with the Scottish Wildfire Forum	Change Declaration Emergency planning partnership arrangements Improved wildfire plans to support more effective partnership mobilisation to wildfire events Develop Highland wide programme on inspecting watercourses and cleaning gullies & ditches by March 2013. Prepare flood alleviation schemes for implementation as identified in the Council's capital programme	Reduction in accidental/unplanned wildfire events (Base-line TBC) Increase the no. of local Wildfire Groups to ensure pan-highland area coverage	Reduce Increase Implement the River Ness (Tidal Section) flood alleviation scheme by March 2015

9.5 Resources

9.5.1 This is a diverse area of work delivered by a range of partners. The partnership does not currently have a figure for the total resource commitment. It will attempt to quantify this through the Highland Environment Forum during the period of the SOA.

9.6 Engaging partners and communities

9.6.1 The CPP will develop and join together the roles of Highland Environment Forum (HEN) and the Highland Biodiversity Partnership to further improve engagement with stakeholders. As a starting point we will propose a programme of topics for HEN to focus on, such as Invasive Non Native Species, wildlife crime and bio-security.

9.7 Linkages to other plans

9.7.1 Plans that support the CPP's efforts for the environment are listed below.

- Scottish Biodiversity Strategy 2013-2020.
  http://www.scotland.gov.uk/Topics/Environment/Wildlife-Habitats/16118/BiodiversityStrategy
- Biodiversity Duty http://www.biodiversityscotland.gov.uk/duty/
- Statutory Requirement for reporting on the Biodiversity Duty
  http://www.legislation.gov.uk/asp/2011/6/part/5/enacted
- Getting the best from our land - A land use strategy for Scotland
  http://www.scotland.gov.uk/Topics/Environment/Countryside/Landusestrategy
- The Highland Biodiversity Action Plan 2010-13.
- The Highland Coastal Development Strategy (approved May 2010)
- Adapting to Climate Change in Highland.
- Sustainable Design Guide.
- The Carbon Management Plan for Highland Council
- The Highland Declaration of Climate Change
- The Plan to meet the Scottish Housing Quality Standard
- Affordable Warmth Action Plan

10.   Partnership prevention plan

10.1   Each of the sections above identifies preventative action. This section identifies how resources are shifting to support prevention in the CPP. This includes the new £3m annual resource the Council has allocated for new prevention work[8] , additional resources targeted to mitigate against negative impacts of welfare reform and resources freed up by changing practice.

10.2   The guidance for CPPs published in December 2012 defines prevention as 'Actions which prevent problems and ease future demand on services by intervening early, thereby, delivering better outcomes and value for money.' This was defined further for the use of the £3m annual resource to be invested by the Council with the following criteria applied for the funding:
1. to involve new developments or achieve new additionality and not be about funding existing commitments;
2. to involve greater or earlier intervention to prevent negative health and social outcomes, and generate positive health and social outcomes;
3. to be evidence-based;
4. to be likely to reduce future public expenditure; and
5. to involve measures of improved outcomes that are tangible.

10.3   The evidence in support of preventative spending in three areas is summarised below and aligns with the relevant sections of the SOA. This also includes the negative outcomes to avoid by spending preventatively and the positive outcomes to be supported.

10.4   <u>Evidence for further preventative spend for older people</u>
The negative outcomes that can be avoided by further preventative spend for older people include:
- Reduction in the percentage of hospital beds in Highland occupied by over 65years (70% for Highland in 2012);
- Prevent the decline in the mental and physical health of older people by reducing their feelings of social isolation and constraints on their ability or capacity to realise their potential (based on what older people say);
- Reduce rates of falls, obesity, heart disease and early death among people aged 65 years and over by encouraging them to be less sedentary, and more active (reducing inactive time –currently on average 10 hours or more each day is spent sitting or lying down).
- Prevent falls so that:
   o Levels of confidence are not reduced
   o Avoid major surgery, inpatient care and support at home for treating and recuperation from hip fractures
   o Avoid early entry to a care home from hip fractures (around 15% of early entry to care homes arises from hip fractures).

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[8] The £3m allocation was considered by the Council in 2012 in two tranches; the first to defer or delay older people needing longer-term health and social care services (October 2012) and the second for early years and deprivation in December 2012.

10.5   The CPP is aware that people who do regular physical activity have far lower risks of developing illness and long term condition (LTCs) as set out below:
- up to a 35% lower risk of coronary heart disease and stroke
- up to a 50% lower risk of type 2 diabetes
- up to a 50% lower risk of colon cancer
- up to a 20% lower risk of breast cancer
- up to an 83% lower risk of osteoarthritis
- up to a 68% lower risk of hip fracture
- a 30% lower risk of falls (among older adults)
- up to a 30% lower risk of depression
- up to a 30% lower risk of dementia.

10.6   The preventative approach for older people means focussing and targeting supports aimed at preventing unscheduled admissions to hospital, promoting early hospital discharge and supporting older people to be more active.   This should help to maintain cognitive function; reduce cardiovascular risk; maintain ability to carry out daily living activities; improve mood and self-esteem; and reduce the risk of falls.

10.7   <u>Evidence for further preventative spend for early years</u>
The CPP is aware that high-risk behaviour such as substance misuse, smoking and poor diet during pregnancy and the early years can have a serious impact on a child's health and development. From the child's perspective, there is evidence that exposure to high levels of parental stress, neglect and abuse can have a severe effect on brain development. There are clear gaps between the development of children whose parents face such stresses and those being brought up in less stressful households. These gaps continue through life.

10.8   At age 3, children at higher risk of poor outcomes can be identified on the basis of:
- their chaotic home circumstances;
- their emotional behaviour;
- their negativity; and
- poor development.

10.9   These children face many risks and improving early years support is key to improving child protection. By the time such children reach adulthood, these children are more likely to have:
- poor health outcomes;
- be unemployed;
- have criminal convictions;
- have substance misuse problems; and
- have experienced teenage pregnancy.

10.10   As noted in Section 5 above on Early Years, a child's brain achieves 90% of the adult size by the age of 3 years. The parts of the brain which control vision, hearing and language development, all start developing and peak before the child reaches 18 months. Scotland's Chief Medical Officer has

set out the evidence of the connection between early years and a range of physical and mental health outcomes. Of particular importance in defining outcomes is Pregnancy and parenting. Parents' interaction with children in the first years of life is critical in developing relationships and laying the foundations for positive physical and mental health development. A strong foundation in the early years is more likely to lead to a well adjusted, happy and fulfilled child and adult.

10.11   Evidence for further preventative spend for tackling deprivation
Inequalities in Highland have been widening over the last 10 years, with a 14 year gap in life expectancy between the most affluent and poorest areas. These health inequalities reflect: poor health outcomes; social isolation; lack of confidence and engagement of individuals and communities; unhealthy behaviours; and the greater impact of universal health improvement initiatives on those who are least deprived.

10.12   By taking an assets-based approach to tackling deprivation, individuals and communities should be enabled to create and sustain wellbeing as well as resist the impact of adverse circumstances, including healthy lifestyles. Empowering people and engaging communities in this way should promote greater participation in services, increase confidence and skills, be more inclusive and reduce ill-health. One example is the Hi-Fires and Firesetters programme which works to improve pro-social behaviour and citizenship and reduce fire related antisocial behaviour.

10.13   As noted in Sections 4 and 7 on employment and health inequalities, being in employment can be good for health. For unemployed people, changes to the welfare system mean that further financial hardship can be expected. For these reasons, the additional funding allocated to employability services and welfare reform are included in the prevention plan.

10.14   The Prevention Plan set out below identifies the current shift to prevention. Over the period of the SOA further partnership contributions to prevention should be included.

10.15   The CPP has sought through the SOA quality assurance panel, further clarity nationally on the scope and definition of prevention. It has also sought further work done nationally to understand and measure the impacts of preventative work, including how to quantify the financial benefits of early intervention.

Table 19: Partnership Prevention Plan Showing Preventative Spend

Type of prevention	Purpose	Funding		Lead agency
Older people		2012/13	2013/14 & recurring	
8 fieldwork posts for integrated early intervention.	Speed up assessments, focus on early intervention, aligned to community development activities and community groups.	£240,000	£240,000	Council funding NHS implementation
Preventing falls.	Dedicated falls prevention work to high risk known service users receiving care at home or in care homes. Aids, materials, other measures and awareness raising.	£185,000	£85,000	Council funding NHS implementation
4 Community Development Officers for community wellbeing services.	To stimulate further local developments from those identified by former 3 temporary posts.		£150,000	Council funding NHS implementation
Reablement care at home services	Skills for daily living to enable people to live more independently and reduce their need for on-going homecare support. Complementing the work of intermediate care services. Minimising the whole life cost of care. Support to recover from illness or hospital admission.	£400,000	£400,000	Council funding NHS implementation
Leisure and learning for older people	Likely to include tailored: sports, exercise programmes, postural stability classes, aerobics and dance, outdoor activities, adult learning classes, genealogy and	£175,000[9]	£125,000	Council funding and implementation (ECS Service)

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[9] It is likely that these proposals would involve additional 'set up' costs for training and materials, in the first year.

Type of prevention	Purpose	Funding		Lead agency
	local history sessions. Build into current infrastructure of libraries, leisure centres and community groups. Officers enter into commissioning discussions with organisations and groups, and bring proposals to the Adult & Children's Services Committee, about the detail for delivery across the authority.			
Early years prevention – step change via family team approach		2012/13	2013/14 +	
Parenting support	Strengthening supports from universal and targeted services, rolling out parenting programmes. To stretch other programmes (Incredible years and Triple P) to all age ranges based on local profiles and to build on the Family Nurse Partnership Programme after 3 years.		£200,000	Council funding and implementation (H&SC Service)
Public Health Nurses/Health Visitors and Community Midwives Additional staff resource	Given pressures arising from substance misuse, poverty and more complex conditions, more staffing is needed to ensure robust universal services, as well as necessary resources to support those families with greatest needs. This would also support the roll out of parenting across the authority.		£350,000	Council funding and implementation (H&SC Service)
Additional support needs in early years – 2 additional pre-school visiting teachers, Psychological	To ensure equity and a consistent process for assessing additional needs across the authority. To		£250,000	Council funding and implementation (H&SC Service)

Type of prevention	Purpose	Funding		Lead agency
support and Pupil Support Assistants	reduce the likelihood of these children falling out with mainstream care and education.			
Family support - additional Early Years Workers (working with Health Visitors) or external provider equivalents, plus training and oversight from psychological services.	Comprehensive provision of family support across Highland to access information, advice and support, whenever needed.		£200,000	Council funding and implementation (H&SC Service)
Drug and alcohol education with young people.	For P7 and S2 pupils; Social Marketing with 15 year olds; and enhanced Staff Training and Development	0	£60,000	Highland Alcohol and Drug Partnership (HADP) funding and implementation
Early intervention and respite for families with children affected by disability with a review of support work to maximise the effectiveness of this service.	To be implemented as part of the new integrated team model in children's services. This will support earlier intervention for families with children with disabilities. May require additional resource in year two from the deprivation spend below.	0	0	Not additional resource at this time. Highland Council implementation.
Personalised services - Funding is to be directed from existing resources to enable a direct payment to be put in place, subject to agreement from the Adult & Children's Services Committee.	The introduction of self-directed support will enable children and families to receive personalised services that they directly control.	0	0	Not additional resource – incremental switch of resource from traditional to direct payments. Highland Council implementation.
Tackling deprivation		2012/13	2013/14 +	
4 Community Health Co-ordinator posts – based in Easter Ross,	To address the wider determinants of health, encouraging community		£240,000	Council funding NHS implementation

Type of prevention	Purpose	Funding		Lead agency
Fort William and Kinlochleven, Merkinch, Inverness and Wick.	engagement and social connectedness, the participation of local people in the development and delivery of services & support other local health promotion activities. To ensure a joined up approach to health promotion. A co-ordinated and more targeted approach, where health and social care professionals enable access to exercise, mental health and socialising activities.			
Healthy weight – x 4 Community Dieticians to develop and deliver HAES groups in 4 areas (Merkinch and other parts of Inverness; Easter Ross; Caithness and Fort William) Phase 2 - Facilitators recruited, trained and mentored.	Community Dieticians to work with community organisations to enhance access to affordable good food, physical activity opportunities and other weight management interventions. Phase 2 - to support enhanced capacity to deliver group sessions to the wider community. To include High Life Highland, voluntary and social organisations, volunteers, health, social and education professionals, community coordinators.		£200,000	Council funding NHS implementation
Services to support looked after children in Highland. Develop existing capacity in hostel and school provision in identified locations, for young people with particular needs, who	Enhanced care and educational facilities to reduce the number and cost of out of authority placements (45 in 2012 costing £10m p.a.).		£70,000[10]	Council funding and implementation (ECS and H&SC Services)

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[10] This is for project management costs in the short term. It is intended that new facilities are established over a three year period.

Type of prevention	Purpose	Funding		Lead agency
could be supported together on a group basis.				
Preventing Violence against women and support for their families	Rolling out new joint working arrangements for survivors of abuse piloted in Inverness and Dingwall to the rest of Highland.		£90,000	Council funding. Partnership implementation through the Violence Against Women group.
Enhanced support for carers and young carers	Roll out of connecting carers programme via schools to enable better take up of the course for young carers and to raise awareness among school staff. Develop a Young Carers Forum. Preparing to Care in Highland Toolkit for adult carers to plan and manage their caring role.		£100,000	Council funding and implementation in partnership with Highland Community Care Forum
Community Employment, Action and Access to IT. Part–time IT trainers in 10 locations plus hardware.	Developing the 11 work clubs further across the Highlands to promote digital inclusion for job searching and benefit claims, providing mentoring, IT skills, and help with transport costs for those attending interviews.		£140,000	Council funding and implementation (P&D Service)
Work skills for young people – providing mentors for young people facing barriers when leaving school	Mentoring support during the year before leaving school for those identified through the Activity Agreement process to benefit from extra support.		£120,000	Council funding and implementation (P&D and ECS Services) – service tendered.
Employment of looked after children, care leavers and children in the criminal justice system – enhanced support for the Family Firm scheme	To contribute to a funding package for a new partnership costing £650k over 3 years to provide focussed support to looked after children, care leavers and young people in the Criminal Justice system, to be better prepared for,		£40,000	Council part funding a bid from Barnardos to the Lottery.

Type of prevention	Purpose	Funding		Lead agency
	find and sustain employment.			
Welfare reform			**2013/14 +**	
Additional resource for money advice, welfare rights advice and housing advice	Cope better with increasing demand for money, welfare rights and housing advice. To increase staffing and contact time for people seeking advice.		**£250,000**	Council funding of £250k. £150k for internal housing and finance services and £100k for CAB provision (Council funding for CAB is £1.1m per annum).
			£70,000	£70,000 from Housing Revenue Account to support tenants with advice.
Total New Partnership Preventative Resource		**£1,000,000**	**£3,380,000**	
Other employability resources TBC				
Include deprived area funds, EU funding and other.	TBC	**2,000,000**	**2,000,000**	Highland Council employability fund
Support for account managed social enterprises TBC				HIE
Other partner resources TBC				
6 Community Safety Advocates 2 Community Fire fighters (pending) to delivery home fire safety advice and education, referrals to other agencies, install smoke detectors, delivery fire setter intervention programme to prevent wilful fire raising, deliver youth engagement HI-Fires youth fire fighter programme to promote teambuilding, fire safety skills and citizenship	Support for older people as a high risk vulnerable group, target intervention among young people as high risk fire setters.	£180,000

£23,000 | £180,000

£60,000 | Scottish Fire and Rescue Service |
NHS Highland Health preventative funding	TBC			
Scottish Police Service	TBC			
SNH	TBC			

Type of prevention	Purpose	Funding		Lead agency
UHI	TBC			
Third sector Interface funding	TBC			

10.15 Measuring the impact of the partnership prevention plan

<u>Improvements in outcomes</u>

A number of indicators to use have been proposed but are still to be confirmed. Partly this confirmation includes a partnership understanding of any data limitations (availability and validity issues) and their inclusion in the performance framework for integration (NHS Highland and Highland Council). For the groups targeted for preventative spend, the indicators under consideration are listed below.

10.16   <u>Indicators for improved outcomes for older people</u>

The indicators under consideration are:

1. More people receiving reablement interventions do not require on-going care after the initial 6 weeks.
2. An increased age at which older people are received into long term residential and nursing care.
3. A reduction in the percentage of older people in institutional care settings.
4. Reduced long term and increased short term/intermediate care placements.
5. A reduction in the number of A&E admissions as a result of falls.
6. Reduced emergency admissions and reduced rate of emergency inpatient bed days for over 75s.
7. Increased numbers of people receiving care at home in the evenings and weekends.
8. Public health measures and self-reporting of improved health across the elderly population.
9. Increased number of community-based well-being activities in each area.
10. Older people report reduced social isolation.

10.17   <u>Indicators for improved outcomes for early years</u>

The indicators under consideration are:

1. Public health targets for young children, including breastfeeding rates.
2. Health plan indicators within 6-8 weeks of birth.
3. Health weight interventions and outcomes for young children.
4. Reduced numbers of children and young people misusing substances.
5. Reduced numbers of children looked after away from home.
6. Improved educational attainment.
7. Reduced youth offending.

10.18   <u>Indicators for reducing deprivation</u>

The indicators under consideration are:

1. supporting young people into employment;
2. helping looked after children achieve their potential, and play an active part in Highland life;
3. achieving public health targets for healthy weight, and to address smoking and substance misuse;
4. increasing number of people undertaking regular physical activity;

> 5. increasing numbers of community-run health promotion and social inclusion activities;
> 6. reducing the number of women and families who experience domestic violence;
> 7. enhancing support to Carers.

10.19   Other indicators
For the fire and rescue service these might include reduced demand on operational intervention, resources and operating costs; reductions in reported dwelling house fires and related casualties and fatalities; reduction in fire relates antisocial behaviour; and increased delivery of home fire safety visits to those identified as high and very high risk.

10.20   Reducing future public expenditure
The CPP partners engaged in the prevention plan to date have given some consideration to how the partnership will reduce future need, control costs and release savings through its prevention plan, and as required in the guidance on SOAs to Community Planning Partnerships.

10.21   However quantifying any reductions in funding is not straightforward, not only in the short term, but also because the savings may be more likely to be costs avoided. Further work is needed on whether to apply modelling and assumptions from national studies to provide notional cost savings or costs avoided or whether it is possible to capture real cost savings or costs avoided.

10.22   The information under consideration in Highland for older people includes:
1. Quantifiable reduction in the total hours of care for people receiving reablement services

2. Quantifiable reduction to NHS and social care budgets by reducing the number or percentage of hip fractures. The additional direct cost (per person) is estimated to be £10,000 to the NHS and £5,400 to social care during the first two years of treatment and care.

3. It is estimated that inactive people over the age of 50, generate a cost of £750 per annum in additional public care costs. By supporting greater activity in the older population these costs should be avoided.

10.23   The information under consideration in Highland for early years includes:
1. £1 invested in preventative measures for early years can save £9 on more acute services in later life[11].

2. £1 invested in Action for Children's targeted services produced between £7.60 and £9.20 in benefits to society. (Action for Children in 2009).

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[11] Economic modelling work published by Scottish Government in November 2010

3. £1 invested in intensive tuition programmes for those with the lowest level of ability in literacy would save £12 - £19 in the future.(Oxfam)

4. For every £1 spent on early years education, we would have to spend £7 to have the same impact in adolescence. Children in the early years are 'programmed' to learn and respond. By adolescence, many behaviours have become learned and entrenched, and are significantly more difficult to modify.

5. Expanding free childcare and early education would result in a 1-2% increase in GDP through higher rates of maternal employment and the employment of young people. (Price-Waterhouse-Coopers, 2004).

6. By increasing exclusive breastfeeding to 65% at four months, around £27m could be saved annually across the UK by avoiding the costs of treating the four main acute diseases in infants. (NHS)

7. A further £28 million would be saved from the costs of treating breast cancer over the lifetime of each annual cohort of first-time mothers, if 32% of women breastfed for 18+ months in their lifetime. (NHS)

8. The cost of obesity and related conditions to the NHS in the UK is estimated to be in excess of £4bn. The Foresight report (2007) estimates that current trends in obesity, if not arrested, would cost the UK economy £50bn by 2050.

10.24 As stated in Section 5 on early years, savings or costs avoided need to be considered as gains to the public purse overall and not to individual partner agencies.

11. Strengthening the governance, accountability and operating arrangements for community planning and delivering the SOA in the Highlands

11.1 The Highland CPP agreed to undertake a review of its partnership working arrangements in May 2013. The following principles for the review were agreed in June 2013:

1. We continuously learn from our experience and ensure the arrangements support public service reform further in the Highlands (and around the four pillars of reform –prevention, performance, people and partnership);

2. The new arrangements support the delivery of the SOA and its future development;

3. We acknowledge the accountability requirements placed on each partner individually; and

4. We address the improvement points identified in the national audit of community planning.

11.2 Developing the right governance and accountability structures for community planning
The CPP has agreed that the community planning structure needs to include a Partnership Board, a Chief Officers Group and thematic policy groups at a Highland level. As well as leading change organisationally, these need to be informed by community and practitioner views locally. The roles of the groups are described below.

11.3 The Partnership Board
This is to provide political leadership and expertise to drive and enable public service reform and better and fairer outcomes for the Highland population. This would be not only in the partnership setting, but also to make the connections required in the Boards of partner organisations and in the Council to support the changes and improvements required.

11.4 Membership would be drawn from the Boards of partners (normally the Chair) and from the Council's senior members. This would extend the current membership of the group. The members of the Chief Officer Partnership Board would be in attendance for scrutiny and challenge and for leadership support. The Partnership Board could be supported with self-evaluation of their partnership leadership within a framework of public service reform. The Partnership Board would meet quarterly.

11.5 The Chief Officer Group
The purpose of the Chief Officer Group would be to drive public service reform, including the delivery of the SOA and continuous improvement of partnership working to achieve better and fairer outcomes by:

1. Ensuring and challenging the partnership's delivery and

performance against the SOA's outcomes targets - through the thematic groups individually and together across the SOA (and any supporting plans if relevant);

2. Ensuring and challenging whether the partnership's work across all groups is reducing inequalities at the pace required;

3. Ensuring and challenging whether the partnership's work across all the groups is making the decisive shift to prevention required;

4. Ensuring and challenging whether the partnership can demonstrate best practice in community engagement through the thematic groups and across the SOA;

5. Supporting the thematic groups by removing any barriers to reform that arise from current partnership arrangements, resources and behaviours.

   This would help support the values adopted previously by the Partnership that
   'We are here to serve the Highland people and we will do this with honesty, openness and commitment. We will challenge each other constructively when necessary to ensure we deliver beyond expectations for the Highlands.'

6. Promoting the on-going development of the SOA as a means of achieving public service reform.

7. Supporting constructive challenge of the partnership through honest reflection, structured self-evaluation, peer review, audits of community planning and any consequential improvement activity.

11.6   The group would be comprised of the Chief Officers of the partnership (represented by the local senior officers for national bodies). The lead officer from the thematic groups would attend Chief Officer Group meetings for scrutiny and challenge and to make any requests for partnership support. The Chief Officer Group would attend the Partnership Board and would meet more frequently than quarterly Board meetings.

11.7   <u>Highland thematic policy groups</u>
Ten groups have been identified to support the ambition of the CPP. They are shown on the diagram below. The groups at the strategic level would be responsible for:
   1. Jointly agreeing the evidence base and planning, coordinating activity, setting targets and reporting performance for that theme and as set out in the delivery plans of the SOA and any relevant supporting plans.

   2. Ensuring appropriate community and stakeholder engagement in the planning and performance processes.

3. Undertaking self-evaluation in the partnership group, preparing for any audits and inspections and implementing any audit and inspection improvement points.

4. Inspiring innovative ways for partners to work together to achieve the results required.

5. On-going development the SOA and any supporting plans for that theme.

11.8 These would be officer groups at the senior level. To be able to carry out this function they would require:
- a named lead officer from the partnership (these have been identified);
- appropriate partnership engagement and input from relevant partners;
- an understanding of the total public resources available for the theme and a willingness to use that collectively (align and/or integrate resources) to meet the agreed outcomes of the joint plan;
- data support to measure performance and impact;
- an understanding of the range of engagement methods to apply and the skills required to deploy them;
- appropriate links to operational management (and sub groups if required) to ensure implementation and to understand the impacts of implementation.

11.10 The titles of some of the groups could be changed to reflect titles in-use e.g. Safer Highland for community safety and public protection or to reflect the broader partnership agenda e.g. For Highland's Children 4 instead of 'early years' and 'Strategic Commissioning for adults' instead of older people.

11.11 <u>Making the connection locally</u>
The diagram below also starts to map out what the connections might be through different methods of public engagement, formal engagement structures (such a Ward Forums, Area Committees, District Partnerships and Community Councils) and various practitioner and local partnership groups. It uses the policy theme of community safety as an illustration.

11.10 The identified lead officers of the ten theme groups are tasked to produce the map of proposed partnership working that would include specifying the partners in the strategic theme group and identifying the groups and linkages at local level as illustrated in the diagram below.

11.11 In taking forward the task, some key questions for the lead officer to ask with partners might be:
- What partnership sub-groups are needed to manage the plan at a Highland level?
- Are there local partnership groups that are already working on this

theme and how can they evolve/be integrated? Examples would include area regeneration groups, district partnerships for health and social care.

- How are elected members involved in this theme locally? Can Ward Forums and Area Committees be helpful?
- How are the general public, specific interest and third sector groups and service users formally involved in this theme/service area?
- Are their informal arrangements on engagement to note?
- How can we enable activists to feed in to the policy and planning groups?

11.12   Progress made will be reported in time for Chief Officers to feedback either current or proposed arrangements to the Partnership Board meeting in September 2013.

Figure 12: Proposed community planning partnership working structure – Highland
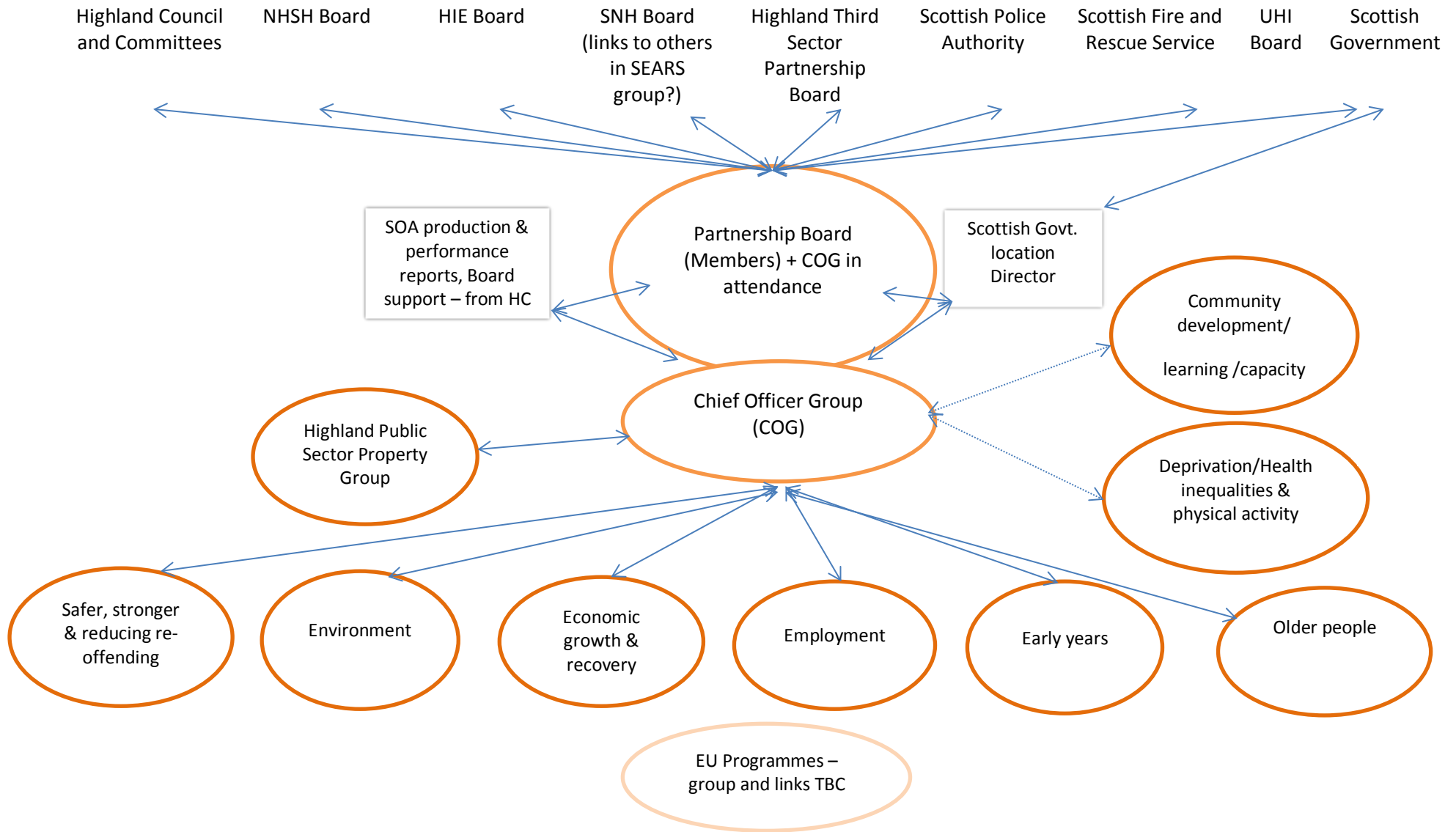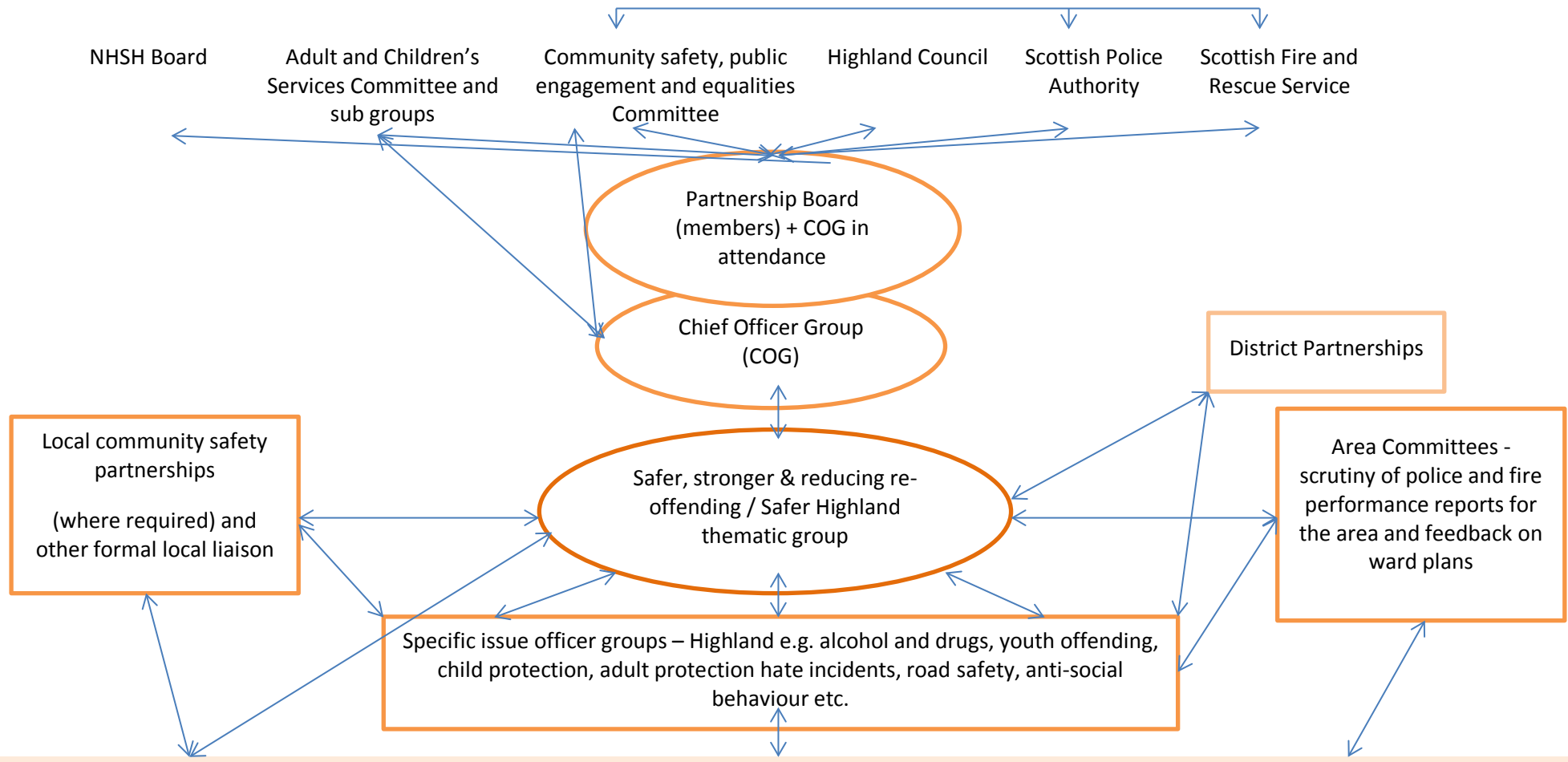
Figure 13: Starting to map out the CPP operational, local and strategic arrangements: community safety as an illustration

NHSH Board

Adult and Children's Services Committee and sub groups

Community safety, public engagement and equalities Committee

Highland Council

Scottish Police Authority

Scottish Fire and Rescue Service

Partnership Board (members) + COG in attendance

Chief Officer Group (COG)

District Partnerships

Local community safety partnerships

(where required) and other formal local liaison

Safer, stronger & reducing re-offending / Safer Highland thematic group

Area Committees - scrutiny of police and fire performance reports for the area and feedback on ward plans

Specific issue officer groups – Highland e.g. alcohol and drugs, youth offending, child protection, adult protection hate incidents, road safety, anti-social behaviour etc.

Engagement through: e.g.

Ward forums & Ward meetings, community councils, local events & liaison with local 3rd sector groups, test sites x 8 (4 local health co-ordination sites and 4 fragile rural areas)

Public surveys, focus groups, feedback from equalities groups discussions

Appendix 1

THE 15% MOST DEPRIVED DATAZONES IN HIGHLAND

Data Zone Name	Data Zone Reference	Rank in Highland 2012	Rank in Scotland 2012	% in Highland 2012	% in Scotland 2012
Inverness Merkinch North	S01003860	1	32		
Inverness South Kessock	S01003862	2	107		5%
Wick Pultneytown South	S01003977	3	288		
Inverness Merkinch East	S01003849	4	298		
Invergordon Strath Avenue	S01003924	5	375		
Wick Hillhead North	S01003985	6	404		10%
Inverness Central & Longman	S01003853	7	479		
Inverness Merkinch South	S01003855	8	519	5%	
Wick South	S01003976	9	578		
Alness Kirkside	S01003926	10	686		
Inverness Hilton West	S01003796	11	796		
Seaboard South	S01003937	12	797		
Inverness Merkinch Telford	S01003845	13	821		15%
Dingwall Central	S01003907	14	867		
Wick South Head	S01003978	15	918		
Inverness Raigmore North	S01003839	16	949		
Alness Teaninich	S01003922	17	970		
Fort William Plantation	S01003730	18	994		
Inverness Dalneigh South West	S01003817	19	1110		
Inverness Hilton South	S01003793	20	1127		
Alness Firhill	S01003928	21	1133		20%
Milton & Kildary	S01003935	22	1219	10%	
Wick Central North	S01003984	23	1231		
Inverness Central North West	S01003833	24	1280		
Lybster	S01003971	25	1300		
Thurso High and Low Ormlie	S01003997	26	1339		
Nairn South	S01003887	27	1463		
Conon North	S01003884	28	1478		
Nairn Moss-side	S01003882	29	1482		
Invergordon Castle Avenue	S01003923	30	1486		25%
Alness Obsdale	S01003931	31	1517		
Inverness Dalneigh South	S01003812	32	1531		
Thurso North West	S01004007	33	1564		
Inverness Dalneigh North	S01003837	34	1580		
Fort William Central	S01003731	35	1623		
Wick North Primary School	S01003986	36	1668		
Ardersier	S01003878	37	1726	15%	
Caol South East	S01003733	38	1735		
Dunbeath	S01003969	39	1799		30%
Inverness Dalneigh Central	S01003818	40	1831		
Invergordon Central	S01003919	41	1832		
Tain South Rural	S01003940	42	1854		
Inverness Dalneigh West	S01003829	43	1909		
Skye North East	S01003911	44	1987		35%