The Highland Community Planning Partnership

Community Planning Board – 13 October 2014

Covering Note – Community Planning Board - 13th October 2014

Two documents are provided for the CP Board: one is the review of FY 14-15, and the second is the refresh for FY 14-15, and beyond.

Both documents are a variation on a draft document received at the end of September 2014 from The University of Glasgow's Training & Employment Unit, which was commissioned by HIE to inform the measures and targets for the Economic Regeneration and Recovery strand of the current SOA.

Consequently, there is a degree of commonality to both documents (notably pages 1-5) as both are stand-alone documents with a different purpose. However, the pre-amble summary and contents of the tables, which table up most of the pages, are different to each, and reflect the purpose of that document, i.e. one set is essentially backward looking, and the other forward looking.

Martin Johnson
8th November 2014

Single Outcome Agreement

Between the Highland Community Planning Partnership and the Scottish Government

2013/14 – 2018/19

Performance Report

Year 1: FY 2013-14

Economic Regeneration and Recovery Plan

Highland Community Planning Board

13th October 2014

Martin Johnson

Review of 2013-14

HIE has commissioned the Training and Employment Research Unit (TERU) of the University of Glasgow to review the high-level and longer-term indicators set out in the Highland SOA where they are relevant to the Economic Growth and Regeneration activity.

Extracts of the draft report from September 2014 are included below.

The headline information is shown in Figure 1, below, which is reproduced in part here:-

	Progress in Year 1 of Plan	Full Target (in aggregate)
Indicator	**2013/14**	**2018/19**
HL1: Number of jobs created or sustained through public sector interventions	1,793.30	5,000 (in total)
HL2: Number of Business Gateway volume start up clients who have begun trading	250	1,250 (in total)
HL3: Number of existing businesses accessing advisory services through Business Gateway	498	3,000 (in total)
HL4: Number of VAT/PAYE registered enterprises per 10,000 populations	N/A	Top 4 local authority
HL5: % of working age population (16-64) in employment	74.2	Top 3 local authority

The work of TERU for HIE on behalf of Highland CPB is believed to be unique in Scotland. It was a response to a recognition of the challenge that to set meaningful targets and objectives it is necessary to (a) set a benchmark, and (b) be able to measure impact and outcomes. Therefore, in this regard Highland CPB is a thought-leader, or certainly in the vanguard, of how CP Boards plan and set objectives around the Economic Growth and Regeneration strand.

Consequently, the challenge for TERU was greater than first anticipated, and the work has been more involved and taken longer than originally envisaged. Consequent to that is that the report was received in the last week of September, and only on the 7th of October did HIE and THC senior staff have the opportunity to meet and review and discuss the draft report.

Whilst broadly very happy with the work of TERU and the report, further analysis by HIE and THC will be required to help shape the final qualitative and quantitative targets for FY 2014-15 onwards, until the end of the current SOA in 2017-18.

However, for the purposes of the CP Board meeting in October 2014, HIE is pleased to commend the analysis for 2013-14 as the first year of the SOA, and to commend as draft work-in-progress set out in Figures 1 and in 2-4 below to the CP Board as a highly indicative direction of travel.

	Page No.
1. Introduction	1
2. Agreed Indicators and Targets: Review of FY 13-14	3
3. Using the Measurement Framework	18

As the Community Planning Partnership for the area, Highland Public Services Partnership (PSP) published a revised Highland Single Outcome Agreement (SOA) in June 2013, which covers the five-year period from 2013/14 to 2018/19. The SOA is structured around 7 national policy priority areas:

- Economic recovery and growth.
- Employment.
- Early years.
- Safer and stronger and reducing offending.
- Health inequalities.
- Physical activity.
- Outcomes for older people.

This document relates to the economic recovery and growth priority. The key actions to be taken forward under this priority are set out in the Economic Regeneration and Recovery Plan (ERRP). The key targets are to:

- Create or sustain 5,000 jobs through public sector intervention.
- Create 1,250 new business start-ups and to assist 3,000 existing businesses with advice and support through Business Gateway.

Each priority is lead by a different PSP partner, with Highlands and Islands Enterprise (HIE) leading on economic recovery and growth.

HIE has commissioned the development of this Measurement Framework to help the PSP partners take forward the actions set out in the ERRP and to ensure that the impact of these actions can be measured. It should be noted that the Measurement Framework has established the indicators, baselines and targets for the outcomes set out in the ERRP – it has not sought to amend the outcomes that were agreed with Scottish Government through the SOA process.

Within the broad approach there are three main complementary tasks.

- The agreement of key indicators;
- The collection and analysis of baseline data and agreement of targets for each indicator.
- Development of a measurement framework.

Agreement of Key Indicators

The first stage was to agree with HIE and Highland Council the key indicators to be included in Measurement Framework. This involved:

- Reviewing key strategies and plans to identify those indicators that have already been established.
- Discussions with HIE and Highland Council to establish an appropriate set of indicators to measure progress against those outcomes that currently do not have an indicator in place.
- A review of key Scottish Government and Improvement Service guidance on the establishment and measurement of key outcomes to ensure that the proposed approach adheres to common frameworks and represents best practice. An interview with key Improvement Service staff was also undertaken to ensure that any anticipated changes within SOA monitoring staff were captured.

This allowed a draft list of indicators to be compiled. These were then discussed and agreed at a workshop with key Highlands and Islands Enterprise and Highland Council staff.

Collection and Analysis of Baseline Data and Agreement of Targets

Once the indicators had been agreed, the next stage was to collect and analyse the baseline data for each indicator. At commissioning, it was agreed that the most appropriate baseline year would be 2012/13 in line with the approval of the SOA document. Where possible, data for the 5 years prior to 2020/13 was also collected – as this helps establish the 'trend' prior to 2012/13. Having the baseline data in place will allow the PSP to measure the progress it has made since 2012/13 on its key objectives.

The baselines were used to help establish targets for each indicator.

- The SOA set out a small number of targets (e.g. create or sustain 5,000 jobs through public sector intervention, 5,000 new homes completed by 2017, etc.). These targets have been incorporated into the Measurement Framework.
- Where an indicator is collected for all local authority areas across Scotland (for example, the percentage of working age population in employment), targets have been set in relative terms (e.g. to be above Scottish average, to be in top 3 local authorities).
- The baseline trend data has been used to establish a realistic and achievable target (e.g. looking at previous population change data to establish the targets for population growth).
- Where the baseline data was limited (or not available), the target has been based on discussions with relevant HIE or Highland Council staff responsible for taking forward the actions that will deliver the ERRP short-term outcome.

A second workshop was held with Highlands and Islands Enterprise and Highland Council staff to agree the proposed targets. The final set of agreed indicators, baselines and targets are given in Chapter 2.

Developing a Measurement Framework

Having established the key indicators to be monitored and having gathered the baseline data for each of these, the final stage was to develop a Measurement Framework to enable HIE and their partners to effectively monitor progress against the agreed indicators. There are two elements to this:

- An accompanying Excel database sets out the details of each indicator, including the source of the data and its availability, to enable PSP partners to collect and analyse this data on an ongoing basis.
- Chapter 3 of this report provides guidance on the processes and procedures that need to be in place to enable the effective collection and analysis of the monitoring data.

As discussed in the previous chapter, through a process of desk-based review of strategies and plans, discussions with key HIE and Highland Council staff responsible for taking forward the different elements of the ERRP and two workshops with HIE and Highland Council staff, the indicators to be included in the Measurement Framework, alongside the targets for each indicator have been agreed. This chapter will briefly describe some of the background information that informed the choice of indicators and will then go on to set out the full set of indicators.

Setting targets can be an effective strategy in terms of improving services and there is now a strong focus from government on results and outcomes. There has been a drive in recent years to develop a range of national performance indicators and targets. However there is also a need for meaningful targets at a local level. Identifying robust performance indicators is challenging and to gather the whole picture a basket of indicators will be required. The development of indicators for this exercise will be informed by good practice principles outlined by the Scottish Government, The Improvement Service and the Audit Commission.

In line with the Scottish Government's approach to developing indicators to support the National Outcomes and ultimately deliver on its Purpose, indicators should not be used to provide comprehensive measurement of every aspect of activity, but rather be selected to reflect key areas that require progress to achieve outcomes. Specific guidance for Community Planning Partnerships (CPPs)[1,2] highlights the need for indicators to measure performance against a planned outcome or an output that clearly contributes to a planned outcome. Outcomes that are chosen need to be both relevant and practical. More specifically to support a SOA the indicators need to be:

- Relevant and unambiguous which means clearly and directly relevant to outcomes and comprehensible to non-experts.
- Harmonised with other frameworks and concepts used elsewhere.
- Timely and accessible to tie-in with reporting arrangement and ideally publicly available.
- Statistically robust and consistent irrespective of whether data comes from surveys or administrative systems.
- Affordable, with costs to collecting the data outweighed by its usefulness.

Along the same lines, the Audit Commission[3] list of the characteristics of robust performance indicators provides a helpful checklist against which to 'test' the indicators developed through this process. This suggests that indicators need to be:

- Relevant – closely linked to strategic goals and objectives and conceptually valid – producing data that accurately measures the objective that is to be achieved.
- Have a clear definition - to allow for the assessment of progress clearly and precisely.
- Easy to understand and use – avoiding jargon.
- Comparable – ideally between organisations and over time.
- Verifiable with clear documentation that allows processes to produce data that can be validated.

---

[1] Improvement Service (2008). *Single Outcome Agreements: Guidance for Community Planning Partnerships.*
[2] Improvement Service (2010).
[3] Audit Commission (2000). *On Target the Practice of Performance Indicators (London)*

- Cost effective – relying where possible on existing data with any additional requirements designed to minimise cost and burden on collectors.
- Unambiguous so that it is apparent whether increases or decreases in value represent progress.
- Attributable (at least in part) to the policies and efforts of partners' policies and efforts.
- Responsive to change – so that progress (or otherwise) can be easily identified.
- No inbuilt perverse incentives that result in unwanted or wasteful actions.
- Statistically valid and not reporting annual fluctuations of small data sets.
- Timely to facilitate the tracking of progress as required.

The Measurement Framework for the ERRP has been designed to ensure that it, wherever possible, complies with this good practice.

Through our discussions with key HIE and Highland Council staff, a number of common themes emerged in terms of the broad approach that should be taken to measuring the delivery and impact of the ERRP. These can be thought of as the ***principles*** that will underpin the Measurement Framework and include:

- The importance of having a simple, easy to use system in place for monitoring progress. Elements of achieving this include:
  - Having a small number of indicators for each 'short term outcome'.
  - Utilising existing sources of data (such as HIE's internal HMS system) wherever possible.
  - Using similar or comparable measures across different 'short term outcomes' (e.g. number of jobs created).
- Not all indicators need to have the same reporting cycle. Indicators can be monitored quarterly, biannually or annually as appropriate. Linked to this, not all indicators need to be included in each quarterly feedback report to the Economic Growth and Recovery Sub-group. From 2015 onwards, an Annual SOA Performance report will be compiled – so data must be available for each indicator on at least an annual basis.
- There are a number of different audiences for the measurement data – including:
  - Internal (to PSP Board, HIE, Highland Council and University of the Highlands and Islands) to measure progress and inform future delivery plans.
  - Scottish Government and Audit Scotland in terms of demonstrating contribution to the Government Economic Strategy and National Outcomes.
  - Local politicians and community – with the focus on demonstrating what is being delivered and the impact it is having, particularly at the local level.

  The data collected must be able to meet the information needs of each of these groups.

In addition, consultees flagged up a number of challenges associated with the development and implementation of the ERRP Measurement Framework including:

- Limitations in the availability of (quality) data at a local level.
- Where data are used to 'measure' performance (and potentially have implications around budgets and resources) there may be issues around the willingness to share information.
- The degree to which outcomes can be controlled by partner organisations will vary.
- Many of the indicators are urban dominated – and provide little information about progress or otherwise in rural areas.
- Important to ensure that focus is on delivering actions set out in the ERRP – and that the Plan does not in itself become an action.

- Some activities funded by HIE (such as BT contract to increase broadband coverage) and some HIE business support services (such as International Strategy Workshops) are not captured on HMS.
- Must be careful in setting targets, especially where data availability does not fully reflect what HIE/HC is trying to achieve, as targets drive behaviours and can lead to an unwarranted focus on the wrong issues. HIE's pragmatism in monitoring is seen as a key strength – and important not to lose this here.

Each of these issues has been carefully considered in developing the Measurement Framework, with the indicators chosen those that best address these concerns.

The agreed indicators and targets, alongside the available baseline data for each indicator are set out in Figures 1-4. Figure 1 sets out the 'high level indicators' that the PSP will measure progress against. These are drawn from two sources:

- In addition to setting out short-term outcomes, the ERRP also sets out a number of key targets, and these must be included in the Measurement Framework. These are:
  - Create or sustain 5,000 jobs through public sector intervention.
  - Create 1,250 new business start-ups.
  - Assist 3,000 existing businesses with advice and support through Business Gateway.
- It is important that the impact that SOA ERRP actions are having on overall economic performance of Highland is captured. The Improvement Service has proposed a set of common indicators for SOA policy priorities. However, for many of these (such as GVA) it is not possible to disaggregate the data at the Highland level or the data is based on a survey– with limited survey samples within Highland. As such, only 2 indicators from the proposed list are included namely:
  - Number of registered enterprises per 10,000 populations.
  - Employment rate.

Figures 2-4 provide the indicators for each of the long-term outcomes set out in ERRP, namely:

- Enabling infrastructure.
- Support for business.
- Creating successful places.

The fourth long-term outcome, skills and employability, is to be handled outside of this exercise.

Each table sets out the short term outcomes that are identified in the ERRP, the indicators that should be used to measure progress against it, the baseline data for this indicator and the target for 2018/19.

At this stage, it is worth noting that throughout the ERRP, the development of a strategy or action plan is often given as the initial outcome. We have not included these as 'indicators' in Figures 2-4 as these are essentially key actions that will help inform the PSPs work to take forward these outcomes – rather than outcomes in and of themselves. However, the consultations undertaken to help develop this Measurement Framework flagged up that many of these strategies and action plans have not yet been developed – so progressing these should be a priority for the PSP partners.

Figure 1: High Level Indicators

	Baseline data						Progress in Year 1 of Plan	Full Target (in aggregate)
Indicator	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2018/19**
HL1: Number of jobs created or sustained through public sector interventions					1,010	387	1,793.3	5,000
HL2: Number of Business Gateway volume start up clients who have begun trading						215	250	1,250
HL3: Number of existing businesses accessing advisory services through Business Gateway						548	498	3,000
HL4: Number of VAT/PAYE registered enterprises per 10,000 populations			467.1	459.6	471.9	471.0	N/A	Top 4 local authority
HL5: % of working age population (16-64) in employment	80.8	79.2	80.9	77.8	79.9	75.4	74.2	Top 3 local authority

Figure 2: Enabling Infrastructure Indicators

		Baseline data						Progress in Year 1 of Plan	Target
Short Term Outcome	**Indicator**	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2018/19**
1. Roll out of next generation broadband across the area	**EI1:** % of addresses which are within the coverage area of superfast broadband networks				0.0%	3.3%	3.6%	Not yet available	90%[4]
	EI2: % of homes with broadband currently not achieving 2Mbit/s speeds				17.2%	16.0%	14.6%	Not yet available	<5%
2. Ensure that the region has access to 3G, 4G and mobile telephony services fit for the 21st century	**EI3:** % of area with no 2G signal						37.7		<25%
2. Ensure that the region has access to 3G, 4G and mobile telephony services fit for the 21st century	**EI4:** % of area with no 3G signal						69.9		<50%
3. Ensure that the region has appropriate connectivity through road, sea, rail and air links	**EI5:** % roads rated 'red'								
	• A roads						3		Below Scottish average
	• B roads						8		Below Scottish average

[4] BT currently delivering upgrade to system which should result in 84% coverage by 2016.

		Baseline data						Progress in Year 1 of Plan	Target
Short Term Outcome	**Indicator**	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2018/19**
	• C roads						12		Below Scottish average
	• Unclassified						10		Below Scottish average
3. Ensure that the region has appropriate connectivity through road, sea, rail and air links	**EI6:** % roads rated 'amber'								
	• A roads						22		Below Scottish average
	• B roads						28		Below Scottish average
	• C roads						30		Below Scottish average
	• Unclassified						28		Below Scottish average
3. Ensure that the region has appropriate connectivity through road, sea, rail and air links	**EI7:** Number of year-round scheduled cross-border/international routes	10	8	7	7	8	8	7	10

		Baseline data						Progress in Year 1 of Plan	Target
Short Term Outcome	Indicator	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2018/19
3. Ensure that the region has appropriate connectivity through road, sea, rail and air links	**EI8:** Weekly frequency of scheduled air services to London	33	33	33	33	33	33	21	33
3. Ensure that the region has appropriate connectivity through road, sea, rail and air links	**EI9:** Weekly frequency of scheduled air services to Manchester	13	13	13	13	13	13	13	15
3. Ensure that the region has appropriate connectivity through road, sea, rail and air links	**EI10:** Weekly frequency of scheduled air services to Amsterdam	0	0	0	0	7	7	7	14
3. Ensure that the region has appropriate connectivity through road, sea, rail and air links	**EI11:** Business Connectivity Index	-	526	522	522	585	585	465	662
3. Ensure that the region has appropriate connectivity through road, sea, rail and air links	**EI12:** Hub Connectivity Index	-	92	92	92	162	162	138	236
4. Ensure that the supply of business/industrial land meets anticipated future demand levels	**EI13:** % of adopted Local Development Plans up to date (less than 5 years old)						100%	100%	100%

		Baseline data						Progress in Year 1 of Plan	Target
Short Term Outcome	Indicator	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2018/19
5. Ensure that the electricity grid infrastructure is fit for purpose to support ambitions for renewable power	**EI14:** Number of electricity grid upgrade projects completed								8 projects to be completed by 2018/19[5]
6. Ensure that the regions ports can play an appropriate role in the Energy sector	**EI15:** Number of port upgrade projects completed								5 projects to be completed by 2018/19[6]
7. Ensure that there is sufficient housing stock to support the region's growth ambitions	**EI16:** Number of new homes completed		1,845	1,568	1,119	1,199	1,053	832	5,000 new homes by 2017
	• Social housing (Council houses and other non-council) social housing)		375	403	368	526	304		688 new homes by 2017
	• Private sector housing		1,470	1,065	831	673	749		

[5] Beauly-Blackhillock-Kintore (due to complete 2015); Beauly-Mossford (2015); Dounereay-Mybster (completion date not known); Beauly-Loch Buidhe (completion date not known); Orkney AC Link (completion date not known); Gills Bay Radial (completion date not known); Lairg-Loch Buidhe ((completion date not known); Beauly-Tomatin (completion date not known).
[6] Projects are Ardeseir; Kishorn; Nigg; Scrabster; and Wick.

Figure 3: Support for Business Indictors

		Baseline data						Progress in Year 1 of Plan	Target
	Indicator	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2018/19
1. Attraction of new inward investment into the region	**SB1:** Number of inward investment projects (new)						4	11	20 (cumulative)
1. Attraction of new inward investment into the region	**SB2:** Value (£) of inward investments (new)						N/A	N/A	No target – but track
1. Attraction of new inward investment into the region	**SB3:** Number of jobs supported FTEs in inward investors (both new and existing)						226 new jobs	158 new jobs	750 (cumulative)
2. Implementation of sector route maps for key sectors	**SB4:** Number of jobs supported FTEs in HIE supported businesses by GES growth sector								No target – but track
	• Creative Industries					0	5	16	
	• Energy					160	50	1,401	
	– Renewables					11	1	15	
	– Non-renewables					149	49	1386	
	• Financial and Business Services					500	5	5	
	• Food and Drink					243	60	66	
	• Life Sciences					7		48	
	• Sustainable Tourism					10	40	28	
	• Universities					0	0	0	

		Baseline data						Progress in Year 1 of Plan	Target
	Indicator	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2018/19**
2. Implementation of sector route maps for key sectors	**SB5:** Value of tourism sector							First data will be for 2014	Increase value by 4% per annum and to exceed Scottish growth rate
2. Implementation of sector route maps for key sectors	**SB6:** Installed capacity of renewable energy		819	930	1,297	1,330	1,471	5,080	1,471
2. Implementation of sector route maps for key sectors	**SB7:** Wave and tidal projects implemented		0	0	0	0	0	0	3 projects to be fully implemented by 2017
3. Ensure suitable support to area's social enterprises	**SB8:** Number of social enterprises supported by HIE					47	35	50	55
3. Ensure suitable support to area's social enterprises	**SB9:** Number of jobs supported FTEs in supported social enterprises					29	14	24	100 (cumulative)
4. Ensure that strategy and action plan to support business start up in the area is current and fit for purpose	**SB10:** Number of Business Gateway volume start up clients who have begun trading			167	243	244	215	250	1,250 (cumulative)
5. Enhance access to finance for Highland businesses	**SB11:** Total value (£) of financial support provided by HIE to businesses					£6.8 million	£4.9 million	£17.4 million	No target – but track
5. Enhance access to finance for Highland businesses	**SB12:** Number of Highland Opportunities loans issued						18	25	100

		Baseline data						Progress in Year 1 of Plan	Target
	Indicator	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2018/19
5. Enhance access to finance for Highland businesses	**SB13:** Value of Highland Opportunities loans issued						£326,400	£524,000	No target – but track
5. Enhance access to finance for Highland businesses	**SB14:** % of Highland Council procurement spend with Highland businesses	53.2%	46.7%	42.7%	46.9%	40.6%	42.9%	Not yet available	Increase spend by 5% by 2017
5. Enhance access to finance for Highland businesses	**SB15:** % of Highland Council procurement spend with Highland SMEs	42.8%	39.9%	36.0%	36.8%	35.2%	32.6%	Not yet available	Increase spend by 5% by 2017
6a. Create and support initiatives to strengthen status and profile of Gaelic within economic development 6b. Develop strategies for Gaelic related employment	**SB16:** Up-to-date (less than 5 years old) Gaelic Language Plan in place (including ‘economic development’ theme)						Yes	Yes	Strategy to be in place

Figure 4: Creating Successful Places Indicators

		Baseline data						Progress in Year 1 of Plan	Target
	Indicator	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2018/19**
1. Inverness and the wider region realise the benefits of the 'Seven Cities' strategy	**CSP1:** Number of projects completed								6 projects to be on site and/or completed[7]
1. Inverness and the wider region realise the benefits of the 'Seven Cities' strategy	**CSP2:** Working age population (16-64) Note: Calendar years not financial years (e.g. 2011 not 2011/12)					44,567	44,674	44,316	Growth of 5%
2. Existence of the right environment for Highlands towns, industrial and rural areas to prosper	**CSP3:** Working age population (16-64) Note: Calendar years not financial years (e.g. 2011 not 2011/12)								
	• Dingwall					3,930	3,926	3,908	Growth of 3%
	• Fort William					6,597	6,603	6,567	Growth of 3%
	• Invergordon/Alness					6,811	6,745	6,661	Growth of 3%

[7] 6 projects specified in strategy are City Centre; Inverness Campus; Torvean/Ness-side; Muirtown; Inshes/Raigmore; and IABP

		Baseline data						Progress in Year 1 of Plan	Target
	Indicator	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2018/19**
	• Inverness					44,567	44,674	44,316	Growth of 5%
	• Nairn					6,983	7,027	6,949	Growth of 5%
	• Portree					1,487	1,574	1,566	Growth of 5%
	• Thurso					5,745	5,605	5,526	Growth of 3%
	• Wick					5,298	5,271	5,209	Growth of 3%
2. Existence of the right environment for Highlands towns, industrial and rural areas to prosper	**CSP4:** % of working age population claiming Jobseekers Allowance								Return to pre-recession rates (i.e. 2007/08)
	• Dingwall	1.6	1.6	3.2	3.5	3.4	3.3	2.6	1.6
	• Fort William	1.7	1.7	2.7	2.8	3.3	3.4	2.9	1.7
	• Invergordon/Alness	3.0	3.2	4.8	5.2	4.8	4.7	4.0	3.0
	• Inverness	1.5	1.6	3.0	3.0	3.1	3.1	2.6	1.5
	• Nairn	1.4	1.7	2.8	2.9	2.9	2.7	2.2	1.4
	• Portree	2.3	2.7	3.6	3.4	4.0	4.5	4.3	2.3
	• Thurso	2.4	2.3	3.2	3.9	4.3	3.8	3.4	2.4
	• Wick	3.6	3.4	4.8	5.3	5.7	5.3	5.2	3.6

		Baseline data						Progress in Year 1 of Plan	Target
	Indicator	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2018/19**
3. Support large-scale employment growth opportunities	No indicator available								
4. Communities can participate in and benefit from the development of renewable energy across the Highlands	**CSP5:** Number of developments in Highland that pay community benefits from renewables							23	30
4. Communities can participate in and benefit from the development of renewable energy across the Highlands	**CSP6:** Number of communities receiving community benefits from renewables							34	40
5. Targeting regeneration and fragile areas	**CSP7:** Total population 34 data zones defined as 'fragile' by HIE Note: Calendar years not financial years (e.g. 2011 not 2011/12)					24,115	23,947	23,900	(a) Overall population stable (b) Increase in population in at least 20 data zones, stable in at least 10
5. Targeting regeneration and fragile areas	**CSP8:** Number of data zones in worst 15% nationally (SIMD)				16 (SIMD 2009 Update)	-	17 (SIMD 2012)	-	12
6. Ensure Caithness and North Sutherland reap maximum social and community benefits from decommissioning	**CSP9:** Number of new jobs created in Caithness and North Sutherland		50.5	142	281.5	153.5	133.5	140.25	500 (100 per annum)
7. An attractive region for young people	**CSP10:** Population aged 16-24 Note: Calendar years not					21,968	22,200	22,100	Growth of 5%

		Baseline data						Progress in Year 1 of Plan	Target
	Indicator	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2018/19**
	financial years (e.g. 2011 not 2011/12)								
	CSP11: % of school leavers moving into a positive destination			86.7% (19)	89.4% (=13)	90.7% (13)	93.1% (11)	-	Top 8 local authority
	CSP12: % of young people (aged 16-24) claiming JSA	2.1	2.7	3.7	3.8	3.8	3.5	2.4	Return to pre-recession rates (i.e. 2007/08)
8. Highland as an international study destination	No indicator available								
9a. Improved access to further and higher education within Highland communities for young people 9b. Improved access to further and higher education within Highland communities for mature students	**CSP13:** Number of students from Highlands and Islands studying at UHI and Stirling University campuses in Highland **CSP14:** % of total students at UHI and Stirling University campuses in Highland from Highlands and Islands						3,288 80.6%		Increase in places to 3,500

Introduction

The purpose of establishing the Measurement Framework for the ERRP is to provide intelligence so that:

- PSP partners know the extent to which they are achieving the outcomes they have set for the period 2013/14 to 2018/19.
- Corrective action can be taken when performance is below expectation, for example, by reallocating resources.
- Improvements to design and delivery can be made if weaknesses are identified.
- Improvements to management or partnership working can be made.

As such, a process is required to:

- Bring together the different strands of data to identify the overall performance.
- Utilise this analysis to improve performance.

Roles and Responsibilities of PSP Partners

The Economic Growth and Recovery Sub-Group of the PSP are responsible for delivering the ERRP. This group is currently chaired by Highlands and Islands Enterprise. In terms of collecting, analysing and utilising the data in the Measurement Framework, we propose the Economic Growth and Recovery Sub-Group adopt the following approach.

- Many of the indicators included in the Measurement Framework are already collected by Highlands and Islands Enterprise, Highland Council or another partner. In these cases, the individual responsible for collecting this data, along with details of their line manager, is given in the accompanying Excel database. One individual from each PSP partner organisation should be tasked with ensuring data from across their organisation is fed into the Economic Growth and Recovery Sub-Group at the appropriate juncture (e.g. quarterly, biannually, annually).
- Where an indicator is drawn from a national dataset (e.g. Businesses in Scotland, Annual Population Survey, Scottish Transport Statistics), there must be a dedicated individual with responsibility for collating, analysing and reporting this data to the Economic Growth and Recovery Sub-group. This individual must have both the expertise to extract and analyse the data and the capacity (time and resources) to do so. Agreeing the organisation and individual that will fulfil this role is an immediate priority for the Economic Growth and Recovery Sub-Group.
- In terms of reviewing the data and using it as a basis for decision making, this must be done by the Economic Growth and Recovery Sub-Group as a whole. This aligns with the central purpose of Community Planning Partnerships to co-ordinate and improve the delivery of public services to achieve the priorities for their area.
- From 2015 onwards, and Annual SOA Performance Report must be compiled by the Highland PSP for the Scottish Government. The Measurement Framework provides a process to allow the data for the ‘economic growth and recovery’ priority to be collected, but an individual must be designated to act as the contact point between the Economic Growth and Recovery Sub-Group and the team tasked by the PSP to compile this Annual Report. Again, it is important that this individual has both the skills and the resources to be able to input the data required by this statutory reporting process.

One consideration in designing the Measurement Framework is how regularly the Economic Growth and Recovery Sub-Group should monitor progress against the indicators agreed.

- The accompanying Excel database outlines the reporting schedule for each indicator (e.g. how often the data is updated) – and makes a recommendation about how often each indicator is reviewed by the Economic Growth and Recovery Sub-Group.

- In general, it is recommended that:
  - Indicators that relate to activities (such as number of Business Gateway volume start up clients who have begun training, number of new homes completed, etc.) should be reviewed at every Economic Growth and Recovery Sub-Group meeting to enable partners to adjust their approach quickly in light of under- (or indeed over-) performance .
  - Indicators that relate to long term objectives (such as electricity grid upgrades or condition of road networks), alongside those that demonstrate the impact of PSP partners (such as the number of jobs created or sustained through public sector interventions) should be reviewed less regularly. We suggest that the Economic Growth and Recovery Sub-Group review these indicators annually.

The Highland Community Planning Partnership

Community Planning Board – 13 October 2014

Employability Progress Report/Delivery Plan 2014/15

Report by Director of Development and Infrastructure

Summary: The Report presents an overview of progress in achieving the Employment outcomes identified in the Single Outcome Agreement and identifies emerging priorities which will shape delivery during 2014/15.

1. Background

1.1 The Single Outcome Agreement (SOA) identifies key Employment Outcomes as widening participation in the labour market across all client groups and across all parts of Highland. In that context young people and geographic areas of high unemployment were identified as priorities. The Employment strand of the SOA is also strongly linked with Skills and Economic Development as well as addressing health inequalities. The cross cutting nature of the subject is reflected in current Scottish Government guidance on Employability – Working for Growth – which identifies strengthening strategic leadership and integrated service development as key success factors in achieving wider and more equitable employment.

2. Overview

2.1 Unemployment – The headline figures for JSA Claimants have improved since the publication of the SOA – 1,885 at August 2014 against 4,509 in February 2013. While there have been underlying changes to the JSA count that means they are not directly comparable – nevertheless there appears to be overall improvement.

2.2 Youth Unemployment – It is clear that the situation regarding young people has improved considerably – 360 JSA aged 18 – 24 at August 2014 compared with 1,024 in February 2013. However, there are still relatively high numbers of young people aged under 25 who have been unemployed for more than 6 months and numbers remain high in areas of socio-economic disadvantage.

2.3 Partnership Actions - The partnership identified a number of key actions aimed at achieving Employment Outcomes including:

- Support to large scale employment opportunities and growth opportunities;
- Alignment of partnership training and recruitment activity for individuals and businesses;
- Ensuring participation of young people particularly those most at risk of exclusion;
- Addressing inequalities

3. Progress

3.1 There have been a number of partnership actions associated with major infrastructure developments in Highland:

- SSE / Inverness College collaboration in recruitment and training of staff for power line installations;
- North Highland College activity in association with energy developments in Caithness;
- SDS and JCP support to developments at Nigg Energy Park and the Inverness Beechwood UHI Campus site.

3.2 The co-commissioning arrangements between Skills Development Scotland; Highland Council and JCP have also progressed. Highland Council and JCP are engaged in advising on the assessment and allocation of the SDS Employability Fund national training programme in Highland. Similarly there are now regular liaison arrangements for the planning and delivery of Highland Council employability programmes. The SDS programme delivers over 300 training places over a year and the Council programmes include Activity Agreements and contracted services providing core skills and personal learning activity for people who are unemployed and returning to work often after a period of absence. The Council's programme is supported by the European Social Fund – with the current programme concluding between now and end March 2015.

3.3 Young people have been a significant priority for partnership actions over the past three years. A major feature of that activity has been the Council's Activity Agreement Programme aimed at engaging young people in learning activity after they had left school and aiming to progress them to employment or further learning programmes. Activity Agreements have engaged over 700 young people over the past three years and have been made a major contribution over this period of economic challenge – along with other partnership actions bringing together staff from SDS and JCP in joint activity.

3.4 The Employability services have aligned their activities with the preventive spend approach being adopted by the Community Planning partners. Service planning and delivery is taking account of the various welfare reform developments, including the changing job seekers requirements, the introduction of Universal Credit and work capability assessments. Specific targeted activity has included:

- Actions and funding in areas of multiple disadvantage;
- Alignment with other community development activity – mainly NHS projects and health inequalities;
- Focus on engagement of people recovering from long term health conditions in training, personal development activity;
- Cross-service working – aligning activity between housing and family support; financial inclusion and employability activity to provide more holistic services.

4. Future Priorities

4.1 While there is clear evidence of improvement in the economy and employment with joint activity playing an important part there are still major challenges and opportunities yet to be realised. Economic progress is necessary in order to achieve the economic and social outcomes included in the Outcome Agreement – requiring sustained activity on the part of the partnership. Significant development opportunities in the next year include:

- Delivering on the Commission on Scotland's Young Workforce (Wood Commission);
- Highlands and Islands Skills Investment Plan and in particular, the Highland Action Plan;
- Maximising and aligning activity generated by the new EU Structural Fund Programme 2014-2020;
- Continuing to widen participation through measures that engage disadvantaged groups - returners to the labour market, people with long term conditions; people on low incomes;
- Improving alignment of partnership provision and joint working

4.2 The EU Programme 2014-2020 includes a series of Strategic Interventions including a specific Employability Intervention and one entitled Social Inclusion and Poverty (along with others that will include Business Development; Skills Development and Community Development themes). It is understood the Employability Intervention will total some £19.6m over 6 years at the Highland & Islands level – and ring-fenced to the area. There will be £12m across Scotland for the Social Inclusion and Poverty theme.

4.3 These two Interventions will be managed and delivered at CPP level with Local Authorities as the delivery agents for Scottish Government. The methodology for the initial distribution of these funds is being discussed between LA's and Scottish Government and may be announced soon. ESF funding has been a major part of the Employability resources available to partners over the past three years and plans are being developed to continue to provide a range of services. The new programme has an EU intervention rate of 45% and therefore the level of activity will also require considerable match funding.

4.4 Some Third Sector organisations have made direct use of ESF funding in the current programme – supported by their own revenue generation as well as grant funding from Council and charitable sources. While there is to be a "national" Third Sector Programme it is likely that smaller, regional organisations may only be able to access EU funding through the CPP programme. It is likely that much of the provision in Highland will be procured through competitive tendering. There are a number of issues to be clarified around the eligibility criteria, priorities and funding mechanisms of the programme and Local Authorities are working closely with Scottish Government to resolve these.

4.5 The new Programme provides significant opportunities for achieving the

objectives of the partnership for alignment, coordination and ultimately the outcome of achieving wider participation. The planning activity includes designing measures to:

- Complement the school / college / business programmes by providing opportunities for young people who need additional support;
- Supporting the development of structured, appropriate work experience opportunities in the private and public sectors;
- Encouraging recruitment and workforce development advice and incentives to small and medium enterprises;
- Commissioning – current arrangements will require the separate commissioning of national and local services – though with improved liaison and alignment. The Council is aiming to aggregate much of its activities within the Programme.

Recommendation
Note progress and the new emerging work priorities linked to Wood Commission; the Skills Investment Plan; the ESF Programme and a more challenging and disadvantaged client group.

Designation: Director of Development and Infrastructure

Date: 6 October 2014

Author: Bob Mackinnon

Background Papers: Working For Growth –

http://www.scotland.gov.uk/Publications/2012/09/5609

POLICE
SCOTLAND
Keeping people safe

Management Information

Council Area Report: year end 2013/14

Full report available - www.scotland.police.uk

TABLE 17.1
Stop and search activity - Police Scotland (Highland):
Number of searches, by reason; 2012/13 - 2013/14

Reason for search	Stop/searches (Number)		Change from 2012/13		Searches per 10,000 population		
	2012/13	2013/14	No.	%	2012/13	2013/14	% Change
TOTAL[1]	**4 919**	**4 724**	**- 195**	**- 4.0**	**211.2**	**202.8**	**- 4.0**
Drugs	4 230	3 154	-1 076	*- 25.4*	*181.6*	*135.4*	*- 25.5*
Offensive weapons	115	109	- 6	*- 5.2*	*4.9*	*4.7*	*- 5.2*
Firearms	14	10	- 4	*- 28.6*	*0.6*	*0.4*	*- 28.6*
Stolen property	546	1 300	754	*138.1*	*23.4*	*55.8*	*138.1*
Alcohol	14	148	134	*957.1*	*0.6*	*6.4*	*957.0*
Fireworks	-	2	2	*x*	-	*0.1*	*x*
Terrorism Act 2000	-	-	-	*x*	-	-	*x*
Other reasons	-	1	1	*x*	-	*0.0*	*x*

Reason for search	Stop/searches (Positive)		Change from 2012/13		Percentage positive		
	2012/13	2013/14	No.	%	2012/13	2013/14	% Point Change
TOTAL[1]	**945**	**742**	**- 203**	**- 21.5**	**19.2**	**15.7**	**- 3.5**
Drugs	892	578	- 314	*- 35.2*	*21.1*	*18.3*	- 2.8
Offensive weapons	9	16	7	*77.8*	*7.8*	*14.7*	6.9
Firearms	2	-	- 2	*- 100.0*	*14.3*	-	- 14.3
Stolen property	35	66	31	*88.6*	*6.4*	*5.1*	- 1.3
Alcohol	7	82	75	*1 071.4*	*50.0*	*55.4*	5.4
Fireworks	-	-	-	*x*	-	-	x
Terrorism Act 2000	-	-	-	*x*	-	-	x
Other reasons	-	-	-	*x*	-	-	x

1 - Due to small numbers, the percentage change and percentage point change have been excluded for the following classifications: fireworks, terrorism and other reasons.

TABLE 17.2
Stop and search activity - Police Scotland (Highland):
Number of searches, by selected demographics; 2012/13 - 2013/14

Demographics (Gender/Age/Ethnicity)	Stop/searches (Number)		Change from 2012/13		Searches per 10,000 population		
	2012/13	2013/14	No.	%	2012/13	2013/14	% Change
TOTAL	**4 919**	**4 724**	**- 195**	**- 4.0**	**211.2**	**202.8**	**- 4.0**
Male	4 349	4 210	- 139	*- 3.2*	381.4	369.2	*- 3.2*
Female	570	514	- 56	*- 9.8*	47.9	43.2	*- 9.9*
Not known	-	-	-	-	x	x	*x*
Male							
0 to 9	-	2	2	*x*	-	1.6	*x*
10 to 15	109	122	13	*11.9*	132.6	151.6	*14.4*
16 to 19	815	739	- 76	*- 9.3*	1 479.9	1 334.7	*- 9.8*
20 to 24	1 166	879	- 287	*- 24.6*	1 924.7	1 467.4	*- 23.8*
25 to 29	793	654	- 139	*- 17.5*	1 263.1	1 025.2	*- 18.8*
30 to 39	914	1 000	86	*9.4*	718.0	790.1	*10.0*
40 to 49	401	483	82	*20.4*	238.7	296.1	*24.0*
50 and over	150	331	181	*120.7*	32.9	71.5	*117.1*
Not known	1	-	- 1	*x*	x	x	*x*
Female							
0 to 9	-	1	1	*x*	-	0.8	*x*
10 to 15	22	23	1	*4.5*	28.9	30.5	*5.3*
16 to 19	97	77	- 20	*- 20.6*	188.3	155.0	*- 17.7*
20 to 24	119	82	- 37	*- 31.1*	216.3	147.6	*- 31.7*
25 to 29	122	91	- 31	*- 25.4*	190.7	143.7	*- 24.7*
30 to 39	129	146	17	*13.2*	96.2	109.7	*14.1*
40 to 49	52	65	13	*25.0*	28.6	36.4	*27.2*
50 and over	29	29	-	-	5.7	5.7	*- 1.5*
Not known	-	-	-	*x*	x	x	*x*
Ethnicity[1]							
White - Scottish	4 216	3 774	- 442	*- 10.5*	227.4	203.5	*- 10.5*
White - other	635	786	151	*23.8*	145.8	180.5	*23.8*
Mixed	4	1	- 3	*- 75.0*	60.2	15.1	*- 75.0*
Asian	18	25	7	*38.9*	121.0	168.1	*38.9*
Black	11	13	2	*18.2*	270.3	319.4	*18.2*
Chinese	2	4	2	*100.0*	52.8	105.5	*100.0*
Other	-	35	35	*x*	x	x	*x*
Refused or not known	33	86	53	*x*	x	x	*x*

1 - Based on population data from the 2011 census.

TABLE 17.3
Domestic abuse recorded by Police Scotland (Highland):
By selected incident classifications; 2012/13 - 2013/14

Domestic abuse incidents	Number		Change from 2012/13	
	2012/13	2013/14	No.	%
Number of domestic abuse incidents recorded	2 102	2 139	37	*1.8*
				% Point Change
Proportion (%) of domestic abuse incidents which result in a crime report	*48.2*	*41.9*	x	- 6.3

TABLE 17.4
Crimes recorded by Police Scotland (Highland):
Number recorded, crime rate, detected and detection rate by crime group; 2012/13 - 2013/14

Crime group	Number reported		Change from 2012/13		Crimes per 10,000 population		
	2012/13	2013/14	No.	%	2012/13	2013/14	% Change
TOTAL CRIMES (Groups 1 to 5)	**9 707**	**8 232**	**-1 475**	**- 15.2**	***416.8***	***353.4***	***-15.2***
Group 1: crimes of violence	344	226	- 118	*-34.3*	*14.8*	*9.7*	*-34.3*
Group 2: sexual crimes	317	375	58	*18.3*	*13.6*	*16.1*	*18.3*
Group 3: crimes of dishonesty	3 817	3 725	- 92	*-2.4*	*163.9*	*159.9*	*-2.4*
Group 4: fire-raising, malicious mischief etc	2 362	1 912	- 450	*-19.1*	*101.4*	*82.1*	*-19.1*
Group 5: other crimes	2 867	1 994	- 873	*-30.4*	*123.1*	*85.6*	*-30.5*

Crime group	Number of detections		Change from 2012/13		Detection rate (%)		
	2012/13	2013/14	No.	%	2012/13	2013/14	% Point Change
TOTAL CRIMES (Groups 1 to 5)	**6 481**	**5 156**	**-1 325**	***-20.4***	***66.8***	***62.6***	**-4.1**
Group 1: crimes of violence	324	207	- 117	*-36.1*	*94.2*	*91.6*	-2.6
Group 2: sexual crimes	237	309	72	*30.4*	*74.8*	*82.4*	7.6
Group 3: crimes of dishonesty	1 970	1 724	- 246	*-12.5*	*51.6*	*46.3*	-5.3
Group 4: fire-raising, malicious mischief etc	1 102	785	- 317	*-28.8*	*46.7*	*41.1*	-5.6
Group 5: other crimes	2 848	2 131	- 717	*-25.2*	*99.3*	*106.9*	7.5

TABLE 17.5
Group 1 crimes recorded by Police Scotland (Highland):
Number recorded, crime rate, detected and detection rate by selected crime classification 2012/13 - 2013/14.

Selected crime classification	Number reported		Change from 2012/13		Rate per 10,000 population		
	2012/13	2013/14	No.	%	2012/13	2013/14	% Change
TOTAL GROUP 1	**344**	**226**	**- 118**	***-34.3***	***14.8***	***9.7***	***-34.3***
Murder (excluding culpable homicide at common law)	1	1	-	-	*0.0*	*0.0*	*0.0*
Culpable homicide (at common law)	3	-	- 3	*-100.0*	*0.1*	-	*-100.0*
Culpable homicide (under statute including RTA, sec. 1)[1]	4	5	1	*25.0*	*0.2*	*0.2*	*25.0*
Attempted murder	16	13	- 3	*-18.8*	*0.7*	*0.6*	*-18.8*
Serious assault	163	50	- 113	*-69.3*	*7.0*	*2.1*	*-69.3*
Robbery and assault with intent to rob	24	23	- 1	*-4.2*	*1.0*	*1.0*	*-4.2*
Cruel and unnatural treatment of children	70	74	4	*5.7*	*3.0*	*3.2*	*5.7*
Offences relating to serious organised crime	11	9	- 2	*-18.2*	*0.5*	*0.4*	*-18.2*
Other group 1 crimes	52	51	- 1	*-1.9*	*2.2*	*2.2*	*-1.9*

Selected crime classification	Number of detections		Change from 2012/13		Detection rate (%)		
	2012/13	2013/14	No.	%	2012/13	2013/14	% Point Change
TOTAL GROUP 1	**324**	**207**	**- 117**	***-36.1***	***94.2***	***91.6***	**-2.6**
Murder (excluding culpable homicide at common law)	1	1	-	-	*100.0*	*100.0*	-
Culpable homicide (at common law)	3	-	- 3	*-100.0*	*100.0*	-	-100.0
Culpable homicide (under statute including RTA, sec. 1)[1]	4	5	1	*25.0*	*100.0*	*100.0*	-
Attempted murder	16	13	- 3	*-18.8*	*100.0*	*100.0*	-
Serious assault	157	40	- 117	*-74.5*	*96.3*	*80.0*	-16.3
Robbery and assault with intent to rob	14	15	1	*7.1*	*58.3*	*65.2*	6.9
Cruel and unnatural treatment of children	69	76	7	*10.1*	*98.6*	*102.7*	4.1
Offences relating to serious organised crime	11	9	- 2	*-18.2*	*100.0*	*100.0*	-
Other group 1 crimes	49	48	- 1	*-2.0*	*94.2*	*94.1*	-0.1

1 - Culpable homicide (under statute) includes the following: causing death by dangerous driving; death by careless driving when under influence of drink or drugs; causing death by careless driving (illegal driver, disqualified, unlicensed etc) involved in fatal accident and corporate homicide.

TABLE 17.6
Group 2 crimes recorded by Police Scotland (Highland):
Number recorded, crime rate, detected and detection rate by selected crime classification 2012/13 - 2013/14.

Selected crime classification	Number reported		Change from 2012/13		Rate per 10,000 population		
	2012/13	2013/14	No.	%	2012/13	2013/14	% Change
TOTAL GROUP 2	**317**	**375**	**58**	**18.3**	***13.6***	***16.1***	***18.3***
Rape	74	104	30	*40.5*	*3.2*	*4.5*	*40.5*
Assault with intent to rape	4	6	2	*50.0*	*0.2*	*0.3*	*50.0*
Sexual assault (pre-SOSA 2009)	29	37	8	*27.6*	*1.2*	*1.6*	*27.6*
Sexual assault (SOSA 2009)	83	85	2	*2.4*	*3.6*	*3.6*	*2.4*
Lewd & libidinous practices	26	42	16	*61.5*	*1.1*	*1.8*	*61.5*
Sexual assault total	**138**	**164**	**26**	***18.8***	***5.9***	***7.0***	***18.8***
Prostitution related crime	-	2	2	*x*	-	*0.1*	*x*
Other Group 2 crimes	101	99	- 2	*-2.0*	*4.3*	*4.2*	*-2.0*

Selected crime classification	Number of detections		Change from 2012/13		Detection rate (%)		
	2012/13	2013/14	No.	%	2012/13	2013/14	% Point Change
TOTAL GROUP 2	**237**	**309**	**72**	**30.4**	***74.8***	***82.4***	**7.6**
Rape	51	79	28	*54.9*	*68.9*	*76.0*	7.0
Assault with intent to rape	3	8	5	*166.7*	*75.0*	*133.3*	58.3
Sexual assault (pre-SOSA 2009)	24	41	17	*70.8*	*82.8*	*110.8*	28.1
Sexual assault (SOSA 2009)	62	54	- 8	*-12.9*	*74.7*	*63.5*	-11.2
Lewd & libidinous practices	21	46	25	*119.0*	*80.8*	*109.5*	28.8
Sexual assault total	**107**	**141**	**34**	***31.8***	***77.5***	***86.0***	**8.4**
Prostitution related crime	-	1	1	*x*	-	*50.0*	50.0
Other Group 2 crimes	76	80	4	*5.3*	*75.2*	*80.8*	5.6

TABLE 17.7
Group 3 crimes recorded by Police Scotland (Highland):
Number recorded, crime rate, detected and detection rate by selected crime classification 2012/13 - 2013/14.

Selected crime classification	Number reported		Change from 2012/13		Rate per 10,000 population		
	2012/13	2013/14	No.	%	2012/13	2013/14	% Change
TOTAL GROUP 3	**3 817**	**3 725**	**- 92**	**- 2.4**	***163.9***	***159.9***	***-2.4***
Housebreaking (domestic dwelling, incl. attempts)	205	243	38	*18.5*	*8.8*	*10.4*	*18.5*
Housebreaking (non-domestic dwelling, incl. attempts)	60	84	24	*40.0*	*2.6*	*3.6*	*40.0*
Housebreaking (other, incl. attempts)	163	173	10	*6.1*	*7.0*	*7.4*	*6.1*
Total housebreaking (incl. attempts)	**428**	**500**	**72**	***16.8***	***18.4***	***21.5***	***16.8***
Motor vehicle crime[1]	303	304	1	*0.3*	*13.0*	*13.1*	*0.3*
Theft by OLP[2] (exc. motor vehicle) incl. attempts	106	78	- 28	*-26.4*	*4.6*	*3.3*	*-26.4*
Theft (not elsewhere classified)[3]	1 478	1 473	- 5	*-0.3*	*63.5*	*63.2*	*-0.4*
Theft by shoplifting	773	734	- 39	*-5.0*	*33.2*	*31.5*	*-5.1*
Fraud	352	261	- 91	*-25.9*	*15.1*	*11.2*	*-25.9*
Other Group 3 crimes	377	375	- 2	*-0.5*	*16.2*	*16.1*	*-0.5*

Selected crime classification	Number of detections		Change from 2012/13		Detection rate (%)		
	2012/13	2013/14	No.	%	2012/13	2013/14	% Point Change
TOTAL GROUP 3	**1 970**	**1 724**	**- 246**	**- 12.5**	***51.6***	***46.3***	**-5.3**
Housebreaking (domestic dwelling, incl. attempts)	84	98	14	*16.7*	*41.0*	*40.3*	-0.6
Housebreaking (non-domestic dwelling, incl. attempts)	26	23	- 3	*-11.5*	*43.3*	*27.4*	-16.0
Housebreaking (other, incl. attempts)	73	59	- 14	*-19.2*	*44.8*	*34.1*	-10.7
Total housebreaking (incl. attempts)	**183**	**180**	**- 3**	***-1.6***	***42.8***	***36.0***	**-6.8**
Motor vehicle crime[1]	146	103	- 43	*-29.5*	*48.2*	*33.9*	-14.3
Theft by OLP[2] (exc. motor vehicle) incl. attempts	57	27	- 30	*-52.6*	*53.8*	*34.6*	-19.2
Theft (not elsewhere classified)[3]	492	448	- 44	*-8.9*	*33.3*	*30.4*	-2.9
Theft by shoplifting	689	622	- 67	*-9.7*	*89.1*	*84.7*	-4.4
Fraud	219	182	- 37	*-16.9*	*62.2*	*69.7*	7.5
Other Group 3 crimes	184	162	- 22	*-12.0*	*48.8*	*43.2*	-5.6

1 - Motor vehicle crime includes: theft by OLP (motor vehicle); OLP with intent to steal; attempted OLP with intent to steal; theft of motor vehicle; attempted theft of a motor vehicle; theft from a motor vehicle (not elsewhere classified).
2 - OLP (opening lock-fast place).
3 - Theft not elsewhere classified includes: theft at common law, the Gas Act 1986 and Civic Government (Scotland) Act 1982 (S67(1)&(6)

TABLE 17.8
Group 4 crimes recorded by Police Scotland (Highland):
Number recorded, crime rate, detected and detection rate by selected crime classification 2012/13 - 2013/14.

Selected crime classification	Number reported		Change from 2012/13		Rate per 10,000 population		
	2012/13	2013/14	No.	%	2012/13	2013/14	% Change
TOTAL GROUP 4	**2 362**	**1 912**	**- 450**	**- 19.1**	***101.4***	***82.1***	***-19.1***
Fire-raising	58	57	- 1	*-1.7*	*2.5*	*2.4*	*-1.7*
Vandalism/malicious mischief	2 233	1 794	- 439	*-19.7*	*95.9*	*77.0*	*-19.7*
Reckless conduct with a firearm	3	1	- 2	*-66.7*	*0.1*	*0.0*	*-66.7*
Reckless conduct (not firearm)	68	59	- 9	*-13.2*	*2.9*	*2.5*	*-13.3*
Other Group 4 crimes	-	1	1	*x*	-	*0.0*	*x*

Selected crime classification	Number of detections		Change from 2012/13		Detection rate (%)		
	2012/13	2013/14	No.	%	2012/13	2013/14	% Point Change
TOTAL GROUP 4	**1 102**	**785**	**- 317**	**- 28.8**	***46.7***	***41.1***	**-5.6**
Fire-raising	31	35	4	*12.9*	*53.4*	*61.4*	8.0
Vandalism/malicious mischief	1 009	694	- 315	*-31.2*	*45.2*	*38.7*	-6.5
Reckless conduct with a firearm	3	1	- 2	*-66.7*	*100.0*	*100.0*	-
Reckless conduct (not firearm)	59	54	- 5	*-8.5*	*86.8*	*91.5*	4.8
Other Group 4 crimes	-	1	1	*x*	-	*100.0*	100.0

TABLE 17.9
Group 5 crimes recorded by Police Scotland (Highland):
Number recorded, crime rate, detected and detection rate by selected crime classification 2012/13 - 2013/14.

Selected crime classification	Number reported		Change from 2012/13		Rate per 10,000 population		
	2012/13	2013/14	No.	%	2012/13	2013/14	% Change
TOTAL GROUP 5	**2 867**	**1 994**	**- 873**	**- 30.4**	***123.1***	***85.6***	***-30.5***
Bail offences other than absconding	504	401	- 103	*-20.4*	*21.6*	*17.2*	*-20.5*
Carrying offensive weapons (incl. restriction)	111	78	- 33	*-29.7*	*4.8*	*3.3*	*-29.7*
Handling bladed/pointed instrument	56	55	- 1	*-1.8*	*2.4*	*2.4*	*-1.8*
Total offensive/bladed weapons	**167**	**133**	**- 34**	***-20.4***	***7.2***	***5.7***	***-20.4***
Supply drugs	233	97	- 136	*-58.4*	*10.0*	*4.2*	*-58.4*
Possess drugs	1 319	891	- 428	*-32.4*	*56.6*	*38.2*	*-32.5*
Other drugs offences (incl. importation & production)	7	-	- 7	*-100.0*	*0.3*	-	*-100.0*
Total drugs crimes	**1 559**	**988**	**- 571**	***-36.6***	***66.9***	***42.4***	***-36.6***
Other Group 5 crimes	637	472	- 165	*-25.9*	*27.3*	*20.3*	*-25.9*

Selected crime classification	Number of detections		Change from 2012/13		Detection rate (%)		
	2012/13	2013/14	No.	%	2012/13	2013/14	% Point Change
TOTAL GROUP 5	**2 848**	**2 131**	**- 717**	**- 25.2**	***99.3***	***106.9***	**7.5**
Bail offences other than absconding	500	395	- 105	*-21.0*	*99.2*	*98.5*	-0.7
Carrying offensive weapons (incl. restriction)	110	77	- 33	*-30.0*	*99.1*	*98.7*	-0.4
Handling bladed/pointed instrument	56	55	- 1	*-1.8*	*100.0*	*100.0*	-
Total offensive/bladed weapons	**166**	**132**	**- 34**	***-20.5***	***99.4***	***99.2***	**-0.2**
Supply drugs	232	114	- 118	*-50.9*	*99.6*	*117.5*	18.0
Possess drugs	1 308	1 005	- 303	*-23.2*	*99.2*	*112.8*	13.6
Other drugs offences (incl. importation & production)	7	-	- 7	*-100.0*	*100.0*	-	-100.0
Total drugs crimes	**1 547**	**1 119**	**- 428**	***-27.7***	***99.2***	***113.3***	**14.0**
Other Group 5 crimes	635	485	- 150	*-23.6*	*99.7*	*102.8*	3.1

TABLE 17.10
Group 6 and Group 7 offences recorded by Police Scotland (Highland):
Number recorded, offence rate, detected and detection rate by selected offence classification; 2013/14.

Selected offence classification	2013/14			
	Number recorded	Rate per 10,000 population	Number of detections	Detection rate (%)
TOTAL GROUP 6	**6 347**	***272.5***	**5 878**	***92.6***
Common assault (excl. assault of emergency worker)	2 224	*95.5*	1 883	*84.7*
Common assault of emergency worker	234	*10.0*	233	*99.6*
Total common assaults	**2 458**	***105.5***	**2 116**	***86.1***
Breach of the peace	652	*28.0*	674	*103.4*
Threatening and abusive behaviour	1 683	*72.2*	1 591	*94.5*
Stalking	48	*2.1*	48	*100.0*
Breach of the peace (incl. threats and stalking)	**2 383**	***102.3***	**2 313**	***97.1***
Racially aggravated harassment/conduct	49	*2.1*	46	*93.9*
Drunk and incapable	471	*20.2*	474	*100.6*
Consume alcohol in designated place local bye-law	201	*8.6*	201	*100.0*
Other alcohol related offences	126	*5.4*	128	*101.6*
Other Group 6 offences	659	*28.3*	600	*91.0*
TOTAL GROUP 7	**11 884**	***510.2***	**11 945**	***100.5***
Dangerous driving offences	192	*8.2*	194	*101.0*
Drink, drug driving offences (incl. fail to provide a specimen)	367	*15.8*	369	*100.5*
Speeding offences	4 422	*189.8*	4 440	*100.4*
Driving while disqualified	32	*1.4*	32	*100.0*
Driving without a licence	225	*9.7*	237	*105.3*
Failure to insure against third party risks	731	*31.4*	756	*103.4*
Seat belt offences	812	*34.9*	826	*101.7*
Mobile phone offences	642	*27.6*	662	*103.1*
Driving carelessly	350	*15.0*	347	*99.1*
Drivers neglect of traffic directions (NOT pedestrian crossings)	796	*34.2*	808	*101.5*
Using a motor vehicle without test certificate	707	*30.3*	718	*101.6*
Other Group 7 offences	2 608	*112.0*	2 556	*98.0*

TABLE 17.11
Number of road traffic collisions and casualties - Police Scotland (Highland):
By collision or casualty severity; 2012/13 - 2013/14.

Casualty severity	Number of casualties		Change from 2012/13	
	2012/13	2013/14	No.	Percent
TOTAL CASUALTIES	**705**	**615**	**- 90**	**- 12.8**
Fatal	12	25	13	*108.3*
Serious	87	84	- 3	*- 3.4*
Slight	606	506	- 100	*- 16.5*
Number of people killed / seriously injured (KSI)	99	109	10	*10.1*
Number of children aged (aged <16) killed / seriously injured (KSI)	2	5	3	*150.0*

Health Inequalities and Physical Activity in Highland

Report for the Community Planning Board

October 2014

Dr Margaret Somerville
Director of Public Health and Health Policy

Contributors:
Cathy Steer, Head of Health Improvement
Carron McDiarmid, Highland Council
Sally Amor, Child Health Commissioner
Susan Vaughan, Epidemiologist
Paddy Luo-Hopkins, Head of Health Intelligence
Ian Douglas, Health Intelligence Specialist
Jillian Price, Health Intelligence Officer
Anne MacDonald, HIE
Bob MacKinnon, Highland Council
Cattie Anderson, SNH
Alison Clark, Highland Council
David Goldie, Highland Council
John MacDonald, Fire Scotland
Lyn Johnson, Highlife Highland
Matt Tyrer, SCVO
Mhairi Wylie, Third Sector Interface
Dan Jenkins, NHS Highland

Contents

	Page
1. Executive Summary and Recommendations	4
1.1 Health Inequalities	4
1.2 Physical Activity	5
1.3 Recommendations	5
2. Overview of Health Inequalities	7
2.1 Health Inequalities in Scotland	7
2.2 Health Inequalities in Highland	7
2.3 Tackling Health Inequalities and Investing in Prevention	9
3. Highland CPP Health Inequalities Theme Group	11
3.1 Preventative Spend	11
3.2 Community Development	12
3.3 Fuel Poverty	13
3.4 Welfare Reform	14
3.5 Housing and Homelessness	16
3.6 Employability	16
3.7 A Minimum Income Standard for Remote and Rural Scotland and Local Incomes and Poverty in Scotland	17
3.8 Older People	19
3.9 Training and Awareness Raising	19
3.10 Third Sector Health Inequality Forum	20
3.11 Monitoring and Evaluation	20
4. Preventative Services	22
4.1 Immunisation	22
4.2 Screening	22
4.3 Detect Cancer Early	24
5. Health Improvement Services	25
5.1 Smoking Cessation	25
5.2 Oral Health	25
5.3 Primary Care Health Inequalities Pilot Project	27
5.4 Healthy Working Lives	28
5.5 Keep Well	29
6. Equalities and Diversity	31
7. Early Year Collaborative	32
7.1 For Highlands Children 4	32
7.2 Infant Feeding	32
7.3 Healthy Start	33
8. Physical Activity	34
8.1 Promoting the Outdoors for Physical Activity	34
8.2 Highlife Highland	35
8.3 Getting Active – Scottish Government Led Physical Activity Research Project	36
8.4 Physical Activity and the Third Sector	37
8.5 Physical Activity and Sports Strategy for Highland	37
9. References	38

1. Executive Summary and Recommendations

1.1 Health Inequalities

Inequalities in health continue to widen in NHS Highland. There is now much greater clarity over the fundamental causes of these inequalities and the actions required to reduce them at national and local level. Local activity in Highland includes:

- Close working between Community Planning Partnerships on the wider determinants of health.
- Community development work in our most socio-economically deprived and fragile rural areas.
- Work to build community empowerment and resilience.
- The Early Years Collaborative.
- The Keep Well programme.
- Primary care pilot work.
- Mitigating the impact of welfare reform.
- Targeted and universal health improvement services aimed at promoting healthy lifestyles.
- Housing and homelessness
- Preventative services: immunisation, screening, ‘Detect Cancer Early’.
- Primary care dentistry.
- Support for workplace health.
- Work on poverty, including fuel poverty.
- Work on Equality and Diversity

Monitoring progress in reducing health inequalities as a result of these initiatives is difficult and national work is underway to develop a national system. Specific projects and programmes have their own internal evaluation and monitoring. A challenge for all public sector organisations lies in acknowledging that preventive upstream work in one agency prevents later problems occurring in another agency’s area and working together to understand their inter-dependency.

It has been recognised that further progress must also be made in understanding the significant contribution that the third sector makes in the promoting health and wellbeing, and the reduction and mitigation of health inequality. Part of this includes identifying and measuring the impact of work already commissioned by the statutory sector which contributes towards this but which is not currently recognised, measured or valued in this way.

The good foundations established over the last 2 years should continue, as a reduction in longstanding health inequalities will not occur without sustained long-term effort and resource directed effectively. Short-term projects and initiatives have not delivered the sustainable improvements intended and have often not been easily evaluated. Routine services need to have an awareness and ability to respond proportionately to health need

embedded in their routine activity. Community development work also needs long-term sustainability

1.2 Physical Activity

Despite great efforts, there has been no real increase in levels of physical activity since the National Physical Activity Strategy (Let's Make Scotland More Active) was launched 11 years ago. Local activity in Highland to encourage and promote people to be more active includes:

- Promoting the outdoors for physical activity
- A broad range of leisure and sporting opportunities provided by Highlife Highland
- Pilot work with Scottish Government to determine what would motivate local communities in Highland to become more active
- A wide range of formal and informal opportunities for physical activity and sport offered by community groups, local sports clubs and Third Sector organisations

1.3 Recommendations

1. The assets-based and co-production approaches to empower communities and individuals should be developed through continuing commitment to community development work in the long-term.
2. Community planning partners should seek to work more closely to tackle wider determinants of health, particularly employability and employment, and recognise the fundamental determinants of social and economic inequality that lead to inequalities in health outcomes.
3. Mitigating the impacts of welfare reform will remain a priority for several years.
4. An explicit commitment to reducing the gap between the health of the worst off and the population average should be routinely included in all relevant strategic plans and intentions and reflected in resource use; information on variation in service provision (through the health profiles) should be regularly reviewed to ensure that services are targeted appropriately at the areas and population groups in greatest need.
5. Inequalities impact assessment should be built into all partners processes for major policy and service changes.
6. All partners should ensure they actively seek to obtain and record the required data on Equalities and Diversity to permit analysis and monitoring of activity and outcome for vulnerable groups.
7. Interventions and services that prevent illness or reduce its impact tend to be more effective and cost-effective than treatment services. There should be a continuing emphasis on improving and extending such preventive services, such as immunisation, screening, and the work of the Early Years Collaborative, particularly the promotion of breastfeeding.
8. Smoking cessation services and smoking prevention activity should be actively promoted and targeted at the areas and groups with the highest prevalence of smoking.
9. Community planning partners should ensure that its procurement and contracting practice includes social clauses such as the promotion of the living wage, employability and community benefit schemes.

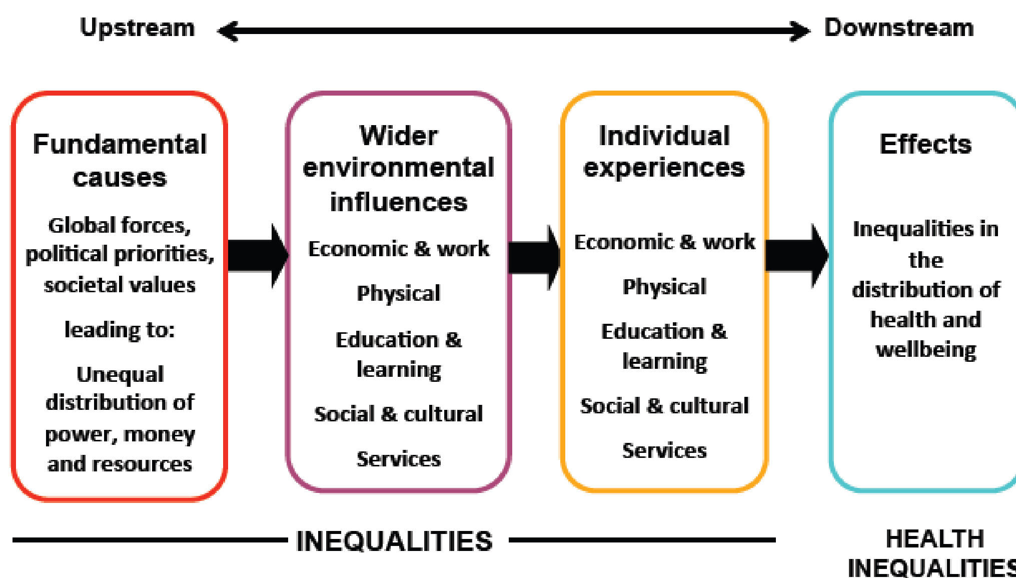
10. Community planning partners should build on existing employability work to become the exemplar.
11. Community planning partners should support staff to be aware of/recognise inequalities issues and develop inequalities sensitive practice.
12. Social and wellbeing outcomes should be built into community planning partners' service plans alongside other service outcomes.
13. Community planning partners should build on existing work to reduce poverty, particularly fuel poverty.
14. The contribution of the third sector in the promotion of health and wellbeing and the reduction and mitigation of health inequality should be better understood, measured and valued. The health inequality sub-group should play a leading role in taking forward this work, but with a significant emphasis on supporting progress right across community planning.
15. Community Planning Partners should ensure coordinated, targeted intervention with people who are at risk of homelessness due to underlying addiction or mental health issues in order to help them maintain settled accommodation.
16. Transport policies that support walking, cycling and public transport should be prioritised.
17. The current Highland Physical Activity and Sport Strategy should be reviewed and refreshed.

2. Overview of Health Inequalities

2.1 Health Inequalities in Scotland

Scotland, in common with the rest of the UK, continues to have a widening gap in life expectancy between the richest and the poorest members of society[1], although overall health in the population continues to improve. The underlying causes of these inequalities are increasingly recognised as inequalities in the distribution of wealth and power (Figure 1)[2].

Figure 1: Health inequalities: theory of causation (summary version)



The health conditions which contribute to the life expectancy gap (primarily cancer, smoking and alcohol-related diseases and injuries) have changed over time; fifty years ago, communicable diseases were prominent contributors. Tackling health inequalities therefore requires more upstream work to address the underlying socio-economic inequalities in society as well as focussing on more downstream lifestyle factors.

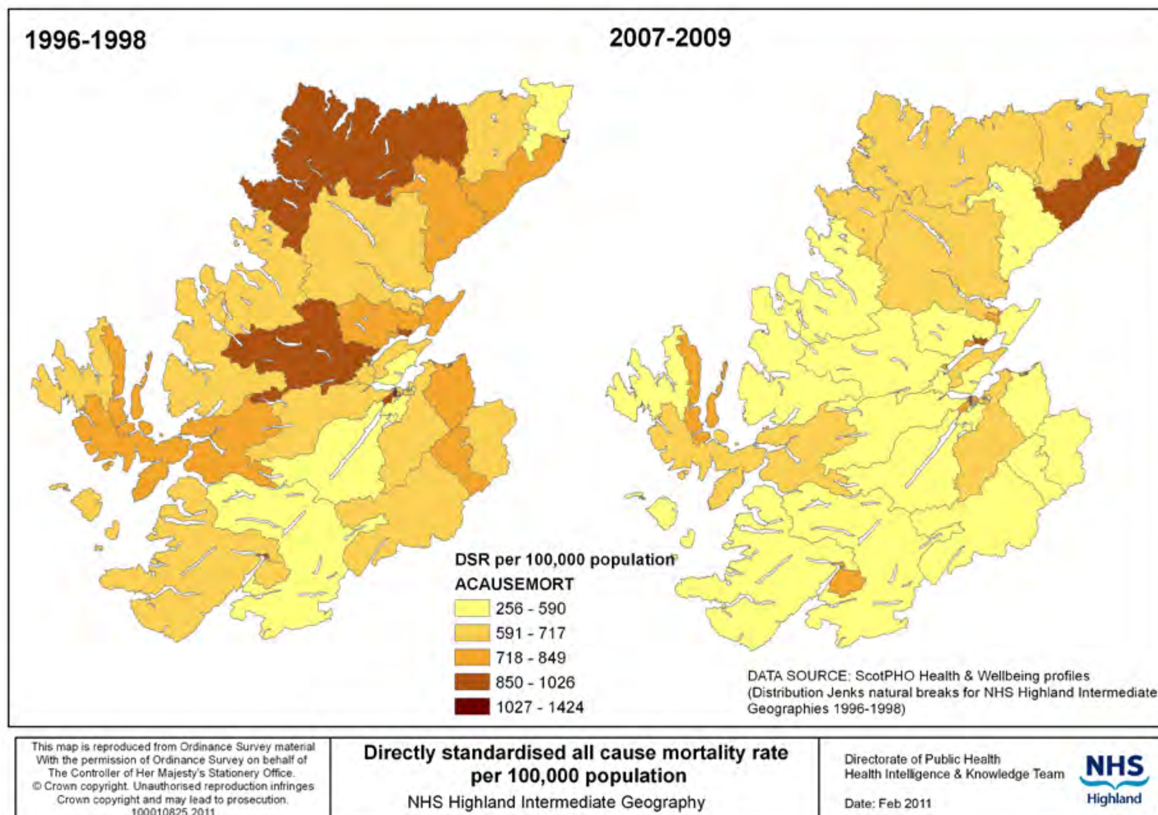
The Ministerial Taskforce Review in 2013 concluded that actions were required across all three levels of the determinants shown in Figure 1 and a balance was needed between improving the overall health of the population and reducing inequalities in health. It recommended that national and local action was needed, focussing on those interventions shown to be effective and discontinuing those that are ineffective. A life course approach was also recommended, particularly focussing on the early years as the most cost-effective method of reducing health and social problems in later life.

2.2 Health Inequalities in Highland

Inequalities in Highland are similar to those described for Scotland. Population health has improved on most measures between the 1990's and the late 2000's, but health is still improving more slowly for some of our communities (Figure 2). Inequalities in morbidity and

mortality outcomes associated with income deprivation have increased or remained very similar over recent periods despite work on health improvement. Across Highland not all deprived people live in areas that would be recognised as deprived, but there are a number of areas with higher numbers of income deprived people that consistently have poor population health outcomes. The same geographic areas tend to be found at the poorer performing end of the range on most measures and in all time periods.

Figure 2



This data was initially presented in the 2011 Public Health Annual Report[3] and updated for the Inequalities Conference held in Inverness in 2013[4]. Since then, detailed health profiles for adults and children have been produced at district and area level[5]. These profiles are being widely presented and discussed district partnership meetings and used to inform commissioning decisions. They contain information on the wider determinants of health, the potential for health improvement, health protection and the need for health and social care.

The 2011 Public Health Annual report made recommendations for action by Community Planning Partnerships, integrated health and social care services, other service providers, including the voluntary sector, and public health professionals. This report updates the work that is in progress with all these agencies and makes further recommendations on continuing and extending the work.

2.3 Tackling Health Inequalities and Investing in Prevention
There has been considerable focus on investing more resource in services and interventions that prevent use of costly interventions later in life or at a later stage when interventions are not only more costly but also less effective[6].

Depending on the focus of specific initiatives, preventative spend has the potential to contribute to reducing inequalities.

Examples include:

- Action in the early years, to improve child development, parenting and education, is well recognised to reduce health and behavioural problems in later life and is a major national focus for work through the Early Years Collaborative[7].
- Action to improve road safety, reducing injuries and consequent health and other service use.
- Health services and interventions such as smoking cessation, screening and immunisation aimed preventing disease occurring in the first place or reducing its impact by early detection and treatment.
- Anticipatory care planning to reduce risk of hospital admission.
- Community development and asset based approaches.
- The Change Fund and services to keep older people healthy and engaged in meaningful activity.

These examples illustrate the need to maintain a balance between universal services and targeting specific hard to reach groups. For example a target of 70% coverage for a universal service such as screening, if met, will improve overall population health, but the inequalities gap may widen if there are not also specific efforts made to encourage uptake among those least likely to take up the routine invitation to participate. Such an approach is termed “proportionate universalism”.

This approach is needed in all services, where those most in need of them are least likely to be able to access the universal services. Specific services are sometimes available to support particular hard to reach groups, such as the homeless and gypsy travellers, but these are not necessarily joined up across organisations.

The contribution that the third sector in Highland makes towards the promoting health and wellbeing, and the reduction and mitigation of health inequality, is becoming increasingly clear. The diverse range of services, initiatives and activities that the sector delivers often address many of the fundamental ‘upstream’ social and economic causes of health inequality as described above. Much of the third sector’s work is preventative by its very nature. It is often community-led groups and initiatives responding to local needs and gaps in public service provision, particularly in our most isolated and remote communities, that lead to innovative approaches that offer essential support to some of the hardest to reach, most vulnerable and disadvantaged people in Highland.

However, despite this significant contribution, there is much more work to be done, both within the third sector and across the statutory sector, to identify, understand, measure and value the contribution the third sector makes in the prevention of poor health and wellbeing and the reduction and mitigation of health inequality.

3. Highland CPP Health Inequalities Theme Group

The Highland Community Planning Partnership Health Inequalities Theme Group is tasked with overseeing progress on the health inequalities priorities outlined in the Highland Single Outcome Agreement and overseeing the development and implementation of partnership work to support a reduction in health inequalities in Highland.

Health inequalities is recognised as a cross cutting theme within the CPP and in recent months discussions have taken place with the lead officers of each of the CPP theme groups to look at how inequalities is reflected in all of the theme group outcomes and work plans. The culmination of this work was a workshop with the Chief Officers group of the Highland CPP to examine the fit between the actions and outcomes across all the CPP theme groups and the Health Scotland inequalities framework. This work highlighted that the mix of outcomes and actions within the various theme group plans was difficult to assess for impact on inequalities, particularly where universal statements were made that did not make explicit reference to engaging hard to reach, vulnerable or deprived groups.

As a result of this work, the CPP agreed that each theme group should review its action plan to make explicit reference to reducing inequalities. In the meantime, the health inequalities theme group has developed a work plan[8] which sets out a small number of priorities to progress over 2014/15. These include:

- Preventative spend.
- Welfare reform.
- Housing and homelessness.
- Fuel poverty.
- Employability.
- Older people.
- Physical activity.
- Community Learning and Development.
- Developing monitoring/surveillance.

A number of other emerging issues are also being discussed and considered for partnership action including:

- Transport.
- Promoting use of local community assets.

3.1 Preventative Spend

The Highland Council have provided £1 million through their preventative spend funding to support people in deprived communities: £450,000 of this is supporting 7 community based posts in NHS Highland.

Four Community Health Co-ordinators, who started in early 2014, are working with specific geographical areas of deprivation; Wick, Alness, Merkinch and Fort William. Their role is to:

- Get to know the community through meeting with key people and mapping out existing community facilities and activities including what community development resource are available in the area from other agencies.
- Develop and/or work with an existing group that can represent the views of those with an interest in reducing health inequalities, in the community. This may include for example existing community projects, community council representatives, statutory and voluntary sector organisations and will vary from area to area.
- Work to build connections between existing community development workers with the aim of getting everyone to better understand each other's role and where they can best work together for the benefit of the community.
- Undertake work with the community to identify their priorities for action to reduce health inequalities and develop ways to communicate this through appropriate channels/organisations.
- Support the community to develop networks between projects, groups and organisations where it would be helpful to work together.
- Support communities to develop skills for taking action to reduce health inequalities through delivering appropriate training to individuals and groups. For example Health issues in the Community training, Group work skills etc.
- Support communities to develop skills to take part in decision making events/meetings etc and to campaign for change.
- Support communities to understand and access opportunities for funding to support work to reduce health inequalities.
- Measure progress using a range of suitable methodologies and frameworks and share this with appropriate organisations, groups and community members as required.

Three community food and health practitioners are working with the geographical areas identified by the Keep Well programme (Wick, Thurso, Easter Ross area, Fort William and Kinlochleven as well as the Merkinch, Raigmore, Kinmylies, Dalneigh and Hilton areas of Inverness). Their role is to develop group interventions to support healthy weight and work with communities to improve the access and availability of healthy food and opportunities for physical activity.

3.2 Community Development

National strategic guidance on Community Learning and Development was produced in 2012. The national performance framework defines the purpose of CLD as 'to empower people, individually and collectively, to make positive change in their lives and in their communities, through learning', and that CLD should focus on:

- Improving life chances for people of all ages, through learning, personal development and active citizenship.
- Developing stronger, more resilient, supportive, influential and inclusive communities.

New legislative regulations, designed to strengthen the position of CLD places a duty on Local Authority education services to develop a CLD plan by September 2015. Although the

legislative duty falls on the Local Authority, it is clear that partners are expected to work together to develop and implement this plan and that a CPP CLD partnership will be the vehicle to do this.

In 2012 the CPP established a Community Development Task Group to develop a strategic framework and action plan[9] to make best use of the public pound by improving approaches to investment in CD, strengthening co-ordination, collaboration and reducing duplication and sharing of resources where possible. The approach for this work was to identify four urban and four rural areas in which to test approaches to alignment of partnership resource. The CPP has agreed that a CLD strategic partnership should be formed to develop a CLD plan for Highland and ensure that the new legislative requirements are met. The work of the CPP CD task group will be subsumed into this partnership group.

An event to bring together all Community Development and related post holders in Highland took place on 22 May. The event provided an opportunity to begin to shape a more coherent and cohesive partnership approach to Community Development in Highland by:

- Developing an understanding of each other's role.
- Promoting and sharing good practice.
- Sharing experiences of delivering with communities.
- Developing a network of professionals with an interest in community development and health inequalities.
- Considering how to support a more joined up approach to this work including how we evidence impact.

3.3 Fuel Poverty

Fuel poverty is a determinant of health, and marker for poverty in general, for which Highland has much higher rates than the rest of Scotland[10]. These data were highlighted in the 2011 Public Health annual report; the proportion of the households in fuel poverty across Highland has not changed according to the most recent data (2012). In Highland 39% of households spend 10% or more of their income on fuel, compared to 27% in Scotland as a whole.

Pensioners form the majority of the population in fuel poverty: 61% in Highland.
Fuel poverty is exacerbated by aspects of rural living, with higher costs of fuel and increased fuel usage due to a lack of local activities and transport enabling people to get out and socialise[11]. The health impacts of cold housing and fuel poverty are well recognised[12].

Healthy Homes for Highland (HHH) is a multi-agency referral scheme for vulnerable households at risk of fuel poverty in Highland Council area[13]. The referral scheme reaches vulnerable and hard-to reach householders by working with agencies that have face to face contact with people. Frontline staff can quickly and easily refer people for advice by using the simple referral card or helping the householder to call: 0808 808 2282. Each card and call referral is co-ordinated by Home Energy Scotland.

Anyone referred to HHH can get free advice and assistance with:

- Making their home warmer and ways to reduce their fuel bills which may lead to the installation of grant funded insulation, heating and other energy efficiency measures.
- Making their home safer through a Home Fire Safety Check.
- Getting more income from tax credits and benefits and access to other entitlements.
- Debt counselling.

There were 300 successful contacts made by staff between January 2012 and 31 March 2014, out of 395 referrals to HHH.

3.4 Welfare Reform

Over the past few years significant changes have been made to the welfare system. The overall effect of these changes has been to reduce the numbers of people who are entitled to receive benefits, reduce the value of the benefits themselves, increase the conditions associated with claiming benefits/tax credits and increase the sanctions which are applied to people who have not, for whatever reason, complied with such requirements.

In June 2012, the Director of Public Health for NHS Highland presented information on the potential health effects of Welfare Reform (and, specifically, the financial uncertainties for NHS Highland contained therein) to the Scottish Parliament Finance Committee. Subsequently, the Scottish Public Health Network issued guidance on mitigating the impacts of reform[14]. Over the past year partners have been working to develop and implement plans to mitigate against the impact of welfare reform.

Practitioners have continued to monitor the impacts of welfare reform in Highland as it has been implemented. To date they have identified several key impacts:

1. Increased demand for welfare rights advice and money advice, with people seeking advice presenting with more complex cases and asking for help later (making support more urgent);
2. Highland Council Work Clubs footfall has increased dramatically with a strong focus on supporting individuals with benefit claims/appeals, their compliance and commitment regarding benefit claims as well as assisting individuals to access, training, education or work.
3. Benefit sanctions do not appear to be applied consistently across the Highlands, this causes considerable hardship and people need more help to be safe from sanctions and supported better to comply with their conditions of benefit.
4. Particular groups are suffering hardship and there are concerns about a lack of transitional assistance for them. Groups in need of more support include:
    a. People with mental ill health regarded as fit for work. They are struggling to cope with the welfare system demands, not coping with the job search and applications process and are being sanctioned with benefits stopped. They can present in a state of distress and anger and their behaviour can be challenging for some staff to deal with.
    b. People with poorer literacy and numeracy skills.

c. People without access to the internet or skills in using it to claim benefits or search for employment.
d. Long term unemployed people, as they are less ready to enter the workforce and require more intense one to one support.
e. People applying for the Personal Independence Payment (PIP). Although roll out is limited at this time, there have there been lengthy delays in processing applications (6 months is the norm). As the UK Government expects the budget for this group to reduce by 20%, it is likely that this group will need support to appeal decisions.
f. Although we are unable to quantify numbers at this time, carers are affected by PIP processing delays because the Carer's Allowance cannot be claimed until PIP is awarded. This means carers either care in poverty or stop caring.
g. People living in rented accommodation, particularly Council and Housing Association tenants lacking in confidence about their arrangements for paying rent (this is reported separately to this meeting).
h. Some people with sensory impairment have struggled to receive the information they need in appropriate formats.
i. Younger people appear to have to rely more on their parents for financial help.

5. More information is needed to understand the impact for some groups in the community; this includes carers and homeless people living in temporary accommodation.

NHS Highland and NHS Tayside are working with the Scottish Government to develop a series of NHS-led Welfare Reform Mitigation Projects. While NHS Tayside is developing urban-based pilot projects, NHS Highland will concentrate on Welfare Reform mitigation in rural areas. The target group for the pilot projects are people with mental health problems and people who misuse substances as it is felt that these two groups may have particular difficulties in complying with conditional criteria set out in the new benefits and may, therefore, be disproportionately likely to be subject to sanctions. The associated funding is only available in the 2014-15 financial year and projects require, therefore, to be cost-neutral or cost-saving in the longer term. This work is directed by a partnership board which involves many of the community planning partners and progress is reported to the health inequalities theme group though the multi agency Welfare Reform Working Group.

In recognition of the likely impact of welfare reform, Highland Council has allocated an additional £250,000 to the 8 Citizen Advice Bureau and the Council's in-house income maximisation and money advice teams to help support people who may be affected by the changes. This will be a significant part of the overall package of mitigation. Bureaux and the Council's in-house teams report continuing high demand for welfare benefits advice, particularly in relation to Employment Support Allowance, Personal Independence Payments and issues associated with the changes implemented through welfare reform. Demand continues for representation and reconsideration work associated with appeals. In 2013/14 the total financial gain to customers from CAB and in-house services amounted to £13.2m[15].

The Council's Member led Welfare Reform Working Group has identified 6 key priorities going forward, based on feedback from practitioners. These are:

Priority 1: Welfare reform actions need to continue to involve every service in the Council and be co-ordinated in a way that helps people most.

Priority 2: Vulnerable clients need enhanced support and hand holding to navigate the system, including appealing welfare decisions.

Priority 3: Employability support needs to accommodate a diverse range of needs and include people furthest from the labour market and with challenging behaviour.

Priority 4: Digital inclusion/participation/literacy needs to be led as a corporate policy, co-ordinated across the Council, linked to the customer services strategy and agreed and delivered in collaboration with community planning partners, notably HIE given its lead in rolling out Next Generation Broadband.

Priority 5: Financial capability /budgeting skills should be supported.

Priority 6: Continue to lobby with UK Government.

3.5 Housing and Homelessness

People are more vulnerable to homelessness if they are affected by drug / alcohol addictions or suffer have poor mental health. These conditions can often affect people's ability to maintain settled accommodation. Delivering well focussed services that help people to address long term addictions or improve mental health will have a positive impact on preventing homelessness.

Community Planning Partners should ensure coordinated, targeted intervention with people who are at risk of homelessness due to underlying addiction or mental health issues in order to help them maintain settled accommodation.

Where people do become homeless it is important that they have proper access to health services and that they obtain the support they need to enable them to move back into mainstream housing. In order to do this community planning partners need to be able to target appropriate services to support people in order to help them move back into mainstream housing and prevent repeat homelessness.

Currently there are two separate strategic planning / partnership groups in relation to homelessness: the Council's "Homelessness Partnership Group" and the NHS "Health and Homelessness Partnership Group". Work has taken place to develop a single remit for a highland Homelessness Partnership Group and a launch event, bringing both groups together, is planned for early December 2014.

3.6 Employability

A separate Report on the development of Employability Services in Highland is included in the Agenda for this meeting. However, in the context of this Report it should be noted that

Employability (assisting people with barriers to access employment) is a standing item on the Health and Inequalities agenda. In particular there are areas of strong collaboration in the actions on Preventative Spend; Community Development and Welfare Reform. The Employability Services are about to enter into a new European Programme which will provide opportunities for further collaborative work in tackling poverty and associated inequalities.

3.7 A Minimum Income Standard for Remote and Rural Scotland and Local Incomes and Poverty in Scotland

In 2013, the two pieces of published research which had a focus on rural poverty were; *A Minimum Income Standard for Remote Rural Scotland* and *Local Incomes and Poverty in Scotland.* The former considered the increased costs of living in rural areas and the latter the difficulties in measuring poverty and deprivation in these areas.

In 2012 HIE, in partnership with a range of public agencies, commissioned the Centre for Research in Social Policy (CRSP) at Loughborough University to establish a Minimum Income Standard (MIS) for remote and rural Scotland. MIS is an ongoing programme of research to define what level of income is needed to allow a minimum acceptable standard of living in the UK today. The research provides an evidence base that can be used by public sector partners to develop policy and target resources at the types of investment that will mitigate the increased cost burden of living in such areas, raise income levels and contribute to improved prosperity and quality of life across the region.

It has long been recognised (at least by the region's residents) that the cost of living in the Highlands and Islands is higher than the cost of living in other parts of the country. However, such comparisons have historically relied on anecdotes or isolated examples, and no comprehensive research has previously been undertaken to look systematically at the issue.

Extending the MIS research to the region provided the opportunity to identify (and quantify) the components of household expenditure that account for any differences in the cost of living in remote and rural Scotland compared to the baseline MIS UK research (which was originally undertaken in 2008 and is updated annually). The MIS programme of research has international credibility and is the basis for calculating the Living Wage, the concept of which has been adopted by both Scottish and UK Governments.

Using the tried and tested Minimum Income Standards (MIS) methodology the research undertook to:

- Identify the additional or different costs faced by households living in the remote and rural areas of Scotland in order to achieve the same living standards as households living in other areas of Scotland and the UK.
- Distinguish how these costs vary for different household types and in terms of location.
- Provide findings which inform the social policy debate and are accessible to the general public.

In most respects, the range of goods and services that people in remote rural Scotland consider necessary for a minimum standard of living are similar or equivalent to those living elsewhere in the UK. However, the costs of achieving this minimum standard are different. No single factor raises the overall costs of living but the combination of many of these factors leads to a higher minimum income requirement than other parts of the UK.

The research found that the minimum cost of living in remote rural Scotland ranges between 10-40% more than the equivalent in urban UK and by up to 25% more than a rural town in England. This varies across the different household groups.

MIS is relevant to the discussion on poverty, but does not claim to be a poverty threshold. However, it is pertinent to the poverty debate in that almost all households officially defined as being in income poverty (having below 60% of median income) are below MIS. Ongoing work with partners is planned to identify the types of interventions the public sector can make (or facilitate) to narrow the gap identified by the research.

In 2012, the Improvement Service, acting on behalf of four Scottish Local Authorities[i] and the Scottish Government carried out a research project to improve measures of local incomes and poverty in Scotland. Although the Scottish Index of Multiple Deprivation (SIMD) has provided valuable information, the way in which SIMD is measured – by area and at times very large rural areas – means there has been a lack of local level data on income and poverty.

The study used existing national survey information to estimate income patterns in the four study local authority areas. Three national datasets[16]were used as well as other sources. There were three steps to estimating income and poverty:

- Statistical modelling to predict individual household incomes in sample surveys
- Use these relationships to predict values for small area populations, given their characteristics
- Control for consistency at the level of groups of similar areas

The income measures used included the proportion of households at risk of poverty through earning less than 60% of the national median income before and after housing costs and the proportion of households with significant material deprivations.

The study found that there were differences between the SIMD measure of low income and the survey-based measures, particularly in rural areas. Groups who receive income related benefits were found to be concentrated in the most deprived SIMD areas. However individuals on low incomes but *not* receiving income related benefits are found across all SIMD datazones. Particularly in rural areas, people were more likely to be on low incomes but not receiving low income benefits. This would confirm the thinking locally that individuals in rural areas are less likely to claim benefits despite entitlement. The study also showed that different measures of income and poverty produce different levels of ‘poor’ households in an area.

Given that the SIMD income domain is based largely on benefit uptake, these survey-based measures are more useful in highlighting poverty in rural areas

Both of these studies are important as they assist our understanding of the needs of our population and for developing policies and plans, e.g. the fuel poverty strategy, concessionary pricing and charging policies. Local level data on income and poverty is important also for Community Planning partners and for the targeted action to reduce health inequalities as set out in the Single Outcome Agreement.

Following the publication of these studies, Highland Council has developed a rural impact assessment tool for Highland. A rural impact assessment tool operates in a similar way to an Equalities Impact Assessment in providing key questions to policy makers on areas to think about when developing a new policy or service. These questions prompt the officer to consider the potential impacts of the new policy or service on rural areas.

3.8 Older People

Discussions have taken place with the lead for the Older People's theme group to ensure that health inequalities is recognised and reflected in the work of that group. Current joint working on inequalities and older people is particularly focused on the work being undertaken by the RCOP Community Networker posts, the Community Health Co-ordinators and community development activity that is specifically aimed at older people. The health inequalities group will continue to maintain close contact with the older people's theme group and develop appropriate action where any gaps are identified.

3.9 Training and Awareness Raising

A number of training and awareness raising events have been held or are planned for 2014-15. The Third Sector Interface are organising a series of workshops on the themes within the Highland SOA, including one on health inequalities. The Theme of Health Inequalities will also feature on the agenda of other SOA themed seminars as part of the recognition of the cross-cutting nature of health inequalities. SCVO have already hosted a public debate on health inequalities at Eden Court theatre and plan to run a series of seminars on health inequalities jointly with NHS Highland later in 2014. SCVO have also set up a health inequalities forum through the Highlands and Islands Equality Forum (HIEF) project and have had two meetings so far to bring together members of the third sector in Highland with an interest in health inequalities to increase knowledge and develop awareness of action on inequalities within the sector. The Highland Public Health Network offers regular training on improving health and health inequalities to all statutory, voluntary and third sector staff.

A Community Development event organised by NHS Highland and the Third Sector Interface in May of this year brought together staff from across organisations in Highland that are involved in community development work. The aim of the event was to allow delegates to:

- Develop an understanding of each other's role.
- Promote and share good practice.
- Share experiences of delivering with communities.

- Develop a network of professionals with an interest in community development and health inequalities.
- Consider how to support a more joined up approach to this work including how we evidence impact across Highland.

The outputs of this event will be considered and further work built into the action plan for the health inequalities theme group.

3.10 Third Sector Health Inequality Forum

Through its Highlands and Islands Equality Forum (HIEF) project, and in partnership with the HTSI, SCVO has established a Highland Third Sector Health Inequality Forum. Exactly how the forum develops will be continually guided by its membership as it develops, but the overarching objectives are to:

- Increase awareness and understanding of the social and economic causes of poor health and health inequality.
- Develop a strong and effective voice to promote the third sector's important contribution in preventing poor health and reducing health inequality.
- Strengthen the great work already happening by sharing ideas and experiences and exploring new opportunities together.
- Further develop the third sector's contribution in the design and delivery of public services related to health inequality through community planning and public sector partnership working.

In recognition and support of the development of this initiative the forum is now officially represented on the CPP health inequality sub-group.

3.11 Monitoring and Evaluation

Reducing the gap in life expectancy will take a long time and monitoring changes in it, while essential in the long term, is not particularly helpful for evaluating the short term success of individual programmes. Each major programme, such as the Early Years Collaborative, welfare reform mitigation plans and local community development work, has or is developing driver diagrams or logic models to show how evidence-based activity and interventions will contribute to short and intermediate outcomes that in turn contribute to reducing health inequalities in the longer term.

Evaluation of programmes such as Keep Well is occurring at both national and local level. Work to develop a national monitoring framework is underway. Such a framework is needed as the benefits of activity and resource use in one sector or organisation is frequently seen in another: improving road safety reduces injuries that need NHS treatment; improving parenting and educational achievement reduce behavioural problems seen in the criminal justice system.

Considering the levels of determinants in Figure 1, key short term indicators of progress in reducing health inequalities are those which measure income disparities and poverty rather than health status.

Nevertheless, the CPP must be able to demonstrate that its services are available to all those who need them and that no individual or population group has more difficulty then others in effectively accessing services, thus inadvertently widening inequalities. Information systems are not currently adequate to demonstrate access to services by specific groups on a routine basis across the partnership or within individual organisations. Variation in service provision across Highland is available for some services in some organisations, but it is not necessarily clear to what extent this variation reflects underlying population need or differences in practice.

4. Preventative Services

Although many preventative health services are provided by NHS Highland and Highland Council, the Third Sector contribute significantly to preventative services through commissioned work such as mental health support, alcohol and drug counselling and mitigation of welfare reform. Organisations such as New Start Highland and Calman Trust are examples of the important role of the third sector in providing services which are intended to prevent or reduce health problems either developing or worsening.

There are some preventive services that have had a particular focus throughout 2013 and 2014 with some new service developments. Of note are the new immunisations introduced in 2013 and programmes for screening and early detection of disease.

4.1 Immunisation

Immunisation is a universal service and is one of the most effective and cost-effective ways of preventing specific communicable diseases. Maintaining high coverage of the population (usually around 95%) ensures that not only those who have been immunised are protected but those who are unable or too young to be immunised are also protected through herd immunity.

Uptake of the routine childhood immunisation programme varies according to socio-economic status and Highland has greater variation than the rest of Scotland[17], with those in the most deprived quintiles falling below the threshold for maintaining herd immunity for all vaccines, particularly for MMR. There have been outbreaks in measles and mumps in recent years, which reflects this low uptake, which has improved following campaigns to raise awareness and offer boosters. While uptake by GP practice is monitored routinely, there is no clear pattern to low uptake, which varies from quarter to quarter. Improvement has focussed more on Highland-wide campaigns as a result. The delivery method is also under review in Caithness where it is hoped that delivery by school nurses will improve uptake of school leaving boosters.

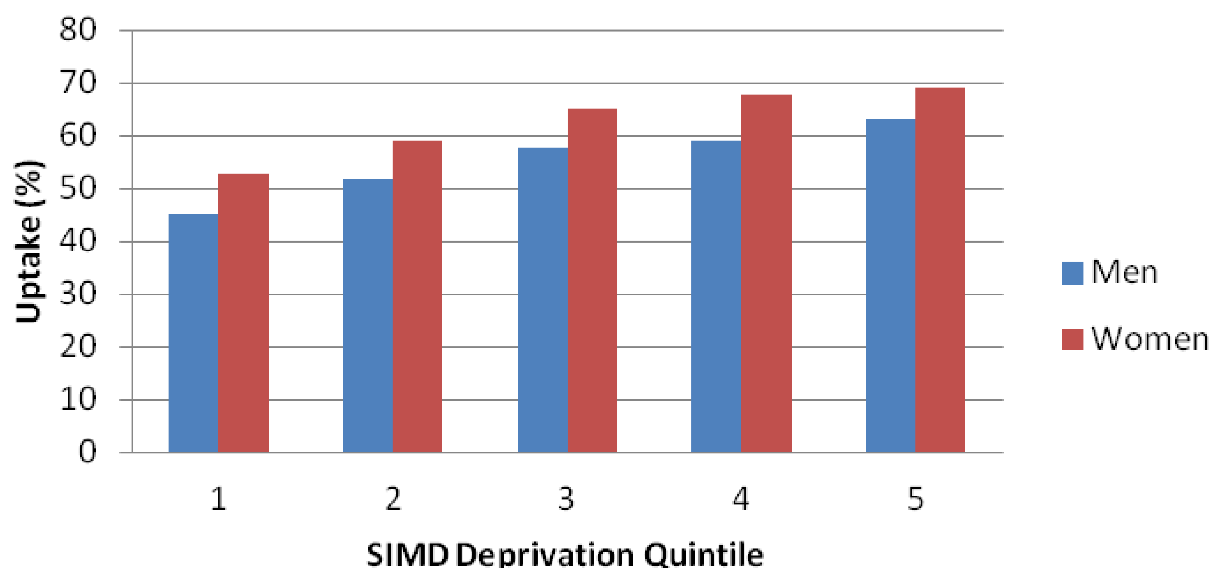
Rotavirus immunisation started in January 2013 and has demonstrated a huge reduction nationally in lab confirmed rotavirus[18]. It is expected that this reduction will be reflected in reduced admissions, but the data are not yet available.

4.2 Screening

Screening has been defined as '…*a process of identifying apparently healthy people who may be at increased risk of a disease or condition*.[19]' It aims to reduce the risk of developing a condition or to detect conditions before they give rise to symptoms, enabling treatment to be offered early with the aim of reducing morbidity and mortality. Screening programmes are only introduced nationally when there is robust evidence that they provide more benefit than harm at acceptable cost. Individuals across Scotland are invited to take part in programmes for which they are eligible[20].

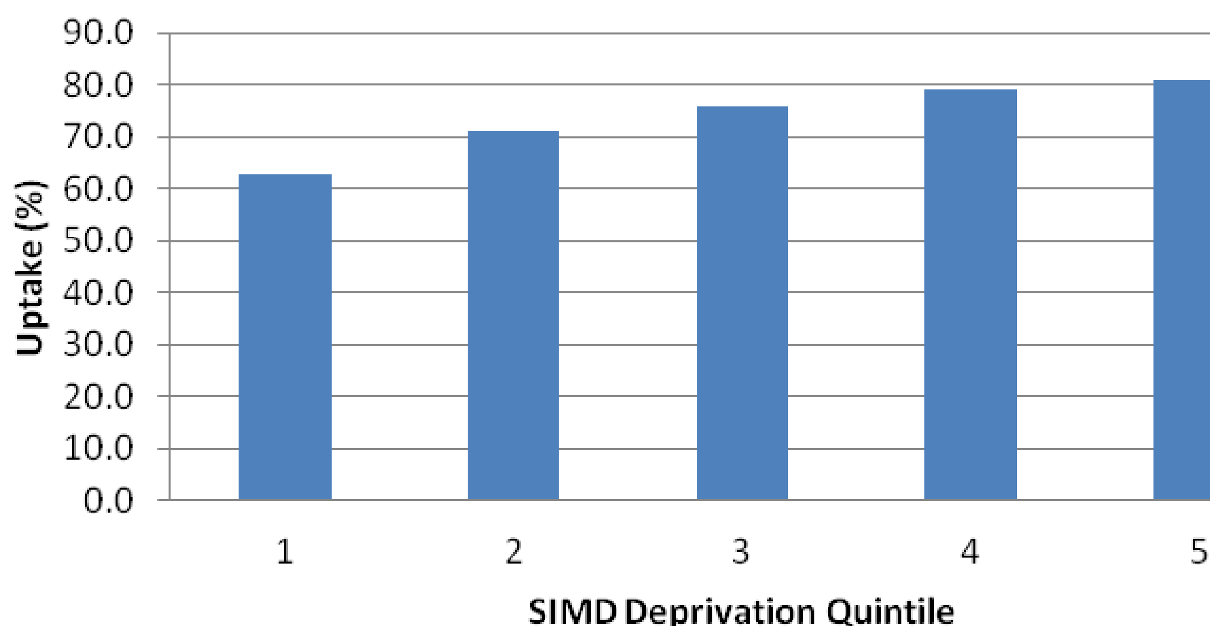
Uptake of screening varies across the population, with some groups being less likely to take part than others. Figures 1 and 2 below show the uptake of bowel and breast screening within Highland and across Scotland respectively by deprivation. Scottish Indices of Multiple Deprivation (SIMD) quintile 1 is the most deprived and quintile 5 is the least deprived.

Figure 1: Uptake of bowel screening among men and women 50-70 years resident in Highland offered screening during the period November 2010 – October 2012 by SIMD quintile, Scotland



Source: NHS Scotland Information Services Division22

Figure 2: Uptake of breast screening (3 years combined) among Scottish women aged 50-70 years by SIMD quintile, Scotland, 2009/10 – 2011/12



Source: NHS Scotland Information Services Division23

As can be seen, uptake of screening may vary by gender (e.g. uptake of bowel screening among men is lower than that among women) and deprivation (uptake falls with increasing deprivation). Participation may also vary by age (e.g. uptake of cervical screening is lower among younger compared to relatively older women). Communication plans are being developed to raise public awareness of screening with the aim of encouraging people to think about taking part in programmes for which they are eligible. Consideration will be given to how best to reach those groups among whom participation in screening is relatively low.

4.3 Detect Cancer Early (DCE)

DCE is a national programme[21] aimed at improving the overall five year survival rate from cancer in Scotland, to among the best in Europe. The programme started in 2012 and has focussed on raising awareness of the benefits of early detection of breast, bowel and lung cancer with the general public. There has been a parallel focus on improving access to diagnostic services for these three cancer sites.

Relative to other mainland Boards, NHS Highland already has high uptake rates of breast[22] and bowel screening,[23] the main route for early detection of these cancers. Plans to raise awareness of both these and the abdominal aortic aneurysm & cervical screening programmes are being developed which will consider how to reach individuals within groups who are less likely to take up offers of screening. For lung cancer, work that will contribute towards increasing the proportion of patients diagnosed at the earliest stage is underway.

5. Health Improvement Services

Health Improvement services aimed at supporting people to adopt healthier lifestyles (such as reducing smoking and alcohol intake, increasing physical activity and improving dietary choices) are available across the population of Highland, but there is a particular need to focus on encouraging hard to reach and vulnerable groups to engage with these services. The community development and Keep Well programmes now established in NHS Highland's most socio-economically deprived areas and with vulnerable groups are encouraging this engagement as part of their work. Smoking cessation is the only health improvement service with a specific target around inequalities, but locally, delivering alcohol brief interventions, improving physical activity and healthy weight interventions also have a focus on inequalities.

5.1 Smoking Cessation

Smoking-related diseases continue to contribute substantially to the health inequalities gap and preventing children starting to smoke and helping existing smokers to stop remain very cost effective interventions in terms of preventing illness at a later date.

The 2012 Scottish Household Survey showed that smoking prevalence across Scotland continues to decline (23% of adults in 2012 reflecting 7.8% reduction since 1999). However, adults in the 15% most deprived areas of Scotland are considerably more likely than those in the rest of Scotland to say that they are current smokers (37% and 20% respectively). The adults who most commonly smoke are those unable to work due to short-term ill-health (60%), those unemployed and seeking work (51%) and those who are permanently sick or disabled (51%).

NHS Highland's smoking cessation service continues to support around 2000 people to quit every year (based on remaining quit at 1 month). In 2011 Scottish Government asked Boards to target their efforts at the most deprived areas and set an inequalities target that required NHS Highland to deliver 4288 quits at one month by March 2014, including 2358 (54.9%) in the 40% most deprived within Board SIMD areas. We were able to exceed this target, delivering 6217 quits, including 3046 (49%) from our 40% most deprived areas. The target for 2014-15 requires us to maintain the focus on inequalities and sustain our efforts to support people to quit by setting a target of 682 successful quits at 12 weeks rather than one month in the 40% most deprived within Board SIMD areas.

5.2 Oral Health

Despite an overall improvement in recent years in the oral health of the people of Scotland inequalities persist, with the burden of disease concentrated in more deprived and vulnerable populations. A key priority for Scottish Government is to reduce oral health inequalities whilst promoting oral health improvement for all[24].

With recent improvements in the availability of NHS dentistry in Highland waiting lists for dental registration have all but disappeared. However, just 70% of the population are

currently registered with a NHS dentist. Registration rates are lowest amongst the youngest (0-2 yrs) and oldest (75 yrs +) age groups – 47.7% and 56.5% respectively[25] (ISD 2013).

Good oral health should be established in the child's earliest years. Early dental registration (by 6 months) and regular contact with the dental team will provide essential support to ensure good oral health for all children.

In Highland in 2012 approximately 1 in 10 of the adult population was over 75 yrs old; it is estimated that by 2035 this will have doubled to almost 1 in 530. In addition older people are keeping their teeth longer, in Scotland in 2003 only 42% of adults aged over 75 yrs had some natural teeth in 2011 this had risen to 58%[26]. Therefore the result is an increasing proportion of the older population being susceptible to gum disease and tooth decay. These diseases are preventable, but when they are allowed to progress, older people may require increasingly complex dental treatment[27].

In 2005 the Dental Action Plan provided a national commitment to develop and deliver oral health preventive support programmes for children and adults in most need. In May 2012 the Scottish Government published the National oral health improvement strategy for priority groups which acknowledged that people living with a disability or who are older and frail, and those who are experiencing homelessness, should have the same opportunities as others to enjoy good oral health and that for these priority groups using dental services in traditional ways may not be easy[28]. In addition, the Public Dental Service (PDS) was formed in 2013 from the merger of the Salaried General Dental Service (SGDS) and the Community Dental Service (CDS) with a key role of ensuring that Boards continue to reduce oral health inequalities and make NHS dental services available for all those who wish to access them in their area. This requirement includes vulnerable groups of people who may be unable to access general dental services.

National Programmes

In order to reduce oral health inequalities actions must be universal but with additional resources targeted at those who experience the highest levels of disadvantage.
The following national programmes are being delivered in Highland:

Childsmile - *a national programme designed to improve the oral health of children in Scotland and reduce inequalities both in dental health and access to dental services.*
The programme was established in Highland in 2008 and implemented following a staged approach.
At 2013/14:

- 95% of nurseries were participating in the supervised tooth brushing programme.
- 59% of primary schools were participating in supervised tooth brushing including all those where children are at greatest risk of poor oral health.
- 46% of 3 and 4 yr olds were targeted to receive fluoride varnish application in nursery.
- 47% of P1 to P4 pupils were targeted to receive fluoride varnish application in school.

Caring for Smiles – *Scotland's national oral health promotion, training and support programme, which aims to improve the oral health of older people, particularly those living in care homes.*
Caring for Smiles is offered to all Highland care homes for dependant older people and other priority groups at least yearly. All care homes are linked to a Public Dental Service clinic and dedicated Oral Health Educator to facilitate access to dental care and oral health advice. Oral health training and awareness raising is also being rolled out to care at home providers and non-paid carers via their supporting organisations. Work is underway to extend training in to community and general hospitals wards.

Smile4life – *a training guide for all health and social care professionals to deliver oral health training to staff working directly with homeless people.*
From October 2013 in conjunction with three other Health Boards NHS Highland has delivered Smile4life training to homeless support agencies as part of HoPSCOTCH (**Ho**meless **P**eople in **SCOT**land: a feasibility trial of a **C**ommunity–based oral healt**H** intervention). The trial is to run for a maximum of 12 months with 41 clients receiving the intervention in each Health Board.

Mouth Matters - *a national training guide for an oral health improvement programme to be implemented in Scottish prisons*.
The national launch of the training guide will take place in August 2014 at which NHS Highland's Public Dental Service will be represented. The guide will support the PDS to further develop the dental and oral health improvement service currently in place at Inverness Prison.

Early Years Collaborative
Dental registrations for 0-2 yr olds are the lowest of any age group. The oral health improvement team are engaging with a range of stakeholders: parents, public, midwives, health visitors and dentists to increase dental registrations amongst this youngest age group.

NHS Highland Target - *At least 60% of 3 and 4 year old children in each SIMD quintile to receive at least two applications of fluoride varnish per year by March 2014.*
The dental target was set for the end of 2013/14. Final reporting will not be available until November 2014 and while progress nationally has been disappointing (Highland 14.9% - year to 31/12/2013) significant headway has been made with the most vulnerable children – 53.4% of Highland's 4 yr olds in SIMD 1 received the recommended 2 applications of fluoride varnish in the year to 31/12/2013.

5.3 Primary Care Health Inequalities Pilot Project

In 2012 Scottish Government set out to test innovative interventions in GP practices which could help patients improve their health utilising an 'asset' approach to health inequalities. GP Practices with populations from deprived areas according to SIMD were asked to identify interventions that could be delivered efficiently and effectively to vulnerable families and patients with complex health and social needs.

Fairfield Medical Practice in Inverness became involved in this project and over the past two years has been trying new ways of working to improve health and reduce health inequalities. Identification of patients to take part in the project has been undertaken by the multidisciplinary practice team. Activity has included:

- Provision of an extended 'health review' with the GP which consisted of a 30 minute appointment.
- Patients supported to attend a bespoke 'health empowerment' course that the practice negotiated with local life coaches.
- Use of wellbeing assessment tools including the Warwick Edinburgh Mental Wellbeing Scale.
- The Patient Enablement Instrument and the WHO –Five Wellbeing Index.
- Development of connections with wider community resources including local employability initiatives.
- Development of 'social prescribing' activity, including a cycle prescription with 'Velocity', a local organisation that aims to inspire more people to cycle.

The practice continues to review its activity and is keen to continue to try new and innovative ways of working to improve the health of some of their most vulnerable patients.

5.4 Healthy Working Lives

Although available to all *organisations*, services are particularly aimed at organisations that employ low paid, unskilled workers. Free and confidential Workplace Visits are carried out by our team of specialist Healthy Working Lives Advisers, providing practical, face to face advice on any issues related to occupational health, safety and wellbeing. Advisers give information and advice on all aspects of health and safety, and in promoting health in the workplace. Where appropriate, they can recommend other organisations that can help with specific areas of expertise. Advisers can also help with the development of policies and practices, such as those on drugs and alcohol, risk management, attendance management, employability, smoking cessation, and health and the environment. Free Workplace Visits for small- and medium-sized organisations are also offered in order to help those workplaces become safer and healthier. Training is offered and designed to develop employers' understanding, knowledge and skills, the suite of interactive training and awareness sessions cover a range of health topics such as Health and Safety and Mental Health.

There are currently 90 organisations signed up to the Healthy Working Lives Award programme in Highland which involves 48,873 employees.

Working Health Services

The Working Health Service is targeted at Small to Medium Enterprises that have no access to Occupational Health or Employment Assistance Programmes and aims to improve health and support individuals to remain in work or return to work. The service provides individuals in eligible organisations with an initial assessment to identify any health issues or barriers to work. It offers a case management approach with individually tailored

interventions and prompt access to locally delivered treatments such as physiotherapy, occupational therapy and counselling.

Health and Work Service

The main purpose of this new service is to establish an independent state funded Health & Work Service (HWS) to make occupational assessments and advice more readily available to employees, employers and General Practitioners (GPs) to enable them to better manage sickness absence. It will provide occupational health advice and support for employees, employers and GPs to help individuals with a health condition to stay in or return to work. There are two elements to the service which is due to start in late 2014:

- *Assessment*: Once the employee has reached, or is expected to reach, four weeks of sickness absence they will normally be referred by their GP for an assessment by an occupational health professional, who will look at all the issues preventing the employee from returning to work.
- *Advice*: Employers, employees and GPs will be able to access advice via a phone line and website. The primary referral route for an assessment will be via the GP. Guidance will make clear that referral should be the default option, unless individuals meet the criteria for when referral maybe inappropriate. Following an assessment, employees will receive a return to work plan containing recommendations to help them to return to work more quickly and information on how to access appropriate interventions. The new service will complement, rather than replace, existing occupational health provision and will fill the gap in support where that currently exists.

5.5 Keep Well

Keep Well is a national programme aimed at reducing inequalities in health. It started in 2012, following a year of transition from the earlier Well North programme, and is now in its third year of operation. Funding is expected to reduce over the next two years and the programme is developing a sustainable future delivery structure based on this expectation. The national programme has emphasised the delivery of cardiovascular health checks to specified hard to reach and vulnerable population groups.

Highland has taken an assets-based and community development approach to delivering health checks in the main areas of socio-economic deprivation in Highland in order to engage with these and other disadvantaged groups16. The annual report for 2013-1417 is due for submission to Scottish Government in August. Key results for the year are:

- 1817 out of a target number of 2140 health checks were delivered in 2013-14, signifying that approximately 41% of our total eligible target population for the year received a health check.
- 33.6% of those who attended a health check were referred to follow-on services; in the main to encourage and/or support lifestyle changes. The majority of referrals were made to a GP (12.2%) and dental services (6.4%). In terms of the latter, this provides a good indicator that we are reaching and engaging the right people in view of recent evidence implying that those who report poor oral hygiene have an increased risk of developing cardiovascular disease. It is understood that 56.3% of

these referrals were attended on at least one occasion, but it has proved difficult to track patient journeys across all referral systems.

- 12.7% of those who had a health check, and whose risk was assessed, were identified as having a high risk of cardiovascular disease, with 15.5% of all carers being at high risk increasing to 20.6% of carers aged 50-64 years.
- Local evaluation of the NHS Highland Keep Well programme is in progress and expected to report towards the end of 2014. Some national evaluation has been reported but more detailed work is expected at a later date.

6. Equalities and Diversity

The Equality Act 2010 includes a public sector duty that requires all public bodies to give due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010.
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The protected characteristics in the Equality Act are: age, disability, gender, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief and sexual orientation.

The guidance is explicit that consideration of the three needs of the general equality duty must form an integral part of the organisations decision-making process. This process must be carried out with rigour and with an open mind in such a way that influences, and can be seen to influence, final decisions.

The Guidance that accompanies the Act is fairly prescriptive in describing some of the ways that public sector bodies require to demonstrate that they are fulfilling their public sector duties. For example, to demonstrate that we assess and review policies, we are required to undertake and make public, equality impact assessments. To demonstrate that we are mainstreaming equality, we are required to ensure that our staff are well trained on aspects of the Equalities Act and the implications for their day to day work.

The Act helps support public sector organisations to recognise that different individuals, groups and communities can face particular barriers and difficulties that can result in inequalities in access to and experience of services, and in inequalities of outcome. Areas that people and research tell us contribute to the inequalities in health experienced by many people with protected characteristics are:

- Access to Health Improvement Resources.
- Access to Health Services.
- Experience of Health Services.
- Participation & Involvement.
- A safe, inclusive and fairer community.
- A skilled and motivated workforce that reflects the communities it serves.

Equality Impact Assessments help to embed considerations of equality throughout organisational functions but need to be more systematically used. Ethnicity recording is important in enabling services and organisations to analyse routine activity by ethnicity and access to services.

7. Early Years Collaborative (EYC)

There is now a solid evidence base for the impact on the well being of children and young people from adverse early years experiences and strong evidence as to how early disadvantage can be offset by supporting the role of parents to achieve the best outcomes for their children: from infant and parental mental health to healthy weight, injury avoidance and income maximisation35.

The Collaborative have set the following stretch aims:

- Reduce by 15% the rate of stillbirth and infant mortality by 2015 (work stream 1).
- 85% of children to reach all of the expected developmental milestones by the time of the child's 27-30 month health review by December 2016 (work stream 2).
- 90% of children to reach all of the expected developmental milestones by the time the child starts primary school, by December 2017. (work stream 3).
- 90% of children to reach all of the expected developmental milestones by the time the child starts primary 4, by December 2021.(work stream 4).

The EYC is focusing on two key overarching themes: getting the right help at the right time; and building & promoting positive relationships. These themes cover the work across the age range from 0-8 and the key change areas identified by the National EYC. Highland has two "pioneer sites": 'from milk to first foods: healthy weaning in Highland' and 'Nursery Development Overviews'.

Alongside work to develop the skills of front line practitioners to use improvement methodology as part of their everyday work, emphasis has been placed on developing a strategic approach to improvement through the existing For Highland's Children 4 Improvement Groups. This approach aims to mainstream improvement activity and ensure that work is targeted at tackling inequalities in health.

7.1 For Highland's Children 4

There are a range of performance measures in For Highland's Children 4 (The Highland Council's integrated children's services plan) that are intended to bring more scrutiny on potential areas of health inequalities in the early years. These include for the first time measures seeking to reduce any gap between the most and least affluent areas of Highland for some immunisations and core surveillance contacts. This approach will be tested out over the next few months and if differences are identified this will prompt improvement activity to seek to address these.[29]

7.2 Infant Feeding

Ensuring that babies are breastfed is one of the key interventions that give children the best start in life. The WHO recommends that all babies should be exclusively breastfed for at least the first 6 months of life and the Early Years Collaborative is also focussing on the promotion of breastfeeding.

In addition, the NHS in Scotland had a HEAT target which was that 33.3% of babies were exclusively breastfed for the first 6-8 weeks. In NHS Highland, has set a more challenging target of 36%, which is a local standard allowing for monitoring and improvement. Despite this focus, breastfeeding rates in Scotland and Highland remain below these target levels38 with a strong socioeconomic gradient in the proportion of babies who are breast fed with babies from more affluent areas are more likely to be breast-fed than those from poorer areas.

An extensive programme of work to encourage breastfeeding, including peer support workers to support new mothers from our most socio-economically deprived areas to breast feed and obtaining UNICEF accreditation for hospital and community services. More recently, Highland CPP partners have committed to making all their facilities supportive of breast feeding by participating in the NHS Highland welcome sticker scheme.

7.3 Healthy Start

Healthy Start is a UK-wide government scheme to improve the health of low-income pregnant women and families on benefits and tax credits. The scheme provides eligible women and families, with vouchers that can be exchanged for milk, infant formula milk, fresh and frozen fruit and vegetables with registered retailers. The scheme also provides coupons to exchange for maternal vitamin tablets and children's vitamin drops[30].

The uptake of the scheme is reported at postcode sector level. This identifies local areas where improvement in uptake of the scheme needs to be made. The overall position as at March 2014 was an average uptake of 70% across the Highland against a target of 85%. A total of over 700 individuals who are eligible for the scheme have not claimed and work is on going to improve the position through partnership work.

8. Physical Activity

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). Wider research has shown physical inactivity to be the largest ‘attributable fraction’ of all-cause mortality; and that it causes more deaths than obesity, diabetes and smoking combined, making physical inactivity the fourth leading cause of preventable death.

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.

There is a social gradient in participation in physical activity, which requires additional focus for areas of deprivation. Lower levels of activity among women, especially teenage girls are of particular concern.

The natural environment in Highland provides an opportunity to capitalise on use of the outdoors for physical activity but recognising that a range of opportunities are needed that can be built into every life. 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.

We also needs to ensure that sustainable and active travel networks in Highland, including Core Paths and Safer Routes networks 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 visiting tourist population.

A strong sense of place allows us to utilise physical activity opportunities to build social and community capacity. 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.

8.1 Promoting the Outdoors for Physical Activity

Within Highland there are many initiatives looking at building up the relationships between physical activity, enjoying the outdoors and health and wellbeing including:

- New Craigs Hospital in Inverness - focus of a partnership project aiming to develop the hospital grounds to provide an attractive and functional setting for patients to enjoy being outdoors in a variety of ways as a contributor to mental health. Detailed plans have been drawn up and the project is currently seeking funding.
- Health walks - a proven and popular way of getting normally inactive people or those with generic health problems to venture out and about and enjoy both the physical

and social aspects of exercise. Step it Up Highland, managed by Partnerships for Wellbeing, operates in 26 communities throughout Highland. Trained volunteers lead walks of varying duration from 20 minutes or so to a couple of hours. A similar scheme is run by the Cairngorms Outdoor Access Trust in Badenoch and Strathspey and across the remainder of the Cairngorms National Park.

- Dunain Community Woodlands Trust in Inverness and the Scottish Waterways Trust entitled 'Woods, Waterway and Wellbeing' – currently under development, this project is investigating the potential for developing links between Dunain Woods and the Caledonian Canal and exploring the use of the therapeutic qualities of woodland and paths to generate and improve feelings of wellbeing. This will also improve general access opportunities in North Inverness and provide longer walks from New Craigs Hospital.
- Abriachan Trust has been working with NHS Highland and others to pilots the national 'Branching Out' initiative. This project trains people to lead forest based activities for people with mental health diagnosis (often severe and enduring). Initial feedback from the pilot has been very positive, and there are plans to provide training and expand the programme to other areas of Highland.

8.2 Highlife Highland

High Life Highland (HLH) is the biggest single provider of culture and leisure services in Highland and as such plays a vital role in improving the health and wellbeing of local communities through promoting healthy lifestyles and engaging communities, families and individuals in managing their health and wellbeing and reducing health inequalities.

Some examples of the work HLH is doing to support reducing health inequalities is detailed below:

- **High Life membership** - Membership offers individuals and families access to a range of health and fitness opportunities in leisure centres throughout the Highlands. In addition to swimming pools and fitness suites, membership enables access to squash courts, swimming lessons and a huge range of group exercise classes for people of all abilities and interests. Budget membership enables access to all facilities: customers pay just 50p per activity if the household is on: Income Support, Pension Guarantee Credit, Job Seekers Allowance or Employment Support Allowance, or individuals on War Disability Pension, Disability Living Allowance, Personal Independence Payment (from 10 June 2013) or Attendance Allowance

- **Cardiac Rehab programmes** - In partnership with NHS Highland, HLH is providing the opportunity for patients in Lochaber and Easter Ross to receive their Cardiac Rehab treatment from AHP's in a non-clinical setting, in the leisure centre, to support them towards their own self-care. Patients are issued High Life cards for the duration of the treatment programme, with the option to retain the cards for up to a 3 month period beyond the end of the programme. Feedback to date has been very positive with many people continuing to use leisure facilities beyond their initial rehabilitation phase. A one year pilot project that commenced in August 2014 involves issuing High Life membership to patients undertaking Cardiac Rehab Phase III programmes

with Allied Health Professionals in all areas of Highland (except Lochaber where there is already a service in place).

- **Otago Exercise Programme** - An evidence based exercise programme aimed at supporting the reduction of falls in older adults. Classes are currently being delivered in 9 leisure centres as well as Care Homes and Day Care Centres in the Caithness, Tain, Inverness and Golspie areas. HLH is currently exploring how to meet the increasing demand from Care Homes to provide a broader outreach service. Feedback from the Otago classes has been very positive.

- **Knowing Me Knowing You** - A partnership between HLH and NHS Highland offering introductory sessions designed to attract and support non participants who do not currently utilise the services and facilities available through HLH to do so. HLH staff show participants round the leisure centre and provide information about the wide range of activities on offer. A free 7 day pass is offered to all participants in the programme.

- **Prostate Cancer and Physical Activity** - HLH in partnership with NHS Highland are planning to implement a programme to engage men who have had a Prostate Cancer diagnosis, in physical activity. The proposal is to identify men with a prostate cancer diagnosis and then invite them to undertake an initial 1 to 1 familiarisation session at a HLH leisure facility. This will be followed by a further two supported sessions and free access to High Life Highland leisure facilities will be made available to the men for a twelve month period. The programme is funded by Prostate Cancer UK and will involve GP practices in Alness, Invergordon, Nairn and Fort William.

8.3 Getting Active – Scottish Government Led Physical Activity Research Project
This project aims to look at how we can radically increase the number of people in Scotland who are physically active. 11 years after the National Physical Activity Strategy (Let's Make Scotland More Active) was launched there has been no real increase in levels of physical activity. Scottish Government and NHS Health Scotland have been working with NHS Highland and HLH to look at what makes people become more physically active.
Staff from the Centre for Institute of Design (Glasgow University Business School and the Institute of Directors) were commissioned to design and facilitate a process of data gathering, analysis and interpretation that would shed light on this question through community discussions. Data gathering has taken place in three localities, Kingussie, Dingwall and Kinlochleven.

Focus groups and some 1 to 1 discussions were undertaken with each community, and included service providers, local clubs and wider community members/interested individuals. This initial work gave the project team an insight into why people are or aren't active in these areas of Highland but also allowed groups and individuals within the communities to make connections with activities already going on in their area. For example:

- Active Schools linking with a local bowling club.
- Community Mental health team linking with Ross County Football Club.
- One participant introducing another to new local leisure facilities.

The 6 key themes were identified from the initial focus groups and interviews:

1. Increase access to excellent value facilities and services.
2. Create connected communities.
3. Motivate those who don't see physical activity as an 'issue'.
4. Reduce barriers to physical activity opportunities in communities, particularly for those contemplating being more active.
5. Develop local opportunities that appeal to whole families and/or provide childcare to allow parents/carers to participate.
6. Create spaces locally which give children a chance to have fun in an outdoor environment.

When asked to prioritise these themes, communities thought that themes 4 and 5 were most important. Communities were then asked to come up with a list of potential actions that could be taken forward in relation to themes 4 and 5. The project continues to be progressed with plans to use improvement methodology to identify small tests of change that can be implemented using the findings from the initial work with the three communities mentioned above.

8.4 Physical Activity and the Third Sector

The third sector plays a significant role in promoting physical activity in Highland through provision of a huge number of clubs and activities that are often run by enthusiastic and well trained volunteers. Activities such as exercise classes, dancing, martial arts, sports clubs and a wide range of other activities takes place every week in sports centres, outdoor pitches and village halls across Highland.

8.5 Physical Activity and Sport Strategy for Highland

The current physical activity and sports strategy was developed in 2009 and is due to expire in 2014. A sub group of the Health Inequalities theme group recently met to review the strategy. There was overwhelming support from across the partnership to develop a new Physical Activity and Sport's Strategy for Highland.

References

1. http://www.scotland.gov.uk/Publications/2014/03/2561
2. http://www.healthscotland.com/health/evaluation/policy-reviews/index.aspx
3.http://intranet.nhsh.scot.nhs.uk/Org/CorpServ/PublicHealth/Documents/DPH%20report%202011.pdf
4. http://www.nhshighland.scot.nhs.uk/yourhealth/pages/healthinequalities.aspx
5. http://intranet.nhsh.scot.nhs.uk/Org/CorpServ/PublicHealth/Epidemiology-HealthSciences/Pages/CYPHealthWellbeingProfiles.aspx
6. http://intranet.nhsh.scot.nhs.uk/Org/CorpServ/PublicHealth/Epidemiology-HealthSciences/pages/PublicationsResources.aspx
7. http://www.scotland.gov.uk/Topics/People/Young-People/early-years/early-years-collaborative
8. http://intranet.nhsh.scot.nhs.uk/Org/CorpServ/PublicHealth/Pages/Default.aspx
9. http://intranet.nhsh.scot.nhs.uk/Org/CorpServ/PublicHealth/Pages/Default.aspx
10. Scottish House Condition Survey
http://www.scotland.gov.uk/Topics/Statistics/SHCS/keyanalyses
11. ***Rural Scotland in focus 2014*** (page 85)
http://www.sruc.ac.uk/info/120428/rural_scotland_in_focus/1265/2014_rural_scotland_in_focus_report
12. http://www.instituteofhealthequity.org/projects/the-health-impacts-of-cold-homes-and-fuel-poverty
13.http://www.highland.gov.uk/info/997/housing_advice/529/healthy_homes_for_highland
14.http://www.nhshighland.scot.nhs.uk/News/Events/Documents/2013_04_16_Final_Guidance_on_UK_Welfar
e_Reform.pdf
15. Edinburgh Council, Falkirk Council, Fife Council and Highland Council
16. www.hie.co.uk/regional-information/economic-reports-and-research/archive/a-minimum-income-standard-for-remote-rural-scotland.html
map showing Keep Well areas
http://www.nhshighland.scot.nhs.uk/YourHealth/Documents/NHS%20Highland%20Keep%20Well%20impleme
ntation%20map.pdf
17. http://www.isdscotland.org/Health-Topics/Child-Health/Immunisation/
18.http://www.nhshighland.scot.nhs.uk/Publications/Documents/Newsletters/Public%
19. http://www.screening.nhs.uk/screening – last accessed 27th June 2014
20 **AAA screening** http://www.nhsinform.co.uk/screening/aaa
Bowel screening
http://www.nhsinform.co.uk/Screening/bowel
Breast screening
http://www.nhsinform.co.uk/Screening/breast
Cervical screening
http://www.nhsinform.co.uk/Screening/cervical

Diabetic retinal screening

21. http://www.scotland.gov.uk/Topics/Health/Services/Cancer/Detect-Cancer-Early
23. Scottish Bowel Screening Programme. Key Performance Indicators Report: May 2013 data submission.
24. **Scottish Government (2013)** A Picture of Scotland's Oral Health – Annual Report of The Chief Dental Officer.
Scottish Government December 2013
25. **ISD (2013)** Dental Statistics - Registration and Participation Online information available at:
http://www.isdscotland.org/Health-Topics/Dental-Care/Publications/ (accessed January 2014
26. **Scottish Health Survey (2003)** Online information available at:
http://www.scotland.gov.uk/Publications/2005/12/02160336/03367 (accessed June 2014)
Scottish Health Survey (2011) Online information available at:
http://www.scotland.gov.uk/Publications/2012/09/7854 (accessed June 2014).
ealthystart.nhs.uk
27. **SDNAP (2010)** Domiciliary Dental Care - Needs Assessment Report. Scottish Dental Needs Assessment
Programme October 2010
28. **Scottish Government (2012)** National oral health improvement strategy for priority groups: frail older
people, people with special care needs and the homeless. Scottish Government May 2012
29. http://www.forhighlandschildren.org/
30.www.h27 http://www.scotland.gov.uk/Resource/0043/00432400.pdf

---

The Highland Community Planning Partnership

Community Planning Board – 13 October 2014

Community Planning Arrangements – Older People

<u>Summary Report October 2014</u>

Work continues across a number of areas to build on the integrated approach to caring for older people. Much of the work relates to all adults but for the purpose of this summary the context is older people.

Care at Home

The In House Care at Home Service has now been devolved to Operational Units as planned.

Quality improvements in relation to Care Inspectorate findings in February 2013 continue and a quality framework has been developed to enable the service to move from a reactive to a pro-active approach to quality improvement. This work has produced a service specification and service improvement plan for the Operational units which was developed alongside District Managers.

There are now two registered services in the NHS Highland area reflecting the two geographical units. However it is anticipated that there will be one service improvement plan supported by separate action plans which will reflect the differences in operational models.

This emphasis on continuous quality improvement will be reflected also in the services commissioned from the independent and voluntary sectors in the future with quality schedules forming a part of the contracts and monitoring process.

The demand for the service remains high – across the sectors, perhaps an indication that the culture of independence and reablement is beginning to embed. However there is still a need to focus on local solutions that involve families and communities in keeping people safe and well and involved in their own home and community.

It is important to recognise that the In-House service, whilst the dominant provider, is but one provider. In the period covered by this report major advances have been made to transform relationships and provision across the whole provider base. Key developments are:

- We have started to establish a “Level playing field”, meaning that we commission equitably across sectors, not protecting in-house service.
- Collaborative zoning means providers can access cost effective “runs”, not scattered provision
- Paying an additional rate (75p) to achieve compliance with Living Wage
- Developing a single tariff for all providers which can be enhanced for rurality and complexity (to be defined by end October 2014)

Additionally, we are developing:

- A Modern Apprenticeship
- A restructure of provision to enable the in-House service to focus on a six week model of reducing provision, giving time for appropriate assessment and development of independent long term provision.
- Retracting Packages
- Live-in Care

In general terms, the Care at Home environment is changing dramatically, something which has been positively noted at a national level.

Care Homes
Quality work continues in care homes where considerable effort has had to be deployed in some areas where there have been failings in both in-house and Independent sector providers. Tools and processes used in the Scottish Patient Safety Programme have being used to promote a proactive approach which will evidence ongoing improvements.

It is important to note, however, that the Highland Care Home provider base remains extremely fragile. This represents a risk, given that occupancy runs at approximately 97% at any given time.

At the present time, a “Quality Schedule” to promote improved resident experience is being developed; and the “My Home Life” improvement programme has been adopted and will be initiated over the winter months.

The emphasis will be across the sectors on developing different models of care to meet local needs. Discussions have begun with the independent sector on the provision of intermediate care to enable people to remain at home with added support and these discussions have been very positive. In rural areas it is clear that there are opportunities to use facilities and staff more flexibly now that they are employed within one organisation and staff are showing considerable initiative in their drive to keep people locally and at home.

Key to our approach is the recognition that we require to integrate not only between the two Partner organisations, but also across Sectors.

Older people’s Improvement Group
This group have now agreed their priorities for inclusion in the Strategic Commissioning Plan as follows –

1. Devolved Care at Home provision
2. Development of community resources and integration
3. Redesigned Telecare in the context of wider assistive technology and Living it Up
4. Establishment of single point of access to care and Integrated team approach
5. Improvements in quality of care across all sectors, reflecting continuous improvement in quality and standards.

The improvement group now has access to the key performance indicators that relate to older people so that monitoring and support can be channelled. The group is also progressing a self assessment against the emerging Integrated Adult Services Performance Framework.

Health and Social Care coordination
Evaluation of the four test sites is being planned and this is expected to inform the Highland model. Across the test sites there have been opportunities to test new documentation – personal outcome plans, single point of access and person centred approaches.

Strategic Commissioning
Strategic Commissioning is now very much embedded in the approach being taken by all partners in planning services to meet the needs of older people. Strategic Commissioning intentions are currently being produced by all Improvement Groups, and the Plan itself will be expanding in readiness for the 2015/16 iteration.

As previously mentioned, this approach recognises the Highland Quality Approach and, with the development of Quality Schedules as key planks of contracts of the future, emphasises the organisation's commitment to improving quality.

Change and Improvement Plan
This plan, which captures the work plans for Adult Health and Social Care for the remaining three years of the Partnership Agreement, continues to evolve. Consultation and presentations across NHS Highland and Highland Council have been beneficial in moulding the plan, which links the outcomes agreed to in the Partnership Agreement, signed in 2012, to the necessary activities and outputs expected year on year.

Though the main plan is Highland wide and strategic, it has now been translated at a District level to act as a guide for District Partnerships, a record of progress and issues, and to help inform discussions and priority setting at District level.

This plan forms the final section of the Strategic Commissioning Plan ensuring that developments and change are firmly focussed on this approach and that the principles agreed under Strategic Commissioning are followed.

Community Development
Considerable investment has been made through the Third Sector Interface to increase the capacity focussed on Community development work across Highland. Ongoing evaluation is capturing the progress, with the focus on sustainable solutions, community empowerment and involvement, and flexing of existing resources and facilities to meet local needs. This is a key plank of reshaping care for older people and must continue to be a focus if all other elements are to be effective.

Jan Baird, Director of Adult Care, NHS Highland. October 2014

Agenda item 4(i)(g)

The Highland Community Planning Partnership

Community Planning Board – 13 October 2014

Update in relation to delivery of Single Outcome Agreement Environment Theme

Introduction

1. The Highland Environment Forum continues to meet and act as the key thematic group. The Forum includes organisations from the public, third and representative of the private sector. It would be good to encourage more attendance from the third sector in particular, but this should improve over time as it proves itself to be a meaningful forum.
2. The Forum has established a number of standing or ad hoc working groups to take forward specific issues. These include the Biodiversity Partnership, the Invasive Non Native Species group, Wildlife crime, a Highland Land Use Strategy, the Highland Climate Change Declaration, and Wildfire. These are all theme-based groups.
3. Work is also being done to raise awareness of the Forum and, through it, of the Single Outcome Agreement and Community Planning across the environmental sector within Highland.
4. Significant resources in terms of public money, voluntary time and private resources are being put in across the range of environmental outcomes.
5. A review of the Delivery Table on Environmental Outcomes has been undertaken, with input from all relevant bodies, and a revised table is recommended to the Community Planning Board. If approved this will considerably tighten up what is being reported on in future. Partners are committed to providing the data required and in the format required to allow progress on the proposed Improvement targets to be monitored.
6. The table below provides feedback on progress against outcomes.

For further information or to discuss any issues raised in this update please contact:

George Hogg
Scottish Natural Heritage.

Long Term Outcomes	Intermediate/Short Term Outcomes	Progress towards Outcomes
The environment will be managed sustainably in order to optimise economic, health, natural heritage and learning benefits	The land, coast and marine area under designation will be maintained and the condition of designated features will be improved.	• Percentage of designated site features in favourable condition rose to 79.6%. This following considerable effort by a range of public bodies, third sector organisations and land managers. Significant sums committed through the Scotland Rural Development Programme to support this. • Work undertaken to prepare map of wild land areas which was formalised under new Scottish Planning Policy in June 2014. • Suite of new nature conservation Marine Protected Areas designated by Scottish Government following public consultation. • Possible suite of new marine Special Protection Areas announced and will be consulted on in early 2015.
	Wildlife crime in the Highlands will be reduced through: • Promoting and enhancing positive working relationships between multi-agency partners to ensure a collaborative approach to tackling wildlife and environmental crime in Highland. • Raising the profile of reporting mechanisms in relation to wildlife crime with a view to increasing confidence in reporting and enhancing quality intelligence gathering. • Maintaining specialist officers within Police Scotland to deal with wildlife crime.	• Significant wildlife crime incident resulted in the multiple and illegal killing of Red Kites and buzzards on the Black Isle. Positively this raised the level of awareness and concern over wildlife crime at the local and national level. It also enabled the CPP to respond by condemning wildlife crime as not only impacting on the natural heritage itself but also being to the detriment of the economy of the Highlands. • With the development of a new Police Scotland structure, responsibilities for wildlife crime has been clarified and a commitment made to raising the profile of wildlife crime, sharing information and collecting data. • The Highland Environment Forum has established a piece of work to consider what might be done within Highland on wildlife crime. This work is

Long Term Outcomes	Intermediate/Short Term Outcomes	Progress towards Outcomes
		ongoing but primarily will be done through raising awareness and sharing of information.
	A Highland land use strategy will be implemented that will set out how to: • Ensure that land-based businesses work with nature to contribute to the prosperity of the Highlands. • Ensure the responsible stewardship of natural resources in the Highlands. • Deliver more benefits to the people of the Highlands. • Better connect urban and rural communities to the land, with more people enjoying the land and positively influencing land use.	• The option of developing a Highland land use strategy has been considered and prioritised by the Highland Environment Forum who tasked a sub-group to consider further. The sub-group met with representatives from Aberdeenshire Council, one of the two pilots being taken forward to trial development of local strategies, and Scottish Government. A recommendation has gone back and has been agreed by the Forum to begin work in preparation for the development of a Highland LUS to begin once the two pilots have concluded in 2015. This should be in time for development of a LUS for Highland within the life of this SOA.
	Projects will be delivered to address the key strategic issues identified in the Highland BAP.	• A network of local biodiversity action groups across Highland has been maintained and provides a local focus for voluntary action on biodiversity at a meaningful level within the Highland geography. • A range of some 24 projects have been undertaken including, for example: • A Highland Seashore Project which involved volunteers surveying and recording seashore species and habitats, and • A Highland Communities Fund which made some

Long Term Outcomes	Intermediate/Short Term Outcomes	Progress towards Outcomes
		£200,000 available for local community based practical biodiversity projects. These involved some 268 volunteers, 2,250 people learning about aspects of Highland wildlife including over 1,000 children from some 21 schools.
	Projects to address priority Invasive Non-Native Species in Highland will be carried out.	• Rhododendron is a significant issue for native woodlands in part so Highland and a significant programme of works is underway but Forestry Commission, the third sector and private managers is underway. Much of the latter work funded through SRDP. • Significant management of mink underway in identified control areas. • Moves towards developing a "rapid response" capacity to deal with situations were INNS recently found.
The effects of climate change in the Highlands will be minimised and managed	The development and use of renewable energy will be increased through investment in appropriate opportunities, particularly wave and tidal power.	• The original targets set within the SOA for renewable energy have now been surpassed and a new target set including the implementation of 3 wave and tidal projects.
	A carbon neutral Inverness will be achieved in a low carbon Highland by 2025. The Highland Climate Change Declaration will be refreshed in line with other national programmes and there will be improved networking to better share, develop and implement good practice on climate change across all sectors.	• THC and SNH as lead organisations have both made very good progress in reducing CO2 emissions. SNH in particular expects to meet the 2020 target of reducing emissions by 42% by the end of 2014. • The Carbon Clever initiative by Highland Council is formally launched. A high profile initiative showing leadership on this issue. A £1M fund per annum is made available by the Council to support projects which will help deliver the vision.

Long Term Outcomes	Intermediate/Short Term Outcomes	Progress towards Outcomes
		• The Highland Climate Change Declaration refreshed, rebranded and re-launched. Membership (from the public, private and third sectors) has more than doubled and is growing.
	Carbon emissions from domestic dwellings will be reduced by: • Increasing the carbon efficiency of the Highland housing stock. • Helping householders change their behaviour so that they use energy more efficiently. • Reducing fuel poverty as a result of awareness-raising through good quality information and advice.	• Structure established through the Home Energy Efficiency Programme to support giving of advice and support to improve energy efficiency of the housing stock and in particular for more deprived/vulnerable households.
	The number and severity of accidental wildfires will be reduced through increased awareness, pre-planning, incident liaison and engagement with stakeholders. SFRS will promote partnership working through the creation of wildfire groups and increase pre-planning in preparation of peak wildfire periods. Private land owners and managers will support SFRS through the identification of human resources and physical assets.	• The Scottish Fire and Rescue Service has taken ownership of this issue. They have introduced measures to better report and record incidents. • The Scottish Wildfire Forum has been reinvigorated and actions are being identified to reduce the frequency and severity of wildfire incidents.

Long Term Outcomes	Intermediate/Short Term Outcomes	Progress towards Outcomes
People will have greater outdoor access and volunteering opportunities across Highland	The number of access/health related projects in Highland and/or in the 4 most deprived areas including Green Gyms and all abilities access will be increased. The Highland Core Path Implementation project (HCPIP) will be implemented and completed. There will be an annual increase in physical activity levels.	• The core path network is being maintained. Projects to improve the quality of access are being promoted eg extension of the Speyside Way South of Aviemore. • The Ranger service are more focussed on supporting activity in more deprived communities and are currently determining targets to increase take up of access opportunities in these areas.
	The Council will support allotments, especially in the 4 most deprived areas.	• The Council has an allotment officer and there are plans in place to review the extant allotment policy in the light of the Community Empowerment Bill.
	The number of environmental volunteering opportunities will be increased in 4 most deprived areas. The number of people involved in environmental volunteering will increase.	• Discussion underway with 3 of the main environmental volunteering about increasing their activity in the more deprived communities and agreeing clearer targets. • A number of projects underway which deliver on SOA outcomes. These include: the long standing Abriachan project where a community woodland delivers 40,000 visits per year – 5,000 of which are from children, young people and vulnerable adults; and, the new Woods, Waterways and Wellbeing project which is a collaboration between Dunain Community Wood and Scottish Waterways Trust who intend to work with NHS Highland and SNH to improve access opportunities around the woodland and the canal and deliver a number of projects to

Long Term Outcomes	Intermediate/Short Term Outcomes	Progress towards Outcomes
		improve mental health.

Agenda item 4(i)(h)

The Highland Community Planning Partnership

Community Planning Board – 13 October 2014

Highland Single Outcome Agreement 2013/14-2018/19: Development Actions
Update as at October 2014

Development actions
The Quality Assurance process for the Highland SOA 2013-18 highlighted six areas for improvement. These are listed below along with proposed improvement activity. ***Updates are shown in italics and bold.***

Area for Improvement	Improvement Activity	Timescale
SOA to capture sufficient details about delivery, measures and the performance framework against which progress can be evaluated.	1. Delivery plans for the seven themes within the SOA to be finalised. 2. Systems to be in place for performance data to be gathered, base-lines set, data analysed and reported and as part of the new governance arrangements for the CPP. 3. An interim performance report drawing on available indicators and a narrative up-date on progress with the SOA for 2013/14 to be produced. 4. First performance report covering all themes and indicators will be for the 2014/15 period.	• Before March 2014 – • March 2014 • September/October 2014 • September/ October 2015 ***All done for October 2014 Board***
Update as at October 2014	***Delivery plans are being refreshed, with streamlined performance information, by each responsible officer for 2014/15 and presented to the Board for scrutiny October 2014. These will form the basis for performance reporting for 2014/15 onwards. Some concern about duplicate reporting for some themes so further work needed to find an efficient way of producing and publishing performance reports.*** ***The interim performance reports for 2013/14 and for each theme including a narrative up-date on progress is presented to the Board for scrutiny October 2014. These will draw on the quarterly up-dates of progress provided for each CPP Board meeting.***	

Area for Improvement	Improvement Activity	Timescale
Develop a strategic partnership approach to tackling inequalities and prevention	1. Establish the remit and working arrangements for the partnership theme group at Director level on deprivation and health inequalities, as part of the CP structure review.	• October 2013 - ***Done***

	2. Establish the new Chief Officers Group with its role to ensure and challenge whether the CPP's work is reducing inequalities at the pace required and whether it is making the shift to prevention required (part of the CP structure review). 3. Continue to develop the Partnership Prevention Plan. Contribute to any further work done nationally. 4. Annual review of progress with the Partnership Prevention Plan to be reported.	• September 2013 – ***Done*** • On-going – ***New priority*** • First annual review June 2014 - ***Done***
Update as at October 2014	***Three actions completed a marked. Highland prevention plan seen as good practice nationally and its development was shared with other CPPs at an event in April 2014. Highland CPP asked to present its approach at the national CPP event 5.6.14 but declined (date clash). New priory agreed in June 2014 on joint resourcing and prevention.***	

Area for Improvement	Improvement Activity	Timescale
Develop a clear line of sight between SOA priorities and local needs and intervention	1. Complete the review of community planning arrangements, including mapping out the links across operational, local and strategic arrangements 2. Key role for the thematic groups to ensure appropriate community and stakeholder engagement in planning and performance processes 3. Each thematic group identifies how to reflect local variation in delivery plans	• By March 2014 - ***Done*** • From October 2013 • March 2014
Update as at October 2014	***1. District Partnerships are evolving to take on a broader community planning remit, initially for community safety. Potential for community development and engagement to be another area for District Partnership – paper on Board agenda June 2014.*** ***2. Update on community and stakeholder engagement for each theme group can be provided for a future Board meeting and in the context of the Community Empowerment legislation. All partners have access to the Council's Citizens' Panel and Communities Panel.*** ***3. Local variation can be considered through the evolution of District Partnerships and new Community Empowerment legislation.***	

Area for Improvement	Improvement Activity	Timescale
Ensure local communities' needs drive the partnership action in areas of deprivation and rural fragility	Through the partnership group on community learning and development: 1. Develop an asset-based approach and the employment of local health co-ordinators in the four most multiply deprived communities. 2. Develop further the asset-based approach in four fragile rural communities to be identified	• Co-ordinators recruited September 2013 • Approach under development from 2013
Update as at October 2014	***Local health co-ordinators are appointed and in place and HIE reporting on local community plans in four account managed rural communities. This work is to form part of the partnership approach to CLD agreed by the Board June 2014. Annual report on health inequalities presented to Board October 2014.***	

Area for Improvement	Improvement Activity	Timescale
Culture of partnership working supported at operational as well as strategic levels	1. Partnership self-evaluation supported across groups. Develop a programme of self-evaluation. 2. The thematic groups (at Director level) have a role to inspire innovative ways for partners to work together to achieve the results required. 3. The Chief Officers Group has a role to support the thematic groups by removing any barriers to reform that arise from current partnership arrangements, resources and behaviours. 4. The Chief Officers Group learns from approaches elsewhere on partnership management and leadership development to agree the process for the Highland CPP	• By March 2014 – ***Done*** • From October 2013 • From September 2013 • By March 2014 – ***Done - approach agreed***
Update as at October 2014	***1. Approach to self-evaluation agreed by the Board in December 2013. Board undertaking self-evaluation between June and October 2014 Boards.*** ***2 and 3 underway. COG has identified 5 partnership processes to support a collaborative culture.*** ***4. Board agreed to use the Audit Scotland 4 key Lines of Enquiry. Attention to date has been on identifying strategic priorities. Next step is to consider shared leadership and governance.***	

Area for Improvement	Improvement Activity	Timescale
Identifying joint resources	1. Partnership resources for shared outcomes to be identified by each theme group and then aligned and integrated where appropriate. 2. Through the development of the Partnership Prevention Plan, partner resources will be identified. This will be reported in the annual report as noted above.	• During 2013-18
	1 and 2: Submission to National CPP Group Nov 2013 and COHI presentation March 2014 on shared resources. Annual prevention plan reported June 2014. New partnership work on this topic agreed June 2014 and officers identified.	

Strengths identified:
The Quality Assurance process for the Highland SOA 2013-18 highlighted the following strengths:

- The CPP is mature, results oriented and relationships are well developed amongst partners.
- The CPP is taking steps to develop its SOA and has good self-awareness of what needs to be done to sharpen the SOA and deliver further improvement.
- There is a strong ethos and growing momentum for partnership delivery with the integration of health and social care and the £3m prevention fund and plan highlighted.
- The SOA provides a sense of industry and energy and shows successful partnership approaches.
- Key partners have had a significant role in producing the SOA and with commitment.
- The SOA shows a clear sense of place and makes national priorities meaningful for the Highlands.
- The SOA covers all 6 national policy priorities and feels like a genuine plan that can be translated into delivery.
- The CPP is making good progress to develop effective governance around community planning – the current review is seen as a positive step.
- The CPP is self-aware with the work on community engagement to help shape priorities noted, including the role of the third sector interface in supporting this work.

CPP request for support nationally
The CPP is seen to have a strong expectation of what is needed nationally to support further progress within the partnership. Those identified at the meeting on 13th June 2013 are listed below. The Highland CPP will work with Government on these issues.

- Support to develop and facilitate joint resourcing.
- Clarity on the scope and definition around prevention and how impacts, including financial impact, may be measured.
- Support on managing any potential conflicts for partners in reporting their performance locally and nationally.
- Support for further integration of services (given the benefit of the support provided for integrating health and social care).