
Report to Council of 12th March 2009

Subject: Integrated Children & Young Persons Plan 2008-2010

Prepared by: Jim Goodall, Head of Education and Community Services

1.0 Purpose

- 1.1. The Council is required under the Children (Scotland) Act 1995 to prepare an Integrated Children & Young Persons Plan. The plan attached as an appendix to this report, replaces the original 2005-2008 plan. It sets out a targeted framework of strategic priorities and objectives, for development and improvement across the range of services for children and young people in Clackmannanshire throughout 2008/2010.

2.0 Recommendations

- 2.1. The Council is invited to adopt the 2008-2010 Integrated Children & Young Persons Plan.

3.0 Considerations

- 3.1. Section 19 of the Children (Scotland) Act 1995 places a statutory duty on each local authority, in consultation with other relevant agencies, to prepare and publish plans for the provision and development of children's services in their area.
- 3.2. The Scottish Executive issued guidance on Integrated Children's Services Plans in 2004, asking agencies to draw together their separate plans for school education, children's social work, child health, and youth justice. This would cover a three year period from 2005-2008. In May 2005 Clackmannanshire developed its first Integrated Plan. Interim guidance was finally issued in 2007, and local authorities were advised to produce short life or one year plans initially in 2008/2009 to allow further developments within this agenda.
- 3.3. Following a new Scottish Government, the introduction of the Concordat, and the anticipated publication of the Early Years framework, a two year plan was developed for Clackmannanshire which encompassed these changes.
- 3.4. This first update on the 2005-2008 Integrated Children's Services Plan was intended to 'add value' by producing consistent improvement objectives that deliver the strategies across universal and targeted services for children and young people.

- 3.5. The plan was produced in collaboration with a wide range of partners including NHS Forth Valley, Central Scotland Police, and the Authority Reporter.
- 3.6. The appended plan is influenced by a number of key drivers including:
- 3.7. 'Getting It Right For Every Child' (GIRFEC)
The GIRFEC approach envisages that practitioners will develop arrangements which will lead to integrated services being provided to address the needs of vulnerable children and young people.
- 3.8. The core components of any GIRFEC approach are:
- A focus on improving outcomes for children, young people and their families based on a shared understanding of well-being.
 - Children, young people and families are more involved in decisions and processes that affect them.
 - Maximising the skilled workforce within universal services to address concerns at the earliest point themselves, where they can, bringing others around them as needed.
 - A common approach to gaining consent and to sharing information where appropriate.
 - A coordinated and unified approach to identifying concerns, assessing needs, agreeing actions and outcomes based on indicators of well-being.
 - Streamlined planning, assessment and decision making processes that lead to the right help at the right time for the child.
 - Consistent high standards of co-operation, joint working and communication, where more than one agency needs to be involved.
 - A confident and competent workforce in the statutory universal and targeted services as well as the independent sector.
 - A lead professional to co-ordinate and monitor multi-agency activity for any individual young person, where necessary.
- 3.9. Early Years Framework
- 3.10. Due to the significance of this second driver, the completion of the appended plan was delayed until its recent publication. The Early Years Framework was launched in December 2008, signifying the Scottish Government's and COSLA's commitments to the earliest years of life being crucial to a child's development. It is increasingly evident that inequalities in health, education and employment opportunities are passed from one generation to another. The framework signals local and national governments' joint commitment to break this cycle through prevention and early intervention and give every child the best start in life.

- 3.11. Transformational change is required, and 10 elements have been identified. These are:
- a coherent approach;
 - helping children, families and communities to secure outcomes for themselves;
 - breaking cycles of poverty, inequality and poor outcomes in and through early years;
 - a focus on engagement and empowerment of children, families and communities;
 - using the strength of universal services to deliver prevention and early intervention;
 - putting quality at the heart of service delivery;
 - services that meet the needs of children and families;
 - improving outcomes and children's quality of life through play;
 - simplifying and streamlining delivery;
 - more effective collaboration.
- 3.12. Single Outcome Agreements (SOA) and the Community Planning process will be the key local mechanism for putting this framework into practice where integrated planning to address the needs of vulnerable young people is required.
- 3.13. Evaluation of the 2005-2008 plan has informed the production of priorities for the appended 2008-2010 plan, taking into consideration critical issues and challenges, such as the HMIE Child Protection Inspection. The information gathered has been used to inform a review of actions, priorities, and resource direction. This strategy is not the end of the planning process, rather it gives a broad overview of where we are now, and sets out a framework for establishing the structures and processes to help us get to where we want to be.
- 3.14. Within the above representative contexts, the appended plan interprets and summarises the priorities and strategic framework that will meet the identified needs of children and young people in Clackmannanshire. These are consistent with the emerging SOA for 2009/10 and the Council's Corporate Priorities.
- 3.15. The Integrated Children & Young Persons Plan 2008-2010 priorities are:
- Improving targeted services for vulnerable children and young people - especially in the area of child protection. Ensuring young people get the help they need when they need it.
 - Reducing health inequalities for children and young people - especially those living in areas of deprivation.

4.0 Sustainability Implications

- 4.1. The prevention and early intervention agenda promoted in the appended plan, will have a positive effect on social and economic issues within Clackmannanshire.

There is strong evidence of a positive economic and social return from early years investment, e.g. spending on programmes that are targeted, high quality and based on an effective methodology can save more than they cost over a number of years.

5.0 Resource Implications

5.1. *Financial Details*

- 5.2. The strategic priorities set out in the appended plan can be funded within existing and proposed service budgets, including the Children's Planning Fund. Some re-adjustments of these budgets may be required as the implementation of the plan proceeds over time.

5.3. *Staffing*

- 5.4. Not applicable.

6.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

(1) **Our Priorities 2008 - 2011**

The area has a positive image and attracts people and businesses	<input type="checkbox"/>
Our communities are more cohesive and inclusive	<input checked="" type="checkbox"/>
People are better skilled, trained and ready for learning and employment	<input checked="" type="checkbox"/>
Our communities are safer	<input checked="" type="checkbox"/>
Vulnerable people and families are supported	<input checked="" type="checkbox"/>
Substance misuse and its effects are reduced	<input checked="" type="checkbox"/>
Health is improving and health inequalities are reducing	<input checked="" type="checkbox"/>
The environment is protected and enhanced for all	<input type="checkbox"/>
The Council is effective, efficient and recognised for excellence	<input checked="" type="checkbox"/>

(2) **Council Policies** (Please detail)

7.0 Equalities Impact


- 7.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations?

Yes ☒ No ☐

8.0 Legality

8.1 In adopting the recommendations contained in this report,
the Council is acting within its legal powers

Yes ☒

APPROVAL/SIGNATURE	DATE
Head of Service: 	26.02.09
Director: <small>*Delete as appropriate</small>	

REPORT TO COUNCIL

To: Head of Administration and Legal Services, Greenfield, Alloa FK10 2AD

Report author: Jim Goodall,

Service: Services to People

Report title: Integrated Children & Young Persons Plan 2008-2010

Date of meeting: 12th March 2009

It is recommended that the attached report be:

- 1. Given unrestricted circulation** ☒
- 2. Taken in private by virtue of paragraph ___ of schedule 7A of the Local Government (Scotland) Act 1973** ☐

List any appendices attached to this report

- 1. Integrated Children & Young Persons Plan 2008-2010**
- 2.**
- 3.**
- 4.**

List the background papers used in compiling this report .

- 1. Sustainability Checklist.**
- 2. Getting It Right For Every Child Implementation Plan.**
- 3. Early Years Framework.**
- 4. Nb. All documents listed must be kept available by the author for public inspection for four years from the date of the meeting at which the report is considered**

CLACKMANNANSHIRE CHILDREN & YOUNG PEOPLE'S INTEGRATED SERVICES PLAN 2008 – 2010



STRATEGIC SUMMARY

Recommended use by managers, policy makers, strategic officers,
monitoring & inspection staff.

This document is about Children & Young People's services in Clackmannanshire. If English is not your first language and you require assistance to read this document, please call 01259 450000 and ask to speak to the Policy and Planning Officer for Children's Services.

Tha an sgrìobhainn seo mu dheidhinn seirbhisean na cloinne ann an Sierrachd Clach Mhanainn. Mura bi Beurla na ciad cànan agaibh agus ma bhios sibh feumach air cuideachadh airson an sgrìobhainn seo a leughadh, mas e bhur toil e, fònaibh gu 01259 450000 agus faighnichibh airson Oifigear Poileasaidh Dealbhaidh airson seirbhisean na cloinne.

Ten dokument dotyczy usług dla dzieci w Clackmannanshire. Jeśli język angielski nie jest Twoim pierwszym językiem i potrzebujesz pomocy do pracy nad tym dokumentem, proszę zadzwonić na numer 01259 454000 i poprosić rozmówcę z "Policy and Planning Officer for children's services". (Przetłumaczenie usług dla dzieci)

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Executive Summary

Our Vision For Clackmannanshire's Children & Young People

That every child and young person has the best possible start in life and achieves their potential.

2008/2010 Priorities

- **Improving targeted services for vulnerable children & young people** - especially in the area of child protection. Ensuring young people get the help they need when they need it.
- **Reducing health inequalities for children and young people** - especially those living in areas of deprivation.

Strategic Framework - we will strive to ensure that

- **Services work together**, and inclusively, in a coordinated approach that supports the delivery of appropriate, proportionate and timely help to all vulnerable children and young people, and those 'at risk'.
- The experience and needs of each child are central, and their views are considered. **Involving children & their families in decisions** about their lives in ways and at a pace which suits the child, their age, stage and circumstances.
- **Services respect the contribution and expertise of other professionals**; and co-operate with them to meet the needs of children and young people, for example this may be through consultation, sharing information, shared assessment, planning, action, or material support.

The 2008-2010 strategic planning aim for the Integrated Children's Services Planning Group is to **set up and support a self-evaluation process that will inform and shape the development of services and the 2010-2013 plan.**

This strategic summary forms part of a themed approach to the 2008-2010 Clackmannanshire Integrated Child and Young Persons Plan. Although not exclusive, each section or theme is tailored to the recommended user and comprises of the following:

- **Strategic Summary** - For managers, policy makers, strategic officers, monitoring and inspections staff.
- **Practitioner Version** - For managers and staff working in services for children and young people.
- **Young Persons Version** - For children and young people.
- **Parents/Carers Version** - For anyone caring for a child or young person.

Relevant papers or information produced under the banner of the 2008-2010 plan that explores or gives greater detail to a relevant subject will also be made available electronically.

This new approach to production has been undertaken following feedback to the 2005-2008 plan. It aims to ensure that the plan is more user friendly, and relevant to the differing needs of our stakeholders.

This suite of documents can be found on the Children's Services Planning section of Clackmannanshire Council website:

www.clacksweb.org.uk/children/childrensservicesplanning/

Or contact Carol Johnson, Children's Services Policy Officer

Tel 01259 452368

Email at cjohnson@clacks.gov.uk
or childrenserviceplan@clacks.gov.uk

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1 INTRODUCTION

This Plan sets out a **targeted framework of strategic priorities and objectives**, for development and improvement across the range of services for children and young people in Clackmannanshire throughout 2008/2010. The Plan is the single vehicle through which plans and strategies for children and young people will be implemented. It is the means by which outcomes for children and young people will be evaluated, and sets out how local partnerships intend to plan jointly and strategically to deliver the relevant Concordat and Single Outcome Agreement commitments in relation to children and young people and families.

2008/2010 Priorities:

- **Improving targeted services for vulnerable children and young people** - especially in the area of child protection. Ensuring young people get the help they need when they need it.
- **Reducing health inequalities for children and young people** - especially those living in areas of deprivation.

As this is the first update, produced within a context of changing legislation, national government and interim guidance. It is very much a snapshot in time, looking at what we have been doing and beginning to measure the impact of this work.

1.1 Our Vision For Clackmannanshire's Children

That every child and young person has the best possible start in life, and achieves their potential.

Running through this plan is the commitment to Scotland's Vision:

In order to become successful learners, confident individuals, effective contributors and responsible citizens: all children and young people need to be safe, nurtured, active, healthy, achieving, included, respected and responsible.

The Children and Young Person's Plan is based on key themes which reflects relevant legislation and core values of Clackmannanshire Council and our partners.

Strategic Framework - we will strive to ensure that:

Services work together, and inclusively, in a coordinated approach that supports the delivery of appropriate, proportionate and timely help to all vulnerable children and young people, and those 'at risk'.

The experience and needs of each child are central, and their views are considered. **Involving children & their families in decisions** about their lives in ways and at a pace which suits the child, their age, stage and circumstances.

Services respect the contribution and expertise of other professionals; and co-operate with them to meet the needs of children and young people, for example this may be through consultation, sharing information, shared assessment, planning, action, or material support.

1.2 Key Drivers

Getting It Right For Every Child¹

The Scottish Government Getting It Right programme is on a journey of ongoing consultation, strategic preparation, process mapping, systems review, legislation, guidance and toolkits, and finally, full implementation. **It is envisaged that practitioners will develop the *Getting it right* approach in their own organisations, regions and sectors to reflect local circumstances & needs**, synchronised and in unison with all other partner services, and most importantly, adaptable to the needs of each and every family, child and young person.

Local elements working toward this agenda are the Integrated Children's Services Planning Framework, GIRFEC group, self-evaluation of service provision, integrated assessment and information sharing, joint inspections and workforce development. The Scottish Government is also coordinating 5 pathfinder projects; 1 regional and 4 domestic abuse projects. The key aim of these projects is to identify how Getting It Right For Every Child will work in practice.

Clackmannanshire awaits recommendations and good practice arising from these pathfinders.

2008/2010 Objectives:

- Develop Corporate Parent Agenda
- Ensure children, parents & carers are involved in & consulted about key decisions that affect them
- Develop systems that ensure the right services at the most appropriate time
- Improve access to services
- Develop inclusive services
- Set up and support self-evaluation process.

¹ The consultation document "Getting It Right For Every Child: Proposals for Action" was published in June 2005. A year later the Scottish Government published its implementation plan. <http://www.scotland.gov.uk/Publications/2006/06/22092413/0>

The core components of the 'Getting It Right For Every Child' approach.

A focus on improving outcomes for children, young people and their families based on a shared understanding of well-being.

An integral role for children, young people and families and those with a relevant interest in reaching the decisions that affect children's lives as part of assessment, planning and intervention.

Maximising the skilled workforce within universal services to address concerns at the earliest point themselves, where they can, bringing others around them as needed.

A common approach to gaining consent and to sharing information where appropriate.

A coordinated and unified approach to identifying concerns, assessing needs, agreeing actions and outcomes based on indicators of well-being.

Streamlined planning, assessment and decision making processes that lead to the right help at the right time for the child.

Consistent high standards of co-operation, joint working and communication, where more than one agency needs to be involved.

A confident and competent workforce in the statutory universal and targeted services as well as the independent sector.

A lead professional to co-ordinate and monitor multi-agency activity where necessary.

The capacity to share demographic, assessment, planning and outcome information electronically within and across agency boundaries through the national eCare programme where appropriate.

It is acknowledged that more can be done at an integrated level to share information on identification of need, improve existing audit mechanisms, and develop a self evaluation framework that provides a comprehensive assessment and analysis of need across all of children's services.

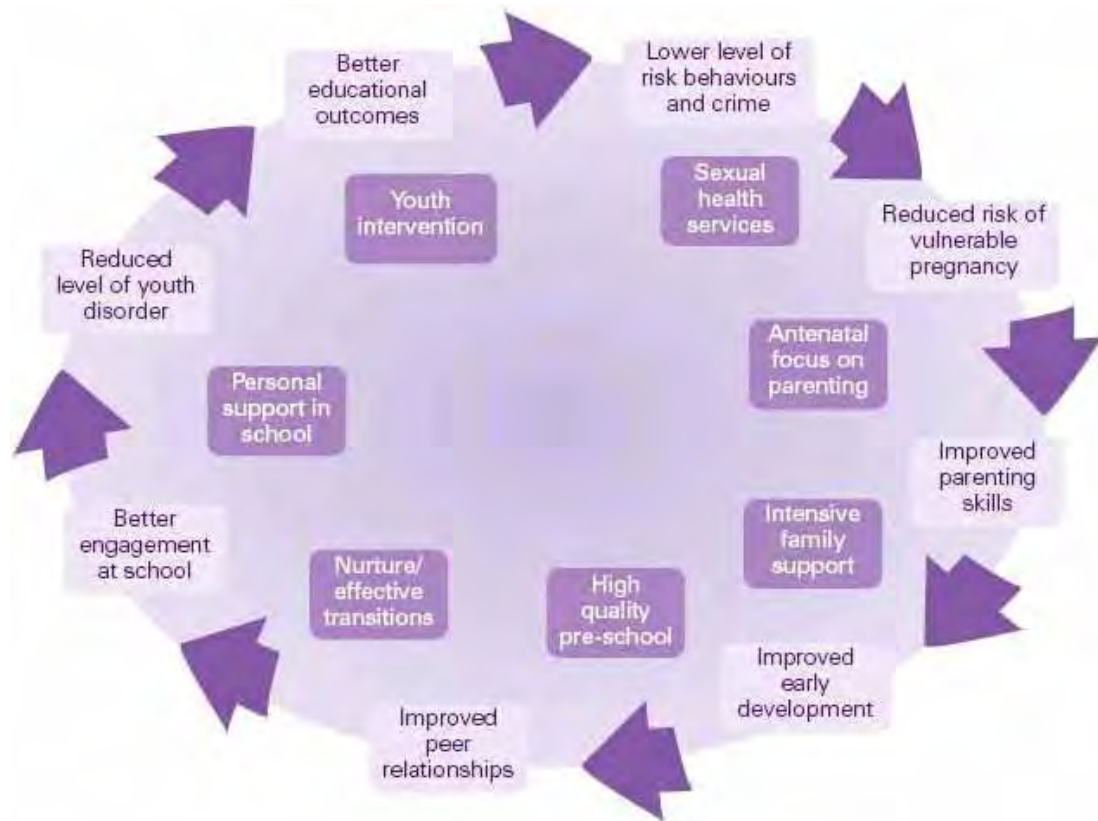
Early Years Framework²

The Early Years Framework was launched in December 2008, signifying the Scottish Government and CoSLA's commitment to the earliest years of life being crucial to a child's development. It is increasingly evident that **inequalities in health, education and employment opportunities are passed from one generation to another. The framework signals local and national government's joint commitment to break this cycle** through prevention and early intervention and give every child in Scotland the best start in life.

The framework covers the interests of children from pre-conception to the age of 8 years and will have a 10 year horizon.

² <http://www.scotland.gov.uk/Topics/People/Young-People/Early-years-framework>

Parents and communities play a crucial role in outcomes for children. That role needs to be valued by parents and communities themselves, but also **supported by the community planning process.** The vision also highlights the importance of high quality, flexible and engaging services delivered by a valued and appropriately qualified workforce in delivering the ambitions of this framework.



Putting the vision into action

These ambitions cannot be achieved by a business as usual approach. Transformational change is required, and 10 elements of transformational change have been identified. These are:

- a coherent approach;
- helping children, families and communities to secure outcomes for themselves;
- breaking cycles of poverty, inequality and poor outcomes in and through early years;
- a focus on engagement and empowerment of children, families and communities;
- using the strength of universal services to deliver prevention and early intervention;
- putting quality at the heart of service delivery;
- services that meet the needs of children and families;
- improving outcomes and children's quality of life through play;
- simplifying and streamlining delivery;
- more effective collaboration.

Moving forward

Single outcome agreements and the community planning process will be the key local mechanisms for putting this framework into practice. In doing so, the focus will remain on outcomes rather than inputs, and we will work to develop better indicators of outcomes from early years policies and services.

1.3 National Priorities

In 2007 the Scottish Government set out their overarching purpose, strategic objectives, national outcomes, and national indicators.³

The Strategic Objectives are:

- **Wealthier & Fairer**
- **Smarter**
- **Healthier**
- **Safer & Stronger**
- **Greener**

Many of the national outcomes benefit young people either directly or indirectly:

- We are better **educated**, more **skilled** and more **successful**, renowned for our research and innovation.
- Our young people are **successful learners, confident individuals, effective contributors** and **responsible citizens**.
- Our children have the **best start in life** and are **ready to succeed**.
- We live longer, **healthier lives**.
- We have tackled the significant **inequalities** in Scottish society.
- We have **improved the life chances** for children, young people and families at risk.
- We live our lives **safe from crime, disorder and danger**.
- Our public services are **high quality, continually improving, efficient** and responsive to local people's needs.

Examples of the national indicators that apply to young people and track progress towards the achievement of the national outcomes and the overarching purpose are:

³ <http://www.scotland.gov.uk/About/purposestratobjis>

- Increase the proportion of **school leavers** in positive and sustained destinations.
- Increase the proportion of schools receiving **positive inspection** reports.
- Increase the overall proportion of local authority areas receiving positive **child protection inspection** reports.
- 60% of school children in primary 1 will have no signs of **dental disease** by 2010.
- Increase the proportion of **pre-school centres** receiving positive inspection reports.
- Reduce the rate of increase in the proportion of children with their **Body Mass Index** out with a healthy range by 2018.
- Increase healthy **life expectancy** at birth in the most deprived areas.

These principles are all integral to the development of an action plan and monitoring and evaluation framework, which will deliver positive outcomes for children and young people in Clackmannanshire.

1.4 How Will We Achieve This - The Planning Process

The Integrated Children and Young Person's Services plan is intended to be a **driver for change** across many organisations. It links together relevant policies and focuses on objectives and actions, which ensure the **better integration and provision of services** which have a positive impact on children and young people.

The 2008-2010 strategic planning aim for the Integrated Children's Services Planning Group is to **set up and support a self-evaluation process that will inform and shape the development of services and the 2010-2013 plan.**

Planning Services For Children & Young People

The Integrated Children and Young Person's Plan is overseen and steered by the Integrated Children's Services Planning group⁴, which consists of senior management representation from the key service areas working in Clackmannanshire. They in turn feedback to their relevant services and provide **strategic leadership and guidance** ensuring the development of key objectives and priorities for the plan, and improvements to integrated planning and working.

⁴ See Appendix A for details.

Other groups that feed into the development and implementation of the Integrated Children and Young Person's Services Plan are:

- Clackmannanshire Alliance (Community Planning Partnership)
- Community Health Partnership Integrated Health Improvement Team
- Corporate Parenting Strategy Group
- FV Integrated Planning Group for Child Health
- Early Years Childcare Partnership
- Clackmannanshire Substance Misuse Forum
- Child Protection Strategy Group
- Youth Justice Strategy Group
- Regional & local 'Action For Change' (Abuse) Group
- Regional & Local Sexual Health Strategy Groups
- Other Strategic Planning Forums at Forth Valley level.

Community Planning

Community planning is the process through which services are jointly planned and provided for through consultation and co-operation with all the public bodies involved and with the community of Clackmannanshire. In 2007/2008 the Community Planning Partnership known as the Clackmannanshire Alliance began the process of a comprehensive Community Planning review. Following consultation across the Partnership, a set of nine Community Planning outcomes were agreed. Children's Services Planning was represented in this process.

The aim of the Clackmannanshire Alliance is to strengthen communities, build confidence & raise aspirations, and improve well being.

The priority outcomes relevant to children and young people are:

- Our communities are safer.
- Health is improving and health inequalities are reducing.
- Our communities are more cohesive and inclusive.
- Vulnerable people and families are supported.
- People are better skilled, trained and ready for learning and employment.
- Substance misuse and its effects are reduced.
- Improved quality of public services.

The well being of children and young people is central to achievement of most if not all of the agreed community planning outcomes for Clackmannanshire. As part of the ongoing process of the community planning review, **the Clackmannanshire Alliance has agreed that a Partnership Team⁵ with a focus on the needs of children and young people, will be formally incorporated into the Community Planning framework.**

⁵ Discussions are ongoing regarding the formal adoption of the Integrated Children's Services Planning Group within the Community Planning structure and the possible inclusion of the Chair within the proposed Alliance Executive Group.

Links between Children's Services Planning and Community Planning were further strengthened when the Community Planning Manager joined the Integrated Children's Services Planning Group in summer 2008.

Another Partnership Team relevant to young people is the **Community Health Partnership** which sits formally with the Community Planning process and is the Health element of the Clackmannanshire Alliance. Its role is to develop action plans to give effect to the strategic vision outlined by the Alliance. Links are also made between Health, Community Planning and Children's Services Planning through the Clackmannanshire Integrated Health Improvement Team. This is where integrated and joint working at operational and strategic levels is discussed, and health related issues/priorities are fed into the Joint Health Improvement Plan (JHIP) and the Community Plan.

Single Outcome Agreement

All councils and community planning partnerships (from 2009/10) are required under the terms of the Concordat⁶ to produce a Single Outcome Agreement (SOA) which demonstrates how the local partners are contributing to the agreed national objectives. The Clackmannanshire SOA for 2008-09 which is structured around local community planning outcomes, has now been approved by Council and the Scottish Government, and endorsed by the Clackmannanshire Alliance.

The Early Years Framework refers to this process and states that Integrated Children's Services Plans (ICSP) are a statutory obligation for local authorities and should also be seen as an opportunity to take forward transformational change in their local area. ICSPs should be seen as the children and young people's component of Community Plans, but should become increasingly focused around the needs of children and families, rather than around systems and processes.

The next generation of Single Outcome Agreements (SOAs) will be drawn up with Community Planning Partners and local Community Plans will form the foundations. The case for better integration between Community Plans and ICSPs is further reinforced by this framework's approach on developing family and community capacity as a key support for children in their early years.

This is not about separate plans or processes from the mainstream community planning system. It is about recognising the opportunity that exists to improve a range of outcomes through a focus on early years within that process.

⁶ Further information on the Concordat can be found at <http://www.scotland.gov.uk/Resource/Doc/923/0054147.pdf>

Service Planning - Clackmannanshire Council

Clackmannanshire Council aims to; provide a wide range of necessary services to a high standard, provide services in as efficient and cost effective way as possible, promote the interests and well-being of the people of Clackmannanshire, ensure the people of Clackmannanshire receive the very best care and consideration from us.

Services for children and young people provided by Clackmannanshire Council sit within a combined service known as “Services To People” which includes Education, Social Services, Cultural & Community Services, Psychological Services, Sports Development, and Housing Services. Services To People carries a **corporate responsibility for social inclusion** and brings a unified management structure to a very broad range of public services that include children and families. **Strategic leadership is taken forward by the Children’s Services Senior Management Team and key representatives form an integral part of the multi-agency partnership known as the Integrated Children’s Services Planning Group.**

The Services To People service plan reflects the aims & priorities identified within the Council's Corporate Plan 2008-2011 and is underpinned by a comprehensive planning framework, which encompasses a range of statutory (and other) plans⁷. The Integrated Children & Young Person's Services Plan feeds into this plan and is important in bringing a focus of integration and joint working, enabling and facilitating initiatives such as joint training, and information sharing.

Service Planning - Health

Given the importance of primary and community based care in the provision of health services to children and young people, Community Health Partnerships (CHPs) offer a key vehicle for the integration of healthcare with the work of other agencies.

Guidance⁸ which accompanied the introduction of CHPs, stated that “CHPs will have a prominent role to play in the health sector’s contribution to Integrated Children’s Service Plans, Joint Inspections and the implementation of the Additional Support for Learning Act and Getting it Right for Every Child.”⁹

Key Direct Action Areas from the 2007-2010 JHIP that are relevant to children & young people are:

- Sexual Health,
- Health & Homelessness,
- Parenting Initiatives.

⁷ Including Educational Improvement Objectives found in Appendix B.

⁸ <http://www.sehd.scot.nhs.uk/chp/replies/ami01303dftguidance.pdf>

⁹ <http://www.scotland.gov.uk/Resource/Doc/165782/0045104.pdf>

The NHS are a key partner in planning services for children and young people, and the Integrated Children & Young Persons Plan. As well as direct involvement from key players, priorities from the Joint Health Improvement Plan, Local Health Plan and the Annual Report from the Director of Public Health, inform the development of priorities.

1.5 Consultation & Involvement

The Integrated Children's Services Planning Group listens to the views and priorities raised by stakeholders through consultation & participation structures set up throughout Children's Services. This includes the **Early Years Childcare Partnership, Youth Council, Pupil Councils¹⁰, Parent Councils, and Clacks 1000 Citizen's Panel¹¹**.

Analysis of local trends, feedback from stakeholders, evaluation, and recent inspections have informed the 2008/2010 priorities.

08/10 Objective:

Ensure children, parents and carers are involved in and consulted about key decisions that affect them.

¹⁰ <http://www.scotland.gov.uk/Resource/Doc/147410/0038822.pdf>

¹¹ Clacks 1000 Citizens' Panel set up in 2006 with over 1000 members who volunteered to take part in survey work and is part of a framework for community involvement set up by the Alliance.

Critical Issues & Challenges

Demographics



Population increasing, households increasing.



Household size reducing.



Increasing households with children from Ethnic Minorities.



Highest influx of migrant population within Forth Valley.

Health



Teenage pregnancies rates have been highest in Forth Valley and have consistently been higher than the national average.



Generally, life expectancy in Clackmannanshire is shorter than the national average.



Breastfeeding rate lower than Forth Valley and national average.



Oral Health rate lower than Forth Valley and national average.



Obesity rate higher than Forth Valley and national average.



Low weight babies rate higher than Forth Valley and national average.

Community



Teenagers have a higher than national average use of smoking, drinking & drugs.



Higher than national average rate of referrals to Children's Reporter.



A highest deprivation levels in Forth Valley and high proportion of the area is among the most deprived in Scotland.

Performance



HMIE Child Protection Inspection Report - Weaknesses identified in services.



SWIA Performance Inspection Of Social Work Services - Whilst acknowledging that improvements had been made, identified the need to improve outcomes for children and young people.

Further information on the local picture can be found in the associated document "The Local Picture For Young People - A Snapshot Of Trends & Information which can be located within the Children's Planning web page on Clacksweb.

2.2 Child Health

Children's circumstances in the earliest years of life are critical to future health inequalities.

Source: Equally Well - A report of the ministerial task force on health inequalities. June 2008

This plan acknowledges that child health is particularly important because there is strong research evidence that a healthy childhood is vital to maintaining health throughout adulthood. **The root cause of many diseases and conditions can be traced back to early childhood**, and some conditions are caused by the health behaviour of the parents before conception and during pregnancy. **There is a growing realisation that ensuring the health of children should be at the heart of efforts to improve the health of the population as a whole and to help combat inequality.**

Clackmannanshire has many health inequalities, both within its own communities, between neighbouring authorities and nationally. According to the 2006 Scottish Index of Multiple Deprivation:

- **Clackmannanshire is the 5th most deprived local authority area in Scotland.**
- Within Forth Valley¹² Clackmannanshire continues to have the **greatest percentage of its data zones within the most deprived 10% areas of Scotland.** There are also a few pockets of very high deprivation in the area.

Concentration of most deprived datazones	Clacks	Falkirk	Stirling	FV	Scotland
	23.4%	9.6%	6.4%	13.1%	15%

Source table 1.2 SIMD 2006

2008/2010 Priority

Reducing health inequalities for children and young people - especially those living in areas of deprivation.

This priority was identified through the planning process which took into consideration statistical information¹³, research into the causal links to poor health, and good practice that promotes the establishment of an integrated framework for improving child health.

2008/2010 Objectives For Children & Young People:

- Reduce health inequalities
- Reduce substance misuse
- Promote positive mental health and emotional well-being
- Improve sexual health

¹² Forth Valley includes Stirling and Falkirk Councils (who share the same NHS Forth Valley health boundary).

¹³ Clackmannanshire CHP Health & Wellbeing Profiles 2008 <http://clacksweb/social/communityhealthpartnership/>

2.3 Vulnerable Groups

As well as services for those children and young people who have additional support needs such as those with physical or learning disabilities, the Integrated Children & Young Person's Plan also takes into consideration other vulnerable groups of young people and households such as:

Young Carers

Young carers are children and young people whose lives are constrained by the need to care for a person who is ill, affected by disability or incapacitated by the misuse of drugs or alcohol. They **are twice as likely as their peers to have mental health issues**, and over a quarter of secondary school **young carers have serious educational problems** or have dropped out of school, with nearly all reporting missing school when the person they care for is having difficulties.

Young Carers are supported in Clackmannanshire by:

- Dedicated services for young people provided by the Princess Royal Trust For Carers
- A local Carers Strategy and steering group
- A self-evaluation of services to young carers which began summer 2008

Looked After Young People

Circumstances which lead to children becoming 'looked after and accommodated'¹⁴ vary widely, and they can be placed in various settings, depending on the child's circumstances and needs such as; residential home, residential school, secure unit, foster care or adoptive family. Those looked after away from home can lack stability and the chance to put down roots, and being moved from one care setting to another can be damaging.

There is mounting evidence of the severe difficulties commonly experienced by looked after young people.

- Children looked after by local authorities have significantly poorer **physical, mental and emotional health than their peers, and a much lower uptake of health services**.¹⁵
- **School attendance rate is lower, and exclusion rate is higher compared to the general population, and they leave school with fewer qualifications.**

Looked After Young People are supported by;

- Independent Advocacy & Support Services
- Dedicated Health Nurse
- Flexible Support Workers

¹⁴ For definition see Glossary in Appendix H

¹⁵ SWIA The health of looked after and accommodated children and young people in Scotland Jun 2006

<http://www.swia.gov.uk/swia/files/Health%20of%20Looked%20After%20and%20Accommodated%20Children%20in%20Scotland.pdf>

Looked after children continue to need care well into young adulthood. Work is currently ongoing to develop a **corporate parenting strategy** that sets out corporate responsibilities throughout the Council towards looked after children.¹⁶

Young People At Risk

Action to reduce risk in children's lives and enhance protection, can not only enable them to achieve their potential, but also reduce the chances of involvement in crime, substance misuse and other problem behaviour.

Wide-ranging action is needed across the education and wider children's services to improve the educational experience of all children, especially those most at risk of disaffection and under achievement and of leaving school with few or any qualifications. Learning experiences have to be transformed to ensure they are tailored to individual needs and are designed to enable every child to develop their potential regardless of their personal circumstances.

Source: More Choices More Chances Strategy

Examples of young people at risk include those who are living in substance misusing households, those with low self esteem, those misusing substances themselves, and those with poor sexual health. Support is provided by voluntary sector organisations such as Barnardo's and Action For Children.

What Works?

Tackling disadvantage and discrimination requires planning at every level in a local authority and between them and their partners in delivering children's services. Champions are needed to make sure that local authorities and their partners provide the best possible care. Developing an understanding of what children and young people think about services intended to help them, supports effective engagement and long-term service planning.

The 2005-2008 Children's Services monitoring and evaluation process identified gaps in the provision of services for young vulnerable people. This information was used to inform the planning process looking at service improvement opportunities, and whether they could be achieved through better integration and joint working.

2008/2010 Objectives:

- Support children affected by parents' and other family members' substance misuse
- Support children and young people in care, and develop the Corporate Parent agenda
- Improve access to services
- Continue to develop inclusive services

¹⁶ The term Corporate Parent refers to the formal and local partnerships needed between all local authority departments and services, and associated agencies, who are responsible for working together to meet the needs of looked after children and young people.

2.4 Child Protection

Child Protection within Clackmannanshire is overseen by the Child Protection Committee (CPC). **Key members of the CPC are also members of the Children's Services Planning Group.** Work undertaken by the CPC includes all operational and strategic development issues, it reviews its work on an annual basis with the compilation of an annual report and business plan. The business plan is developed on an inter-agency basis and reflects the child protection development needs of the local area.

The Forth Valley group ensures **consistency in strategic planning** and a reduction in the duplication of child protection work across agencies in the Forth Valley area. The three local child protection committees have the responsibility for the local implementation of a Forth Valley-wide strategy.

During 2007 to 2008 Clackmannanshire was inspected by HMIE as part of the Joint Inspection of Services to protect children. Whilst some strengths were reported in the inspection report, the CPC, Forth Valley Child Protection Strategy Group (FVCPSG) and individual agencies had substantial areas for improvement to address. **This led to the compilation of Action Plans based on the areas indicated for improvement, and influenced the decision to make the improvement of targeted services for vulnerable children (especially in the area of Child Protection) a priority.**

2.5 Structures In Place To Ensure Multi-Agency Delivery

Integration is a key theme running through many services working with children and young people in Clackmannanshire. Examples below evidence how agencies have come together to improve service delivery.

Community Health Partnerships are the central focus within the NHS, at a local level, for partnership working in the planning and delivery of integrated health services. A multi-agency integrated Health Improvement Team has been developed which includes representatives from Health Promotion, Community Planning and Children's Services Planning.

School Clusters and Area Management Boards are part of a strategy to promote social inclusion and raise educational attainment. The boards aim to identify key strategic issues and problems facing young people and to find ways of addressing these. They will ensure that teachers, social workers, health professionals and community education workers work alongside each other to meet the holistic needs of all pupils and ensure vulnerable pupils obtain an integrated package of support to develop social skills and reduce unacceptable behaviour.

A **GIRFEC multi-agency group** linked to the Children's Planning Process is driving forward implementation of relevant principles, focussing initially on vulnerable young people and child protection.

2.6 Assessment, Evaluation & Inspection.

Evaluation of the 2005-2008 plan has highlighted many adhoc **examples of joint assessment and information sharing**, however it is acknowledged that this work requires to continue throughout all of integrated services to children in a planned and systematic manner following GIRFEC principles. **The priority to ensure that vulnerable young people get the help they need when they need it is key to this agenda**, and the desire to improve joint working is reflected within the action plan.

This is reflected in our **08/10 priority to improve targeted services for vulnerable children**, and the strategic framework principle that **services work together, and inclusively, in a coordinated approach that supports the delivery of appropriate, proportionate and timely help to all vulnerable children and those at risk.**

Information Sharing

The Scottish Government has made funding available to local Data Sharing Partnerships, to progress good practice in appropriate multi agency information sharing. The Forth Valley Data Sharing Partnership¹⁷ (FVDSP) has produced an Information Sharing Protocol (May 2008) to provide a consistent and structured approach to information sharing.

The FVDSP is also responsible for overseeing data sharing projects across Forth Valley. One such example is the **electronic child protection pilot**, allowing police and health service providers access to social services' child protection information.

The 2008-2010 strategic planning aim for the Integrated Children's Services Planning Group is **to set up and support a self-evaluation process that will inform and shape the development of services and the 2010-2013 plan.**

The needs of children and how they interact with children's services are audited and assessed in many formats. Indeed this plan, and it's monitoring and evaluation systems can be considered to be a systematic assessment of need. **This plan has been informed by many sources of information, research highlighting what works, assessments, self-evaluations, and inspections** undertaken both nationally and locally which give a snapshot of performance. All of this information has been used to shape the priorities and actions within the plan as well as give focus to improvements within individual services or agencies.

Recent assessments/inspections that have informed the planning process:

- Care Commission Fostering & Adoption Inspections 2007¹⁸
- HMIE Child Protection Inspection 2008¹⁹
- SWIA Inspection of Social Services 2008²⁰

¹⁷ http://fvdsp.impulse101.co.uk/index.php?option=com_content&task=view&id=2&Itemid=20

¹⁸ www.carecommission.com/index.php?option=com_content&task=view&id=312&Itemid=198&bereNextPageId=ReportDataDetails_action.php&action=browseReport&repId=2007154631

¹⁹ <http://www.hmie.gov.uk/documents/services/ClackmannanSFCU.pdf>

²⁰ http://www.swia.gov.uk/swia/files/Clackmannanshire_Council_Performance_Inspection_Report_September_2008.pdf

What Works?

Self Evaluation Principles

- What key outcomes have we achieved?
- How well do we meet the needs of our stakeholders?
- How good is our delivery of services for children and young people?
- How good is our management?
- How good is our leadership?
- What is our capacity for improvement?

When undertaking a self-evaluation it is important to have **sound evidence** to inform the judgements made. A wide range of evidence should be used to help evaluate "how we are doing". HMIE advise that the evidence used should include:

- performance data collected nationally, locally or within a service;
- surveys of stakeholders' views;
- direct observation of practice; and
- review of a range of documentation.

When we self-evaluate, we must look honestly but critically at our practice and at the services we provide with a view to improvement.

Put simply, self-evaluation for improvement broadly focuses on answering two key questions about practice:

- **How good are we now?** - This helps to identify strengths and development needs in key aspects of a service and the impact this has on children's lives.
- **How good can we be?** - Asking this question helps set priorities for improvement.

Recommended Self Evaluation tools:

- Improving Our Curriculum Through Self-evaluation. 2008²¹
- Improving Outcomes for Learners Through Self-Evaluation ²²
- Improving Service For Children. How good are our services for young carers and their families? 2008²³
- Improving Services to Protect Children. How good are we at assessing risks and needs to help children and families? 2008²⁴
- Improving: Services to Protect Children. How good are we at sharing and recording information to help children and families? 2008²⁵

²¹ <http://www.hmie.gov.uk/documents/publication/iocets.html>

²² <http://www.hmie.gov.uk/documents/publication/ioltse.html>

²³ <http://www.hmie.gov.uk/documents/publication/isfc.html>

²⁴ <http://www.hmie.gov.uk/documents/publication/istpc.html>

- Improving services for children, Excellence for all, Self-evaluation 2007²⁶
- A Guide to Evaluating Services for Children and Young People using Quality Indicators 2006²⁷
- How well are children and young people protected & their needs met?' 2005.²⁸
- How Good Is Our School ? - The Journey To Excellence Part 3 2007²⁹
- The Child At The Centre - Self Evaluation In The Early Years 2007³⁰

A specific self-evaluation tool called 'Evaluating the effectiveness of **corporate parenting**' is under development by HMIE, based on the 'Guide to Evaluating Services for Children and Young People'.

3 CONCLUSION - STRATEGIC AIMS & OBJECTIVES

This section reflects on the agreed priorities and objectives for integrating services to children and young people over the period of the 2005-2008 plan. It also links the Scottish Government national vision statements, with local priorities.

It has been acknowledged within the planning process that the number of priorities and objectives within the 2005-2008 plan (180) was unrealistic, necessitating a monitoring and evaluation framework that was unmanageable.

This interim 2 year 2008-2010 plan will therefore identify areas that require immediate attention. The 2010-2013 plan will then divide it's priorities between the short-term (life of the plan) and longer term goals.

Strategic Planning Aim 2008/2010

To set up a self-evaluation process that will inform and shape the development of the 2010-2013 plan.

3.1 Priorities

Taking into consideration recent inspections and ongoing self-evaluations the following priorities have been identified:

- Improving targeted services for vulnerable children - especially in the area of Child Protection. Ensuring that young people get the help they need when they need it.
- Reducing health inequalities for children and young people - especially those living in areas of deprivation

²⁵ <http://www.hmie.gov.uk/documents/publication/ispc.html>

²⁶ <http://www.hmie.gov.uk/documents/publication/ImprovingServicesforChildren.pdf>

²⁷ <http://www.hmie.gov.uk/documents/publication/Evaluating%20Services.pdf.PDF>

²⁸ <http://www.hmie.gov.uk/documents/publication/hwcpnm.pdf>

²⁹ <http://www.hmie.gov.uk/Generic/HGIOS>

³⁰ <http://www.hmie.gov.uk/Generic/TheChildattheCentre>

This strategy is not the end of the planning process, rather it gives a broad overview of where we are now, and sets out a framework for establishing the structures and processes to help us get to where we want to be.

3.2 Resources

The evaluation of the 2005-2008 plan has demonstrated that a lot of work is being done to improve and take forward the integrated children's service agenda. Some of this work was funded from the Changing Children's Services Fund³¹. However, this funding stream is no longer ring fenced and therefore no longer protected for this sole purpose. **Some existing good practice projects are being absorbed into the mainstream funding process, and others have ended.** It is acknowledged that 'change' does not always need additional funding, but can continue with the development of a "will" to change and seek ways to do so within existing budgets. However, much of the good work already achieved, the enabling/facilitating/demonstrating role, and electronic changes do require initial funding, if only to demonstrate through pilot projects or action what the benefits of change can bring.

Concerns have also been raised about the financial implications of many of the GIRFEC and Early Years Framework proposals. There is much that can be done with existing budgets to match fund, or pool resources. There is also some alternative sources of funding that could be explored. This challenge will remain a priority for the Integrated Children's Services Planning Group.

3.3 Monitoring & Evaluation

Progress against the 2005-2008 objectives have been measured using the indicators and targets outlined in the monitoring and evaluation framework³². This performance measurement system measures how we are progressing towards achieving the outcomes defined by our objectives and priorities, and what impact these are having on our children and young people. The information gathered is then used to inform a review of the plan's actions, priorities, and resource direction.

How are we doing 2008?

For the purposes of this document a simple traffic light system has been used to indicate progress against the 2005-2008 plan's priorities. This is a snapshot in time. An example of what has been done by many of the agencies involved in the Children's Services Planning Partnership, to progress the aims and objectives can be found on the Children's Services Planning web page.

Where do we want to go 2010?

Evaluation of the 2005-2008 plan has informed the production of priorities for 2008-2010, and the development of long term planning beyond 2010. A more detailed breakdown of the priorities including outcomes and impact targets can be found at the rear of this document.

³¹ See previous Children's Services plans for details of ongoing or previous projects.

³² The framework is a large comprehensive database and is available from the Children's Services Policy Officer.

How are we doing 2008?

2005-2008

ICSP	NATIONAL PRIORITIES	Safe	Nurtured	Achieving	Respect & Responsibility	Healthy	Active	Included	HOW ARE WE DOING?
1.1	LOCAL PRIORITY: Establish communities in which children and young people feel safe	√	√		√	√			IMPROVING
1.2	LOCAL PRIORITY: Protect children and young people from neglect and abuse	√				√			IMPROVING
1.3	LOCAL PRIORITY: Support children affected by parents' and other family members' substance misuse	√		√		√		√	IMPROVING
1.4	LOCAL PRIORITY: Reduce children and young peoples substance misuse	√	√	√	√	√		√	IMPROVING
1.5	LOCAL PRIORITY: Support children affected by domestic abuse	√		√		√		√	ON TRACK
1.6	LOCAL PRIORITY: Combat the anti-social behaviour of a minority of young people and ensure parents act in the best interests of their children	√			√		√	√	ON TRACK
1.7	LOCAL PRIORITY: Reduce the number of persistent young offenders	√			√			√	IMPROVING
2.1	LOCAL PRIORITY: Maintain children and young people within their own families and their own communities	√	√		√				IMPROVEMENTS REQUIRED
2.2	LOCAL PRIORITY: Maintain children and young people who have additional support needs within their own families and communities	√	√					√	ON TRACK
2.3	LOCAL PRIORITY: Support children and young people needing placements out-with their own family where these are needed	√	√						IMPROVING
2.4	LOCAL PRIORITY: Create nurturing communities		√	√	√			√	IMPROVING

ICSP	NATIONAL PRIORITIES	Safe	Nurtured	Achieving	Respect & Responsibility	Healthy	Active	Included	HOW ARE WE DOING?
3.1	LOCAL PRIORITY: Improve access to services.	✓	✓	✓	✓	✓	✓	✓	IMPROVING
3.2	LOCAL PRIORITY: Continue to develop inclusive services.		✓	✓	✓		✓	✓	IMPROVING
3.3	LOCAL PRIORITY: Increase the number of 16-19 year olds in education, employment or training		✓	✓				✓	ON TRACK
4.1	LOCAL PRIORITY: Promote positive mental health and emotional wellbeing			✓	✓	✓		✓	IMPROVING
4.2	LOCAL PRIORITY: Improve the sexual health of children and young people	✓			✓	✓		✓	IMPROVEMENTS REQUIRED
4.3	LOCAL PRIORITY: Reduce health inequalities		✓	✓		✓		✓	IMPROVEMENTS REQUIRED
4.4	LOCAL PRIORITY: Improve oral health					✓			IMPROVING
4.5	LOCAL PRIORITY: Improve children and young people's nutrition		✓	✓		✓		✓	IMPROVING
5.1	LOCAL PRIORITY: Maintain 100% access to pre-school education for 3 & 4 year olds		✓	✓			✓	✓	ON TRACK
5.2	LOCAL PRIORITY: Continue to develop inclusive and supportive learning environments for all		✓	✓		✓		✓	IMPROVING
5.3	LOCAL PRIORITY: Continue to raise standards of attainment for all			✓				✓	IMPROVING
5.4	LOCAL PRIORITY: Provide effective support to children & young people with additional support needs			✓				✓	ON TRACK
5.5	LOCAL PRIORITY: Raise core IT skills of children & young people			✓					ON TRACK

ICSP	NATIONAL PRIORITIES	Safe	Nurtured	Achieving	Respect & Responsibility	Healthy	Active	Included	HOW ARE WE DOING?
6.1	LOCAL PRIORITY: Provide increased opportunities for sport & recreation for all				√	√	√	√	IMPROVING
6.2	LOCAL PRIORITY: Implement a broad programme of physical education and activity		√			√	√	√	IMPROVING
6.3	LOCAL PRIORITY: Develop positive physical environments and opportunities for play	√			√	√	√	√	IMPROVING
6.4	LOCAL PRIORITY: Develop creativity and cultural opportunities					√	√	√	IMPROVING
7.1	LOCAL PRIORITY: Develop children and young people's involvement in the wider community and increase their awareness of the duties and responsibilities of citizenship in a democratic society			√	√		√	√	ON TRACK.
7.2	LOCAL PRIORITY: Ensure children, parents and carers are involved in and consulted about key decisions that affect them				√		√	√	IMPROVING
7.3	LOCAL PRIORITY: Increase the respect for children and young people, as well as respect for themselves and others.			√	√			√	IMPROVING
8.1	LOCAL PRIORITY: Develop systems that ensures children will receive the most appropriate services at the most appropriate time	√	√	√		√		√	IMPROVING

WHERE DO WE WANT TO GO 2010?

2008-2010

ICSP	LOCAL PRIORITY	NATIONAL PRIORITIES Wealthier & Fairer, Healthier, Safer & Stronger, Smarter.	Single Outcome Agreement Strengthen communities, build confidence & raise aspirations, improve well being.	Getting It Right For Every Child Safe, Nurtured, Healthy, Achieving, Active, Respected & Responsible, Included.
1.0	Protect children and young people from neglect and abuse, and support those experiencing abuse.	✓	✓	✓
2.0	Support children affected by parents' and other family members' substance misuse	✓	✓	✓
3.0	Reduce children and young peoples substance misuse	✓	✓	✓
4.0	Support children and young people in care, and develop the Corporate Parent agenda.	✓	✓	✓
5.0	Promote positive mental health and emotional wellbeing	✓	✓	✓
6.0	Improve the sexual health of children and young people	✓	✓	✓
7.0	Reduce young people's health inequalities	✓	✓	✓
8.0	Ensure children, parents and carers are involved in and consulted about key decisions that affect them	✓	✓	✓
9.0	Develop systems that ensures children will receive the most appropriate services at the most appropriate time	✓	✓	✓
10.0	Improve access to services.	✓	✓	✓
11.0	Continue to develop inclusive services.	✓	✓	✓

APPENDICES

- A. Partners Involved In Children's Services Planning
- B. Education Improvement Objectives 2007-2010
- C. Glossary
- D. 2008-2010 Objectives & Outcomes
- E. Main Strategic Links
- F. Comments & Suggestions on this plan

APPENDIX A

Partners Involved In Children's Services Planning Group.

Agency	Title
Central Scotland Police	Chief Inspector
Clackmannanshire Council - Social Services & Criminal Justice	Head Of Social Services & Criminal Justice
Clackmannanshire Council - Childcare	Senior Manager – Childcare Social Work
Clackmannanshire Council - Childcare	Service Manage
Clackmannanshire Council - Youthwork	Cultural & Community Services Manager
Clackmannanshire Council – Education	Head Of Schools
Clackmannanshire Council – Early Years and Out of School Care	Service Manager
Clackmannanshire Council - Education	Service Manger Pupil Support
Clackmannanshire Council – Services To People	Policy Officer Children's Services
Clackmannanshire Council – The Psychological Service	Principal Psychologist
Health – Forth Valley Health Improvement	Health Promotion Manager - Clacks, Sexual Health & Substance Misuse.
Scottish Children' Reporter Administration (SCRA)	Reporter
Health – Clackmannanshire CHP	Lead Nurse
Health – Clackmannanshire CHP	CHP General Manager
Health Board	Senior Planning Manager
Voluntary Sector	Children's Services Representative
Community Planning	Strategic Policy Manager

APPENDIX B

Clackmannanshire Council: Services to People Service Plan.

Educational Improvement Objectives: 2007 - 2010

CP = Corporate Priority

TARGET OUTCOME 1		To implement 'A Curriculum for Excellence (ACE)'				
Ref.	3 Year Target	CP ref	Partners	Target 2007/08	Target 2008/09	Target 2009/10
1.1	Continue to employ curriculum flexibility to address the needs of young people	1.1 1.2 1.7 1.8	Schools, pupils, parents, the community, HMIE and other external agencies	The ways in which pupils in S2 to S4 are given access to Standard Grade and/or equivalent courses are extended AND pupils' opportunities to study vocational courses are increased; the pupils achieve a > 90% success rate in their vocational courses AND pupils' opportunities to follow personal development programmes, eg ASDAN, are increased; the pupils taking these courses achieve >90% success rate in these courses	Opportunities are extended and levels of success within them are maintained at >90%	Opportunities are extended still further and levels of success within them are maintained at >90%
1.2	Increase young people's opportunities to become involved in enterprise education activities through, for example, the establishment of a 'team' of teachers dedicated to the promotion of enterprise in primary schools	1.1 1.2 1.7 1.8	Schools, pupils, parents, the community, HMIE and other external agencies	There is a wide range of enterprise activities available to all young people available through the implementation of the authority's Education for Enterprise/Determined to Succeed Action Plan AND almost all pupils participate in at least one quality enterprise activity each session AND Audit, inspections, reports, and pupil surveys indicate that enterprise activities are having a positive impact on young people	The range and scale of enterprise activity in schools increases and audit, inspections, reports and pupil surveys continue to indicate that they are having a positive impact on young people	The range and scale of enterprise activity in schools increases and audit, inspections, reports and pupil surveys continue to indicate that they are having a positive impact on young people
1.3	Increase young people's opportunities to become involved in activities promoting personal and social development, citizenship	1.1 1.2 1.7 1.8 2.3	Schools, pupils, parents, the community, HMIE and other external agencies	All schools have effective pupil councils and other ways of giving pupils a voice in the life and work of their schools; all schools operate programmes of activity which promote citizenship including involvement in the Eco Schools Programme AND audit, inspections, reports, and pupil surveys indicate that schools make a positive contribution to the personal and social development of young people	The range and scale of citizenship activity in schools increases and audit, inspections, reports and pupil surveys continue to indicate that they are having a positive impact on young people	The range and scale of citizenship activity in schools increases and audit, inspections, reports and pupil surveys continue to indicate that they are having a positive impact on young people
1.4	Continue to promote health and well-being of young people	2.3 2.9	Schools, pupils, parents, the community, HMIE and other external agencies	Implement the authority's 'Hungry for Success' Action Plan by, for example, improving the quality of school meals leading to increased up-take of school meals AND all schools have at least the lowest level of accreditation as a Health Promoting School by the end of June 2007	School meal up-take continues to rise from 2004/2005 baseline AND at least 30% of schools will have the highest level of accreditation as a Health Promoting School by end-June 2008	School meal up-take continues to rise from 2004/2005 baseline AND at least 50% OF schools will have accreditation as a Health Promoting School by end-June 2009 AND audit, inspections, reports, and pupil surveys indicate that school are making a positive

					AND audit, inspections, reports, and pupil surveys indicate that school are making a positive contribution to developing the health and well-being of young people	contribution to developing the health and well-being of young people
1.5	Increase young people's access to sporting and cultural activities	2.3 2.9 1.3	Schools, pupils, parents, the community, HMIE and other external agencies	All pupils in primary and secondary schools experience at least >100 minutes per week of a 'quality experience of taught PE' AND all pupils in primary schools and the first two years of secondary school experience at least 100 minutes per week of a 'quality experience of the expressive arts' including, for example, involvement in the Youth Music Initiative and its related activities	Base levels of engagement in PE and the arts are maintained AND at least 60% of pupils are engaged in such activity at least once a week outwith school	Base levels of engagement in PE and the arts are maintained AND at least 85% of pupils are engaged in such activity at least once a week outwith school
TARGET OUTCOME 2		To raise attainment				
Ref.	3 Year Target	CP ref	Partners	Target 2007/08	Target 2008/09	Target 2009/10
2.1	Continue to raise standards of attainment in reading, writing and mathematics in primary schools	1.2 1.7	Schools, pupils, parents and the community	% of pupils attaining national standards in reading, writing and mathematics will rise by 2-3% from the 2005/2006 baseline	% of pupils attaining national standards in reading, writing and mathematics will rise by 2-3% from the 2006/2007 baseline	% of pupils attaining national standards in reading, writing and mathematics will rise by 2- 3% from the 2006/079 baseline
2.2	Continue to raise standards of attainment in reading, writing and mathematics in S1/S2	1.2 1.7	Schools, pupils, parents and the community	% of pupils attaining national standards by the end of S2 in reading will be >60% from 206/2007 onwards AND % of pupils attaining national standards by the end of S2 in writing will be greater than 55% from 2006/2007 onwards AND % of pupils attaining national standards by the end of S2 in mathematics will be greater than 65%from 2006/2007 onwards	Levels of attainment in reading writing and mathematics will rise by an average of 3- 5% on the 2006/2007 baseline	Levels of attainment in reading writing and mathematics will rise by an average of 3-5% on the 2006/07 baseline
2.3	Raise the overall levels of attainment of pupils at the end of S4	1.2 1.7	Schools, pupils, parents and the community	% of pupils attaining 5+ awards at Level 3 or better will increase by 6-7% to > 90% by 2007 AND % of pupils attaining 5+ awards at Level 4 or better will increase by 5% to > 75% by 2007 AND % of pupils attaining 5+ awards at Level 5 or better will increase by 4% to > 35% by 2007	Levels of attainment will rise by an average of 3-4% on the 2006/2007 baseline	Levels of attainment will rise by an average of 3-4% on the 2006/07 baseline
2.4	Raise the attainment of the lowest performing 20% of pupils at the end of S4	1.2 1.7	Schools, pupils, parents and the community	Average tariff score of the lowest performing 20% increases by 8 points in each of the next 3 years	Average tariff score of the lowest performing 20% will be 62 at the end of 2008/09	Average tariff score of the lowest performing 20% will be 70 at the end of 2009/10

2.5	Raise overall levels of attainment of pupils at the end of S5	1.2 1.7	Schools, pupils, parents and the community	% of pupils attaining 3+ awards at Level 6 or better will increase by 4% by 2007 AND % of pupils attaining 5+ awards at Level 6 or better will increase by 2% by 2007	Levels of attainment will rise by a further 2% on the 2006/2007 baseline	Levels of attainment will rise by a further 2% on the 2006/07 baseline
2.6	Raise overall levels of attainment of pupil at the end of S6	1.2 1.7	Schools, pupils, parents and the community	% of pupils attaining 1+ awards at Level 6 or better will increase by 6% by 2007 AND % of pupils attaining 3+ awards at Level 6 or better will increase by 6% by 2007 AND % of pupils attaining 5+ awards at Level 6 or better will increase by 25% by 2007	Levels of attainment will rise by a further 2% on the 2006/2007 baseline	Levels of attainment will rise by a further 2% on the 2006/07 baseline
2.7	Develop further pupils' employability skills	1.2 1.7 1.8	Schools, pupils, parents and the community	Local and other employers report high levels of satisfaction with the skills of job applicants and employees recently attending school AND The numbers of young people leaving school and becoming part of the NEET group is always less than 5% AND At least 90% of pupils report themselves as having well-developed core/employability skills; they are confident and optimistic	As for 2007/08	As for 2008/09
2.8	Raise the overall levels of achievement and attainment of LAC, other vulnerable young people and children from black and ethnic minorities	1.2 1.7	Schools, pupils, parents and the community	Educational and other progress of LAC and other groups is tracked, monitored and reported on; appropriate interventions are undertaken AND All LAC attain at least an SCQF Level 3 award in English and Mathematics at the end of S4 AND The attainment generally, in primary and secondary schools of LAC, other vulnerable children and children from black and ethnic minorities will be at least the equivalent of the average of their peers	As for 2007/08	As for 2008/09
2.9	Develop further pupils' problem-solving and thinking skills	1.2 1.7	Schools, pupils, parents and the community	The use of questioning and other techniques associated with the AifL Programme has been widely adopted in our schools: this work will be complemented by the use of P4C, Case and related programmes AND All pupils in P6 to S1, inclusive will have the opportunity to engage in at least 4 constructivist/challenge events each school session from 2006/2007 onwards	As for 2007/08 AND All staff will have received significant, practical training in the use of co-operative learning techniques by the end of session 2008/2009; these techniques will be widely used in our schools	On-going

2.10	Raise standards of attainment of pupils with ASN	1.2 1.7	Schools, pupils, parents and the community	Pupils with ASN have access to a wide range of appropriate course, units, etc AND Pupils' achievement/attainments at least match national standards AND Inspection and other audits indicate courses well-matched to pupils' needs	As for 2007/08	As for 2008/09
2.11	Reduce the numbers of school leavers, and other young people who are NEET	1.2 1.7	Schools, pupils, parents and the community generally	At least 90% of June school leavers are in education, employment or training by the end of September 2007. AND Staying-on rates at school increase to 73%	As for 2007/08 AND Staying-on rates at school increase to 73%	As for 2008/09 AND Staying-on rates at school increase to 73%

TARGET OUTCOME 3		Create conditions conducive to learning				
Ref.	3 Year Target	CP ref	Partners	Target 2007/08	Target 2008/09	Target 2009/10
3.1	Inclusion: Continue to implement the existing policy on inclusion	1.1	Schools, pupils, parents, the community, support services, both internal and external	All schools familiar and compliant with the policy	As for 2007/08	As for 2008/09
3.2	Introduce a common assessment framework in relation to pupils with ASN	1.7	Schools, pupils, parents, the community, support services, both internal and external	A common assessment framework is in operation with which staff, pupils and parents/carers express a high degree of satisfaction. AND Inspection and other audits indicate courses, activities, etc well matched to pupils' needs	As for 2007/08	As for 2008/09
3.3	Continue to operate a programme of staged intervention including revised policy & guidelines	1.7	Schools, pupils, parents, the community, support services, both internal and external	Inspection and other audits report the effective use of staged intervention AND Pupils involved in the staged intervention process overtake at least 80% of targets set with and for them AND Their attainments in reading, writing and mathematics make appropriate progress and matches targets set for and with pupils	As for 2007/08	As for 2008/09
3.4	Continue to improve support for learning services in schools	1.1 1.7	Schools, pupils, parents, the community,	Inspection and other audits report support for learning services as effective AND Parents report high levels of satisfaction with support for learning	As for 2007/08	As for 2008/09

			support services, both internal and external	services AND Pupils' attainments in reading, writing and mathematics make appropriate progress and matches targets set for and with them		
3.5	Continue to improve transition arrangements for pupils with ASN	1.1 1.7	Schools, pupils, parents, the community, support services, both internal and external	Almost all pupils are satisfied with their transition arrangements	As for 2007/08	As for 2008/09
3.6	Continue to improve ICT provision for and within schools	1.1 1.4	Schools, nurseries and family centres, pupils, parents, the community, support services, both internal and external, ICT services both local and national	All desktop systems in schools at the start of 2002/2003 replaced by the end of 2006/2007; all schools have access to an enhanced, local education intranet and all schools have access to the SSDN and this services and have all staff trained in its use	All desktop systems in schools at the start of 2003/2004 replaced by the end of 2008/2009; all schools have access to an enhanced, local education intranet and all schools have access to the SSDN and this services and have all staff trained in its use	All desktop systems in schools at the start of 2004/2005 replaced by the end of 2009/2010; all schools have access to an enhanced, local education intranet and all schools have access to the SSDN and this services and have all staff trained in its use
3.7	Complete the introduction of SEEMIS	1.4	Schools, pupils, parents, the community, support services, both internal and external, ICT services both local and national	All relevant staff are able to use SEEMIS and almost all users report high levels of satisfaction with SEEMIS	As for 2007/08	As for 2008/09
3.8	Establish and implement an up-dated service-wide ICT strategy	1.4	Schools, pupils, parents, the community, support services, both internal and external, ICT services both local and national	All young people have access to a wide range of activities which engage them in the use of ICT for research, presentation and other purposes; inspection and other audits indicate effective use of ICT in support of pupils' learning AND most staff and all pupils report themselves as having well-developed efficacy in the use of ICT	As for 2007/08	As for 2008/09

3.9	Schools continue to provide their pupils and staff with a safe working environment	1.4	Schools, pupils, parents and the community	Inspection and other audits, surveys of pupils and parents indicate that schools provide a safe environment for teaching and learning; schools have a positive ethos AND Schools make appropriate use of praise and appropriate use of sanctions, including exclusions, to create a positive working environment for pupils and staff AND All schools have clear arrangements in place for dealing with bullying; they all use buddying and similar arrangements to promote positive relationships between and amongst pupils	As for 2007/08	As for 2008/09
3.10	Improve attendance in primary and secondary schools	1.2 1.7	Schools, pupils, parents and the community	Primary School attendance is greater than 95% AND Secondary school attendance is greater than 92%	As for 2007/08	As for 2008/09
3.11	Secure the implementation of relevant new legislation, e.g. The Parental Involvement Act, Children's Services Act (GIRFEC)	1.2 1.7	Schools, pupils, parents, other Council services, CSP, FVHB	Council's actions, procedures, etc are compliant with legislation	As for 2007/08	As for 2008/09
				Secure the introduction and operation of Area Management Boards	As for 2007/08	As for 2008/09
3.12	Implement the authority's Schools of Ambition Programme	1.2 1.7	Schools, pupils, parents and the community generally	The restorative practice elements of the authority's plan is implemented	As for 2007/08	As for 2008/09
3.13	The authority's PPP programme in secondary schools is realised	1.2 1.7	The community, pupils, parents and contractors	The authority's PPP programmes is implemented	As for 2007/08	As for 2008/09

APPENDIX C

GLOSSARY

ASL	Additional Support For Learning
Assessment	The process of defining an individual person's needs, the help that they require and determining their eligibility for services.
CAMHS	The Child and Adolescent Mental Health Service (CAMHS) provides assessment and intervention for children and young people with mental health difficulties and their families.
Children's Hearing	Rather than going to Court, this body deals with cases where a child has committed an offence or has been offended against and is in need of care and protection.
Child Protection Register	A list held by the Local Authority of children who are at risk of abuse or neglect and require protection.
CHP	Community Health Partnership
Clacks	An abbreviated version of Clackmannanshire
C&YP	Children & young people
EIO	Education Improvement Objectives
FV	Forth Valley
GIRFEC	Getting It Right For Every Child. A Scottish Government national change agenda.
HEAT	Health, Efficiency, Access and Treatment. NHS statutory performance indicators.
HMIE	Her Majesty's Inspectors of Education
Home Supervision Order	A statutory order made by the children's panel where a child remains at home.
ICSPG	Integrated Children's Services Planning Group
ICT	Information and communication technology.
Looked After	Children who may be supervised, subject to Place of Safety Orders, Child Protection Orders, Parental Responsibility Orders or Warrants and those who are on supervision living at home. Those children who require to be looked after out with their family are referred to as looked after and accommodated children.
Mean	The mid-point between the highest and lowest number in a set - not the average.
MCMC	More Choices More Chances
NEET	Not in employment, education or training. This term of identifying young vulnerable people who are not in work has now been superseded by the term MCMC.
NHS	National Health Service, usually refers to the Forth Valley area and includes Clacks, Stirling and Falkirk Councils.
PPP	Public Private Partnership - New Schools
SAT	Substance Action Team
SCRA	The Scottish Children's Reporter Administration.
Scottish Children's Reporters Administration	The organisation that assesses the appropriateness of referring a particular case involving Children's Hearing.
STI	Sexually Transmitted Infection
SWIA	Social Work Inspection Agency

APPENDIX D - Monitoring & Evaluation - 2008-2010 - OBJECTIVES & OUTCOMES

National Outcome: We Live Our Lives Safe From Crime, Disorder And Danger, Our Children Have The Best Start In Life And Are Ready To Succeed, We Have Improved The Life Chances For Children, Young People And Families At Risk, Our Public Services Are High Quality, Continually Improving, Efficient And Responsive To Local People's Needs.						
Community Planning Aim: Strengthen Communities. Priority Outcome: Our Communities Are Safer, Vulnerable People & Families Are Supported, Our Communities Are More Cohesive & Inclusive, Substance Misuse & It's Effects Are Reduced, Improved Quality Of Public Services.						
ICSP Priority Improving targeted services for children - especially in the area of child protection. Ensuring young people get the help they need when they need it.						
	Objective	Lead	Outcome	Measures Of Performance	Target	Timescale
1.0	Protect children and young people from neglect and abuse, and support those experiencing abuse.	Integrated Children's Services Planning Group & Child Protection Committee	1.1 Reduction in the neglect & abuse of children and young people	Reduction in the neglect & abuse of children and young people	5% Increase in children subject to initial Child Protection Case Conferences	08/09
				Number of children on the child protection register at 31st March	100% of Children on child protection register are visited as per the Child Protection Plan	08/09
			1.2 Reduction in the number of young people looked after and accommodated.	Number of young people who are looked after by the local authority	20% reduction in the number of looked after children	08/10
			1.3 Vulnerable young people are supported to remain in their communities.	Number of young people looked after within Clackmannanshire	5% Reduction in foster placements out with Clackmannanshire	08/09
			1.4 Children and young people benefit from strategies to minimise harm.	% of children entered on the register in the year who had previously been on the register	2% Reduction in the number of children who have previously been on the register	08/09
			1.5 Children and young people are helped by the actions taken in immediate response to concerns	% of children referred to case conferences who are subsequently registered	5% Reduction in the mean length of time a child is on the child protection register	08/10
				Number of positive inspection reports ¹ (HMIE, SWIA, Care Commission).	GIRFEC system will assess for intervention in 100% of all referred cases	08/10
			1.6 Vulnerable children and families benefit from early intervention and support strategies	Number of Vulnerable Persons Reports submitted by Police		
			1.7 Promotion of best practice in areas of child protection.	% of staff attending child protection training within services in contact with children & young people.	2% Increase in the number of staff attending child protection training especially where it has been low	08/09
			1.8 Increased awareness of child protection issues throughout all agencies working with children			
2.0	Support children affected by parents' and other family members' substance misuse	Deirdre Cilliers Chief Social Work Officer	2.1 Provide support and education to children and their families	Caseload of the Young Carers School Liaison Worker	2% Increase in referrals to Young Carers Worker from appropriate agencies	08/09
				Number of substance misuse specific risk assessments undertaken by a social worker	Consideration is made in 100% of new child protection cases, to the use of the risk assessment model	08/09
	Objective	Lead	Outcome	Measures Of Performance	Impact Target	Timescale

3.0	Support children and young people in care, and develop the Corporate Parent agenda	Jim Burke Senior Manager, Childcare	3.1 Young people who require to be looked after and accommodated will receive high quality care	The number of accommodated children with 3 or more placements.	Children have a maximum of 2 moves within a year of becoming accommodated.	08/09
				The % of looked after young people leaving care who have a pathway plan	100% of young people leaving care have a pathway plan	08/10
			3.2 Young people who have left care continue to receive support if needed throughout their life.	Number of vulnerable young parents on Health Visitors case load.	5% Increase in referrals to parenting support projects	08/10
				Number of vulnerable homeless people who were previously looked after	The development of an appropriate pathway around supporting car leavers to establish and maintain suitable permanent accommodation, will be completed by 2010	08/10
					The development of an appropriate pathway around supporting car leavers in improving mental health and well being, is completed by 2010	08/10
4.0	Ensure children, parents and carers are involved in and consulted about key decisions that affect them	Integrated Children's Services Planning Group	4.1 Greater involvement of children & young people in the development of services to meet their needs.	Number of consultations with Youth Council by relevant services	By 2010, a Communication Framework is established within the Integrated Children's Services Plan based on the following principles: <ul style="list-style-type: none">Young people or their representatives are involved and consulted about key decisions that affect them.Young people are better able to make informed decision.	08/10
				Number of staff involved in building capacity amongst young people		
				The number of complaints and level of dissatisfaction with services involving c&yp		
				% of active pupil councils within Clackmannanshire		
				Number of restorative practise meetings within schools		
			4.2 Integration of consultation and communication activities with community planning frameworks	% of young people involved in community planning consultation process	By 2010 the Integrated Children's Services Planning Group will become a formal partner within the Community Planning Alliance	08/10
			4.3 Vulnerable young people are helped to voice their views	The number of cases where independent advocacy is involved in an ASL case.	By 2010, a pilot study will be undertaken that looks at increasing the advocacy skills of those working with young people through relevant training	08/10
				Children's Rights Officer caseload		
			4.4 Young people know where to go to find out information relevant to them	Number of visits to Clacksyouth.org	By 2010, Clacksweb and Clacksyouth have undertaken a review of relevant links to sites and information for children and young people.	08/10
				Number of visits to Children's Services Information Directory	By 2010 the Youth Council have participated in the completion of a young persons version of the Information Directory	08/10

	Objective	Lead	Outcome	Measures Of Performance	Impact Target	Timescale
5.0	Develop systems that ensures children will receive the most appropriate services at the most appropriate time	Integrated Children's Services Planning Group	5.1 Improved Identification of vulnerable young people.	The number of Vulnerable Persons Reports sent to the Multi-Agency Coordination Group	By 2010, a process will be established that ensures where appropriate, integrated packages of care for young people.	08/10
				Number of awareness raising sessions with relevant services around Corporate Parenting	100% of VPR's will receive integrated initial assessment and targeted interventions where appropriate.	08/10
					Increased participation of relevant services into the Corporate Parenting Agenda	08/10
			5.3 Services are delivered that ensure children and young people are safe, nurtured, healthy, achieving, active, respected and responsible, and included.	Self evaluation of services for children and young people using quality indicators.	Improvement in self-evaluation grading.	08/10
				The % of children seen by a supervising social work officer within 15 days of a supervision order being made.	5% Increase in children seen by a supervising social work officer within timescale	08/09
				The % of qualified Child Care Social Workers to established levels.	2% Increase in the skills and experience of qualified social workers.	08/10
			5.4 Parents/carers and families report that they are satisfied with the quality of services provided and are receiving services that are well integrated at the point of delivery.	The number of positive Inspection Reports	Improvement in the external inspection grading of services	08/10
				The number and nature of complaints against a childcare service.	2% Reduction in the number of complaints against services for children and young people	08/10
			5.5 Professionals can demonstrate that they respond to changing circumstances (national standard 1)	The number of core group meetings and case conferences for vulnerable young people and their families.	Increase in the monitoring and positive outcomes arising from core group meetings and case conferences	08/10
			6.1 Barriers are removed that restrict access to services for children and young people	The number of mapping exercises around service provision.	Increase in the routine evaluation of service provision	08/10
6.0	Improve access to services			The number of relevant consultations with stakeholders.		
7.0	Continue to develop inclusive services.	Integrated Children's Services Planning Group	7.1 Improvement in the range of services and support to children & young people	The number of gaps in services identified through the 2005-2008 evaluation of Integrated Children's Services Plan	Improved communication with relevant resource holders to maximise funding into new or expanded services	08/10
			7.2 Young people make successful transitions into adulthood	Transition coordinator case load	The development of a Transition Framework that aims to reduce the barriers around transition	08/10
			7.3 Vulnerable young people are supported to achieve their potential	The number of looked after young people who are excluded from school	5% Increase in the educational attainment of looked after young people.	08/10
				Male attendance rate at secondary school.	2% Increase in the educational attainment of boys.	08/10
				Number of Education Plans for young people from ethnic minority groups	2% Increase in the educational attainment of young people from ethnic minority groups.	08/10
			7.4 School leavers make confident choices regarding education, employment & training.	% of 16-19 year olds not in education, employment or training	2% Reduction in the % of 16-19 year olds not in education, employment or training	08/09
8.0	Set up and support a self-evaluation process		8.1 Self evaluation will inform and shape the development of services and the 2010-2013 plan.	Evaluations presented to the Integrated Children's Services Planning Group	Completion of the Young Carers Self Evaluation by 2009	08/09

National Outcome: We Live Longer, Healthier Lives, We Have Tackled Significant Inequalities In Scottish Society.						
Community Planning Aim: Improve Wellbeing. Priority Outcome: Health Is Improving & Health Inequalities Are Reducing, Substance Misuse & Effects It's Effects Are Reduced.						
ICSP Priority: Reduce health inequalities for children and young people- especially those living in areas of deprivation.						
	Objective	Lead	Outcome	Measures Of Performance	Impact Target	Timescale
9.0	Reduce young people's health inequalities	Kathy O Neil General Manager Community Health Partnership	9.1 Increased support to vulnerable families, children & young people	Homestart caseload	By 2010 a framework will be established that provides a range of services and works towards building capacity within services providing support to vulnerable families.	08/10
				Young Mums To Be caseload		
				Young Carers School Liaison worker caseload		
				Brightstart Worker/Early Years Family Centre caseload		
			9.2 Improved health within the most deprived communities	average smoking prevalence rate in deprived areas for Clacks aged 16+	Reduce by 2% the number of women smoking during pregnancy within deprived communities	08/10
				Users of specialist services treating for substance & alcohol abuse	10% Increase in targeted adult health assessments within deprived communities Healthier Lives	08/10
				% of breastfeeding at first visit	Increase proportion of breastfeeding at 6-8 weeks to 33.3% HEAT Target	08/10
				The % of women still breastfeeding at 6 weeks or more.		
			9.3 Young people are healthier and more active	Number of registrations in Out Of School clubs	85% of pupils are engaged in activities such PE & the arts at least once per week out with school. EIO Target	08/10
				Number of pupils attending physical activities within schools.	All pupils in primary and secondary schools experience at least 120 minutes per week of a quality experience of taught PE SOA Target	08/10
				Annual pupil census on methods of travel to school.	Increase the proportion of children walking and cycling to school. Primary walking increase to 65%. Primary cycling increase to 2%. Secondary walking increase to 50%. Secondary cycling increase to 2% SOA Target	08/09
				% of pupils in secondary schools taking school meals (free or purchased)	School meal up-take continues to rise from 2004/2005 baseline EIO Target	08/10
				% of schools providing breakfast clubs	At least 50% of schools will have accreditation as a Health Promoting School by end of June 2009 EIO Target	08/09
				Percentage of children in primary 1 receiving a review who are ;overweight, obese or severely obese	Reduce the rate of increase in the proportion of children with their Body Mass Index out with a healthy range by 2018. National Indicator & HEAT Target	08/10
				9.4 Improvement in the quality & access to health services for vulnerable looked after or accommodated young people	5% Increase in the number of young people on home supervision who have a local doctor and dentist	08/10
			9.5 Improved dental care in children	% of children (a) at age 5 and (b) 11-12 year olds have no signs of dental disease	60% of school children in primary 1 will have no signs of dental disease. National Indicator	08/10
				Annual registration with dental practice.		
				Number of children registered with an NHS dentist	80% of all 3-5 year old children to be registered with an NHS dentist by 2010/11 HEAT Target	08/10
	Objective	Lead	Outcome	Measures Of Performance	Impact Target	Time/

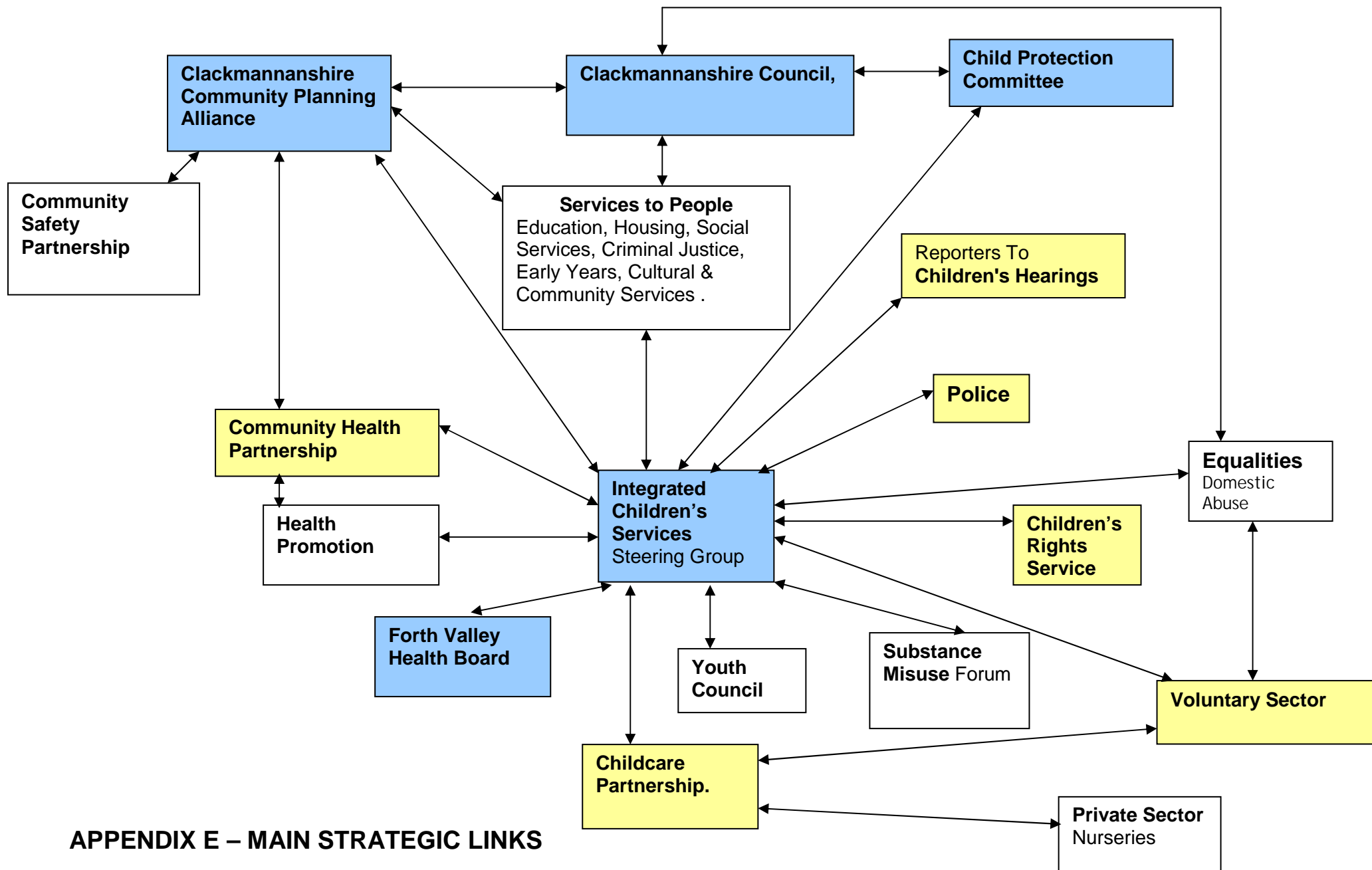
						scale
10.0	Reduce children and young peoples substance misuse	Deirdre Cilliers Chief Social Work Officer	10.1 Reduction in risk taking behaviour including the misuse of drugs, alcohol, and other substances.	Substance misuse nurse caseload.	By end of 2009 an integrated approach to substance misuse/sexual health/mental well being through the provision of updated curriculum materials, will be implemented in Secondary schools and transition years in primary schools.	08/09
				The level and frequency of alcohol consumption among children and young people under 25		
				The % of children and young people under 25 who are involved in substance misuse.		
			10.2 Support for children affected by substance misuse	Referrals to reporter ground J "has misused alcohol or any drug, whether or not a controlled drug within the meaning of the Misuse of Drugs Act 1971".		
11.0	Promote positive mental health and emotional wellbeing	Kathy O Neil CHP General Manager	11.1 Improvement of the health & well being of children & young people	Children looked after for more than 6 months have health needs (including mental health) comprehensively assessed at least annually.	10% Increase in referrals to the Well Chosen Service of young people on a home supervision order.	08/10
				Health Promoting School Accreditation Report	Audit, inspections, reports and pupil surveys indicate that schools are making a positive contribution to developing the health and well being of young people EIO target	08/10
			11.2 Improvement in the range of services to children & young people	Suicide and self harm rates for 10-24 year olds	50% of children and young people with autism, ADHD and LAAC seen within local target waiting time for CAMHS and other specialist teams.	08/09
			11.3 Support for children who have experienced trauma.	Psychological services caseload.	There are clear and agreed procedures in place to identify and support young people in need of additional or specific support for their mental health Delivering A Healthy Future Milestone	08/10
			11.4 Implementation of the Mental Health Framework	Number of schools with a named health professional.	100% of schools have a named health professional.	08/15
			11.5 Raised awareness of mental health & earlier identification of needs.	% Pupils trained in "Choose Life" programme	20% Reduction in suicide rates by 2013 HEAT Target	08/13
				number of mental health training courses provided for all those working with, or caring for, looked after children	Basic mental health training is offered to 100% of those working with, or caring for, looked after and accommodated young people.	08/15
			11.6 Improved coordination of care and access to services	Average waiting time for CAMH referral	5% Increase of young people accessing mental health services	08/09
				% of young people accessing mental health services		
				number of young people admitted to adult beds	50% reduction in young people admitted to adult beds Delivering A Healthy Future Target	08/09
12.0	Improve the sexual health of children and young people	Deirdre Cilliers/ Kathy O Neil	12.1 Appropriate services, which meets the needs of young people	Rate of teenage pregnancies in Clacks compared to the national rate. <20 yr olds	Reduce by 20% the pregnancy rate in under 16 year olds (former HEAT target) SOA Target	08/10
			12.2 Young people will acquire the knowledge, skills and values necessary for sexual well-being	Rate of TCAC teenage pregnancies .	Development of a drop-in service for young people by 2010	08/10
				% of young people accessing sexual health services	5% Increase in use of sexual health services by young people.	08/10
				% STI in young people	10% Increase in the number of Chlamydia tests	08/10
				QIS Standard for chlamydia testing at CHP level.	By 2010 an audit will be completed looking at consistency of SHARE delivery in Primary Schools.	08/10

1 Inspection reports on pre-school centres, schools and child protection will be defined as positive where evaluations of “reference” Quality Indicators (QIs) are satisfactory or better. These QIs relate to key outcomes and areas of provision. The proportion of inspections which lead to “good” or better and “very good” or better evaluations for these three QIs will also be reported.

For pre-school centres, the reference QIs are: 1.1 Improvements in performance, 2.1 Children’s experiences, 5.3 Meeting learning needs, as published in *The Child at the Centre* (second edition).

For schools, the reference QIs are: 1.1 Improvements in performance, 2.1 Learners’ experiences, 5.3 Meeting learning needs, as published in *How good is our school?* (third edition)

For child protection, the reference QIs are: 1.1 Children are listened to, understood and respected, 1.2 Children benefit from strategies to minimise harm, 1.3 Children are helped by the actions taken in response to immediate concerns, 1.4 Children’s needs are met. as published in *How well are children and young people protected and their needs met? Part 2 The Quality Indicators*



APPENDIX E – MAIN STRATEGIC LINKS

Appendix F

CONSULTATION – YOUR COMMENTS & SUGGESTIONS

We would welcome your suggestions or comments on the 2008-2010 Young People's Services Plan. Contact can be made via email cjohnson@clacks.gov.uk or childrenserviceplan@clacks.gov.uk. Fax 01259 452440, telephone 01259 450000 or send it to; The Children's Services Policy Officer, Clackmannanshire Council, Services To People, Lime Tree House, Castle Street, Alloa FK10 1EX.

General Comments

Name

Address

.....

.....

Email

Telephone

Would you like to be added to the Children's Services computerised mailing list ? Please sign if you agree to your name being on the list.

Signature



Report to Council Meeting of 12th March 2009

**Subject: Forth Valley Joint Commissioning Framework :
Services for Older People**

Prepared by: Clare Hebbert Policy Officer Adult Care

1.0 Purpose

- 1.1. The Forth Valley Joint Commissioning Framework (attached as **Appendix 1**) has been compiled by the three Forth Valley local authority partners (Clackmannanshire, Falkirk and Stirling Councils) with Forth Valley NHS.
- 1.2. The purpose of the joint commissioning framework is to improve the joint planning and delivery of services for older people across Forth Valley.
- 1.3. The framework provides national and local contexts, definitions of strategic priorities and commissioning objectives in health and local authority services for older people.
- 1.4. The need for the development of a shared approach to joint commissioning arose from the multi- agency inspection of services for older people conducted across Forth Valley in 2007-2008 (MAISOP).
- 1.5. The framework embraces the Scottish Government's local public services modernisation agenda, maximising efficiencies and ensuring 'best fit' across different agency and professional agendas.
- 1.6. The principles that are set out in the framework, including collaboration and joint commissioning to meet identified needs, can potentially be applied across other care groups.

2.0 Recommendations

It is recommended that :

- 2.1. Council endorses the proposed framework for joint commissioning of services for older people and adopts it as a process for joint commissioning health and social care services across Forth Valley

and
- 2.2. Council approves the extension of the framework to other adult care groups where applicable

3.0 Considerations

- 3.1. The Joint Commissioning Framework document has been prepared in response to the recommendations from the Multi-Agency Inspection of Services for Older People in Forth Valley (MAISOP) 2008
- 3.2. In terms of commitment, it is acknowledged by all local health, housing and community care partners that working together is the most effective approach, using current and wide-ranging national and local partnership agendas, for achieving good outcomes for older people and their carers.
- 3.3. The Forth Valley Adult Care Strategic Planning Group takes the strategic lead and is representative of the three Councils and Forth Valley NHS. With a strategic overview of planning and development initiatives in Forth Valley, the group will ensure that actions taken forward on further integration and joint commissioning will dovetail with other relevant strategies and plans.
- 3.4. Joint commissioning of services for older people should achieve a good balance of care and a range of services with the following elements :
- ◇ User and carer participation : continuing investment will be made in the involvement of service users and carers in the planning and delivery of community based health and social care services.
 - ◇ Enhanced care pathways : a more focussed joint approach to the management of acute and ongoing health and social care pathways that enhance access to appropriate services.
 - ◇ Personalisation and enhanced service user control : people will have greater control over determining their care needs, deciding what services they need, which ones they will use and the arrangements for purchasing them.
 - ◇ Enhanced support for carers : to enable carers to continue in their caring role. When it becomes necessary for the person that they have cared for to move into a formal care setting, they will be supported to continue to provide such care and support as they and the person concerned wish them to do.
 - ◇ Preventative and anticipatory care : more people will be supported in their own homes, with a network of low level support services. Anticipatory care initiatives, falls prevention and rehabilitation will be more widely available.
 - ◇ Care and support in the community : improved availability of services will help prevent unnecessary admissions to acute care and there will be more joint outreach support for people with dementia and functional mental illness.
 - ◇ Intermediate Care : Jointly resourced intermediate care services will deliver joint assessment, rehabilitation and support at home whilst placements in care homes and specialist housing settings will help to maintain delayed discharge performance.
 - ◇ Housing Options : access to good quality, affordable housing for all residents of Forth Valley, including older people, will be reflected in each Council's housing investment plans. Opportunities to develop mixed housing and care home models, including retirement communities could also be explored.

- ◇ Care Homes : Care homes will continue to play an important role in meeting the needs of older people who can no longer live independently in the community. Overall, the proportion of older people in care homes and NHS continuing care could reduce as additional community services enable more to remain in their own homes.

3.5 The Joint Adult Care Strategic Planning Group will oversee an action plan to take forward the development of joint commissioning approaches across Forth Valley, and through the three Community Health Partnerships, in response to identified need. Across Forth Valley, and with some local variation, there will be consultation and engagement with private and voluntary sector providers.

3.6 The process of joint commissioning includes

- Alignment between all partners, working within legal and political frameworks, to plan, prioritise, commission and deliver services to meet identified needs
- Understanding, mapping and forecasting supply and demand
- Adjusting provisions to meet ever-changing needs by reviewing and evaluating models of care
- Developing new approaches which enable more personalised solutions to be delivered by jointly commissioned services
- Ensuring that financial and workforce resources across the system are applied to best effect

3.7 The Joint Commissioning Framework offers an agreed direction of travel. It will be used in a variety of ways to ensure a greater consistency of approach to planning and delivering services to older people. The same principles will be applied to other adult care groups.

4.0 Sustainability Implications

4.1. The joint commissioning framework promotes the continuing health and well being of older people in their communities through effective joint working.

5.0 Resource Implications

Financial Details

5.1. A Joint Financial Planning Framework (see Appendix 2 of the framework document) includes a statement of financial planning parameters, an indication of the scale of expenditure, current processes and proposed arrangements for further development.

5.2. There are processes in place to identify the resource consequences of proposed service developments by one partner on other partners and there are examples of resources being transferred to enable such developments.

For example, there is a proposal to close some mental health beds and transfer the associated direct costs to community services.

Staffing

- 5.3. Through joint workforce development, partners can work together to establish a workforce that is better able to respond to demand and has the right skills and competencies to meet changing need. This includes enhanced flexibility in how key skills can be made available for the implementation of more innovative models of joint provision.

For example : local authority home carers receiving health services training to acquire skills in rehabilitation and personal care including minor treatments, providing a more comprehensive services to people in their homes and promoting independence.

6.0. Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

- (1) **Our Priorities 2008 - 2011** (Please tick ☒)

The area has a positive image and attracts people and businesses	<input type="checkbox"/>
Our communities are more cohesive and inclusive	<input checked="" type="checkbox"/>
People are better skilled, trained and ready for learning and employment	<input type="checkbox"/>
Our communities are safer	<input type="checkbox"/>
Vulnerable people and families are supported	<input checked="" type="checkbox"/>
Substance misuse and its effects are reduced	<input type="checkbox"/>
Health is improving and health inequalities are reducing	<input checked="" type="checkbox"/>
The environment is protected and enhanced for all	<input type="checkbox"/>
The Council is effective, efficient and recognised for excellence	<input type="checkbox"/>

- (2) **Council Policies** (Please detail)

7.0 Equalities Impact

- 7.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations?

Yes ☒ No ☐

8.0 Legality

- 8.1 In adopting the recommendations contained in this report, the Council is acting within its legal powers Yes ☒

APPROVAL/SIGNATURE	DATE
Head of Service: <i>Dereide Cillieff</i>	26.02.09
Director*: <small>*Delete as appropriate</small>	

REPORT TO COUNCIL

To: Head of Administration and Legal Services, Greenfield, Alloa FK10 2AD

Report author: Clare Hebbert - Policy Officer

Service: Services to People - Adult Care

Report title: Forth Valley Joint Commissioning Framework : Services for Older People

Date of meeting: 12th March 2009

It is recommended that the attached report be:

- 1. Given unrestricted circulation ☒**
- 2. Taken in private by virtue of paragraph ___ of schedule 7A of the Local Government (Scotland) Act 1973 ☐**

List any appendices attached to this report (if there are no appendices, please state 'none')

- 1. Forth Valley Joint Commissioning Framework : Services for Older People (January 2009)**

List the background papers used in compiling this report . If you have completed a sustainability checklist please add this to your list (if there are no background papers please state 'none')

- 1. MAISOP Report : Multi Agency Inspection of Services for Older People : January 2008**

Nb. All documents listed must be kept available by the author for public inspection for four years from the date of the meeting at which the report is considered



Falkirk Council



FORTH VALLEY JOINT COMMISSIONING FRAMEWORK: SERVICES FOR OLDER PEOPLE

FINAL VERSION – 21 JANUARY 2009



FORTH VALLEY JOINT COMMISSIONING FRAMEWORK: SERVICES FOR OLDER PEOPLE

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Glossary

AHP	Allied Health Professionals
CHP(s)	Community Health Partnership(s)
HEAT Targets	Targets set for Health Boards relating to: Health Improvement Efficiency and Governance Improvements Access to Services Treatment Appropriate to Individuals
MAISOP	Multi-Agency Inspection of Services for Older People – An inspection of services for older people carried out jointly by the Social Work Inspection Agency, NHS Quality Improvement Scotland and the Care Commission
MRSA	Methicillin-resistant Staphylococcus aureus -A hospital “super bug”
SDS	Self Directed Support - Support that is purchased directly by clients using funds from a variety of public sources, including health and social care, which is sometimes brought together into a single pot
SOA(s)	Single Outcome Agreement(s) – Agreements between each local authority and the Scottish Government as to the outcomes the authority is aiming to achieve
UDSET	User Defined Service Evaluation Tool - The UDSET has been developed to improve practice through application of user and carer defined outcomes tools, and to enable health and social care partnerships to gather data to determine whether they are delivering good outcomes to service users and carers. This data can be used to include user and carer experiences in performance management, planning, commissioning and service improvement. The toolkit has been developed alongside the National Outcomes Framework and has been piloted for use in this context, but can also be used as a standalone toolkit by any organisation interested in the experiences of service users or carers in community care settings

Commissioning Framework

1 Introduction

- 1.1 Local health, housing and social care partners recognise that they have embarked on a period of major change. They are committed to developing a joint commissioning framework for older people because:
- The needs and aspirations of older people are many and varied and no one agency can meet them all in full without the active support and assistance of its partners;
 - Local partners have to address a number of cross cutting national and local outcome targets that involve different policy agendas and several service areas. Working together is the most effective approach to delivering against such a complex agenda;
 - Commissioning some services presents particular challenges such as high risk, high cost or fluctuating demand, which are most effectively addressed by joint arrangements across the whole Forth Valley area;
 - Joint working offers potential efficiency gains that should assist in meeting public sector efficiency targets; and
 - Evolving service models and professional roles facilitate integrated working across agencies and encourage more imaginative and joined up approaches.
- 1.2 This framework describes at a strategic level what services for older people will look like in the future and thus identifies the areas where changes are required. Once it has been finalised and signed off, it will provide the basis for a commissioning strategy which will set out in more detail how the strategic commissioning objectives laid out in the framework will be achieved.
- 1.3 Local partners are also committed to ensuring that services are planned and delivered with the maximum possible involvement of the community, including:
- Community Leaders, by which is meant Local Authority and Health Board members;
 - Community Planning Partnerships and related stakeholders;
 - Other relevant organisations, i.e. those with an interest in services for older people. This includes other public bodies in the Forth Valley area, and potentially wider, and providers of services in the independent sector;
 - Participants, defined as service users, potential service users and those who care for service users, both formally and informally; and
 - The wider public.
- 1.4 The framework has been prepared recognising the complex network of relationships which exists between all the partners and indeed between the partners and other agencies. This complexity is one of the reasons why a clear commissioning framework is so important.

2 Vision

- 2.1 Against a background of diminishing resources and an increasing population of older people, local health, housing and social care partners are committed to planning and working together in support of a shared vision. That vision is the achievement of their desired outcomes for older people, namely:
- Older people are able to live in their own homes and local communities for as long as they wish, whilst enjoying a lifestyle that gives them what they want out of life
 - Universal public services are the principle means for supporting the wellbeing and healthy living options of older people and should enable many to live without recourse to formal health and social care services
 - When an older person does need care and support their views and aspirations both as citizens and service recipients, as well as those of their carers, directly inform and influence the results that health and social care services strive to achieve
 - Older people receive a personalised response to their particular individual needs and are increasingly able to make as many of their own decisions as possible including when, how and by whom their service is provided
 - Services actively anticipate or prevent growing illness or infirmity and thereby support older people to remain active and healthy for as long as possible with the minimum necessary recourse to more intensive or intrusive care and support
 - Older people are kept safe by high standards of practice in the services they receive
 - The outcomes achieved for older people across Forth Valley are not dependent on where they live
- 2.2 Local partners are committed to engaging actively with local community planning partners and with generally available public services. This should ensure that the needs and aspirations of older people are fully recognised and that the benefits of directly accessible support are maximised.
- 2.3 Local partners recognise that the types and level of service for older people may vary from area to area in response to a variety of local considerations. They are committed to ensuring that these local differences will positively enable them to deliver the best solutions in each area and thereby maximise the benefits that people receive, whatever their needs might be.
- 2.4 Strategic commissioning by statutory partners faces significant challenges in ensuring that the design and delivery of each service is able to respond fully to the aspirations of users and carers for a personalised response to their particular needs. The mechanisms by which individuals fund, purchase and organise their own care and support are developing rapidly and this framework lays the foundations for an approach to commissioning which is capable of accommodating and indeed promoting, increasingly personalised services.

3 Context

National Context

- 3.1 The national policy agenda that provides the basis for this draft commissioning framework for older people is well documented. Detailed sources are set out in Appendix 1. The national policy agenda includes the following key aspects:
- Better public accountability by promoting shared ownership through public involvement in service planning
 - An outcomes based approach which focuses on what services achieve, not on what they do
 - Evidence based development
 - Achieving a shift in resources to community based settings
 - Greater focus on long term conditions
 - More preventative and anticipatory care
 - More personalised services and greater control for users
 - More services located close to the user
 - Ensuring services are sustainable and achieve good value for public money
- 3.2 Key pressure points in the health and social care system that are subject to national monitoring and/or specified targets and which also act as drivers to local commissioning arrangements include:
- Delayed Discharges from hospital
 - Emergency / Multiple Admissions to hospital
 - Commissioning of specialist services including the establishment of managed care networks
- 3.3 Housing services are key to delivering many of the changes envisaged in this framework. They are subject to a different set of policy priorities, such as improving the availability and affordability of housing and improving housing quality. However, addressing these priorities effectively requires close attention to the challenges presented by the growing number of older people who are living in the community with health and social care needs.
- 3.4 The national outcomes agenda that underpins the Concordat, and the related Single Outcome Agreements (SOAs) between the Scottish Government and Local Authorities, requires local partnerships to integrate Local Authority SOAs, the community care outcomes framework and NHS HEAT targets in order to deliver joint performance reporting.
- 3.5 Significant developments are emerging in support of this shift, in particular the development of more effective tools for consulting with users and carers, sponsored by the Scottish Government. These will assist local partnerships to understand better the outcomes that are being achieved for users, something that will help partnerships to monitor their progress against SOA and HEAT targets.
- 3.6 Work to assess the cost of specific services across health and social care is designed to give partners a better understanding of the resources which are committed to

different service elements. This will enable them to track how funds flow through the system and assess the financial impact of any change in service design.

Local Context

- 3.7 The specific purpose of this joint commissioning framework is to improve the joint planning and delivery of services for older people in Forth Valley. It sits within a complex network of other relationships:
- between the same partners in relation to other shared services, such as children's services;
 - in relation to other localised planning structures, such as CHPs and Community Planning Partnerships; and
 - partnerships over larger areas, e.g. partnerships between NHS Forth Valley and other Health Boards.
- Whilst this added complexity is acknowledged, it is not explicitly addressed in this framework.
- 3.8 The framework reflects the strategic objectives contained in relevant plans of each of the 3 constituent Councils and in the Primary and Community Care Services Development Plan, which is part of NHS Forth Valley's Integrated Healthcare Strategy. Some policy areas have been identified as requiring further development in order to ensure maximum coherence, for example, Self Directed Support, eligibility criteria and charging policy.
- 3.9 The recent Multi-Agency Inspection of Services for Older People (MAISOP) report concluded that older people in Forth Valley are generally pleased with the services they receive and the way these services work together. It identified a very positive culture in Forth Valley between managers and staff at all levels in NHS Forth Valley, Clackmannanshire, Falkirk and Stirling Councils about working together in partnership to help older people and their carers lead as independent lives as possible. It concluded that significant successes have been achieved by the partners in relation to the way that older people are supported in the community and are admitted and discharged from hospital.
- 3.10 Following the MAISOP, the subsequent implementation plan identified a number of milestones which this framework seeks to address, including proposals that:
- map out the scope of the older people's framework and define the range of services to be included. The MAISOP implementation group has agreed that the framework will cover the full range of services, from healthy ageing to end of life care, but in terms of specific joint commissioning strategies it will focus on joint care/treatment services;
 - within that agreed scope, identify the current base line of services and resources to be reviewed and benchmarked against national information;
 - agree the balance of services to be commissioned at Forth Valley level and those to be commissioned through individual partnerships; and
 - provide a first draft joint commissioning framework for discussion.
- 3.11 It should be noted that this framework concerns the processes which govern how decisions about joint commissioning will be made, including defining the strategic objectives and commissioning priorities which will steer those decisions. Existing

planning processes, commissioning strategies and service plans will inform the detail of what services and approaches will be jointly commissioned and their design.

- 3.12 In particular, other related work which is already in hand and which will be central to the ongoing development of local partners' joint strategic commissioning capability through the application of this framework includes:
- NHS Forth Valley's Primary and Community Care Services Development Plan
 - Stirling University CHP Governance report
 - Joint workforce planning
 - Housing plans, including particular needs
 - CHP reporting developments: SOA Outcomes / HEAT targets
 - Continuing involvement of the Joint Improvement Team in Stirling
- 3.13 This work reflects an established commitment to a joint approach and will provide an important basis for further progress. However, to date only limited work has been undertaken to develop a strategic approach to jointly commissioning older people's services in Forth Valley. More generally, there are currently only a limited number of examples of joint commissioning of services between all Forth Valley partners - the Complex Care Beds working agreement for adults under 65 years is one example.

Present Services and Performance

- 3.14 Data on the range and scale of services currently available in Forth Valley is being updated by the commissioning sub-group of the Joint Adult Strategic Planning Group. Using existing data sets which provide compatible information across Forth Valley, the intention is to include a headline summary of current services in the final version of this framework.
- 3.15 A summary of the data on joint performance that was incorporated into the MAISOP report will also be included in the final version in order to provide a picture of the key national indicators that local partners are seeking to address through the implementation of this framework.

Population and Projections

- 3.16 In Forth Valley in 2006 there were 25,300 people aged 65-74 and 19,900 aged 75+ representing 8.9% and 7% of the total population of Forth Valley respectively¹. It is generally agreed that deprivation adds to the challenge of providing health and social care services. In each of the three Council areas there are people living in the 15% 'most deprived' areas in Scotland as illustrated in the table overleaf, which also gives the proportion of people aged 60 or over who are claiming pension credit.²

¹ Source: GRO Scotland

² CHP profiles, produced by the Scottish Public Health Observatory (ScotPHO) in August 2008

	Clacks	Falkirk	Stirling	Scotland	Average
60+ population claiming pension credit	18.5%	18.6%	14.9%		19.7%
People living in 15% most deprived areas in Scotland	23.6%	9.2%	5.7%		15.0%

- 3.17 Between 2006 and 2031, the population of Forth Valley is projected to increase by 9.5%. However, the projected increase in the number of older people is significantly higher. An increase of 68.5% in the number of people aged 65 or over is projected and the increase projected for those aged 75 or over is 94.3%. The projected increase across Scotland of the number of people aged 75 or over is 81%.³

Financial Context

- 3.18 The financial environment in which all four partner organisations are operating is currently one of uncertainty and pressure. Each has current budgetary pressures, notably those relating to increasing fuel costs and pay awards, and, under the terms of the spending review 2007, each is expected to achieve efficiency savings to enable it to maintain current service levels.
- 3.19 This uncertainty and pressure makes joint financial planning both increasingly important, in order to maximise what can be achieved with the totality of the resources involved, and more difficult to take forward than when there was more stability and less pressure on resources. A commitment has been made to develop joint financial planning and a joint financial planning framework is included as Appendix 2. The joint planning of other resources, such as workforce, assets and IT will also be developed.
- 3.20 The joint financial planning framework sets out the benefits to be gained by joint financial planning, acknowledges the difficulties involved and proposes a course of action which begins with work to identify expenditure on services for older people more accurately and which should lead to joint financial planning processes being in place from 2011/12 onwards.

³ 2006 based population projections by GRO Scotland

4 The Commissioning Agenda

What is commissioning?

- 4.1 The commissioning of health, social care and housing provision in Forth Valley is concerned with a range of personalised and specialist services which are designed to meet the assessed needs of individual recipients. In addition however, it is also concerned with ensuring that a wider range of support concerning social inclusion and wellbeing is available to citizens. To achieve this, commissioners will engage with, and seek to influence, the wider community planning context.
- 4.2 Universal public services provide the primary source of support and assistance for people to lead healthy, active lives into old age. These are available to members of the public of all ages if and when they need or want the assistance or service on offer. The projected substantial growth in the population of older people over the next 20-30 years means that demands on commissioned services will grow. It also means that the importance of universal public services and community planning measures to support people to remain healthy into old age is paramount.
- 4.3 Commissioned services provide a personalised response to individual needs which is proportionate to people's requirements, sustainable and adds value to their lives by delivering better outcomes for them. Increasingly individual service users are taking control of managing their condition and of the arrangements by which they procure and organise their care and support. This framework recognises and positively supports this shift and is intended to provide the practical means by which local partners can develop more flexible commissioning arrangements that are better equipped to access and take account of the views of users and carers.
- 4.4 The process of commissioning includes:
 - a) Understanding, mapping and forecasting the supply and demand factors within the market to deliver the current and evolving outcomes required by service recipients;
 - b) Ensuring that expressed public needs and expectations and the views of service recipients are central to the development of plans and strategies;
 - c) Recognising that strategic commissioning goals must be achieved through delivering services that are capable of responding to the particular needs of individual recipients;
 - d) Ensuring that there is an alignment between all partners about planning aspirations and about what needs to be achieved to ensure demand is met, including working within the legal and political framework;
 - e) Ensuring the financial and workforce resources across the system are applied to best effect to maximise the attainment of strategic commissioning goals through the delivery of personalised services; and
 - f) Reviewing and evaluating models of care, and option appraisal of services with a view to any necessary re-provisioning of services to meet ever changing needs.
 - g) Developing new approaches which enable more personalised solutions to be delivered by larger scale commissioned services and which support individual

service users in purchasing and organising their, potentially small scale, support packages.

4.5 In addition commissioning necessarily involves the active management of markets, contracting and service reviews including:

- Community profiling
- Market mapping, including consideration of the potential for independent providers to respond
- Provider identification and development
- Tactical procurement and call off arrangements
- Quality monitoring and review
- Managing decommissioning and market failure

What do we mean by ‘older people’

4.6 For many people, the move into old age can be characterised by three phases as illustrated in the table below. The goals of each partner organisation, individually and working together in partnerships, will have a different emphasis in each phase.

Phase	Typical description	Goals
Entering old age	People who are active and independent and who are around pensionable age with every prospect of remaining fit and well into later old age	To promote and extend a healthy active life and to compress morbidity (the period of life before death spent in frailty and dependency)
Transitional phase	People who are becoming less mobile, more frail and dependent upon family carers, usually as they move into their seventh or eighth decades	To identify emerging problems ahead of crisis, and ensure effective responses which will prevent crisis and reduce long term dependency
Frail older people	People who are significantly vulnerable as a result of health problems such as stroke or dementia, social care needs or a combination of both	To anticipate and respond to problems, recognising the complex interaction of physical, mental and social care factors, which can compromise independence and quality of life

4.7 Increasingly advances in medical science and prescribing mean that individuals who have had substantial and/or complex needs over their lifetime, particularly those with learning disabilities, are living into older age. The incidence of pre-existing particular needs across the full spectrum of older age is becoming more widespread and represents an important challenge in responding effectively to deliver better outcomes for all older people. As this feature of the older population grows, the typology illustrated above may become less widely applicable.

4.8 A number of conditions amongst younger adults present major challenges in providing suitably individualised service interventions, particularly long term and chronic conditions and acquired brain injury, which pose important questions about service design. Their needs may be similar to those of some older people and services for each may overlap, creating some crossover issues. As these service recipients

move into old age, they will follow different pathways to other older people whose needs are more closely age-related.

- 4.9 Different services often reflect different age-related admission criteria, yet most data concerning older people's services is collected in age bands from 65 years and upwards. In this commissioning framework 'older people' are therefore defined as meaning those aged at least 65 years old, whilst recognising that some of the services covered may specify a different entry age for eligibility.

What services are involved?

- 4.10 As citizens, older people benefit from the public services and infrastructure that are available to all. Lifelong learning, transport, environmental and community services all have an important bearing upon their lives. As the overarching planning body for public services, the Community Planning Partnership represents the key route by which the partners to this framework will seek to ensure that the needs and aspirations of older people are fully reflected across public services.
- 4.11 In addition, a wide range of services contribute more directly to meeting the health, social care and support needs of older people and new approaches or ideas are constantly shifting the boundaries of what is considered likely to assist recovery or wellbeing. This being the case, it is perhaps helpful to differentiate between services on the basis of some key characteristics that influence the extent to which they are focussed, or not, upon the particular priorities set out in this framework.
- 4.12 Some of the key differentiating characteristics are:
- the degree to which older people can choose to take up, or not, a particular service. For example universal public services, such as fitness centres and libraries, are generally available as and when someone wishes to use them, without prior notification or application. As such, they offer a response which is not particularly focussed on older people.
 - the extent to which services are only or are principally available for use by older people, for example sheltered housing and lunch clubs. Such services may address age-related conditions or the particular wishes and aspirations of older people and thereby enhance their accessibility for older people.
 - the extent to which access to services is formalised and subject to specific criteria or specified levels of need, for example day services and drop in centres. In some instances such services may operate an open door policy whilst others may be less able to respond to requests for immediate access.
- 4.13 The list of services in Appendix 3 contains examples of services that reflect each of these characteristics. Their relevance to this commissioning framework concerns the contribution that they make across the full spectrum of older people's needs from supporting healthy living to end of life care.
- 4.14 This framework focuses upon services which are commissioned primarily for older people, however, local partners recognise the potential of universal public services, such as evening classes and bus services, to enable recipients of all ages to achieve

better outcomes and they will seek to influence and enable these services to pay particular attention to the needs of their older service users.

- 4.15 Establishing the strong links to local community planning arrangements referred to above will be vital in developing suitably joined up public services where age-related considerations are properly addressed and service providers develop the means to stay informed about and responsive to changing needs.

Commissioning Principles

- 4.16 Commissioning undertaken within the scope of this framework will follow a number of core principles. These are that commissioning should:
- ensure that users and carers are well informed and kept up-to-date regarding available services, care standards and service quality
 - be based upon the expressed views of users and carers regarding the benefits they expect to receive and the indicators of quality that are most important to them
 - be supported by a robust analysis of future needs and demands and of ‘what works’ in Forth Valley and beyond
 - be outcome focused with service impacts being measured against the aspirations, goals and priorities identified by service recipients
 - provide personalised services that respond to the needs of individual recipients whilst having regard to broader strategic considerations
 - have regard to the sustainability of services as well as their cost and quality
 - involve collaboration between partner agencies in order to maximise efficiencies and ensure ‘best fit’ across different agency and professional agendas
 - seek to add value by ensuring that more service users and carers receive the benefits they want from services they receive
 - aim to develop and promote a comprehensive range of services that are joined up and work effectively together
 - recognise the strengths of the independent sector as providers of services and seek to maximise the benefit that is gained for service recipients from their involvement
 - actively embrace the Scottish Government’s local public services modernisation agenda and in so doing reflect a willingness to test established practice models, encourage innovation and exploit the potential of multi agency and multi disciplinary working

Joint Commissioning

- 4.17 The focus of this framework is upon joint commissioning and, whilst the description of commissioning activity, and the principles that underpin it, set out above, would also be applicable for commissioning undertaken by a single agency, adhering to the principles in practice can be more difficult in a joint commissioning environment and it is therefore important that they are explicitly stated. It is also important to establish a clear understanding of what ‘joint’ means, in the context of Forth Valley.
- 4.18 At the same time, it should be noted that the way in which commissioning is carried out may not be directly reflected in service delivery arrangements. In particular, local partners are clear that whatever the commissioning arrangements, services should be delivered locally where appropriate.
- 4.19 There are a considerable number of different actual or potential partnerships in Forth Valley and the degree of formality which does, or could, underpin them may also vary considerably. It is important therefore that the degree of commitment in any joint statement or joint operation is clear.
- 4.20 The level of commitment involved can be described as follows:
- A. Shared intent - (baseline)
 - All partners share the same expressed commitment to taking forward a particular joint initiative
 - These arrangements are likely to apply during any period when the extent of final commitment is being actively discussed or the subject of agreement is not a present priority and instead forms part of a future agenda
 - B. Non binding - and possibly subject to amendment after discussion, impact assessment and negotiation
 - Relevant for service initiatives that involve and are funded by more than one partner but where the differently funded elements work in parallel with one another and could continue to do so if one partner withdrew
 - These arrangements are likely to apply where partners have complementary but different levels of interest or dependence on the subject of agreement and are able to commit resources for different periods of time
 - C. Binding - and formal, subject to due governance arrangements
 - Essential for service initiatives that involve and are funded by more than one partner and where the continuation of the service is dependant upon the continuing availability of all funding streams. In addition, if formal arrangements can to applied to service initiatives which are less interdependent (as in (B) above) this would give them greater security and stability
 - These arrangements are likely to apply where all partners share an equal interest or dependence on the subject of agreement and are able to commit resources for similar periods of time

Scope of commissioning activity

- 4.21 Joint commissioning may take place at a local level if:
- Priorities differ and lack of uniformity is considered appropriate, with due regard to considerations of equity
 - Different models of service are necessary to respond to needs and demands in the different areas, for example to achieve equivalent outcomes for people living in remote rural areas compared with those living in an urban environment; or
 - There is no identifiable benefit to commissioning over a larger area.
- 4.22 On the other hand, there is an expectation that joint commissioning is more likely to be on a Forth Valley wide basis if:
- Services are high risk, high cost and/or very specialist in nature;
 - Services are considered to be strategically or tactically important;
 - Services are at a scale which is relatively small and which fluctuates, where amalgamation across a wider area would reduce fluctuations; or
 - The commissioning process requires particular expertise.
- 4.23 Regardless of the level at which joint commissioning appears to be appropriate, each local partner will scrutinise and consider the particular merits or issues associated with each commission, using their established governance arrangements. For joint commissioning to proceed, at whatever level, formal agreement by each partner agency will be necessary.

Commissioning Matrix

- 4.24 The decision making process associated with joint commissioning will be informed by the commissioning matrix which is described in Appendix 4. This can also be used to review and rationalise existing contracts and commissioning activity that is presently carried out both jointly and by individual agencies. It also provides a basis for establishing a more rigorous approach to the commissioning of new or re-modelled services across Forth Valley and within each discrete local authority area.
- 4.25 The matrix summarises how the different dimensions of joint commissioning, specifically the most appropriate level of commitment and the most suitable scope (pan Forth Valley or more local) interact depending upon the nature of the service that is under consideration. It also highlights the need to further develop the sorts of arrangements needed to underpin binding agreements.

5 Delivering Better Outcomes

- 5.1 Improving local partners' ability to deliver better outcomes for older people requires that the local balance of care and range of services address the policy objectives and strategic priorities set out elsewhere in the draft commissioning framework, as effectively and efficiently as possible. This paper describes the key elements required of the care pathways and services best designed to deliver the required outcomes.

Balance of Care and Care Pathways

- 5.2 The future balance of care will seek to support people in ways that they themselves choose, maximising their capacity for self care and reinforcing the flexibility and sensitivity of services to the changing needs of service recipients, to enhance the ability of services to deliver the personal outcomes people want. Delivering this approach will mean that more people receive the care and support they need in their own homes or local communities through better access and joint management of care pathways.
- 5.3 People will be assisted to remain in their own homes for longer by the enhanced provision of low level support that prevents or delays the need for more intensive support and enhances anticipatory care and responses to long term conditions. Better integrated services delivered by multi professional teams will improve service quality for users and service availability at all times, whilst support will be available to act as a bridge at key points of transition in the person's journey, for example between home and hospital and from illness to recovery.

Strategic Objectives

- 5.4 The strategic objectives for each local partner reflect the same direction of travel for health and social work whilst recognising the differences in emphasis that will be needed to achieve similar goals. In the case of housing, the health and social care needs of older people are important considerations in responding to broader housing concerns.
- 5.5 The priorities for health are:
- A clear focus on what needs to change – a shift towards health improvement and prevention, and from acute care to anticipatory and continuous care in the community
 - The location of services – more appropriate community based support and more integrated care in joint premises locally
 - Patients taking more responsibility for their care to both stay healthy and to manage their own long term conditions
 - Moving to more joint working in community care teams and to a more accessible service

5.6 For social work the priorities are:

- More personalised care and opportunities for self directed support, including more opportunities for users to self assess
- Enhanced safety for service users from the risk of abuse or neglect and adequate safeguards to ensure high standards of practice
- A greater focus upon a whole system approach reflected in integrated multi agency services delivering a flexible network of enablement, care and support
- A re-balancing of care that maintains support for people with higher needs as well as providing preventative care at home to meet moderate level needs
- New housing based models of care and support that promote independence and are available to both home owners and all those who rent their homes.

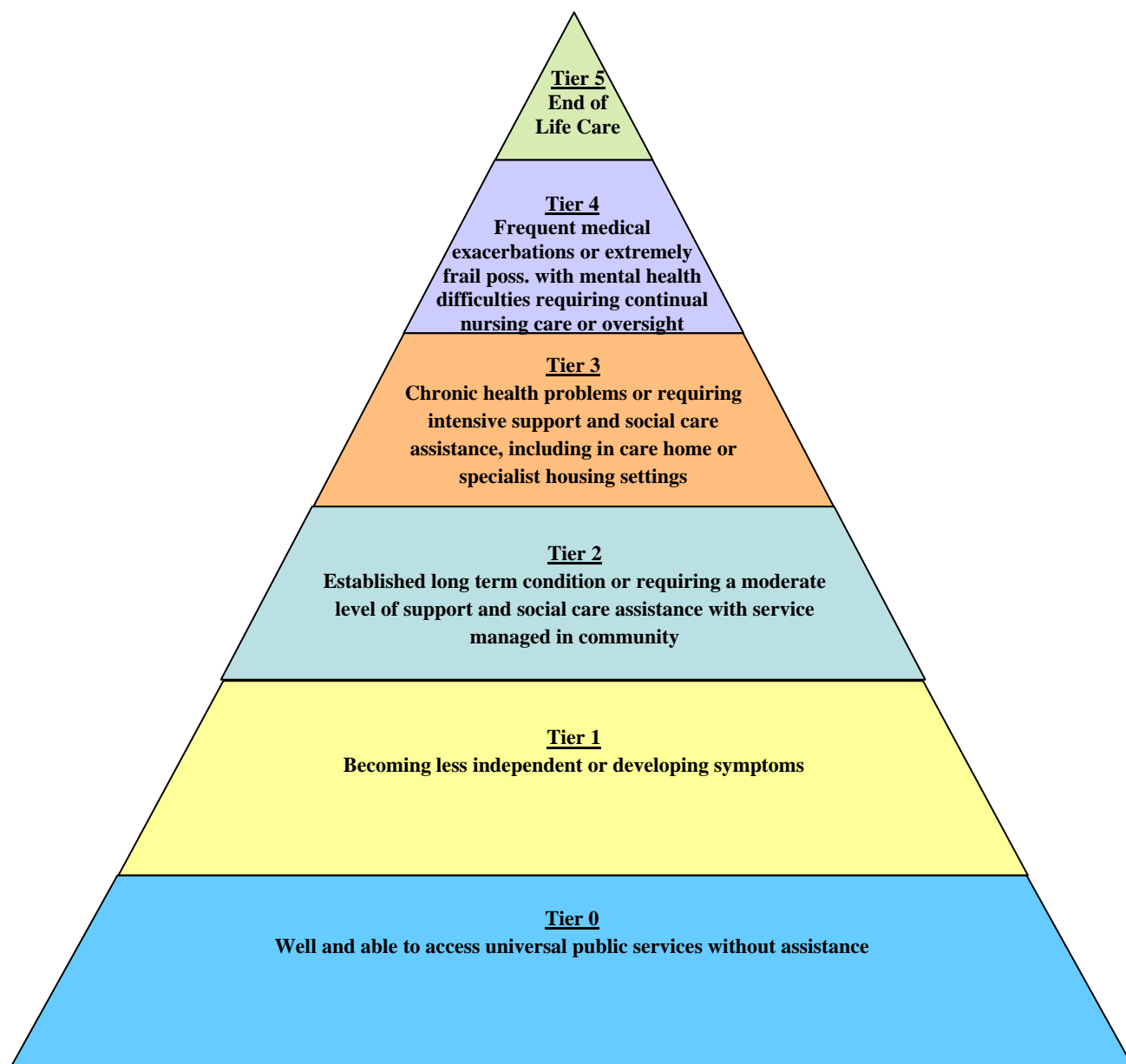
5.7 For housing the policy focus is upon enhancing affordability, increasing supply and improving housing quality. Important priorities relating to older people include:

- the challenge of investing wisely to meet the aspirations of people who wish to stay on in housing that may have a limited useful lifespan, regardless of whether they are home owners or rent their home
- the future focus of housing support services - whether they will be used to support intensive care packages or the delivery of preventative and anticipatory care
- the role of telecare and specialist housing in enabling a shift to community based care and the development of locality based integrated service models
- the challenge of developing relatively high cost, low volume specialist housing for older people at a time of restricted investment opportunities and pressure to demonstrate enhanced returns on investment

Commissioning Model

5.8 NHS Forth Valley, in conjunction with its local partners, has adopted, in its Primary and Community Care Services Development Plan, the following model for the integrated provision of primary and community services. The vision underpinning it is to provide sustainable, safe and effective integrated primary and community care services as close to people's homes as possible. Services will have to be flexible enough to meet changing demands in the future.

5.9 In order to achieve this vision, and to support its integration with that of all of the other partners to this framework, the Forth Valley Partnership has chosen to adopt an adapted form of the NHS Forth Valley model, to represent their shared objectives, approaches and priorities. The tiered model below, along with the explanatory tables in Appendix 5, is a framework which describes how people may move through the system. The model describes the needs within each tier as well as the possible organisational responses to these needs and will help us to identify gaps in existing service provision.



Commissioning Priorities

- 5.10 The joint commissioning priorities set out below reflect the strategic objectives of local partners and also confirm the range of services that are seen as being important to the lives of older people.
- 5.11 They are designed to complement the role of universal public services as the primary source of community engagement and support for most older people and to contribute, along with the independent sector and other community planning partners, to the wider task of creating sustainable communities that enable older people to remain in their own home for as long as they wish.
- 5.12 The following are intended to reflect the key aspects of service provision that will deliver the future balance of care consistent with the strategic objectives of local partners. A considerable amount of joint activity is already underway to develop joint

services for older people and the range of services and approaches set out in the work streams below incorporates the work that is currently underway.

User and carer participation

- 5.13 Strategic commissioning reflects a substantial willingness to listen and respond to the expressed views of users and carers and is increasingly able to determine and deliver the contracting arrangements that best meet the needs of individual clients. Continuing investment will be made in the involvement of service users and carers in the planning and delivery of community based health and social care services.

Enhanced care pathways

- 5.14 A more focused joint approach to the management of acute and ongoing health and social care pathways that enhances access to appropriate services.

Personalisation and enhanced service user control

- 5.15 Models of self care and self management based upon a collaborative partnership with service users will enable them to stay well, and will support them to manage their own symptoms. People will have greater control over determining their care needs, deciding what services they need, which ones they will use and the arrangements for purchasing them.

Enhanced support for carers

- 5.16 Carers will be recognised for the vital and irreplaceable contribution that they make to meeting the needs of older people in the community. They will have their needs as carers assessed. Suitable training, support and respite will be provided to enable them to continue in their caring role. When it becomes necessary for the person that they have cared for to move into a formal care setting, they will be supported to continue to provide such care and support as they and the person concerned wish them to do.

Preventative and anticipatory care

- 5.17 Members of the public have ready access to information and support to encourage healthy lifestyles. Informal community support networks, often involving independent sector agencies, will be recognised and supported in fulfilling a vital role in complementing the support provided by commissioned services. More people will be supported in their own homes, with a network of low level support services. Clustered support will be available for isolated people who may be at risk e.g. community day care and Good Neighbour schemes.
- 5.18 People with long term conditions will be encouraged to self manage their condition as far as possible. They will receive more effective support, at an earlier stage of their condition and in their own home or, if necessary, in an alternative community setting. Anticipatory care initiatives, falls prevention and rehabilitation will be more widely available, the benefits of telecare, telehealth and telemedicine will be given greater recognition and primary care services will be acknowledged as key players. Agencies will work to align their eligibility criteria with their strategic direction of travel.

Care and support in the community

- 5.19 Whilst all older people who need care and support in the community will receive support to manage their own care wherever appropriate, a higher rate of those needing a care at home service will benefit from improved service quality and commissioning

arrangements which deliver effectively and efficiently. Service delivery arrangements will enable home care, nursing and AHP services, practical support, equipment & adaptations, day hospital, day services and respite services to be provided in a co-ordinated and complementary manner. Improved availability of services will help prevent unnecessary admissions to acute care and there will be more joint outreach support for people with dementia and functional mental illness.

Intermediate Care

- 5.20 Jointly resourced intermediate care services will act as a bridge at key points of transition in the patient's journey from home to hospital and back home again and from illness to recovery. They will deliver joint assessment, rehabilitation and support at home whilst placements in care homes and specialist housing settings will help to maintain delayed discharge performance.

Housing Options

- 5.21 The importance of ensuring access to good quality, affordable housing for all residents of Forth Valley, including older people, will be reflected in each Council's housing investment plans. This will help to minimise the extent of fuel poverty, and in, addition the Councils will offer older people access to specialist housing that provides suitably adapted, accessible and spacious accommodation which meets their aspirations. Older people with needs arising from physical frailty, mental health conditions or a complex mix of care needs will benefit from access to extra care housing which offers flexible, person centred housing and care support which is available as required on a 24 hour basis. The support will be provided within an enabling culture which maximises each person's capacity for a better quality of life. Opportunities to develop mixed housing and care home models, including retirement communities may also be explored.

Care Homes

- 5.22 Care homes will continue to play an important role in meeting the needs of older people who can no longer live independently in the community. They will increasingly provide specialist care for particular groups and respond flexibly to requests for short term care placements. More support for people and staff in care homes will be available to ensure the quality of the service and to prevent unnecessary hospital admissions. Overall, the proportion of older people in care homes and NHS continuing care will reduce as additional community services enable more to remain in their own homes.

Enhanced workforce

- 5.23 Significant progress will be made through joint workforce development towards establishing a workforce which is better able to respond to demand, and which has the right skills and competencies to meet changing need. This includes enhanced flexibility in how key skills can be made available at any time, day or night, and to implementing more innovative models. Joint workforce development will also assist partners in addressing the particular challenges for remote and rural areas.

6 Implementation

- 6.1 Whilst this framework describes the strategic direction of travel as regards changing the overall balance of services and care for older people, achieving such change in practice will be the consequence of a number of smaller changes. Ongoing work to develop services and approaches reflects the work that is already in hand to take forward this agenda, central to which is the role of the Joint Adult Strategic Planning Group which provides joint leadership to the full range of planning and commissioning activities.
- 6.2 Achievement of the framework objectives will require proactive developments which the joint planning processes will initiate and steer. In particular, the resource planning processes which underpin service planning will be reviewed to ensure they are fit for this purpose. In addition some developments will be in response to the pressure of demand for an increase in particular services or in response to an opportunity to release resources to enable developments elsewhere. These opportunities may emerge within a particular locality, others may initially be identified at a pan Forth Valley level, but in each case the framework should provide the necessary underpinning to ensure consistency in approach and delivery.

Appraisal of service proposals

- 6.3 Each service redesign or reconfiguration, whether proactive or reactive, will require to be considered on its own merits and questions posed as to its implications for the wider planning context such as:
- Does it move the overall balance of services/care in the right direction?
 - Will it lead to improved outcomes overall?
 - What do service users and carers think about it?
 - How much of a priority is it for each involved partner?
 - Should other partners become involved in order to maximise efficiencies or beneficial outcomes?
 - Is it affordable in overall terms?
 - What are the implications for staff, other services etc.?
- 6.4 This will require a joint appraisal process, in the sense that all partners are involved in the appraisal to the extent that they need and want to be and each partner respects the views of the others, even if in some cases the final decision to proceed, or not, lies with just one partner. This process will be overseen by the existing Joint Adult Strategic Planning Group.
- 6.5 The appraisal will need to draw on a number of contributions from each partner organisation to ensure that all proposals are subject to the appropriate level of challenge. Particularly if proposals involve the development of new service models, their appraisal will need to include a robust assessment of the workforce implications and of the financial consequences, both direct implications and any consequential impact on other services. The Joint Adult Strategic Planning Group needs to have the capacity to provide the necessary challenge in a timely fashion and, with this in mind, the mechanisms for providing support to the group will be reviewed.

- 6.6 Developments in service provision have always occurred and they will continue to be planned and implemented during the development of this framework and the commissioning strategy which will follow. The difference will be a clearer, jointly agreed direction of travel and processes in place to plan, assess and deliver those developments in closer partnership.
- 6.7 This framework will be used in a variety of ways to ensure greater consistency of approach in joint commissioning including; reviewing existing single agency and joint contracts, evaluating the most suitable commissioning arrangements for proposed new or re-modelled services and as a reference point for ongoing strategic planning work by the Joint Adult Strategic Planning Group and the Older People's Strategic Commissioning Sub Group.

Planning Processes

- 6.8 The high level system modelling which underpins the strategic planning processes concerned with the overall future shape of services does not address questions about the order of the constituent developments and how these may relate to each other. Once this future shape is clear and agreed, it is therefore necessary to have a plan for its achievement which identifies the individual developments and attributes to each a timescale which is achievable in both practical and financial terms. The principles underpinning this planning process should also inform the way in which partners deal with unforeseen opportunities for change and thereby provide greater rigour and consistency in all such planning matters.
- 6.9 If that implementation plan is to be any more than a statement of intent (as defined in paragraph 4.19), it will itself require robust underpinning processes, notably financial planning, workforce planning and asset management planning, so that each partner can be confident about what is achievable for them, and how quickly. The better developed joint resource planning processes are, the more likely it is that a binding implementation plan can be agreed, at least for an initial period. For this reason, more robust joint resource planning processes will be developed.
- 6.10 The planning process will also require to be informed by feedback arrangements so that the effectiveness of different service models is taken into account and also so that the learning from the change processes involved in each service redesign can be used to make future changes as effective as possible.

Evaluation Processes

- 6.11 Service evaluation processes already exist in all of the partner organisations. However, these will be further developed to ensure that:
- There are effective tools available with which to evaluate delivered outcomes for service users and carers, and provide the necessary material with which to inform decision making
 - There are good communication channels to inform decision making on the basis of service review outcomes and more sharing of the results, in accessible language

- The extent to which the joint nature of the delivered service impacts upon the outcomes achieved for participants is explicitly considered
 - There is conscious feedback into the joint planning process, including assessing whether the correct evidence is being collected to allow full evaluation of the service and its impact.
- 6.12 The possibility of rolling out a recently introduced model for evaluation within the CHPs will be considered as a way of achieving the developments required and the adoption of a single evaluation tool focusing upon outcomes that all partners can sign up to (e.g. UDSET) will also be considered.
- 6.13 Partners will also seek to ensure that there are suitable processes in place for universal services to develop a better understanding of the contribution that they can make to delivering better outcomes for older people and to “report back” on what they have done in support of achieving the desired outcomes for older people.
- 6.14 Processes will also be required to evaluate the framework itself and to ensure that it remains fit for purpose. That will include consideration of the impact it is having on relationships within the partnership, on the joint commissioning of services and on the services commissioned under the framework and related services. As a more detailed commissioning strategy is developed, this may highlight aspects of the framework which require refinement or particular scrutiny. The latest date for the first review of the framework is the review date which will be specified in the formal, signed version of this framework.

7 Next Steps

- 7.1 Throughout this framework various commitments have been made, e.g. to review and/or develop processes and to improve the quality of supporting information. This section summarises these and the actions identified will be incorporated within the work plans of the Joint Adult Strategic Planning Group (JASPG) and other groups noted below as appropriate.

Paragraph	Development need identified	Timescale	Responsibility
1.2 6.14	Achieve agreement and sign off for the commissioning framework and its review date	Jan 2009	JASPG
3.4	Integrate Local Authority Single Outcome Agreement and NHS HEAT targets	Mar 2009	Community Planning Partnerships
3.5	Ensure development of more effective consultation with users and carers	Ongoing, with progress checks at least annually	JASPG
3.6	Work to assess the cost of specific services across health and social care	Develop draft framework by Jan 2009	Joint Finance Group
3.14	Update headline information on the range and scale of services currently available	Dec 2008	Commissioning sub-group of the JASPG
3.19	Joint workforce planning – initial tasks to assemble baseline data and consider implications of this draft framework	Dec 2008	Heads of HR Group
3.19	Joint asset planning	[to be agreed]	Leads identified for Hub
3.19	Joint IT planning	[to be agreed]	eCare Project Board
3.20	Identify expenditure on services for older people more accurately	Mar 2009	Heads of Finance Group
3.20	Joint financial planning process	For 2011/12	Heads of Finance Group
4.14/4.15	Establish strong links to local community planning arrangements to influence and enable universal services to pay particular attention to the needs of their older service users.	For next Community Plan – Jan 2009	JASPG
4.22	Review and rationalise existing contracts and commissioning activity	Ongoing, with progress checks at least annually	Contracting Group
4.23	Further develop arrangements needed to underpin binding agreements	Ongoing, with progress checks at least annually	Contracting Group

6.5	The mechanisms for providing support to the Joint Adult Strategic Planning Group will be reviewed.	Jan 2009	JASPG
6.10	Service evaluation processes will be further developed	Ongoing, with progress checks at least annually	JASPG

Appendices

Appendix 1: The National Context

The framework must address the strategic challenges laid out in the most significant policy and guidance reports from the Scottish Government. The most recent include:

‘Single Outcome Agreements – Guidance Scottish Local Government’¹ – an outline of the Single Outcome Agreement and its component parts and an explanation of the links between SOAs and the Scottish Government’s Performance Framework

‘Delivering for Health’² clearly emphasises the need to provide health services effectively in community settings, nearer to the point of delivery, to promote self-care and to support carers. This policy approach has also now been reinforced by the terms of the Kerr report, **‘Building a Health Service Fit For The Future’**³ – A National Framework for Service Change in the NHS in Scotland, which advocated a new direction in the way health care is provided with new ways of working, new skills, new thinking and a new culture.

Similar themes can be found in **‘Changing Lives’ Report of the 21st Century Social Work Review**⁴, where there is an emphasis on developing personalised services and enabling people to remain at home and in control of their own lives.

‘The Future Care of Older People in Scotland’⁵ is a report advocating the need for capacity planning and a need for a whole systems approach that seeks to integrate all of the major reports into a series of principles and a vision for health and social care services for older people.

The key messages from **‘Better Outcomes for Older People: A Framework for Joint Services’**⁶ reinforces the need for continuity of strategic direction in putting forward the case for

- Proactively supporting older people living at home so they are not inappropriately admitted to a care home or hospital.
- Providing intensive rehabilitation prior to returning home from hospital.
- Ensuring a seamless transition from hospital or home.
- Actively supporting older people and their carers on returning home from hospital.
- Facilitating provision of appropriate rehabilitation support to people in care homes.

In particular, this report signposts the way that joint and integrated services should be provided – in partnership between individuals and their carers, health, housing and social care organisations, in the statutory and independent (voluntary and private) sectors.

¹ A Joint Audit Scotland, CoSLA, The Scottish Government, Improvement Service and SOLACE publication (2008) **Single Outcome Agreements; Guidance, Format and Indicators for Scottish Local Government**

² Scottish Executive (2005) **Delivering for Health**

³ Scottish Executive (2005) **Building a Health Service Fit for the Future**- National Framework for Service Change in the NHS Scotland

⁴ Scottish Executive (2006) **Changing Lives, Report of the 21st Century Social Work Review**

⁵ Scottish Executive (2006) **The Future Care of Older People in Scotland**

⁶ Scottish Executive (2005) **Better Outcomes for Older People**

‘All Our Futures ’ – the Strategy for a Scotland with an Ageing Population’⁷ re-emphasised the continuing drive towards enabling people to live as normal a life as possible in their own homes.

The Scottish Government also commissioned work on the future of unpaid care in Scotland over the coming years to 2014. Its report **‘The Future of Unpaid Care in Scotland’⁸** concludes with a number of core principles that include:

- The need to recognise carers as key individual care providers.
- Recognition that families and unpaid carers constitute Scotland’s largest care force.
- The need to harness the contribution of unpaid carers for future care provision.
- The need to make caring a more positive life-choice and
- Strengthening independent living and self-care and improving quality of life and the quality of care.

⁷ Scottish Executive (2007) **All our Futures- The Strategy for a Scotland with an Ageing Population**

⁸ Scottish Executive (2005) **The Future of Unpaid Care in Scotland**

Appendix 2: Joint Financial Planning Framework

- 1 This joint financial planning framework is the first step on the path towards joint financial planning for services for older people across Forth Valley. It includes:
 - A statement of the strategic financial planning parameters for older people's services, as at September 2008, of NHS Forth Valley, Clackmannanshire Council, Falkirk Council and Stirling Council;
 - An indication of the scale of expenditure on services for older people by each of those organisations;
 - An outline description of the current financial planning processes of each organisation; and
 - Proposed arrangements for the further development of joint financial planning.

Financial Planning Context

- 2 The spending review 2007 set out funding levels for 2008-9 to 2010-11. The overall picture is one of diminishing resources and a requirement on all public sector organisations to achieve efficiency savings.

Strategic Financial Planning Parameters

- 3 NHS Forth Valley, Clackmannanshire Council, Falkirk Council and Stirling Council are all planning to achieve the 2% cash savings which are required of the public sector across Scotland. No decisions have yet been reached as to how this will affect funding for older people's services.

The Scale of Expenditure

- 4 For various reasons, relating to how financial records are kept and analysed, it is not possible to quantify the totality of resources devoted to services for older people in Forth Valley. However, the scale of existing expenditure can be illustrated by considering the three local authorities' budgeted net expenditure on social work services in 2008-09:

Clackmannanshire	£8.408m
Falkirk	£31.496m
Stirling	£17.901m

- 5 In addition, NHS Forth Valley spent about £29m in direct costs on geriatric services in hospitals in 2007-08. However, since only just over a quarter of the NHS FV total budget is spent on acute services, it is clear that this £29m represents only a small proportion of total expenditure on older people.

Financial Planning Processes

- 6 Financial planning in each of the three Councils follows a similar pattern:
 - In February the Council agrees a revenue budget for coming year and high level indicative budgets for the two years after that.

- These are based on discussions which have been on-going since August/September, identifying service pressures, development plans etc.
 - The latest date at which requests for alterations to the coming year's budget can be considered depends on the urgency and importance of the alteration concerned: Routine changes would be expected to be identified by October/November but changes are still possible if necessary up to early/mid January and, at least in principle, until the Council meeting itself.
 - Service plans derive from 5 year Strategic Community Plans whose development involves a wide range of partner agencies. Falkirk's submission to the Audit of Best Value and Community Planning acknowledges that there is work to be done to strengthen the links between The Community Plan, the Council's Corporate Plan and individual Service Performance Plans to ensure that the allocation of finance and other resources is better aligned to the Council's strategic policy resources and they regard the MAISOP action plan as part of that process.
 - A three year capital plan is also agreed at the February Council meeting.
- 7 The Health Board's financial plan is a rolling five year plan, covering both revenue and capital. It has to be signed off by the Scottish Government by the end of March. Discussions within the Board happen in outline in January and finally/formally in March, with detailed discussions at a Board seminar in February. As is the case in the Councils, revenue budgets are generally considered as incremental changes (up or down) on previous years' budgets and they should be, to an extent, predictable within the rolling five year plan.
- 8 The Health Board's financial plan is intended to achieve two main aims: Financial stability and delivery of the Healthcare Strategy and there is a Strategic Planning Group which considers all service developments and can ensure that the financial consequences of these are reflected in the financial plan.
- 9 There are processes in place to identify the resource consequences of proposed service developments by one partner on other partners and there are examples of resources being transferred to enable such developments. For example there is a proposal to close some mental health beds and transfer the associated direct costs to community services.
- 10 Both NHS Forth Valley and Councils receive funding from the Scottish Government for specific purposes, e.g. MRSA screening, more flexible access to Primary Care, telecare and free personal care, some of which impact on services for older people. However, this funding is often announced at relatively short notice and it is not always clear whether or not it will recur in future years. A joint financial planning process will improve the ability of all partners to respond to opportunities such as these as they arise.

Commentary

- 11 For quite understandable reasons, the current tight financial environment makes it difficult for any sub-set of an organisation's activities to be given clear strategic financial planning parameters which might be seen as giving them a more or less favoured status, in financial terms, than others. However, the consequence of having neither a comprehensive picture of current expenditure on older people's services nor

an explicit understanding of what this picture would look like in a “no change” scenario makes the assessment of the financial implications of change very difficult. It also makes it difficult for partners to commit to service developments if they cannot be sure of securing the necessary funding or of retaining any released resources.

- 12 The formal approval for the Health Board’s financial plan is in March, compared with February for the Councils. However, there is a significant difference in the process which leads up to the approval and that is the fact that the Health Board’s financial plan is a rolling five year plan. This means that there is a process to take on board changes as and when they become apparent, and accepted, rather than changes being concentrated around the turn of the financial year, as is the tendency in local authority revenue budgets where rolling multi-year budgets are very much the exception.
- 13 The existing financial planning processes in the four agencies are not incompatible with joint financial planning for older people’s services, although they would be more robust if the Councils were to move towards multi-year revenue budgeting with more confidence attached to future years than is currently the case.
- 14 However, a more significant barrier to joint financial planning derives from the absence of a clearer financial envelope within which such planning should be taking place. This refers both to the need to identify and quantify the nature and scale of current expenditure and to the need for strategic financial planning parameters.
- 15 The obstacles here are clear:
 - Councils are reluctant to budget over a longer time frame than they have been given funding commitments for;
 - All organisations are reluctant to give future funding commitments to one aspect of their activities when they cannot predict the impact this might have on their other activities; and
 - Many attempts at identifying and quantifying the nature and scale of expenditure on any type of activity have failed because of the complexity of public sector organisations and operations.
- 16 However, the benefits of joint financial planning are considerable, notably that it makes it possible to ensure that financial plans match the plans for service delivery and it provides opportunities for progressing those service delivery changes identified as being in the best interest of older people more quickly and effectively than can otherwise be the case. There is therefore a commitment to overcome the obstacles and move towards joint financial planning.

Next Steps

- 17 Work is already underway within NHS Forth Valley to identify expenditure on services it provides for older people. An important aspect of this is expenditure by CHPs. Currently these costs are identified by activity, e.g. District Nursing, rather than by client group and it is also not easy to identify expenditure by CHPs on the older people resident in each of the three Council areas since budgets are set according to managerial responsibilities, of which the locality aspect is but a part.

- 18 The intention is that, by the end of the current financial year, there will be an analysis which is accurate enough for planning purposes of CHP expenditure on services for older people. Another aspect identified for further research is the prescribing budget, although this may remain as “work in progress” for longer.
- 19 By 2009-10, therefore, core elements of expenditure on older people’s services will be identifiable and work will continue to expand the scope of services which can be analysed in this way. This will provide some of the main building blocks which are required to underpin joint financial planning.
- 20 Also during 2009-10, there will be a focus on developing communication between the partners on strategic financial matters to gain a shared understanding of the extent to which future resourcing levels can be (a) indicated and (b) committed. This should allow some joint financial planning to take place during 2010-11 with the intention that, from 2011-12 onwards, joint financial planning will be the norm.
- 21 This joint financial planning process will include the development of discrete joint financial plans for specific areas of operation. These plans may each have quite a narrow scope but they will have been the product of a single, broader, planning process and will therefore have a degree of robustness which is not possible under the current arrangements.

Appendix 3: List of Services

The list below details the services that are assumed to fall under each definition.

Managed access for older people only or where older people receive a dedicated age-related service

- Assessment and care management
- Support for family carers and social support for service users (befriending)
- Advocacy
- Home care – including personal care, housing support and domestic assistance
- Day services for various particular needs groups
- Various forms of practical support in the home – e.g. Care & Repair and Handy Person schemes
- Aids, equipment and adaptations
- Telecare including community alarms, telehealth and telemedicine
- Short breaks – respite and emergency
- Community Mental Health Teams and services for Older People
- Intermediate care services
 - Rapid response and intensive home care
 - Rehabilitation and capability approaches
 - Community hospital, care home and housing based placements
- Community and Primary care services
 - Physiotherapy
 - Podiatry
 - Dietetics
 - Occupational Therapy
 - Speech & Language
 - Behavioural Psychotherapy
 - Specialist Nursing
 - District Nursing
 - Health Visiting Services
- Sensory impairment equipment and services
- Palliative care
- Care homes (long stay care or remodelling)
- Community Hospitals (remodelling)
- Extra care housing, very sheltered housing and traditional sheltered housing
- NHS inpatient continuing care, inpatient geriatric and long stay care
- NHS emergency admissions
- GMS
- Community Pharmacy
- Community Optometrists
- Community Dental Services

Public Access services for people of any age

- Libraries, lifelong learning and culture
- Leisure and fitness
- Transport
- Community support and capacity building
- Health improvement and well-being
- Family health services

Appendix 4: Commissioning Matrix

- 1 The table summarises how the different dimensions of joint commissioning interact depending upon the nature of the service that is under consideration.

Service Characteristics	Indicated Scope		Level of Commitment		
	Pan FV	Local	Statement of Intent	Non Binding	Binding
Similar service model					
Different service models					
Similar priority					
Different priority					
High cost					
Low cost					
High risk					
Low risk					
Small or fluctuating demand					
Large scale					
Self Directed Support					
Standard commissioning approach					
Specialised commissioning approach					
NHS scope to deliver different local responses high					
NHS scope to deliver different local responses low					

- 2 Any current or future services that are considered for a joint agreement may reflect conflicting indicators (e.g. high cost – pan FV; low risk – local) so it will be up to partners to analyse the indicated profile of the subject of each proposed joint agreement, alongside the potential benefits to be gained, in order to determine the most suitable agreement profile.
- 3 Deciding whether a joint agreement should be binding or non binding, regardless of whether it operates at a local or a pan FV level, is related not only to the characteristics of the subject of the agreement (service) but also the suitability in each case, of the arrangements that underpin a binding or non binding agreement.
- 4 As the sole pan Forth Valley partner agency, NHS Forth Valley may face particular challenges if joint commissioning is not conducted on a pan Forth Valley basis. For example, in order to accommodate service delivery arrangements, e.g. relating to hospital discharge arrangements or measures to deal with avoidable hospital admissions, which vary from area to area, NHS Forth Valley may also require to operate in different ways in different areas. Their ability to do this in some circumstance may be limited by resources or for practical reasons.

- 5 Below is a list of the arrangements that would normally be in place to underpin a binding agreement. Testing the suitability of these in each case may assist partners to determine the level of joint commitment that it is appropriate to adopt.
- 6 The arrangements underpinning a binding joint agreement should include:
 - *Negotiation* – a structured process involving all relevant officers which ensures that the concerns of individual partners are recognised and discussed and that the final joint agreement reflects the fully developed, considered position of all partners, subject only to any explicit caveats, which have been recognised by all parties as being integral to the final agreement.
 - *Sign off* – all parties ensure that the necessary officer, member or executive sign off to the final joint agreement is secured within a timescale which enables the agreement to be enacted as specified
 - *Dispute resolution* – a formal process to resolve any dispute relating to the terms of any joint agreement is in place and has been agreed by all parties
 - *Monitoring* – the nature of any monitoring of activity relating to any joint agreement is agreed, partners have put the resources in place to fulfil their particular commitment to monitor activity and any issues regarding data confidentiality and the sharing of information between partners have been identified, discussed and addressed to the satisfaction of all partners
 - *Reviews/ reporting mechanisms* – the nature, practical arrangements and timing for undertaking formal reviews of joint agreements are agreed and all partners have put in place arrangements for review reports to be reported at an appropriate executive level within their organisation
 - *Break clauses* – partners are able to negotiate specified periods within the joint agreement period when they may suspend their involvement (i.e. resource contribution and related activity), subject to the agreement of all partners and to a means being found to secure the continuing viability of the joint activity. Suspensions will be subject to a minimum period of prior notice and will continue for a specified period of time.
 - *Termination* – a formal process is in place to handle the unlikely event that a partner is obliged to withdraw from a binding agreement. As a minimum this will include, formal notification, impact assessment, contingency planning and budget reconciliation between partners.
 - *De-brief* – at the end of a binding joint agreement, either by virtue of the end date having been reached or a partner being obliged to withdraw, a formal de-brief will be undertaken jointly and severally by all partners to ensure that lessons are learned and applied.

Appendix 5: NHS Forth Valley Tiered Model – Explanatory Tables

Introduction: Overarching Themes

In compiling this commissioning model the partnership has identified two overarching considerations which inform every aspect of the model and will be central to its future development. These are:

User and carer participation

The Forth Valley Partnership is committed to listening and responding to the expressed views of users and carers and these views will increasingly determine the contracting arrangements that are put in place to best meet the needs of individual clients. More investment will be made in the involvement of service users and carers in the planning and delivery of community-based health and social care services.

Personalisation

Models of self care and self management based upon a collaborative partnership with service users will be developed to deliver more individualised services that enable them to stay well, and support them to manage their own symptoms. People will have greater control over determining their care needs, deciding what services they need and want and the arrangements for purchasing them.

Tier 0: Well and able to access universal public services without assistance	
Description	These are services provided to the general population who are well and who are not aware of having any social or physical needs or of exhibiting any symptoms of disease.
Aim	The aim of the services provided in this tier is to inform and educate the general population so that they can make choices to help maintain their healthy status. There will be services that bolster informal community support networks, particularly in rural and remote areas. Services will be available that predict or detect early signs of potential support, social care or health needs and other services will be aimed at prevention.
Where provided	Home and Community settings
Need	Services Response
Information and advice on health issues Robust community networks Help to make healthy choices Early detection of support and care needs and disease Health screening	Development of social policy Community planning initiatives Availability of a health promoting environment Provision of consistent information Education & Awareness Screening services

Tier 1: Becoming less independent or developing symptoms	
Description	These are services provided to help people who are less able to be independent and who are developing symptoms of illness or disease.
Aim	The aim of these services is to support self help strategies and informal family and community support networks. Also to provide speedy access to first point of contact, and to facilitate accurate and early assessment and diagnosis. They will provide low level support, aids to daily living within the home and accurate information to increase awareness of aspects of social need and a specific illness or disease.
Where provided	Home and Community settings Primary Care
Need	Services Response
As in Tier 0 Plus: Access to social support, befriending, housing support, domestic assistance, aids to daily living or Primary Care services Speedy assessment or diagnosis Self help information Understanding of social care needs and medical symptoms and their relationship to lifestyle Support and/or Treatment	As in Tier 0 Plus: Provision of service information Information about social care needs and medical conditions Self help management plan Prescription management plan Evidence based holistic management Multidisciplinary teams Direct access to assessment and diagnostic services Telecare e-Health support

Tier 2: Established long term condition or requiring a moderate level of support and social care assistance with service managed in community	
Description	These are services designed to help people who have an established long term condition or whose ability to live independently is diminishing but can be managed in a community setting. Some people may need adaptations or conversions to be made to their home or possibly to move home or to move into a supported living setting.
Aim	These services are aimed at maintaining the individual in a community setting, maintaining quality of life and maximising independence.
Where provided	Home and Community settings Primary Care
Need	Services Response
As in Tier 0 & 1 Plus: Access to additional support services Self help strategies Support for carers Supported living environment Medication	As in Tier 0 & 1 Plus: Coordinated services Day services Outreach Services Housing Adaptations/conversions Rehabilitation Services Sheltered housing Staged interventions plan 24/7 services Condition Management Programme – Job Centre Plus Tailoring the Self help management plan to meet increased need

Tier 3 Chronic health problems or requiring intensive support and social care assistance, including in care home or specialist housing settings - care mostly managed in community but requiring specialist input	
Description	Services provided for people with chronic problems or requiring high levels of care in the home, which can mostly be managed in community settings but may require specialist input from time to time.
Aim	Is to provide coordinated services which are aimed at maintaining the person's health so that they can continue to live in a community setting but also provide speedy access to specialist services when required.
Where provided	Home and Community settings, including extra care housing and care home providing residential care Primary Care Community Hospital
Need	Services Response
As in Tier 0, 1 & 2 Plus: Care co-ordination Extra care housing or care home providing residential care Specialist dementia care Support for carers	As in Tier 0, 1 & 2 Plus: Well developed inter-agency communication Integrated partnership approaches including intermediate care Multi-agency teams Single shared assessment Assessment of carers' needs Advanced care planning Dementia – friendly service models Multi-agency Care pathways Respite care Referral protocols in place Community based Teams Community Hospital Services

Tier 4: Frequent medical exacerbations or extremely frail possibly with mental health difficulties requiring continual nursing care or oversight. Health and social care requirements are more complex and exacerbations of condition more frequent and/or serious	
Description	Services provided for people with more complex problems, including those with more than one chronic condition, who have frequent exacerbations which can be serious and as a result whose capacity to sustain their independence is severely limited.
Aim	Is to provide coordinated services which are aimed at maintaining the person's health and social wellbeing so that they can be managed in a community setting but also provide speedy access to a broad range of specialist services when required.
Where provided	Home and Community settings including extra care housing and care home providing nursing care Primary Care Community Hospital Acute Hospital
Need	Services Response
As in Tier 0, 1, 2 & 3 Plus: Intensive support Care home providing nursing care	As in Tier 0, 1, 2 & 3 Plus: Complex care packages Telemedicine Simple access pathways for referral and/or admission to hospital Effective discharge planning arrangements Communication of person's needs to other involved services e.g. out-of-hours

Tier 5 – End of Life Care	
Description	Services provided to people who are nearing the end of their life and their families.
Aim	Provide coordinated palliative care services to people nearing the end of their life aimed at ensuring ... comfortable, pain free facilitate choice of where the person wishes to die.
Where provided	Home and Community settings including extra care housing and care homes Primary Care Community Hospitals Residential Care Settings Hospice Care Acute Hospital
Need	Services Response
As in Tier 0, 1, 2, 3 & 4 Plus: Symptom control/management Recognition of needs and choices of the person and their family	As in Tier 0, 1, 2, 3 & 4 Plus: Gold Standards Framework Palliative care Pharmacy Network Liverpool Care Pathway

Report to Council of Thursday 12th March 2009

Subject: Closure of Fairfield School

Prepared by: Jim Goodall, Head of Education and Community Services

1.0 Purpose

- 1.1. In order to formally close Fairfield School, Clackmannanshire Council is required by law to complete a formal consultation process.

2.0 Recommendations

- 2.1. It is recommended that Council approve the closure of Fairfield School.

3.0 Considerations

- 3.1. On January 29th, Clackmannanshire Council accepted the recommendation to "approve in principle the proposal by Education and Community Services to close Fairfield School, subject to the completion of the statutory consultation process."

It was also agreed that a further report will be brought to Council in March following the completion and evaluation of the consultation process.

- 3.2. Stakeholders were notified of the proposed closure by letter; by insertion in the local media and by a public meeting held in Sauchie Hall on Tuesday 24th February 2009.
- 3.3. Three members of the public attended the public meeting; all were local residents with queries about the future use of the building. In all cases, officers were able to provide satisfactory responses.
- 3.4. The statutory 28 day consultation process ended on Monday 2nd March 2009.
- 3.5. At the end of the consultation process, no representations had been received and no objections to the proposal made.

4.0 Sustainability Implications

- 4.1. There are no sustainability issues arising from this paper.

5.0 Resource Implications

5.1. *Financial Details*

5.2. There are no financial implications arising from this paper.

5.3. *Staffing*

5.4. There are no staffing implications arising from this paper

6.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

(1) **Our Priorities 2008 - 2011** (Please tick ☒)

- | | |
|--|--------------------------|
| The area has a positive image and attracts people and businesses | <input type="checkbox"/> |
| Our communities are more cohesive and inclusive | <input type="checkbox"/> |
| People are better skilled, trained and ready for learning and employment | <input type="checkbox"/> |
| Our communities are safer | <input type="checkbox"/> |
| Vulnerable people and families are supported | <input type="checkbox"/> |
| Substance misuse and its effects are reduced | <input type="checkbox"/> |
| Health is improving and health inequalities are reducing | <input type="checkbox"/> |
| The environment is protected and enhanced for all | <input type="checkbox"/> |
| The Council is effective, efficient and recognised for excellence | <input type="checkbox"/> |

(2) **Council Policies** (Please detail)


7.0 Equalities Impact

7.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations?

Yes ☐ No ☒

8.0 Legality

8.1 In adopting the recommendations contained in this report, the Council is acting within its legal powers Yes ☒

APPROVAL/SIGNATURE	DATE
 Head of Service:	
Director:	

REPORT TO [NAME OF MEETING]

To: Head of Administration and Legal Services, Greenfield, Alloa FK10 2AD

Report author: Jim Goodall, Head of Education Services

Service: Services to People

Report title: Closure of Fairfield School

Date of meeting: 12 March 2009

It is recommended that the attached report be:

- 1. Given unrestricted circulation** ☒
- 2. Taken in private by virtue of paragraph ___ of schedule 7A of the Local Government (Scotland) Act 1973** ☐

List any appendices attached to this report (if there are no appendices, please state 'none')

1. None

2.

3.

4.

List the background papers used in compiling this report . If you have completed a sustainability checklist please add this to your list (if there are no background papers please state 'none')

1. Report to Council 29 January 2009

2.

3.

4.

Nb. All documents listed must be kept available by the author for public inspection for four years from the date of the meeting at which the report is considered

Report to Council of 12 March 2009

Subject: Bowmar Regeneration Development Framework

Prepared by: Kenny Hutton, Strategic Housing Services Manager

1.0 Purpose

- 1.1 To seek approval of the Development Framework for the regeneration of Bowmar, which is the latest stage in what is known collectively as a master planning exercise. The report considers, in detail, the process for tackling the physical regeneration of the area, including new housing and redevelopment. This follows Council approval at the meeting on 11 May 2006 that a 'Masterplan' be delivered to link redevelopment of Ash Grove with Elm Grove and contribute to the Council's wider regeneration objectives.

2.0 Recommendations

The Council is recommended to:

- 2.1 Give in principle approval for the Development Framework.
- 2.2. Instruct the Head of Housing to complete an implementation plan, including confirmation of consultation with affected residents, stakeholders and community representatives.
- 2.3. Instruct the Head of Housing to secure the necessary Ministerial consent for the selective demolition of 15 properties in the Island Courts.
- 2.4. Instruct the Head of Housing to seek the approval of Scottish Ministers to refuse a Right to Buy application for those properties identified for demolition.
- 2.5. Exercise its powers within the Allocations Policy to prioritise those tenants affected by proposed demolitions, for nomination and rehousing.
- 2.6. Agree to Home Loss and Disturbance payments being made to tenants in line with legislative requirements and with previous demolitions at Newmills and Ash Grove.
- 2.7. Agree that planned capital works be suspended for properties selected for demolition within the Island Courts, whilst ensuring that complementary investment for retained properties adds to the improvement of the area.
- 2.8. Instruct the Head of Housing to submit a future paper to Council confirming the position for the future of properties in Earn Court and Pine Grove.

- 2.9. Instruct the Head of Housing, in partnership with Ochil View Housing Association, to pursue the most effective procurement options for implementing the Development Framework.
- 2.10. Consider the Development Framework a material consideration in terms of the Town and Country Planning (Scotland) Act 1997, for any relevant planning submission in the Bowmar area.

3.0. Considerations

- 3.1 Clackmannanshire Council considered a paper from the Service Manager, Strategic Housing Services at its meeting of 11 May 2006 regarding the disposal and demolition of Ash Grove, Bowmar. Within that paper, it was proposed to deliver a masterplan to link the development of Ash Grove with that of Elm Grove, and any subsequent redevelopment.
- 3.2. Following from this, Patience & Highmore Architects were commissioned by the Council, Ochil View Housing Association and Paragon Housing Association in 2006 to undertake a 'master planning' exercise. This is to be viewed alongside the Council's wider commitment to regeneration. Approval of this Framework will commit the Housing Service to work closely with partners to ensure those wider regeneration objectives are met.
- 3.3. The Development Framework for Bowmar is the latest in a set of Plans completed by consultants which presents a vision for the community representing the culmination of 2 years of negotiation and consultation with key stakeholders. The Plans include a Sustainability Study of Bowmar, a Baseline Report, Interim Report, Stakeholder Mapping, Consultation Report and Final Draft Report. An Asset Plan will be forthcoming.
- 3.4. From the outset, a Steering Group was formed to lead this process including both local Housing Associations, the (then) Communities Scotland, housing, planning and community planning officials, community and tenant representatives and local elected members. Specific consultations on proposals were also conducted with roads officials.
- 3.5. Primary Goals and Design Criteria agreed by the steering group are set out at 2.2 and 2.4 of the Development Framework. Central to these are the concepts of improved linkage and integration, improved pedestrian and vehicle safety, more varied socio economic housing tenure profile and support for existing services and investment including the new school. These, along with deliverability, are considered to be the key drivers to achieve the regeneration of Bowmar.
- 3.6. A number of options for change were produced which were considered by the Steering Group and consultation was carried out with the local community. These ranged from no change to radical demolition and redevelopment. The proposed Development Framework focuses upon "surgical change" - the option chosen by the Steering Group after completion of the consultation plan and options appraisal. The specifics of that surgical change have reduced over time to that which is acceptable, deliverable and essential for the sustained regeneration of Bowmar.

3.7. The proposed Development Framework has been made available to Members in Group rooms prior to the Council meeting.

3.8. The specific recommendations within the Development Framework will require officers of the Council's Housing Service to complete and resource an implementation plan. This will set out how the Framework will be taken forward with partners and who will take responsibility for the tasks within it. The Implementation Plan will include:-

- proposals for how affected tenants and stakeholders will be informed and consulted,
- proposals for how the future ongoing support of affected tenants will be resourced,
- a clear communication plan timed to coincide with key events within the Development Framework,
- clarity as to how mainstream services will be sustained through a process of transition,
- confirmation that residents' groups will be involved throughout the process,
- confirmation of housing revenue estates investment and housing capital investment available and earmarked to complement redevelopment and new build proposals.

3.9. In summary, the development framework proposes the following:-

	New houses to Rent	Demolitions	Net Gain (Affordable Housing)	New houses for Sale
Essential Element of Framework				
Central / Island Courts	43	15	28	43
Potential Future Element of Framework (subject to further investigation)				
Earn Court	8	22	-14	10
Pine Grove	10	33	-23	12

3.10 Provisions in Part 2, Chapter 2 of the 2001 Housing (Scotland) Act inserted a new section 70A into the 1987 Housing (Scotland) Act which allows landlords to seek the approval of Scottish Ministers to refuse a Right to Buy application on the grounds that the property is earmarked for demolition. The landlord is required to have recorded a clear decision to demolish. Tenants are required to be consulted on such a decision.

- 3.11. The Land Compensations (Scotland) Act 1973 Section 27 and 28 provide tenants with a statutory right to compensation and an amount of Home Loss payment subject to a specified maximum of £1,500.
- 3.12 Section 98 of the Housing (Scotland) Act 1987 and Section 36 of the Land Compensations Act 1973 oblige the Council to re-house displaced persons. The Council's allocations policy enables the Head of Housing to place tenants affected by such demolition proposals within Band 1 of the waiting list. This would give these tenants priority for re-housing and nomination.
- 3.13 The Housing (Scotland) Act 1987 Section 12 and 13 provide Councils with the power to sell land held for housing purposes with specified conditions upon application to Scottish Ministers. Any land or property required to be disposed of as a necessary part of the Development Framework will be brought forward with full asset proposals to a future Council meeting for approval.
- 3.14 The design encompasses the principles of Secured by Design and Homezones. The approved Local Plan 1st Alteration (Consultative Draft) features allocations of land in Bowmar to support this Plan. The Development Framework, together with Planning Policy, will be material considerations in considering future decisions.
- 3.15 The Steering Group has recommended that areas for further, more detailed, study should include environmental design, open space and play space. The design highlights the importance of open space, especially in the central parkland area, and limits development to agreed priority areas.
- 3.16 The design includes the potential for 6 new houses adjacent to the Island Courts on non-Housing land at the boundary of the Campus area. Progression of such a proposal on this land will require to be routed through the appropriate parties within the Council's wider Asset and Facilities Management team.
- 3.17 The longer term proposals within the Plan include redevelopment of the Pine Grove and Earn Court areas. The streetscape at Pine Grove in particular is regarded as central to improvements in that area of Bowmar. These longer term proposals will involve further discussion with residents and elected members to ensure that such plans are consistent with the Housing Revenue Account Business Plan and wider Council priorities.
- 3.18 Pedestrian and cycleway routes have been maintained and enhanced, providing safer routes to schools throughout the area.
- 3.19 Environmental enhancements are recommended to all Courts as appropriate and additional, secure in-curtilage parking provided where possible.
- 3.20 An indicative programme of development has been proposed by the consultant. The sequence is based on the assumption that the essential components are undertaken first. Early construction will focus on new homes to rent in Elm Grove, which will provide an opportunity to re-house residents affected by demolition and therefore trigger the demolition and enhancement process in the Island Courts.

- 3.21 The delivery process takes place within the context of rapid change in the construction market and changes to the funding of affordable housing, all of which will be key considerations in the final outcome of the regeneration proposals. Council Officers will work with Ochil View Housing Association to investigate the most appropriate procurement mechanism and will submit a future report to Council.

4.0. Sustainability Implications

- 4.1 The origin of this exercise centres upon a Sustainability Study designed by HCH Scotland consultants and updated by the Housing Service. Since 2006, the process of completion of each stage of the Development Framework has sought to involve the planning authority and to therefore acknowledge any relevant commitments made in the Local Plan Policy, the Draft Open Space Strategy, as well as the Sustainability and Climate Change Strategy 2008.
- 4.2 The Scottish Government has advised that it seems unlikely that a full Strategic Environmental Assessment (SEA) will be required as the Development Framework sits within the broader context of the Local Plan and the recent alteration has had a full SEA undertaken. The Strategic Housing Investment Plan (SHIP) which covers the intended Affordable Housing element has also been subject to a screening report. On the advice of the S.E.A. Gateway at the Scottish Government, Officers are conducting a pre-screening report. An Equalities Impact Assessment has been completed.

5.0. Resource Implications

- 5.1 The Council will be free from costs for ongoing capital investment and meeting the Scottish Housing Quality Standard for all properties affected by demolition.
- 5.2 The total cost of compensating tenants in the Island Courts for Home Loss will be no more than £22,500. An additional amount of £10,000 for disturbance payments will also be set aside to cover reasonable costs associated with moving home.
- 5.3 The consultants have carried out a projected 'ballpark' cost appraisal which shows a total projected scheme cost of around £19.1m. Based on current Scottish Government guidelines, the Housing Association Grant input would be around £4.6m, with an additional £2.4m in private finance from Ochil View Housing Association. The projected Council contribution for demolitions, land sales and environmental improvements would be around £1m.

All costs and funding quoted are estimates based upon the agreed design but subject to change with any future revisions. The highest risk associated with the Development Framework centres upon the construction market and the global credit crunch, which limits what would have previously been reasonable confidence in house sales figures. In addition, the longer term revision of the Affordable Housing Investment Programme issued to Registered Social Landlords may influence the pattern of spend in later years. Such risks will be identified by officers and managed appropriately.

The full financial implications of the recommendations, set out in Appendix 1 to the report, are summarised as follows:-

Total Scheme Development Costs	£19,108,639
Council contribution	£1,035,000
Affordable Housing Investment Programme	£4,636,000
Environmental Grants	£275,180
Sales (projected 2008 figures)	£10,514,000
Private Finance (OVHA)	£2,440,000
Total Identifiable Funding	£18,900,180
Projected Deficit (Jan 09)	£208,459

It is anticipated that funding for the projected deficit will be sourced as part of the overall procurement exercise and ongoing negotiations with the Scottish Government and partners.

- 5.4 The regeneration programme will require an ongoing commitment of staff time, particularly from the Housing Operations team. This will be resourced from the existing complement of staff but will require an amendment to current team priorities.

6.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

(1) Our Priorities 2008 - 2011 (Please tick ☒)

The area has a positive image and attracts people and businesses	<input checked="" type="checkbox"/>
Our communities are more cohesive and inclusive	<input checked="" type="checkbox"/>
People are better skilled, trained and ready for learning and employment	<input checked="" type="checkbox"/>
Our communities are safer	<input checked="" type="checkbox"/>
Vulnerable people and families are supported	<input checked="" type="checkbox"/>
Substance misuse and its effects are reduced	<input checked="" type="checkbox"/>
Health is improving and health inequalities are reducing	<input checked="" type="checkbox"/>
The environment is protected and enhanced for all	<input checked="" type="checkbox"/>
The Council is effective, efficient and recognised for excellence	<input checked="" type="checkbox"/>

(2) Council Policies (Please detail)

7.0 Equalities Impact

7.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations?

Yes ☒

No ☐

8.0 Legality

8.1 In adopting the recommendations contained in this report, the Council is acting within its legal powers

Yes ☒

APPROVAL/SIGNATURE	DATE
Head of Service:	
Director:	
<small>*Delete as appropriate</small>	

REPORT TO COUNCIL

To: Head of Administration and Legal Services, Greenfield, Alloa FK10 2AD

Report author: Kenny Hutton, Strategic Housing Services Manager

Service: Services to People

Report title: Bowmar Regeneration Development Framework

Date of meeting: 12 March 2009

It is recommended that the attached report be:

- 1. Given unrestricted circulation**
- 2. Taken in private by virtue of paragraph 2 of schedule 7A of the Local Government (Scotland) Act 1973** ☒

List any appendices attached to this report (if there are no appendices, please state 'none')

- 1. Summary Costs.**
- 2.**
- 3.**
- 4.**

List the background papers used in compiling this report . If you have completed a sustainability checklist please add this to your list (if there are no background papers please state 'none')

- 1. Sustainability checklist**
- 2. Bowmar Regeneration Baseline Study (consultant report)**
- 3. Bowmar Regeneration Interim Report (consultant report)**
- 4. Bowmar Regeneration (Consultation Report)** Nb. All documents listed must be kept available by the author for public inspection for four years from 12 March 2009

Summary of Capital Costs and Funding

COSTS

	acquisition	legal	A&D allow (incl env allow)	works (incl cont profit and prelims)	consultant fees	B reg and planning	Other fees (specify)	Capitalised interest	TOTAL SCHEME COSTS
ISLAND COURTS	£ 60,000	£ 6,468	£ 500,000	£ 917,113	£ 119,224	£ 2,846	£ 20,000	£ 117,860	£ 1,743,511
ELM GROVE AND CENTRAL PARKLANDS	£ 680,000	£ 46,354	£ 200,000	£ 8,531,156	£ 716,306	£ 35,233	£ 175,000	£ 723,348	£ 11,107,397
LOMOND / RANNOCH / LEVEN COURTS				£ 181,125	£ 16,301	£ 863		£ 14,541	£ 212,830
MENTEITH COURTS			£ 175,000	£ 180,375	£ 31,984	£ 288		£ 31,012	£ 418,659
EARN COURT	£ 100,000	£ 10,780	£ 150,000	£ 2,096,688	£ 154,862	£ 8,194	£ 50,000	£ 185,322	£ 2,755,846
PINE GROVE AND WALLED GARDEN	£ 195,000	£ 9,996	£ 200,000	£ 2,067,319	£ 152,417	£ 8,064	£ 50,000	£ 187,600	£ 2,870,396
	£ 1,035,000	£ 73,598	£ 1,225,000	£ 13,973,776	£ 1,191,094	£ 55,488	£ 295,000	£ 1,259,683	£ 19,108,639

FUNDING

	Cont from CC for land sale	hag	Loan from rental income	Sales of houses	GPSE grant	Shortfall / Surplus	TOTAL FUNDING
ISLAND COURTS	£ 60,000			£ 924,000	£ 77,715	£ 681,796	£ 1,743,511
ELM GROVE AND CENTRAL PARKLANDS	£ 680,000	£ 3,268,000	£ 1,720,000	£ 6,622,000	£ 129,000	-£ 1,311,603	£ 11,107,397
LOMOND / RANNOCH / LEVEN COURTS						£ 212,830	£ 212,830
MENTEITH COURTS					£ 14,465	£ 404,193	£ 418,658
EARN COURT	£ 100,000	£ 608,000	£ 320,000	£ 1,540,000	£ 24,000	£ 163,845	£ 2,755,845
PINE GROVE AND WALLED GARDEN	£ 195,000	£ 760,000	£ 400,000	£ 1,428,000	£ 30,000	£ 57,395	£ 2,870,395
	£ 1,035,000	£ 4,636,000	£ 2,440,000	£ 10,514,000	£ 275,180	£ 208,456	£ 19,108,636

Report to: CLACKMANNANSHIRE COUNCIL of 12 MARCH, 2009

Subject: FINAL DRAFT SINGLE OUTCOME AGREEMENT 2009-10

Prepared by: ELAINE McPHERSON, HEAD OF STRATEGIC POLICY

1.0 Purpose

- 1.1. This report presents to Council the final draft SOA which has been endorsed by the Clackmannanshire Alliance for submission to the Scottish Government.

2.0 Recommendations

- 2.1 It is recommended that the Council:
- a) approves the final draft SOA;
 - b) notes that other statutory partners will be formally considering the SOA in the coming months;
 - c) notes the recent good practice advice note on governance and accountabilities of SOAs.

3.0 Considerations

Final Draft SOA 2009-10

- 3.1 A working draft of the 2009-10 SOA was unanimously approved for further development by Council at its meeting on 29 January. Subsequent to the Council meeting, further consultation on the draft document has been undertaken within the community planning partnership, as well as within the Council, and a briefing for elected members was held on 18 February.
- 3.2 Feedback from this consultation exercise was incorporated as appropriate into the final draft SOA, which was endorsed by the Clackmannanshire Alliance at its meeting on 24 February.
- 3.3 This final draft is attached as Appendix 1 to this report. The main amendments from the version of the document reviewed by Council in January are:
- a) the section on crime and safety has now been completed - page 12
 - b) the section on inequalities has been expanded to include statistics for lower level geographies (at community level derived from the 64 Scottish Indices of Multiple Deprivation datazones) - page 17; officers are also looking at what scope there might be to incorporate even lower level geographies (e.g. postcode) for inclusion in the next SOA

c) the section on the environment has been updated - page 20

d) the priority outcome on improving quality of public services has been significantly changed to take into account of recently received Clacks 1000 data - page 41

e) the section of Fairer Scotland has been updated to include recent decisions which the Alliance has taken on funding applications.

- 3.4 In addition, some small changes to the text and to some indicators have been made as a result of various consultative meetings.

Next Steps In Process

- 3.5 Scottish Government guidance from October advised that:

"This second phase of SOAs should be endorsed by the CPP Board and signed by the Scottish Government, by the Council, by the statutory Community Planning partners and also, at a minimum, by those other public bodies in the Community Planning Partnership. ...

A number of public service providers are statutory partners in Community Planning. The role that CPPs will now play in developing and delivering SOAs does not alter the separate accountabilities of those partners to either local authorities or to individual Scottish Ministers. However, the second phase SOAs will be agreements between all the Scottish Ministers and Community Planning Partnerships, signed by the Council, by the statutory partners and, at a minimum, by those public bodies in the Community Planning Partnership. There is therefore a need to identify good practice and workable options for governance and accountability which will support the collective delivery of local and national outcomes."

- 3.6 The final draft SOA has been endorsed by the Clackmannanshire Alliance and submitted to the Scottish Government. The document, however, will not be officially approved until it is signed off by Scottish Government Ministers, the Council and the other statutory partners. The Scottish Government has advised that it is likely to be May before it will be a position to sign off SOAs.

- 3.7 Between now and May, therefore, each of the statutory partners will be formally considering the final draft SOA document. While there, theoretically, exists the scope for an individual agency to propose substantial changes, or even to reject, the SOA, this is most unlikely given the process by which the Alliance has developed the SOA, the involvement of partners and the role representatives on the Alliance from the statutory agencies have played over the last months in consulting within their respective organisations. (Further discussion of governance and accountability issues is included at paragraph 3.10. of this report).

- 3.8 It is possible that between now and the end of May some proposed amendments will be put forward by the Scottish Government. We would not anticipate these being major since Scottish Government officials have already seen an early draft of our SOA and have commented favourably on it.

- 3.9 This 2-3 month period will also allow officers to include in the SOA some data which is not available at this time, to incorporate technical references, to correct any technical errors and to refine the presentation of the document. No significant amendments, however, would be made to the document without recourse to the Alliance.

Recent Scottish Government Good Practice Advice Note - Governance & Accountabilities for SOAs

- 3.10 In mid February, a good practice advice note was received from the Scottish Government in respect of governance and accountabilities of SOAs. This is attached as Appendix 2 to this report.
- 3.11 Some points to note from the guidance (in italics, with the author of this report's comments underneath), include:

A - "... although there is provision for it in law, no CPP in Scotland has chosen to incorporate itself as a partnership. In terms of good governance and accountability for performance and public finance, CPP's operate on the authority of the parent bodies, not their own authority. For those reasons, the Guidance issued in October noted that all statutory and, 'other relevant', public partners would be signatories to the SOA, not the partnership, which as an unincorporated body cannot commit the individual public sector partners. This is not to demote the CPP, or the community, third sector and private sector representatives on the CPP Board. It is to be clear about the current status of CPP's, and the fact that only Councils and their public partners can be ultimately accountable for public spending and public performance. The whole CPP should agree the SOA but the accountable signatories will be the public partners individually."

Locally, the Clackmannanshire Alliance has adopted a Memorandum of Understanding which sets out how it will operate (Appendix 3 for information). This Memorandum recognises the statutory position and provides a working framework for taking partnership issues forward on an agreed basis. The Memorandum was developed specifically to address the governance issues which have existed since community planning was legally established in 2003.

B - "The logic of the guidance is that the public governance and accountability for SOA's locally flows from the Councils and the Boards of the statutory and other public sector partners. That being the case then it is important to spell out clearly what Councils and their partners are signing up to when they sign the SOA with Ministers. At minimum, this includes:

- 1. That partners are signing up to the whole SOA, not selected parts of it.*
- 2. That signing up is equivalent to adopting the SOA as a formal corporate commitment of the Council or Board.*
- 3. That such a commitment is to support the delivery of the SOA in all possible ways compatible with their duties and responsibilities.*
- 4. That all partners are willing to review their pre-existing structures, processes and resource deployment to optimise delivery of outcomes."*

This part of the advice note makes extremely clear to partners the expectations of them in relation to the delivery of outcomes.

C - "Moving beyond this position, and developing the CPP as a more robust basis for collective governance and aligned performance management, is an important task for the next phase of SOA development."

This part of the advice note sends a signal that it is likely that community planning partnerships may be asked to consider incorporation of some form at a future time.

- 3.12 Further guidance is expected from the Scottish Government on this matter as the SOA process evolves in the coming years. Fortunately, due to the well developed community planning partnership which exists in Clackmannanshire, the statutory position has not prevented the Alliance developing and taking forward joint priorities and strategies. In actual fact, the statutory framework has not prevented or inhibited any joint activities but has rather simply been a context within which the Alliance has operated for several years. It will be important that the positive, responsive and flexible working ethos of the partnership can be maintained should there be any proposals for formal incorporation of community planning partnerships in the future.

4.0 Sustainability Implications

- 4.1 Sustainability is a holistic approach which is about balancing environmental, social and economic considerations. The SOA covers these three considerations and recognises the interactions between them and the mutual dependencies.

5.0 Resource Implications

Financial Details

- 5.1 There are no direct financial implications of the recommendations in this report.

Staffing

- 5.2 There are no direct staffing implications of the recommendations in this report.

6.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

(1) Our Priorities 2008-2011

The Council's corporate priorities as outlined in the Corporate Plan mirror the community planning priority outcomes.

(2) Council Policies (Please detail)

These are listed as appropriate within the SOA itself.

7.0 Equalities Impact

- 7.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations? **Yes**

8.0 Legality

- 8.1 In adopting the recommendations contained in this report, the Council is acting within its legal powers. ✓

APPROVAL/SIGNATURE	DATE
Head of Service:	
Chief Executive/ Director:	
Delete as appropriate	

REPORT TO COUNCIL (to accompany all reports to Council or Committee)

To: Head of Administration and Legal Services, Greenfield, Alloa FK10 2AD

Report author: Elaine McPherson

Service: Chief Executive's

Report title: Final Draft Single Outcome Agreement 2009-10

Date of meeting: 12 March, 2009

It is recommended that the attached report be:

1. Given unrestricted circulation



List any appendices attached to this report (if there are no appendices, please state 'none')

1. Final Draft SOA 2009-10

2. Scottish Government Good Practice Advice Note, February 2009 - Governance & Accountabilities for SOAs

3. Clackmannanshire Alliance, Memorandum of Understanding

List the background papers used in compiling this report . If you have completed a sustainability checklist please add this to your list (if there are no background papers please state 'none')

1. SOAs - Guidance for Community Planning Partnerships - October 2008 - Scottish Government

Nb. All documents listed must be kept available by the author for public inspection for four years from the date of the meeting at which the report is considered

CLACKMANNANSHIRE

SINGLE OUTCOME AGREEMENT 2009-12

February, 2009

**FINAL
DRAFT
24 Feb 09**

PURPOSE OF THE CLACKMANNANSHIRE SINGLE OUTCOME AGREEMENT

A Single Outcome Agreement is the means by which Community Planning Partnerships agree their strategic priorities for their local areas and express these priorities as outcomes to be delivered by the partners, either individually or jointly, while showing how these outcomes should contribute to the Scottish Government's relevant National Outcomes.

The Agreement forms part of a wider Concordat between central and local government, which, as well as introducing Single Outcome Agreements, also encompasses:

- a national performance framework, including national outcomes
- greater freedom for local government in how it utilises the resources it receives from the Scottish Government via a reduction in ring-fencing of funds
- less monitoring and reporting by local authorities
- the potential for enhanced partnership working at local and national levels.

The statutory community planning partners in Clackmannanshire, other members of the Clackmannanshire Alliance and the Scottish Government are jointly committed to the achievement of this agreement and the delivery of all its outcomes. Each party will take corporate ownership and responsibility for its respective contributions to the agreed outcomes; and partners will be able to hold each other to account for the delivery of specific commitments they make to enable the delivery of the agreed outcomes.

SINGLE OUTCOME AGREEMENT 2009-12

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PREAMBLE

i This Agreement presents the outcomes the local community planning partnership in Clackmannanshire is aiming to achieve for the area. The outcomes are the result of detailed discussion amongst partners which included an analysis of the local socio-economic circumstances in Clackmannanshire.

ii This Agreement covers all local authority and other public services; it does not, however, represent the entire effort of the community planning partnership in achieving the priority outcomes. Rather it focuses on the strategic outcomes, and associated aggregate high level targets and indicators which the partnership hopes to achieve. As such, it will run on a three year rolling basis, while being subject to annual review.

iii This Agreement recognises that a wide range of other strategic documents underpin the achievement of these outcomes and that these strategic documents contain a wide range of more detailed targets and indicators which contribute to the achievement of the priority outcomes.

iv The local priority outcomes in the Agreement are based on partner priorities, which, in turn, have been informed by consultation with stakeholders. The Clacks 1000 Citizens' Panel and various other community surveys have been used to inform not only the setting of outcomes but also the setting of appropriate indicators and targets. Many of the local targets have been drawn from existing strategies which have been the subject of extensive public consultation. In addition, the business, voluntary and community sectors are represented on the Clackmannanshire Alliance and these sectors have been part of the ongoing development of this Agreement.

v The partnership has an integrated planning framework to support the achievement of these priority outcomes, as follows:

Community Plan	2020	Long term vision aims and outcomes; partnership commitments
Single Outcome Agreement	2009/ 2012	Links to national performance framework; outcome indicators and targets; strategic 'plan' for Partnership
Partnership Strategies	2009/ 2011	Contribution to CP outcomes: specific strategies in partnership/ collaborative areas of action
Partner Corporate Plans	2009/ 2011	Contribution to CP outcomes; measurement of SOA indicators & targets

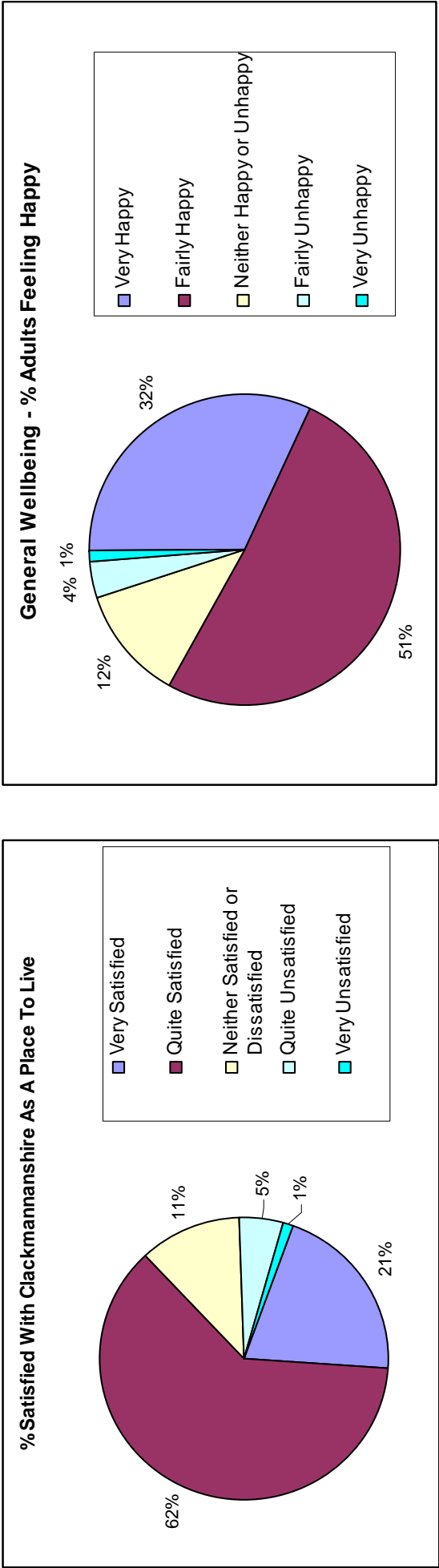
- vi Relevant strategies and plans which contribute to the delivery of the partnership's priority outcomes are referenced within the discussion of each priority outcome in Section 2 of this document.
- vii As well as sitting firmly within the framework of partners' duties in relation to community planning, this Agreement also sits within the partners' duties and commitments in relation to best value, which incorporates sustainable development and equalities, as follows:
- best value is "continuous improvement in the performance of ... functions", and this is reflected in the local outcome *Improved quality of public services*
 - sustainable development is "development which secures a balance of social, economic and environmental well-being in the impact of activities and decisions; and which seeks to meet the needs of the present without compromising the ability of future generations to meet their own needs"
 - the partners acknowledge the benefit to be gained from placing equality and diversity at the heart of Clackmannanshire's development. They do however acknowledge that people have different needs and that there may be barriers which can prevent them from fully participating in community life. The partners will do their best to ensure that all people and communities have equal access to services and can contribute to community life and that equalities is mainstreamed into all our work.

Councillor Janet Cadenhead Clackmannanshire Council	Central Scotland Police	NHS Forth Valley
Central Scotland Fire & Rescue Service	Forth Valley College	Scottish Enterprise
Clackmannanshire Council for Voluntary Services	Clackmannanshire Business	Tenants & Residents JCCF

24 February, 2009

1.0 ABOUT CLACKMANNANSHIRE

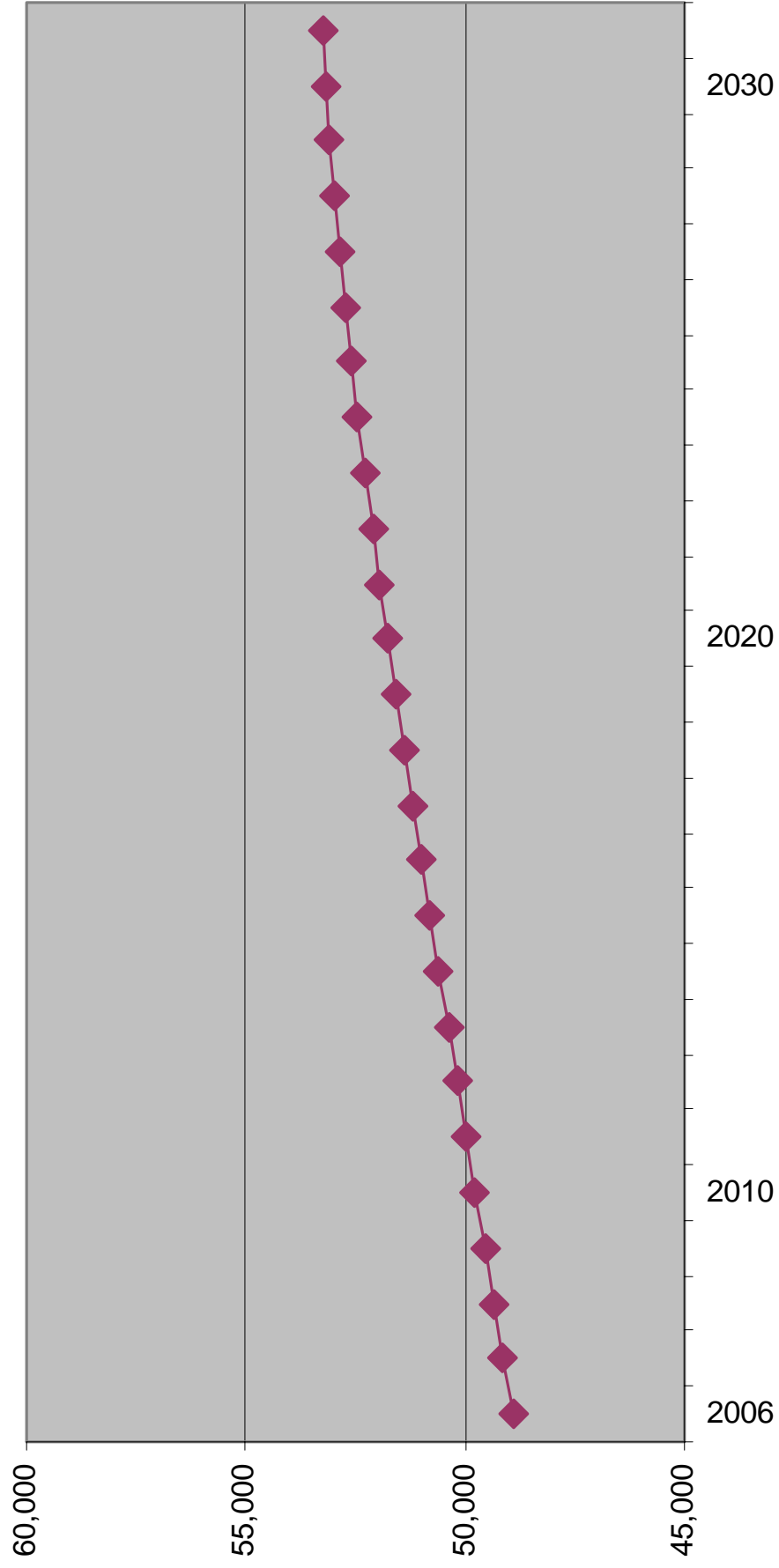
1.1 Clackmannanshire is a great place to live and work. There is a real sense of pride and community in the area, with the great majority of those living in Clackmannanshire feeling that the area is a good place to live and feeling happy about their quality of life and well-being.



Source - Clacks 1000, 2007 Report on Health & Well-Being

- 1.2 Improved transport links and the new housing developments have made Clackmannanshire an attractive place for new residents, leading to a growth in population. The General Register Office for Scotland (GROS) report on mid-year 2007 population estimates shows that Clackmannanshire has the highest increase in the population of all local authority areas of 2% which is above the national percentage change of 0.5%. Since the previous estimates, Clackmannanshire's population has increased by 1,000 to 49,900 and is expected to rise (8.9%) over the next 25 years to 53,245.
- 1.3 With three new secondary schools due for completion in 2009, a new hospital opening in 2009 and a new purpose built college opening in 2010-11, Clackmannanshire is increasingly a place of opportunity and growth. An increase in new housing and improved transport links are expected to have a positive effect on the economy of the area and future population trends.
- 1.4 Like other areas, however, Clackmannanshire is feeling the effects of the recession. In the last few months of 2008, a number of local businesses, including housebuilders, went into administration and Alloa town centre has lost a number of local outlets of national retailers, with a risk of more to follow. Responding to the economic downturn will be a major challenge for the partnership in the life of this Agreement.

Clackmannanshire Population Projection 2006-2031



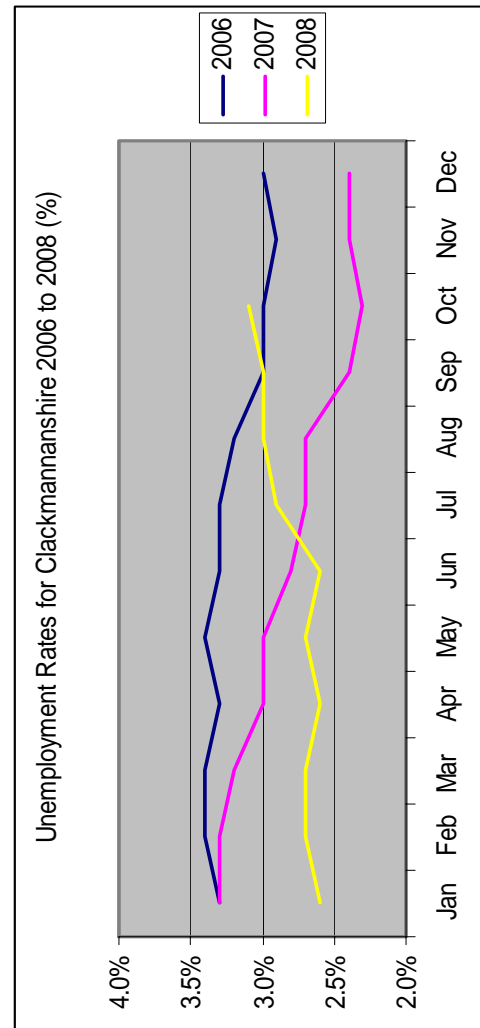
Source: GROS Population Projections (2006 based) Crown (c) Copyright

The Clackmannanshire Economy

- 1.5 Notwithstanding the current recession, in recent years, Clackmannanshire has experienced unprecedented housing and population growth, as well as greatly improved connectivity with the re-instatement of the Stirling-Alloa-Kinross railway in May 2008 and the opening of the new Clackmannanshire Bridge in November, 2008. This investment in transport infrastructure is facilitating economic growth by improving connectivity, widening the labour market and tackling traffic congestion. The Alliance recognises that economic growth should be balanced with social and environmental considerations and all growth opportunities are considered in this context.
- 1.6 Clackmannanshire's business base has been expanding and, in April 2008, became the first county-wide business park Business Improvement District (BID) in Scotland. In addition, a second BID for Alloa Town Centre was established in November 2008 which will bring additional investment to enhance the image and facilities of the county's main town.
- 1.7 Clackmannanshire has recently attracted a significant amount of new housing developments. In 2000/01, Clackmannanshire had the lowest rate of new build housing completions in Scotland while in 2006/07 we had the highest rate in Scotland. Although the number of new homes built in 2007 dropped to 384 from the 450 in 2006, these figures are more than double the volume of build which occurred in 2001. This increased activity and influx of people has led to improved retail provision in Clackmannanshire, with over 100,000ft² of space being created. Given the current recession, however, this rate of growth may continue to slow down in the next few years. In view of the potential environmental impacts of housing development, the partners are committed to promoting sustainable design and construction principles in the planning and building of all new developments.

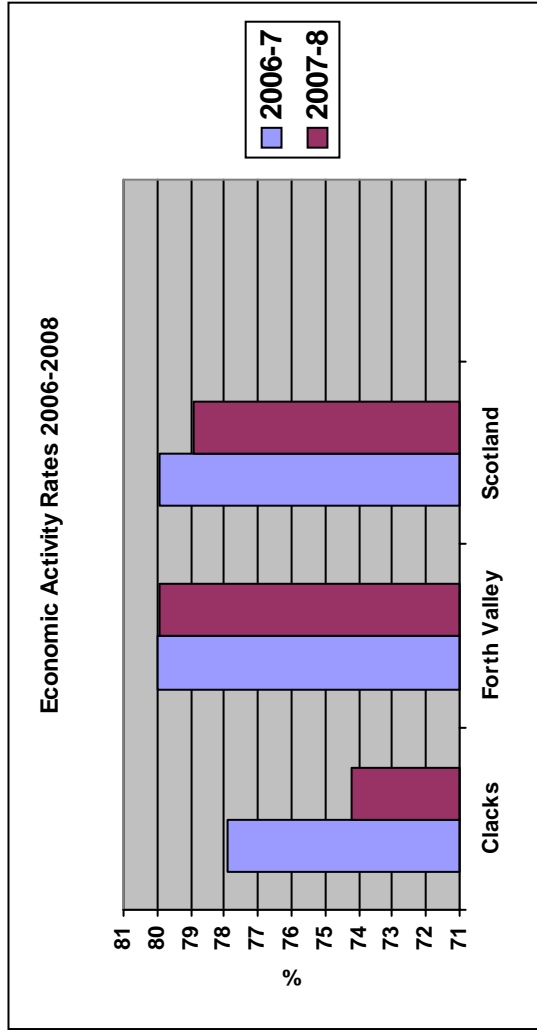
1.8 While the Clackmannanshire economy has clearly improved in recent years, some key challenges remain which are a legacy of our industrial past:

- **labour market issues** - although there has been an improvement in the efficiency of the labour market, Clackmannanshire still lags behind other areas of Scotland. The claimant unemployment rate in January 2009, at 4.4%, is higher than the Scottish averages of 3.3% and has increased by 1.9% since January 2008, one of the highest increases in Scotland. We are also seeing increases in unemployment in areas of Clackmannanshire which traditionally have not been affected, such as Dollar & Muckhart where the unemployment rate in the last few months of 2008 has increased (albeit this area still has the lowest unemployment rate in Clackmannanshire)



Source: NOMIS
Crown (c) Copyright the information is produced
with the permission of the HMSO controller

Of concern is the significant drop in economic activity rates in Clackmannanshire between April 2007 and March 2008; this % drop has been significantly greater than the rate in Forth Valley or Scotland.



Source: National Statistics NOMIS
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Economically active means people are either employed or unemployed but available for work

Positively, however, a concerted effort by the partnership to support vulnerable young people has brought significant success, with the % of school leavers unable to find work in Clackmannanshire dropping dramatically from 16% in 2005-6 to 11% in 2007 so that now Clackmannanshire equals the national average. In addition, there have been improvements in educational attainment, with the Unified Point Score (UPS) for Clackmannanshire rising from 148 in 2007 to 169 in 2008 (the UPS score of a pupil is calculated by adding together all the tariff points accumulated from all the different course levels and awards he or she attains; also see page 29 of this document).

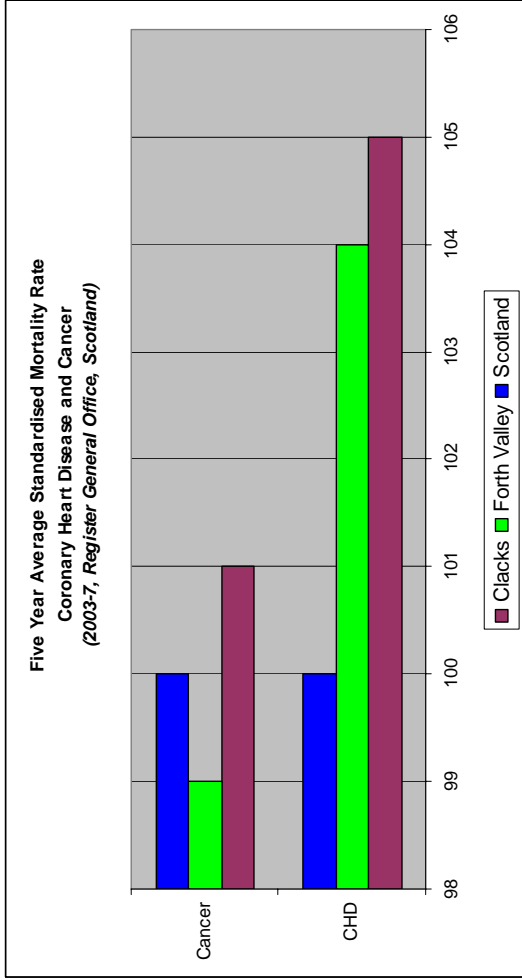
- **qualifications and training** - although educational attainment levels have been increasing steadily in recent years, the proportion of working age adults with higher level qualifications is the lowest in the Forth Valley and below the Scottish average. We need to close the gap with the Scottish average and build Clackmannanshire's reputation for offering a well qualified workforce. An exciting prospect for this is the relocation of Forth Valley College in Alloa to a new high-profile campus. This represents the largest investment in a public sector building in the town for decades. Being close to the newly re-opened train station and to the community, the location of the new college will be ideally accessible and contribute significantly to the regeneration of the town centre and the image of Clackmannanshire.
- **our local business base** - although we have an expanding business base, compared with Scotland we have a higher % of jobs in public and other services, and a lower % in business. We must find ways to diversify this base and encourage more businesses to take advantage of the improved transport links and locate in Clackmannanshire, particularly in the East of the county.

1.10 In addition, there is a need to better market Clackmannanshire, what the area can offer and how radically it has developed since the industrial restructuring of the 70s and 80s. The Alliance is developing programmes to promote the area under the auspices of the Fairer Scotland Fund.

Clackmannanshire's Health

1.11

While health continues to improve throughout Clackmannanshire and across Scotland, the health of Clackmannanshire remains worse than the Forth Valley average in relation to cancer and heart disease.



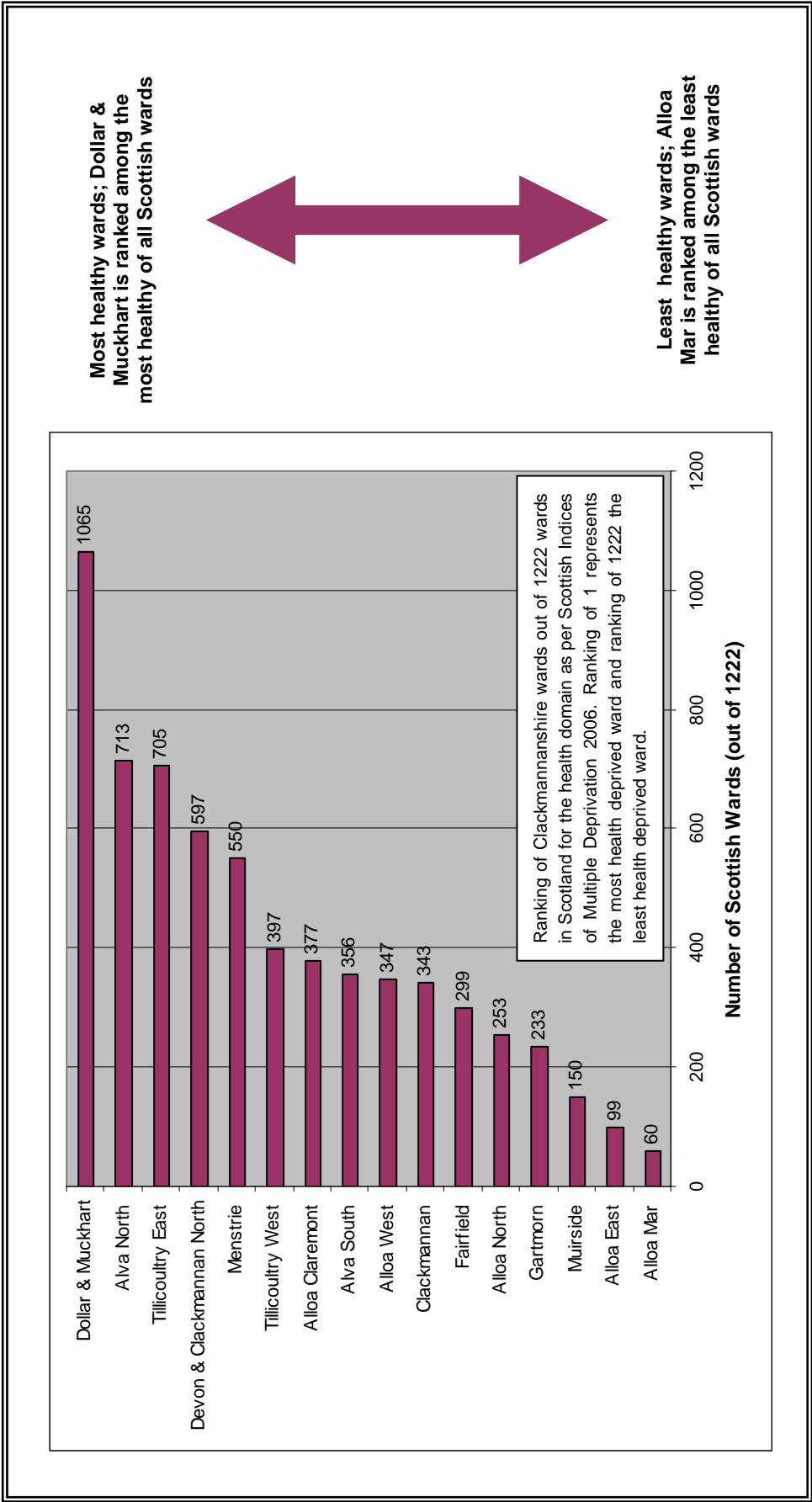
Source: GROS
Crown (c) copyright

1.12

Some key health statistics for Clackmannanshire are:

- the all-cause mortality rate (all ages) is significantly worse (higher) than the Scotland average
- expected years of life in good health (65.7 for males and 69.1 for females) are significantly worse (lower) than the Scotland averages (66.3 and 70.2 respectively).
- an estimated 29.8% of adults smoke, compared to 27.3% in Scotland as a whole
- the % adults claiming incapacity benefit or severe disability allowance is 11%, compared to a Scotland average of 9.3%. This impacts significantly on the number of people whose health prevents them being economically active and Clackmannanshire has higher rates of claimants than the Scottish average of incapacity benefit, disability living allowance and carer's allowance.
- the percentage of mothers smoking during pregnancy (28.2% in 2007 - 1SD) is among the highest 10% of the all 40 Scottish CHPs.
- the percentage of primary 1 children who are obese (13.1%) is also significantly worse than average
- the % of babies are exclusively breastfed at 6-8 weeks (25.5%) is below the Scottish average of 26.4% (2007 - 1SD)
- teenage pregnancies rates have been highest in Forth Valley and have consistently been higher than the national average (62.9 in Clackmannanshire compared with 57.9 in Scotland - 2006, 1SD).
- teenagers have a higher than national average use of smoking, drinking & drugs
- rate of low weight babies is higher than the Forth Valley and national averages
- as in the rest of the country, there exist issues related to alcohol and substance misuse
- the highest rate of improvement in Forth Valley for decrease in dental caries in children.

1.13 In addition, significant inequalities in health continue to exist in the county as can be seen from the chart below.



1.14 These challenges are being tackled in partnership and significant investment in services to promote health improvement are coming on stream in 2009, viz: a) a new community hospital to provide a range of services to the wider population of Clackmannanshire; b) a new health centre in Alloa serving a population of 25,000; c) the Fairer Scotland funded Clackmannanshire Healthier Lives Programme which focuses on anticipatory care and targets those experiencing health inequalities for adults and young people over 16 and over; this features intensive and targeted work with individuals in need (wherever they live) which is recognised by the partnership as being a crucial factor in reducing socio-economic deprivation.

Crime & Safety In Clackmannanshire

1.15 The Scottish Indices of Multiple Deprivation, shows Clackmannanshire as having only a small proportion of areas featuring in the worst for crime. In tandem with this, crime clear up rates are high and in 2007-08 were the highest of mainland Scottish authorities.

1.16 However, according to most recent figures (2007/08), Clackmannanshire experienced a crime rate of 916 per 10,000 population whereas the force area of Central Scotland as a whole, experienced a crime rate of 686 per 10,000. The rate of decrease in recorded crime in Clackmannanshire (7.3%) closely reflects the national downward trend (8%). The table below sets out comparative figures for key areas of local concern:

Source:	Clacks Rate/No.	Forth Valley Rate
Serious violent crime	1.5	1.21
Domestic Abuse	10.2	0.94
Vandalism	20.72	15.51
Serious Road Accidents	0.088	0.058

Rate per 10,000 population: Recorded Crime in Scotland 2007/8

1.17 There is significant public concern about crime and general safety in Clackmannanshire. Indeed, as can be seen from the chart on the next page, tackling crime or the fear of crime was the single biggest priority emerging from the Clacks 1000 survey in 2007.

1.18 A comprehensive strategic assessment has been undertaken by the Community Safety Partnership in Clackmannanshire, which has prioritised the following issues for action in light of the issues which have been identified both by the statistics and by local concerns:

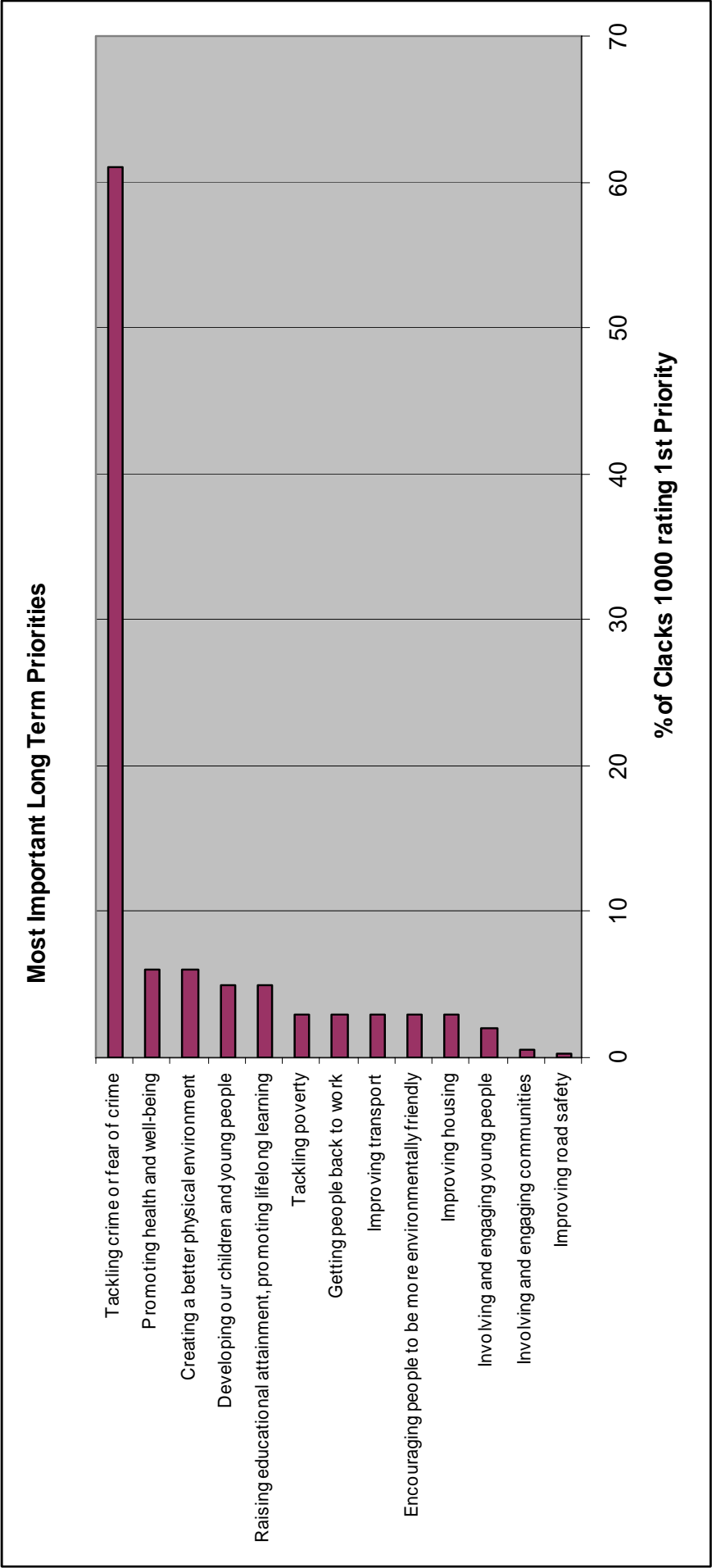
- Alcohol
- Fear of crime and perception of crime
- Group disorder
- Vandalism
- Violence against women
- Drugs

1.19 These local priorities are reflected in the priorities of Central Scotland Police which has conducted a detailed strategic assessment to establish the threats facing its communities, including Clackmannanshire. Examination of these threats has allowed priorities to be established at force level as follows:

- Public Protection (including child protection, domestic abuse, sex crimes and sex offenders)
- Disorder & Antisocial Behaviour (including vandalism and violence)

- Drugs (community level problematic drug abuse/dealing)
- Road Deaths & Injuries
- Serious Organised Crime
- Counter Terrorism

1.20 In relation to the latter of these, the threat of terrorism is a global issue with local impact and the partnership is working together to ensure that Clackmannanshire does not become a target for domestic or international terrorism. Priority is given to responding effectively to real or perceived terrorist threats with close co-operation, consistency and compatibility across the partnership.



Source - Clackmannanshire 1000, 3rd Survey, 2007

Inequalities In Clackmannanshire

1.21

The links between socio-economic deprivation, poor health and poor life chances are well known. Clackmannanshire, while it includes communities of outstanding prosperity, it also has neighbourhoods whose income and employment standards sit with the poorest in Scotland. In a Scottish context, Clackmannanshire:

- has the 5th highest share of population living in the 15% most deprived areas
- 39% of school pupils living in the most deprived areas in Scotland, compared to the national figure of 31%
- significantly above the national average school pupils entitled and registered for a free school meal in both the primary school and secondary sectors in both sectors.

1.22

While across Clackmannanshire generally there are significant inequalities, there are also significant inequalities within the county, with two wards in particular, Clackmannanshire South and Clackmannanshire Central, experiencing significantly higher levels of socio-economic deprivation than the others. The main areas of deprivation covered by Clackmannanshire South are Alloa South, Alloa East and Alloa Mar; the main area of deprivation covered by Clackmannanshire Central is Sauchie.

1.23

For example:

- Clackmannanshire South has the highest % income deprivation in the area;
- Clackmannanshire South has the highest % employment deprivation in the area;
- both Clackmannanshire South and Clackmannanshire Central fall within the 5% most deprived areas in Scotland;
- both Clackmannanshire South and Clackmannanshire Central fall within the 10% most health deprived areas in Scotland;
- Clackmannanshire South falls within the 5% most crime deprived areas in Scotland.

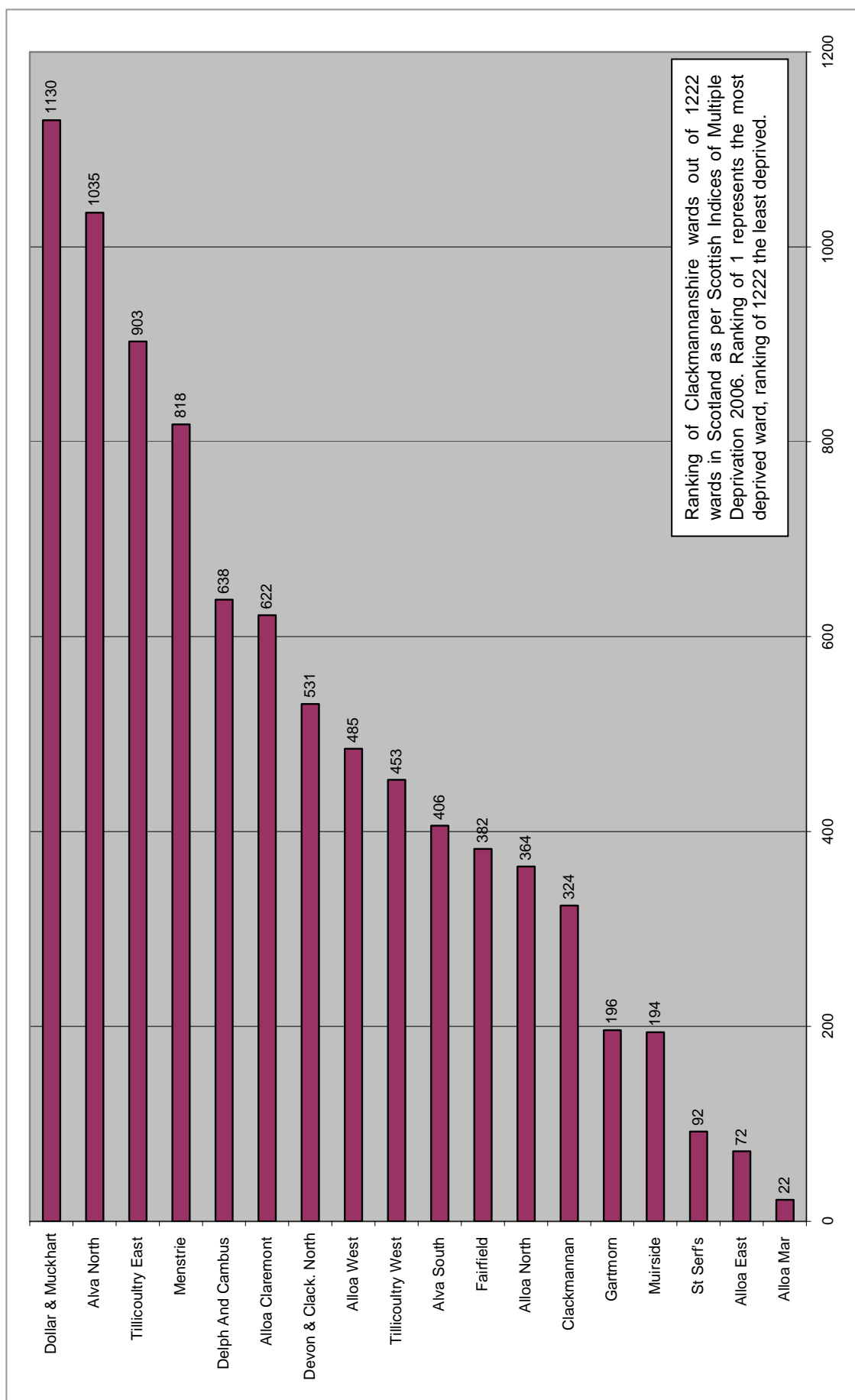
1.24

The chart on the next page shows the spread and concentration of deprivation across Clackmannanshire wards (based on former 18 wards as per 2006 Scottish Indices of Multiple Deprivation, SIMDs). Out of 1222 electoral wards in Scotland, Clackmannanshire's Alloa Mar ward was in the 2% most deprived wards, while, at the other end of the spectrum, Dollar & Muckhart was in the 10% least deprived wards nationwide.

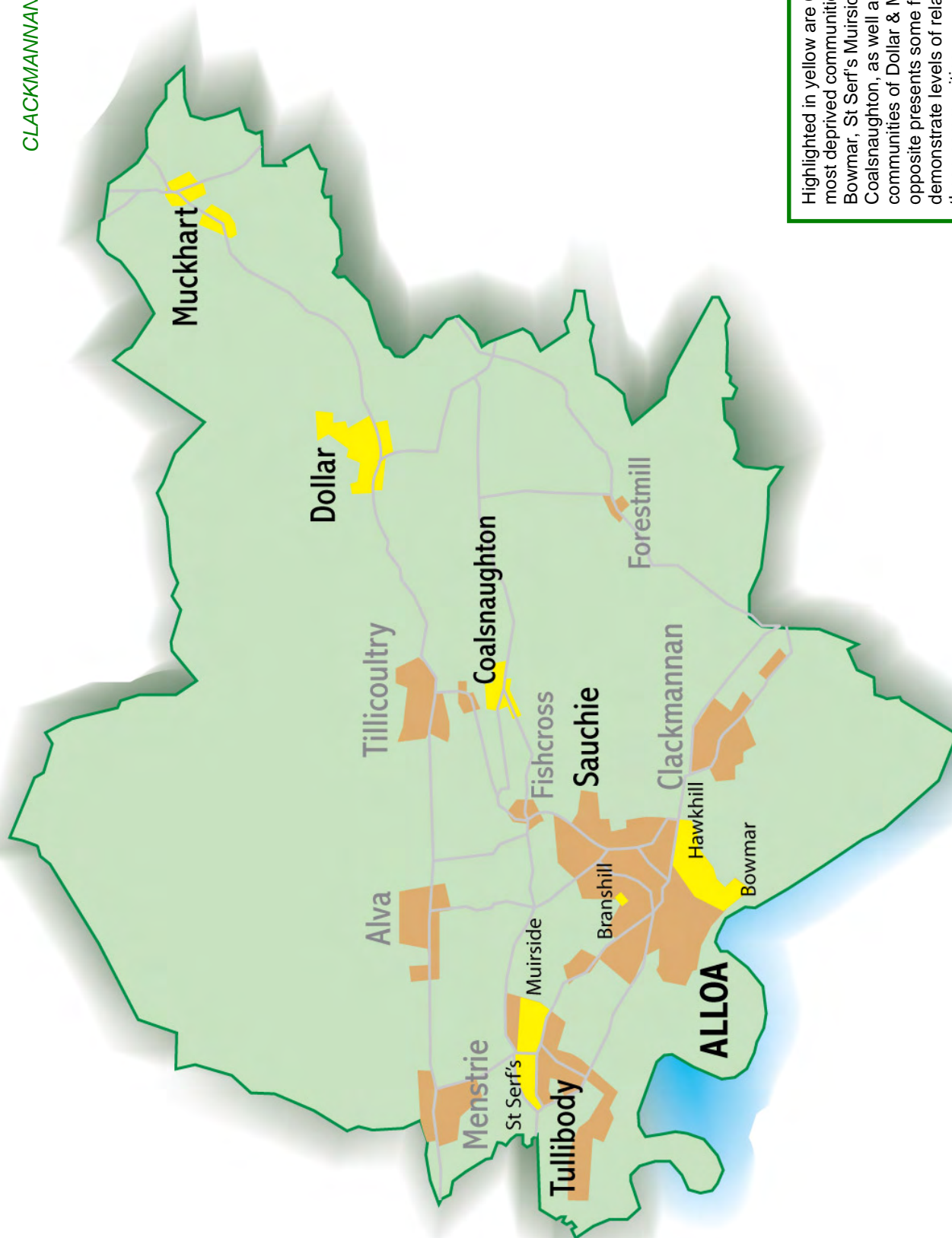
1.25

As the table below shows, relative deprivation in Clackmannanshire has increased between 2004-6 as in 2006 more datazones (based on the Scottish Indices of Multiple Deprivation, SIMD, categorisation) are in the top 5-15% most deprived areas of Scotland than there were in 2004.

	Total No. Datazones	5% Most deprived data zones						10% Most deprived data zones						15% Most deprived data zones					
		SIMD 2004			SIMD 2006			SIMD 2004			SIMD 2006			SIMD 2004			SIMD 2006		
		No. of data zones	Local share (%)	No. of data zones	Local share (%)	No. of data zones	Local share (%)	No. of data zones	Local share (%)	No. of data zones	Local share (%)	No. of data zones	Local share (%)	No. of data zones	Local share (%)	No. of data zones	Local share (%)		
Clackmannanshire	64	2	3.1	2	3.1	4	6.3	9	14.1	10	15.6	15	23.4						



1.26 The SIMDs are comprised of various domains and there are some startling figures within those for specific small communities in Clackmannanshire which are shown on the next two pages.



Highlighted in yellow are Clackmannanshire's most deprived communities of Hawthill, Bowmar, St Serf's Muirside, Branshill, Coalsnaughton, as well as the least deprived communities of Dollar & Muckhart. The page opposite presents some figures which demonstrate levels of relative deprivation in these communities.

Bowmar

within the 5% most income deprived areas in Scotland
within the 5% most deprived areas in Clackmannanshire
within the 5% most employment deprived areas in Scotland.
within the 5% most crime deprived areas in Scotland.
within the 5% most education deprived in Scotland.
30% of the population are income deprived and **31%** are employment deprived.
42% of 20-24 year olds in the workless client group
24% of 16-19 year olds claim Job Seekers Allowance

Hawthill

within the 5% most income deprived areas in Scotland
within the 5% most deprived areas in Clackmannanshire
within the 5% most employment deprived areas in Scotland
within the 5% most education deprived in Scotland
43% of the population are income deprived and **31.3%** are employment deprived.
average tariff score for all pupils on the S4 roll is **107** (the Clackmannanshire average is **160**)
51% of the population aged 25-49 are in the workless client group

Muirside

within the 5% most income deprived areas in Scotland
within the 5% most education deprived in Scotland
36.8% of the population are income deprived

Branshill

within the 5% most employment deprived areas in Scotland
31% of the population are employment deprived
30% of 16-19 year olds are in the workless client group
53% of the population aged 20-24 are in the workless client group

St Serf's

within the 5% most education deprived in Scotland

Coalsnaughton

within the 5% most education deprived in Scotland

Dollar & Muckhart

1.8% of the population are income deprived
2.7% are employment deprived.
average tariff score is **204** for all pupils on S4 roll (the Clackmannanshire average is **160**)

All statistics from the SIMDs, 2006

- 1.27 Where appropriate, therefore, some indicators in this SOA are broken down by smaller geographies to ensure that the focus on closing the socio-economic gap in Clackmannanshire remains high for the partnership.
- 1.28 The Bowmar area of Alloa, within the Clackmannanshire South ward, has persistently suffered from relatively high levels of deprivation. In 2008 a new masterplan for the area has been developed by partners which aims to provide a basis for the regeneration of housing in the area, complementing and building on previous initiatives with the aim of raising aspirations and changing perceptions of the area. In addition, a Problem Solving Partnership has been established in this area by Central Scotland Police to provide a focus for joint action.
- 1.29 A significant issue related to inequalities is the lack of affordable housing in Clackmannanshire. The Strategic Housing Investment Plan 2009-14 identifies net affordable housing need of 1128 units by 2014, the majority of which is for social rented housing, with 77 units for low cost ownership. The housing waiting list has grown by 85% in 2007-08 in spite of 30% of existing applicants being rehoused. It is projected that there will be a large unmet need (around 850 units), which may grow given the current recession.
- 1.30 As well as geographic inequalities, there are some groups of people in our communities who are more vulnerable to disadvantage and poverty. These and other individuals need intensive and targeted support whichever community they live in to reduce the effects of socio-economic deprivation. Some of the most vulnerable groups of individuals include:
- young people
 - adults requiring care
 - people who are homeless
 - victims of domestic abuse.
- Young People
- 1.31 Some issues in relation to vulnerable young people have been discussed within this section already, particularly in relation to educational attainment, employment and health. As well as these issues, however, the partners have priorities in relation to improving targeted services for vulnerable young people to ensure that they get the help and support they need when they need it, especially in the field of child protection. Latest figures show that Clackmannanshire has:
- a higher than national average % of 0-18 population looked after (1.5% cf 1.3%)
 - rate of children on child protection register higher than the Scottish average (3% cf 2.7%)
 - teenage pregnancies rates have been highest in Forth Valley and have consistently been higher than the national average
- 1.32 The partners are acutely aware of the need to develop the corporate parenting agenda across the partnership and have made this a priority in the 2008-2010 Integrated Young Person's Services Plan.
- 1.33 In addition, a key group of vulnerable young people are those who are affected by their parents' or other family members' substance misuse. In Clackmannanshire, 34% of substance misusers have dependent children, compared with 31% in Scotland overall (Scottish Drug Misuse Database 2007) and partners have prioritised support to this group of young people in their joint plans.

Adults Requiring Care

1.34

In Clackmannanshire CHP, 32.9% of older people with intensive care needs are cared for at home, rather than in care homes or geriatric long-stay hospital beds (Scotland 29.2%). Also, 6.3% of older people receive free care at home (Scotland 4.8%). There is highly effective joint working between the Council, health service and other partners to ensure a very positive contribution to increasing the proportion of people needing care who are able to sustain an independent quality of life as part of the community. The 6 national community care outcomes and associated 16 health and community care measures will be the way in which the Partnership will measure and show developments and improvements in Community Care Services and provisions. While some of these appear in this SOA, the majority are contained within other strategic joint documents, including the Clackmannanshire Community Health Partnership Strategic Plan.

People Who Are Homeless

1.35

Clackmannanshire has almost double the national average of homeless presentations, one of the country's highest. However, Clackmannanshire also has the highest percentages of assessed homeless applicants receiving permanent accommodation, well above the national average, with 80% of housing lets going to homeless applicants and people at risk of homelessness. The Council's recent performance in allocating homes to homeless people has been recognised as a key strength in a recent inspection

1.36

The removal of priority need by 2012 will see a rise in homeless responsibilities, particularly in respect of young people. This change, alongside a projected reduction of 23% in the supply of social rented housing will lead to a significant new pressure on demand for social rented housing.

1.37

There is a strong link between health inequalities and homelessness:

- Life expectancy is lower for homeless people,
- 73% of homeless people may experience mental health issues,
- 29% may attempt suicide,
- 79% use Accident & Emergency services rather than GP (64%)
- homeless people experience problems with accessing services such as dental, optical, podiatry and GP
- children more prone to disrupted sleep, illness, infection and behavioural issues which impacts on child learning patterns and care.

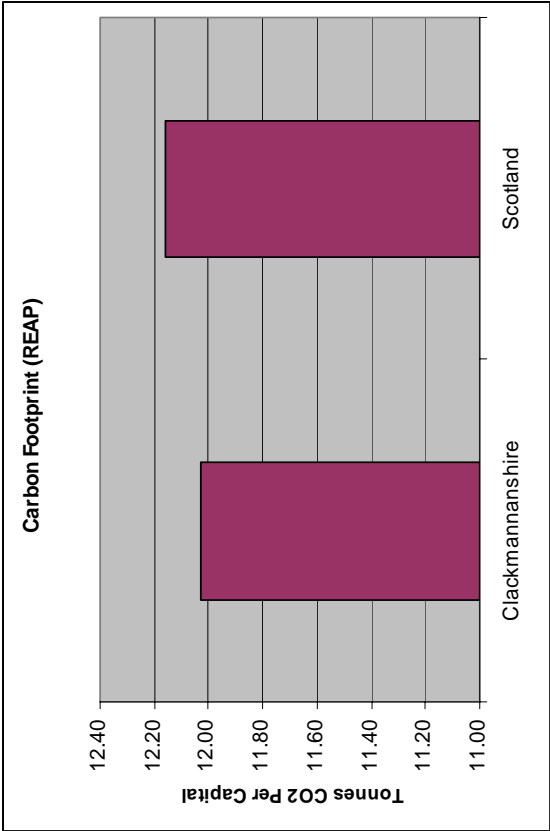
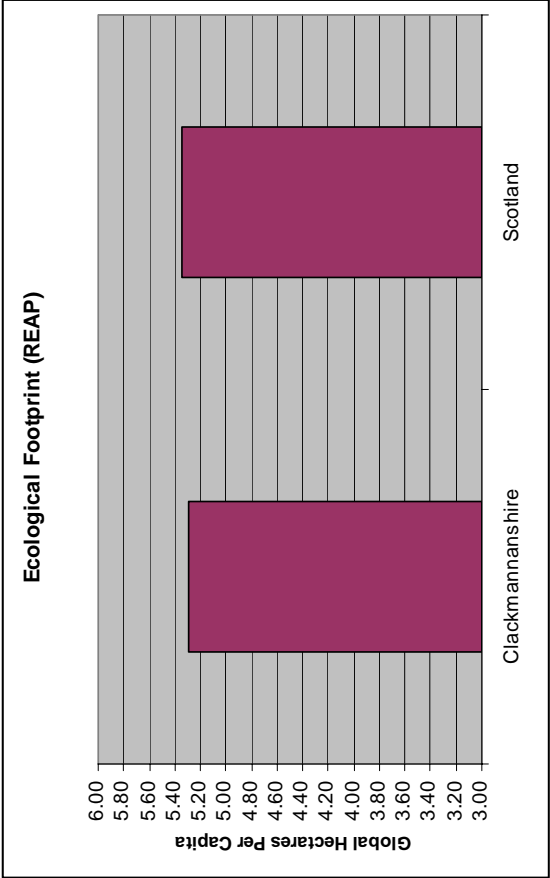
Victims of Domestic Abuse

1.37

Clackmannanshire had the 4th highest recorded rate of domestic abuse in Scotland. At a rate of 1261 incidents per 100,000 of the population, this represented a 40% increase in recorded statistics for 2005-06. It is accepted that violence against women is a key indicator of women's inequality and there has been much activity in Clackmannanshire to raise awareness and encourage reporting of domestic abuse. It is acknowledged that, for a variety of reasons, domestic abuse is consistently under-reported and it is possible that locally, victims of domestic abuse are becoming more confident in reporting. Tackling domestic abuse is now one of the main priorities for the Clackmannanshire Community Safety Partnership; working closely with the local violence against women multi agency partnership – Action for Change.

The Clackmannanshire Environment

- 1.38 Clackmannanshire enjoys an enviable natural environment. It has a scenic and varied natural heritage, ranging from the uplands of the Ochil Hills to the flat, coastal landscape of the Forth estuary, supporting a diverse range of flora and fauna. Clackmannanshire's rich built heritage is an important part of the county's landscape: it is exceptional for an area of its size and represents many periods of Scotland's past.
- 1.39 Clackmannanshire's ecological and carbon footprints, while slightly lower than the Scottish average, are still significantly higher than the global averages which means that Clackmannanshire is still using more than its fair share of resources to support consumption.



1.41 The largest contributors to both footprints locally are:

	Share of Ecological Footprint	Share of Carbon Footprint
Housing	28%	32%
Transport	16%	24%
Food	25%	10%
Consumer Items	13%	11%

- 1.42 Climate change is an issue for Clackmannanshire, where the most notable impact is an increase in the likelihood and severity of flooding events. Climate change is caused by the emission of greenhouse gases and in Clackmannanshire the main sources of these are from housing and transport.
- 1.43 While traffic in Clackmannanshire is increasing, the Partnership promotes active travel, public transport and car-sharing in order to make the most of the opportunities presented by new infrastructure developments. The Local Transport Strategy is a key component in managing travel in

- Clackmannanshire to reduce its environmental impact; as is the developing Core Paths Plan, which once adopted, will provide a comprehensive network of paths catering for a range of users. These paths, together with existing rights of way and the National Cycle Route support recreational use and facilitate active travel (for people walking and cycling to school or work), both of which have associated health benefits.
- 1.44 Clackmannanshire's natural heritage is itself vital for mitigating climate change: trees and areas of peat land play an important role in storing carbon dioxide that would otherwise be released into the atmosphere. However, climate change is also a significant threat to Clackmannanshire's biodiversity. Early action has been taken by partners to demonstrate the value of natural flood management techniques on the river Devon. Project work with the WWF in the upper catchment of the river has aimed to demonstrate the value of these techniques for flood management, water quality and biodiversity.
- 1.45 Increased flooding and more extreme weather events will impact upon Clackmannanshire's water environment. The water quality of our water bodies and rivers are regularly monitored. The status of water bodies is assessed on morphology, ecology and chemical status. Much of Clackmannanshire's water bodies are classed as poor or moderate.
- 1.46 In 2000 the Water Framework Directive (WFD), was introduced and was translated into Scottish legislation via the Water Environment and Water Service Act (Scotland) in 2003. The aim of the WFD is for all water bodies to achieve "good" status by 2015. For the Forth catchment by 2015 we expect 41% of surface water bodies to be at "high" or "good" ecological status.
- 1.47 As well as climate change, the greatest threats to Clackmannanshire's biodiversity are;
- suburban growth, and the resultant increase in pollution, threatens the natural environment
 - fragmentation and degradation of natural and semi-natural habitats
 - the presence of invasive non-native species
- 1.48 Clackmannanshire has a number of sites which are designated for their natural heritage value and a number of UK priority species and habitats, set out in the Clackmannanshire Local Biodiversity Action Plan. Gartmorn Dam, which was designated as a Local Nature Reserve in 1980, is a particularly important site for the viewing of wildlife and has formed an important location for boosting education and awareness of biodiversity in Clackmannanshire. This Site of Special Scientific Interest is a key asset which the Council and its partners have developed over the last three decades to ensure its protection and accessibility to the local community.
- 1.49 The Clackmannanshire community has done a lot over the years to improve Clackmannanshire's environmental sustainability and environmental performance; for a number of years Clackmannanshire has recycled the highest % of domestic waste.
- 1.50 All of Clackmannanshire Council's schools are now registered on the Eco-Schools programme, and 14 of these have attained at least one green flag, the top level of award. The Eco-Schools programme involves the whole school, and the local community, in deciding how to manage the school in a way that respects and enhances the environment.

2.0 CLACKMANNANSHIRE PRIORITY OUTCOMES

2.1 Our priorities are the result of detailed discussion amongst partners and stakeholders which has included an analysis of the local socio-economic circumstances in Clackmannanshire, some of which have been described in the previous section of this document.

PRIORITY OUTCOMES		
The area has a positive image and attracts people and business	Our communities are more cohesive and inclusive	People are better skilled, trained and ready for learning and employment
Our communities are safer	Vulnerable people and families are supported	Substance misuse and its effects are reduced
Health is improving and health inequalities are reducing	The environment is protected and enhanced for all	Improved quality of public services

2.2 Clackmannanshire's priority outcomes are consistent with, complementary to, and supportive of, the 15 national outcomes which are set out in the national performance framework. The relationship between the Clackmannanshire priority outcomes and the national outcomes and indicators is set out in the table on the next page (please note, this table has been organised to demonstrate alignment with national outcomes rather than to imply any relative priority of either local or national outcomes). While some national outcomes have less prominence locally, Clackmannanshire is making a contribution to every national outcome at some level. In terms of each of the 9 local priority outcomes the partners will endeavour to provide equal opportunities for everyone regardless of race, religious belief, gender, age, disability, sexual orientation and income and ensure that no one person has a poorer standard of service or opportunity than any other.

2.3 In the same way that the national outcomes do not stand in isolation, the individual Clackmannanshire priority outcomes are closely linked and can impact mutually on each other: for instance, protecting and enhancing our environment gives an attractive location for enterprises, visitors and tourists, generates a platform for business opportunities; it gives opportunities for activity, recreation which promote health improvement; it promotes community spirit and pride. The Alliance works across and between agencies and services to support and address cross-cutting issues and priorities. It is this integrated effort which will assist us in achieving our aims of: Improving wellbeing, building confidence and raising aspirations, and strengthening communities.

2.4 The remainder of the document sets out for each of the priority outcomes of the Clackmannanshire Alliance:

- local contexts, with reference to relevant national outcome and associated indicators
- local targets and indicators to achieve the outcomes
- underpinning strategies and plans which contain actions which contribute to the achievement of the priority outcomes.

NATIONAL OUTCOMES AND ASSOCIATED CLACKMANNANSHIRE PRIORITY OUTCOMES - 15 NATIONAL OUTCOMES and beneath them the associated CLACKMANNANSHIRE PRIORITY OUTCOMES				
1. We live in a Scotland that is the most attractive place for doing business in Europe	2. We realise our full economic potential with more and better employment opportunities for our people	3. We are better educated, more skilled and more successful, renowned for our research and innovation.	4. Our young people are successful learners, confident individuals, effective contributors and responsible citizens.	5. Our children have the best start in life and are ready to succeed
The area has a positive image and attracts people and business	The area has a positive image and attracts people and business	People are better skilled, trained and ready for learning and employment	People are better skilled, trained and ready for learning and employment	Vulnerable people and families are supported
The environment is protected and enhanced for all	People are better skilled, trained and ready for learning and employment		Our communities are more cohesive and inclusive	Health is improving and health inequalities reducing Substance misuse and its effects are reduced
6. We live longer, healthier lives	7. We have tackled the significant inequalities in Scottish society	8. We have improved the life chances for children, young people and families at risk.	9.. We live our lives safe from crime, disorder and danger	10. We live in well-designed, sustainable places where we are able to access the amenities and services we need
Vulnerable people and families are supported	Our communities are more cohesive and inclusive	Vulnerable people and families are supported	Our communities are safer	The environment is protected and enhanced for all
Substance misuse and its effects are reduced	Vulnerable people and families are supported	Substance misuse and its effects are reduced	Substance misuse and its effects are reduced	Our communities are safer
Health is improving and health inequalities are reducing	Health is improving and health inequalities are reducing	Health is improving and health inequalities are reducing		
The environment is protected and enhanced for all		Our communities are safer		
11. We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others	12. We value and enjoy our built and natural environment and protect it and enhance it for future generations	13. We take pride in a strong, fair and inclusive national identity	14. We reduce the local and global environmental impact of our consumption and production.	15. Our public services are high quality, continually improving, efficient and responsive to local people's needs
Our communities are more cohesive and inclusive	The environment is protected and enhanced for all	Our communities are more cohesive and inclusive	The environment is protected and enhanced for all	Improved quality of public services
Substance misuse and its effects are reduced	The area has a positive image and attracts people and businesses			

COMMUNITY PLANNING PRIORITY OUTCOME: the area has a positive image and attracts people and businesses

KEY LOCAL CONTEXTS

- Improved accessibility provided by rail link and Clackmannanshire bridge
- the county now has two Business Improvement Districts (BIDs) with the establishment in 2008 of the Alloa Town Centre BID
- surge in house building activity
- growing population
- labour market underperformance
- need to diversify business base
- Clackmannanshire's impressive built heritage
- natural heritage and landscape an important part of Clackmannanshire's identity
- Homecoming 2009.

PROGRESS IN 2008-09

- railway link to Alloa reopened and passenger numbers exceeding expectations
- Clackmannanshire Bridge opened to enhance access to/from east and west
- 3 new secondary schools opening
- development of Core Paths Plan
- development of full bid for the Ochils Landscape Partnership

RELEVANT LOCAL PLANS & STRATEGIES

1. Building Clackmannanshire
2. Clackmannanshire Local Development Plan
3. Clackmannanshire Housing Strategy
4. Clackmannanshire Local Transport Strategy
5. Regional Transport Strategy 2008-2023
6. Clackmannanshire Tourism Strategy
7. Clackmannanshire Open Space Strategy
8. Clackmannanshire Council Asset Management Plan
9. Draft Clackmannanshire Core Paths Plan
10. Ochils Landscape Partnership Landscape Strategy
11. Scottish Enterprise Business Plan 2008-2011

CONTRIBUTING TO NATIONAL OUTCOMES

- we live in a Scotland that is the most attractive place for doing business in Europe
- we realise our full economic potential with more and better employment opportunities for our people
- we value and enjoy our built and natural environment and protect it and enhance it for future generations

ASSOCIATED NATIONAL INDICATORS

- increase the rate of new house building
- increase the percentage of adults who rate their neighbourhood as a good place to live
- increase the proportion of adults making one or more visits to the outdoors per week

CLACKMANNANSHIRE PRIORITY OUTCOME: the area has a positive image and attracts people and businesses				
Indicator	Source Frequency	Baseline	'Progress' target/s to 2010-11	'End' target/s & timescale/s
% of adults who rate their neighbourhood as a good place to stay	Clacks 1000 2006	Clacks = 86% Regen. Areas = 79%	Clacks = 88% Regeneration Areas = 82%	> 90% > 90%
% of adults very or quite satisfied with Clackmannanshire as a place to live	Clacks 1000 2006	Clacks = 76% Regen. Areas = 65%	Clacks = 85% Regeneration Areas = 75%	> 90% > 90%
Business Start Ups	BERR 2006	90	Increase the number of VAT registered businesses year on year	Increase the number of VAT registered businesses year on year
Business Survival Rates	BERR 2006	70	Decrease the number of businesses deregistering for VAT	Decrease the number of businesses deregistering for VAT
Annual new house completions	Clacks Council Annual	299 July 07- June 08	490 new house completions	Average 245 new house completions per year to 2026
Clackmannanshire total tourism revenue	STEAM 2006	£16.66m	Increase year on year	Increase year on year

COMMUNITY PLANNING PRIORITY OUTCOME: our communities are more cohesive and inclusive

KEY LOCAL CONTEXTS

- Clackmannanshire is the 5th most deprived area in Scotland as measured by the Scottish Multiple Indices of Deprivation
- there are also significant inequalities within Clackmannanshire
- there are significant concentrations of deprivation in certain small neighbourhoods
- there is a shortfall in affordable housing

PROGRESS IN 2008-09

- development of the Bowmar Masterplan
- establishment of Alloa Park/Bowmar Problem Solving Partnership
- Fairer Scotland funded Clackmannanshire Works programme established to promote employability in those furthest from the labour market
- strong voluntary sector and range of volunteering opportunities
- large investment in council housing stock to enhance standards of accommodation
- establishment of Corporate Parenting working group

RELEVANT LOCAL PLANS & STRATEGIES

1. Building Clackmannanshire
2. Clackmannanshire Development Plan
3. Clackmannanshire Housing Strategy
4. Bowmar Masterplan
5. Strategic Housing Investment Plan 2009-14
6. Joint Community Care Plan
7. Clackmannanshire Council Equalities Scheme
8. Clackmannanshire Biodiversity Action Plan
9. Equality Schemes
10. Integrated Children's Services Plan 2008/11 & Early Years Framework

CONTRIBUTING TO NATIONAL OUTCOMES

- we have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others
- we have tackled the significant inequalities in Scottish society,
- we take pride in a strong, fair and inclusive national identity
- our young people are successful learners, confident individuals, effective contributors and responsible citizens.

ASSOCIATED NATIONAL INDICATORS

- decrease the proportion of individuals living in poverty

CLACKMANNANSHIRE PRIORITY OUTCOME: our communities are more cohesive and inclusive				
Indicator	Source Frequency	Baseline	'Progress' target/s to 2010-11	'End' target/s & timescale/s
% Clackmannanshire datazones in most income deprived in Scotland (5%-15%)	SIMDs 2006	% Clacks d'zones in 5% most income deprived in Scotland = 3.1 % in 10% most income deprived in Scotland = 14.1 % in 15% most income deprived in Scotland = 23.4	Reduce proportion	Reduce proportion in longer term
% Working Age people who are economically active	NOMIS Population Survey July 07-June 08	Clacks 71.6% Scotland 80%	Narrow gap between Clackmannanshire and Scotland	Scottish average
Unemployment rate (claimant count)	NOMIS Updated monthly Jan 2009	Clacks-4.4% Scotland 3.4%	Narrow gap between Clackmannanshire and Scotland	Scottish average
Median weekly earnings of: a) Employed Clackmannanshire residents b) Workforce based in Clackmannanshire	Annual Survey of Hours and Earnings (ASHE) 2008	£428.6 £420.5	Narrow gap between Clackmannanshire and Scotland Equivalent Scottish figures are:- £461.8 £460.1	Scottish average
Housing achieving the Scottish Housing Quality Standard (Council stock) and the Clackmannanshire Standard (higher standard than the SHQS)	Housing Services	SHQS = 73% Clacks Standard = TBD March 09	82% meeting the SHQS by 2011 TBD March 2009	All Council owned stock meets the Clackmannanshire Standard by 2015 and remains at or above this standard
% adults very happy or fairly happy	Clacks 1000 Health & Well-Being 2007	Clacks - 83% Regen. Areas - 77%	Clacks - 85% Regeneration Areas - 80%	Clacks - not < 90% Regeneration Areas - not < 90%
% of children living in low income households	GRO Scotland 2006/7	48%	Reduce	Reduce

COMMUNITY PLANNING PRIORITY OUTCOME: : people are better skilled, trained and ready for learning and employment

KEY LOCAL CONTEXTS

- Clackmannanshire suffers from higher than average unemployment
- Clackmannanshire has lower than average economic activity rates
- Clackmannanshire has lower than average levels of higher level qualifications
- Three and four year olds continuing to take up entitlement to free nursery places

PROGRESS IN 2008-09

- there are improvements in educational attainment in Clackmannanshire
- the numbers of young people entering training, education and employment are increasing
- the construction of 3 new secondary schools for the county
- approval for new college campus in Alloa town centre.
- local labour market agreements
- voluntary and social enterprise sectors provision of experience and training

RELEVANT LOCAL PLANS & STRATEGIES

1. Clackmannanshire More Choices, More Chances Strategy
2. Clackmannanshire Economic Development Strategy
3. Integrated Children's Services Plan 2008-2010
4. Local Authority Statement of Education Improvement Objectives 2007-10
5. Early Years Framework
6. Clackmannanshire Community Learning & Development Strategy
7. 2008/11 Local Adult Literacy & Numeracy Strategic Plan
8. Draft Sustainability & Climate Change Strategy
9. Scottish Enterprise Business Plan 2008-11

CONTRIBUTING TO NATIONAL OUTCOMES

- we realise our full potential with more and better employment opportunities for our people
- our young people are successful learners, confident individuals, effective contributors and responsible citizens
- we are better educated, more skilled and more successful,

ASSOCIATED NATIONAL INDICATORS

- increase the proportion of school leavers in positive and sustained destinations
- reduce number of working age people with severe literacy and numeracy problems
- increase the proportion of schools receiving positive inspection reports.

CLACKMANNANSHIRE PRIORITY OUTCOME: people are better skilled, trained and ready for learning and employment				
Indicator	Source Frequency	Baseline	'Progress' target/s to 2010-11	'End' target/s & timescale/s
% 3 and 4 year olds taking up entitlement to free nursery places	Clacks Council Annual Early Years Census	4yr olds 98% 3yr olds 89.3% 2008	100% for both age groups	100% for both age groups
% of working age population with NVQ4+	NOMIS 2007	Clacks - 29.7% Scotland - 33.2%	Narrow gap	Scottish average
% working age residents with no qualifications	NOMIS 2007	Clacks - 20.5% Scotland - 13.5%	Narrow gap	Scottish average
% school leavers in positive and sustained destinations	School Leavers Destination 2006/07	89%	Increase to 95%	95%
Overall attainment levels of pupils at the end of S4; % of pupils attaining 5+ awards at Level 4 or better	SQA Annually	70% 2008	78% by 2010	81% by 2011
The average Unified Points Score (UPS) of pupils at the end of S4 *	SQA Annually	160 2008	180 by the end of 2011 (Scottish 3 year average 2004-07 was 171)	180 by the end of 2011
% pupils attaining 3 or more awards at Level 6 or better by the end of S5	SQA Annually	16% 2008	>20% by 2010.	TBD
Attainment of the lowest performing 20% of pupils at the end of S4	SQA Annually	45 2008	Average tariff score of 88 at the end of 10-11	TBD
% young people who have positive perceptions of themselves as learners:	Myself As A Learner	Tbd June 2009	TBD TBD	100% 100%
- at the end of P6 - at the end of S1 and/or S2				

* The UPS combines scores for each accredited SQA course a student attains. Tariff points for selected course levels and awards are as follows (Source SQA):

Access 2 Unit - 1 Access 3 Unit - 2	Standard Grade 1 - 38 Standard Grade 2 - 28 Standard Grade 3 - 22 Standard Grade 4 - 16	Standard Grade 5 - 11 Standard Grade 6 - 8 Standard Grade 7 - 3	Intermediate 1 Unit - 4 Intermediate 2 Unit - 7 Intermediate 1 C - 16 Intermediate 2 C - 28	Higher Unit - 12 Higher C - 48 Higher A - 72	CSYS - 120 Advanced Higher A - 120 Advanced Higher B - 100 Advanced Higher C - 80
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COMMUNITY PLANNING PRIORITY OUTCOME: our communities are safer

KEY LOCAL CONTEXTS

- Relative to neighbouring areas, crime rates are higher in Clackmannanshire
- crime and fear of crime has been identified as an issue of prime concern by communities locally; fear of crime is consistently disproportionate to actual crime rates

PROGRESS IN 2008-09

- crime rates have fallen; rates of vandalism have fallen at twice the national rate
- detection rates in key groups are amongst the best performing
- the local Community Safety Partnership has agreed new structure and reviewed its membership
- a new Community Safety strategy and action plan has been developed
-

RELEVANT LOCAL PLANS & STRATEGIES

1. Clackmannanshire Community Safety Strategic Assessment
2. Clackmannanshire Community Safety Strategy
3. Central Scotland Police Strategic Plan 2008-11
4. RAHMAS
5. Integrated Young Person's Services Plan 2008-2010
6. Youth Justice Strategy

CONTRIBUTING TO NATIONAL OUTCOMES

- we live our lives safe from crime, disorder and danger
- We have improved the life chances for children, young people and families at risk.
- We live in well-designed, sustainable places where we are able to access the amenities and services we need

ASSOCIATED NATIONAL INDICATORS

- Increase the positive public perception of the general crime rate in the local area

Crime Groups/Abbreviations

- 1 - Crimes of violence which includes murder, attempted murder, serious assault, robbery and assault with intent to rob, cruelty to children and threats and extortion
- 2 - Crimes of indecency which includes rape, indecent assault, lewd and libidinous practices
- 3 - Crimes of dishonesty which includes thefts (housebreaking or opening lockfast places), thefts of and from motor vehicles and fraud
- 4 - Vandalism, fire-raising and malicious conduct which includes vandalism, malicious mischief, fire-raising and reckless conduct
- 5 - Other crimes which includes all drugs offences, bail offences and crimes against justice such as perjury
- 6 - Miscellaneous offences
- 7 - Offences relating to motor vehicles
- K - 1000
- KSI - killed or seriously injured
- MV - motor vehicle

CLACKMANNANSHIRE PRIORITY OUTCOME: our communities are safer				
Indicator	Source Frequency	Baseline	'Progress' target/s to 2010-11	'End' target/s & timescale/s
Level of satisfaction with how local agencies are tackling crime and fear of crime	Clacks 1000 2 yearly	Clacks = 31% Regen. Areas = 30%	Increase to 35% Increase to 35%	Clacks = > 50% Regen. Areas = > 50%
% of people who <i>often</i> or <i>most of the time</i> felt fearful of becoming a victim of crime	Clacks 1000, 2009 5th Survey	<i>Often</i> Clacks 15% Regen. Areas 23% <i>Most of Time</i> Clacks 2% Regen. Areas 5%	Decrease to 10% Decrease to 15% Decrease to 1% Decrease to 3% Decrease no.s/rates of all crimes, offences, incidents and injuries Increase detection %s for all crimes	Clacks < 10% Regen. Areas <10% Clacks < 1% Regen. Areas <1% Decrease no.s/rates of all crimes, offences, incidents and injuries Increase detection %s for all crimes
Group 1 Crimes (No, per K pop, % detection) Group 2 " " " " " Group 3 " " " " " Group 4 " " " " " Group 5 " " " " " Group 6 " " " " " Group 7 " " " " " Racist " " " " " Residential House Break-Ins " " " Vandalisms " " " " " Enforcement of quality of life offences All persons KSI (no, per MVK) Child KSI " " " Slight injuries " " " Injury road collisions " " " Racist Incidents (No, per K pop)	Baseline 07-08 All Quarters Central Scotland Police Updated quarterly	89 1.78 93 70 1.40 91 1156 23.17 61 1081 21.66 47 1067 21.38 * 1763 35.33 * 1896 38.00 * 37 0.74 45 44 0.88 45 1005 20.14 - 1331 26.67 - 10 0.044 - 1 0.004 - 66 0.29 - 57 0.251 - 45 0.90 -		
% residents who state vandalism or graffiti is a dislike about their local neighbourhood	Clacks 1000 2006	Clacks = 39% Regen. Areas = 57%	Decrease to 30% Decrease to 47%	Clacks = < 20% Regen. Areas = < 20%
Number of accidental dwelling fires	CSF&RS, Annual, 2007	8.75 per 10000 pop	Year on year reduction	An improvement rate at least equivalent to the Scottish average
Number of accidental fire fatalities	CSF&RS, Annual, 2007	0.09 per 10000 pop	Year on year reduction	An improvement rate at least equivalent to the Scottish average
Number of incidents resulting in casualties	CSF&RS, Annual, 2007	1.25 per 10000 pop	Year on year reduction	An improvement rate at least equivalent to the Scottish average

COMMUNITY PLANNING PRIORITY OUTCOME: vulnerable people and families are supported

KEY LOCAL CONTEXTS

- among highest levels of homelessness in Scotland
- higher than average % of looked after children in Scotland
- higher than average referrals to Reporter
- excellent community care services for adults
- higher than average domestic abuse incidents with an upward trend

PROGRESS IN 2008-09

- joint working on services for Older People has been successful in keeping people at home for longer and avoiding unnecessary admissions to hospital. This good performance has been evident through sustained zero Delayed Discharges; relatively low levels of emergency admission; high levels of intensive home care and confirmed through the report of the Multi Agency Inspection of Services for Older People (MAISOP) (2008).
- redesigning local services around the planned Community Healthcare Centre which will come on stream in the spring of 2009.
- partnership working further established between the Community Safety Partnership and local Action for Change group; domestic abuse is a priority in the Community Safety strategy; establishment of the CEDAR (Children Experiencing Domestic Abuse Recovery Programme) pilot in Forth Valley
- Two successful applications for ASBOs in relation to domestic abuse

RELEVANT LOCAL PLANS & STRATEGIES

1. Clackmannanshire Joint Homeless Strategy 04-09
2. Clackmannanshire Supporting People Strategy 07-10
3. Clackmannanshire Local Housing Strategy 04-09
4. Clackmannanshire Joint Health Improvement Strategy
5. Integrated Young Person's Services Plan 2008-2010
6. Carers Strategy
7. HMIE Child Protection Action Plan
8. MAISOP Inspection
9. SWIA Action Plan
10. Corporate Parenting Strategy (in development)
11. Equality Schemes
12. Community Safety Strategy
13. Early Years Framework
14. Action for Change Action Plan 2009/10

CONTRIBUTING TO NATIONAL OUTCOMES

- we have tackled significant inequalities in Scottish society
- our children have the best start in life and are ready to succeed
- we live longer, healthier lives
- we have improved the life chances for children, young people and families at risk.

ASSOCIATED NATIONAL INDICATORS

- all unintentionally homeless people will be entitled to settled accommodation by 2012
- increase the overall proportion of child protection committees receiving positive reports
- % of people 65+ with high levels of care needs who are cared for at home
- reduce proportion of people 65+ admitted as emergency inpatients 2 or more times in a single year
- the proportion of people needing care or support who are able to sustain an independent quality of life as part of the community through effective joint working

CLACKMANNANSHPRE PRIORITY OUTCOME: vulnerable people and families are supported				
Indicator	Source Frequency	Baseline	'Progress' target/s to 2010-11	'End' target/s & timescale/s
% levels of satisfaction amongst people using community care services	Community Care Survey	60% 2008	65%	Increase
% of people 65+ with high levels of care needs who are cared for at home	Scottish Gov H1 returns	39% March 2008	Maintain above national average target of 30%	Maintain above national average target
% community care referral and service responses within priority target times	Community Care Statistics Quarterly	65% January 2009	75%	Increase
No patients waiting in short stay settings for more than 6 weeks for discharge to appropriate setting	ISD FV NHS	0	Maintain at zero	Maintain at zero
A&E attendance rate per 100,000 (Forth Valley wide figures only)	NHS FV Monthly	2366 December 2008	2043 by March 2011	Reduce
% carers who feel supported by partner agencies to continue their caring role	Carers' Survey	50% Annual	60%	Increase
% children on child protection register visited as per the Child Protection Plan	Child Care Statistics	TBD	100%	100%
Overall levels of achievement of looked after children (note - the denominator for this % is usually very small - e.g. 10 individual children)	CLAS Survey	50%	95% looked after and accommodated children attain at least an SCQF Level 3 award in English and Mathematics at the end of S4	95% looked after and accommodated children attain at least an SCQF Level 3 award in English and Mathematics at the end of S4
Average time homeless people spend in temporary accommodation.	Council Housing Service statistics	86 days 08-09	Reduce	Reduce
Reduce people assessed as non-priority homeless	Council Housing Service statistics	22% 2003/4	11%	0% by 2012
Proportion homeless people maintaining their tenancy for at least 12 months	Council Housing Service statistics	82% 2007/8	Maintain the high level of re-housing arrangements which are sustained.	Maintain the high level of re-housing arrangements which are sustained.
Number of domestic abuse incidents per 100,000 population, reported to the police	Scottish Police Statistics Annual	1,261 2007/8	Increase until levels of confidence are reached	Ultimately to reduce levels of reporting as a result of fewer incidents of domestic abuse occurring

COMMUNITY PLANNING PRIORITY OUTCOME: Substance misuse and its effects are reduced

KEY LOCAL CONTEXTS

- young people's use of drugs and alcohol
- links between substance misuse and crime
- environmental and social issues related to substance misuse, particularly in deprived areas
- the need to support people, including young people, affected by others' drug use

PROGRESS IN 2008-09

- establishment of Alloa Park/Bowmar Problem Solving Partnership
- promotion of the implementation of brief intervention for alcohol within primary care and of substitute prescribing for drug misuse within primary care
- the development of a locality based model of service delivery for Addictions Treatment Services in line with the local Substance Misuse Strategy
- commitment of Fairer Scotland funding to tackle alcohol misuse.

RELEVANT LOCAL PLANS & STRATEGIES

1. Clackmannanshire CHP Strategic Plan 2009-2012
2. Clackmannanshire Joint Health Improvement Plan
3. Forth Valley Substance Action Team Strategy
4. Plan For Action On Alcohol 2007
5. Clackmannanshire Community Safety Strategy 2008-11
6. Community Safety Strategic Assessment
7. Integrated Children's Services Plan 2008/11
8. Mental Health Strategy
9. Early Years Framework

CONTRIBUTING TO NATIONAL OUTCOMES

- we live longer, healthier lives
- we have improved the life chance chances for children, young people and families at risk
- we live our lives safe from crime, disorder and danger
- we have strong, resilient communities where people take responsibility for their own actions and how they affect others
- our children have the best start in life and are ready to succeed

ASSOCIATED NATIONAL INDICATORS

- reduce alcohol related hospital admissions by 2011
- decrease the estimated number of problem drug users by 2011

CLACKMANNANSHIRE PRIORITY OUTCOME: Substance misuse and its effects are reduced

Indicator	Source Frequency	Baseline	'Progress' target/s to 2010-11	'End' target/s & timescale/s
% of local residents surveyed who cite alcohol abuse and drug abuse/dealing as dislikes about their neighbourhood	Clacks 1000 2006	Clacks Alcohol – 38% Drug Abuse – 33% Regen. Areas Alcohol - 55% Drug Abuse - 55%	Clacks - Alcohol - 35% Clacks - Drug Abuse - 30% Regen. Areas - Alcohol - 50% Regen. Areas - Drug Abuse - 50%	Reduce % of local residents surveyed who cite alcohol and drug misuse as dislike about their neighbourhood.
General acute inpatient discharges with alcohol related diagnosis * (EASR = European Age Standardised Rate per 100,000 population)	ISD January 2009 Biennially	EASR* - 554 Number - 289 2007-08	Reduce	Reduce
No. Class A Drug Supply Offences	Central Scotland Police Annual 2007-08	59	Reduce	Reduce
Alcohol related road collisions (No., per MVK)		2 0.009	Reduce	Reduce
Alcohol related driving incidents "		70 0.308	Reduce	Reduce
% of referrals received by Children's Reporter on the grounds of misuse of alcohol or drugs	SCRA 2007-08	7% (Scottish average is 1.8%)	Reduce % and lessen gap from the Scottish average	Reduce

COMMUNITY PLANNING PRIORITY OUTCOME: health is improving and health inequalities are reducing

KEY LOCAL CONTEXTS

- Clackmannanshire has the highest death rate in Forth Valley
- overall mortality rates higher than Scottish average
- there are significant health inequalities within Clackmannanshire
- there is a higher than average % of adults claiming incapacity benefit
- excellent natural environment and access opportunities to encourage outdoor activity

PROGRESS IN 2008-09

- Clackmannanshire Community Healthcare Centre due to open early in 2009 to replace services provided at Alloa Health Centre and Clackmannan Community Hospital; it will provide a range of local community health, primary care, social work, mental health inpatient services, and day therapy services.
- establishment of Fairer Scotland funded Clackmannanshire Healthier Lives programme
- development of draft Core Paths Plan

RELEVANT LOCAL PLANS & STRATEGIES

1. Clackmannanshire Joint Health Improvement Plan 2007-10
2. Clackmannanshire CHP Strategic Plan 2009-2012
3. NHS Forth Valley Healthcare Strategy
4. Primary and Community Services Development Plan
5. Integrated Children's Services Plan
6. Forth Valley Substance Action Team Corporate Action Plan
7. Health & Homelessness Strategy
8. Mental Health Delivery Plan
9. Clackmannanshire Open Space Strategy
10. Draft Core Paths Plan
11. Early Years Framework

CONTRIBUTING TO NATIONAL OUTCOMES

- we live longer, healthier lives
- we have tackled the significant inequalities in Scottish society
- our children have the best start in life and are ready to succeed
- we have improved the life chances for children, young people and families at risk.

ASSOCIATED NATIONAL INDICATORS

- increase healthy life expectancy at birth in the most deprived areas
- reduce mortality from coronary heart disease among the under 75s in deprived areas
- 60% of children in P1 will have no signs of dental disease
- increase the proportion of adults making one or more visits to the outdoors per week

CLACKMANNANSHPRE PRIORITY OUTCOME: health is improving and health inequalities are reducing				
Indicator	Source Frequency	Baseline	'Progress' target/s to 2010-11	'End' target/s & timescale/s
% adults describing their health as good or fairly good	Clacks 1000 Health and Wellbeing in Clackmannanshire February 2007	<u>Clacks</u> Good - 57% Fairly Good - 33 <u>Regen. Areas</u> Good - 47% Fairly Good - 34	<u>Clacks</u> Good - 60% Fairly Good - 35% <u>Regen. Areas</u> Good - 50% Fairly Good - 35%	Year on year increase Year on year increase Year on year increase Year on year increase
Deaths from Coronary Heart Disease	GROS	104 per 100,000	Reduce deaths per 100,000 by 2%	Reduce deaths per 100,000 by 5% by 2013
Deaths from Cancer	GROS	114 per 100,000	Reduce deaths per 100,000 by 2%	
Reduce health inequalities in Clacks	SIMDs 2006	Various	NA	Increase the rate of improvement for the most deprived communities by 15% across a range of indicators.
% adults smoking	Scottish Household Survey 2005/2006	29% 2005/2006 data	5% smokers attend smoking cessation 8% quit at 4 weeks	Reduce rate of smoking among adults to 22% by 2013
Rate of adult physical activity in sedentary population	Clacks 1000 Health and Wellbeing in Clackmannanshire February 2007	48% exercise for 30 minutes 5 times a week	Increase participation in physical activity by 4% Increase Clackmannanshire Healthier Lives clients in exercise referral by 10%	50% of adults accumulating a minimum of 30 minutes per day of physical activity on 5 or more days per week
Claimant rate of Incapacity benefit/Severe Disablement Allowance (per 1000 pop)	NOMIS GROS	108.1 at May 2008	Improve ranking of rate relative to the rest of Scotland (6th highest at baseline)	Improve ranking of rate relative to the rest of Scotland
Obesity levels in P1 school children	ISD 06/07	Overweight - 23.1% Obese - 9%	Reduce	Reduce to at least national averages
Proportion of babies recorded as being exclusively breastfed at 6-8 week review	ISD 2008	25.5%	Increase by 2%	Increase by 5%
% 3-5 year olds registered with an NHS General Dentist	ISD 2008	75.5%	80% by 2011	100%
Teenage pregnancy rates	ISD 2005	64 per 1000 15-19 year olds	Decrease	Decrease pregnancy rate per by 20%

COMMUNITY PLANNING PRIORITY OUTCOME: the environment is protected and enhanced for all.

KEY LOCAL CONTEXTS

- Clackmannanshire's enviable natural environment
- Clackmannanshire's rich built heritage
- local impacts of climate change
- Clackmannanshire has the highest rates of domestic recycling in the country
- pollution and growth have the potential to threaten environment
- decline in biodiversity
- potential of suburban growth to threaten the natural environment

PROGRESS IN 2008-09

- improvements in cleanliness of the area
- action to tackle flooding in vulnerable areas
- development of Sustainability & Climate Change strategy
- expansion and enhancement of domestic waste recycling
- establishment of Alloa Town Centre Business Improvement District
- development of draft Core Paths Plan
- strategic environmental assessments carried out for a range of plans, programmes and strategies

RELEVANT LOCAL PLANS & STRATEGIES:

1. Clackmannanshire Development Plan
2. Clackmannanshire Local Transport Strategy
3. Forth Valley Area Waste Plan
4. Clackmannanshire Biodiversity Action Plan
5. Schools Travel Plan
6. Draft Core Paths Plan
7. Buildings At Risk Register
8. Draft Sustainability & Climate Change Strategy 2008-2011
9. Asset Management Plan
10. Area Waste Plan
11. Carbon Management Strategy & Implementation Plan
12. Clackmannanshire Open Space Strategy

CONTRIBUTING TO NATIONAL OUTCOMES

- we live in well-designed, sustainable places where we are able to access the amenities and services we need
- we reduce the local and global environmental impact of our consumption and production
- we value and enjoy our built and natural environment and protect it and enhance it for future generations
- we live in a Scotland that is the most attractive place for doing business in Europe
- we live longer, healthier lives

ASSOCIATED NATIONAL INDICATORS

- reduce overall ecological footprint
- increase the proportion of journeys to work made by public or active transport
- reduce waste sent to landfill
- increase the proportion of protected nature sites in a favourable condition
- increase the index of abundance of terrestrial breeding birds
- increase the proportion of adults making one or more visits to the outdoors per week

CLACKMANNANSHIRE PRIORITY OUTCOME: the environment is protected and enhanced for all

Indicator	Source Frequency	Baseline	'Progress' target/s to 2010-11	'End' target/s & timescale/s
Carbon Footprint of Clackmannanshire (CO2 emissions)	REAP, 2003	11.15 tonnes per capita	Reduce by 10% by 2011	Reduce by 80% by 2050
Proportion of protected nature sites in a favourable condition	SNH Trend Data	74%	Increase to 95% by 2010-11	95% in 2011
Share of journeys made by: <ul style="list-style-type: none"> - foot - cycle - public transport - car 	Scottish Household Survey 2006	8% 0% 5% 85%	Increase to 12% by 2010 Increase to 1% by 2010 Increase to 10% by 2010 Decrease to 75% by 2010	Tbd based on 2010-11 achievements " " "
Number tonnes waste sent to landfill	Landfill Data (SEPA)	14,221	2008/09 - 14,249 2009/10 - 13,574	61335 tonnes by 2020
% residents visiting historic or architecturally valuable sites/buildings	Clacks 1000 2008 Survey	39%	Increase year on year	Increase year on year
General Cleanliness	GC Index	77	79 in 2009-10 80 in 2010-11	80 in 2011

COMMUNITY PLANNING PRIORITY OUTCOME: improved quality of public services

KEY LOCAL CONTEXTS

- excellence in public services across Clackmannanshire and with a number of nationally recognised services
- the local impact in Clackmannanshire of the global recession
- high demands on public services given the socio-economic profile of Clackmannanshire
- funding to Clackmannanshire does not always reflect its socio-economic profile and needs

PROGRESS IN 2008-09

- the Council achieved the highest average ranking in Scotland against all Statutory Performance Indicators
- partner services have a range of accreditations (ISO, IIP, Chartermark)
- the Council has adopted the Public Service Improvement Framework and will review all its services using it
- good partnership working demonstrated through the CHP Evaluation Project; good performance in terms of leadership, inclusiveness, participation of the voluntary sector and integrated working (pooled budgets).

RELEVANT LOCAL PLANS & STRATEGIES:

1. Customer Service Strategies
2. Change/Organisation Development Plans
3. Risk Management Plans
4. Asset Management Plans
5. Procurement Strategies/Best Practice Indicators
6. Workforce Strategies
7. Joint Inspection Reports and Action Plans
8. Business Planning approaches in partner organisations
9. Carbon Management Strategy
10. Draft Sustainability & Climate Change Strategy

CONTRIBUTING TO NATIONAL OUTCOMES

- our public services are high quality, continually improving, efficient and responsive to local people's needs

ASSOCIATED NATIONAL INDICATORS

- improve people's perceptions of the quality of public services delivered

CLACKMANNANSHIRE PRIORITY OUTCOME: improved quality of public services								
Indicator	Source Frequency	Baseline		'Progress' target/s to 2010-11	'End' target/s & timescale/s			
Experience of public services as very or quite good	Clacks 1000 2007 (3rd Survey)	Clacks = 62% Regeneration Areas = 66%		70% by 2011 70% by 2011	Sustained high levels of satisfaction Sustained high levels of satisfaction			
Experience of individual public services as good (G) or poor (P) (% based on those respondents using each service): ➤ GP Services ➤ Hospitals ➤ Libraries ➤ Police ➤ Sport & Leisure ➤ Primary Schools ➤ Secondary Schools ➤ Social Services ➤ Housing Services ➤ Planning ➤ Street Cleaning ➤ Refuse collection/recycling ➤ Street Lighting	Clacks 1000 2009 Survey (5th Survey)	Clacks Wide %	Regen. Areas %	For all services increase % G and decrease % P	For all services increase % G and decrease % P			
		G	P				G	P
		93	7				95	5
		84	16				94	6
		95	5				100	0
		74	26				84	16
		75	25				78	22
		93	7				78	22
		88	12				97	3
		66	34				49	51
		64	36				65	35
		69	31				59	41
		70	30				76	24
		87	13				85	15
		84	16				75	25

3.0 FAIRER SCOTLAND

3.1 At its meeting in February, 2008, the Alliance reviewed its priority outcomes in the context of the twin aims of Fairer Scotland Fund of promoting employability and tackling the causes of poverty. From that review, the Alliance agreed that the following of its 9 priority outcomes were most directly related to the aims of Fairer Scotland and that these would form the main strands for resource allocation:

- the area has a positive image and attracts people and businesses
- improved uptake of skills development, training and employment
- health is improving and health inequalities are reducing
- substance misuse and its effects are reduced.

3.2 The Alliance has taken an integrated approach to allocating resources to best achieve the desired outcomes and has embarked on a process of programme development which has involved all partners. Summary details of each Programme are included in the pages which follow.

3.3 These draft programmes have been scrutinised by a sub-group established by the Alliance, which has reviewed the detail in relation to:

- consistency with and relevance to the criteria of Fairer Scotland
- potential contribution to achieving the Fairer Scotland outcomes and level of direct/indirect contribution to these outcomes
- value for money
- complementarity, or duplication, with other Fairer Scotland funded initiatives and programmes
- added value
- capacity to deliver
- past performance (if appropriate).

3.4 Representatives from the statutory and voluntary sectors are part of the sub-group. The voluntary sector, led by CVS Clackmannanshire, has played a key role in co-ordinating the submission of a wide programme of proposals under each of the priority outcomes. The sub-group makes recommendations to the Alliance on the basis of that review and the Alliance takes final decisions on funding. On the basis of decisions taken to date, funding is distributed as follows (from April 2008 to end March 2010):

Programme	£s	Comment
Employability	£1,961,800	Allocations final and programmes underway
Health Improvement	£544,400	Allocations final and programmes underway
Positive Image	£234,259	Allocations recently decided and programme being developed
Substance Misuse	£152,800	Some allocations made; decisions on final allocations pending

3.5 The Alliance receives quarterly financial and monitoring reports on each of the programmes and funded initiatives are monitored on a regular basis.

3.6 This programme comprises three linked initiatives:

- 1) Clackmannanshire Works
- 2) More Choices, More Chances
- 3) Third Sector Delivery Programme.

3.7 The aims, outcomes and elements of each of these initiatives are summarised below.

Clackmannanshire Works

Aims & Outcomes - The target group is Clackmannanshire residents who are economically inactive. The initiative aims to Increase the % Working Age people who are economically active, increase % Employment rate and support people recovering from drug and alcohol problems entering training, education and employment. Annual targets are 140 clients moving into full/part-time employment.

Elements

- a) Individual Assessment & Case Management
- b) Money Advice
- c) Barrier Free Fund
- d) Child/Dependant Care Fund
- e) Employer Liaison
- f) Clackmannanshire Works Development (to support and assist self employed individuals and emerging social enterprises)
- g) Aftercare/Monitoring

More Choices, More Chances

Aims & Outcomes - the key target group are young people who are at risk of not being able to find post-school placement in education, training or employment when they leave school. The initiative aims to raise attainment of the lowest performing 20% of pupils at the end of S4, increase the % of young people leaving school and not finding a positive destination by end September in any year, improve attainment in primary schools and the overall attainment of pupils at the end of S4. Specific targets include:

- average tariff score of the lowest performing 20% will be 62 at the end of 2008/2009 (NEET Strategy)
- no less than 95% of school leavers in any year should be placed in positive destinations. The remaining 5% will be progressed to Clackmannanshire Works.
- % of pupils attaining national standards in reading, writing and mathematics will rise by 2-3% from the 2007/2008 baseline (NEET Strategy)
- Levels of attainment will rise by an average of 3-4% on the 2007/2008 baseline (NEET Strategy)

Elements

- a) Stemming the Flow & Supporting Transition
- b) Designated Staff in Schools
- c) Kickstart Programmes
- d) Transition Co-ordinator for young people with physical and learning disabilities
- e) Supported employment services for young people with physical and learning disabilities
- f) Increased Get Ready for Work places
- g) Sports Apprenticeships
- h) Supported Work & Training (inc. 16+ Learning Choices)

Third Sector Delivery Programme

Aims & Outcomes - a number of third sector projects are being supported with Fairer Scotland resources. These projects involve the key themes of progression and integration to ensure that individuals have opportunity for a broad range of support across all sectors and a positive transition between the support available in Clackmannanshire. These projects will contribute to achieving the following outcomes:

- increase % working age people economically active.
- increase the employment rate.
- increase the proportion of school leavers going into employment, education and training

Elements

- a) Supported Employment
- b) Personal Development
- c) Skills Development
- d) Training
- e) Direct support to access employment
- f) Volunteering.

3.8 This programme comprises two linked initiatives:

- 1) Clackmannanshire Healthier Lives
- 2) Third Sector Delivery Programme.

3.9 The aims, outcomes and elements of each of these initiatives are summarised below.

Clackmannanshire Healthier Lives

Aims & Outcomes - the programme aims to:

- i. Increase employability by:
 - increasing potential employability due to better health.
 - increasing skills around problem solving, decision making and confidence.
 - identifying people on incapacity benefit and supporting them to achieve appropriate skills development.
 - identification of individuals for referral to employment services
 - recruiting and training people for volunteering roles
 -
- ii. Increase the number of people in education, training and employment through for example delivery of courses including the REHIS accredited courses on food and nutrition and food hygiene leading into catering and food sector related employment)

Clackmannanshire Healthier Lives aim to provide initial assessments to 300 clients per annum and in addition provide assessment and offer tailored support through the key worker programme to all clients who require this.

Elements

Individual assessment and tailored support packages delivered by a team of health assessors and key workers and based on the anticipatory care model as follows:

Stage 1 – a holistic health assessment will identify health, social and emotional issues which are barriers to health, well-being and personal development. The assessment will provide brief motivational input and agree individual goals before referral to key workers.

Stage 2 - key workers will then assess individual needs and identify barriers likely to prevent clients from making healthy behaviour changes. Workers will engage and support clients to make positive lifestyle and behaviour changes e.g. smoking, alcohol, weight management, physical activity, mental health, medical conditions, social problems etc. Key workers will provide health coaching to equip people to address barriers such as addictions,

depression and lack of confidence with longer term aims of moving clients on to achieve personal improvement. There are Key Workers for: Food Development, Smoking, Generic Lifeskills, Young People (Mental Health).

Stage 3 - progression to personal development, improved life skills and improved employability will be supported by Key Workers and a wide range of services who support the programme.

Specific targets within the Programme in relation to the 300 clients are to:

- increase opportunities for appropriate physical activity (20% of clients)
- increase healthy food consumption (10% of clients).
- reduce smoking rate by 8% in deprived areas.
- 6% becoming volunteers or moving on to training
- 15% skills development/personal development.

Third Sector Delivery Programme

Aims & Outcomes - a number of third sector projects are being supported with Fairer Scotland resources. These projects involve the key themes of progression and integration to ensure that individuals have opportunity for a broad range of support across all sectors and a positive transition between the support available in Clackmannanshire. These projects will contribute to achieving the following outcomes:

- Reduce health inequalities in Clacks.
- Reduce % adults smoking
- Number adults successfully completing classes for improving literacy and numeracy.
- Rate of physical activity
- Proportion of school leavers into employment, education and training.

Elements

- a) Personal support and coaching
- b) Support for families
- c) Personal development
- d) Training
- e) Community classes
- f) Health and fitness activities

Positive Image

3.10 This programme comprises four linked areas for action as outlined below:

AIM	AUDIENCE	INITIATIVES/ACTIONS
Attract more visitors to Clackmannanshire	People outwith the area	Promote area and environment Promote events
Retain more residents' spend	People in the area	Town centre improvements Environmental enhancements
Attract new business and expand current businesses	Businesses	Audit existing business sectors Audit skill sets they require Market training and business space
Increase work-based experiences for school pupils	Young people with low aspirations	Ongoing opportunities to experience employment

3.11 In February, 2009, the partnership approved a range of proposals as follows to support the achievement of this priority outcome:

Promoting Clackmannanshire

Aims & Outcomes - the programme has the principal aims of:

- i) raising the profile of Clackmannanshire
- ii) attracting visitors to the area
- iii) encouraging investment in the area.

Elements

- a) Marketing/Campaigning - campaigns will be developed to: i) encourage local people and visitors to appreciate and spend time in the natural environment by promoting outdoor activities; and ii) raise awareness and appreciation of Clackmannanshire's assets outwith the county.
- b) Tourism - the partnership will appoint a Tourism Co-ordinator who will work with a range of interests to develop increased tourism activity in Clackmannanshire to attract more visitors and encourage more visitor spend.

c) Town Centre Enhancement - resources will be used to improve the physical appearance and image of Alloa Town Centre, as well contributing to the overall regeneration effort of the town centre.

The voluntary sector will play an important role in this programme by working with local communities to produce a comprehensive Clackmannanshire Green Map which will provide a unique picture of what is going on in Clackmannanshire. The map will be printed as well as accessible on-line, linked to a global network of green maps.

- 3.12 At the time of writing this SOA, a partial programme has been agreed which aims to:
- reduce the overall harm arising from alcohol misuse as measured locally in the number of hospital presentations and admissions, referrals to health and social care services and service user involvement with the Police and Criminal Justice system.
 - increase the number of people recovering from alcohol misuse who are entering training, education, volunteering and employment opportunities.
 - promote increased responsibility and social inclusion through participation in community and civic life and by improving health and wellbeing.
- 3.13 This integrates with the Clackmannanshire Healthier Lives Programme and will follow the operational model established, which is:
- Stage 1 – Holistic Health assessment
 Stage 2 – Referral to appropriate key worker (i.e. alcohol key worker)
 Stage 3 – Progression towards employability
- 3.14 Specialist support will be provided to deal with and overcome individual's alcohol issues. This will involve assessing the triggers that lead to excessive alcohol consumption and offering harm reduction advice and support to reduce drinking levels. The key worker will also provide practical support in partnership with other services around issues such as debt, housing and family relationships. A dedicated alcohol counsellor will support individuals to tackle underlying issues that may be at the root of their alcohol misuse. This intensive support will build clients' confidence and self-esteem and develop their coping skills to deal with stress in the future without abusing alcohol.
- 3.15 Dedicated rehabilitation support will be provided to develop a comprehensive programme for individuals recovering from alcohol problems so that they have the skills and confidence required to move forward. This will include:
1. identification and networking with all local agencies and resources within Clackmannanshire and across Forth Valley that are designed to help people into educational, volunteering, training and employment opportunities
 2. promoting and encouraging service users to take up the full range of educational, volunteering, training and employment opportunities available within Clackmannanshire and throughout Forth Valley
 3. reducing barriers to accessing opportunities by actively assisting with relevant costs (e.g. transport, childcare costs)
- 3.16 The rehabilitation element of the programme will bridge the gap between intensively supporting individuals with alcohol issues and encouraging them to move on into employment through training, education or volunteering. Participants will be encouraged and supported to access adult literacy sessions and other certificated courses with Forth Valley College and social inclusion will be fostered through development of a group work aspect of the programme. There will be close liaison with Clackmannanshire Works to support rehabilitation and the programme will be delivered directly by the voluntary sector.

- 3.17 The impact of alcohol on young people has been recognised by the partnership as being a significant issue for many communities in Clackmannanshire.
- 3.18 To date, the Alliance has agreed to dedicate some Fairer Scotland resources to a voluntary sector project which identifies and supports young people who are at most risk of developing problematic alcohol use. These young people will be provided with a range of support services, including:
- support
 - signposting and referral
 - personal development programmes
 - identification of training and employment opportunities.
- 3.19 It is also intended to develop a new drop-in service for young people and to work closely with schools in relation to alcohol education.
- 3.20 It is expected that further investment in respect of young people and alcohol will be considered by the Clackmannanshire Alliance in the coming months.

4.0 GOVERNANCE & ONGOING DEVELOPMENT OF OUR AGREEMENT

4.1 The Single Outcome Agreement was approved by the Clackmannanshire Alliance in February, 2009. The Agreement is an Alliance document for which the Council and Boards of the statutory and other public sector partners are accountable. All Community Planning partners are corporately committed to the agreed outcomes for Clackmannanshire.

4.2 Progress in achieving local outcomes and meeting local targets will be scrutinised by the Clackmannanshire Alliance, and its component Partnership Teams, as well as by the individual public agencies which are part of the Alliance. The Council has a Scrutiny Committee which will formally review the Agreement (as lead authority) and there will be ongoing management scrutiny by senior officers of the relevant agencies.

4.3 The partners of the Clackmannanshire Alliance and the Scottish Government are committed to implementing the actions contained in this Agreement.

4.4 The partnerships view the Agreement as a living, evolving document which will change over time as targets and outcomes are achieved and local priorities change. As such, the Alliance will formally review the Agreement annually and instigate any changes as appropriate. It should be noted that this Agreement does not represent the entire effort of the Alliance but focuses on locally agreed collaborative priorities. These priorities share a high degree of common ambition with the national outcomes; this is clearly demonstrated throughout this agreement.

4.5 The SOA directly refers to the community planning priorities of the Clackmannanshire Alliance; these priorities are also reflected in the Council's Corporate Plan, the business/delivery plans of partner agencies and a range of joint strategies and plans. The Governance Framework of the Alliance sets the following integrated planning framework to support the achievement of the priority outcomes:

Community Plan	2020	Long term vision aims and outcomes; partnership commitments
Single Outcome Agreement	2009/ 2012	Links to national performance framework; outcome indicators and targets; strategic 'plan' for Partnership
Partnership Strategies	2009/ 2011	Contribution to CP outcomes: specific strategies in partnership/ collaborative areas of action
Partner Corporate Plans	2009/ 2011	Contribution to CP outcomes; measurement of SOA indicators & targets

4.6

These priority outcomes have been agreed as long term aims by the Clackmannanshire Alliance and will be the framework on which future iterations of the SOA are founded. The SOA will be updated on an annual basis by the partnership to refresh the context, report on progress and amend targets. The Executive Group of the Alliance will take the lead in developing the SOA and in maintaining ownership of the Agreement. All the local statutory organisations are represented on the Executive Group. The Alliance itself will formally agree each iteration of the 3 year Agreement.

4.7

The statutory community planning partners in Clackmannanshire, other members of the Clackmannanshire Alliance and the Scottish Government are jointly committed to, and mutually accountable for, the achievement of this agreement and the delivery of its outcomes. Each party will jointly take ownership and responsibility for their respective contributions to the agreed outcomes; and will be able to hold each other to account for the delivery of specific commitments they make to enable the delivery of the agreed outcomes.

5.0 PERFORMANCE MANAGEMENT & REPORTING

5.1 Performance management arrangements will be in place at collective and individual agency level to monitor the delivery of agreed outcomes and the achievement of agreed targets.

5.2 At partnership level, the Alliance will formally review the SOA twice a year and will produce an annual review which reports progress and updates the SOA to reflect changing circumstances. As well as reporting on the delivery of outcomes within Clackmannanshire, the Alliance will report to the Scottish Government on the local contribution to relevant National Outcomes.

5.3 In addition, the local statutory partners will report on an annual basis on their contribution to achieving relevant outcomes in the SOA through documents such as:

- [Chief Constable's Annual Report](#)
- [Central Scotland Fire & Rescue Service, Performance Management Report](#)
- [Clackmannanshire Council - Corporate Plan Performance Report](#)
- Clackmannanshire CHP Performance Reports

5.4 These form part of the overall Public Performance Reporting Framework of the local statutory partners in community planning.

5.5 In addition, key strategic plans of individual agencies will provide a clear line of sight to contributions to shared outcomes. These plans include:

- Clackmannanshire Council Corporate Plan 2008-2011
- Central Scotland Police - Strategic Business Plan and Business Plans
- Central Scotland Fire & Rescue Service Development Plan
- Clackmannanshire CHP Strategic Development Plan 2009-2012

5.6 Where possible, partner agencies will dovetail and share performance management arrangements. For instance, the Clackmannanshire CHP Committee receives a bi-monthly performance report which includes within in monitoring data on a number of SOA indicators (some of which are also HEAT targets). Similarly, many of the crime indicators within the Clackmannanshire priority outcome *Our Communities Are Safer* are derived from the national police performance framework. As far as possible, therefore, within the confines of existing separate performance requirements, partners are attempting locally to integrate. As part of their ongoing performance management, individual agencies will have in place assessment arrangements to monitor the delivery of agreed outcomes and the achievement of agreed targets. In addition, there will be ongoing dialogue with the Scottish Government regarding progress in meeting the outcomes set out in the SOA.

5.7 The statutory partners have risk registers which are underpinned by detailed assessments of risk by individual services. Risk, therefore, will be managed via established corporate approaches and will include an annual analysis of external and internal risks that may impede or prevent the delivery of the SOA over the coming year.

6.0 ASKS

- 6.1 An 'ask' is a request made by the partnership to the Scottish Government for it to take an action which will support the delivery of local outcomes.
- 6.2 The partnership has 2 asks under 2 priority outcomes as follows:

Priority Outcome - the area has positive image and attracts people and businesses

Ask - the Stirling-Alloa-Kincardine rail link is extended eastward to link to Rosyth, Dunfermline and Edinburgh

The re-opening of the Stirling-Dunfermline-Edinburgh line to passengers with a link to Rosyth for both freight and passengers will have a major role in attracting both people and businesses to Clackmannanshire.

The passenger link to Edinburgh will ease both in and out commuting between Clackmannanshire and Edinburgh and will encourage people to live and work in the area. The freight link to Rosyth will encourage businesses to locate in the area around the port including Clackmannanshire and will ease the import/export of goods from the area.

For a service to operate effectively to Edinburgh there is a likely need to incorporate a southern link at Charlestown directly connecting Alloa to the main line south. The provision of this chord also has significant implications for moving freight from Rosyth via Alloa to the rest of Scotland while avoiding the restrictions on the Forth Rail Bridge.

Priority Outcome - the environment is protected and enhanced for all

Ask - a single legislative remedy is provided to Councils to tackle unauthorised signage and fly posting on council land and property

Clackmannanshire has been subject to fly posting on a massive scale. Problems are caused by such unauthorised signage and fly posting on public land and properties and there are inadequate remedies provided by the current legislation. The Scottish Government should consolidate existing legislation and provide a single legislative remedy to allow local authorities to deal with the issue. Such a remedy should permit:

- the speedy and cost-efficient removal of unauthorised signage and fly posting
- the recovery of costs incurred by an authority in removing such signage and fly posting.

Good Practice Advice Note **Governance and Accountability for SOAs**

1. The Guidance to Community Planning Partnerships issued in October indicated that further good practice advice on governance and accountability might be useful. Discussions with Councils and their partners since then have indicated that this was seen as desirable, as the October 2008 Guidance was quite narrowly focused on the expected structure and content of an SOA, and the arrangements for the development, agreement and signing of SOAs in 2009. This note attempts to spell out some of the broader issues of governance and accountability and the expectations different partners and stakeholders may have of these.

Background

2. The governance and accountability framework for SOA's flows out of the Concordat between national and local government in Scotland who between them have the political accountability for the performance and good value of all of our public services. The Concordat combines support for an agreed framework of national outcomes with a commitment to SOA's based on local needs, local circumstances and local priorities. Phase 1 of SOA development was focused on initial agreement with Scottish Ministers and Councils: This next phase brings the SOA into the Community Planning Partnership.
3. Two points are worth noting. All the statutory public sector partners to Community Planning are ultimately accountable to Ministers and Parliament or Councils. In that sense, an agreement between Ministers and Councils could be seen to cover other partners as well. However, partners have an independent statutory basis conferred by Parliament, and powers, duties and accountabilities that flow from that. As constituted public boards, they will have to consider their commitment to the SOA against that background.
4. The second important background factor is the law and guidance with respect to Community Planning itself. That places a duty on Councils to lead the Community Planning process; on named partners to participate in the process and on Ministers to facilitate and support the process. For present purposes, two key points need emphasised. First, although there is provision for it in law, no CPP in Scotland has

chosen to incorporate itself as a partnership. In terms of good governance and accountability for performance as public finance, CPP's operate on the authority of the parent bodies, not their own authority.

5. Second, Community Planning is not just about public partners but also about communities, the third sector and the private sector. Most CPP Boards in Scotland have that wider representation. Accountability for public finance and public performance however, still unambiguously lies with the public partners within Community Planning. It is important that the wider CPP engages with and agrees the SOA but public accountability for it lies with the public sector partners.
6. For those reasons, the Guidance issued in October noted that all statutory and, 'other relevant', public partners would be signatories to the SOA, not the partnership, which as an unincorporated body cannot commit the individual public sector partners. This is not to demote the CPP, or the community, third sector and private sector representatives on the CPP Board. It is to be clear about the current status of CPP's, and the fact that only Councils and their public partners can be ultimately accountable for public spending and public performance. The whole CPP should agree the SOA but the accountable signatories will be the public partners individually.

Governance and Accountability

7. The logic of the guidance is that the public governance and accountability for SOA's locally flows from the Councils and the Boards of the statutory and other public sector partners. That being the case then it is important to spell out clearly what Councils and their partners are signing up to when they sign the SOA with Ministers. At minimum, this includes:
 - (i) That partners are signing up to the whole SOA, not selected parts of it.
 - (ii) That signing up is equivalent to adopting the SOA as a formal corporate commitment of the Council or Board.
 - (iii) That such a commitment is to support the delivery of the SOA in all possible ways compatible with their duties and responsibilities.
 - (iv) That all partners are willing to review their pre-existing structures, processes and resource deployment to optimise delivery of outcomes.
8. What this patently does not mean is that each partner is signed up to deliver all of the services and infrastructure necessary to achieve outcomes: None of them has unrestricted general empowerment. What it means is they are corporately committed to the agreed outcomes for the area and its people and, within the constraints of their duties and responsibilities, will take every opportunity to promote and support the achievement of outcomes. For example, Health Boards are not empowered to be

economic development agencies, but they are entirely able to review how they use their procurement and recruitment capacity to better support local economic outcomes.

9. In relation to the Enterprise Agencies, whilst they remain statutory Community Planning partners their remit has changed. They no longer have responsibility for a number of functions that are of importance to local economic development (*i.e. Skills, Business Gateway, and in the case of Scottish Enterprise local regeneration*). These are now the responsibility of Local Government or Skills Development Scotland. While the work of Scottish Enterprise in particular is now more firmly focused on the achievement of national outcomes, the Enterprise Agencies continue to have an important and beneficial role to play within SOAs. This role includes working with local partners to establish economic challenges and opportunities, to contribute to articulating realistic and stretching economic outcomes and where national and local outcomes are complementary, to contribute to the delivery of local outcomes.
10. Once the Council, the Boards of partners and the CPP have agreed on the outcomes to be achieved (and it is critical that they explicitly decide and own the SOA), it would normally be delegated to Chief Officers to come up with appropriate recommendations about implementation arrangements.
11. This will be likely to include each partner looking at how they individually can contribute to outcomes and prioritising these contributions through their corporate, service and financial planning processes. It may be helpful here for each partner to think in terms of 'lead' and 'value added' roles with respect to outcomes. A 'lead' role is where a partner has a substantial primary role in delivering the outcome; a 'value added' role is where that is not the case but value can be added by innovative thinking, targeted partnering, etc. Each partner will need to do work on this themselves and, for accountability, show that a 'golden thread' runs from the SOA through their planning, resourcing and performance management processes. This individual work needs to be shared, and a matrix of contribution and performance commitments created for reporting individual and collective progress.
12. As importantly, most outcomes will need to be delivered on a partnership basis, from intelligent alignment through to integrated partnerships, and it will be important that the SOA drives review, development and innovation here. The SOA focuses questions about whether existing arrangements are 'fit for purpose', including the wider CPP itself or specific delivery partnerships that are part of it. The presumption of the SOA is moving beyond 'business as usual' and the whole process is developmental. Critically, the SOA provides the basis for strengthening and deepening Community Planning which remains a statutory commitment for all partners.

13. The potential of a Chief Officers Group here is important. Driving SOA commitments through partnership, corporate and service planning and improving budgetary alignment and resource allocation is an executive leadership, not a co-coordinative role. Discussions with SOLACE, ACPOS, CFOAS and the NHS Chief Executives Group indicate that current schemes of delegation would encompass this role, and would bring more senior level engagement with implementation issues than has sometimes happened at earlier stages of Community Planning. Accountability will be directly back to the Elected Members or Boards.

Key Points

14. It is clear that external scrutiny, and the performance and accountability frameworks for public bodies, will progressively be focused on national outcomes and SOA's. The Guidance on SOA's for public bodies emphasises this. The Guidance to Health Boards makes contribution to local outcomes a key part of their performance and accountability framework and BV2 will provide a similar framework for Councils. This means that individual and collective performance management and self-assessment around outcomes is critical. Strong baselines; robust measure of performance; challenging targets and comparability with others need developed at the outset as a basis for governance and accountability.
15. The guidance already issued emphasised that outcomes cannot be 'done to' people and communities, geographical or community of interest. Public services need to engage people and communities, and work with them to achieve mutually shared outcomes. The immediate challenge for the public signatories of SOA's will be to assess whether the mechanisms and levels of engagement achieved to date are sufficient for the delivery of the SOA and, if not, how these can be strengthened and improved.
16. Finally, the development of SOA's is a work in progress, and has been explicitly and repeatedly defined as a 'developmental process'. It would not be inappropriate therefore to have short-term outcomes related to developing and improving governance, performance management, and accountability to local communities built into the SOA itself, accompanied by progress measures and targets. This could certainly flow from National Outcome 15, but is, in any case, an entirely legitimate local priority.

Conclusion

17. The above is not an innovative proposal: It is largely a statement of where we are. It does not preclude possible future developments (e.g. widespread incorporation of CPP's) but it does spell out the only public governance framework available for the next round of SOA's. Moving beyond this position, and developing the CPP as a more robust

basis for collective governance and aligned performance management, is an important task for the next phase of SOA development.

February 2009

CLACKMANNANSHIRE COMMUNITY PLANNING PARTNERSHIP

GOVERNANCE FRAMEWORK & MEMORANDUM OF UNDERSTANDING

Including -

Clackmannanshire Alliance Operating Framework & Arrangements - Page 8

Partnership Teams Remit & Arrangements - Page 14

Clackmannanshire Executive Group Remit & Arrangements - Page 17

Partnership Code of Conduct - Page 19

INTRODUCTION

The Local Government in Scotland Act 2003 places a legal duty on local councils to lead community planning. The same Act places a legal duty on the NHS, the police and fire services to participate in community planning.

Community planning is about organisations and communities working together to achieve shared outcomes which will improve people's lives and provide better public services.

Community planning partnerships are intended to provide the key over-arching partnership framework helping to co-ordinate other initiatives and partnerships.

In Clackmannanshire the community planning partnership includes public sector organisations, voluntary and community organisations and representatives from business.

This document sets out:

- the aims and objectives of the Partnership.
- the commitment of partners to participate in community planning in line with this agreement
- the structures and mechanisms for progressing community planning.

The document was agreed by the Clackmannanshire Alliance on 5 December, 2008.

Councillor Janet Cadenhead
Chair of Clackmannanshire Alliance
December, 2008

A GOVERNANCE FRAMEWORK & MEMORANDUM OF UNDERSTANDING

1.0 Partnership Ethos & Accountabilities

1.1 In carrying out their functions, members of the partnership should recognise and give effect to the following principles:

- all partners have committed to the principles of Community Planning and decisions reached should reflect this commitment.
- each partner member should take decisions in his/her capacity as a member of the partnership in such a way as he/she considers will best further the interests of Clackmannanshire and/or the community planning partnership.
- partners should commit effort and resources to facilitate and promote community planning
- partners should support partnership development and capacity building.

1.2 Partners have shared accountabilities to support the achievement of the priority outcomes contained in the Clackmannanshire Community Plan and the Clackmannanshire Single Outcome Agreement.

1.3 Although members of the partnership, partners bodies remain autonomous organisations and membership of the partnership does not alter individual accountabilities or functional responsibilities of each member organisation.

2.0 Partnership Policy & Planning Framework

2.1 The partnership's aims, priority outcomes and principles are:

AIMS Strengthen communities Build confidence & raise aspirations Improve wellbeing		
CLACKMANNANSHIRE ALLIANCE PRIORITY OUTCOMES		
The area has a positive image and attracts people and business	Our communities are safer	The environment is protected and enhanced
Improved uptake of skills development, training and employment	Substance misuse and its effects are reduced	Health is improving and health inequalities are reducing
Improved quality of public services	Our communities are more cohesive and inclusive	Vulnerable people and families are supported
CROSS-CUTTING PRINCIPLES		
Promoting equality and diversity Reducing Inequalities Anticipatory action, prevention and early intervention Involvement and engagement Consideration of the environmental and social effects of actions		

2.2 The partnership has an integrated planning framework as follows to support the achievement of these priority outcomes:

Community Plan	2020	Long term vision aims and outcomes; partnership commitments
Single Outcome Agreement	2009/ 2011	Links to national performance framework; outcome indicators and targets; strategic 'plan' for Partnership
Partnership Strategies	2009/ 2011	Contribution to CP outcomes: specific strategies in partnership/ collaborative areas of action
Partner Corporate Plans	2009/ 2011	Contribution to CP outcomes; measurement of SOA indicators & targets

3.0 Community Planning Partnership Structures In Clackmannanshire

3.1 The community planning partnership in Clackmannanshire comprises a number of structures within a broad operational framework as follows:

- Clacks Alliance
- Partnership Teams
- Alliance Executive Group

3.2 The role and remits of these structures are summarised below and described in detail in later sections of this document.

The Clackmannanshire Alliance

3.3 The Alliance is the overarching body of the partnership. It sets strategic direction of the partnership through the production of the Clackmannanshire Community Plan and the Single Outcome Agreement. It is the strategic body that:

- assumes overall responsibility for Community Planning and the achievement of shared outcomes
- ratifies and ensures implementation of joint plans/strategies
- is accountable for joint resources.

3.4 Membership and the operating framework for the Alliance is set out in Section B of this document.

Partnership Teams

3.5 Partnership Teams have been established by the Clackmannanshire Alliance as follows:

- Community Safety Partnership
- Community Health Partnership Committee*
- Economic Development Partnership
- Community Learning & Development Partnership
- Children & Young People's Partnership Team
- Environment & Sustainability Partnership Team

* The Alliance acknowledges the statutory framework within which the Committee also operates, its governance responsibilities to NHS Forth Valley and its remit in relation to the Community Health Partnership.

- 3.6 Partnership Teams have strategic responsibility to develop, resource and monitor partnership strategies and interventions that will support the achievement of community planning outcomes and key action areas in the Single Outcome Agreement. In addition, Partnership Teams will enhance and improve partnership working in Clackmannanshire by collaborating across agency and service boundaries.
- 3.7. Partnership Teams have common functions and responsibilities and operate within a common framework which sets out expectations, outputs, reporting arrangements and accountabilities in relation to community planning outcomes.
- 3.8 This functions and framework for the Partnership Teams are set out in Section C of this document.

Alliance Executive Group

- 3.9 The Clackmannanshire Alliance Executive Group comprises representatives of the Partnership Teams and partner organisations.
- 3.10 The Executive Group has been established to provide support in managing and developing the business of the Alliance.
- 3.11 Membership and the operating framework for the Alliance Executive Group is set out in Section D of this document.

4.0 Financial Issues

- 4.1 The Scottish Government has allocated various resources for distribution by the community planning partnership. While Clackmannanshire Council is the legal body which receives this funding, the Alliance (or structures which have authority delegated by the Alliance) will determine the allocation of these resources and be accountable for their distribution and management.
- 4.2 This position will pertain until 31 March 2010 when the Scottish Government has announced that certain resources will be rolled up into the councils' financial settlements. A review of community planning resources will take place prior to 31 March 2010.

5.0 Management Support

- 5.1 It is recognised that all partners contribute to the operation of the partnership overall.

- 5.2 In addition, the following resource is directed specifically to the strategic and operational management of the partnership:
- a) Policy, management support provided by Clackmannanshire Council in relation to its statutory duty to facilitate and maintain the Community Planning process:
 - b) the Alliance has directed resources to support the financial management and administration of the partnership, as well as research and information and general administrative support as follows:
 - Finance & Administration Manager (Fairer Scotland funded)
 - Research & Information Officer (Fairer Scotland funded)
 - Community Planning Policy Officer (statutory partners funded)
 - Administrative Officer (Fairer Scotland funded).
- 5.3 Management support will be the day to day responsibility of Clackmannanshire Council as lead authority in community planning. This will include reporting as necessary to the Scottish Government on policy and financial matters and management of Alliance sponsored staff.

B - CLACKMANNANSHIRE ALLIANCE - OPERATING FRAMEWORK & ARRANGEMENTS

1.0 Membership

- 1.1 Membership of the Alliance will be reviewed at least annually or at the request of any member.
- 1.2 Membership of the Clackmannanshire Alliance is:

Core Members

- Leader of the Council
- Opposition Leader of the Council
- Council Chief Executive
- Council Head of Strategic Policy
- Clackmannanshire Area Commander (Central Scotland Police)
- General Manager Clackmannanshire CHP (NHS Forth Valley)
- Head of Community Safety (Central Scotland Fire & Rescue Service)
- Associate Principal, Forth Valley College
- Representative of Clackmannanshire Business
- Representative of Clackmannanshire CVS*
- Representative of the Joint Community Councils' Forum*
- Representative of the Clackmannanshire Tenants & Residents Federation*
- Partnership Team Leaders (if a Partnership Team Leader is otherwise a member of the Alliance, then there will not be alternative membership from that Team)

* Voluntary and community sector representation will be reviewed on a regular basis to respond to any changes in the sector's organisation and funding.

Standing Advisers In Attendance

(expected to attend - may otherwise be Alliance members as Chair of Partnership Teams; other officers of other agencies may attend in advisory capacity in relation to particular items on the agenda)

- Council Director of Services To People
- Council Director of Development & Environment
- Council Director of Corporate Development

Other Attendees

Chief officers of statutory agencies may attend any meeting of the Alliance in an advisory capacity.

Partnership Policy/Administrative Support

- Council Community Planning Manager (Council)
- Community Planning Policy Officer (Alliance)
- Administrative Officer (Council)

- Finance & Administration Manager (Alliance)
 - Research & Information Officer (Alliance)
- 1.3 Representatives of the various agencies and sectors shall be nominated by those agencies and sectors.
- 1.4 Representatives are expected to:
- a) attend meetings on a regular and consistent basis
 - b) bring to the partnership the views of their respective sectors and organisations
 - c) feed back to their respective sectors information about partnership decisions
 - d) contribute to decision-making
 - e) abide by the agreed partnership Code of Conduct (see Part E of this document).
- 1.5 To facilitate decision-making and partnership progress, members may appoint some other individual as a substitute to attend and participate in decision-making at meetings if the member is unable to attend in person. The Chair of the Alliance should be notified in advance of the name and position of any substitute.
- 1.6 An Alliance member who fails to attend two consecutive meetings of the Partnership without reasonable excuse and without sending apologies may be expelled by a resolution to the effect, passed by majority vote at the meeting of the Alliance which next follows.
- 1.7 An individual ceases to be an Alliance Board member if the nominating body withdraws his/her nomination.
- 1.8 Agencies, which cover Clackmannanshire but have remits beyond the county and the Forth Valley area may be invited to be members of and to participate in relevant Partnership Teams (see Part C of this document). Such agencies include:
- Scottish Enterprise
 - Visit Scotland
 - Skills Development Scotland
- 1.9 Other such agencies may from time to time be invited to be represented on relevant Partnership Teams.

2.0 Appointment / Role of Chair

- 2.1 Given the statutory lead the Council has for community planning, the Leader of Clackmannanshire Council shall chair the Clackmannanshire Alliance.
- 2.2 The role of the Chair will be to ensure the efficient conduct of each meeting of the Partnership Board, to ensure that the procedures are adhered to, to preserve order, to ensure fairness between Members and to determine all questions of order and competence. The ruling of the Chair shall be final.
- 2.3 In the absence of the Chair, the Alliance will nominate one of its members to chair the meeting. Substitutes attending (as per paragraph 1.5) are not eligible for nomination to the chair.

3.0 Quorum

- 3.1 The quorum for the Alliance is 50% (rounded down) of the core members plus one; a substitute appointed under the provisions set out above shall, if the Alliance member who appointed him/her is not present, be counted in determining whether a quorum is present.

4.0 Frequency of Meetings

- 4.1 Meetings of the Alliance will be held at least quarterly, with provision for special meetings to be convened as required. The Chair of the Alliance will determine whether or not a special meeting will be convened.

5.0 Decision-Making

- 5.1 The Alliance, and any sub-groups, will use their best efforts to operate by broad consensus; should broad consensus on any issue not be achievable, decisions will be made by a simple majority of those attending the meeting who are eligible to vote. The Chair of the meeting has the casting vote.
- 5.2 A member who has declared a conflict of interest may not be involved in or vote on decisions which relate to that interest (see Part E of this document).

6.0 Sub-groups

- 6.1 The Alliance may form sub-groups to report and make recommendations to the Alliance in relation to defined areas; the precise remit for each sub-

group and the membership of each sub-group will be as determined by the Alliance.

- 6.2 Each sub-group shall conduct its proceedings in accordance with any guidance and remit from the Alliance.

7.0 Notice of Meetings

- 7.1 A full set of papers (including an agenda) will be issued to Alliance members at least 5 working days prior to each meeting. Papers will normally be issued in electronic format unless this is not accessible to any partnership member.
- 7.2 Any partner or Alliance member wishing to submit a paper to the Alliance should ensure that it is provided to the Alliance Secretariat at least 3 days before the papers are due to be issued.
- 7.3 Papers may be issued outwith the normal timescale at the discretion of the Chair but Alliance members may decide not to consider them if they feel that they have had insufficient time to study them.
- 7.4 Papers relating to Partnership Team issues should normally be submitted to the Partnership Team for consideration and not to the Alliance. Partnership Team leaders should report relevant matters to the Alliance (see Part C of this document).

8.0 Openness & Confidentiality

- 8.1 Papers submitted to the Alliance should in most cases be public and will only be restricted in cases of commercial confidentiality, where there would be an impact on personal privacy, or where exceptional circumstances apply.
- 8.2 Regular meetings of the Alliance will be open to the public to observe. Unless specifically invited to contribute by the Chair of the Alliance, no member of the public may participate in the meeting.
- 8.3 The Chair of the Alliance may direct members of the public to leave the meeting if he/she considers that:
- It is required for the proper conduct of the business of the meeting
 - items of business are being discussed by the Alliance where there is an element of commercial confidentiality or personal privacy
 - exceptional circumstances apply.

- 8.4 Special meetings of the Alliance may be convened from time to time outwith the regular schedule. The Chair will determine whether these meetings should be open to the public, taking into account the nature of the business to be discussed at any such meeting.

9.0 Business To Be Considered

- 9.1 Each Alliance meeting shall consider:

- Minutes of previous Alliance meetings
- Generic reports from Partnership Teams
- Partnership Financial Report

- 9.2 Twice a year, the Alliance shall consider monitoring reports on the Single Outcome Agreement. One of these reports shall represent an Annual Report.

- 9.3 Once a year, the Alliance will consider a written Annual Report by each Partnership Team on the contribution to delivering priority outcomes through the implementation of key strategies and other activities.

- 9.4 The Single Outcome Agreement shall be approved annually by the Alliance and through the appropriate executive decision making processes of the constituent statutory partner agencies as appropriate.

- 9.5 All other business will be considered as deemed appropriate by the Chair.

10.0 Record of Meetings

- 10.1 Clackmannanshire Council will service the Clackmannanshire Alliance.

- 10.2 This support will include the issuing of agendas and papers and the taking and circulating of minutes of meetings.

- 10.3 Minutes of each meeting will be circulated as soon as possible and certainly in advance of the subsequent meeting (in line with 7.1 above).

- 10.4 Minutes of meetings, once approved by the Alliance will be in the public domain and be available for inspection.

11.0 Members' Conduct

- 11.1 All Alliance members will observe and abide by the conflict of interest rules, code of conduct and any other rules relating to conduct as prescribed by the Alliance from time to time.

12.0 Amendments to this Framework

- 12.1 Any proposal for amendment to this Framework must be formally approved by a two thirds majority of members of the Clackmannanshire Alliance.

C - CLACKMANNANSHIRE ALLIANCE - PARTNERSHIP TEAMS - GENERIC REMIT & ARRANGEMENTS

1.0 Partnership Teams: overall purpose

1.1 On behalf of the Alliance, Partnership Teams have a strategic responsibility to:

- a) develop, resource and monitor partnership strategies and interventions that will support the achievement of community planning outcomes and key action areas in the Single Outcome Agreement;
- b) enhance and improve partnership working in Clackmannanshire by collaborating across agency and service boundaries and removing barriers to improvement.

2.0 Partnership Teams: functions and responsibilities

- i) To develop and monitor Partnership strategies and plans in relevant areas and to contribute to related joint strategies in pursuit of overall outcomes
- ii) To recommend priority areas for action, within the context of agreed strategies, that will support achievement of community planning outcomes
- iii) To evaluate and report on progress towards action areas in the Single Outcome Agreement and community planning outcomes
- iv) To advise the Alliance on specific policy issues; to contribute to joint responses on policy issues on behalf of the Alliance and to overall policy cohesion
- v) To manage resources to meet agreed outcomes and priorities
- vi) To maximise and make the best use of sources of funding in pursuit of partnership outcomes and priorities
- vii) To share information to further the aims of the Alliance across Partnership Teams, between and within individual agencies
- viii) To contribute to the development of an effective evidence base in areas relating to relevant partnership strategies
- ix) To carry out consultation and engagement as part of Alliance's overall strategy and in role specific areas as appropriate

x) To collaborate with other Partnership Teams in identified cross cutting priorities and initiatives

2.1 In carrying out their functions, Partnership Teams will ensure their activities are underpinned by the Alliance's cross cutting principles of:

- Promoting equality and diversity
- Reducing Inequalities
- Anticipatory action, prevention and early intervention
- Involvement and engagement
- Consideration of the environmental and social effects of actions

3.0 Operating Arrangements

- Each Partnership Team will be chaired by the lead agency, as determined by the Alliance. The Team will appoint a Vice-Chair from a different partner agency.
- The Chair of each Partnership Team will identify resources to enable team co-ordination at policy and strategy level and to provide administration support including minute-taking
- Approved Partnership Team minutes will be in the public domain and published on Clacksweb and partners' websites as appropriate.
- Membership of Partnership Teams will be determined by Single Outcome Agreement and related partnership strategic priorities; membership review will be carried out on a regular basis
- Members of Partnership Teams will act as representatives of their service, agency or sector and as such will have responsibility to represent the views of their service, agency or sector and disseminate information to their colleagues as a result of their participation in a Partnership Team.
- Members of Partnership Teams will lead or participate in Alliance task or working groups as appropriate.
- Partnership Teams will agree and publicise a regular schedule of meetings which will occur no less than four times in a year; meeting dates should take account of the Alliance meeting schedule and other relevant joint working initiatives
- The Chair will agree with members of the Partnership Team, an appropriate Partnership Team operating framework and structure to support delivery of specific strategic priorities

- Specific Partnership Team structures and frameworks may include, where appropriate, the formation of sub-groups; membership and terms of reference for these sub-groups will be reviewed at least annually
- Partnership Teams will submit a generic report to each Alliance meeting and the Alliance will consider a written Annual Report by each Partnership Team on the contribution to delivering priority outcomes through the implementation of key strategies and other activities.
- Members of Partnership Teams are subject to the Alliance's Code of Conduct.

D - CLACKMANNANSHIRE ALLIANCE - EXECUTIVE GROUP - REMIT & ARRANGEMENTS

1.0 ROLE

- 1.1 The role of the Executive Group is to provide support in managing and developing the business of the Alliance.

2.0 REMIT

- To oversee and coordinate the work of the Partnership Teams and ensure regular progress reports are provided for the Alliance
- To co-ordinate the development and production of financial information in support of the Alliance's activities
- To coordinate the development and production of monitoring and evaluation information in support of the Alliance's activities
- To coordinate an approach on communications and information provision for Alliance activities
- To provide direction for the shared resource of the Community Planning Policy Officer
- To agree agendas for Alliance meetings
- To develop a forward agenda
- To monitor actions arising from meetings
- To establish sub-groups of the Executive as required
- To agree and commission research and consultancy activities on behalf of the Alliance
- To commission specific tasks from cross-party Partnership groups
- To develop and monitor an engagement strategy for the Alliance and its stakeholders
- To review best practice in community planning
- To monitor and review policy development in community planning
- To highlight areas of collaborative advantage and joint working
- To review the support needs of Alliance structures

3.0 MEETING FREQUENCY

- 3.1 The Executive Group will meet:
- Four weeks before Alliance meetings to set an agenda and establish responsibilities for producing papers
 - Two weeks after Alliance meetings to take forward actions and agree responsibilities

4.0 MEMBERSHIP

- 4.1 Core membership should comprise representatives from:
- Statutory Sector - 3 (Central Scotland Police, Central Scotland Fire and Rescue Service, NHS Forth Valley)
 - Third Sector - 1
 - Clackmannanshire Council - 3 (Chief Executives, Development and Environment, Services to People)
 - Business Sector - 1
- 4.2 Other representatives can be invited to meetings of the Executive as required
- 4.3 The Executive Group will be chaired by Clackmannanshire Council's Head of Strategic Policy
- 4.4 Support for the Executive Group will be provided by the Council's Community Planning Manager, the Alliance Community Planning Policy Officer, the Alliance Finance & Administration Manager, the Alliance Research & Information Officer and other relevant officers from statutory Community Planning partners

E CLACKMANNANSHIRE COMMUNITY PLANNING PARTNERSHIP - CODE OF CONDUCT

1.0 Introduction to the Code of Conduct

- 1.1 As a member of a Clackmannanshire Community Planning Partnership, it is your responsibility to make sure that you are familiar with, and that your actions comply with, the provisions of this Code of Conduct.
- 1.2 You must observe the rules of conduct contained in this Code. You must not at any time advocate or encourage any action contrary to the Code of Conduct.
- 1.3 The Code has been developed in line with the key principles listed in Section 2 and provides additional information on how the principles should be interpreted and applied in practice. No Code can provide for all circumstances and if you are uncertain about how the rules apply, you should seek advice from Alliance support staff .
- 1.4 This Code applies to any member of any of the Clackmannanshire Community Planning Partnership structures/groups.
- 1.5 Individuals who feel they cannot comply with the code of conduct should not seek nomination to the partnership.
- 1.6 If a member breaches this code of conduct, the Alliance may remove them from the partnership. In that event, the Alliance shall seek the nomination of a new member from the same sector from which the original member had come.

2.0 Principles of Code of Conduct

Public Service

You have a duty to act in the interests of the Clackmannanshire Community Planning Partnership of which you are a member and in accordance with the core tasks of that body.

Selflessness

You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.

Integrity

You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.

Objectivity

You must make decisions solely on merit when carrying out your duties.

Accountability and Stewardship

You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others.

Openness

You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.

Honesty

You have a duty to act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

You have a duty to promote and support these principles by leadership and example, to maintain and strengthen the public's trust and confidence in the integrity of the Clackmannanshire Community Planning Partnership and its members in conducting public business.

Respect

You must respect fellow members of the Clackmannanshire Community Planning Partnership and support staff and the role they play, treating them with courtesy at all times.

3.0 Gifts and Hospitality

3.1 You must never canvass or seek gifts or hospitality in relation to your role in the community planning partnership.

3.2 You are responsible for your decisions connected with the offer or acceptance of gifts or hospitality and for avoiding the risk of damage to public confidence in the Clackmannanshire Community Planning Partnership. As a general guide, it is usually appropriate to refuse offers except:

(a) isolated gifts of a trivial character or inexpensive seasonal gifts such as a calendar or diary, or other simple items of office equipment of modest value;

(b) normal hospitality associated with your duties and which would reasonably be regarded as inappropriate to refuse; or

(c) gifts received on behalf of the Clackmannanshire Community Planning Partnership.

- 3.3 You must not accept any offer by way of gift or hospitality which could give rise to a reasonable suspicion of influence on your part to show favour, or disadvantage, to any individual or organisation. You should also consider whether there may be any reasonable perception that any gift received by your spouse or co-habitee or by any company in which you have a controlling interest, or by a partnership of which you are a partner, can or would influence your judgement. The term “gift” includes benefits such as relief from indebtedness, loan concessions, or provision of services at a cost below that generally charged to members of the public. You must not accept repeated hospitality from the same source.
- 3.4 You must not accept any offer of a gift or hospitality from any individual or organisation which stands to gain or benefit from a decision your body may be involved in determining, or who is seeking to do business with your organisation, and which a person might reasonably consider could have a bearing on your judgement.

4.0 Confidentiality

- 4.1 There may be times when you will be required to treat discussions, documents or other information relating to the work of the Clackmannanshire Community Planning Partnership in a confidential manner. You may receive information of a private nature which is not yet public, or which perhaps would not be intended to be public. There are provisions in legislation on the categories of confidential and exempt information and you must always respect and comply with the requirement to keep such information private.
- 4.2 It is unacceptable to disclose any information to which you have privileged access, for example derived from a confidential document, either orally or in writing. In the case of other documents and information, you are requested to exercise your judgement as to what should or should not be made available to outside bodies or individuals. In any event, such information should never be used for the purpose of personal or financial gain, or used in such a way as to bring the public body into disrepute.

5.0 Registration of Interests

- 5.1 All members of the partnership will be required to complete a register of interests and to declare any conflict of interest which may arise. Conflicts of interests might include:
- a) situations where an individual's personal interests may benefit from a partnership decision;

- b) situations where an individual's personal or professional loyalty may be compromised by contributing to a partnership decision.
- 5.2 Members who feel they may have a conflict of interest relating to an item of business should declare so at the outset of the discussion.
- 5.3 A member who declares a conflict of interest may not be involved in or vote on decisions which relate to that interest.

6.0 Lobbying & Canvassing

- 6.1 In order for the Clackmannanshire Community Planning Partnership to fulfil its commitment to being open and accessible, it needs to encourage participation by organisations and individuals in the decision-making process. Clearly however, the desire to involve the public and other interest groups in the decision-making process must take account of the need to ensure transparency and probity in the way in which the Community Planning Partnership conducts its business.
- 6.2 You will need to be able to consider evidence and arguments advanced by a wide range of organisations and individuals in order to perform your duties effectively. Some of these organisations and individuals will make their views known directly to individual members. The rules in this Code set out how you should conduct yourself in your contacts with those who would seek to influence you. They are designed to encourage proper interaction between members of the Community Planning Partnership, those they represent and interest groups.
- 6.3 You must not, in relation to contact with any person or organisation who lobbies, do anything which contravenes this Code of Conduct or any other relevant rule of the Community Planning Partnership.
- 6.4 You must not, in relation to contact with any person or organisation who lobbies, act in any way which could bring discredit upon the Clackmannanshire Community Planning Partnership.
- 6.5 Where any individual or organisation approaches and/or attempts to influence any decisions or recommendations that the Community Planning Partnership has to make, you should inform management support staff.
- 6.6 You should not use your position as a member of the partnership to influence decision-making processes outwith the partnership structure, unless with the authority of the partnership.

- 6.7 If you have concerns about the approach or methods used by any person or organisation in their contacts with you, you must seek the guidance from management support staff.
- 6.8 Representation of sectoral or organisational interests as part of the partnership and within partnership structures does not constitute lobbying or canvassing.

