

AGENDA ITEM NO: 8

Report To:	Inverclyde Alliance Board	Date: 15 June 2015
Report By:	John Mundell Chair of the SOA Programme Board	Report No:
Contact Officer:	Karen McCready Corporate Policy Officer	Contact No: 01475 712146
Subject:	Inverclyde Alliance Improvement Plan	Progress Report

1.0 PURPOSE

1.1 The purpose of this report is to update the Alliance Board on the progress that has been made in taking forward the actions in the Inverclyde Alliance Improvement Plan.

2.0 SUMMARY

- 2.1 As members of the Board will be aware, a new Inverclyde Alliance Improvement Plan was approved at a meeting of the Alliance Board on 15 December 2014.
- 2.2 The actions within the Improvement Plan have been grouped into the following themes:
 - Community engagement, empowerment and asset based approaches
 - Tackling inequalities
 - Joint resourcing and planning
 - Leadership
 - Development of the SOA
- 2.3 Since the last meeting of the Alliance Board, progress has been made in a number of areas including:
 - Following a review of the outcome delivery plans, which was informed by the Alliance Improvement Plan, the Repopulation, Environment and the Successful Communities Outcome Delivery Groups are developing new Plans.
 - A steering group has met to discuss the development of a holistic approach to tackling the problems that are prevalent in Broomhill. The steering group will meet again to develop a project brief which will be presented to the next meeting of the Programme Board.
 - Following on from the presentation to the Alliance Board, Health Scotland has agreed to continue to support the Alliance in developing a stronger focus on inequalities across all our Outcome Delivery Groups.
 - A workshop on developing asset based approaches has been delivered to the Inverclyde Alliance.
 - The Health and Wellbeing Conference attracted almost 250 participants, half of which were young people from across Inverclyde secondary schools (S1-S6). A number of actions have been identified and will be taken forward by the appropriate SOA group.

2.4 A full progress report is provided in Appendix 1.

3.0 **RECOMMENDATIONS**

It is recommended that the Alliance Board:

- a. Consider and comment on the progress that has been made in taking forward the actions within the Inverclyde Alliance Improvement Plan.
- b. Note that a further progress report will be submitted to the next meeting of the Alliance Board.

John W Mundell Chair of the SOA Programme Board

4.0 BACKGROUND

- 4.1 A new Inverclyde Alliance Improvement Plan was approved at the last meeting of the Alliance Board on 15 December 2014. New improvement actions, arising from the Audit Scotland report 'Improving Community Planning in Scotland', were approved at the last meeting of the Board on 23 March 2015. These have been included in the attached report.
- 4.2 The Improvement Plan has been drawn together from the Quality Assurance of the SOA in 2013, the remaining actions from the Alliance Board PSIF Improvement Plan and any improvement actions identified from the Audit Scotland reports on Community Planning.
- 4.3 Implementation of the Improvement Plan will help to ensure that the Alliance is better prepared for any future Audit Scotland Community Planning Partnership audit. External scrutiny is more likely to be positive when a partnership can demonstrate that it is self-aware, knows its strengths, has identified areas for improvement and has a robust action plan in place to deliver these improvements.

5.0 PROGRESS

- 5.1 Since the meeting of the Alliance Board on 23 March 2015 progress has been made in the following areas:
 - Following a review of the outcome delivery plans, which was informed by the Alliance Improvement Plan, the Repopulation, Environment and the Successful Communities Outcome Delivery Groups are developing new Plans.
 - A steering group has met to discuss the development of a holistic approach to tackling the problems that are prevalent in Broomhill. The steering group will meet again to develop a project brief which will be presented to the next meeting of the Programme Board.
 - Following on from the presentation to the Alliance Board, Health Scotland has agreed to continue to support the Alliance in developing a stronger focus on inequalities across all our Outcome Delivery Groups.
 - A workshop on developing asset based approaches has been delivered to the Inverclyde Alliance.
 - The Health and Wellbeing Conference attracted almost 250 participants, half of which were young people from across Inverclyde secondary schools (S1-S6). A number of actions have been identified and will be taken forward by the appropriate SOA group.

Details of the progress that has been made across all the improvement actions is set out in Appendix 1.

6.0 IMPLICATIONS

6.1 Legal: None Finance: None Personnel: None Equality and Diversity: None

7.0 CONSULTATIONS

7.1 None

8.0 LIST OF BACKGROUND PAPERS

8.1 Inverclyde Alliance Improvement Plan

1. Community Engagement, Empowerment and Asset Based approaches

	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost? Progress
1.1	Asset based approaches, (i.e. communities are helping to deliver positive change using their own skills, knowledge and experiences) are being developed across the partnership e.g. Recovery Café, Young Offenders, Police and CHCP initiatives. Co-production approaches are rolling out across services, and multiagency training is taking place.	Reflecting an asset based approach better in the SOA if appropriate, using all the assets within Inverclyde's communities and partners, from physical assets to the skills and abilities which people have and can use to get better outcomes for themselves and their communities.	Carry out an audit of asset based approaches currently in place / being developed. (March 2015) Establish a co- production network. (March 2015) CECBN to review Community Engagement Strategy to reflect more asset based/co- production approaches. (May 2015) Further training to take place in regard to co- production. (ongoing)	SOA annual report can demonstrate case studies that reflect asset based approaches, as well as links to examples of asset based approaches. Successful Communities Outcome Delivery Plan progress reports reflect work taking place in the CPP on asset based approaches. Positive community feedback on service standards, usage, requirements	Chair of CECBN to request examples of asset based approaches from partners. Corporate Policy and Partnership Manager to develop SOA chapter. Chair of Successful Communities ODG to co- ordinate progress reports.	The Council's Community Learning and Development service have been working with communities to identify assets in neighbourhoods. A workshop on asset based approaches is planned for the next Alliance Board workshop in June.

	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost? Progress
1.2	Community engagement is set out as a core value for the SOA, with a chapter setting out how the CPP goes about engaging with communities. Whilst partners have utilised the Citizens' Panel as a form of community engagement there are no practical example of how partners work together to engage communities other than the reference to the Community Engagement and Capacity Building Network.	Reflecting more practical examples, in the SOA of partners working together to engage communities	Community Engagement and Capacity Building Network will gather more examples of partnership engagement. (October 2015) SOA will feature a small number of case studies and more case studies will feature on the CPP pages of the Council's website (October 2015) Greater use of social media. (Ongoing)	SOA has a number of case studies included under the Community Engagement chapter Links will feature to additional information on the web	Maggie Paterson (lead) CECBN Corporate Policy and Partnership Manager	Ongoing. The Alliance hosted a Health and Wellbeing Conference on 25 March 2015. Around 250 people attended, half of which were young people from across all Inverclyde secondary schools. The conference itself was a full day engagement event with young people. There were 9 workshops facilitated by the young people. A number of actions have emerged from these discussions which will be taken forward by the relevant SOA group.

2. Tackling Inequalities

	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	Progress
2.1	The SOA sets out clearly the inequalities between areas and the Outcome Delivery Plans set out joint plans, tasks and how services are co-ordinated, but there is little reflected across the SOA of particular plans at neighbourhood / locality levels. Work is underway to define set localities across the partnership and to build up data on the issues and assets that exist within these areas.	The SOA provides more examples of joint planning, tasking and co-ordinating and integrating service provision etc. at community levels highlighting the inequalities between areas. The partnership has a greater focus on those communities in most need, i.e. 15% most deprived neighbourhoods, and an agreement at what level this will be set out at and how to evidence this.	Review and agree locality areas. Develop placed based improvement plans for prioritised areas i.e. Broomhill, in the first instance. (July 2015) Align resources from different partners to these localities depending on the identified priorities. (July 2015) Develop a 'street by street' understanding of area (July 2015). Set out links to these improvement plans in the SOA. (October 2015) Each Outcome Delivery Group to highlight what focus they will take in the two priority areas. (July 2015)	Improved outcomes for residents in our most deprived neighbourhoods e.g. over time there should be changes in key measure in these areas included SIMD, Health, Poverty, Housing standards etc. Plans in place and being reported through the SOA Programme Board and Alliance Board.	All CPP partners	A presentation from Health Scotland on the fundamental causes of Health Inequalities has been delivered to the Programme Board and the Alliance Board. Presentations are also planned for each ODG. The purpose of this is to encourage each ODG to evaluate whether its work is actually having an impact on reducing inequalities. At recent meetings of the SOA Outcome Delivery Groups, each group was asked to review their performance indicators to ensure that there is a greater focus on inequalities e.g. how performance compares in 20% least deprived areas to 20% most deprived areas. This will help us to measure whether we are reducing the inequality gap. This work requires to be taken forward by each outcome delivery group.

	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	Progress
2.2	SOA Case Studies and performance indicators help to demonstrate the high level improvements made as a result of community planning partnership working.	The Alliance can demonstrate how community planning has improved the lives of those living in Inverclyde and progress towards the delivery of outcomes at a more local level. There is an understanding of the positive impact that has been achieved.	The development of locality plans with more detailed information for each locality in Inverclyde will highlight changes at the local level over time. (July 2015) More regular use of case studies which highlight impact at a local level. (Ongoing) Co-location where possible. (ongoing) Further data sharing across partners. (ongoing)	Performance Indicators show positive improvement to the worst indicators, and a narrowing of inequality across areas. A reduction in the number of Inverclyde's datazones that fall within the most deprived 20% in Scotland.	Corporate Policy and Partnership. All partners.	Inverclyde Alliance carried out a walk round of Broomhill on 23 March to develop a greater understanding of the issues in the area. A brief is being developed for the Broomhill area which will be taken forward subject to the approval of the Programme and Alliance Board. The pilot project in Broomhill will help to establish the level of information that is available from across partners for locality plans.

3. Joint Resourcing and Planning

	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	Progress
3.1	Early intervention and prevention is set out as a focus for the CPP in the SOA, but there are no details in regard to how partners are shifting resources, to reduce demand and to make savings.	Developing a process to identify how partners are shifting planning and resources to early intervention and measuring success on reducing demand, costs and releasing savings. Resources are linked to outcome delivery plans, demonstrating how this joint resource and planning is delivering outcomes.	Finance officers from across partner organisations will meet to identify best way forward. (March 2015) Outcome Delivery Groups to identify how they can capture information on resource deployment. (March 2015) Links to Outcome Delivery Plans to be included in the SOA and information regularly updated on website. (October 2015)	Process set out for all partners to follow in regard to mapping resource use across the CPP in regard to prevention and early intervention. Outcome Delivery groups set out in progress reports information on resource deployment. Links feature in the SOA and ODGs and progress reports are updated on website.	Brian Moore Corporate Director SOA Lead officers to progress Corporate Policy and Partnership Manager	One of the Alliance Board improvement workshops focussed on a discussion about the practicalities of mapping resources. It was agreed that some work would be undertaken at a project level to map joint resources. This is ongoing. Joint / sharing resources and shift towards early intervention has been the subject of discussion at several outcome delivery groups when reviewing the actions in the ODP recently. This work requires to be developed further by each outcome delivery group.

4. Leadership

	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	Progress
4.1	At present the Inverciyde Alliance does not have a robust body of evidence to demonstrate leadership in regard to Audit Scotland best value audit criteria.	Leadership clearly targets and prioritises actions within the local priority areas to provide clear direction that will address specific concerns. Leadership promotes a strategic shift towards prevention and early intervention to ensure learning is spread across the CPP.	Using Audit Scotland reports identify the evidence looked for by Audit Scotland. (Dec 2015/ ongoing) Carry out a follow up mini PSIF assessment on Leadership with Alliance Board and Programme Board. Hold a facilitated Leadership workshop for the boards. (March 2015) Conduct a review of Governance arrangements to ensure that they remain fit for purpose. (July 2015) Ensure all organisations are appropriately represented. (ongoing)	A clear evidence base of leadership by the Alliance Board and Programme Board is available for audit purposes.	Corporate Policy and Partnership Manager Alliance Board and Programme Board members	Audit Scotland reports have been summarised and key issues highlighted to the SOA Programme Board and Alliance Board. Further work is planned in regard to developing a leadership workshop prior to a future meeting of the Alliance Board. This is likely to be towards the end of 2015 as the next workshop session in June will focus on asset based approaches.

	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	Progress
			Use existing appraisal methods (e.g. CHCP) to identify how well leadership is evidenced in the partner and the impact partnership working is having.			
4.2	Some partners have Inverclyde's SOA vision and outcome reflected in their plans and strategies e.g. SPT Transport Outcomes Report, Local Police Plan, Local Fire Plan	The Alliance's vision and outcomes are reflected in the plans and strategies of all partner organisations. Shared outcomes are linked to resource allocation.	Remaining partners identify whether they reflect the Alliance's vision and outcomes in their plans and strategies, and if not set out why this is not the case. (March 2015)	Reports are made by partners to the Alliance Board setting out how the vision and outcomes are reflected in their plans and strategies.	Alliance Board members	Complete. All partners have carried out brief presentations to the Alliance Board highlighting where they link into the delivery of the outcomes. Further work required as outlined above in regard to resource allocation.
4.3	It is not clear, from the perspective of Community Planning, how the Health and Social Care Partnership will interact with the CPP.	Partners understand the implications of any changes in setting up the Health and Social Care Partnership and a clear structure for interaction and reporting is agreed.	Reports and presentation to the Alliance Board by the CHCP/HSCP management. (March 2015) Workshops with partners to be	Clear structure set out within the Memorandum of Understanding and the SOA.	Corporate Director CHCP/HSCP	A presentation on the transition to Inverclyde Community Health and Care Partnership was delivered to a special meeting of the Alliance Board on 12 January by the Corporate Director of the Community Health and Care Partnership. Further presentations and

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			held as appropriate. (From Jan 2015)			reports will be made to the Board.
4.4	Whilst information sharing is improving across the partnership, there are still some barriers to sharing, which curtail the development of joint approaches to supporting families.	Clear case management approaches have been developed, where partners have agreed to confidentially share information to promote joint working.	Approaches are being developed via SOA 2 ODG, but leadership is required to push this through across various services and organisations. (October 2015)	Vulnerable families receive joined up services. Clear processes are in place for sharing information on a case by case basis.	Alliance Board members	Discussion at the SOA Programme Board has identified a lead to take forward the development of tailored, co- ordinated support for families. Data sharing is an area that will be explored as part of the partnership approach to regenerating Broomhill. This pilot project will explore the issues and potential barriers to data sharing. The lessons learned from this project will help inform future approaches going forward.
4.5	There are only two Lead Officers for SOA Outcome Delivery Groups who are not a Council employee.	The Alliance demonstrates a greater spread of partners taking the lead on the ODGs.	Alliance Board to discuss other possible lead officers. (Ongoing)	Better spread of partner lead officers for outcome delivery groups.	Alliance Board	Complete. New Lead Officers have been appointed for the Repopulation, Employment and Economic Regeneration and Environment Outcome Delivery Groups. This provides a more representative balance of partners as Lead Officers. Details of the lead officer for each ODG is provided in the covering report.

5. Development of SOA/Themes

	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	Progress
5.1	Over the 25 year population projections period to 2037, the age group that is projected to increase the most in size in Inverclyde is the 75+ age group. This is the same as for Scotland as a whole. There is not a specific outcome focussing on older people. Audit Scotland have raised this as an area of importance for CPPs.	The Alliance is assured that there is a sufficient focus on older people across the existing SOA and wellbeing outcomes. The CPP is more explicit about how in partnership it improves outcomes for older people.	Map of activity within the ODPs of what partnership activity is targeted towards older people. (June 2015) Look at the potential for development of additional actions targeted towards improving the lives of older people, and preparing for a larger number of people 75+ potentially requiring support. (June 2015)	Map produced. SOA Programme Board discussions minuted	Corporate Policy and Partnership	Ongoing A Dementia Action Plan has been developed which sets out Inverclyde's response to Scotland's National Dementia Strategy. The primary aim of the strategy is to ensure that significant improvements are made to the lives of people with dementia, their families and carers.
5.2	Audit Scotland have raised 'A Thriving, Diverse Economy' (former Council outcome) as an area of concern in the past in the Assurance and Improvement Plan and Members letter.	The Economic Regeneration/ Employability ODP is delivering improved outcomes.	Improve the evidence base for the delivery of the Economic Regeneration/ Employability outcome, including the development of case studies (ongoing).	Case studies produced. Performance reports highlight improvements.	Lead officer Economic Regeneration/ Employability	Case studies have featured in the SOA Annual Report. Single Operating Plan for Riverside Inverclyde and Inverclyde Council Economic Development includes more evidence on Employability and Economic Regeneration. Revised Outcome Delivery Plan created.

	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	Progress
5.3	All outcome delivery plans have performance indicators, however not all indicators are a measure of inequality or are necessarily the best measure of performance.	All outcome delivery groups to ensure that their performance indicators are agreed for their outcome delivery plan and report on these on a regular basis.	Develop a matrix for assessing Outcome Delivery Group and Outcome Delivery Plans Outcome Delivery Groups to review their performance indicators and where appropriate, develop new indicators.	Outcome Delivery Plans will contain performance indicators that are appropriate and that help the Alliance measure whether inequality is being reduced locally. Performance against these indicators will be reported to the Alliance Board on a regular basis.	Outcome Delivery Groups	A matrix has been developed to assist outcome delivery groups to evaluate the effectiveness of their plans and their performance indicators. Health Scotland will continue to support the Alliance in strengthening its focus on inequalities across all outcome delivery plans. All outcome delivery groups have been asked to review their performance indicators through the inequality 'lens' to allow the Alliance to measure whether the gap is being narrowed. This work requires to be taken forward by each outcome delivery group and will be informed by the Health Scotland presentations.
5.4	Quarterly performance reports are considered at each meeting of the Alliance Board and Programme Board. These reports highlight the actions that are complete, on track or have slipped. A commentary on all actions is included in the report.	The full range of performance information is available to the Alliance Board to allow increased scrutiny and challenge of performance.	Review the way in which reports are made to the SOA Programme Board and Alliance Board to encourage a greater level of performance scrutiny. October 2015	Refreshed reports are presented to Alliance Board. Regular presentations from lead officers on performance.	Corporate Policy	The Repopulation, Environment and Successful Communities groups are currently developing new outcome delivery plans which will include new performance indicators. Once the new plans have been approved, the quarterly performance report will be refreshed and will include performance information where it is available (some performance information in the ODPs is published on an annual basis and is subject to time lag, e.g.

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					health stats)