

# APPENDIX 1

## LEICESTERSHIRE PARTNERSHIP EVALUATION TOOLKIT GUIDANCE NOTES

Welcome to the Leicestershire Partnership Evaluation Toolkit. The Leicestershire Together Partnership is committed to working in partnership and has therefore developed this toolkit to enable the evaluation and facilitate the development of all partnerships in Leicestershire.

### **Completion Time/ Approach**

There is no set way for partnerships to use the toolkit. Some have completed it as a group, others have completed it individually and then come back together to develop an agreed response, whilst some partnerships have identified key people (partnership officers/ chairs) to complete it.

### **Questions**

The toolkit is split into four sections

**'Partnership Details'** asks you to provide details of your partnership

**'Self Assessment Inventory'** has 39 questions to complete, based on the following principles:

- Action Focus
- Partners
- Efficiency
- Inclusivity
- Priorities
- Learning and Development
- Performance Management

Please include bullet points in each box in the second half of each section to identify your key findings and any actions required.

**'Action Plan Arising from Partnership Assessment'** is a template which allows you to transfer the actions identified in the Self Assessment to an Action Plan for short term/ 'quick wins' and medium /longer term improvements.

## PARTNERSHIP DETAILS

<b>Partnership Name:</b>	
<b>Date Partnership Began:</b>	
<b>Prospective End Date: (If applicable)</b>	

Is the partnership statutory?                      Yes [    ]    No [    ]

**Resources available to partnership:**

Dedicated partnership budget \_\_\_\_\_ (£)

Other (e.g. in kind) \_\_\_\_\_

Number of dedicated staff \_\_\_\_\_

Influence over resources (approx) \_\_\_\_\_ (£)

**Please explain briefly the hierarchy of partnerships in this topic area and explain how your partnership relates to similar partnerships.**

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<b>Name of Reviewer:</b>	
<b>Organisation:</b>	
<b>Date of Assessment:</b>	

# ACTION PLAN ARISING FROM PARTNERSHIP ASSESSMENT

Partnership Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_

	Short Term/ Quick Wins	Medium/ Longer Term Improvements
<b>Proposed Actions</b> (drawing upon key findings of assessment)	1.	
	2.	
	3.	
	4.	
	5.	

	Short Term/ Quick Wins	Medium/ Longer Term Improvements
<b>Outcomes required from actions</b> (where possible related to current performance levels)	1.	
	2.	
	3.	
	4.	
	5.	

