Agenda Item	5.
Report No	CPB/03/21

CPP Priorities and update on the delivery of the Highland Outcome Improvement Plan

Report by: Delivery Group Chairs

Recommendations:

The CPP Board is asked to:
- Consider and agree the vision for the Partnership outlined at 2.1
- Consider and agree the proposed approach outlined in section 3 to the priorities identified by the Board in February in response to the current covid situation including the governance arrangements.
- Note that a report on how to deliver the economic partnership priorities in line with the Highland Economic Recovery Partnership will come to the next CPP Board meeting
- Consider the performance update against the National Performance Framework
- Consider and discuss the proposed approach to performance measurement and evaluation
- Consider and scrutinise the updates from the HOIP Delivery Groups in section 5 and appendices 2-6 against the HOIP outcomes
- Note that the Suicide Prevention Delivery Plan will be presented to a future Board meeting.
- Consider the update on locality plans and note that a more detailed update will be provided to the June meeting of the Board.

1.	**Background**
1.1	The November meeting of the CPP Board heard a summary of the findings from a review of partner agency recovery plans, early reviews of HOIP Delivery Groups and also Community Partnerships who had begun reviewing their priorities in light of covid. At that stage, the emerging joint themes highlighted were: • Employment and the economy – focusing on job creation/retention, support for individuals in relation to skills and support for business • Safety and wellbeing – focusing on food/fuel/financial insecurity and mental health and wellbeing • Supporting communities/building resilience – focusing on supporting the ongoing response and community capacity building With the exception of employment and the economy, all of the priority areas were already captured, or being captured as part of the reviews of Delivery Group and Community Partnership Plans. It was agreed further work was required on understanding the economic recovery focus and also that a new vision for the Board should be established, taking into account the current partnership priorities

1.2	At the February Board meeting and reflecting on entering into a second lockdown, the Board focused on establishing short term priorities for the Partnership reflecting the areas of concern emerging. The Board heard from the Poverty and Mental Health Delivery groups on their reviewed priorities and, in addition to these, the meeting agreed the following areas of concern – hidden harms as a result of covid – required a partnership focus: • Domestic abuse • Adult and child protection • Alcohol and drug abuse • Suicide prevention Economic recovery and employment was also agreed as a priority. It was agreed that the March meeting would report on the work being undertaken to address these priority areas.
1.3	This report provides updates on the actions identified by the Board on Partnership priorities and progress against the Highland Outcome Improvement Plan. It proposes a vision statement for the Board and provides an update on the priority areas identified at the last Board meeting and work being taken forward to address these. The report also provides a performance update against the national performance framework and in recognition of the challenges associated with this framework, proposes an approach to performance measurement and evaluation to support the Board in its scrutiny role going forward. The report finally outlines updates from each of the Delivery Groups against HOIP priorities and an update on Locality planning.
2.	**CPP Board Vision Statement**
2.1	As agreed at the November Board meeting, the following vision statement is proposed for consideration. This tries to capture the core focus of partnership activity for the Partnership and whilst the issues highlighted are particularly pertinent at present, the vision would last beyond the current pandemic crisis. *The Highland Community Planning Partnership is committed to supporting and promoting the wellbeing and prosperity of the Highland area and its residents.* *We will work together to support an inclusive approach to economic growth and a sustainable economic future for the region. Through working together, we will focus on reducing inequalities and maximising incomes within our communities in order to create a fairer society.* *We will protect our natural environment by working together towards achieving net-zero carbon emissions for the Highland area and promoting the use of our natural environment to support the positive mental and physical health of our population.* The Board is asked to consider, and following any amendments, agree the proposed vision.

3.	**CPP Covid Priorities**

3.1	The February Board meeting took the opportunity to consider core short term covid priorities for the Partnership in light of the latest lockdown. The areas highlighted were:
	• Economic recovery
	• Hidden harms with a focus on:
	    ○ Domestic abuse concerns
	    ○ Child protection concerns
	    ○ Adult protection concerns
	    ○ Alcohol and Drug abuse concerns
	    ○ Suicide prevention
	• Mental health and wellbeing and poverty/welfare concerns
	
	A summary regarding these priority areas is outlined below. All of the hidden harms concerns have existing partnership forums, with associated action plans which have been reviewed or are in the process of being reviewed in light of covid. A summary of the partnership forums, their core actions and the governance structures is outlined below.

3.2	***Economic Recovery*** Work is ongoing to consider how best to ensure the priorities associated with economic recovery identified by the CPP Board are taken forward within a partnership context. It is proposed the Economic Recovery Partnership is best placed to lead on this work and reports on progress can be shared with the CPP Board. The Partnership is a joint public and private sector partnership which has been reformed from the Economic Partnership with the purpose of better managing, in the Highland Council area, the economic recovery from the COVID19 pandemic and the adjustment following the UK's departure from the EU. The partnership will operate at two levels: a regional level covering the whole Highland Council area, and a sub-regional level. These sub-regional areas are Caithness and Sutherland, The Inner Moray Firth (including the Inverness travel-to-work area, south Loch Ness and Badenoch & Strathspey), and Lochaber Skye and Wester Ross. The partnership will meet regionally to progress its agenda, which shall be fed by the work of the sub-regional groups. The former shall meet quarterly, and the latter shall meet monthly. All meetings will be conducted by a joint chair, one from the private sector and one from the public sector. This shall be the case at both levels, regional and sub-regional. The work of the Partnership will be evidence-led, and action-focussed. A further update will be provided at the next Board meeting on the approach outlined subject to further discussions with partners and business intermediary groups.

3.3	**Violence Against Women** The Highland Violence Against Women Partnership (HVAWP) is one of 4 Public Protection forums which report to the Highland Public Protection Chief Officers Group. The Partnership is made up of services who work together to prevent all forms of Violence Against Women, identify those affected and provide services and support that increases their safety and well-being. The partnership also works to ensure perpetrators are challenged and held accountable for their behaviours. The partners involved in the partnership include NHS Highland, The Highland Council, Police Scotland, Women's Aid groups, Rape and Sexual Abuse Service Highland (RASASH), Scottish Prison Service, Crown Office & Procurator Fiscal Service, Scottish Fire & Rescue Service, Victim Support, Action for Children, Highland Drug and Alcohol Partnership and Mental Health Services The Partnership has now agreed priorities for the next 3 years and developed an Action Plan that will run from April 2021 to March 2024. This sets out how the Scottish Governments Equally Safe Strategy will be implemented in Highland. The four equally safe priorities are: - Scottish society embraces equality and mutual respect and rejects all forms of violence against women and girls - Women and girls thrive as equal citizens – socially, culturally, economically and politically - Interventions are early and effective, preventing violence and maximising the safety and wellbeing of women, children and young people - Men desist from all forms of violence against women and girls, and perpetrators of such violence receive a robust and effective response A Covid-19 Response Document has also been developed to support the partnership to mitigate the impact of the pandemic on Violence Against Women. It sets out a range of social mitigation actions in the short, medium and long term. It highlights key communications and messages to ensure a consistent response. It describes how local and national data collection can shape our understanding of people's attitudes to VAW and sets out how the partnership and local services can adapt and learn from the Covid-19 pandemic. The governance for the HVAWP is through the Highland Public Protection Chief Officers Group and through this to the CPP Board.
3.4	**Child Protection Concerns** The Highland Child Protection Committee recognises that this is an extremely stressful time for everyone and that the pandemic can put extra pressure on families. It acknowledges that most will cope during this time with virtual support from extended family, neighbours and the wider community it continues to promote that if people are worried that a child or young person may be at risk of harm then to visit their Help and Advice page for contact numbers at https://hcpc.scot/professionals/.

The Child Protection Committee plan has also been updated to reflect on current and emerging local and national priorities, as well as a focus on ensuring support for children, families and services during and following the COVID-19 pandemic. It has a priority to consider the impact of COVID-19 on children, families and services in relation to child protection. Improvement activity has been determined considering the range of data available, findings from local and national consultations with children, young people and services.

Key priorities are:
- Involvement of children, young people and parents/carers in work of CPC
- Increased Public Awareness of child protection/ Community Engagement
- Provision of guidance, resources, tools and high quality learning & development opportunities for practitioners and managers working in child protection
- Continued focus on Exploitation and Trafficking, Children Affected by Drugs and Alcohol, Trauma Informed Approaches and Domestic Abuse
- Quality Assurance of child protection practice through minimum dataset, audit cycle and case review
- Consider the impact of COVID-19 pandemic on children, young people and families

A review of Child Concerns received during pandemic is currently underway. Findings will be shared with other Partnerships and Services as appropriate. A Recovery Plan for the committee is also being developed.

The Public Protection Chief Officer's Group has strategic responsibility for the Child Protection Committee.

3.5	***Adult Protection Concerns***

Adult Protection Concerns

The Highland Adult Support and Protection Group has undertaken its responsibility to raise public awareness of the need to support and protect adults from harm, neglect or abuse during the pandemic. The group continues to ensure that adults are kept safe from harm or abuse underpinning their duty to work together as a partnership to protect adults at risk of harm.

Data on the number of ASP referrals have been included in weekly Chief Officers group (COG) Vulnerable Adult data Set, issued to inform local response to Covid-19. Local data has provided evidence that COVID- 19 business continuity/ public protection arrangements are effective, agencies are sharing information as required and people at risk are receiving appropriate support and protection services. Examples of how local data has been used to develop local initiatives include:

- Identification of specific issues, or the development of measures e.g. the impact of fans being withdrawn upon the risk of dehydration and falls.
- Identifying referral rate decreases and providing resources to address this.
- Identifying a rise in complex harm and its severity.

	• Informing innovative local responses e.g. interagency identification, support of early release prisoners, early identification of distress, anxiety, and reduced mental wellbeing. • The creation of pathways to provide mental health support and prevent suicide • Deployment/targeting of advocacy services • Development of a wellbeing framework identifying emerging risks and gaps in services. • The provision of additional services e.g. food banks and telephone befriending. • Identifying location and types of harm being noted. • Refining data enabling comparison with previous years highlighting the impact of changes in referral processes made by some referring agencies. • Review protection planning • Inform the local risk register. • Highlighted capacity versus demand issues. • Promoted discussions at senior level on a regular basis. Overall real time data or quick turnaround data seems to have been key in many instances to support planning. The role of the Highland Adult Protection Committee and their constituent members with regard to maintaining the profile of adult support and protection and also driving activity to support and protect adults at risk of harm is key. A survey of harm types during the pandemic has highlighted the following: • Psychological • Financial • Physical • Neglect • Self-neglect/hoarding • Sexual In response to the responding to the harms identified during the pandemic HASPC have identified a number of multi-agency sub-groups including: • Quality Assurance - Chaired by Police Scotland • Practice Improvement - Chaired by ASC • Community Awareness - Chaired by Trading standards (TBC) • Learning and Development Participation - Chairing to be confirmed Work of the committee and associated sub-groups is reported directly to the Public Protection Chief Officers Group who provide overview and governance to the committee.
3.6	**_Alcohol and Drug Abuse_** The Highland Alcohol and Drug Partnership is responsible for achieving improved outcomes for individuals, families and communities by preventing and reducing drug and alcohol related harm. A report on the role, purpose and work of HADP can be

found at item 7 on the agenda. In the future, governance for the partnership is proposed to be direct to the Community Planning Partnership Board.

Existing priorities of the partnership include:
- Preventing and reducing drug deaths
- Drug Death Review Group and Preventions Groups ongoing to learn lessons and improve integrated responses. OD Prevention App developed and will go live in April 2021. Support from all relevant services to encourage people to download and use is welcomed.
- HADP has funded the Harm Reduction Response Service pilot until end of March 2021.
- A Dual Diagnosis Nurse to be seconded to HADP for one year to strengthen the NFOD response pathway, peer naloxone distribution and public health surveillance.
- HADP funding provided to police for a post to progress a public health approach to drug and alcohol problems related to the justice system. HADP participation in to the audit of drug deaths among young people – findings due in Aug 2021.

- Reducing Health Inequalities
- HADP funding provided to the Housing First pilot between NHS, Housing and Salvation Army to improve outcomes for people with drug/alcohol problems/complex needs at higher risk of drug and alcohol related death.
- Ongoing development of the Recovery Workers Training Project (Employability Project for people in Recovery). HADP welcomes partners support to increase health and social care placement and job opportunities.

- Education and Prevention
- HADP funding will be provided to HC Education Dept to employ an Education and Prevention Officer to promote evidence-based approaches and support delivery of a pilot of the Icelandic Prevention Model.
- In partnership with the Mental Health Pathfinder for Young People, 5 schools (Thurso, Wick, Golspie, Dornoch and Tain) have agreed to participate in a national pilot of the Icelandic Prevention Model being facilitated by Winning Scotland in local partnership with HADP. Other participating areas are (Argyll & Bute, Dundee, Clackmannanshire and West Dumbartonshire).
- Work ongoing on Highland Substance Awareness Toolkit with promotion of evidence-based lesson plans in particular. Only one Highland School entered this year's Substance Aware School Award. HADP welcomes support from partners to encourage increased participation going forward. Funding Safe, Strong and Free to produce a children's book and workshops for parents. Funding provided to Youth Highland to further develop peer education.
- HADP funding for DTTO2 to provide intensive support to young people with chaotic drug use in contact with criminal justice system.

- Vulnerable Children and Families
- HADP has provided funding for a CAMHS Psychologist (alcohol & drugs) who is providing support to children and young people affected by parental or their own

	use. They are also linking in with Youth Action to strengthen trauma-informed training/support.
3.7	**_Suicide_** The Highland Suicide Prevention Steering Group is a sub-group of the Mental Health and Wellbeing Delivery Group. The Steering Group has developed an action plan reflecting core priorities. Progress against these priorities is reported as part of the mental health and wellbeing delivery group. This reflects that suicide prevention remains a core priority of the CPP.
3.8	**_Poverty and Mental Health and Wellbeing_** Both of these issues have been identified as core covid related priorities for the partnership. These are existing priorities as identified in the HOIP and updates on progress are provided in section 5. It is important to note that both action plans have been reviewed in light of covid and new priorities/actions have been identified to address covid related issues.
3.9	**_Future Governance_** At its meeting in February, the Board highlighted the areas outlined above as core partnership priorities. Whilst partnership groups and plans exist to action these priorities, the Board is not necessarily sighted on all of these. It is proposed that in the future, the Alcohol and Drug Partnership will report directly to the Board and the Highland Economic Recovery Partnership will provide update reports on partnership progress. The Suicide Prevention Delivery Group reports through the HOIP Mental Health and Wellbeing Delivery Group but in light of the importance of this area for action, a report on the action plan will come forward to the June meeting of the CPP Board. The final areas relate to groups which report directly to the Public Protection Chief Officers Group – Adult and Child Protection Committees and Violence Against Women Partnership. Governance of the Public Protection COG is to the CPP Board and therefore the Board is asked to consider whether it wishes regular updates against these key themes from the Public Protection COG at the current time given the focus on these areas or whether the Board is content for this to be done on an exceptions basis should there be issues to draw attention to the Board. A verbal update on this will be provided at the meeting.
4.	**CPP Performance Update**
4.1	**_National Performance Framework_** At the Community Planning Board on 27 March 2019 an interim performance report was submitted utilising the Scottish National Performance Framework (NPF). An analysis of the key performance indicators for Highland from the NPF making comparisons in performance between Highland, Scotland and our related family group of community planning partners was provided.

4.2	Attached as Appendix 1 of this report is an update which again utilises this indicator set. Note that there is significant lag in the publication of the NPF with 2018/19 below only just becoming available. There is, in the set, a focus on indicators where improved performance would demonstrate progress in addressing inequality. A summary is provided below:
4.3	Highlights in performance across the indicators include: • Highland employment rate (higher than average) • Out of work benefits (% aged 16 to 64 years in receipt of out of work benefits) (improved) • Business survival rate (higher than average) • Crime rate per 10,000 (lower than average) • Dwelling fires per 100,000 (lower than average) • Wellbeing (average score on the short version of the Warwick-Edinburgh Mental Wellbeing Scale age 16+) (improved) Area where performance is just below the national and/or family group average: • % of babies with a healthy birth weight • Education, S4 average tariff score • Positive destinations achieved by school leavers (declined) Areas where the partnership is below the national and/or family average: • % of Primary 1 school children with a healthy Body Mass Index (BMI); • *Child poverty** • Median Earnings (£); • Carbon Emissions (Tonnes CO2 per capita) (new) • *Emergency hospital admissions** • *Unplanned hospital attendance** • *Early Mortality** • Fragility Index (3 factors: depopulation, old Age Dependency and rural depopulation); • Fuel Poverty. **performing well nationally but not within family group*
4.4	Overall the partnership is well placed in terms of its overall performance against the key indicators from the NPF albeit in not quite as strong a position as last reported. Areas of weakness are understood and have been identified in relation to the HOIP themes and delivery plans in relation to reducing poverty, infrastructure and mental health & wellbeing.
4.4	The main focus prior to COVID was to ensure that appropriate structures were in place to support the delivery of the HOIP. The review of the CPP structures established a Delivery Group for each of the HOIP Outcomes. These Delivery Groups need to finalise work developing the performance framework for each strand of the HOIP in order to evidence to the CPP that the HOIP is effective in delivering improved outcomes. As the delivery plans are finalised it would be helpful to reflect on the

	information contained in Appendix 1 but given the significant lag in national datasets it is also essential that more relevant and timely measures are identified in order to evidence progress to the CPP.
4.5	***New approach to performance measurement*** As noted in paragraph 4.4, each of the delivery groups require to consider how best to provide effective performance indicators to enable the Board to monitor and measure performance against the Highland Outcome Improvement Plan and ensure progress is being made to address the 5 core outcomes. Whilst most of the delivery groups have measures or indicators against the actions contained within the plans, what is required is performance indicators that demonstrate progress against the outcomes: • Poverty Reduction – More people in Highland will live a life free from the experience of poverty • Community Participation and Dialogue – People in Highland will be more involved in decisions that effect their lives • Infrastructure – Few people in Highland experience transport or digital connectivity as a barrier to accessing opportunities • Community Safely and Resilience – People in Highland will benefit from living in strong, safer and more resilience communities • Mental Health and Wellbeing - people in Highland will benefit from good mental health and wellbeing
4.6	The Community Justice Partnership are undergoing a similar exercise at present and have employed a consultant to undertake an analysis of data currently available across different public institutions, which will help inform an understanding of the trends and needs relative to their role. This information will be presented with relative comparatives and in the Scottish national context and provide a general health check on data available, high level trend analysis and index community justice score.
4.7	It is proposed to build on the learning from this workshop to be held in mid-April to help inform the direction of travel for strategic performance management of the HOIP. The intention is to identify measurable meaningful indicators which are relevant at societal level, reflect the priority area and demonstrate long term impacts.
4.8	Any evaluation used should consider utilising both qualitative and quantitative methods because of the diversity and complexity of the issues addressed. Quantitative data provides information that can be counted to answer such questions as "How many?", "Who was involved?", "What were the outcomes?", and "How much did it cost?" Qualitative data answer such questions as "What is the value added?", "Who was responsible?", and "When did something happen?'' The choice of methods requires to fit the need for the evaluation, its timeline, and available resources.
4.9	The learning and proposed approach, including identified indicators, will be reported to the June 2021 Board meeting. The Board is asked to consider this approach and identify what information would support them in improved scrutiny of performance.

5.	**CPP HOIP Updates**
5.1	As outlined in section one, delivery groups have been reviewing their action plans in light of covid. The following provides a short update against each HOIP outcome with the action plans for groups detailed in appendices 2-6
5.2	**Poverty Reduction Delivery Group** The Poverty Reduction Delivery Group has reviewed its priorities over the last 6 months and reprioritised the work of the group in light of the learning and challenges facing communities. The original priorities identified by communities as part of the HOIP development remain but the work of the group has been focused into short, medium and long term actions, reflecting the immediacy of certain work to address issues and factors facing individuals and communities, in particular the reduction in incomes faced by many households and individuals and increasing issues related to food insecurity. The updated action plan can be found at appendix 2 and includes updates against each of the short term priorities. The overarching priorities of the group are: 1. **Income Maximisation – increase awareness of entitlements and sources of support available in order to maximise household incomes** Reflecting the challenges facing many household incomes, the first priority focuses on income maximisation and considers different ways in which to the Partnership can work together to promote the opportunities to raise incomes and the utilising different networks. The immediate short term actions under this priority are: 1.1 *Promoting Entitlement* - Raise awareness of entitlements and where to get support with a particular focus on changing circumstances 1.2 *Addressing In-Work Poverty* - Raise awareness of entitlements to individuals in work There are further medium and long term actions under this priority related to promoting entitlement, addressing fuel poverty, monitoring the levels of debt, supporting adult literacy, financial education and the living wage all designed to have a positive impact on maximising individual and household incomes. 2. **Food Insecurity - Address food insecurity by increasing equity of access to good quality food** Food insecurity has been an ongoing challenge for many families. The use of foodbanks has steadily increased in recent years however covid has undoubtedly changed the landscape with regards food insecurity. 4% of adults in Scotland were estimated to have experienced food insecurity from the start of the COVID crisis to 9th April. In the 5 weeks following lockdown, 20% of Scottish households with children were estimated to have experienced food insecurity. Food insecurity has increased alongside the increase in unemployment, further lockdowns and the reliance on the furlough scheme which for many means a 20% reduction in income. Covid has seen a series of food initiatives have developed including food tables and food fridges which

incorporate choice and self-preparation and are felt to be less stigmatising. Short term actions for this priority include:

2.1 Emergency Food Support - Support community resilience groups: to develop guidance and learning packages on how to best provide support to vulnerable people and provide direct food support to groups to enable them to maintain humanitarian services.

2.2 Identifying Individuals Needing Support - Targeting referral networks through universal services to ensure the identification of individuals needing support.

There are further medium and long term actions under this priority related to supporting the development of sustainable food tables and fridges, holiday support for families, community food growing.

3. **Promoting Jobs, Job Creation and Job Retention – Supporting sustaining, promoting and creation of employment to increase incomes and opportunities**

Whilst the full impact is not yet known, Covid-19 has undoubtedly impacted upon the Highland economy. Unemployment rose from 2.4% to 5.7% between July 2019 and July 2020. Youth unemployment rose even more significantly over this period from 3.9% to 9.9%. There are also higher rates of unemployment in more rural communities of Highland including Lochaber, Skye and Wester Ross. In January 2021, just more than 20,000 people were claiming universal credit. Job creation and retention are one of the key routes to supporting people who may be experiencing financial insecurity and therefore a key priority for the Partnership going forward. This priority is likely to align with the work of the Economic Recovery Partnership.

There are no immediate short term actions for this priority reflecting the longer-term nature of supports in this area but the medium and longer term actions include awareness raising of advice to business, supporting the parental employment support fund, supporting the kickstart programme and the development of the young person guarantee and developing the modern apprenticeship scheme.

As detailed in the action plan, a number of the medium and longer term priorities are being developed by partners. A report will be provided to a future Board meeting on the detail and progress against these. The Poverty Reduction Delivery Group continue to review and update the Delivery Plan at each of its meetings. The document is 'live' and will continue to be updated as information and evidence emerges.

The Poverty Reduction Delivery Group is also responsible for the Integrated Children's Services Plan priority area on Child Poverty. The priorities for this Plan are being finalised but mirror the main plan in focusing on:
- Improving opportunity's for training and apprenticeships for parents and young people
- Address food insecurity by increasing equity of access to good quality food
- Maximise uptake of child related social security benefits

	The priorities also focus on: • Increase access to and uptake of affordable and flexible childcare • Reduce the financial barriers on families • Work to reduce the Poverty Related Attainment Gap in Highland
5.3	**Mental Health and Wellbeing Delivery Group**: Good mental health is important, is linked to good physical health and supports positive social and economic outcomes. More than two thirds of adults in the UK reported feeling worried about the impact of Covid-19 on their lives. A recent study by the Institute for Fiscal Studies in Scotland reported that mental health has worsened substantially as a result of the pandemic. The Mental Health and Wellbeing Delivery Group reviewed the emerging evidence on the impact of Covid-19 and reviewed and updated the priorities and actions in the Mental Health Delivery Plan to reflect the outcomes of feedback from local resilience groups and local and national surveys and research. The updated Delivery Plan can be found in Appendix 3. It was apparent that although the impact of the pandemic on mental health and wellbeing has been significant, the priorities within the Delivery Plan remained relevant. However, some changes were made to the actions within in each priority to ensure that the issues that had been highlighted through local surveys and feedback from community groups were reflected in the plan. This included adding the following actions: • survey young people in Highland to understand the impact that the pandemic has had on their mental health and wellbeing, • develop a signposting resource for people seeking support with their mental health and wellbeing • revision of mental health training and development of online and virtual training for mental health and suicide prevention • develop a joint training plan for mental health and wellbeing • review and develop resources and support, including training for community groups to increase confidence to support people with their mental health • develop/promote resources and training on trauma and resilience • seek feedback from Community partnerships on local issues that have arisen in relation to mental health and wellbeing during the pandemic • Ensure links with the mental health and wellbeing outcomes in the Highland Integrated Children's Service Plan The work to conduct a survey of young people in Highland on the impact of the pandemic on their mental health and wellbeing has been completed. More than 700 young people responded to the survey and the information is currently being analysed. The outcome of this survey will inform the work of the Delivery Group going forward.

Work has also been completed on a signposting resource which will be disseminated through various networks including CPP partners, local Community Partnerships and third and community groups and organisations.

Feedback from partners and third sector organisations has indicated the need for ongoing training on suicide prevention. This was halted during the early part of the pandemic. However, work has been undertaken to review and develop the Suicide Intervention and Prevention Programme training to make it suitable for online and virtual delivery. A number of new trainers have been trained to deliver the programme and the course has been successfully delivered as a virtual course.

The Mental Health and Wellbeing Delivery Group continue to review and updated the Delivery Plan at each of its meetings. The document is 'live' and will continue to be updated as information and evidence emerges. At its most recent meeting, the group agreed that further work was required to develop suitable short and long term indicators and work on this is now being progressed.

In addition to the main Mental Health and Wellbeing Delivery Group Plan, there are three associated sub-groups, reporting to the Delivery Group but with their own delivery plan:
- Integrated Children's Services Plan Health and Wellbeing Sub-group
- Highland Suicide Prevention Steering Group
- Green Health Partnership

Integrated Children's Services Plan Health and Wellbeing Sub-group
The integrated children's services planning board has determined that Health and Wellbeing be one of its 5 key themes in its latest iteration. A sub-group of the HOIP delivery group for mental health and wellbeing has developed a plan which considers the impact of poverty and inequality on the health and wellbeing of infants, children, young people and families. The plan seeks to ensure the joins and added values of a dual approach to addressing needs.

The group understands that when the relationship between heath and inequality are understood and addressed in tandem, the greater the gains for children, young people, families and our communities. Their plan will focus on the following four key areas to support the health and wellbeing of young people:
- Relationships
- Nutrition
- Play and exercise
- Sleep
- Mental health

Highland Suicide Prevention Steering Group
The Highland Suicide Prevention Steering Group has an action plan in place that focuses on 5 local outcomes:
- Reduce the risk of suicide in key high risk groups.

	• Provide timely information and support to those bereaved or affected by suicide.
	• Deliver targeted prevention approaches.
	• Support research, data collection & monitoring.
	• Develop sensitive communication approaches to suicide & suicidal behaviour.
	
	The Steering Group is supported by four multi-agency sub-groups identified to deliver the actions:
	• After a Suicide
	• Data Collection & Review
	• Campaigns & Communications
	• Training
	
	Highland Green Health Partnership
	The Highland Green Health Partnership (HGHP) is one of four initiatives in Scotland stemming from Our Natural Health Service which aims to show how Scotland's natural environment is a resource that can be used to help tackle some of our key health issues. The partnership is chaired by NHS Highland, and the project is made up of several partners including NHS, High Life Highland, Highland Council, HTSI, NatureScot, Paths for All, UHI and Forestry and Land Scotland.
	
	The aim of the HGHP is to provide opportunities and build on existing resources that can support individuals and communities, to improve their health and wellbeing by engaging with the natural environment. This is being achieved through three pillars of work:
	
	    ☐ Pillar 1. Everyday contact with nature
	    ☐ Pillar 2. Nature based health promotion initiatives
	    ☐ Pillar 3. Nature based interventions with a defined health or social outcome
	
	There have been challenges in implementing the work programme due to COVID19, however, progress has continued to be achieved. The work of the Green Health Partnership including the main impacts, and the progress to date, against each of the three overarching pillars of the work programme can be found in appendix 5.

5.4	**Community Learning, Development and Engagement (CLDE) Delivery Group** The CLDE group is led by Highland Council and High Life Highland and delivers against the Community Participation and Dialogue outcome of the HOIP. The Scottish Government requires all Local Authorities and their partners, including the Highland CPP to publish a revised CLD plan for 2021-2024 by September 21. The CLDE HOIP Delivery Group will lead on this on behalf of THC and the HCPP, work is underway in preparation. The CLDE Delivery Group undertook a review in October 2020 of all the locality plans and Covid response evaluations and from this summarised the following priority themes from the existing CLDE action plan:

	- Mental health and wellbeing - Community resilience - Digital inclusion - Employment, volunteering and training - Voice, inclusion and participation An interim plan is appended in Appendix 4 which incorporates existing actions and reflects the priority themes identified as a result of covid. There is a clear steer from the govt that CLD practitioners have a vital role to play in rebuilding from the pandemic and responding to the new challenges ahead and that plans should reflect this. The CLD Leads are currently working through their networks to agree specific actions in each Partnership area. These will align to priorities of locality plans where they are in place and where they are not yet in place, this will support their development. This process, in turn, will inform delivery of the new CLD plan and corresponding action plan, around the priority themes. The new CLDE plan for 2021-2024 will be presented to the Board for consideration at the August meeting of the Board.
5.5	**Community Safety and Resilience**
	The Community Safety and Resilience group is led by Police Scotland and Scottish Fire and Rescue Service. The actions identified in the 2017 – 20 plan have been mainly been concluded. The priorities identified in the plan will now be reviewed post pandemic by the delivery group to ensure outcomes focus on delivering improved resilience to communities across Highland. This work will ensure priorities will align with outcomes identified in HOIP and Locality plans. It is intended to focus on actions associated with hidden harms such as inequalities, poverty, mental health, building and supporting family and community resilience.
5.6	**Infrastructure Delivery Group** Led by HIE, the work of this group has been slower to start, and is being reconsidered in parallel with the review into the rejuvenated Highland Economic Recovery Partnership (see item above). It is possible that some activities will be delivered under the aegis of the Economic Recovery Partnership rather than the CPP sub-group. This will be discussed as the Economic Recovery Partnership reconvenes after the Scottish elections. A fuller report will be given to the next meeting of the Board.
6.	**Locality Plan updates**
	Locality Plans are led across Highland by Community Partnerships. Locations for plans were identified using a combination of the SEP and SIMD Index and focused on communities facing the greatest levels of inequalities. This resulted in 25 communities across Highland being identified for locality planning. Progress towards having all plans in place has varied across the area, with greater success being in Community Partnerships who have been successful in securing external funding for development officers. It was noted in Highland Council's Best Value Audit which reported in January

2020, that the Partnership needed to focus on and complete locality planning. The following summarises the status of Locality Planning across the area:

Community Partnership	Plans in Place
Caithness	3 / 4
Sutherland	5 / 5
Easter Ross	2 / 3
Mid Ross	2 / 3
Skye and Wester Ross	1 / 2
Lochaber	3 / 3
Nairn	1 / 1
Inverness	2 / 4
Badenoch and Strathspey	No locality plans required

Community Partnerships have been reviewing the existing locality plans in place in light of covid and the challenges currently facing communities. As reported to the CPP Board in November, these align well with the priority areas already within the HOIP but also with the focus on community resilience and capacity building and a stronger focus on mental health and wellbeing. As noted in section 5.4, the priorities of the new CLDE plan will mirror the locality planning priorities identified by Community Partnerships.

A number of the Community Partnerships have identified that covid has resulted in different ways of working for them and how they are addressing Partnership priorities within their communities. A thematic approach to particular issues – for example mental health and wellbeing – is working better for Partnerships, particularly when the pandemic has resulted in challenges across areas. The Locality plan priority areas still remain but taking a whole area approach is proving successful. Other partnerships continue to focus on locality planning areas in the work they are taking forward.

It would appear an opportune time to review the approach to locality planning, at a time when the issues emerging from the pandemic are impacting across areas. It is important to recognise that Locality planning areas remain those with the greatest inequalities but to consider whether there is a better way in which to affect change through Partnership planning at a local level. It is proposed further work be undertaken with the Community Partnerships and a more detailed report on Locality plan progress and opportunities for doing things differently comes back to the June CPP Board.

Recommendation:

The CPP Board is asked to:

- Consider and agree the vision for the Partnership outlined at 2.1
- Consider and agree the proposed approach outlined in section 3 to the priorities identified by the Board in February in response to the current covid situation including the governance arrangements.
- Note that a report on how to deliver the economic partnership priorities in line with the Highland Economic Recovery Partnership will come to the next CPP Board meeting
- Consider the performance update against the National Performance Framework
- Consider and discuss the proposed approach to performance measurement and evaluation
- Consider and scrutinise the updates from the HOIP Delivery Groups in section 5 and appendices 2-6 against the HOIP outcomes
- Note that the Suicide Prevention Delivery Plan will be presented to a future Board meeting.
- Consider the update on locality plans and note that a more detailed update will be provided to the June meeting of the Board.

Authors:

Delivery Groups Chairs:
Cathy Steer, Head of Health, NHS Highland
Lindsay Tulloch, Superintendent Partnerships, Police Scotland
Niall MacLennan, Group Commander Prevention and Protection, SFRS
John West, Director of Culture and Learning, Highlife Highland
Ian Kyle, Head of Integrated Children's Services, Highland Council
Eann Sinclair, Area Manager, HIE
Alison Clark, Head of Policy, Highland Council

Evelyn Johnston, Corporate Audit and Performance Manager, Highland Council

Performance of Highland Community Planning Outcomes 2018/19

Indicator		Highland 2016/17	Highland 2017/18	Highland 2018/19	Absolute difference to Scotland (2018/19)	Absolute difference to family (2018/19)	Performance analysis
	Babies with a Healthy Birthweight (%)	89.9%	90.1%	89.8%	-0.4	-0.2	More or less aligned with the rest of the country
	Primary 1 Healthy Body Mass Index (%)	83.5%	83.4%	82.5%	-1.6	-1.3	Consistently lower than the national average
	Child Poverty (%)	15.4%	16.1%	16.7%	-1.4	0.2	Lower than the national average and in line with the national trend
	Educational Attainment	5.5	5.5	5.5	0.0	0.0	Static trend, in line with national average
	Positive Destinations (%)	96.0%	95.9%	93.5%	0.6	-0.1	Higher than the national average but has decreased over past 2 years
	Employment Rate (%)	79.1%	80.1%	80.3%	6.2	3.8	Consistently above Scottish and family group average
	Median Earnings (£ per week)	£413.03	£429.30	£440.40	-14.8	0.3	Aligned with national trends but consistently lower than the national average
	Out of Work Benefits (%)	8.7%	8.5%	8.4%	-2.2	-0.3	Consistently lower than the national average and decreasing in line with national trends
	Business Survival (%)	68.6%	65.1%	60.6%	5.1	0.8	Consistently higher than the national average
	Crime Rate (per 10,000)	286	300	328	-120.3	-5.6	Aligned with national trends but consistently lower than the national average

Indicator	Highland 2016/17	Highland 2017/18	Highland 2018/19	Absolute difference to Scotland (2018/19)	Absolute difference to family (2018/19)	Performance analysis
Dwelling Fires (per 100,000)	68.6	65.1	64.1	-30.4	-10.7	Consistently below the national and family group averages
Carbon Emissions (Tonnes CO_2 per capita)	7.2	7.0	6.8	1.9	0.7	Consistently higher than the national rate but decreasing in line with the national trend
Emergency Admissions (per 100,000, 65+)	20,225	21,813	22,617	2,995	1,157	Consistently lower than the national average
Unplanned Hospital Attendances	19,103.0	19,755.5	20,466.9	-4,155.6	254.1	Significant increase over time compared to a slightly decreasing national trend
Early Mortality (per 100,000, <75 years)	377	373	402	-39.2	24.1	Consistently lower than the national rate.
Fragility Index	102.8	103.2	103.7	1.5	-0.7	Consistently higher than national figure, and steadily increasing
Wellbeing	7.8	8.0	7.9	0.4	0.2	More or less aligned with rest of the country
Fuel Poverty (%)	52.1%	49.1%	32.5%	7.7	6.3	Remains significantly higher than the national trend.
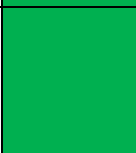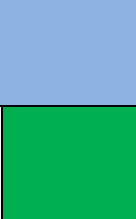
Notes:
Indicators are marked as amber when the trend is less than 1% up or down. Family Group includes Angus, Argyll and Bute, East Lothain, Midlothian, Moray, Scottish Borders, and Stirling.

The Educational Attainment indicator has replaced the S4 tarrif score indicator. It is calculated based on school leaver's highest level of qualification.

Source: Community Planning Outcomes Profile, Improvement Service, https://scotland.shinyapps.io/is-community-planning-outcomes-profile/

Poverty Reduction Delivery Group Action Plan – Updated March 2021

Priority 1:	Income Maximisation – increase awareness of entitlements and sources of support available in order to maximise household incomes					
Actions	**Measures / evaluation**	**Update March 21**	**Time-scale**	**Lead**	**WRAG**	
Short Term Actions						
1.3 **Promoting Entitlement -** Raise awareness of entitlements and where to get support with a particular focus on changing circumstances:	Increase in the number of people seeking support.					
• Within services, organisations and groups	Number of Money Counts training sessions Distribution of Worrying about Money leaflet	Sessions already in place for March and April Complete	June 21	LT All	🟩	
• Targeted campaign to general public - simple message/use of infographics	Distribution of new leaflet *Your Guide to Financial Support* - electronic and in paper/poster Social Media campaign	Leaflet under development	June 21	SM	🟩	
• Mapping of target networks and pathways for distributing information	Mapping of networks complete	To action	June 21	AC	🟧	
1.2 **Addressing In-Work Poverty -** Raise awareness of entitlements to individuals in work	Distribution of Worrying about Money Leaflets					
• With staff within partnership organisations	Distribution of *Your Guide to Financial Support*	Leaflet under development	June 21	SM	🟩	
• With business targeting large employers, federation of small business, Chamber of Commerce	Distribution of:		June 21		🟧	

	• *Your Guide to Financial Support* to business support organisations	To be actioned		MH	
	• Worrying about Money Leaflets and awareness raising of Money Counts Sessions to Business Gateway Advisers and Employability Advisers	To be actioned		MH	
				All	
	• Distribution of Worrying about Money Leaflets to Trade Unions	Raised with HC unions – action raise other unions			
Medium Term Actions					
1.3 **Promoting Entitlement -** Raise awareness of entitlements and where to get support with a particular focus on changing circumstances:					
• Targeting specific groups of individuals through trusted contacts e.g. tenants, children and families, young people 16-25, adult learners, employability programme clients	• Increase the numbers claiming child specific benefits • Develop an Easy Read version of the Worrying About Money Matters Leaflet • Develop a video targeted at young people to raise awareness of where to seek support	To be actioned	By end 2021	AC	
• Implementation of health visiting financial inclusion pathway	Money Counts training General Awareness	Trialling Money Counts course level 2	April 2022	LT/IK	
• Maximise uptake of child specific benefits including; Best Start Grants, Child payment and Best start Food payment	Increase the numbers claiming child specific benefits	To be actioned	April 2022	SM	
• Exploring embedding within referral pathways	To be developed		April 2022	LT	

• Implementation of GP community link worker approach	To be developed			LT	
1.4 **Addressing Fuel Poverty -** Support Home Energy Scotland to create directory of support to address fuel poverty	*To be developed*			BC	
1.5 **Monitor levels of debt**	*To be developed*			SM	
1.6 **Supporting Adult Literacy -** Action to support adult literacy, with a particular focus on financial education, through early years and primary settings	*To be developed*			JM	
Long Term Actions					
1.8 Financial Education – develop a financial education programme for young people in school	*To be developed*		12 mon. +	IK	
1.9 Living Wage – To be developed- potential link with community wealth building	*To be developed*		12 mon. +	LT MM	

Priority 2:	Food Insecurity - Address food insecurity by increasing equity of access to good quality food					
Actions	**Measures / evaluation**	**Update**	**Time-scale**	**Lead**	**WRAG**	

Actions	Measures / evaluation	Update	Time-scale	Lead	WRAG
Short Term Actions					
2.1 **Emergency Food Support -** Support community resilience groups:					
• Develop guidance and learning packages on how best to provide support to vulnerable people	Number of Money Counts training sessions Development of food providers network	Rolling out March and April – original focus on food providers Promoted with community resilience groups Developed food providers network		LT IM	🟩
• Provision of direct food support to groups enabling them to maintain humanitarian services	Number of groups supported	Number of groups continuing to come forward for support		SM	🟩
• Develop local networks to collaborate and share information.	Build on existing networks and establish resilience networks in all areas of Highland	All networks in place		AC	🟩
2.2 **Identifying Individuals Needing Support -** Targeting referral networks through universal services to ensure the identification of individuals needing support.	Referral pathways in place and promoted - Early years Referral pathways in place and promoted - Education	Being actioned Being actioned		JD IK	🟧
Medium Term Actions					
2.3 Support the development of sustainable food tables and fridges in order to reduce the stigma associated with accessing food support	Number of food tables and fridges available				

• Evaluate use of current food fridges/tables	*To be developed*	Survey of food tables already in place	Oct 21	AC	
• Using learning, target development in areas of need and link to community food growing	*To be developed*			AC	
Long Term Actions					
2.4 **Holiday Support for Families**	*To be developed*			SM MM	
2.5 **Community Food Growing -** Support and develop community food growing	*To be developed*			AC	

Priority 3:	Promoting Jobs, Job Creation and Job Retention – Supporting sustaining, promoting and creation of employment to increase incomes and opportunities					
Actions	**Measures / evaluation**	**Update**	**Time-scale**	**Lead**	**WRAG**

Actions	Measures / evaluation	Update	Time-scale	Lead	WRAG
Medium Term Actions					
3.1 **Advice to Business** - Awareness raising of Business Gateway advice resource for small businesses particularly around recruitment and contractual advice	*To be developed*		Dec 2021	AM	
Long Term Actions					
3.2 Support the roll out of **Parental Employability Support Fund programme** – targeting 'in work' progression for parents	*To be developed*		Dec 2022	AM	
3.3 Kickstart - Work with partners to identify need and scope for Kickstart programme in different parts of Highland	*To be developed*		March 2023	All	
3.4 **Support the development of the Young Person Guarantee** work placement programme as a way to support job creation	Number of placements supported		Dec 2022	AM	
3.5 **Develop the Modern Apprenticeship scheme for 16-65 year** olds at all levels to support all sectors in Highland, including upskilling and vocational qualifications post Covid-19	Number of Modern Apprenticeships created	Commitment for new apprenticeships through the Council's Economic Prosperity Fund	Dec 2022	AM	
3.6 **Community wealth building** – explore developing a community wealth building programme for Highland	*To be developed*		March 2022	MH	

2020-2023 Priorities for Mental Health & Mental Wellbeing

1. Early Years, Childhood and Adolescence

Raising awareness across the population and opportunities to educate about mental health are important to build personal resilience and promote good mental wellbeing. A preventative approach is essential combined with building a broader understanding of mental wellbeing. There is a particular need to consider how this work can be prioritised with young people.

No.	Action	Timescale	Lead Officer	Resources	Measure, target & baseline	Update
1.1	Scope opportunities to develop mental health and wellbeing promotion in the curriculum of schools including: • Primary Mental Health worker role • Compassionate classrooms resource • New work on CAMHS and access to services • Develop the Health and Wellbeing Curriculum in schools through augmenting the mental health and wellbeing toolkit and promoting it in schools	Dec 2020 June 2021	Sally Amor Bernadette Cairns	Ed Scotland Connected and Compassionate classrooms resource. Ed Scotland PSHE resource and Mental Health and wellbeing toolkit	Evaluation of intervention from the PMHW service in Fortrose Academy detailing impact. 80% of Highland schools will include mental health support on their school improvement plan as part of their PSHE curriculum	
1.2	Improve understanding of trauma, distress and resilience in schools, families and communities through: • Delivery of Decider skills training • Violence reduction unit - test approaches	Mar 2021	Bernadette Cairns	HC Promoting Positive Relationships Training Programme	PPR Training will be undertaken with **all** school staff across Highland to provide basic awareness of Trauma and trauma informed practice.	

No.	Action	Timescale	Lead Officer	Resources	Measure, target & baseline	Update
	• NES trauma framework • Training on stigma and discrimination as part of capacity building	Mar 2021	Bernadette Cairns	Resilient Kids resource	Resilient Kids used as part of the PSHE curriculum in all HC Primary Schools	
1.3	Develop and deliver workshop to partnership staff on trauma, distress and resilience	Sep 2020	Sally Amor	NHS Resource		Workshop completed
1.4	Scope opportunities for developing work on transitions for mental health services	Jun 2021	Sally Amor			Pathway completed and agreed
1.5	Consider the impact of Covid-19 on the mental health and wellbeing of children and young people and scope opportunities for developing mental health and wellbeing promotion with youth work services	Jun 2021	Lynn Bauermeister		• Survey with young people • Programme developed and delivered in informal youth work settings	Survey completed with over 700 responses. Work ongoing to analyse responses.

2. Tackling Stigma and Discrimination

Stigma and discrimination are contributing factors to inequality and are major barriers to full participation in society. Supporting employers and public services to take action to reduce stigma and discrimination can have a significant impact on promoting mental wellbeing.

No.	Action	Timescale	Lead Officer	Resources	Measure, target & baseline	Update
2.1	Develop postvention interventions for communities/workplaces.	Mar 2021	Lindsay Tulloch		• Development of resource • Uptake of use of resource	Resource developed and piloted in communities
2.2	Develop capacity to deliver mentally healthy workplace training to partner organisations.	Dec 2020	All	• PHS resources and guidance • Blended learning	• Number of trainers • Number of courses delivered	Training programme suspended during pandemic. To be picked up when allowed.
2.3	Develop a plan for partnership activity on mental health and wellbeing promotion, including activities for e.g. suicide prevention week	Dec 2020	All	• PHS resources. • National resources from relevant national organisations	Joint responses and media work	Calendar of events for 2021 agreed.
2.4	All CPP organisations sign up to the See Me programme and support campaign activities.	Dec 2020	All	National See Me resources and support	Number of organisations signed up	

No.	Action	Timescale	Lead Officer	Resources	Measure, target & baseline	Update
2.5	Develop CPP approach to promoting mental wellbeing for staff: • Share good practice • Tackling workplace stress • Mental health representatives initiative	Mar 2021	All	• National resources • Trained trainers • Organisational specific resources and policies		

3. Working & responding together

A stronger collaborative approach across the public, third and independent sectors will help to more effectively meet the needs and support people with mental ill health in communities.

No.	Action	Timescale	Lead Officer	Resources	Measure, target & baseline	Update
3.1	Develop a joint training plan on mental health, wellbeing and resilience for staff in partner organisations.	Mar 2021	All	Training prospectus	Courses delivered	Training courses reviewed against mental health knowledge and skills framework and initial prospectus developed.
3.2	Information/ toolkit for developing connected communities.	Mar 2021	Cathy Steer			Suspended due to pandemic. Will be picked up again when allowed.
3.3	Deliver Suicide Intervention and Prevention programme (SIPP) training to partner staff, community groups and targeted business/workers across Highland.	Ongoing	Elspeth Lee	• Trained trainers • Course materials developed by PH		Course reviewed and amended to be able to deliver virtually. New trainers recruited and trained.
3.4	Develop a framework for a trauma informed partnership including a review of training, resources and tools for services across the CPP.	Mar 2021	Gwen Harrison			

No.	Action	Timescale	Lead Officer	Resources	Measure, target & baseline	Update
3.5	Review feedback from local Community and Resilience Partnerships, and community groups/organisations in relation to the impact of Covid-19 on mental health and wellbeing and develop appropriate 'signposting' resources for crisis and wellbeing support	Mar 2021	All	Signposting resources reviewed/developed		Signposting resource developed.
3.6	Review and develop appropriate resources, including training for community groups and organisations to increase confidence of staff and volunteers to support people with their mental wellbeing	Mar 2021	All			

4. Participation and Inclusion

Activities which encourage participation, social inclusion and purpose all support improved mental wellbeing. Peer support, learning and collective action within communities promote mental wellbeing. Person centred and equitable services that enable people to have control over their lives and facilitate active involvement will help mobilise personal and community assets and enhance individual experience.

No.	Action	Timescale	Lead Officer	Resources	Measure, target & baseline	Update
4.1	Support development of a Community Link Worker service in Highland.	Apr 2021	Cathy Steer	Primary care Modernisation funding		Procurement process ongoing and to be completed
4.2	Support development of Green Health Partnership activities in Highland.	Ongoing	Highland Green Health Partnership	• Green health Partnership funding and resources • Green health Partnership Development officer		Ongoing activities. Secured additional two years of funding for Highland Green Health Partnership.
4.3	Scope work for further action on loneliness and social isolation.	Dec2021	All			Part of survey work ongoing.

Mental Health and Wellbeing Delivery Group

Highland Green Health Partnership Update

The evidence of the benefits contact with nature can have on our mental health is well documented. In a report by the University of Exeter called 'A Dose of Nature' some of the benefits included:

☐　　　Combating fatigue
☐　　　Improving self-esteem
☐　　　Benefiting those suffering from depression or anxiety
☐　　　Helping to tackle loneliness
☐　　　Improving concentration

Not everyone in Highland has the same opportunity to engage with nature. The National Household survey of 2015, showed that less than half of people in Scotland visit the outdoors on a weekly basis and 14% don't visit at all. While we may perceive that we have increased access to green space living in Highland, not all who reside here know, or value, the benefits time in nature can bring. There are many barriers to engagement.

Since the start of the COVID pandemic, engagement may have increased for some but contact with green an open spaces has been very polarised, particularly during lockdown. The socio-economic inequalities in use of green space may have worsened during this time.

Green health can help to build resilience at both an individual and community level. At a time when access to health services is limited, contact with nature can be used to maintain good health & wellbeing as well as assist with recovery from illness and injury. It is also a long-term self-management tool for use by those with chronic conditions.
Green health activities can also help to build collective resilience, for example:

☐　　　Increased walking and cycling promote the use of local services, reduces the dependency on cars and public transport while contributing to improved mental wellbeing and physical fitness.

☐　　　The growing and sharing of food creates localised networks for seed banks and crop sharing as well as opportunities to socialize which impacts on feelings of isolation and loneliness.

☐　　　Time spent closer to home enables people to explore and understand their local green spaces, placing greater value in them.

☐　　　The many volunteers involved in green health initiatives, provide a social support network around some of the more vulnerable members of society

Pillar 1 - Everyday Contact with Nature
The work of the HGHP was branded 'Think Health Think Nature' and formally launched at an event hosted by the Inverness Botanic Gardens in April 2019. In the spring of that year, the HGHP commissioned Local Voluntary Groups to map out the available green health services in the area.

A new website was launched in June 2020, and hosts the results from the local mapping exercise in an online directory. In Highland, there are a number of active initiatives to support mental health & wellbeing in nature, for example:
- ☐ Nature for Health - walks to wellbeing
- ☐ Clarity Walks - digital detox events
- ☐ Branching out - forest workshop programmes
- ☐ Viewfield Garden Collective - community growing
- ☐ Daroch Social Croft - forest bathing initiative
- ☐ Mens Sheds
- ☐ Dementia Friendly Walks
- ☐ Alzheimers Scotland Forest Tipi

The website and directory can be found at www.thinkhealththinknature.scot. Any new initiatives wishing to join the directory can do so via directly via the website.
The website contains advice and guidance, information on local green spaces, case studies and guest blogs. Downloadable materials are available and include:
- ☐ Nature and grief
- ☐ Nature and recovery from addiction
- ☐ Pre-habilitation - preparing for surgery
- ☐ Nature and mental health
- ☐ A family health walk journal
- ☐ COVID specific activities for those shielding or self -isolating.

Members of the CPP are encouraged to signpost users to this online resource.

Pillar 2 - Nature Based Health Promoting Initiatives
Work is ongoing to build capacity among green health service providers and their volunteers:

☐ Green Health Small Grant Fund: 11 Highland Projects were successful in achieving small grant funding from the Highland Green Health Partnership at the start of the year. Full details of those projects that were awarded funding can be found on the website. COVID19 has had an impact on project delivery but the timescale for completion of projects have now been extended into the summer of 2021, to accommodate the impacts that COVID may have had.

☐ Think Nature Health Walk Coordinator: Charlotte Mackenzie has recently been appointed as the Think Nature Health Walk Coordinator for rural Highland. She is employed by the Highland Third Sector Interface, working to support health walk groups in Caithness, Sutherland, Wester Ross, Skye & Lochalsh and Lochaber. This one year post has been funded

by the Smarter Choices Smarter Places Fund, NatureScot and the Paths for All. Charlotte will be working with a number of interested groups in Lochaber in the coming months and arranging health walk leader training. She can be contacted at charlotte@highlandtsi.org.uk

Pillar 3 - Nature based Interventions with a defined health and social care outcome

Developing Green Health Referral Pathways: Green prescriptions are a form of social prescribing - a mechanism that allows healthcare professionals to refer patients to a link worker, to find community based activities that may help to improve or maintain their health. Following analysis of the highland-wide mapping exercise, three sites were chosen to pilot green health referral pathways between October 2019 and March 2020. These were Aviemore Medical Practice, Kyle Medical Practice and the East Sutherland Cluster.

The Highland Green Health Partnership agreed that in phase two of the pilot project, Lochaber be a priority area of focus. Caithness and East Ross-shire are hoping to create working groups in the near future too. The experience of the three pilot sites has provided a great deal of information that has contributed towards the development of a framework for implementing green prescriptions. Short life working groups in each of the localities will work to take this forward.

The role of the community link worker is integral to ensure that uptake of referrals takes place and any activity is sustained. The Senior Development Officer is working closely with NHS Highland Public Health to ensure green health is integrated into the the new programme of work being established across several GP surgeries, The development officer is also coordinating efforts with third sector organisations and groups (particularly in rural areas) that provide similar services.

HLH Green Health Event Programme
Running parallel to the work of the HGHP in 2020, was the Leader funded Green Health Event Project being led by High Life Highland. This project originally aimed to host 27 green health events across Highland in the summer of 2020. COVID19 led to most of these events being cancelled. With agreement from Leader, the money was directed into alternative activities including:
➢ Website development and associated press and social media campaign
➢ Green health home packs
➢ A virtual walking challenge

15 organisations across Highland have now delivered green health home packs in their localities and a further 21 small scale events have been able to go ahead in the Autumn of 2020, within COVID guidelines.

Confirmation of funding for the Highland Green Health Partnership to continue for a further two years was recently received from Nature Scotland and will allow the fantastic work undertaken to date to continue and be developed.

CLDE Delivery Group Interim Action Plan – March 2021

Priority 1:	Mental Health and Wellbeing –CLD activity contributes to improved health and wellbeing outcomes for young people, adults and families.			
Actions – short term		**Timescale**	**Lead**	**BRAG**
Deliver impact of Covid-19 on children and young people workshop		Dec 2020	NBY	
Deliver Education Recovery funded projects (HLH and Youth Highland/ Voluntary Youth Network)		Oct 2021	NBY	
Gather data from each CP to improve awareness of mental health and wellbeing issues to inform the 2021-24 Highland CLD Plan. Using the survey of young people by the MH&W HOIP group.		March 2021	FR	
Improve the use of data and data sharing across CPP to inform future opportunities for the CLD contribution to improving health outcomes for young people, adults and families.		April 2021	IK/JW	
Actions – medium term				
Identify and promote the use of recognised and validated wellbeing measures and tools for CLD partners to evidence impact of CLD interventions.		July 2021	IK/JW	
Provide cross sector mental health and wellbeing related training for CLD workforce to improve understanding and ability to identify, support and signpost those (learners) at risk		ongoing	IK/JW	
Produce quarterly reports ensure CLD provision in each CP area is; adequate, targeted and focusses wellbeing outcomes.		Feb, May, Aug, Nov	CLD leads	
CLD resource in CP areas is prioritised to support vulnerable people to make connections in their community to reduce social isolation and loneliness.		September 2021	CLD leads	
Action – long term				
Identify and pursue funding opportunities to increase the capacity of CLD to contribute to health and wellbeing outcomes.		March 2022	HLH funding Officer	
Scope and develop new partnership opportunities and synergies with other sectors beyond CP partners.		March 2022	FR	

Priority 2:	Voice, Inclusion & Participation – CLD activity contributes to supporting stronger, more resilient and inclusive communities.			
Actions – short term		**Timescale**	**Lead**	**BRAG**
Provide and coordinate learning and support for marginalised individuals and groups to participate in decision making/co-design of services. Each CP to demonstrate progress		ongoing	FR	
Take part in the NA Review of Youth Participation structures.		May 2021	FR	
Develop a co-designed Youth Participation Framework (Youth Charter)		July 2021	FR	
Plan and deliver workshops in all CP areas around incorporation of UNCRC into Scots law		November 2021	FR	
Actions – medium term				
Plan and deliver learning opportunities to improve; skills, knowledge and confidence of individuals and communities to increase active participation in local decision making and community life.		March 2022	CLD Leads/FR	
Deliver awareness raising sessions to Community Partnerships on CLD approaches to increasing the inclusion of marginalised adults' voice and influence in community planning.		March 2022	CLD Leads/FR	
Support local initiatives in lead up to and at the COP26 the "UN Climate Change Conference" in Glasgow November 2021.		November 2021	Highland Youth Convenor/HYP Chair	
Provide a youth led voice, inclusion & participation summary report to HCPP		Oct 21 and May 2022	Highland Youth Convener/HYP Chair	
Action – long term				
Facilitate annual *Big Community Conversation* to inform on going needs analysis/review of CLD delivery		May 2022	FR	

Priority 3:	Increase Digital Inclusion through improving; access, skills, knowledge and understanding			
Actions – short term		**Timescale**	**Lead**	**BRAG**
Ascertain, through CLD networks, the extent and determinants of digital exclusion by CP area.		April 2021	CLD Leads	
Develop and roll out "digital CLD" practice guidance and training.		May 2021	MR	
Support individuals and families to benefit from funding stream which provide access to free devices / connections		ongoing	MJ	
Coordinate learning opportunities supporting people to *get ready to go digital!*		ongoing	MJ	
Develop virtual learning environments for ESOL/Core Skills/Digital Inclusion focussing on following themes: Employment and Work / Financial Capability/Family / Health and Wellbeing		March 2021	MJ	
Actions – medium term (under development)				

Priority 4:	Employment, volunteering and training - CLD learning and support helps individuals to progress into; employment, volunteering and training.			
Actions – short term		**Timescale**	**Lead**	**BRAG**
Gather data and analyse data on need by CP area		April	CLD leads	
Track youth achievement across partners and the contrition this makes to closing the attainment gap		June 2021	NBY/Ed Scot	
Coordinate targeted Adult Learning opportunities, across partners, which enable people to develop their core skills and increase employability.		ongoing	MJ	
Develop and promote a *learning pathway* initiative to improve adult learning progression		July 2021	Adult Learning Development Group	
Actions – medium term				
Increase and formalise partnership working between Education and CLD to support learning and development which contributes to closing the attainment gap		September 2021	FR	
Embed Youth Link skills framework into youth work practice		September 2021	NBY	
Support the development of the Young Person Guarantee work placement programme		June 2021		

Action – long term (under development)			

Priority 5:	Community Development / Resilience – CLD learning and support increases the confidence, understandings and skills required to influence decision making and service delivery in targeted communities		

Actions – short term	Timescale	Lead	BRAG
Identify communities where there wasn't capacity/ability to respond to covid pandemic	Dec 2020	EM	🟩
Share learning - CPs which have adopted a resilience approach to planning to share learning and experiences with other CPs	March 2021	CLD leads	🟩
Actions – medium term			
Support programme of community development and skills training	August 2021	HTSI	🟧
Increase the involvement of learners in shaping CLD provision at community level	Sept 2021	CLD Leads	🟩
Share learning with CPs from community development programmes, e.g. Lochalsh Collaboration & SCDC; Aspiring Communities	Sept 2021	FR	🟩
Action – long term (under development)			
Support more communities to develop assets and co-design services	March 2022		

Delivery Plan - Community Safety & Resilience

People in Highland will benefit from living in stronger, safer and more resilient communities

Community safety and resilience is a wide ranging issue comprising of both prevention and intervention activities. It includes reducing the likelihood of all types of emergencies occurring, reducing the likelihood of criminal activity and having the appropriate plans and models in place to support and deliver the required interventions. Importantly, it is also about providing communities with the skills, guidance, knowledge and confidence to improve self-sufficiency and to become stronger and more resilient.

2017-20 Priorities for Community Safety & Resilience

1. Community Led Action; Resilience/Inclusion/Response

There is support for communities across Highland to increase their collective resilience and the resilience of people living within that community. Stronger partnerships between the CPP and communities will enable communities to build appropriate responses to the risks that are particular to them.

No (RAG)	Action	Timescale	Lead Officer	Measure, Target & Baseline	Update
1.1	**a) To facilitate a Workshop for the Chairs of the Community Partnerships with assistance from Insp Hill to capture their specific areas of risk.** **b) To collate the information available from the Community Safety Hubs and the registers of volunteer set-up in relation to the response to Covid-19.**	08/01/2020	PS		25.9.19 - Supt MacKillop to liaise with Insp Hill in relation to facilitating a Workshop. 20.11.19 - This is still ongoing and the local Community Plans are to be captured as part of this work. 8.1.20 - The Chair advised of the new Forum Community Coordinating Group which is due to meet in a couple of weeks. He anticipated that the Workshop will be facilitated through this new Forum and will capture the concerns and issues raised from the wider children's, adult and locality Plans. 20.5.20 - This is currently on hold due to Covid-19. However, it was noted that the current Covid response could provide some information to build on. Police Scotland are to collate the information available from the Community Safety Hubs and the registers of volunteers which have been set-up in relation to the response to Covid-19. 22.7.20 - a) Insp Hill is to organise the Workshop via MS Team in the next few weeks. b) Supt MacKillop advised of the e-mail received by Ms. Wylie and reported that a lot of new groups had been formed as a result of Covid-19. This information is on the TSI website and is to be shared with the Community Partnerships. 30.9.2020 - a) This Workshop is still to take place. b) The Chair advised of the Third Sector involvement and the e-mail he had received from Ms. Wylie regarding the new groups. He reported that this information is available on the TSI website and that he had also shared it with the Community Partnership leads. The Third Sector are currently unable to undertake their usual work has this involves face to face interaction. 25.11.20 - a) This Workshop is still to take place. b) TSI are currently in the process of recruiting for a Resilience Network post and once an individual is appointed he/she will capture this information. ONGOING

1.3	To share the template produced by Dot Ferguson with members of the Community Partnerships.		PS		25.9.19 - Mr. MacLennan to contact Ms. Ferguson in relation to this work. 20.11.19 - Ms. Ferguson has received a good response for Lochaber and Skye. This information is now to be put into an easy to use format and shared along with the questionnaire. Mr. MacLennan is working with Civil Contingencies to ensure partner agencies have access to WIFI if using SFRS Stations. He is still to liaise with Ms. Ferguson. 8.1.20 - Mr. MacLennan advised of the work which has been undertaken. He is still to liaise with Ms. Ferguson in relation to other buildings/facilities which are available. Ms. Ferguson has received a good response from most local Partners and ELG in relation to the assets available and she is still to put this into a geographical format. 20.5.20 - This is still ongoing. 22.7.20 - Ms. Ferguson reported that the Asset Register is almost complete and advised of the work currently being undertaken to capture the assets available from the Community Councils and Groups. The Asset Register is currently a listing of office and related facilities in Skye and Lochaber. A copy of this is to be shared with the Group. 30.9.20 - The template for Skye and Lochaber has been shared with members of this Group and the Chairs of other relevant groups. This is also to be shared with the Community Partnerships. The Chair also highlighted the duplication of work with the ELGs. It was pointed out that there is also an opportunity to extend this template to capture the physical assets as well as the geographic and sectoral areas of activity. It was suggested that this information could be held on the Community Planning Web Portal. 25.11.20 - The work to capture the physical assets as well as the geographic and sectoral areas of activity is still ongoing. Ms. McShane is to clarify the name of the individual within TSI who has ownership of the Highland Community Planning Website. ONGOING
1.5	To present the Neighbourhood Watch document to the first meeting of the Community Co-ordinating Group and share with members of the Group.		PS/SFRS		20.5.20 - This meeting is still to take place as it is not possible to progress at this time. Sgt Hay advised that he could provide assistance with this. 22.7.20 - This information is to be shared at the next Community Co-ordinating Group meeting. 30.9.20 - The Chair advised that an input is to be provided at tomorrow's Partnership Co-ordinator's Group meeting. 25.11.20 - Sgt Baughan is to liaise with Sgt Hay and Mr. MacLennan regarding the work undertaken in relation to the new neighbourhood Watch. This now requires to be introduced and managed within each area. ONGOING

2. Collaborative Training

Opportunities to share training across agencies, sectors and communities will help to strengthen support, deliver and co-operation

No (RAG)	Action	Timescale	Lead Officer	Measure, Target & Baseline	Update
2.1	**CPR Training Delivery**				
2.1a	**Co-ordination of CPR Training** - Identification of competency of partner agencies to deliver CPR / AED training and provision of standardised approach and training. Requirements for refresher training and a system for implementing this to be established.	20/11/2019	SAS		Initial meeting between SAS, SFRS, BRC to identify training & maintained strategy cancelled and to be re-scheduled. 20.11.19 - The SAS are to report back on this action. 8.1.20 - Mr. MacKay reported that a meeting has taken place to discuss this. He advised that he will invite the First Responders Team Lead to the next meeting to provide an update. 20.5.20 - The First Responders are currently stood down due to Covid-19. Mr. MacKay advised that the First Responders Team Lead will attend a future meeting to provide an update. 22.7.20 - Mr. MacKay hoped that the First Responders Team Lead will be able to attend the next meeting to provide and update. 30.9.20 - Mr. Laird provided an update on the new database and the number of AEDs available. A link to the website and a guide to registering an AED is to be shared with members of the Group. The Chair is to share this information with the Community Partnerships. 25.11.20 - The information provided by Mr. Laird has been shared with members of the Group and the Community Partnerships. This will continue to be an ongoing piece of work. CLOSE
2.1b	**Highland AED location Data Base** - Collation of Defib location to create data base. Process to examine methods for ensuring AED's are fit for purpose and serviced as per manufactures instruction. Consideration given to registering medically trained / first aid personnel in communities who could support Defib use.		SAS (HC, Red Cross)		Progress update at next HOIP - CSR meeting on 25th Sept. 25.9.19 - PSYVs have carried out a scoping exercise in Inverness and fed back to the SAS. 20.11.19 - An update is still to be received from the SAS. 8.1.20 - Mr. MacKay advised that there are now a number of AEDs in the Community and reported that people are encouraged to register the AED unit on the database. The Charity Lucky to be here are registering AEDs by the use of an app. A link to this app is to be sent to Ms. Ferguson for cascading via Ward Managers. The link is also to be put to the Chair of the Community Planning Partnerships for sharing. 20.5.20 - Members of the public are still encouraged to register AED units on the Scottish Ambulance database and provide details of the caretaker who will take care of the devices. There are still a number of AEDs not registered. The link to register the AED is to shared with the Community Partnerships. Workplaces are also to register AEDs if they are available to the public. The Community Partnerships should also be asked to provide feedback on the training required in the community. 22.7.20 - Members of the public are still encouraged to register the AED units on the Scottish Ambulance database. This is an ongoing process and the Charity Lucky to be Here are aware of registering the devices. This is to be highlighted at the next Community Co-ordinator's Group on behalf of Mr. MacKay. 30.9.20 - Members of the public are still encouraged to register the AEDs and further information is available on the British Heart Foundation website. The Chair advised that this is to be highlighted at tomorrow's Partnership Coordinator's meeting. 25.11.20 - Information has been shared at the Partnership meeting. TSI are to upload this information onto the Community Planning Website. ONGOING

2.1c	**Training Facilities –** Identify what training and awareness raising is available and feedback to the Community Partnerships.		All Partner Agencies		Awaiting partner agency update at next HOIP - CSR meeting on 25th Sept. 25.9.19 - Awaiting confirmation on the training activities. Thereafter this information will be shared with the Community Partnerships. 20.11.19 - This information is still to be received. 8.1.20 - It was noted that this included all types of training and awareness raising events. A list of Fire Stations available have been plotted. 20.5.20 - Ms. Thomson advised of the work that is being undertaken by the Community Learning and Development Thematic Group in terms of training opportunities. Supt. MacKillop advised that he will link-in with the Chair of the Community Learning and Development Thematic Group. Mr. MacRae reported that the Community Partnerships could be asked to identify any gaps identified in relation to Covid-19. 22.7.20 - This work is ongoing. 30.9.20 - The Chair advised that this overlaps with the work of the Community Learning and Development Thematic Group and that he has shared a copy of the Plan with the Chair of this Thematic Group. 25.11.20 - A list of TSI training is available on their Website and in their bulletins. All partners are to identify what training they have available and send it to Ms. McShane for uploading on the Website. Ms. Murray advised that there is likely to be a charge for the Highland Council training. ONGOING
2.2	**Sharing Information and Training on People Trafficking**				
2.3	**Register of Training** Register of Training by provided by Partners - All agencies to identify what training they provide. This will be used to identify what opportunities there are for communities and other agencies to utilise this training for improving community & resilience. End goal being the production of a training syllabus.		Highlife Highland		Awaiting partner agency update at next HOIP - CSR meeting on 25th Sept. 25.9.19 - Supt. MacKillop to e-mail Highlife Highland regarding taking this forward given the training they already provide. 20.11.19 - Supt. MacKillop to e-mail Highlife Highland once confirmation on the HOIP Groups has been clarified. 8.1.20 - All Agencies are to collate what training is available. Supt. MacKillop advised that he will make contact Mr. Grant. 20.5.20 - It was noted that this could have changed considerably given the environment we are currently operating in. This also links in with the Community Partnerships. 22.7.20 - The Chair advised that this work ties into the work of the Community Learning and Development Thematic Group. 30.9.20 - The Chair advised that he has tied in with the Chair of the Community Learning and Development Thematic Group in relation to this work. 25.11.20 - This action is covered in Action 2.2. CLOSE

No (RAG)		Action	Timescale	Lead Officer	Measure, Target & Baseline	Update
2.5b		**Partnership Funding Capability -** Each partner agency to identify funding stream they have access to that could be used to support community safety and resilience.		All Partner Agencies	Share with Community Partnership Groups	Partner agencies to provide progress update at next HOIP - CSR meeting on 25th Sept. 25.9.19 - This is to be shared with the Community Partnership groups. 20.11.19 - Information is available on the TSI Website and is posted on their Social Media Sites. The information will be shared through the Forums once they have been set-up. 8.1.20 - Ms. McShane advised of the applications which are current out for grants. Ms. McShane is to share this information with Supt. MacKillop for sharing with the Chairs of the Community Partnerships. Mr. MacLennan advised that he has asked their national funding officer about funding schemes and to provide some good examples of where the funding has been used for sharing with Community Partnerships. 20.5.20 - Mr. MacLennan advised that he will revisit this with the national funding officer. Sgt Hay advised of the various funding steams available. 22.7.20 - Supt. MacKillop is to share the information on funding streams with the Community Partnerships. 30.9.20 - The Chair advised that information has been shared with the Community Partnerships. Information is also available on the TSI website and social media sites. The Chair is to highlight this at tomorrow's Partnership Coordinator's meeting. It was questioned if a link to the funding steams could be added to the Community Partnership website and Ms. Ferguson is to confirm who has ownership of this website. 25.11.20 - Information is available on the TSI Website. CLOSE

3. Information Sharing

More can be done to share information across our public sector agencies where doing so would have to produce the impact of an individual's vulnerabilities. Working with communities will help identify the people who are most likely to need support and this will assist in providing or signposting the right support and services.

No (RAG)		Action	Timescale	Lead Officer	Measure, Target & Baseline	Update
3.1		**Identify Priority Areas for information sharing.**		PS (Supt MacKillop)		25.9.19 - To e-mail members of the Group to establish priority areas. 20.11.19 - This has been put on hold until the future of the Group has been clarified. 8.1.20 - Supt. MacKillop advised of the protocols in place for information sharing. The Group noted that this related to information sharing out with the Group. 20.5.20 - The blockages are to be identified to improve information sharing. 22.7.20 - It was noted that the Police, SFRS and SPS have ISPs in place for information sharing. Ms. Ferguson highlighted the changes over the last 3 to 4 months in terms of sharing information about vulnerable people. Supt. MacKillop advised that he would contact Mr. MacRae to obtain further clarity. 30.9.20 - It was noted that a register of training should be available on the Community Partnership websites. It was acknowledged that there has been huge changes over the last few months and that this work needs to be captured. The Chair advised that he will take this forward at tomorrow's Partnership Co-ordinator's Group meeting. 25.11.20 - The Chair advised that this work will be captured by the Resilience Network post. ONGOING

3.2a	**Explore the options available on how to build on the existing Care for People Plan involving Communities.**		NHS		25.9.19 - ONGOING 20.11.19 - There is still concern regarding those individuals who do not appear on any list. It was suggested that the Care for People Group may be able to undertake some of this work. It was also suggested that contact could be made with Mr. MacPhee, NHS. 8.1.20 - This was to be discussed with Mr. MacPhee and Ms. Webber. It was noted that it would be beneficial to have Flowchart of the Community Partnership meetings. 20.5.20 - It was noted that the work carried out in relation to shielding for Covid-19 will have captured many of these individuals. Part of this action is also to link-in with the Community Partnerships as they hold this information. 22.7.20 - This is still ongoing. 30.9.20 - The Chair advised that this will form part of tomorrow's Partnership Co-ordinator's Group meeting. It was pointed out that there had also been recognition that Third Sector partners should be included at the ELGs and the Care for People meetings. 25.11.20 - It was acknowleged that this work sits within the Emergency Planning Resilience area. The Chair is to link in with Ms. Clark to change the name to Safer Communities (new action to be created). CLOSE
3.2b	**To link-in with Ms. Clark in relation to changing the name of the Group to Safer Communities.**		PS (Supt MacKillop)		New
3.3	**Establish how this information is made available to vulnerable people and resources required.**		All Partner Agencies		25.9.19 - This is to be discussed at the next meeting in November. 20.11.19 - This is still ongoing. 8.1.20 - This is still ongoing. 20.5.20 - Sgt Hay reported that during the current pandemic packs were made up by P&I officers for vulnerable individuals. Ms. Thomson also advised of the leaflets which had been produced by NHS Highland and HTSI. Supt. MacKillop is to link-in with Ms. McShane, Sgt Hay and Ms. Thomson off table to take this forward. 22.7.20 - A leaflet had been produced by TSI and other agencies which signposted people to different organisations. It was noted that this information could be collated, reviewed and streamlined. This is to be raised at the next Community Co-ordinating Group. 30.9.20 - The Chair advised that this is to be discussed at tomorrow's Partnership Co-ordinator's Group meeting. 25.11.20 - The Chair reported that this was discussed at the last Partnership Co-Ordinator's Group meeting. A huge amount of information was shared during Covid-19. CLOSE

4. Digital Safety and Awareness

With all the advantages of digital technology there remains concern about the lack of awareness around how to maintain personal family safety and security when using it. The provision of information and targeted guidance, the deliver of training and appropriate awareness raising can be used to improve safety and security without creating unnecessary fear.

No (RAG)	Action	Timescale	Lead Officer	Measure, Target & Baseline	Update
4.1	**To capture the Digital Package – Cyber Safety training which has been delivered.**		PS - Sgt Baughan		2.5.9.19 - Each Agency to identify what they are currently doing in relation to cyber security. Thereafter, this can be shared with the Community Partnerships and members of the Group. 20.11.19 - Sgt Ross advised of the age groups targeted and reported that Mobility Net are to be part of the Festive Safety Campaign. Mr. Scott is to make contact with Sgt Ross in relation to the information available. 8.1.20 - National information from the Scottish Government is available online. There are also training packages available on the TSI website for members. The Community Partnerships are to be informed of where this information can be found. 20.5.20 - Access to this information is to be signposted. Sgt Hay advised of the Cyber Aware trained officers and the funding for Cyber Essentials. 22.7.20 - Sgt Hay advised of the training available and reported that he will provide a link for cyber information for sharing with members of the Group and Community Partnerships. 30.9.20 - Information has been shared with the Community Partnerships and members of the Group. 25.11.20 - The Chair advised that there is a need to capture what has been delivered in terms of cyber/digital safety. Mr. Brodie advised of the training in relation to scams which are being delivered. Mr. MacLennan pointed out that an additional section for cyber safety information could be considered for the portal.
4.2	**To identify what information, training and Awareness is available for digital safety.**		Sgt Hay & Partner Agencies		25.9.19 - Each Agency to provide this information. 8.1.20 - This is still ongoing. 20.11.19 - This is still ongoing. 20.5.20 - Each Agency is to identify what information they hold. Sgt Hay is to collate the information available and meet with Supt. MacKillop off table. Thereafter, the relevant information can be circulated. This related to a range of topics which includes CSE and financial security. 22.7.20 - As above. 30.9.20 - A list of presentations available produced by Sgt Hay was circulated to members of the group on 11 June 2020. It was highlighted that there are still some vulnerable people who do not have access to digital platforms and that this needs to be considered to ensure everyone is aware of what is available. 25.11.20 - It was noted that the digitally excluded tends to be the elderly. Sgt Baughan advised of the work which is currently ongoing in relation to fraud, scams and Christmas safety. She highlighted the booklet which is being produced that will reach the digitally excluded and the option of having this PDF uploaded to the various websites. Ms. McShane reported that information could also be included in the HTSI weekly bulletin.