

Agenda Item 9.

1. What action has been taken at a local level to improve community participation and collaboration between partners since the requirements of the 2015 Act came into force? Can you provide examples of success?

Following the 2015 Act the Highland CPP undertook a review of the structure, vision, priorities and governance of the CPP. As part of this work an extensive community engagement exercise was undertaken to ensure local communities were able to influence and shape the direction of travel for the CPP and the priorities for the Highland Outcome Improvement Plan (HOIP). As a result, a revised vision, and set of priorities was developed and reflected in the HOIP.

A revised governance structure was put in place which saw development of 5 delivery groups to coordinate partnership activity on the 5 priorities in the HOIP and 9 local Community Partnerships with a remit to engage local communities and involve them in developing locality plans that were focused on reducing inequalities.

One of the outcomes from the review was development of a new approach to shared leadership to strengthen collaboration between partners and improve community participation. This has included:

- rotation of the role of Chair of the CPP Board across the 5 statutory partners named in the 2015 Act to ensure shared leadership.
- creation of 9 Community Partnerships to ensure deliverability of the Community Planning agenda across the Highland geography.
- shared responsibility across partners for the leadership of the 9 local community partnerships.
- shared responsibility across partners for the leadership of the 5 priority delivery groups that are responsible for developing and implementing regional plans for the priority themes in the Highland Outcome Improvement Plan.
- embedding our approach to adult and children's local planning (as outlined through the Public Bodies (Joint Working) Act 2014) within the local community planning structures.
- embedding our approach to CLD within the local partnership structure and as a key thematic of our Outcome Improvement Plan. (Subsequently SG guidance on CLD has embedded this within Community Planning structures.)

Challenges:

- Ensuring that community planning work is embedded within individual partner priorities and plans, is part of organisational governance and given equal priority in relation to allocation of resource. It is important that community

planning and collaborative working is seen as part of the core role and function of all organisations.

- Ensuring that community planning work is seen as part of the 'day job' by staff in partner organisations and included in staff remits, responsibilities and training.
- How to ensure that 'community' is part of the accountability structures of the CPP beyond formal HTSI representation.
- Capacity to support community planning structures – no additional funding has been made to the partnership or individual organisations to support this significant shift.
- Delivering a consistent approach to community planning across a geography as wide as Highland. There is a challenge balancing between enabling locally led priorities and ensuring consistency of approach. Community participation can only be effectively progressed in a devolved approach.
- Ensuring activity is focused on action and not plan development.
- Lack of mechanism to allocate resource direct to the CPP for partnership activity and challenges in relation to provision of and sustainability of funding for agreed partnership activity when governance sits with each individual partner, particularly when there is significant financial pressure on individual partners.
- Difficulty in taking a whole system approach across the partnership when governance and accountability for each partner sits separately and can sometimes get in the way of collective action particularly when service pressures are acute. Many of the local partners are national organisations and therefore accountable and driven by national agendas.
- Increasing participation amongst those that traditionally do not engage and sustaining good quality engagement
- The original focus for Locality Plans in Highland were 25 separate, most disadvantaged communities. However, following review, this approach was assessed as not effective. Communities were not fully engaged in that process and felt disengaged from community planning as a result, therefore not increasing participation. Partners have reflected on this, refocusing on plans based on area-based geographies of its sub-regional area CPPs (eg Caithness, Sutherland, Lochaber etc). This has largely complemented existing wider community feelings and has helped reduce the volume of often confusing documentation which was seen by communities to be a barrier to effective participation.

Examples of positive partnership participation and involvement:

- Development of a "Pathfinder" project to address mental health and wellbeing, where there was an agreed need to tackle geographic and demographic inequalities. The pathfinder work began in Caithness, where Locality-based engagement had highlighted the increasing impact on young people in

particular of issues such as access to services. This programme of activity was co-designed with extensive community and Third Sector participation and is now in the process of being rolled out across Highland, bringing together all of the statutory partners with key private and third sector interests in order to shape and deliver services. It is clear that the Covid-19 Pandemic, and the partner responses to it, has had a significant bearing on the progress made on the ground with this initiative.

- Nairn and Nairnshire Community Participation events undertaken in 2019 were used to drive local actions and to prioritise partnership priorities for collaboration and local funding. This was a funded post and was successful on that basis, however it was noted that once the funding ended the momentum was lost and this led to some community disengagement.
- Engagement with BID's, CABs and Community Councils, directly onto to CP's to ensure voices from the community are in the boards.
- Engagement through the Integrated Children's Services Board to begin the development of a Youth Participation Strategy for Highland which will enhance participation.
- Education Scotland reported in the December 2022 report of CLD in Highland that "*partners have strengthened structures for partnership working and networking. This improving communication, understanding and joint work between partners*"
- Partners are improving how they use data and data sharing across the CPP through an agreed set of KPIs and creation of shared reporting templates.
- Increase in the number of collaborative funding bids made, e.g. The CLD partnership submitted 38 additional partnership applications in 2021-2022 securing £319,559 for local provision.
- Partners are working together to strengthen the role and contribution of CLD in closing the attainment gap, e.g., a small handful of organisations reported that nearly 950 awards for achievement have been gained by adult and youth learners between April 1 and September 30 2022, of which 105 were formally accredited. HTSI also reported 10 Youth Summit awards.

2. What progress has your CPP made in tackling inequalities since the 2015 Act? To what extent has your CPP adopted a preventative approach in seeking to tackle inequalities? Can you provide examples of success? How are you responding to the current cost-of-living crisis?

Prevention and inequalities are cross cutting themes of the HOIP and are the focus of the delivery plans for the 5 delivery groups and the 9 local community partnerships. Much of the activity of the CPP has been focused on the main determinants of inequality including:

- Work to promote good mental health and wellbeing – Examples include:
 - development and promotion of an online toolkit for mental health and wellbeing as a one stop shop for information on mental health and wellbeing including:
 - self help materials
 - signposting to services and support
 - training prospectus to signpost partner staff and communities to where they can access further information and training on mental health and wellbeing to increase their knowledge and skill sin supporting others with mental health and wellbeing
 - development of a suicide intervention and prevention course and delivery to partner staff and communities
 - development of a prevent suicide app with information on where to get help, safety planning and how to support somebody you think may be at risk

- Work on tackling poverty - Examples include:
 - Income Maximisation - Development of Money Counts training to staff and volunteers across Highland to increase confidence in asking about money worries and promoting knowledge and awareness of support services available.
 - Income Maximisation - Development of Worrying about Money leaflet that offers practical financial advice and support for individuals struggling to make ends meet.
 - Food Insecurity – supporting the development and establishment of food tables/food larders.
 - Embedding referral pathways - to support improved access to welfare support services. Embedded resources from NHS Health Scotland (Asking About Money Worries) within the health visitor and midwives Health Information Trail and Welfare Support Team within 6 GP practices.

- Work to develop community participation and engagement – Examples include:
 - Agreeing Place Based Framework in Dec 2021 providing commitment to aligning duties set out in Community Empowerment Act including

Community Planning, Participatory Budgeting, Participation Requests and Community Asset Transfers

- Developing CLD networks across all 9 Community Partnership areas to provide opportunities for practitioners and all interested partners to come together to plan, deliver and evaluate provision. The networks enable frontline workers, volunteers, community groups and learners to share what's going on in the community, identify need and set shared priorities.
 - Appointing Area-based Community Support Coordinators in August 2021 and facilitated over 1600 interactions with community groups across Highland during their first six months' activity in this new role. Key aspects of the role include:
 - supporting communities recovering from the pandemic
 - co-ordinating and deliver humanitarian and resilience support
 - building on community networks that emerged through the pandemic and building community capacity to deliver local priorities
 - encouraging participation and involvement in Council priority setting, re-focusing partnership priorities, and supporting place-based planning
 - Co-producing the Highland Children and Young People Charter.
 - Strengthening youth voice and participation, e.g., with a grant from the Rural Communities Testing Change Fund 2021/22, groups of young people from 7 areas of Highland - Ardnamurchan, Nairn, Black Isle, Inverness High School area, Culloden, Tain and Ullapool – engaged with their peers locally to listen to what was important to them and allocate funds or resources directly to help support improvement of services, activities and opportunities in communities.
 - Improving confidence and skills through programme of free learning opportunities, including UNCRC, National Standards for Community Engagement, trauma informed practice, community development
 - Creating improved structures to increase the role of communities in community planning decision making, e.g., HTSI supported network of thematic forums and the cross-sector Highland Adult Learning and Youth Work Groups.
- Locality planning – Examples include:
- Caithness area identified as an area with inequalities, with additional funding put in place for mental health services. Community Engagement Strategy put in place, with additional funded post by Police Scotland to focus on collaboration in preventative work. A participatory budgeting approach established to allow communities to decide their priorities.

- Community Partnerships improved community engagement e.g., Mid Ross developed an engagement toolkit which enabled partners to successfully carry out online and in person consultations, do things differently by seeking views at school parent's nights, lunch clubs and youth forum meetings. A *rate your estate* activity with community members directly resulted in the creation of a community hub in one of the identified locality areas.
- Inverness! Let's Talk about Mental Health was a virtual event hosted by Inverness Community Partnership in September 2021. 74 cross sector partners attended to learn more about the impact of the pandemic on the mental health and wellbeing of young people and to hear from young people about what services they need. The event also provided an opportunity to learn about the different resources available and to network. This piece of work was informed by findings from the regional survey of young people carried out by the Mental Health Delivery Group demonstrating improved alignment between strategic and local priorities.
- In March 2021 Sutherland Community Partnership launched the Sutherland Wellbeing website which aims to connect residents with services, resources and activities aimed at promoting good mental health and strengthening emotional and physical wellbeing.
- Be Happy Be Healthy Kinlochleven hosted by Lochaber Community Partnership took place in March 2021. The event focussed on re-engaging with partners and community following the pandemic.

Challenges:

- Complexity of identifying and measuring inequalities, particularly in remote and rural areas where traditional indexes do not adequately describe inequalities
- As highlighted in the national review of the *Christie Commission: 10 years On* (2021), there has not been the progress hoped in shifting mainstream budgets towards joint partnership/preventative work.
- Pressures on 'downstream' services impacts on capacity to focus activity and resources 'upstream'.
- The impact on inequalities of things out with the control of the CPP e.g. cost of living crisis etc. Local partners can take action to mitigate the impact however the causes e.g. energy sector challenges, are not within the control of the partnership.
- There continues to be a challenge about effectively measuring work to address inequality. This relates to:
 - The effectiveness of available indicators to capture change in addressing inequality – particularly the availability of sub-regional measures;

- That many of the key priorities e.g. poverty, mental wellbeing, community resilience, are areas where change can only be seen over a longer time period;
- The challenge of measuring change in inequality in remote rural areas.

3. How have Local Outcomes Improvement Plans and locality plans reduced inequalities? Can you provide examples?

This is captured in question 1 and 2.

4. What are the challenges faced by CPPs to the effective planning and delivery of their outcomes? How has the Act changed how community planning partners deliver their services?

As noted in the responses to questions 1 and 2 the following outline a number of challenges identified:

- Ensuring that community planning work is embedded within individual partner priorities and plans and is part of organisational governance and given equal priority in relation to allocation of resource. It is important that community planning and collaborative working is seen as part of the core role and function of all organisations.
- Ensuring that community planning work is seen as part of the 'day job' by staff in partner organisations and included in staff remits, responsibilities and training.
- How to ensure that 'community' is part of the accountability structures of the CPP beyond formal HTSI representation.
- Capacity to support community planning structures – no additional funding has been made to the partnership or individual organisations to support this significant shift.
- Ensuring activity is focused on action and not plan development.
- Lack of mechanism to allocate resource direct to the CPP for partnership activity and challenges in relation to provision of and sustainability of funding for agreed partnership activity when governance sits with each individual partner, particularly when there is significant financial pressure on individual partners.
- As highlighted in the national review of the Christie Commission: 10 years on (2021), there has not been the progress hoped in shifting mainstream budgets towards joint partnership/preventative work.
- Difficulty in taking a whole system approach across the partnership when governance and accountability for each partner sits separately and can sometimes get in the way of collective action particularly when service pressures are so acute. Many of the local partners are national organisations and therefore accountable and driven by national agendas.

- Pressures on ‘downstream’ services impacts on capacity to focus activity and resources ‘upstream’.
- The impact on inequalities of things out with the control of the CPP e.g. cost of living crisis etc. Local partners can take action to mitigate the impact however the causes e.g. energy sector challenges, are not within the control of the partnership.

Due to the limited supporting resource in some areas, there has been a need to be realistic as to what is achievable within the capacity of the partnership and need for honest dialogue with members. Plan have had to be streamlined to reduce bureaucracy, and allow focus on actions.

Providing CPP partners with access to data held by both the UK and Scottish Governments, and thereafter to have legal gateways to reuse the data for other specified purposes, would enable partners to refocus resources to be more proactive and preventative and would be a step change from the reactive position that partners are often having to operate.

Delivering on an inequalities basis can be challenging in more affluent areas where there is a perception by those who present themselves as representing the community, that inequalities are not visible in their community, and therefore the direction they seek from partnerships is more for economic development. This is exacerbated by the challenge to get the voices of those impacted heard.

5. What role did your CPP have in the response to the Covid-19 pandemic? What has the legacy of the pandemic been to approaches to community planning?

The Public Protection Chief Officer Group and Local Resilience Partnership/Care for People were the primary structures used for responding to immediate and high risk impacts at a strategic level.

Overall, the response to the pandemic from statutory partners ranged from frontline health delivery and social care to financial support for businesses and communities, direct food support and mental wellbeing support. However, across the area, third sector and community bodies played a vital role in local partnerships to deliver services in their communities.

Some formal CPP structures ceased to operate during the pandemic, relying instead on short-life Covid-focused groupings or on “resilience groups” often derived from stakeholders involved in CPPs at a local level. Partnership continued to be the key to delivering support to local communities.

In two areas of Highland a resilience group was co-chaired by a statutory partner and the third sector, bringing together a range of community “anchor” organisations to agree and prioritise service delivery. This work was largely underpinned by two umbrella bodies from the third sector (who had been recipients of financial support from the Aspiring Communities Fund and HIE) and the network of anchor organisations. The resilience groups met weekly during the early months of the pandemic, forming a strong collaborative network which has survived and developed in the subsequent two years.

The CPP Board and local partnerships have considered the longer term impacts and how the pandemic impacted on their objectives and priorities, during and post pandemic. Whilst the core priorities remain, the strength of community-based support and response has brought a stronger focus on resilience but also the importance of economic sustainability. Learning has also brought a greater focus on issues that have been exacerbated by the pandemic including mental health and inequalities and a stronger area/thematic approach to priorities and actions leading to greater local collaboration from communities.

This cumulative impact of covid has resulted in higher than pre-pandemic demands on limited services, struggling now to meet the demand. This strengthens the need for greater collaborative working.

6. Does the existing guidance for Community Planning Partnerships need to be updated?

Yes, there is a need for guidance to be reviewed and training to support partnerships to be developed. There have been considerable changes in landscape since the first iteration of the guidance and heading towards the end of the 10 year plan, a review should be conducted.

A key example of this is that consideration should be given as to the alignment/connection between the focus on place and place based approaches and community planning. The Highland partnership has taken a decision to align the approach to place and community planning, recognising the interconnectedness and need to provide one focus for action within communities. Guidance should be updated to reflect this shift in focus.

Guidance also needs to reflect:

- that there are challenges for national organisations in the manner in which CPP's operate, varying across local authority areas.
- integrated impact assessment of partnership plans
- taking a whole systems approach

- participative and collaborative processes
- communication and engagement for CPP's

7. How does community planning align with other strategies and planning requirements?

A decision was taken in 2016 to align local partnership action around locality planning, CLD planning and children and adult planning (as required through the Public Bodies Act). This was to minimise the impact on local partners and reduce the requirement for multiple plans.

It has been a positive shift in directing Integrated Children's Services and CLD planning through CPPs and this has proven a natural development for the Highland partnership. However, certain planning requirements e.g. Child Poverty Action Report, still remain separate, despite the close alignment between the priorities of the CPP and the outcomes required.

All Public Protection work is also overseen under the auspices of the CPP, with the Highland Alcohol and Drugs Partnership (HADP) and Community Justice Partnership reporting directly to the CPP. However, work is required for plans to dovetail more effectively, such as HADP.

Work is currently being developed to integrate the ongoing Care for People approach – recovery/resilience activity as a result of an emergency incident – into the broader CPP Partnership structure. This builds on the learning experienced through covid.

However, it should be noted that the challenge of different partners having different accountabilities remains, with national targets and standards creating tensions with local outcomes. It can be difficult to take a whole systems approach under these conditions.

As noted at question 6, a decision is required on the future direction and potential alignment between community planning and placed based approaches. The Highland partnership have attempted to minimise the number of plans in order to target action and provide focus. The local partnership has agreed to align this approach but it would be of assistance for this to be considered and if agreed, reflected in national guidance.

8. Do partners in your CPP contribute resources to enable the delivery of outcomes?

In 2022, it was agreed to jointly resource a small number of posts to work across the Partnership, on behalf of the partnership. This reflects reviews that established the need for a staffing resource to assist in the co-ordination and facilitation of partnership activity in order to deliver improved outcomes and drive partnership action. The commitment to community planning by partners is there but it has proven challenging to translate that into physical resource at a time of pressure on organisational budgets.

As noted in response to question 4, as highlighted in the national review of the *Christie Commission: 10 years On (2021)*, there has not been the progress hoped in shifting mainstream budgets towards joint partnership/preventative work. This proves challenging for organisations who are responsible and accountable for spend to their local or national bodies at a time of reducing resources.

There have been some recent movements to allocate funding directly to CPPs, however, due to the structure of CPPs, this continues to be done through individual organisations. Unless there is a move to change the status of CPPs or develop a shared decision making and accountability framework, this challenge will continue.

9. Whether inclusion as a planning partner has changed the way your organisation works, spends its budget and makes decisions?

This is a collective response from the Highland CPP.

10. Does the statutory membership of Community Planning Partnerships need revisiting?

Should there be a move to align the broader approach of Place Planning into Community Planning, then it would be appropriate to review the statutory membership of CPPs to ensure a broader cross-section of partners.