**Dates of 2024 Meetings**

| 1 March | 7 June | 13 September | 4 December |
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# DUMFRIES AND GALLOWAY
# COMMUNITY PLANNING PARTNERSHIP BOARD
**Meeting on Friday 13 September 2024**
**10.00am – 1.00pm**
**MS Teams and in the Council Hall, Council HQ,**
**English Street, Dumfries DG1 2DD**

### Members

| | | |
|---|---|---|
| **Gail Macgregor** **Co-Chair** | - | Leader Dumfries and Galloway Council |
| **Richard Brodie** | | Councillor Dumfries and Galloway Council |
| **Marsali Caig** **Co-Chair** | - | Vice Chair NHS Dumfries and Galloway |
| **Joanna Campbell** | - | Principal and Chief Executive Dumfries and Galloway College |
| **John Campbell** | - | Chairman SWestrans |
| **Linda Dorward** | - | Councillor Dumfries and Galloway Council |
| **John Dougan** | - | Chair Third Sector Dumfries and Galloway |
| **Alan Glasgow** | - | Dumfries and Galloway Housing Sector |
| **Professor Russel Griggs** | - | Chair South of Scotland Enterprise |
| **Derek Heaton** | - | Local Senior Officer, Scottish Fire and Rescue Service, Dumfries and Galloway Division |
| **Sheena Horner** | - | Dumfries and Galloway Private Sector |
| **Iain Howie** | - | Councillor Dumfries and Galloway Council |
| **Maureen Johnstone** | - | Councillor Dumfries and Galloway Council |

**Andy McFarlane** - Chair
Dumfries and Galloway Integration Joint Board

**Steven Meikle** - Chief Superintendent, Police Scotland
Dumfries and Galloway Division

**Shona Mitchell** - Head of Operations
Skills Development Scotland

**Jane Morrison-Ross** - Chief Executive
South of Scotland Enterprise

**Dawn Roberts** - Chief Executive
Dumfries and Galloway Council

**Jo Shearer** - Vice Chair
Third Sector Dumfries and Galloway

**Stephen Thompson** - Councillor
Dumfries and Galloway Council

**Alan Webb** - Chief Executive
Third Sector Dumfries and Galloway

**Julie White** - Chief Executive
NHS Dumfries and Galloway

**Valerie White** - Chair - Community Planning Senior Leadership
Team (Advisor)

**Claire Renton** - Place Director for Dumfries and Galloway
Scottish Government (observer)

**Dates of Meetings 2024**

**1 March   7 June   13 September   4 December**

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**DUMFRIES AND GALLOWAY
COMMUNITY PLANNING PARTNERSHIP BOARD**

**FRIDAY 13 SEPTEMBER 2024
10am-1.00pm
Main Council Hall, English Street, Dumfries
MS Teams/Hybrid
AGENDA**

# DUMFRIES AND GALLOWAY
# COMMUNITY PLANNING PARTNERSHIP BOARD
## Friday 7 June 2024
## Council HQ, English Street, Dumfries
## and by MS Teams - 10.00am

<u>**Item 1**</u>

### Present

| | | |
|---|---|---|
| **Nick Morris**<br>**Co-Chair** | - | Chair<br>NHS Dumfries and Galloway |
| **Gail Macgregor**<br>**Co-Chair** | - | Leader<br>Dumfries and Galloway Council |
| **John Campbell** | - | Chair<br>SWestrans |
| **Linda Dorward** | - | Councillor<br>Dumfries and Galloway Council |
| **John Dougan** | - | Chair<br>Third Sector Dumfries and Galloway |
| **Andy Ferguson**<br>*(Substitute)* | - | Councillor<br>Dumfries and Galloway Council |
| **Alan Glasgow** | - | Dumfries and Galloway Housing Sector |
| **Scott Irving**<br>*(Substitute)* | - | Group Commander, Scottish Fire and Rescue Service,<br>Dumfries and Galloway Division |
| **Maureen Johnstone** | - | Councillor<br>Dumfries and Galloway Council |
| **Andy McFarlane** | - | Chair<br>Dumfries and Galloway Integration Joint Board |
| **Shona Mitchell** | - | Head of Operations<br>Skills Development Scotland |
| **Jane Morrison- Ross** | - | Chief Executive<br>South of Scotland Enterprise |
| **Dawn Roberts** | - | Chief Executive<br>Dumfries and Galloway Council |

**Jo Shearer**  -  Vice Chair
Third Sector Dumfries and Galloway

**Alan Webb**  -  Chief Executive
Third Sector Dumfries and Galloway

**Julie White**  -  Chief Executive
NHS Dumfries and Galloway

**Colin Cook**  -  Place Director for Dumfries and Galloway
Scottish Government (observer)

**Apologies**

**Joanna Campbell**  -  Dumfries and Galloway College

**Professor Russel Griggs**  -  Chair
South of Scotland Enterprise

**Iain Howie**  -  Councillor
Dumfries and Galloway Council

**Andrew Kenna**  -  Local Senior Officer, Scottish Fire and Rescue Service,
Dumfries and Galloway Division

**Jim McMillan**  -  Local Commander, Police Scotland,
Dumfries and Galloway Division

**Stephen Thompson**  -  Councillor
Dumfries and Galloway Council

**In attendance**

**Lauren Asher**  -  Resettlement Project Worker (Item 4)

**Louise Cumley**  -  Workstream Lead Health and Social Care (Item 4)

**Jan Hastie**  -  Workstream Lead Homes and Housing Workstream (Item 4)

**Nick Hopkins**  -  Independent Chair of Poverty and Inequalities Partnership
(Item 3)

**Lynda Irving**  -  Resettlement Project Worker (Item 4)

**Stephen Jack**  -  Lifelong Learning Manager

**Ann McShane** - Workstream Lead Education and Employment Workstream (Item 4)

**Liz Manson** - Chair of the Dumfries and Galloway Resettlement Board (Item 4)

**Kirsty Peden** - Workstream Lead Welcome Hubs, Support and Orientation (Item 4)

**Valerie White** - Director of Public Health
NHS Dumfries and Galloway

**15 members present from 10 partners**

The Chair **WELCOMED** everyone to the meeting.

**1. DRAFT MINUTE OF THE COMMUNITY PLANNING PARTNERSHIP BOARD MEETING HELD ON 1 MARCH 2024**
**APPROVED** as a correct record.
**ACTION:  LIFELONG LEARNING MANAGER**

**2. COMMUNITY PLANNING ACTION LOG**
**NOTED** that the majority of actions are sitting at green; the success of the Alcohol and Drugs Partnership Development Day held on 15 May 2024 (Action 4); updates on the Shared Prosperity Fund and clarification on the split between the Borderlands and Place Plan funds (Action 7); update to CPPB members sent on 26 April in relation to care experienced young people and the Equalities Impact Assessment  (Action 8); and actions in orange are future items of business to be scheduled.
                                                **ACTION: LIFELONG LEARNING MANAGER**

**3. PRESENTATION AND UPDATE FROM POVERTY AND INEQUALITIES PARTNERSHIP**
3.1 **RECEIVED** a presentation from the Chair of the Poverty and Inequalities Partnership on priorities, opportunities, challenges and future plans.

3.2 **HIGHLIGHTED:**
   - Dumfries and Galloway have higher levels of fuel poverty than the rest of Scotland – 28% v 25% in 2019.
   - Impact of higher costs to those living in rural areas on people in low income.
   - Partnership and Sub Groups going through a review process and re-prioritisation of tasks.
   - Sub Groups are taking forward the action plans.
   - Progress needs to accelerate.
   - Whole systems approach is key in which every organisation maximises its impact on poverty, and reduces barriers to access its services created by poverty by undertaking a Poverty proofing audit which is in development.

**Andy Ferguson joined the meeting.**
**16 members present from 10 partners.**

3.3 **CONSIDERED** the range of actions being progressed through the sub-group action plans; **FURTHER HIGHLIGHTED** that following the most recent release of national statistics it was confirmed that child poverty rates in Dumfries and Galloway have now increased to 26.9% (a rise of 0.9% from previous year). N.B. Dumfries and Galloway sits within top 10 local authority areas in Scotland with the highest child poverty rates. Poverty has a clear impact on health and the aspirations of young people

**Linda Dorward joined the meeting.**
**17 members present from 10 partners.**

3.4 **PROVIDED** comments and suggestion on poverty proofing and auditing as detailed at para 3.5; and **NOTED** comments included challenges associated with being able to demonstrate/evidence impact/progress against Outcomes; **NOTED** the establishment of a Tackling Poverty Inequalities and Housing Sub Committee at Full Council in March 2024 which reflects the cross-party priorities and concern around poverty and inequalities.

3.5 **APPROVED** CPSLT to help identify and co-ordinate all partner activity linked to Child Poverty to support a "single focus" and evidence that the work Partners are undertaking collectively is of benefit and is addressing the impact of poverty e.g. in terms of access to healthcare services, employability, income maximisation, transport etc; identify how poverty and child poverty can be addressed through the LOIP and actions of the workstreams already in place; and present back to a future board meeting with a proposition about how to monitor going forward with an outcomes and impact view rather than activity view.
**ACTION: COMMUNITY PLANNING SENIOR LEADERSHIP TEAM**

**4. PRESENTATION AND UPDATE FROM RESETTLEMENT BOARD**
4.1 **RECEIVED** a presentation from the Resettlement Board.

4.2 **HIGHLIGHTED:**
- Complex financial and reporting framework to Scottish and UK Governments.
- Positive welcome and support for New Scots in our region from community leaders and face to face engagement.
- Improvement of English as a Second or Other Language provision across all partners.
- Employment successes especially among Ukrainians.
- Challenge of undertaking timeous Health Assessments for Asylum Seekers and GP provision.
- Fulfilment of the commitment to provide 20 houses for Afghan families; and the need for additional social housing across the region, including the possibility of a modular Housing project.
- Continued development of third sector commissions for long term support.
- All CPP Partners contribute to the Resettlement journey.

4.3 **NOTED** comments on the issues raised at 3.1 and in the presentation for inclusion in the Evaluation Report included:  to support socialisation and integration of New Scots into their communities using resettlement funds and community organisations; challenge of transport and connectivity which have been overcome through partnership working; to capture stories of hosts and schools with involvement of New Scots through case studies; to draw out what impact New Scots have on communities and organisational policies, suggest mitigations so that New Scots have opportunity to thrive equally; benchmark with other Local Authorities and participate in the COSLA Resettlement Liaison Group where discussions take place around operational issues and approaches.

4.4 **COMMENDED** the work of the Resettlement Board with the impact stories/videos shared at the meeting very positively received and helped to evidence the significant positive difference that this work is having.

4.5 **COMMITTED** to ongoing support for this programme of work from organisations represented on the Board.

4.6 **THANKED** Liz Manson for Chairing the Resettlement Board and **APPROVED** the appointment of Charles Rocks, Head of Children, Families and Community Justice as the Chair of the Resettlement Board with immediate effect.
**ACTION: RESETTLEMENT PROJECT BOARD**

## 5. LOIP AND COMMUNITY PLANNING MODEL UPDATE
5.1 **ENDORSED** the LOIP Action Plan Pentana templates as discussed at 3.1.1 and as detailed in Appendix 1.

5.2 **ENDORSED** the proposal for the initial pilot Locality Plan as detailed at 3.12 and as attached in Appendix 2;

5.3 **ENDORSED** the draft performance framework as detailed at 3.1.3 and as attached in Appendix 3; and to **CONSIDER** how do we demonstrate our commitment to our impact on increased employability for disadvantaged groups, recognising the collective actions and use of resources.

5.4 **ENDORSED** the approach to develop a Data Sharing Agreement for Locality Hubs as detailed at 3.1.5 and consider the Locality Hub case study included at Appendix 4;

5.5 **CONSIDERED** and **APPROVED** the updated Community Planning Handbook as detailed at 3.1.6 and as attached in Appendix 5;

5.6 **NOTED** the position with Partnerships, Plans and Strategies as detailed at 3.1.7
**ACTION: LIFELONG LEARNING MANAGER**

## 6. UPDATES ON KEY PLANS AND STRATEGIES
**NOTED** request from CPSLT for Lead Officers to keep updates succinct.

6.1   **Alcohol and Drugs Partnership (ADP) Strategy and Delivery Plan**
**NOTED**

6.2   **Children's Services Plan**
**NOTED**

6.3   **Dumfries and Galloway Community Justice Outcome Improvement Plan**
**NOTED**

6.4 **Community Learning and Development (CLD) Partners' Strategic Plan**
6.4.1 **NOTED** that the final report from the CLD Progress visit was received in March 2024 and which **HIGHLIGHTED:**

- how well Community Planning Partners had responded at short notice and worked together to contribute to the programme, produce evidence, case studies and contributed to making the visit a success;
- strong messages around strategic leadership across all aspects of CLD, use of data and research, support for and impacts of volunteering;
- how resources are being combined and targeted to those in most need;
- 3 areas of best practice identified for sharing nationally – Youth Work Progression Pathway, Mental Health and Schools Project and approach to Community Asset Transfers;
- Dumfries and Galloway also received the highest confidence statement available.

6.4.2 **NOTED** the national independent review of CLD is drawing to a conclusion and awaiting the findings; interim action plan is being taken forward through the CLD Partnership which will cover 2024-25 and will dovetail with the timeline of the consultation mandate and community engagement for a detailed plan to be produced by September 2025.

6.4.3 **ACKNOWLEDGED** the very positive outcome of the CLD Progress Visit by Education Scotland and keen to see the success publicised/promoted ; and **NOTED** a press release and social media will inform public of the good work in the report, and key messages will be shared individually with Partners.
**ACTION: LIFELONG LEARNING MANAGER**

6.5 **Employability and Skills Plan**
**NOTED**

6.6 **Health and Social Care Strategic Commissioning Plan**
**NOTED**

6.7 **Local Development Plan 2**
**NOTED**

6.8 **Local Housing Strategy**
**NOTED**

6.9 **NOTED** the summary updates highlighted at paragraph 3.2; and the progress being made in relation to the key Strategies and Plans that support the Local Outcomes Improvement Plan as detailed in Appendix .
**ACTION**: **LIFELONG LEARNING MANAGER**

**7. SCOTTISH FIRE AND RESCUE PRESENTATION**
7.1 **RECEIVED** a presentation on shaping the future of the SFRS from Group Commander, Scottish Fire and Rescue Service, Dumfries and Galloway Division; **HIGHLIGHTED** it is pre-consultation for information to members as full consultation will take place after the General Election on 4 July.

PUBLIC

7.2 **HIGHLIGHTED**:

- SFRS want to modernise and take account of the challenges of Scotland's future.
- Want to do more for their communities by responding to incidents and preventing them from happening.
- Working with Partners and looking at how we can best use resources to support the prevention and protection agenda.
- Encourage Partners, Members and Communities to participate in the online survey before 30 June and give their views on what SFRS should look like moving forward which will help inform options for change as part of the full public consultation.
- Prevention work has had a significant impact in driving down the number of fires and SFRS need to respond to increasing incidents in relation to the environment and climate change (i.e. flooding).
- Success of SFRS is down to the staff and model relies on recruiting staff who live and work in the local community.
- Significant challenges around employability and retaining staff in the local communities.

7.3 **PROVIDED** comment, suggestions and views in order to contribute to the consultation and comments **NOTED;**
- within the confines of the pre-election period included confirmation of the temporary withdrawal of 10 appliances - this would not impact rural areas or response to wildfires, as there were second or third appliances located in the Central Belt; for large scale incidents like a wildfire depending on the scale can call on additional resources from Ayrshire, Lanarkshire etc;

**ACKNOWLEDGED** important and valuable role SFRS have in prevention and early intervention to support vulnerable people in their own homes; as many Public Services are engaging in community engagement consultations around future models of care and the challenges are common in terms of availability of resources, staffing, changing models, level of risk and demand and potential through community planning processes to use these opportunities to develop place based planning and multi-agency approach to engagement exercises;

**DISCUSSED** through consultations and surveys the need to capture as many options and opinions as possible including from those who are digitally excluded e.g. drop in events at Fire Stations and supermarkets, hard copies available in different formats; SFRS are not a statutory consultee but can advise Planning authorities environmental authorities, forestry commission to encourage them to be aware of preventative measures to reduce frequency of incidents and make communities resilient and have appropriate resources in the local area to respond; investigate using Place Planning structures and Locality Hubs to get engagement and feedback; work already underway around a strategic estate planning approach for blue light services across Scotland in terms of collaboration and joint approach and opportunity to explore public sector estate planning;

**NOTED** estate in Dumfries and Galloway in a healthy position; and supportive of youth participation engagement.
**ACTION: SFRS**

## 8. BUSINESS BRIEF

8.1 **CONSIDERED** the updates provided at paragraphs 3.1-3.6 and as detailed in the Appendices.

8.2 **HIGHLIGHTED** update on the COVID Remembering Together Project and work coming to a conclusion with community gathering events taking place in June; Scottish Government have recently published an updated Action Plan to tackle depopulation which will be key for Community Planning and work linked to the LOIP; and the importance of spatial strategies and local development plans in identified areas in the Borders and Dumfries and Galloway which would improve local liability, low carbon network towns and sustainable rural development.

8.3 **NOTED** Dumfries and Galloway Council will receive £30,000 to help research the causes of local population decline, to inform the development of future policy interventions; and **AGREED** to ask CPSLT to look at how all Community Planning Partners might engage with this work and share learning; and **ACKNOWLEDGED** population is reducing but pressures are increasing and therefore need to collectively work together on our population strategy in support of Scottish Population Strategy to make sure maximise organisation contributions.

**Jane Morrison- Ross left the meeting**
**16 members present from 9 partners.**

 **ACTION**: **LIFELONG LEARNING MANAGER/ CPSLT**

## 9. RISK REGISTER
**CONSIDERED** and **APPROVED** the updated Risk Register contained within the Appendix.

**Gail Macgregor left the meeting**
**15 members present from 9 partners.**

## 10. FORWARD PLAN ARRANGEMENTS
10.1 **NOTED** the confirmed meeting dates for 2024;

10.2 **CONSIDERED** the proposed business for 2024 with suggestions for inclusion including seeking young people's views on how to address key challenges organisations are facing locally.

10.3 **NOTED** that the joint meeting with the Dumfries and Galloway Youth Council will take place on 13 September with a focus on Children's Rights and the new Youth Council priorities and how it links to the LOIP.
**ACTION**: **LIFELONG LEARNING MANAGER**

The Chief Executive of Dumfries and Galloway on behalf of the CPPB **THANKED** Nick Morris for his role as Co-Chair, contributions, thoughts, challenge and impact over the years to the CPPB which has been very much valued and wished him well for the future. Nick Morris said it had been a pleasure to be part of the CPPB which he had seen evolve

and develop over the past 5 or 6 years. He **THANKED** the CPPB for considering his views/suggestions and Valerie White, Richard Grieveson and Stephen Jack for their support.

## ITEM 2 – CPPB ACTION LOG

| Ref | ISSUE RAISED | RAISED BY | ALLOCATED TO | STATUS/COMPLETION | WHEN |
|---|---|---|---|---|---|
| | | | | Operational Actions | |
| | | | | | |
| COMMUNITY PLANNING PARTNERSHIP BOARD – ACTION LOG – FRIDAY 1 MARCH 2024 | | | | | |
| 1 | **Item 3** **NOTED** comments including an opportunity for further discussion around children rights accessing services and waiting times for diagnosis and support; level of involvement children and young people have in the design of any intervention in a service which is wider than consultation; DGC Full Council on the 14th December agreed to update their Council Impact Assessment Toolkit to include a category for Care Experienced Young People and asked for an update from RSL's, NHS and IJB on whether they have considered adding this category within their Impact Assessment Toolkits to ensure consistency across the Community Planning Partnership and ensure care | Co-Chair | Chief Executive DGC | Update provided to Board Members on 26 April as follows: The commitment to ask Partners to consider adding Care Experienced Young People to their Impact Assessments was made as part of a Notice of Motion (NOM) to Full Council on 14th December. The report advised that we have an Equality & Diversity Working Group where Partners from across the region come together to discuss Equalities Matters including Impact Assessment Tools, so that group would be the appropriate forum to discuss this request with Partners. This group meets every 3 months, and the first meeting since the NOM was agreed was held on 5 March 2024 where it was agreed that partners would consider it through their own respective organisations. | |

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| | experienced young people are considered when any decisions or changes are being made. | | | In terms of our own work on this, as noted in the report we have been carrying out a review of our own Impact Assessment Tools since February and this work is due to conclude in April and we have ensured that Care Experienced Young People have been added into the refreshed Impact Assessment Toolkit & covered in the training that will be rolled out to staff following the completion of that review. | |
| 2 | **DISCUSSED** the possibility of the 2023-26 Rights Report including contributions from other Community Planning Partners beyond Council and NHS; and **NOTED** Police Scotland, TSDG, SoSE, and SDS would be happy to collaborate for this and future Rights Reports and **AGREED** should be added to the agenda for the next joint meeting of Youth Council and CPPB. | Co-Chair | Lifelong Learning Manager | To be integrated into the agenda for the joint meeting with the Youth Council. | **September 2024** |
| 3 | **CONSIDERED** the proposed business for June and the remainder of the year with suggestions for inclusion including:<br>• the development of the new Local Development Plan; | Co-Chair | Lifelong Learning Manager | These items have been scheduled in for the September and December 2024 Board meetings. | **December 2024** |

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| | <ul><li>progress updates on the actions agreed as part of the LOIP Action Plan when available;</li><li>challenges surrounding work and workforce which may become a regular annualised thematic conversation;</li><li>challenges surrounding housing following on from the report considered at the March meeting;</li><li>the work of the Regional Economic Partnership;</li></ul> | | | | |
| **COMMUNITY PLANNING PARTNERSHIP BOARD – ACTION LOG – FRIDAY 7 JUNE 2024** | | | | | |
| 4 | **ITEM 3 – Poverty and Inequalities Partnership update**<br><br>3.5 **APPROVED** CPSLT to help identify and co-ordinate all partner activity linked to Child Poverty to support a "single focus" and evidence that the work Partners are undertaking collectively is of benefit and is addressing the impact of | CEO TSDG | CPSLT | This was discussed at the CPSLT meeting held on 27 August and it was agreed this should be dove-tail in with the work being led by the Children's Services Manager in relation to developing the next Child Poverty Action Plan report to help avoid duplication of effort and this is going to be further considered at the next meeting on 27 September. | |

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| | poverty e.g. in terms of access to healthcare services, employability, income maximisation, transport etc; identify how poverty and child poverty can be addressed through the LOIP and actions of the workstreams already in place; and present back to a future board meeting with a proposition about how to monitor going forward with an outcomes and impact view rather than activity view. | | | | |
| 5 | **ITEM 6 – Updates on Plans and Strategies**<br><br>6.4.3 **ACKNOWLEDGED** the very positive outcome of the CLD Progress Visit by Education Scotland and keen to see the success publicised/promoted; and **NOTED** a press release and social media will inform public of the good work in the report, and key messages will be shared individually with Partners. | Chair TSDG | Lifelong Learning Manager | A press release was prepared and issued to all news outlets and promoted on Social Media. | |

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| **ACTION: LIFELONG LEARNING MANAGER** | | | | | |
| **ITEM 8 – Business Brief**<br>8.3 **NOTED** Dumfries and Galloway Council will receive £30,000 to help research the causes of local population decline, to inform the development of future policy interventions; and **AGREED** to ask CPSLT to look at how all Community Planning Partners might engage with this work and share learning; and **ACKNOWLEDGED** population is reducing but pressures are increasing and therefore need to collectively work together on our population strategy in support of Scottish Population Strategy to make sure maximise organisation contributions. | | | The Council lead Officer on this project shared an updated briefing for the August CPSLT meeting and key partners are now supporting this work. (Briefing attached at Item 9 for interest). | |

| GLOSSARY OF TERMS | |
|---|---|
| CPPB | Community Planning Partnership Board |
| CPSLT | Community Planning Senior Leadership Team |
| SoSE | South of Scotland Enterprise |
| TSDG | Third Sector Dumfries & Galloway |
| LOIP | Local Outcomes Improvement Plan |
| RSL's | Registered Social Landlords |
| IJB | Integration Joint Board |
| SDS | Skills Development Scotland |

**COMMUNITY PLANNING PARTNERSHIP BOARD - 13 SEPTEMBER 2024**

<u>**ITEM 5**</u>

| Author:  Darren Little,<br>**Children's Services Manager** | Responsible Senior Officer:<br>**Jim Brown, Assistant Director Schools** |
|---|---|

| Report Title: **Children's Rights in Dumfries and Galloway** |
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**1.    Situation:**

1.1 At the March Meeting of Community Planning Partnership Board, the possibility of the 2023-26 Children's Rights Report including contributions from other Community Planning Partners beyond Dumfries and Galloway Council and NHS Dumfries and Galloway was discussed.  Police Scotland, Third Sector Dumfries and Galloway, South of Scotland Enterprise, and Skills Development Scotland indicated that they would be happy to collaborate with the Council and NHS on future Rights Reports and the broader rights agenda, and it was agreed to discuss this further at the next joint meeting of Youth Council and Community Planning Partnership Board in September 2024.

1.2 This Report brings forward recommendations for consideration by the Youth Council and Community Planning Partnership Board.

**2.    Background:**

2.1 The Children and Young People (Scotland) Act 2014 Part 1 placed a duty on public bodies to publish a report every three years to detail the steps taken to secure better or further effect of the rights set out in the UNCRC.

2.2 In line with approaches to other areas of reporting such as in relation to children's services planning and local child poverty action reports, Rights Reports for 2017-20 and 2020-23 were developed jointly by Dumfries and Galloway Council and NHS Dumfries and Galloway and involving contributions from Dumfries and Galloway Youth Council.

2.3 The 2020-23 Rights Report was published in March 2024 with Actions for both the Council and NHS agreed through this process and reflected within the Report.  A summary of the 2020-23 Rights Report is attached as **Appendix 1**.  An Elected Member, Youth Council and Officer Working Group was set up to advise on this work, however it served its purpose as intended and as such has been stood down, in line with the agreed terms of reference.

2.4 The UNCRC (Incorporation) (Scotland) Act 2024 which enshrines the Convention into Scots Law was passed on 7 December 2023 and received Royal Assent on 16 January 2024.  This legislation requires public authorities such as the NHS and Council to not act incompatibly with the UNCRC, and where authorities do not meet UNCRC

requirements children and young people will be able to take legal action to hold them to account.  The Act also requires public authorities to publish a Rights Report every 3 years (replacing the duty in Part 1 of the Children and Young People (Scotland) Act 2014 which has now been repealed) and in addition has the requirement to publish a forward plan.  The Act came into force on 16 July 2024.

## 3.    Key issues:

3.1 There has already been positive progress in relation to the agreed actions in the 2020-23 Rights Report, with some highlights as follows:

- Dumfries and Galloway Council, Dumfries and Galloway NHS Board, and the respective organisational management teams have all committed to 'respect, protect, promote and fulfil children's human rights';
- 110 schools have now achieved at least Bronze level accreditation for the UNICEF UK Rights Respecting Schools Programme, with 32 going on to achieve Silver and 10 achieving Gold, far surpassing the target for all schools to be registered by August 2024 and achieve a minimum of Bronze level by August 2025;
- Education, Social Work and Complaints staff were involved in a child friendly complaints pilot with the Scottish Public Services Ombudsman, which informed the development of national guidance and supported the development of new local arrangements; and
- A new Dumfries and Galloway Independent Advocacy Plan for 2024-27 has been published.

3.2 It was agreed by the Council and NHS that an update on progress in relation to the agreed actions in the 2020-23 Rights Report will be collated and presented as part of the Children's Services Plan Joint Annual Report in 2025 before a further Rights Report for 2023-26 is developed in 2026.

3.3 Every year, Together publishes a State of Children's Rights in Scotland report which aims to monitor implementation of the United Nations Convention on the Rights of the Child (UNCRC) in Scotland.  Each report takes a different approach to looking at whether enough is being done to fulfill the human rights of children living in Scotland.

3.4 The 2023-26 Rights Report could be progressed in a similar way to Together's State of Children's Rights Reports by agreeing an area of focus.  Separately within the report additional information could also be included which would satisfy the legislative reporting requirements of the Council and NHS.  There could then be an additional section of proposed actions to be progressed in the next reporting period.

3.5 An alternative to 3.3 could be to replicate the existing Rights Report format but to

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simply include the contributions of other partners within sections, not just Council and NHS.

3.6 The UNCRC focused engagement with children and young people which was completed in November 2023 will be repeated in November 2025 in order to help evaluate progress, to support the development of the 2023-26 Rights Report, and to identify further actions that may be required.  This format could be adapted to gather information that relates to rights more broadly than in the context of Council and Health.

3.7 Dumfries and Galloway Children's Services Strategic and Planning Partnership will discuss with Dumfries and Galloway Youth Council and other stakeholders how else children and young people can be involved in the Rights Report process and broader rights agenda moving forward, taking account of previous and planned participation activity.

Training opportunity

3.8 Children in Scotland have also advised us that they would be able to offer training to those involved with Community Planning in Children's Rights and this could be opened up to CPPB Members, the Community Planning Senior Leadership Team and the leads of the Plans/Strategies which contribute to the LOIP.

## 4.   Recommendations

The Community Planning Partnership Board are invite to:

4.1 **Note** the current position in relation to children's rights and UNCRC in Dumfries and Galloway;

4.2 **Provide** feedback to officers in relation to the potential for the 2023-26 Rights Report to be broader than Council and NHS activity, the potential for there to be an area or areas of focus and what this could be, and any other suggestions for officers supporting this work;

4.3 **Consider** the views of the Dumfries and Galloway Youth Council; and

4.4 **Consider** the offer from Children in Scotland to provide Rights related training for those involved with Community Planning.

**Appendices**

**Appendix 1 – Dumfries and Galloway Children's Rights Report 2020-23 – Summary**

**APPENDIX 1**

## Dumfries and Galloway Children's Rights Report 2020-23 – Summary

Public authorities in Scotland – including Councils and Health Boards – must report every three years on children's rights. The report must say what progress the Councils and Health Boards have made in making the UNCRC requirements into a reality for children and young people in their area.

In Dumfries and Galloway, the Council and Health Board worked with Dumfries and Galloway Youth Council to produce a report that says what they have done between 2020 and 2023 to help children and young people to access their rights. The full report, and what the Council and NHS are going to do next are available here: https://www.dumgal.gov.uk/media/29071/Childrens-right-report-2020-2023/pdf/0178-23-Childrens-right-report-20-23.pdf?m=1709128579607

### What did children and young people tell us about their rights?

Our Youth Council developed a consultation to use with children and young people in workshops. A total of 771 children and young people took part in this.

Many children and young people knew about their rights and knew where to find out information about them. Those who didn't, wanted to see more information about them.

Children and young people were more likely to know about their rights if they went to a school with a Rights Respecting Schools Gold Award, or a school that was working towards this.

Some children and young people wanted to see more information on specific rights, like their rights in the workplace if they had a part-time job.

They said it's important that adults know about children's rights. They want to see more awareness-raising within communities about children's rights.

### How good are the Council and NHS at making sure that children and young people can access their rights?

Across the Council and NHS, there are lots of examples of how services are making sure that children and young people's rights are respected. Many services put children's rights at the heart of what they do.

However, the Council and NHS need to take an organisational approach to rights. This means that children's rights shouldn't just be the responsibility of individual services like Schools, or Social Work, or Health Visitors. The whole organisation should think about rights when making plans or taking decisions.

**What actions will the Council and NHS take?**

Actions have been agreed for both the Council and Health. There are lots of detailed actions, but these are some of the main ones:

- Both organisations have committed to adopting a children's human rights-based approach. This means that each will respect, protect, promote and fulfil children's human rights, and meet the requirements of the UNCRC.
- Children's rights will be reflected in Council and NHS plans.
- The Council and NHS will introduce Children's Rights Impact Assessments. This means that whenever each organisation wants to bring in a new plan or a new way of doing something, they will examine what this might mean for children and young people and their rights.
- The Council will develop a publicity campaign to raise awareness in the general public about children's rights.
- There are actions aimed at helping children and young people become more aware of their rights, and where they can get information and support to access their rights.
- There will be information for children and young people about their rights in the workplace. There will be an awareness-raising campaign with employers to make employers aware of their responsibilities towards young people in the workplace.

To find out more about this work contact [childrensservices@dumgal.gov.uk](mailto:childrensservices@dumgal.gov.uk)

**COMMUNITY PLANNING PARTNERSHIP BOARD – 13 SEPTEMBER 2024**

<u>**ITEM 6**</u>

| Report Authors:<br>**Valerie White – Director of Public Health**<br>**Abbie Robertson – Quit Your Way Manager** | Responsible Senior Officer:<br>**Valerie White – Director of Public Health** |
|---|---|

**Report title: Tobacco and Vaping Consensus Statement and proposed actions**

**1. <u>Situation:</u>**

1.1 Following publication of the 10,000 voices report which outlined the level of concern amongst children and young people in Dumfries and Galloway in relation to tobacco and vaping the CPPB agreed to support the top 5 issues stemming from the consultation and subsequently agreed to include a focused action within our LOIP Action Plan.

1.2 An action in relation to the provision of a targeted Tobacco and Vaping training programme to all partners involved in the early intervention, care and protection of children and young people has been included within the LOIP Action Plan. The CPP has also expressed interest in taking action in a range of other areas to reduce the impact of Tobacco and Vaping related harm.

1.3 This paper provides a copy of a position statement released by the Scottish Public Health System (Public Health Scotland and Scottish Directors of Public Health) in relation to stopping tobacco smoking and youth vaping. This statement is presented to the CPP Board to consider what further action we can progress locally to reduce the impact of harm related to this area and to incorporate the views and comments from the Dumfries and Galloway Youth Council.

1.4 The Community Planning Senior Leadership Team considered the paper at its July meeting and endorsed the actions for taking forward to the CPPB for approval.

**2. <u>Background:</u>**

2.1 The 10,000 voices report published in 2023 outlined that Smoking and Vaping was reported as the top issue affecting young people in our region and was the second top area that children and young people wanted more information on. In 2022 alone, there were over 8,000 smoking related deaths in Scotland and smoking remains a major cause of health inequalities.

2.2 The prevalence of youth vaping has risen rapidly in 2022, 25% of 15 year olds reported having used a vape in the last 30 days compared to just 7% in 2018. Most e-cigarettes contain nicotine which is addictive and some research shows they can be a gateway to smoking. The long-term impacts of vaping are not yet clear. Whilst there is some public health benefit, for those who wish to stop smoking switching completely to using e-cigarettes instead of smoking (whilst noting approved nicotine replacement therapies is a safer smoking cessation method) there is no public health benefit to people who have never smoked using e-cigerettes and e-cigarettes are not products for children.

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**3. Key Issues:**

3.1 The position statement calls for action in 6 areas:
1) Price
2) Availability, inequalities and environment
3) Promotion
4) Resilience and positive attitudes
5) Control
6) Prevention

3.2 The CPPB is asked to consider the following areas of action to use its influence to reduce levels of smoking and vaping in children and young people.

1) **Price** – Advocate for introduction of minimum price for e-cigarettes and higher minimum price for tobacco.
2) **Availability, Inequalities and Environment**
   a. Advocate for measures to restrict the availability of tobacco and e-cigarettes through measures such as introduction of a licence fee for shops selling these products.
   b. Promote and advocate referral to Smoking Cessation Services – Quit Your Way and Community Pharmacies– ensuring all partner services are aware of referral pathways into Smoking Cessation services particularly those working in communities identified as areas of deprivation.
3) **Promotion**
   a. Advocate to Scottish Government that regulations are laid as quickly as possible following the 2016 Tobacco Act (re-consulted on in Sept 2022) to enable stopping of displays in shops, free samples, bus shelter and billboard advertising, sponsorship and brand sharing for e-cigarettes which would complement measures to the UK Tobacco and Vapes Bill.
   b. Consider if measures should be taken to develop policies in relation to use of Public Sector owned advertising space to ensure health harming products such as tobacco and e-cigarettes are not promoted.
   c. Consider making a public statement calling on local retailers to give consideration to stopping placing and promoting e-cigarettes in ways that promote this to children and young people.

4) **Resilience and positive attitudes**
   a. Note the importance of work to build resilience within Schools, Youth Groups and Communities to keep children away from e-cigarettes and tobacco and the work being progressed as part of the LOIP to support action in relation to this area.

5) **Control**
   a. Advocate for new fines and penalties for retailers who sell e-cigarettes to children.
   b. Consider if further resources should be targeted to enforce currently available penalties.

6) **Prevention**
   a. Note the importance of accessible smoking cessation services for pregnant women and wider family members.

**4. Recommendation:**

The CPSLT is invited to:

4.1 **Discuss** and **consider** the key issues highlighted within the report;

4.2 **Consider** the views of the Dumfries and Galloway Youth Council**;**

4.2 **Consider** and **agree** to the proposed actions as detailed at section 3.2.

**Appendices (1)**

**Appendix 1 – Stopping tobacco smoking and youth vaping**

# Stopping tobacco smoking and youth vaping

## A position statement on behalf of the Scottish Public Health System

March 2024

## Scale of the problem

There were over 8,000 smoking-related deaths in Scotland in 2022 (**ScotPHO, 2022**). Smoking is a major cause of health inequalities in Scotland. People living in the most deprived communities are almost four times more likely to smoke than those living in other areas.

**Current cigarette smoking prevalence (age-standardised), 2003 to 2022, by area deprivation.**



SIMD 1 — 25%
SIMD 2 — 20%
SIMD 3 — 14%
SIMD 4 — 11%
SIMD 5 — 7%
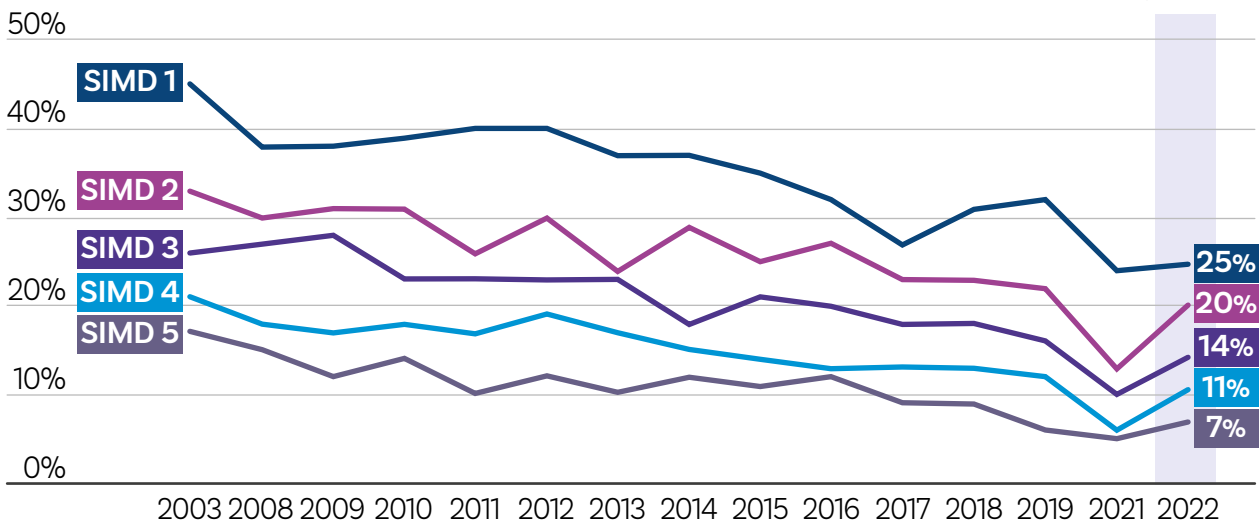
Survey year

Scottish Health Survey, 2022

Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, chronic obstructive pulmonary disease (COPD) and early death (**ScotPHO, 2022**). Smoking during pregnancy is the leading modifiable risk factor for poor birth outcomes, significantly increasing the risk of preterm birth, stillbirth and death in the first year of life (**RCOG, 2023**).

**Smoking causes:**

cancer | heart disease | stroke | lung disease
diabetes | COPD | poor birth outcomes | early death

The prevalence of youth vaping has risen rapidly. In 2022, 25% of 15-year-olds reported having used a vape in the last 30 days compared to just 7% in 2018 (**HBSC, 2022, 2018**). Most e-cigarettes contain nicotine, which is addictive, and some research shows that they can be a gateway to smoking (**Scottish Government, 2024**). Furthermore, the negative long-term impacts of vaping are not yet clear. Health professionals in Scotland have raised health concerns about vaping in children and young people. There is no public health benefit to young people vaping and e-cigarettes are not products for children.

**Children aged 15 years reporting having used an e-cigarette in the last 30 days**

**25%** HBSC (2022)

**10%** HWB (2021)

**7%** HBSC (2018)

**3%** SALSUS (2018)

**3%** SALSUS (2015)
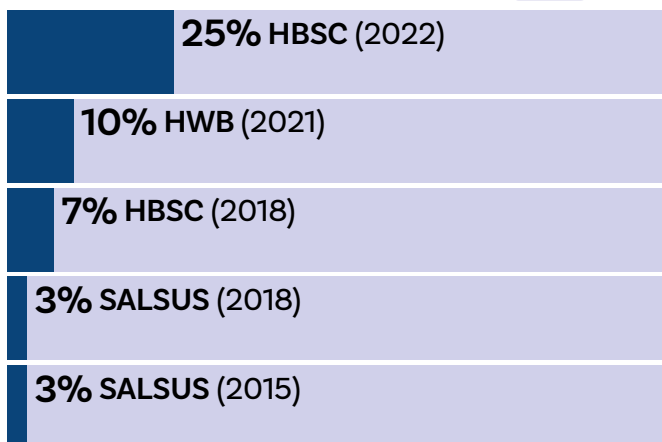
HBSC = Health Behaviour in School-aged Children study. HWB = Health and Wellbeing Census Scotland. SALSUS = Scottish Schools Adolescent Lifestyle and Substance Use Survey

Scotland has a strong track record of world-leading public health policy that has saved tens of thousands of lives. We have it within our power to stop tobacco smoking and youth vaping. We need to act quickly to protect children from the harm of tobacco and related products.

## Recent policy developments

The UK, Scottish and Welsh governments and the Northern Ireland Executive have recently announced new measures to protect children and young people from the harm caused by smoking and vaping (**Department of Health and Social Care, 2023**). In addition, in 2023 the Scottish Government launched its 'Tobacco and vaping framework: roadmap to 2034' (**Scottish Government, 2023**). It also identifies the need for clear and targeted action on smoking cessation and youth vaping.

**This requires:**

- concerted action to deliver evidence-based smoking cessation services targeted to need

- clear guidance on the potential role of e-cigarettes as a tool to support adult smoking cessation

- strong regulation of vaping products to stop young people using them.

# Areas for action

We welcome the new announcements by the UK Government, Scottish Government and other devolved administrations. We also recognise that more needs to be done to stop tobacco smoking and youth vaping. Below we propose six areas for collective action:

## 1 Price

Research shows that the tobacco industry keeps the price of its cheapest cigarettes artificially low to encourage smoking initiation and maintenance (**Gilmore et al, 2013**). In addition, e-cigarettes are cheap. The importance of product price is recognised by the UK and Scottish governments. One option that could be considered is the introduction of a minimum price for e-cigarettes and a higher minimum price for tobacco.

## 2 Availability, inequalities and environment

Tobacco and e-cigarettes can be purchased in retailers all around Scotland. Restricting the availability of these products needs consideration. Measures could include a licence fee for those shops that sell tobacco and e-cigarettes.

Smoking cessation remains one of the most cost-effective interventions to improve health and reduce inequalities. Evidence-based services need to be easily accessible in our most deprived communities with widespread integration of smoking cessation into clinical pathways.

E-cigarettes cause health and environmental damage. Disposable e-cigarettes should be banned from general sale.

## 3 Promotion

Significant progress has been achieved in restricting the promotion of tobacco. We support government proposals for plain packaging for e-cigarettes. E-cigarettes are advertised widely in our communities and online. E-cigarette advertising could be banned nationally and locally to reduce their appeal.

## 4 Resilience and positive attitudes

Work needs to be done locally with youth groups and communities, particularly in our more deprived areas, to build resilience and grow positive attitudes and foster choices that keep children away from e-cigarettes, tobacco and related products.

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## 5  Control

We recognise that more needs to be done to control the sale of e-cigarettes to children. Trading Standards services require additional resources to support enforcement work. New fines and penalties could be considered to dissuade retailers from selling e-cigarettes to children.

## 6  Prevention

Nicotine dependency in pregnancy affects over 6,000 babies who are exposed to tobacco through maternal smoking, many of whom may also be subsequently exposed to second-hand smoke in the home. Prioritising effective smoking cessation for pregnant women and family members is a priority.

Education and skills development settings should provide information about e-cigarettes for children. This should be incorporated into substance misuse and risk-taking behaviour strategies, making it clear that they are illegal.

**Scottish Directors of**
**Public Health**

**Public Health**
**Scotland**

**COMMUNITY PLANNING PARTNERSHIP BOARD 13 SEPTEMBER 2024**

| Author: Kirsty Beattie, Child Poverty Project Officer, Employability and Skills Service | Responsible Senior Officer: Harry Hay, Head of Thriving Communities |
| --- | --- |

**Report Title: Additional Support Needs (ASN) Schools Transition Project**

## 1. Situation:

1.1 This report updates the Community Planning Partnership Board (CPPB) on the new ASN Schools Transition Project.

1.2 Recruitment for the 3 x keyworkers has recently been completed with the aim of having successful candidates take up post in October 2024.

## 2. Background:

### Young People

2.1 The overview of the Disability Employment gap in Dumfries & Galloway has been documented in the report by J Rutherford Consulting ""Halving Dumfries and Galloway's Disability Employment Gap:  A strategy to improve transition, support and inclusion in work" (2023).

The report made a number of Recommendations including the following:

Objective 1 - Improving transitions support for disabled school leavers

Recommendation 1.1 - Commission specialist support to work with disabled young people in the senior phase of secondary school.

### Parents

2.2 It is also estimated that 20.2% (5,200 people) of Dumfries and Galloways' economically inactive adults are carers, choosing to withdraw from the labour market in order to look after dependents who are younger, older, disabled or with a long-term condition.

2.3 The End Child Poverty Coalition reported 6,751 children living in poverty in Dumfries and Galloway in during 2021/22, 44% (2,985) of whom were in working households - indicating support is required to improve overall household income to parent(s)/carers(s) currently in work.

2.4 We know that families with a disabled child account for 42% of all children in relative poverty, and 58% of those in combined low income and material deprivation. In 2022, Dumfries and Galloway had the 7th highest proportion of school pupils (primary and secondary) declared or assessed as having a disability in Scotland.

## 3. Key Issues

3.1 There is a lack of specialist support for young disabled people in secondary school to support a successful transition into employment. As evidenced, this support should come as early in advance of transition from school as possible, involve specialist staff and involve families.

- Support should enable young people in the senior phase of school to take part in structured activity across S4, S5 and S6 that improves their ambition, confidence and skills for employment.
- Support should be delivered in partnership with secondary schools and entail group work, individual support, facilitate work experience as well as support individuals directly into paid employment.

3.2 The 2023 'Failed and Forgotten' report by the Disabled Children's Partnership (led by the UK's leading disability organisations) found that half of parents of disabled children are unable to work and experience poverty as a result of their caring responsibilities - with 75% of parents estimated as having to give up employment. Issues linked to caring responsibilities, health and wellbeing, complex welfare scenarios all impact on income for households with a disabled child or young person.

3.3 This Project links to many of the Local Outcomes Improvement Plan 2023-2033, primarily within Theme 2 – Work, however there will undoubtedly be a positive impact on Theme 1 – Health and Wellbeing.

### Theme 2 – Work
**Grow and maximise the potential of the working age population to help increase employability**
- This project seeks to support a positive progression for our disabled young people leaving school into positive and sustainable outcomes, whilst approaching this with a whole family support angle, with parents also supported and sign posted in their employment journey.

**Address the skills and recruitment gaps in key sector specific posts to increase capacity, capabilities and ease workforce pressures**
- We will look to support aspiration within the whole family, whilst looking at the local labour market and skills gaps, ensuring people of all ages are given the skills and confidence to progress.

**Increase volunteering opportunities to help develop skills, build capacity and support progression into local employability**
- Working with our employers and partners the project will look to increase the volunteering opportunities, increase awareness of the importance of these opportunities and underpin the benefit to this in supporting them move into employment.

**Work with our local communities to develop an inclusive, thriving economy and to promote Fair Work**

- The project aims to work with employers to understand the needs of people with ASN and the skills they bring to the workplace, increasing understanding of reasonable adjustments and promote fair work with everyone we work with.

## Theme 1 – Health and Wellbeing
**Reduce health inequalities in the areas of our region which experience the greatest negative impacts**

- Whilst working with our partners our focus will be on ensuring workplaces are inclusive. Signposting to appropriate services will ensure the young people and families we work with are empowered and supported to access the help they need.

**Improve the health and wellbeing of our citizens through targeted approaches**

- Through intensive support, people will feel valued and grow in confidence, allowing them to access and enjoy opportunities previously difficult to reach, improving both their mental and physical health.

**Work together as partners to eliminate child poverty**

- Working with an identified group, we will raise family aspirations, giving people more opportunity to move into a sustain paid employment, increasing household incomes.

## Outcomes and Outputs of the Project
3.4 In addition to the target of reaching 40 parents through the project, our focus is on the transition for young people with ASN, with targets as indicated below:

**Outcomes**
Number of people in supported employment – 12
Number of people sustaining engagement with keyworker support and additional services – 24
Number of people engaged in job searching following support -12
Number of people employment. Including self employment following support – 12
Number of people sustaining employment for 6 months - 9
Number of people in education/ training – 2
Number of people experiencing reduced structural barriers into employment and skills provision – 24
Number of people familiarised with employers expectations including standards and behaviours in the workplace -24

**Outputs:**
Number of socially excluded people accessing support – 12
Number people supported to access basic skills – 24
Number people accessing mental any physical health support leading to employment - 24
Number of people supported to engage in job searching – 24
Number people receiving support to sustain employment – 24
Number of people receiving support to sustain employment -12
Number of people supported to engage in life skills – 24

Number of people taking part in work experience programmes – 24
Number of people supported to gain a qualification or complete a course - 24

As well as our internal recording system, we have undertaken external monitoring, to ensure that we the project is robust, but adaptable and takes on board the feedback of those we are working with to ensure we are responsive and the needs of the people we are supporting continue to be at the heart of all we do.

## 4. Recommendations

The Community Planning Partnership Board is invited to:

4.1  **Receive** a presentation in relation to the ASN Schools Transition Project;

4.2  **Note** the strong links to the project outcomes and LOIP Outcomes; and

4.3  **Consider** the views of CPPB Members and the Dumfries and Galloway Youth Council; and

4.4   **Agree** to receive progress updates on the project through the six-monthly Local Employability Partnership updates to the CPPB.

**Appendix (1) – Presentation**

**Kirsty Beattie – Child Poverty Project Officer, Employability and Skills Service**

# ASN Schools Transition Project (whole family support)

## SEPTEMBER 2024

# BACKGROUND

Dumfries and Galloway have identified a portfolio of funding linked to 4 governmental strategies

Post-pandemic, Dumfries and Galloway has seen a significant increase in the number of economically inactive disabled people across the region - with the largest Disability Employment Gap (DEG) in Scotland.

*DGC Council Plan 2023-28*

- Vision - Our ambition is to be a successful region, with a growing economy, based on fairness, opportunity and quality public services, where all citizens prosper. Working in partnership, with connected, healthy and sustainable communities.

- Health and Well-being Strategic Outcomes

  o People are active, resilient and improving their health and wellbeing

  o Help is provided to tackle the causes and effects of poverty, inequality and increased cost of living
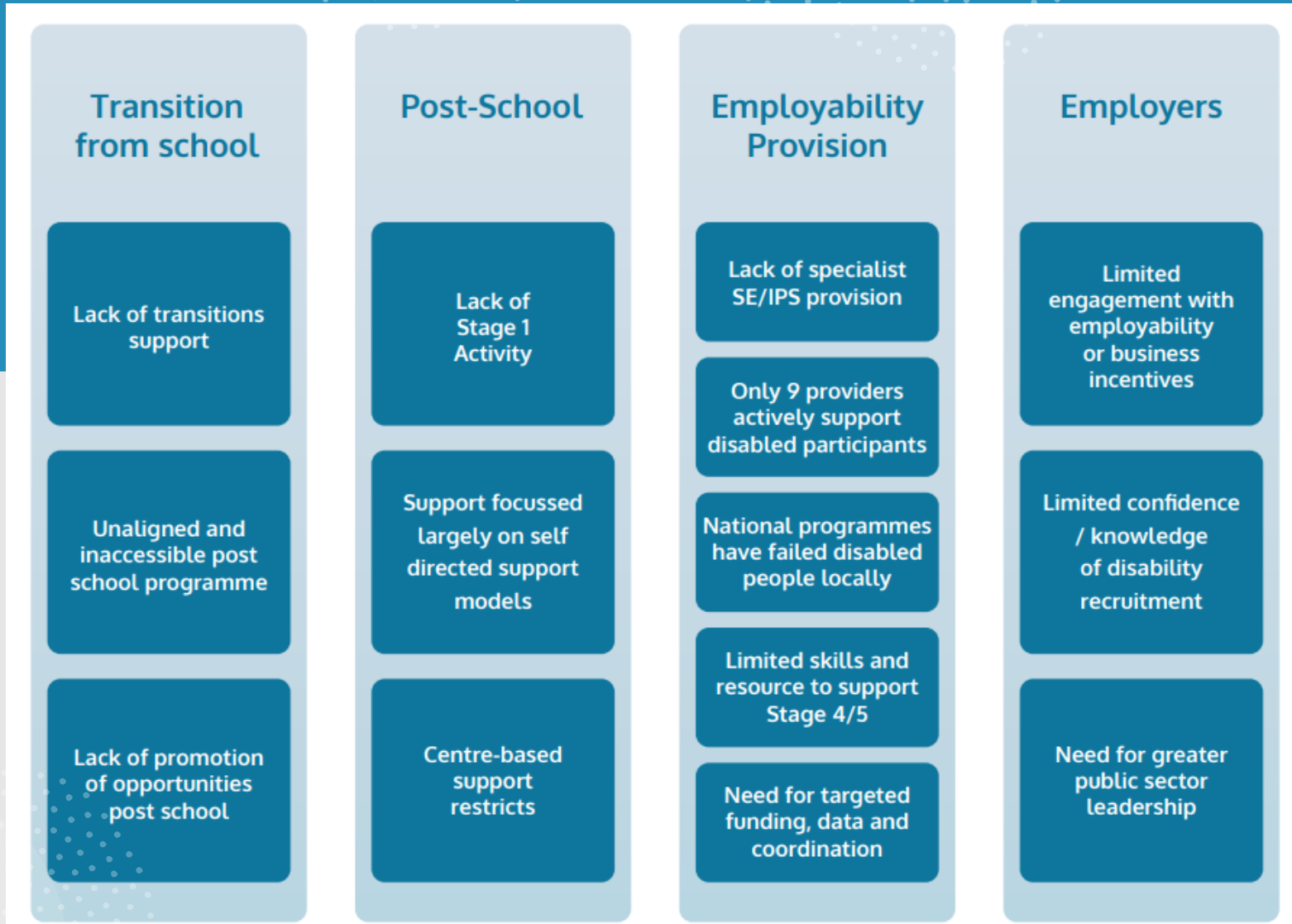
**In 2016, the Scottish Government set out an ambition to halve Scotland's Disability Employment Gap (DEG), the difference between the proportion of disabled people employed and non-disabled people employment**

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|---|---|
| **SCOTLAND** | | | | | | | |
| **Employment rate of disabled people*** | 42.8% | 45.3% | 45.6% | 49.0% | 47.2% | 49.6% | 50.7% |
| **Employment rate of non-disabled people** | 80.2% | 81.2% | 81.1% | 81.6% | 80.5% | 80.8% | 82.5% |
| **Disability Employment Gap** | 37.4% | 35.9% | 35.5% | 32.6% | 33.3% | 31.2% | 31.8% |
| **DUMFRIES & GALLOWAY** | | | | | | | |
| **Employment rate of disabled people*** | 45.9% | 42.7% | 45.0% | 44.7% | 44.1% | 39.1% | 39.3% |
| **Employed disabled individuals** | 17,000 | 16,200 | 18,200 | 21,200 | 19,900 | 20,300 | 23,200 |
| **Employment rate of non-disabled people** | 81.9% | 84.6% | 79.3% | 85.3% | 76.4% | 81.2% | 79.7% |
| **Disability Employment Gap** | 36.0% | 41.9% | 34.3% | 40.6% | 32.3% | 42.1% | 40.4% |

J Rutherford Consulting ""Halving Dumfries and Galloway's Disability Employment Gap: A strategy to improve transition, support and inclusion in work" (2023).
– DG LEP (Local Employability Partnership) Independent Commissioned Review

| Transition from school | Post-School | Employability Provision | Employers |
|---|---|---|---|
| Lack of transitions support | Lack of Stage 1 Activity | Lack of specialist SE/IPS provision | Limited engagement with employability or business incentives |
| Unaligned and inaccessible post school programme | Support focussed largely on self directed support models | Only 9 providers actively support disabled participants | Limited confidence / knowledge of disability recruitment |
| Lack of promotion of opportunities post school | Centre-based support restricts | National programmes have failed disabled people locally | Need for greater public sector leadership |
| | | Limited skills and resource to support Stage 4/5 | |
| | | Need for targeted funding, data and coordination | |

# WHOLE FAMILY SUPPORT

It is estimated that 20.2% (5,200 people) of Dumfries and Galloways' economically inactive adults are carers

The 2023 'Failed and Forgotten' report by the Disabled Children's Partnership found that half of parents of disabled children are unable to work and experience poverty as a result of their caring responsibilities
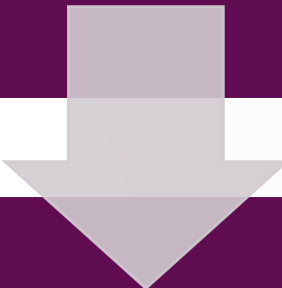
The End Child Poverty Coalition reported 6,751 children living in poverty in Dumfries and Galloway in during 2021/22, 44% (2,985) of whom were in working households

We know that families with a disabled child account for 42% of all children in relative poverty, and 58% of those in combined low income and material deprivation

# KEY ISSUES

In 2022, The Usual Place organised the second Youth Matters conference- bringing the voices of young people with disabilities to the forefront of discussions about how to best support them. The conference was developed in partnership with South of Scotland Enterprise, DG Voice, TSI Dumfries and Galloway, PAMIS and NHS Dumfries and Galloway - funded by the Holywood Trust, The People's Project, Inspiring Scotland, Dumfries & Galloway Council and Dumfries & Galloway! What's Going On.

More than 110 disabled young people from across the region attended The Bridge and discussed accessibility and inclusion for young people with disabilities. The key messages from the conference were the young people emphasised the need to have personalised support in order for them to better participate in their own communities, ensuring their human rights.

Outcomes relevant to the DEG included:

→

• The need for greater promotion of the potential of disabled young people across the community.

→

• Greater awareness and promotion of opportunities for employability and skills development after school.

→

• Specialist support for young people who are disabled and have mental health issues.

→

In conclusion, Dumfries and Galloways' support for successful transition from school for young disabled people are exceptionally limited - and is a significant factor influencing the DEG. Dumfries and Galloway has a significant number of disabled young people in secondary school, yet no specialist provision to support them to make a successful transition.

# Consultation with Young People

As part of the Service Design process, individual discussions were arranged with a small number of the identified young people.  It was not possible to engage with a significant proportion because they were not attending school and time pressures did not allow for individualised home visits.

The young people consulted were unanimous in the views that any project designed to support their transition from school to a positive destination needed to be:

- Designed around their individual needs and aspirations.

- Activities and opportunities needed to relevant to the individual.

- Work-based learning was an important element.

- A range of approaches needed to be used -depending on the individual – for example, online learning, engagement with other providers or agencies.

There is a lack of specialist support for young disabled people in secondary school to support a successful transition into employment. As evidenced, this support should come as early in advance of transition from school as possible, involve specialist staff and involve families.
Support will enable young people in the senior phase of school to take part in structured activity across S4, S5 and S6 that improves their ambition, confidence and skills for employment.
Support should be delivered in partnership with secondary schools and entail group work, individual support, facilitate work experience as well as support individuals directly into paid employment.

# OUR RESPONSE

# ASN Schools Transition Project

## Team leader – Kirsty Beattie
## 3 x Employment Keyworkers

**KEYWORKER - WEST**

- **STRANRAER**
- DOUGLAS EWART
- KIRKCUDBRIGHT
- CASTLE DOUGLAS
- DALRY
- DALBEATTIE

**KEYWORKER - CENTRAL**

- **NORTH WEST CAMPUS**
- ST.JOSEPH'S
- DUMFRIES HIGH
- DUMFRIES ACADEMY
- WALLACEHALL
- SANQUHAR

**KEYWORKER - EAST**

- **ANNAN**
- LOCKERBIE
- MOFFAT
- LANGHOLM

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# The Offer to Schools

Schools are a fundamental part of this project. The identified young people will be on the roll of a school, and it is the responsibility of that school to meet their needs. Through this project we are offering:

- To work with Pupil Support staff, DYW Co-ordinators and other partners to identify the young people in S4 – 6 who are a significant risk of leaving school with out a positive plan or destination.

- To work with each young person in S5 (or as they become eligible for support) and their family to determine a preferred post-school destination and develop a Senior Phase pathway plan

- To work with the young person on a regular basis to facilitate the Plan and work through any barriers or challenges aa they appear.

- To facilitate the work-based learning element.

# Programme Delivery

Each young person will develop an individual plan focussed on their aptitudes and aspirations and outlining what the end point of the plan might be.

Academic attainment objectives

Work-based learning and employability skills.

Meta skills self-evaluation and development.

A timeline of achievements with fixed review points.

Accreditation opportunities.

Additional activities or engagement with a third-party provider.

# Parental Support through the Project

The team will engage parents who are currently unemployed or concerned that they will have to reduce/stop working once their child leaves education.

Activity will be focussed on delivering 1:1 and group support to parents, coordinating information and support so they can access support for their child

The service will engage and coordinate a wide variety of stakeholders across the region - including social care, housing, welfare support, education, skills and business.

# ANTICIPITED OUTCOMES

# People and Skills Objectives

- **Boost core skills and support adults to progress in work, by targeting adults with no or low-level qualifications and skills in maths, and upskill the working age population, yielding personal and societal economic impact, and by encouraging innovative approaches to reducing adult learning barriers.**

- **Support disadvantaged people to access the skills they need to progress in life and into work, for example, the long-term unemployed and those with protected characteristics through funding life, and basic skills where this is not delivered through national or local employment and skills provision.**

- **Reduce levels of economic inactivity and move those furthest from the labour market closer to employment, through investment in bespoke employment support tailored to local needs. Investment should facilitate the join-up of mainstream provision and local services within an area for participants, through the use of one-to-one keyworker support, improving employment outcomes for specific cohorts who face labour market barriers.**

# Targets for the Whole Family

## Young People in Schools

| Outcomes | |
|---|---|
| Number of people in supported employment – | 12 |
| Number of people in supported employment. | 12 |
| Number of people sustaining engagement with keyworker support and additional services. | 24 |
| Number of people engaged in job searching following support. | 12 |
| Number of people employment. Including self employment following support. | 12 |
| Number of people sustaining employment for 6 months. | 9 |
| Number of people in education/ training. | 2 |
| Number of people experiencing reduced structural barriers into employment and skills provision. | 24 |
| Number of people familiarised with employers expectations including standards and behaviours in the workplace. | 24 |
| **Outputs** | |
| Number of socially excluded people accessing support | 12 |
| Number of people supported to access basic skills | 24 |
| Number of people accessing mental any physical health support leading to employment - | 24 |
| Number of people supported to engage in job searching | 24 |
| Number of people receiving support to sustain employment | 24 |
| Number of people receiving support to sustain employment | 12 |
| Number of people supported to engage in life skills – | 24 |
| Number of people taking part in work experience programmes – | 24 |
| Number of people supported to gain a qualification or complete a course | 24 |

## Parents

The project should engage a minimum of 40 parents over 12 months, with a target for 80% of parents either maintaining or progressing their own employment as a result.

# Project links to Local Outcomes Improvement Plan 2023-2033 - Theme 1 Health and wellbeing

**Reduce health inequalities in the areas of our region which experience the greatest negative impacts**

Whilst working with our partners our focus will be on ensuring workplaces are inclusive. Signposting to appropriate services will ensure the young people and families we work with are empowered and supported to access the help they need

**Improve the health and wellbeing of our citizens through targeted approaches**

Through intensive support, people will feel valued and grow in confidence, allowing them to access and enjoy opportunities previously difficult to reach, improving both their mental and physical health

**Work together as partners to eliminate child poverty**

Working with an identified group, we will raise family aspirations, giving people more opportunity to move into a sustain paid employment, increasing household incomes.

# Project links to Local Outcomes Improvement Plan 2023-2033 - Theme 2 Work

**Grow and maximise the potential of the working age population to help increase employability**

This project seeks to support a positive progression for our disabled young people leaving school into positive and sustainable outcomes, whilst approaching this with a whole family support angle, with parents also supported and sign posted in their employment journey

**Address the skills and recruitment gaps in key sector specific posts to increase capacity, capabilities and ease workforce pressures**

We will look to support aspiration within the whole family, whilst looking at the local labour market and skills gaps, ensuring people people of all ages are given the skills and confidence to progress

**Increase volunteering opportunities to help develop skills, build capacity and support progression into local employability**

Working with our employers and partners the project will look to increase the volunteering opportunities, increase awareness of the importance of these opportunities and underpin the benefit to this in supporting them move into employment.

**Work with our local communities to develop an inclusive, thriving economy and to promote Fair Work**

The project aims to work with employers to understand the needs of people with ASN and the skills they bring to the workplace, increasing understanding of reasonable adjustments and promote fair work with everyone we work with

# QUESTIONS?

Dumfries
& Galloway

**COMMUNITY PLANNING PARTNERSHIP BOARD – 13 SEPTEMBER 2024**
**CURRENT KEY STRATEGIC ISSUES UPDATES**

**ITEM 8**

| Author: <br> **Stephen Jack, Lifelong learning Manager** | Responsible Senior Officer: <br> **Harry Hay, Head of Thriving Communities Services** |
|---|---|

**1. Situation:**

1.1 This report provides the quarterly updates on the Plans and Strategies which contribute to the LOIP.

**2. Background:**

2.1 The Board has identified twelve key Strategies and Plans that support the Local Outcomes Improvement Plan as follows:

- Alcohol and Drugs Strategy
- Children's Services Plan
- Community Justice Outcomes Improvement Plan
- Community Learning and Development (CLD) Partners' Strategic Plan
- D&G Cultural Strategy
- Employability and Skills Plan
- Health and Social Care Strategic Plan
- Local Development Plan 2
- Local Housing Strategy
- Poverty and Inequalities Strategy
- Regional Transport Strategy
- South of Scotland Regional Economic Strategy

2.2    Reporting on the Child Poverty Action Plan is now incorporated within the work of the Poverty and Inequalities Partnership.

3.3   Following consideration at the July Community Planning Leadership Team meeting it was agreed that future reporting to the Board would be streamlined and would move to six-monthly updates, on rotation, to ease burdens on Partners. This would also halve the number of updates being presented to each Board meeting.

**3. Key issues:**

3.1 Lead officers for 6 of the Strategies and Plans have provided more detailed progress updates for this meeting and these are detailed in **Appendix 1.**

3.2 Some key issues to bring to Board members attention include:

3.2.1  Children's Services Plan

- The latest annual report on the Children's Services Plan was agreed by the Council in July 2024 and has been published on the Council's website.
- High level successes and challenges are detailed in **Appendix 1.**

3.2.2  Community Justice Outcomes Improvement Plan

- A draft Outcome Activity Annual Report detailing local progress towards national community justice aims and priorities is being taken to the CJP on 29<sup>th</sup> August for

discussion and final partner consultation "Sign off" will then take place for mid-September submission.

- A local response to the Long term prisoner release process: consultation **(Appendix 2)** was submitted on behalf of CJP highlighting concerns at the proposed change in release for long term prisoners from six months before sentence end date to automatic release at two thirds of sentence served.
- New collaborative work is taking place between HMP Dumfries, Families Outside and Summerhill to support families traveling to visit their loved ones in HMP Dumfries. This collaboration came from introductions being made via CJP. This provision takes the place of an official 'Visitors Centre' for our region. There remains no identified funding for the continuation of the service currently provided by Families Outside. This is hugely concerning.
- The Community Justice Partnership are looking for support to identify potential funding and resource to achieve identified improvement activity in the local CJOIP, particularly in relation to lived/living experience and family support.

### 3.2.3 Community Learning and Development Partners' Plan

- The recommendations from the National Independent Review of CLD are now available and these are attached in **Appendix 3**.
- Consultation activities to develop a new CLD Plan, as per statutory requirements, are due to commence in the last quarter of 2024.

### 3.2.4 Local Development Plan

- A series of community engagement sessions took place during May and June 2024 to help "sense check" the evidence already gathered to support the development of the LDP3.
- A Community Wealth Building schedule has been drafted as part of the Evidence Report for LDP3 and is attached for comment in **Appendix 4.**

### 3.2.5 Local Housing Strategy

- Dumfries and Galloway Council agreed to declare a housing emergency in the region at their meeting held on 27 June 2024, becoming the ninth local authority to do so.
- On 16 May 2024, the Scottish Government had declared a national housing emergency. Work is now underway to produce and action plan aimed at alleviating the current pressure on the sector locally, however the Scottish Government have not yet set out their commitments nationally.
- The CPPB have previously been advised of the reduced 2024-25 national AHSP budget of £555.845m, representing a decrease of £157.3m (22%) on the previous published figure of £713.145m. Dumfries and Galloway Council received formal notification of our allocation for this financial year, confirming a reduction from £20.5m to just over £15.5m. As a guide, this reduction of £5m equates to around 50 less homes that can be constructed. Furthermore, as Registered Social Landlords also contribute around 50% of development costs, there will be roughly £10m less investment during the financial year, and future projects are now placed at risk due to funding uncertainty.
- A meeting of key stakeholders has been setup to ensure full input from partner organisations in the development of the housing emergency action plan. The Board are asked to provide their full support to this work, by ensuring appropriate

attendance at the session which will be held on Monday 30 September between 11am and 1pm.

3.2.6   Regional Transport Strategy
- The Regional Transport Strategy was signed off by Scottish Government Ministers in June 2024.
- Some key examples of projects contributing to our LOIP Outcomes are detailed in **Appendix 1**.

**4. Recommendation:**
Board Members are invited to;

4.1 **Note** the summary updates highlighted at paragraph 3.2 above and **consider** and the requests made by lead officers;

4.2 **Note** the updates in relation to the key Strategies and Plans that support the Local Outcomes Improvement Plan as detailed in **Appendix 1**; and

4.3 **Provide** any constructive comments, feedback and observations that will be fed back to lead officers.

**Stephen Jack – Lifelong Learning Manager**

**Appendices (1)**
1 -  Updates on key Strategies and Plans

**ITEM 8  APPENDIX 1**
# UPDATES ON KEY STRATEGIES AND PLANS
## 1. Children's Services Plan

| |
|---|
| **1.1 Key issues/progress updates in relation to the delivery of your existing Plan/Strategy for highlighting to Board Members:** |
| 1.1.1 Our latest report (year 1) on our Children's Services Plan was agreed by DG Council in July, and has been published on the Council Website: Dumfries-and-Galloway-Childrens-Services-Plan-2023-26-Joint-Annual-Report-on-Year-1-23-24.pdf (dumgal.gov.uk) |

| |
|---|
| **1.2 Any specific decisions/feedback you require from Board Members?:** |
| 1.2.1 To note progress, challenges, impact and next steps. |

| **1.3 Key activities/projects/initiatives ongoing which specifically contribute to the three overarching Themes of the new LOIP and any positive impacts that they may be having on our local communities?:** | **Which LOIP Outcome/s does this contribute to?(see below ref)** |
|---|---|
| 1.3.1 <u>Health and Wellbeing</u><br>• All 6 workstreams in the Children's Services Plan contribute to health and wellbeing.  These are:<br><br>Workstream 1: Family Support<br>Workstream 2: Disabled Children with Complex Needs<br>Workstream 3: Mental Health<br>Workstream 4: Care Experience<br>Workstream 5: Child Poverty<br>Workstream 6: Getting it right for every child<br><br>• Please see the report link above for details of Key successes for each workstream, impact, and next steps. | **HWB1**<br>**HWB2**<br>**HWB3**<br>**HWB4** |

| |
|---|
| **1.4 Key Performance information relevant to your Plan/Strategy:** |
| 1.4.1 The Annual Report above contains details of Performance Information that has been used across previous plans, however a new suite is in development that takes account of The Promise, and Scottish Government proposed indicators for Children's Services Plans.<br>1.4.2 <u>High level successes</u><br>• Our position is that we have faced various challenges, and some pieces of work may have been slower than planned due to capacity issues, but we have seen positive progress over most areas of our plan with some notable successes, such as our Youth Counselling in Schools Project which won national recognition.<br>• In our Family Support workstream, we have recruited a Parenting Coordinator and successfully engaged many families to identify their parenting needs and shape our provision of supports. Using Whole Family Wellbeing funding, we were able to upskill our family support workers to enable them to undertake assessments and |

develop plans with families to enable more support to be offered at an earlier stage.
- In our Children with Disabilities and Complex Care Needs workstream, our revised Healthcare in Schools Policy will ensure that issues around the delivery of complex medical procedures in schools can be quickly resolved.
- In our Mental Health workstream, the development of our Mental Health Pathway will help us to ensure that children and young people get the right level of support at the right time. Our Single Point of Contact for specialist services means that children and young people should only need to tell their story once. Our CAMHS website was developed in a co-productive approach with children and young people. Our Counselling in Schools project won a National award. We have successfully developed perinatal mental health services, shaped by engagement with service users, and these are now operational.
- We have reviewed our Corporate Parenting Plan to focus on actions that will bring about real change for our looked-after and care-experienced children and young people. Governance arrangements are being reviewed to make sure that we get the right level of leadership for this plan.
- In our Child Poverty Action Report, we can evidence the amount of support that families have received – including gains arising from financial information, food bank provision, increased school meal uptake, interventions to prevent homelessness and warm winter clothes.
- Our Getting it right for every child (GIRFEC) workstream is primarily about the systems, processes, guidance and training that we have in place to support our local implementation of GIRFEC. Successes include our Sharing Practice Festivals, the work to develop a website and Service Directory for families, and the GIRFEC Forum test of change in Annandale.

1.4.3 <u>High level challenges</u>
- There are challenges that we have faced regarding specific pieces of work within workstreams, where progress might have been slower than planned, and there are global ones that we face as a partnership. Recruitment and retention of staff continues to be an issue in Dumfries and Galloway, although we have had some success with recruitment to our Perinatal Mental Health Services.
- A significant challenge for us is that demand for services has greatly increased since the Covid-19 pandemic. We have to manage this significant extra demand, while at the same time changing the way that we deliver services to children and young people while at the same time.

**1.5 Future Plans/Priorities:**

1.5.1 Please see Annual Report for detailed next steps specific to the various workstreams. Overarching actions for the Children's Services Plan as a whole is:
- In 2024-25, we need to continue to monitor our effectiveness as a partnership. We need to continue to develop and agree our multi-agency performance and quality arrangements. We need to continue to work together to address the challenges that we jointly face across Dumfries and Galloway – particularly challenges relating to staff capacity, recruitment and retention, delivery of services across a large rural area, and the increase in demand for services post-Covid.

**Lead officer: Jim Brown, Chair Children's Services Strategic and Planning Partnership**

## 2. Dumfries and Galloway Community Justice Outcome Improvement Plan 2023-2028

**2.1 Key issues/progress updates in relation to the delivery of your existing Plan/Strategy for highlighting to Board Members:**

2.1.1  A draft Outcome Activity Annual Report detailing local progress towards national community justice aims and priorities is being taken to CJP on 29th August for discussion and final partner consultation "Sign off" will then take place for mid-September submission.  This is the first outcome activity annual report against the new National Strategy for Community Justice and has been a substantial piece of work supported by partners as per their legislative duty.

2.1.2 Review and refresh of the local delivery plan and associated workplan remain ongoing.  This will be presented to CJP in November 2024.  Work continues on identified short and medium-term actions.

2.1.3 Employability support for those subject to MAPPA has been agreed between Employability and Skills and Apex Scotland locally.

2.1.4 Housing continues to be extremely challenging with people being released from prison and having to stay in B&B accommodation with no cooking facilities.  This is not conducive to rehabilitation or desistance.

2.1.5 Partners have agreed a small amount of partnership funding in relation to the safeguarding work highlighted in our previous update.  This is to ensure those who do not meet the criteria for funding through the agreed process with the Scottish Welfare fund can still be repatriated home safely and quickly.  A formal local policy is nearing completion.

2.1.6 Emergency early release of prisoners is now complete.  Numbers were low for Dumfries and Galloway with all releases planned for through the MACRIB[1] process.

2.1.7 A local response to the Long term prisoner release process: consultation **(Appendix 2)** was submitted on behalf of CJP highlighting our concerns at the proposed change in release for long term prisoners from six months before sentence end date to automatic release at two thirds of sentence served[2].   As yet there is no information on potential increased resource, if any, for community services to support the increased numbers of people serving the remainder of their sentence on licence and supervised in the community. It is therefore difficult to assess the size and scale of potential risks (risk transfer from custody to community services).

2.1.8 A 'Lessons Learned – Justice Lived Experience Report' was completed and shared with partners.  This covers the process from conception to the present Concerns remain in relation to funding for this work to continue.  Justice Social Work have provided funding for the last three years of development and delivery whilst feedback received has the potential to improve multi agency.  It is unlikely this funding will continue after 31st March 2025.

2.1.9 New collaborative work is taking place between HMP Dumfries, Families Outside and Summerhill to support families traveling to visit their loved ones in HMP Dumfries.  This collaboration came from introductions being made via CJP.  This provision takes the place of an official 'Visitors Centre' for our region.

2.1.10 There remains no identified funding for the continuation of the service currently provided by Families Outside. This is hugely concerning.

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[1] Multi Agency Community Reintegration Board – chaired by SPS)
[2] Response attached for information.

| **2.2 Any specific decisions/feedback you require from Board Members?:** |
| --- |
| 2.2.1 Support to identify potential funding and resource to achieve identified improvement activity in the local CJOIP, particularly in relation to lived/living experience and family support. <br><br> 2.2.2 Note the challenges of the national drive to reduce the prison population and expected impacts on community partners and services. <br><br> 2.2.3 Note the escalating risk from increased challenges for housing and homeless services. |

| **2.3 Key activities/projects/initiatives ongoing which specifically contribute to the three overarching Themes of the new LOIP and any positive impacts that they may be having on our local communities?:** | **Which LOIP Outcome/s does this contribute to?(see below ref)** |
| --- | --- |
| 2.3.1 <u>Health and Wellbeing</u><br> • A programme of multi-agency trauma training has commenced. The Community Justice Partnership Manager has completed the training for trainers and will support delivery.<br> • Lived/living experience work – focus on outdoor projects and food provision.<br> • We continue to support ADP colleagues with the introduction of MAT Standards in justice settings. This includes police custody and prison.<br> • Justice Social Work staff trained in naloxone. | **HWB1**<br>**HWB3** |
| 2.3.2 <u>Work</u><br> • Apex are now offering employability support to people subject to MAPPA.<br> • Community partners supporting personal placements as part of the unpaid work (UPW) element of Community Payback Orders. This includes but is not limited to Summerhill and Apex.<br> • Foundations pilot project for those with justice experience is now complete. The focus for this was hospitality, funding was provided through No One Left Behind and Employability and Skills. | **WO1**<br>**WO2**<br>**WO3** |
| 2.3.3 <u>Where We Live</u><br> • Links to above points in relation to 'Work' | |

| **2.4 Key Performance information relevant to your Plan/Strategy:** |
| --- |
| 2.4.1 First Outcome Annual Activity Return (OAAR) in draft form. This will be submitted to Community Justice Scotland mid-September. <br><br> 2.4.2 Progress towards national outcomes is expected be requested by Scottish Government in December. A data report will be available at that time supported by our local Community Justice Data Dashboard. |

| **2.5 Future Plans/Priorities:** |
| --- |
| 2.5.1 Care Inspectorate Supporting Self Evaluation Community Justice – A staged approach – DGCJP expressed their interest in being a pilot area for this new approach and this is being considered. This links with identified local improvement activity in relation to leadership and governance. <br><br> 2.5.2 Support JSW in the development of their new Strategy to help ensure alignment. |

| 2.5.3 Monitor the impact of legislative change and the drive to reduce the prison population on the local community. |
| --- |

**Lead Officer: Vikki Binnie, Community Justice Partnership Manager, Dumfries and Galloway Council**

**Appendix 2 – Long Term Prison Release Local Response**

## 3. Community Learning and Development (CLD) Partners' Strategic Plan 2021 -2024

### 3.1 Key issues/progress updates in relation to the delivery of your existing Plan/ Strategy for highlighting to Board Members:

- The recommendations from the National Independent Review of CLD were released at the end of July 2024 and these are attached in **Appendix 3** for interest.
- From a Dumfries & Galloway perspective a summary of key issues are:

### 3.1.1 CLD Standards Council should be supported to transition towards an independent status

- The CLD Standards Council represent the CLD Sector well from a workforce perspective and strengthening their role would be supported. Whilst Youth Work practitioners mainly affiliate with YouthLink Scotland, the Standards Council is the recognised professional body for CLD Practitioners and membership over the last 12 months has increased by 18 with Dumfries and Galloway.

### 3.1.2 The Scottish Government should develop and communicate a clear and cohesive policy narrative on Life-long Learning

- The Policy narrative surrounding Adult Learning, in particular, has become particularly complex with no single voice to represent the Sector.
- Learning Link Scotland, Scotland's Learning Partnership, Education Scotland, Scottish Government, CLD Manager's Scotland network exist as separate organisations/representative bodies, but all have a say in Adult Learning at a national level, for example.
- There was no funding allocated to support the National Adult Learning Strategy and as such it has not had the intended impact.
- Youth Work is better represented nationally through a single recognised national body (YouthLink Scotland).

### 3.1.3 Informed by and consistent with the policy narrative recommended above, the Scottish Government should develop and communicate a clear Statement of Strategic Intent for CLD.

- The Regulations supporting CLD are quite complex with the definition of which Services contribute to CLD being very broad and much wider than the traditional definition of Adult Learning, Youth Work and Community Development.
- This can make it very difficult when submitting national returns, as each Local Authority area has a different approach to which Services are included within the broader definition of CLD.
- The Policy definition is currently too wide and cuts across other Strategic policy areas in relation to areas such as Children's Services, Employability, Poverty & Inequalities making it challenge for the CLD Sector to define a "unique" identity.
- This would also be supported to try and align a national approach to CLD KPIs as although this currently takes place, all LAs are collating differently and hence gives an inconsistent picture across Scotland.

### 3.1.4 The Scottish Government working alongside New Scots partners, Colleges and Local Authorities needs to take immediate action to tackle the current crisis in ESOL.

- This is one of the key challenges facing the Sector at the moment.
- Scottish Government is about to cease dedicated funding to support Ukrainian Refugees and Asylum Seekers. Demand for language skills and others support

has increased significantly over the last few years and dedicated staff have been recruited based on the Government funding being made available.

- With this funding potentially being withdrawn it creates a significant risk to current essential activities that are taking place on a daily basis through the Resettlement Board.

**3.1.5 <u>The CLD Standards Council should lead work to develop a CLD Workforce Plan for consideration by the Strategic Leadership Group.</u>**

- The development of a national workforce plan would be welcomed to help provide some consistency/minimum standards across the Country.
- Dumfries & Galloway are well placed with the Youth Work Service being commended for their Youth Work career pathway as part of the January 2024 Education Scotland CLD Progress Visit.
- A self-formed CLD Practitioner's Collective is supporting local workforce opportunities through the CLD Partnership.

| **3.2 Any specific decisions/feedback you require from Board Members?:** |
| --- |
| - Note the observations in relation to the recommendations outlined within the National CLD Independent review report. |

| **3.3 Key activities/projects/initiatives ongoing which specifically contribute to the three overarching Themes of the new LOIP and any positive impacts that they may be having on our local communities?:** | **Which LOIP Outcome/s does this contribute to?(see below ref)** |
| --- | --- |
| 3.3.1 <u>Health and Wellbeing</u><br>- Lifelong Learning recently led on a multi-agency review of parenting programmes available across Dumfries and Galloway through the Whole Family Support Workstream to identify emerging need/support for parents within the Community. Some of the key issues identified were:<br><br>- Diet, nutrition, eating and mealtimes (cooking meals, lack of knowledge around meals/mealtimes, more 'fussy' eaters, more children grazing/snacking)<br>- Parent mental health (anxiety, worries, stress), sometimes linked with drugs and alcohol<br>- The need for a diagnosis<br>-  Waiting for support (not knowing what to do in the meantime)<br>- Speech and language<br>- Routines and boundaries<br>- Financial concerns<br>- Sleep<br>- Toileting (developing parents understanding/strategies/awareness of where to find support<br>- Dental (children being missed, parents not knowing what to expect/how to get registered/how to maintain effective dental health)<br>- Funding – frustration from parents (and staff) around issues with funding for their child to receive support<br>- Communication | **HWB2 HWB3** |

| | |
|---|---|
| 3.3.2 <u>Work</u><br>• There continues to be a significant focus on ESOL language skills to support Refugee/Asylum Seekers and this also includes support around employability and recognising qualifications gained in other countries. At the moment through Lifelong Learning the following number of individuals are being supported:<br>- 99 Ukrainians<br>- 61 Asylum Seekers<br>- 20 Syrians<br>- 9 Afghans<br><br>• The initial PDA Pilot in Working with Communities which was developed in partnership with the College has just finished with 14 practitioners across a range of partners completing the qualification. A second course has just been advertised with an expected start date of Autumn 2024.<br><br>• Additional workforce CLD upskilling includes:<br>- Children's Rights training for 100 practitioners<br>- Climate change – 33<br>- Counselling – 18<br>- LGBT – 70<br>- TESOL(Tutoring for English Language Skills) – 16<br>- PDA Youth Work – 11<br>- SVQ Assessor/Verifier – 10<br>- Signs of Safety - 22 | **WO1**<br>**WO2**<br>**WO3** |
| 3.3.3 <u>Where We Live</u><br>• Targeted work to tackle digital exclusion through the provision of devices; informal digital drop ins; accredited work; being safe online continues with new classes available on at the Stranraer campus of Dumfries and Galloway College. | **WWL1** |

**3.4 Key Performance information relevant to your Plan/Strategy:**

**N.B. the 23/24 national statistical return is being collated through the CLD Partnership and will be available at the end of September.**

**2022/23 National KPI Return**

| | |
|---|---|
| • No. of adults engaged in CLD activity | 4249 |
| • No. of adults completing a nationally accredited award | 36 |
| • No. of adults engaged in family learning through CLD activity | 2085 |
| • No. of children/young people engaged in family learning through CLD activity | 2424 |
| • No. of young people engaged in CLD activity | 9685 |
| • No. of children & young people completing a nationally accredited award | 442 |
| • No. of young people completing a sectional certificate towards an accredited award | 263 |
| • Number of young people gaining wider achievement awards, local awards and those not nationally recognised, through CLD activity | 1125 |

| | |
|---|---|
| • Number of adults with improved mental health and wellbeing outcomes through CLD activity | 2179 |
| • Number of children and young people with improved mental health and wellbeing outcomes through CLD activity | 7002 |
| • Number of community groups receiving capacity building support through CLD activity | 494 |
| • Number of adults and young people taking part in influence and engagement activity through CLD – (including community planning / participatory budgeting / local and national consultations / co-production and influencing service design). | 16,463 |
| • Number of adults and young people reached and engaged with through one off promotional events / drop-ins / community events / engagements / etc. | 30,098 |

**3.5 Future Plans/Priorities:**

- Completing scoping for the development of a new CLD Plan (2025-2027)
- Preparing consultation/engagement questions for formal consultation period late 2024/early 2025

**Lead Officer: Stephen Jack – Lifelong Learning Manager, Chair CLD Partnership**

**Appendix 3 – CLD Review Findings**

## 4. Local Development Plan 2

| |
|---|
| **4.1 Key issues/progress updates in relation to the delivery of your existing Plan/Strategy for highlighting to Board Members:** |
| 4.1.1 The Development Planning team are continuing to make good progress on gathering the evidence needed to prepare the Evidence Report. The Evidence Report is being structured round the themes, spatial principles and polices in National Planning Framework 4 (NPF4) and will set out what the Councils next Local Development Plan (LDP3) needs to plan for.  One of those policy areas is community wealth building. NPF4 contains an expectation that LDP3 will be aligned with any strategy for community wealth building for the area.<br><br>4.1.2 The team carried out a series of community conversations during May and June to sense check the evidence that has been gathered and to start engaging the public on what that might mean for the future land use planning of their place. More detail on the engagement is subject of a separate report. |
| **4.2 Any specific decisions/feedback you require from Board Members?:** |
| 4.2.1 The Community Planning Partnership have recognised and are embracing the opportunities that can be realised through supporting Community Wealth Building approaches across the region.  There is a LOIP Action Plan project around Community Wealth Building which is looking to identify / clarify what Community Wealth Building looks like for the region. Work has begun on this action plan project and the outcome will be a strategy and action plan for the region.<br><br>4.2.2 Do Board Members have any comments to make on the Community Wealth Building Scheule that has been drafted as part of the Evidence Report for LDP3. **(Appendix 4)** |

| **4.3 Key activities/projects/initiatives ongoing which specifically contribute to the three overarching Themes of the new LOIP and any positive impacts that they may be having on our local communities?:** | **Which LOIP Outcome/s does this contribute to?(see below ref)** |
|---|---|
| 4.3.1 <u>Health and Wellbeing</u><br>• The information and evidence being gathered to inform the Evidence Report is helping to clarify what LDP3 can do to contribute to this theme. | |
| 4.3.2 <u>Work</u><br>• When available, the community wealth building strategy and action plan will be reflected in LDP3 and should (where relevant) help contribute to the outcomes.<br>• The LDP will seek to ensure that there is sufficient effective land allocated in LDP3 for business and industry. | |
| 4.3.3 <u>Where We Live</u><br>• The Evidence report has been prepared in consultation with key stakeholders and agencies who have responsibility for improving digital inclusivity and improving transport connections. The proposed plan will take these issues fully into account.<br>• The opportunity for community bodies to prepare a Local Place Plan enables them to influence their immediate environment. The Local Place Plan will cover the issues that are of the most importance to that community. Registered Local place Plans will be taken into account when preparing the proposed plan.<br>• Net zero ambitions combined with need to reduce carbon emissions will be key considerations when allocating future land for development. | |

| | |
|---|---|

**4.4 Future Plans/Priorities:**

4.4.1 Continue to progress the work needed to prepare LDP3 in accordance with the timetable set out in the Development Plan Scheme - DPS_March_2024.pdf (dumgal.gov.uk)

4.4.2 The first stage in that is completion of the Evidence Report which will be considered by Dumfries and Galloway Council in December 2024.  Following that it will be submitted for the Gatecheck process which is conducted by a Reporter appointed by Scottish Ministers. Should the Evidence Report pass through the Gatecheck okay, work will begin on preparing the proposed plan which will see further engagement with communities and key stakeholders during 2025.

**Lead Officer: Shona McCoy, Team Leader, Local Development Plan, Dumfries and Galloway Council**

**Appendix 4 – Community Wealth Building**

## 5. Local Housing Strategy

| **5.1 Key issues/progress updates in relation to the delivery of your existing Plan/Strategy for highlighting to Board Members:** |
| --- |
| 5.1.1 The 27 June meeting of Dumfries and Galloway Council agreed to declare a housing emergency in the region, becoming the ninth local authority to do so. This followed a notice of motion submitted by Councillor Paula Stevenson and seconded by Councillor Linda Dorward. |

5.1.2 This decision was made on the basis that the Scottish Housing Regulator has now declared that there is a 'heightened risk of systemic failure' in the delivery of housing and homelessness services at Dumfries and Galloway Council. Also, the acute nature of Dumfries and Galloway's homelessness crisis, with 241 households in temporary accommodation (30th September 2023) Furthermore, the severe shortage of social rented homes, and additional pressures for accessible and family homes. Members also noted the impact the lack of accessible homes had on other service areas within the Council, including Health and Social Care. Pressure on the Registered Social Landlord (RSL) sector was also cited, with RSLs finding themselves unable to develop future housing due to increasing interest rates. This was despite the range of Council efforts to tackle structural pressures including, Strategic Housing Investment Plan and lobbying Scottish Government for additional, and targeted funding.

5.1.3 On 16 May 2024, the Scottish Government had declared a national housing emergency. Work is now underway to produce and action plan aimed at alleviating the current pressure on the sector locally, however the Scottish Government have not yet set out their commitments nationally.

5.1.4 The CPPB have previously been advised of the reduced 2024-25 national AHSP budget of £555.845m, representing a decrease of £157.3m (22%) on the previous published figure of £713.145m. Dumfries and Galloway Council received formal notification of our allocation for this financial year, confirming a reduction from £20.5m to just over £15.5m. As a guide, this reduction of £5m equates to around 50 less homes that can be constructed. Furthermore, as Registered Social Landlords also contribute around 50% of development costs, there will be roughly £10m less investment during the financial year, and future projects are now placed at risk due to funding uncertainty. However the Council continue to liaise closely with partner organisations to minimise the impact of these cuts.

| **5.2 Any specific decisions/feedback you require from Board Members?:** |
| --- |
| A meeting of key stakeholders has been setup to ensure full input from partner organisations in the development of the housing emergency action plan. The Board are asked to provide their full support to this work, by ensuring appropriate attendance at the session which will be held on Monday 30 September between 11am and 1pm. |

| **5.3 Key activities/projects/initiatives ongoing which specifically contribute to the three overarching Themes of the new LOIP and any positive impacts that they may be having on our local communities?:** | **Which LOIP Outcome/s does this contribute to?(see below ref)** |
| --- | --- |
| 5.3.1 <u>Health and Wellbeing</u><br>• Help mitigate the impacts of the Cost of Living for those who are affected most by providing high quality affordable homes and lowering domestic fuel bills. | |

- Reduce health inequalities in the areas of our region which experience the greatest negative impacts by improving living standards and providing accessible homes for those with mobility problems. The LHS supports the approach to aids and adaptations that allow people to live independently for as long as possible.
- Work together as partners to eliminate child poverty by reducing housing costs, one of the main drivers of poverty.

### 5.3.2 Work

- Address the skills and recruitment gaps in key sector specific posts to increase capacity, capabilities and ease workforce pressures through partnership work with local Registered Social Landlords and South of Scotland Enterprise.
- Grow and maximise the potential of the working age population to help increase employability by supporting the local construction sector and ensuring commitments to deliver training opportunities and apprenticeships are met.
- Work with local communities to develop an inclusive, thriving economy and to promote Fair Work by promoting delivery of community led housing developments. Registered Social Landlords delivering AHSP projects are required to pay the real living wage.

### 5.3.3 Where We Live

- Improve transport connectivity across our region to increase opportunities to access employment, education and leisure, particularly in our rural areas, and through regeneration approaches which aim to improve links to the wider town.
- Work with our communities to help reduce Carbon Emissions and positively combat Climate Change through education, behavioural change and supporting initiatives which will make a positive difference. Approaches include the Energy Efficient Scotland: Area Based Scheme and Local Authority ECO4 Flex, which aim to reduce fuel poverty, improve health and lower carbon emissions.
- Develop high quality, affordable homes to help meet identified demand and improve the quality of lives of our communities.

## 5.4 Key Performance information relevant to your Plan/Strategy:

Dumfries and Galloway Council:
- Will continue to support partners in delivering the Affordable Housing Supply Programme
- Will continue to support the area based and local authority flex schemes to allow the leverage of additional funding for the delivery of energy efficiency improvements to privately owned homes, targeted at vulnerable householders
- Has allocated over £1.1m to the Adult Health and Social Care Partnership to support care and repair, small repairs, home support and dementia friendly design projects.
- Dumfries and Galloway Council has allocated £1million to the Town Centre Living Fund, to support the regeneration of town centres and improve property conditions throughout the region.

## 5.5 Future Plans/Priorities:

- Maximise the investment into the region via the Affordable Housing Supply Programme to provide new high quality affordable homes for local residents.

- Deliver the Area Based and Local Authority ECO Flex schemes to mitigate fuel poverty and reduce carbon emissions.

- Continue work to develop the next Local Housing Strategy for the region in collaboration with local stakeholders and residents.

**Lead Officer: Jamie Little, Team Leader Strategic Housing and Regeneration Investment**

## 6. Regional Transport Strategy

| **6.1 Key issues/progress updates in relation to the delivery of your existing Plan/Strategy for highlighting to Board Members:** | |
|---|---|
| • The Regional Transport Strategy was signed off by the Scot Government Transport Minister in June and is now a statute document and the SWestrans team are looking forward to working on the delivery plan for the Strategy.<br>• A rollout of the RTS throughout the region, involving a series of public engagement events, will be carried out in the latter half of the year once the strategy has been published. | |
| **6.2 Any specific decisions/feedback you require from Board Members?:** | |
| No. | |

| **6.3 Key activities/projects/initiatives ongoing which specifically contribute to the three overarching Themes of the new LOIP and any positive impacts that they may be having on our local communities?:** | **Which LOIP Outcome/s does this contribute to?(see below ref)** |
|---|---|
| 6.3.1 <u>Health and Wellbeing</u><br>• Active Travel Infrastructure, 11 existing projects at the concept stage, 4 Community led projects at construction stage, 7 new projects due to be tendered for feasibility studies.<br>• Active Travel Behaviour Change covering Schools, Workplaces, Inclusion and Capacity Building delivering a diverse range of projects including iBike, walking and cycling provision for social prescription by Health Practitioners, Improved Bike Storage provision for schools plus bicycles for new cyclists. | **HWB 1**<br>**HWB 2**<br>**HWB 3** |
| 6.3.2 <u>Work</u><br>• Implementation of Public Service Partnership model to tailor transport solutions to different communities.<br>• Create a Social Enterprise umbrella organisation for Community Transport to help support the sustainability and growth of local transport.<br>• Delivering a Bus Network review co-designed with bus operators to create a joined up bus network that connects with rail and ferry timetables. | **WO 1**<br>**WO 2**<br>**WO 3**<br>**WO 4** |
| 6.3.3 <u>Where We Live</u><br>• Decarbonisation of Transport modes incl. cars, buses, trains and ferries.<br>• Work closely with Development planning on LDP3 and Place Plans to help provide infrastructure that encourages modal shift in travel behaviours ie. EV's, Electric Buses, Accessibility at Railway stations etc. | **WWL 2**<br>**WWL 3** |
| **6.4 Key Performance information relevant to your Plan/Strategy:** | |
| • Scottish Household Survey, looking at establishing a baseline for monitoring and evaluation of Active Travel projects. All delivery partners for commissions have monitoring and evaluation reports, mirroring Transport Scotland's, to complete every quarter.<br>• Delivery Plan with 69 priorities all with actions and outcomes | |
| **6.5 Future Plans/Priorities:** | |

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| | |
|---|---|
| • | Implementation of the recommendations of the ongoing Network Bus Review ahead of going out to the market for tender bids for bus routes across the region in April next year. |

**Lead Officer: Tom Flanagan, Transportation Manager & Policy Advisor SWestrans**

| Key | LOIP Outcome area |
|---|---|
| **Health and Wellbeing** | |
| HWB 1 | Help mitigate the impacts of the Cost of Living for those who are affected most |
| HWB 2 | Reduce health inequalities in the areas of our region which experience the greatest negative impacts |
| HWB 3 | Improve the health & wellbeing of our citizens through targeted approaches |
| HWB 4 | Work together as partners to eliminate child poverty |
| **Work** | |
| WO1 | Grow and maximise the potential of the working age population to help increase employability |
| WO2 | Address the skills and recruitment gaps in key sector specific posts to increase capacity, capabilities and ease workforce pressures |
| WO3 | Increase volunteering opportunities to help develop skills, build capacity and support progression into local employability |
| WO4 | Work with our local communities to develop an inclusive, thriving economy and to promote Fair Work |
| **Where We Live** | |
| WWL1 | Capitalise on opportunities to collaborate digitally and eliminate digital exclusion for those who wish to engage digitally |
| WWL2 | Improve transport connectivity across our region to increase opportunities to access employment, education and leisure, particularly in our most rural areas |
| WWL3 | Work with our communities to help reduce Carbon Emissions and positively combat Climate Change through education, behavioural change and supporting initiatives which will make a positive difference |
| WWL4 | Develop high quality, affordable homes to help meet identified demand and improve the quality of lives of our communities |

**DUMFRIES AND GALLOWAY COMMUNITY JUSTICE PARTNERSHIP LONG TERM PRISON RELEASE PROCESS CONSULTATION**

[Long-term prisoner release process: consultation - gov.scot (www.gov.scot)](Long-term prisoner release process: consultation - gov.scot (www.gov.scot))

**1. Please share any views you have on the general proposal that the point of release on non-parole licence for long-term prisoners should be at an earlier point.**

**It is necessary to reduce the prison population in a way which is sustainable and feasible within a short period of time. This proposal is part of a package of measures to reduce the prison population.**

**2. Please share any views you have on the general proposal that the point of release on non-parole licence should be proportionate to sentence length (as opposed to a fixed point).**

**Please share any views you have in the box below**

**3. Please share any views you have on the specific proposal to release most long-term prisoners on non-parole licence following two thirds of their sentence.**

**Please share any views you have in the box below**

**4. Would you like to offer any additional views or evidence in relation to these proposals?**

**This could include consideration of the operational impacts of the proposed changes.**

**Please share any views or evidence you have in the box below**

As part of the consultation, it would be useful to provide background on what the driver for legislative change was in February 2016 and what has changed now apart from an increased pressure on the prison service. There seems to have been scoping and research on the pressures on custody without the same effort going into assessing whether local areas have the resource and services in the community. Without that additional context this feels like a reactive action rather than a proactive, planned, evidence based approach.

Consideration should be given to whether this is the right time to apply such a change.  It may be a more pragmatic approach to await the completion of the independent review of sentencing and penal policy before implementing such a significant change such as this, regardless of the pressures on the prison population. There is also ongoing work taking place on the funding review for Justice Social Work in relation to recurring and non-recurring funding, again introducing this change before this is concluded is concerning.

As stated in the consultation this proposal is part of a package of measures to reduce the prison population, this must begin with sentencing and using prison as the last resort. This also recognises and supports the points made within the consultation on *the damaging effect prison has in relation to weakening social ties, creating stigma, adversely impacting on employability and housing stability and ultimately can increase the likelihood of reoffending.* There is a need to ensure we consider risk of reoffending and risk of harm separately as they are very different issues.

We also need to consider how this change in legislation interacts with the Bail and Release from Custody (Scotland) Act 2023 and the duty placed on partners to engage in release planning, reintegration licenses etc.

There is a likelihood that pre-release MAPPA meetings, ICM meetings and risk management meetings (including MARAC) will o be increased as are required for release.  MAPPA is already seeing an increase in numbers with no associated increase in resource, this change will compound that even further, impacting on associated partners.

Whilst recognising different areas of responsibility and remit this may be an opportunity to be brave and think more creatively. Why do we currently have multiple pre-release meetings (e.g. ICM, RMT and MAPPA) instead of simply having one with all the right and appropriate representatives to discuss and agree the Case or Risk Management Plan for community release that is informed by a co-produced risk assessment that has been undertaken for that context. We know the dangers of multiple processes that always have the right intent, but unfortunately can then become disjointed.

We currently find ourselves in the midst of a housing crisis/emergency. Homelessness is not conducive to successful reintegration. Moreover, this housing emergency is likely to increase the risk to women and children who may feel coerced into taking people back into their homes.

From a violence against women perspective there appears to be little acknowledgement on how this proposed change keeps victims at the heart of justice and increases public safety.  The ripple effect of this and added pressure on other very stretched community services supporting women should be considered; this includes health and psychological support services.

Concerns highlighted by partners in relation to public protection and risk are that those deemed not eligible for parole will be eligible for automatic release at a much earlier point in their sentence, without specific behaviour change work having been completed if this change goes ahead. Risk profile will potentially be increased as risk moves from custody to community; licensing conditions and supervision could mitigate but this requires resourcing (including staffing which is increasingly challenging) over a longer period of time.

Whilst there has been discussion on a phased approach to releases if the legislation is passed and applied retroactively to February 2016 there is no detail on how that would take place and the potential impact on victims.  Victim organisations locally

have expressed their concern that victims may not be informed timeously, putting them at risk of seeing their perpetrator back in the community with little or no warning or support. Whilst figures discussed of potentially 320 people being eligible for release, details of those being released, numbers who pose significant risk of harm, additional numbers subject to MAPPA etc would need to be provided to ensure effective and safe planning could take place.

There were also points raised at a recent national event on the impact on those being released and their mental readiness for an earlier than anticipated release.

The issue of progression to parole and access to offending behaviour programmes is not new, indeed this has delayed progression for a number of years and  is detailed in the Thematic Review of Prisoner Progression in Scottish Prisons.  There is an argument that the threshold for such programmes is set too low at present, leading to unmanageable numbers waiting to access programmes.  Perhaps employing more psychologists within SPS to assess those most in need of such programmes may improve the situation and decrease risk. Whilst these programmes could be delivered in the community this would require significant additional resource, as yet detail of any such resource is not forthcoming.  It has also been highlighted that when the threshold is set too low this actually increases the risk for those posing the least risk at the start of the programme.

Whilst this consultation and legislative change should alleviate pressure on the prison service it adds to it in the community. Increasing pressure on community services such as substance use/recovery, adult services, employability, community care and Justice Social Work do not appear to have been considered.  There is an awareness that those in prison are becoming increasingly complex and community services are also seeing this within their existing caseloads, earlier release will simply add to that complexity.

We must also acknowledge the high vacancy rate and very high caseloads being experienced by Justice Social Work and others.  It is also noted that people coming from other social work services would require specific training in relation to risk assessments etc, much of this training is delivered by Community Justice Scotland; do they have the capacity to provide this as required, again at short notice and across Scotland.

The consultation states that '*this change is intended to provide those leaving prison with a more managed return to their communities, with supervision and access to the support and rehabilitation they need for a longer period of time*' yet Local Authority cuts have led to some services being stripped back or stopped – are we shifting pressure from one part of the justice system to the community, and simply setting people up to fail by introducing this change now.

National drivers in relation to the flow into custody and keeping people out of prison by increasing the use of bail, electronic bail and diversion at the front end of the system are already leading to some concerns in other policy areas, particularly in the area of violence against women and the increase in risk due to breaches of bail conditions with seemingly little or no consequence.

**<u>Item 8 Appendix 2</u>**

An interesting point raised at the national event was that there are other ways to identify a cohort suitable for release, indeed a potentially larger cohort.  Should consideration be given to targeting individuals for release based on risk and need levels rather than at a specific point of their sentence.  Whilst this may require more pre-release work, this would much reduce the impact on Justice Social Work and other community services as far less, if any supervision would be required.

It should be acknowledged that changes such as this will undoubtably attract media attention.  How will this change be communicated effectively to local communities whilst maintaining their faith in the justice system, how do we ensure people understand that being on license and subject to supervision can also be restrictive if required but also be part of successful rehabilitation.  It is imperative that local communities understand this.

# ITEM 8 APPENDIX 3 – RECOMMENDATIONS – INDEPENDENT REVIEW OF CLD

## 1. Leadership and Structures

**1.1** • By Autumn 2024, the Scottish Government and CoSLA should establish a **joint CLD Strategic Leadership Group (SLG) including an Equalities Forum**.

**1.2** • The work of the SLG should be supported by a working-level **CLD Strategic Delivery Group (SDG).**

**1.3** • CoSLA and the Scottish Government need to **reconsider current arrangements supporting CLD policy and delivery**.

**1.4** • CoSLA should initiate and lead a process to **improve consistency in terms of where CLD is situated within Local Authority structures** across all 32 Local Authorities.

**1.5** • The **CLD Standards Council should be supported to transition towards an independent status** more akin to the General Teaching Council Scotland.

**1.6** • Ministers should commit to providing **regular reports to the ScottishParliament** about follow-up to this Review.

## 2. Overarching Policy Narrative

**2.1** • The Scottish Government should develop and communicate a **clear and cohesive policy narrative on Life-long Learning**.

**2.2** • Informed by and consistent with the policy narrative recommended above, the Scottish Government should develop and communicate a **clear Statement of Strategic Intent for CLD**.

## 3. Focus on Delivery

**3.1** • By the end of 2024, the Strategic Leadership Group should agree and publish a **detailed, prioritised and timed Delivery Plan**.

**3.2** • The Scottish Government working alongside New Scots partners, Colleges and Local Authorities needs to take immediate action to **tackle the current crisis in ESOL.**

## 4. Budgets and Funding

**4.1** • The Scottish Government should undertake an urgent and overdue **reassessment of the current balance of spending** across all dimensions of learning in Scotland.

**4.2** • Consistent with the Verity House Agreement, the Scottish Government and CoSLA should work together to **identify indicative allocations for Local Authority spend on CLD**.

**4.3** • Wherever possible, funding should be part of core budgets rather than project related. If this is not possible, then **project funding should be provided over a multi-year period**, with an explanation provided if that is not the case.

## 5. Developing the Workforce and Standards

**5.1** • The Scottish Government should appoint a **Chief Adviser on Community Learning & Development**.

**5.2** • The CLD Standards Council should lead work **to develop a CLD Workforce Plan** for consideration by the Strategic Leadership Group.

**5.3** • There should be a progressive requirement for all those working or volunteering in CLD roles to be members of the CLD Standards Council.

**5.4** • Consideration of HMIE CLD inspection report findings should be a standing item on the Strategic Leadership Group agenda.

## 6. Demonstrating Impact

**6.1** • The Scottish Government should fund Scotland's **participation in the OECD International Survey of Adult Skills (PIAAC)**.

**6.2** • Existing outcome measures, including the Youth Work National Outcomes and Skills Framework and the CLD managers Scotland KPI data, should be used as the basis to **develop a shared CLD Outcomes and Measurement Framework** for use across the sector.

**6.3** • There should be an **annual celebration of CLD successes**, in the shape of a CLD Annual Report and CLD Awards event.

# ITEM 8 APPENDIX 4 – COMMUNITY WEALTH BUILDING

| Issue: Topic / Place | Policy 25 Community Wealth Building |
|---|---|
| Information required by the Act regarding the issue addressed in this section | Town and Country Planning (Scotland) (Act) 1997, as amended, section 15(5)(a)<br>• the principle physical, cultural, economic, social, built heritage and environmental characteristics of the district. |
| Links to Evidence | • South of Scotland Regional Economic Strategy<br>• Local Outcome Improvement Plan<br>• Baseline Report on Community Benefit and Shared Revenue from Onshore Wind Projects to Communities in the South of Scotland – Biggar Economics for South of Scotland Enterprise |

| Summary of Evidence |
|---|

**NPF4 Requirements of LDPs**
LDPs should be aligned with any strategy for community wealth building for the area. Spatial strategies should address community wealth building priorities; identify community assets; set out opportunities to tackle economic disadvantage and inequality; and seek to provide benefits for local communities.

**Evidence and Data**
Community Wealth Building is a place and people centred approach to economic development.  The Community Wealth Building approach to economic development directs wealth back into local economies, rather than profit extracted by distant companies and shareholders. It seeks to reduce inequality and enhance wellbeing, specifically seeking to take a proactive approach to supporting local inclusive economies. It is built upon the concept of creating a fairer, more socially just economy.

5 pillars of Community Wealth Building

# ITEM 8 APPENDIX 4 – COMMUNITY WEALTH BUILDING



Key to delivering this approach is the role of anchor institutions - these are large public, commercial and social sector organisations which have a significant stake in a place. They can exert sizeable influence by adopting strategies which impact upon economic, social and environmental priorities, generating what is commonly referred to as social value. The Council is an anchor organisation.

Not every anchor organisation is able to act across all five pillars. However, actions of different anchors can contribute to an area wide community wealth building strategy.

**Regional Economic Strategy**
The South of Scotland Regional Economic Strategy vision is for a ''Green, Fair and Flourishing region with an inclusive approach to building wealth which benefits the local economy, our communities and our people''. There is specific priority given to action on Community Wealth Building through ''Supporting Community Wealth Building and Growing Regional Supply Chains''.

**Local Outcome Improvement Plan**
The Local Outcome Improvement Plan 2023 – 2033, which is prepared by the Community Planning Partnership, sets out three themes and twelve outcomes that will be the Community Planning Partnerships focus over the next 10 years to 2033. The Local Outcome Improvement Plan (LOIP) embeds Community Wealth Building as one of five underpinning principles:

- Empower communities
- Embrace and embed Place Planning approaches
- Work with our communities to build local community capacity, skills and resilience

**ITEM 8 APPENDIX 4 – COMMUNITY WEALTH BUILDING**

- Develop the status of Community Planning Partners as Anchor Organisations and embed a Community Wealth Building approach
- Early intervention and prevention

The Community Planning Partnership have recognised and are embracing the opportunities that can be realised through supporting Community Wealth Building approaches across the region, and this will be a key focus for the Partnership through the implementation of the LOIP.

There is a LOIP Action Plan project around Community Wealth Building which is looking to identify / clarify what Community Wealth Building looks like for the region.

The South of Scotland is one of five pilot areas the Scottish Government have been supporting to drive forward the implementation of Community Wealth Building at the local and regional level.

The Community Planning Partnership Board are in the process of considering how Community Wealth Building can become a long term transformational agenda for Community Planning Partners (Dumfries and Galloway Council, NHS Dumfries and Galloway, Police, Fire and Rescue, Third Sector Dumfries and Galloway, and South of Scotland Enterprise). They recognise and are embracing the opportunities that can be realised through supporting Community Wealth Building approaches across the region and this will be a key focus for the Partnership in implementing the LOIP.

Work has begun on this LOIP Action Plan project with South of Scotland Enterprise and the Community Planning Partnership working together to gather evidence across the 5 Community Wealth Building Pillars. The outcome of the evidence gathering work will not be available until end of November, which is too late to be included in this schedule.

It is envisaged that the outcome of the work will be a Community Wealth Building Strategy and Action Plan for Dumfries and Galloway. The anticipated date for when that will be available is end of March 2025. The Community Wealth Building Strategy will seek to build on the Regional Economic Strategy.

The approach to locality planning in the previous LOIP was focused around food sharing. This has been integral in supporting communities through Covid recovery, with the supporting networks strengthened as a result of this approach being vital in helping to mitigate the impacts of the cost of living crisis. The approach being taken in the new LOIP is to prepare locality plans for the following areas which experience some of the greatest inequalities and which would benefit from more focused attention and prioritisation;
- Lochside and Lincluden, Dumfries
- Dumfries Central
- Summerville, Dumfries
- Annan East
- Annan West
- Upper Nithsdale

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- Stranraer East
- Stranraer West

It was agreed through the Community Planning Partnership Board that Upper Nithsdale (Kirkconnel and Kelloholm) would be the initial pilot area for this approach and work has already commenced to take this forward with partners and the local community.

**Community Asset Transfer**
Dumfries and Galloway Council recognise that the transfer of council owned land and property into community ownership can make a significant contribution to the property and land Community Wealth Building pillar and can be an ideal resource to help local communities realise their plans and aspirations.

The Council do not see community asset transfers as just being about the transfer of land, buildings or structures, they are seen as part of a wider picture in helping communities meet their shared aspirations and visions. They are about helping and empowering communities to make the best use of their local assets to become resilient, entrepreneurial; and thriving in a fiscal climate where the capacity for councils to continue to deliver services in the traditional manner becomes challenging.

A strategy document and a procedure note have been developed to transfer assets to community organisations wishing to take them over for the benefit of their community.  Details of all the community asset transfer request the Council has received are published on the Council's webpage - Community asset transfer requests received - Dumfries and Galloway Council (dumgal.gov.uk)

A number of communities across the region are actively preparing Local Place Plans for their areas. Any registered plans will be taken into account when preparing the proposed plan.

**Procurement**
The Council have also embedded community wealth building in their sustainable procurement policy. In doing so it should help ensure social, economic and environmental wellbeing for the region's communities and strive to create a strong and inclusive local economy. Sustainable_Procurement_Policy.pdf (dumgal.gov.uk)

There are several examples of where Community Wealth Building is currently happening in Dumfries and Galloway.

- Midsteeple Quarter Community Benefit Society (Dumfries) - Led by a community social enterprise (The Stove Network), will see the local community take back control of a group of underused and neglected High Street buildings and refurbish them as a contemporary living, working, socialising, learning and enterprising quarter
- The Furniture Project (Stranraer) Ltd - A social enterprise that exists to alleviate poverty throughout Wigtownshire. This is achieved through a public social partnership with Dumfries and Galloway Council and a 20-year contract to deliver reuse services to communities across Wigtownshire

# ITEM 8 APPENDIX 4 – COMMUNITY WEALTH BUILDING

- Tackling Inequalities (NHS D&G/D&G H&SCP as an Anchor Institution) – NHS Dumfries and Galloway and the Dumfries and Galloway Health and Social Care Partnership are undertaking activity and action which contributes to the organisations role as an Anchor Institution. The Joseph Rowntree Foundation Anchor Institution Framework has been used to map current activity and support the identification of gaps
- South of Scotland Enterprise undertaking work focusing on developing local understanding about CWB including:
  • Promoting and facilitating shared understanding and cross-region/sectoral support for best practice in Community Benefit, including impact monitoring
  • Developing a wider understanding of democratic finance models, including Community Shares and Community Bonds
  • Commissioning a feasibility study on CWB opportunities arising out of future new forest planting, including enhanced local employment and skills opportunities and options for community benefit

## Planning Guidance

### Local Economic Benefit and Future Renewable Energy Developments

NPF4 Policy 11 c) states that development proposals will only be supported where they maximise net economic impact, including local and community socio-economic benefits such as employment, associated business and supply chain opportunities.

There has been a significant number of onshore wind developments in Dumfries and Galloway since the first windfarm became operational in 1996. At the end of 2022, there were 850 installed wind turbines across the South of Scotland with a total installed capacity of 1,891 MW. Dumfries and Galloway accounted for 1,081 MW of this capacity, 57% of the total for the South of Scotland.

The sector is an important source of support for local communities. South of Scotland Enterprise commissioned Biggar Economics in 2023 to construct a baseline of community benefit and shared revenue arrangements for onshore wind projects in the South of Scotland which includes Dumfries and Galloway and Scottish Borders Council areas. The evidence gathered could be used to inform a subsequent phase of work to explore how the scale and efficacy of community benefit and shared revenue agreements could be enhanced to deliver a lasting, positive socio-economic and environmental legacy for the region.

The report highlighted that since 1996 onshore windfarms have generated around £30.9 million in community benefit funding for communities in the South of Scotland. There is potential to increase this if the Scottish Government are to achieve its ambition of 20GW installed energy capacity by 2030. Based on operational and planned wind farms in the South of Scotland, it is estimated that around 4.6 GW of this could be generated in the area. Improvements in turbine technology mean that this increase in generating capacity would not be replicated in the number of turbines.

# ITEM 8 APPENDIX 4 – COMMUNITY WEALTH BUILDING

It is estimated that by 2033 wind farms in the South of Scotland could be generating £12 million per year in community benefit funding. By 2058 this could increase to nearly £70 million per year. The cumulative value of this over the next 35 years could be nearly £900 million, 30 times as much as the total value of community benefit funding received up to 2023.

To date approximately £3.36 million of community benefit contributions is available annually to community groups in the region.  The Council follows the Scottish Government's good practice guideline for community benefit contributions which is set at a minimum £5,000 per installed MW capacity. It sis acknowledged that the final amount paid is agreed between the local communities and the operator.

In 2022 the average value of community benefit funds associated with operational wind farms was £2,537 while the equivalent figure for planned wind farms was £3,986. While adherence to the Government's good practice guideline is not yet universal, performance is improving.

The study acknowledges that there is a huge opportunity for the region with the potential to drive local regeneration and help tackle major societal challenges. However, there are a number of questions that need to be answered to ensure future benefits are maximised.

Moray and Highland Council commissioned Biggar Economics to investigate the benefits that had arisen during the construction and operation of windfarms, and to consider how benefits might be maximised in the future.  The study recommended adopting a new progressive approach to delivering socio-economic and community benefits that would build on the existing strengths of their system.

The study identified the following opportunities to increase impact;
• Local skills plan- could be produced by communities within their community action plans/local place plans to enable developed to consider how they could support this (e.g. by including direct funding for local apprenticeships)
• Supply chain facilitators- local skills providers and economic development agencies could support small businesses to address challenges around bureaucracy, to promote supply chain opportunities and support formation of supply chain co-operatives.
• Regional skills action plan- Councils and UHI could create a regional skills action plan to ensure the local population has access to sector specific skills training. Other actions identified in the study to maximise the future impact of community benefit packages relate steps that could be taken to enable broader based collaboration in project development and delivery and facilitate more strategic/ transformational projects by;
• Providing location specific support for developing local place plans
• Encouraging new community benefit funds to include provision for core funding for a development officer role to support project development.
• Encouraging new community benefit funds to allocate a proportion of funds for the joint use of groups of community councils to increase community capacity and better align strategic and local priorities.

# ITEM 8 APPENDIX 4 – COMMUNITY WEALTH BUILDING

• Encourage early engagement and agreement of a memorandum of understanding between developers and communities before planning applications are lodged.
• Remove restrictions to enable public bodies and local businesses to bid for project funding.
• Enable trusted third sector organisations to deliver specialist/ larger projects.

A new model for community benefit should build on good practice which has provided funding for community ownership of infrastructure, recreational use of tracks, seed funding towards community led housing projects, discounted electricity or energy efficiency measures, health and fitness club memberships, funding for training and development.

## Summary of Stakeholder Engagement

The following organisations and Council services contributed to the drafting of this schedule and were also consulted on the final version.

- Dumfries and Galloway Council – Stephen Jack
- South of Scotland Enterprise – Rob Davidson
- Economic Development – Juliette Cooke
- Community Benefit Officer – James Parker
- Community Planning Partnership Board/Senior Leadership Team

## Summary of Implications for the Proposed Plan

Although not available at the time of writing this schedule, full consideration will be given to how the Community Wealth Building strategy and action plan currently being developed can be aligned with the spatial strategy in the proposed plan.

Once the strategy is available, consideration will be given as to whether a local policy or planning guidance needs to be developed to support the NPF4 policy in delivering the Dumfries and Galloway Community Wealth Building strategy.

If a study is commissioned on how to maximise the future impact of community benefit packages, consider how the outcomes could be used to cut across other policy areas in the plan.

Consider what policy approach would be most appropriate to support NPF4 Policy 9 Energy and the requirements to maximise socio-economic benefits from developments.

Ensure that community bodies preparing Local Place Plans are aware of community asset transfer opportunities and consider how best to include in LDP3.

**ITEM 8 APPENDIX 4 – COMMUNITY WEALTH BUILDING**

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| If available in time, seek to embed Locality Plans into LDP3 and reference in policies and delivery plans as appropriate. |
| Statements of Agreement / Dispute |
| This should include statements from stakeholders highlighting their agreement or the areas they dispute. |

**COMMUNITY PLANNING PARTNERSHIP BOARD – 13 SEPTEMBER 2024**

| Author: Stephen Jack, Lifelong Learning Manager | Responsible Senior Officer: Harry Hay, Head of Thriving Communities |
|---|---|

| Report Title: **BUSINESS BRIEF** |
|---|

**1. Situation:**

This Briefing provides the CPPB with an update on the following key areas:

- Community Planning Self-Evaluation Tool
- Tackling Scotland's Population Challenges
- LOIP Action Plan overview
- UK Shared Prosperity Fund – Place and Communities funding allocations
- Collaboration for Health Equity in Scotland (CHES)
- Developing a Population Health Framework for Scotland
- Membership Update

**2. Background:**

2.1 The business brief is used to update CPPB Members on key local and national projects/initiatives which have key relevance to Community Planning along with relevant Governance matters as appropriate.

**3. Key Issues:**

3.1 Community Planning self-assessment checklist

3.1.1   All 32 Community Planning Partnerships in Scotland have been invited by the Improvement Service to participate in a national project about improving their arrangements, effectiveness and efficiency. A self-assessment checklist is to be developed in the autumn which is aimed at CPP Boards/strategic level. The results from participating CPPs will be collated and analysed to produce a national report and tailored reports for individual CPPs. It is intended that the checklist will be a 'can-opener' for identifying areas of strength and improvement.  There will be no cost for CPPs to participate.  The checklist and approach could then be cascaded to thematic partnerships.

3.1.2  The Senior Leadership Team at its meeting on 4 July 2024 supported our involvement in this work and our Community Planning and Engagement Manager has been invited to be a member of the Working Group developing the approach, so our existing checklist will inform the national arrangements. The CPPB are asked to endorse our involvement.

3.2 Tackling Scotland's Population Challenges

3.2.1 An update was provided to the June CPPB meeting on Scottish Government's new Action Plan to help Tackle Scotland's Population challenges: "Supporting and enabling sustainable communities: action plan to address depopulation":
Supporting and enabling sustainable communities: action plan to address depopulation - gov.scot (www.gov.scot)

3.2.2  It was highlighted as part of the update that Dumfries and Galloway Council were due to receive funding to help undertake research and inform the development of future policy

interventions. Community Planning Partners were keen to be involved in this work and an update was provided to both the June and August CPSLT meetings. An updated progress briefing is attached in **Appendix 1.**

3.3 LOIP Action Plan update
3.3.1   Partners have committed to taking forward the previously agreed projects detailed within the LOIP Action Plan and some initial progress has been made. A current position statement is available in **Appendix 2** and a fuller update will be provided to the December CPPB meeting.

3.4 UK Shared Prosperity Fund – Place and Communities funding allocations
3.4.1  The CPSLT received an update on funding allocations to local groups and organisations at its meeting held on 27 August and the briefing document is attached in **Appendix 3** for interest.

3.5 Collaboration for Health Equity in Scotland (CHES)
3.5.1  The Director Public Health presented an overview of national work led by Public Health Scotland (PHS) and the Institute of Health Equity(IHE) to the August CPSLT meeting and which is looking to identify 3 places across Scotland to collaborate on developing and implementing interventions and policies to enhance health equity. The focus includes embedding health equity approaches in local systems and adopting long-term, holistic strategy for improving health equity based around eight key objectives (referred to as "the Marmot 8"):
- Give every child the best start in life.
- Enable all children, young people and adults to maximise their capabilities and control their lives.
- Create fair employment and good work for all.
- Pursue environmental sustainability and health equity together.
- Ensure a healthy standard of living for all.
- Strengthen the role and impact of ill-health prevention.
- Tackle discrimination, racism and their outcomes.
- Create and develop healthy and sustainable places and communities.

3.5.2  PHS and the IHE would provide support to progress the following key areas:
- Analysis of Data
- Understanding enablers and barriers to action
- Development of recommendations for action and a prioritised implementation plan
- Work with other places and the national system in Scotland

3.5.3  Key Programme Outputs and indicative dates:
- Phase 1 Output – major report covering data analysis and analysis of the health equity system in Scotland (March 2025)
- Phase 2 Output – a report for each of the three sites including analyses and recommendations, workshop meetings and any events as advised. (January 2026)
- Phase 3 Output – a set of recommendations for national and local organisations and implementation plans for the short and medium term. (March 2026

- Phase 4 Output – a range of training and capacity-building and advocacy products and events and meetings. (Ongoing throughout 2024-2026). Am in-depth report, summary, slide deck and other products from the main report as advised. (June 2026).

3.5.4 Expressions of interest to be involved in this work are being invited by 23 September 2024 through the completion of a self-assessment form and final decisions announced by Monday 3 November 2024. The full specification document is attached at **Appendix 4.**

3.5.5   The CPSLT were keen to register interest in participating in the programme and the CPPB are asked to endorse the request.

3.6  Population Health Framework
3.6.1   Scottish Government has started the process of developing a 10-year Population Health Framework (2024-2034) with wider stakeholder engagement taking place between October–December 2024.

3.6.2   Further information is contained within the overview slides (**Appendix 5A**); the overview briefing (**Appendix 5B**) and in the more detailed background brief (**Appendix 5C).** Any comments from Board members around the key 9 questions detailed in the slides (and detailed below) would be welcomed either at this meeting or prior to the next meeting of the Community Planning Senior Leadership Team on 27 September who will co-ordinate a formal response back to Scottish Government.

1) **Priority**: Given the evidence on current trends and forecasts in Scotland's health, what are the top priorities for collective action as we begin to apply the Framework in its first two years?

2) **Ambition**: Should the Framework adopt a single Scotland level aim such as improving life expectancy or healthy life expectancy and narrowing the inequality gap to galvanise whole system support for improvement and if so what should the measure(s) be?

3) **Principles**: What steps can be taken to secure progress within each Guiding Principle of the Population Health Framework?

4) **Actions**: What specific additional actions should be taken in Scotland to have the biggest impact on supporting healthy living? (For example, on the affordability, attractiveness and availability of health harming products?)

5) **Equity**: How can we improve equity in the population level prevention of ill health and early detection of disease?

6) **Accountability**: What specific actions would improve accountability of different sectors to securing progress in moving to a prevention focused system?

7) **Opportunity**: Over the ten year horizon of the Framework what innovation could bring the greatest opportunities to secure health gains and reduce the burden of disease?

3.7 Membership Update

3.7.1 Since the previous CPPB meeting, there have been a few changes in membership as follows:

- Derek Heaton has taken over as the Local Senior Officer for Scottish Fire and Rescue Service, relacing Andrew Kenna;
- Steven Meikle has taken over as Chief Superintendent for Police Scotland, replacing John Cairns;
- Claire Renton has taken over as the Place Director for Dumfries and Galloway, replacing Colin Cook.

**4. Recommendations:**

The CPPB is invited to:

4.1   **Endorse** our involvement in the national Community Planning self-assessment checklist work as detailed at paragraph 3.1;

4.2   **Note** the update on tackling de-population as detailed in **Appendix 1;**

4.3   **Note** the position statement on the LOIP Action Plan projects as detailed in **Appendix 2**;

4.4   **Note** the update in relation to use of the UKSPF – Communities and Place fund as detailed in **Appendix 3;**

4.5   **Endorse** our involvement in the Collaboration for Health Equity in Scotland project as detailed at 3.5;

4.6   **Comment** on the development of a Population Health Framework as detailed at 3.6.2 and **agree** that the CPSLT will co-ordinate a formal response.

**Appendices (7)**
**Appendix 1 – De-population briefing note**
**Appendix 2 – LOIP Action Plan overview**
**Appendix 3 – UKSPF – Communities and Place update**
**Appendix 4 – IHE – Specification document**
**Appendix 5A – Population Health (Slides)**
**Appendix 5B – Population Health (overview briefing)**
**Appendix 5C -  Population Health (detailed brief)**

# ITEM 9 APPENDIX 1 – Depopulation Briefing

## Purpose

To provide the Community Planning Partnership Board with an update on the progress to research depopulation across Dumfries and Galloway.

## Background

Dumfries and Galloway Council were successful in obtaining funding to research and tackle depopulation across the region.  The funding was awarded by Scottish Government to undertake research the varying levels and impacts of depopulation across the region.  There are two funds, Addressing Depopulation Fund (£60k) and Addressing Depopulation Action Plan (£30k).  There will be elements of learning and understanding from the Addressing Depopulation Fund work which can assist in the final report outlined through the desktop research required through the Addressing Depopulation Action Plan.

The grants awards cover the financial year of 2024/25.

## Content

Research will be undertaken across the following four themes to help develop the final reports for Scottish Government and help Dumfries and Galloway understand the current and future challenges relating to depopulation in the region.

- Theme One: Housing
- Theme Two: Communities
- Theme Three: Best Interventions
- Theme Four: Encouraging Migration In

The Council will procure external support for Themes One to Three. The opportunities for external support will be promoted to consultants, colleges and universities through the PCS procurement system to allow them to bid for the work.

Each theme has outlined D&G Expectations.

Theme One – Housing:

- The barriers that exist across the private rental sector to deliver more affordable homes are identified
- The impact of housing on population movements across the region are established
- Knowledge of how housing impacts upon population drivers
- Mechanisms on how improved housing can support increase in population across Dumfries and Galloway are identified that also outline how it differs across the region.
- Knowledge of the extent of second homes across Dumfries and Galloway, identify their locations and their usage levels

Theme Two – Communities:

- Direct engagement with Communities at identified locations across Dumfries.  These should incorporate rural, coastal and a small town.
  - Rural: **GlenKens** (The Glenkens is made up of the parishes of Carsphairn, Dalry, Kells, Parton and Balmaclellan)
  - Coastal: **South Machars Coast** (Wigtown, Bladnoch, Garlieston, Portyerrock, Isle of Whithorn, Monreith, Port William, Glasserton)
  - Town: **Kirkcudbright**
- Understand the communities' opinions of the impact of second homes, and depopulation on their local communities
- Understand the communities' opinions for solutions to tackling depopulation in their local communities
- Understand the impact of tourism on the communities in relation to depopulation / population changes
- Identify the differences and commonalities of the experiences of communities across the three different community groupings.

Theme Three – Best Interventions

- Knowledge of the reasons why depopulation is occurring across the region
- Knowledge at a local level of population changes, this will include towns, villages, coastal, rural, postcodes etc
- Full review of known population drivers and an assessment of the impact they could have on the region.  This should include potential investment value, potential impact and where in the region they will benefit.
- Full understanding of which organisations have the ability to influence the population change, this should include statutory bodies across Scotland and UK.

Theme Four will be two phases.  The first phase will understand interventions that promote inward migration of people of working age to the region and will be required to commence as soon as possible and be completed for November 2024.  The second phase will require the promotion, marketing, and evaluation which can test the effectiveness of the deployed resource.

Theme Four – Migration In expected outcomes are~;

- Develop a website to promote the region for inward investment and to work from Dumfries and Galloway
- The inward Investment strand should link to South of Scotland Enterprise Inward Investment work.
- The agile working should promote the region and focus on the important factors which people look for in agile working
- The imagery and locations should promote the opportunities that exist on your doorstep as well as the connectivity to major business hubs.
- Promotion of the website will be included to the hubs for potential relocations
- Ability to field enquiries and monitor potential movement opportunities.

## Conclusion

Work is underway with procurement to consider where additions to current external support can provide best value for money to deliver the expected outcomes. There is currently housing research underway, and it will be reviewed what information is already being gathered and how potentially any investment can provide greater insight.

Theme Two – Communities will involve direct community engagement. This work will look to include community engagement with Glenkens, this will look to understand the impacts on rural towns and villages and will align with Elected Member requests to review the impacts on Glenkens. It should be noted that the strand also requires engagement with coastal and more urban town locations. This will ensure understanding how different communities across the region are impacted by depopulation. The current towns are recommendations, however external support may identify other locations. Glenkens will remain a chosen area for community engagement.

The timescale for the research work will commence as soon as possible with a target completion date of 1 March 2025. This will allow for reporting to Scottish Government.

## Authors and date

Andrew Reed, Policy

01 August 2024

## References

[Addressing depopulation action plan](#)

**ITEM 9 APPENDIX 2 – LOIP ACTION PLAN PENTANA TEMPLATES (SUMMARY)**

| Description | Ref | Main named Lead | Main contributors | Progress status |
|---|---|---|---|---|
| **Community Wealth Building** | 1 | SoSE (Rob Davidson, strategy Manager - CWB) | Council TSDG | <ul><li>Two initial scoping meetings held.</li><li>Plan is for 5 workshops linked to each CWB pillar to be held by end of 2024.</li><li>Some cross-over with the 3rd pillar(workforce) and the Anchor Organisation work.</li></ul> |
| **Anchor Organisation Benchmarking** | 2 | NHS (Valerie White, Director Public Health) | All CP Partners | <ul><li>Partner workshop took place on Tuesday 18 June with all CP Partner represented and facilitated through Director public Health and Public Health Scotland.</li><li>Each organisation to test out the self-assessment framework by end of Summer with a further workshop scheduled for November 2024.</li></ul> |
| **Climate/Environment** | 2.1 | Council (Sarah Farrell, Climate Emergency Project Officer) | All CP Partners | <ul><li>Lead contacts from across CP Partners have now been identified.</li><li>Initial information gathering has commenced.</li></ul> |
| **Reducing the D&G Disability Employment Gap** | 2.2 | Council (Lynne Burgess, Employability, Skills and Partnerships Manager) | Workforce leads from CP Partners | <ul><li>Not yet started due to staffing/recruitment challenges.</li><li>Relevant workforce contacts from each CP Partner being identified.</li></ul> |
| **Community Transport** | 3 | TSDG (Alan Webb, CEO TSDG) | Council SoSE | <ul><li>Report presented to May CPSLT meeting on key priorities and timelines.</li><li>Funding to support a dedicated project post secured through Council, SoSE and NHS.</li><li>Dedicated CT Post out to advert.</li></ul> |

| Digital | 4 | TSDG (TBC) Council (Stephen Jack, Lifelong Learning Manager) | Digital leads across CP Partners | • Initial priority areas identified from TSDG research.<br>• Scoping work has commenced.<br>• Citizen's Advice Scotland have just released information highlighting that the number of clients seeking help to use online devices jumped from 1,932 in 2021/22 to 3,065 in 2023/24.<br>• Consideration also being given to Audit Scotland's recent national report on "Tackling Digital Exclusion". |
|---|---|---|---|---|
| **Tobacco and Vaping** | 5 | NHS (Abbie Robertson, Team Lead, Quit Your Way) | Council (Youth Work) Other interested partners | • Tobacco and Vaping consensus paper prepared by Director Public Health in preparation for September CPPB.<br>• Background research paper produced in partnership with QYW and a student at Glasgow University entitled "*What vaping-related attitudes, knowledge, communication practices and behaviour are present among parents of adolescents in a rural area of Scotland, and how do these factors influence children's vaping attitudes and behaviour?"*<br>• Training programme continuing to be developed and on track for it to be completed by the end of September 2024. A number of region wide focus groups of young people will be facilitated in order to gain their feedback about the draft presentation and which will inform the final version of the training. |

| | | | | |
|---|---|---|---|---|
| | | | | • Young people will also be involved in the planned roll out. |
| **Locality Plan** | 6 | Council (Stuart Hamilton, Ward Manager) | Leads from CP Partners with a remit for Place Locality Hubs | • Proposed timeline, Locality Plan template and way forward agreed by CPPB on 7 June.<br>• The Nithsdale Locality Hub has reviewed the agreed approach to Locality Planning and the background to Kirkconnel and Kelloholm being selected as the pilot. Dumfries and Galloway Council's Ward Manager in Upper Nithsdale is currently undertaking a desk-top review of existing data resources and colleagues within the Community Planning and Engagement Team are providing support to identify further sources of information and insight into this community.<br>• It is anticipated this piece of work will be concluded by 30 September 2024 and thereafter focussed discussions with Partners and community groups in Upper Nithsdale to collate / develop outline content for the Locality Plan. |
| **Review of Plans and Strategies** | 7 | Council (Stephen Jack, Lifelong learning Manager) | Chris Allan, Consultant in Public Health(NHS) | • An update report was considered at the August CPSLT meeting detailing the current Strategic Partnerships which contribute to our Community Planning model and the accompanying Plans/Strategies and how these support the 12 LOIP Outcome.<br>• Initial work has commenced mapping the supporting delivery plans. |

# ITEM 9 APPENDIX 3

**UKSPF COMMUNITES AND PLACE PROJECT UPATES**
**As at 18 July 2024**

## 1. Introduction

This paper provides an update on approved schemes for 2023/2024, update on approved proposals for 2024/2025 and outlines live schemes in 2024/2025 for the Communities and Place theme from the UK Shared Prosperity Fund for Dumfries and Galloway.

## 2. Background

Dumfries and Galloway Council's Economy and Resources Committee agreed to the proposals on how to spend the UK Shared Prosperity Fund (UKSPF) for Dumfries and Galloway on 24 January 2023. In December 2022 the UK Government (UKG) advised that the investment plan has been accepted and assurance was received from the UKG that we are able to take forward multi-year interventions on this basis. A Grant Funding Agreement between the UKG and the Council has been signed.

For the financial year ahead the allocations summarised in the table below represent the approved programme of interventions.

**Total Allocations of Funding.**

| Interventions | Approved Allocations | |
| --- | --- | --- |
| | **Capital** | **Revenue** |
| S1: Place based investments, regen & town centre improvements | | |
| • Capital Grant | £422,400 | |
| • Strategic Projects Development Grants | | £240,000 |
| • Place Staffing Costs | | £263,000 |
| S2: Support/improve community assets & infrastructure projects | | |
| • Capital Grant | £96,000 | |
| • Revenue Grant | | £264,640 |
| S5: Support sport, arts, cultural, heritage & creative activities | | |
| • Small grant scheme | | £65,000 |
| • Commissioning of creative content to document and promote outcomes of projects supported by above grant scheme | | £25,000 |
| • Administration support fee | | £6,355 |
| S11: Relevant feasibility studies | | |
| • Borderlands Grants Scheme | | £205,400 |
| • Local Place Places Carry forward | | £46,400 |
| **TOTAL** | **£518,400** | **£1,115,795** |

## 3. Grant Scheme Updates

**S1: Place based investments, regen & town centre improvements**

*i. Capital Grant Scheme to Support Community Assets & Infrastructure*

Capital support is on the acquisition, creation or enhancement of fixed assets e.g. new build construction or renovation projects, investments in immovable plant and machinery or zero carbon infrastructure installation.  Capital grant fund of up £50,000, with a minimum of 10% contribution to the project costs from the project applicant.  Applicants have been given the option to extend their completion date into 2024/25.

| Application Ref No. | Organisation Name | Total Capital Eligible Costs | Grant Awarded | Grant Claimed |
|---|---|---|---|---|
| UKSPFCR230004 | Creation Mill CIC | £82,173.02 | £44,095.74 | |
| UKSPFCR230012 | LIFT D+G CIC | £25,848.00 | £21,290.00 | £19,230.04 |
| UKSPFCR230015 | Old School Thornhill | £2,330,405.00 | £39,405.00 | £39,405.00 |
| UKSPFCR230019 | Barbour Memorial Hall | £30,872.00 | £27,784.80 | £27,784.80 |
| UKSPFCR240027 | Building Futures Galloway | £78,399.55 | £28,254.15 | |
| UKSPFCR240036 | Wigtown Bay Coastal Rowing Club | £763,756.00 | £50,000.00 | |
| TOTAL | | £2,499,298.02 | £210,829.69 | £86,419.84 |
| Budget Allocation | | | £272,400.00 | £272,400.00 |
| Balance remaining | | | £61,570.31 | £185,980.16 |

*ii. Strategic Projects Development Grant*

This scheme currently active for 2024/25 is the Strategic Projects Development Grant Scheme. Its aim is to provide revenue support to support significant projects in Dumfries and Galloway that align to Council policies and have will have economic impact on the region.   This could be with roles such as a development officer or a role to manage operational delivery of a project to secure outcomes required by funding. This fund is only open to applicants that have received significant Government Fund for capital project. This is often a new skill set beyond what may already be established in a community organisation.  Multiyear funding will be accepted. Revenue Grant support up to a maximum of £60,000 for year one funding support.

| Application Ref No. | Organisation Name | Total Revenue Eligible Costs | Grant Awarded | Grant Claimed |
|---|---|---|---|---|
| UKSPFPD240001 | Annan Harbour Action Group | £60,000.00 | £60,000.00 | |
| UKSPFPD240002 | Dalbeattie Community Initiative | £34,493.52 | £26,493.52 | |
| UKSPFPD240008 | Stranraer Development Trust | £60,000.00 | £60,000.00 | |
| UKSPFPD240009 | Stranraer Water Sports Association Project Development Management | £55,596.00 | £55,596.00 | £27,798.0 |
| UKSPFPD240010 | Stranraer Water Sports Association Project Funding Development | £27,000.00 | £27,000.00 | £13,500.00 |
| TOTAL | | £237,089.52 | £229,089.52 | £41,298.00 |
| Budget Allocation | | | £240,000.00 | £240,000.00 |
| Balance remaining | | | £10,910.48 | £198,702.00 |

| Output/Outcomes: S1 Place based investments regeneration and town centre improvements | UKSPF Target | Projected | Actual |
|---|---|---|---|
| Number of commercial buildings developed or improved | 10 | 7 | |
| Number of rehabilitated premises | 2 | 7 | |

| | | | |
|---|---|---|---|
| Number of low or zero carbon energy infrastructure installed | 1 | 6 | |
| Jobs created/safeguarded | 4 to 6 | 53.5 | |
| Increased footfall | 10% | 10% | |
| Increased visitor numbers | 5% | 5% | |

**S2: Support/improve community assets & infrastructure projects**

*i. Capital grant to support/improve community assets & infrastructure*

Capital support for the acquisition, creation or enhancement of fixed assets e.g. new build construction or renovation projects, investments in immovable plant and machinery or zero carbon infrastructure installation. Capital grant fund of up £50,000, with a minimum of 10% contribution to the project costs from the project applicant. Applicants have been given the option to extend their completion date into 2024/25.

| Application Ref No. | Organisation Name | Total Revenue Eligible Costs | Grant Awarded | Grant Claimed |
|---|---|---|---|---|
| UKSPFCR240026 | Auchencairn Initiative | £14,305.00 | £12,875.00 | |
| UKSPFCR240028 | Castle Douglas Community Centre Development Trust | £55,578.00 | £50,000.00 | |
| TOTAL | | £69,883.00 | £62,875.00 | |
| Budget Allocation | | | £96,000.00 | |
| Balance remaining | | | £33,125.00 | |

*ii. Revenue grant to support community assets & infrastructure*

Revenue support is for investing in community assets and projects that could be achieved by enabling community sector project promoters to bring in specialist advice or dedicated staff resource to manage projects. This support would build resilience in the asset/project. a maximum award of £30,000. First payments have been made and monitoring reports are being processed before the second payment will be released.

| Application Ref No. | Organisation Name | Total Revenue Eligible Costs | Grant Awarded | Grant Claimed |
|---|---|---|---|---|
| UKSPFCR230002 | Nith Valley LEAF Trust | £320,900.00 | £15,000.00 | £15,000.00 |
| UKSPFCR230003 | The Stove Network | £32,600.00 | £21,550.00 | £21,550.00 |
| UKSPFCR230009 | Stranraer Water Sports Association | £30,000.00 | £27,500.00 | £27,500.00 |
| UKSPFCR230010 | The Whithorn Trust | £53,147.00 | £26,037.00 | £26,037.00 |
| UKSPFCR230012 Rev | LIFT D+G CIC | £5,100.00 | £5,100.00 | £5,100.00 |
| UKSPFCR230013 | Building Futures Galloway | £34,200.00 | £30,000.00 | £30,000.00 |
| UKSPFCR230020 | Lockerbie Old School Community Hub | £101,724.00 | £29,280.00 | £29,280.00 |
| UKSPFCR230022 | Langholm Initiative | £85,393.00 | £22,333.00 | £22,333 |
| UKSPFCR240029 | Castle Douglas Development Forum | £100,289.00 | £23,293.00 | |
| UKSPFCR240032 | Dumfries Historic Buildings Trust | £56,000.00 | £30,000.00 | |
| UKSPFCR240038 | Langholm Initiative | £38,000.00 | £25,000.00 | |
| TOTAL | | £194,289.00 | £255,093.00 | £176,800.00 |
| Budget Allocation | | | £264,640.00 | £264,640.00 |
| Balance remaining | | | £9,547.00 | £87,840.00 |

**S1 & S2 UKSPF Communities and Place Capital Grant Fund 24/25 Round 3**

Grants for capital projects that support place based or town/village centres improvement.  Projects must be capable of being mobilised as soon as approval is confirmed and delivered within the current financial year (if a project extends over a year end SPF grant will be required to be spent first to conclude its spend by the year end).  Projects should demonstrate that any other funding support is in place including a minimum 10% from the project promoter.  Grant awards will be provisional until confirmation through a satisfactory tendering process. Projects that are identified in a place plan/community or town centre action plan will be given priority.   Project promoters must be able to demonstrate control of the subjects i.e. a secured title or long lease.  Maximum grant available £50,000

Grant Scheme opened for Applications on Monday 15 July 2024 for Capital Grant Scheme with a deadline of 19 August 2024.

**S2 UKSPF Community Led Visitor Attraction Capital Grand Fund 24/25**

The grant will fund grants for capital projects that support Community Led Visitor Attractions to improve their assets and infrastructure which will lead to sustainable growth and increase in visitor numbers.  Projects must be capable of being mobilised as soon as approval is confirmed and delivered within the current financial year (if a project extends over a year end SPF grant will be required to be spent first to conclude its spend by the year end).  Projects should demonstrate that any other funding support is in place including a minimum 10% from the project promoter.  Grant awards will be provisional until confirmation through a satisfactory tendering process. Projects that are identified in a place plan/community or town centre action plan will be given priority.  Project promoters must be able to demonstrate control of the subjects i.e. a secured title or long lease.  Maximum grant available £50,000.

Grant Scheme opened for Applications on Monday 15 July 2024 for Capital Grant Scheme with a deadline of 19 August 2024.

**Outputs and Outcomes**

| Output/Outcomes: S1 Place based investments regeneration and town centre improvements | UKSPF Target | Projected | Actual |
|---|---|---|---|
| Number of commercial buildings developed or improved | 10 | 11 | |
| Number of rehabilitated premises | 2 | 10 | |
| Number of low or zero carbon energy infrastructure installed | 1 | 8 | |
| Jobs created/safeguarded | 4-6 | 73.5 | |
| Increased footfall | 10% | 10% | |
| Increased visitor numbers | 5% | 5% | |

| Output/Outcome S2: Support/improve community assets & infrastructure projects | UKSPF Target | Projected | Actual |
|---|---|---|---|
| No. of low or zero carbon energy infrastructure installed | 5 | 42 | |
| No. of organisations receiving financial support other than grants | 10 | 32 | |
| No. of organisations receiving grants | 5 | 14 | |
| No. of organisations receiving non- financial support | 10 | 71 | |
| No. of Neighbourhood improvements undertaken | 5 | 22 | |
| No. of facilities support/created | 5 | 24 | |

**S5: Support sport, arts, cultural, heritage & creative activities**

*i. Regional Cultural Fund 24/25*
The fund is support arts, cultural, heritage creative activities 38 applications have been received and logged to the Council's sharepoint site for the Fund. The applications will now be scored by the Principal Events Officer and DGU

and a composite score presented to the panel – the SGCPDG, in early September 2024. At this meeting the panel will make the grant awards from the RCF 24/25 and award the creative content commission which will be up to the value of £25,000. The panel will also award the final commission of the project, to an accountancy company, to undertake the audit of grant spending, to ensure compliance with the terms of the Council's UKSPF grant.

*ii. Commissioning of creative content to document and promote outcomes of projects supported by above grant scheme*

The Principal Events Officer during the period April – May 2024 designed in consultation the full framework for the introduction of the new funding programme and a project timeline and planner. This framework has to be fully compliant with the regulations and conditions of grant of the Council's UKSPF grant funding. A £3,000 commission has been awarded to DGU to provide assistance with the scoring of applications and to prepare cover reports on all applications for the scoring panel. In July 2024 the commissioning brief for the creative recording of the projects that ultimately receive grant support has been agreed.

**S11 – Relevant Feasibility Studies**

*i. Borderlands Place Plans Grant Scheme*

This Grant Scheme is to support the development of Borderlands Place Plans and Borderlands Town Investment Plans for the five communities which have been identified as Priority Towns.  Due to the complexity of these plans, it is anticipated this will grant scheme will be £25,000 per priority town per year.

| Application Ref No. | Priority Place | Place Plan or BTIP | Estimated Grant | Grant Claimed |
|---|---|---|---|---|
| BPPG003 | Gretna | Place Plan | £25,000 | £25,000 |
| BPPG004 | Kirkconnel and Kelloholm | BTIP | £25,000 | £24,870 |
| BPPG005 | Whithorn | Place Plan | £25,000 | £25,000 |
| BPPG006 | Stranraer | BTIP | £ 25,000 | £25,000 |
| BPPG004 | Whithorn | Place Plan Extension | £8,250 | £8,250 |
| **TOTAL** | | | **£108,250** | **£108,120** |
| **Budget Allocation** | | | **£205,400.** | **£205,400** |
| **Remaining Balance remaining** | | | **£97,150.** | **£105,530** |

*ii. Local Place Plan Grant Scheme*

The purpose of the fund is to support the development of place plans with a small grant of up to £2,000.

| Application Ref No. | Settlement | Ward Area | Grant Requested | Grant Claimed |
|---|---|---|---|---|
| LLPG0001 | Dalry | 3 Dee and Glenkens | £2,000.00 | £2,000.00 |
| LLPG0002 | Port William | 2 Mid Galloway and Wigtown West | £1,880.43 | £1,880.43 |
| LLPG0003 | Castle Douglas | 4 Castle Douglas and Crocketford | £2,000.00 | £2,000.00 |
| LLPG0004 | Newton Stewart | 2 Mid Galloway and Wigtown West | £2,000.00 | £2,000.00 |
| LLPG0005 | Thornhill | 7 Mid and Upper Nithsdale | £2,000.00 | £2,000.00 |
| LLPG0006 | Port Patrick | 1 Stranraer and the Rhins | Withdrawn | |
| LLPG0007 | Balmaclellan | 2 Mid Galloway and Wigtown West | £2,000.00 | £500.00 |
| LLPG0008 | Keir-Penpont-Tynron | 7 Mid and Upper Nithsdale | £2,000.00 | £2,000.00 |

| LLPG0009 | Closeburn | 7 Mid and Upper Nithsdale | £2,000.00 | £2,000.00 |
|---|---|---|---|---|
| LLPG0010 | Isle of Whithorn | 2 Mid Galloway and Wigtown West | £1,040.00 | |
| LLPG0011 | New Abbey CC | 5 Abbey | £950.62 | £950.42 |
| LLPG0012 | Colvend & Southwick | 5 Abbey | £1,741.77 | £1,741.77 |
| LLPG0013 | Moffat & District | 11 Annandale North | £2,000.00 | £2000.00 |
| LLPG0014 | Kirkmahoe CC | 8 Lochar | £2,000.00 | £2,000.00 |
| LLPG0015 | Upper Eskdale Development Group | 12 Annandale East and Eskdale | £1,987.80 | £1,987.50 |
| LLPG0016 | Borgue CC | 3 Dee and Glenkens | £2,000.00 | |
| LLPG0017 | Kirkmaiden Community Council | 1 Stranraer and the Rhins | £2,000.00 | £2,000.000 |
| LLPG0018 | Carsphairn | 3 Dee and Glenkens | £2,000.00 | £2,000.000 |
| LLPG0019 | Torthorwald Community Council | 8 Lochar | £1,275.00 | £1,275.00 |
| LLPG0020 | Dumfries Partnership Action Group (DPAG) | 9 Nith | £2,000.00 | |
| LPPG0021 | Annan Harbour Action Group | 10 Annandale South | £2,000.00 | £2,000.000 |
| LPPG0022 | Gatehouse of Fleet Community Centre Association | 3 Dee and Glenkens | £1,796.00 | £1,796.00 |
| LPPG0023 | Kirkcudbright Development Trust | 3 Dee and Glenkens | £2,000.00 | |
| LPPG0024 | Sanquhar Enterprise Company | 7 Mid and Upper Nithsdale | £2,000.00 | |
| **TOTAL** | | | **£42,671.62** | **£32,131.12** |
| **Budget Allocation** | | | **£46,400.00** | **£46,400** |
| **Remaining Balance remaining** | | | **£3,728.38** | **£14,268.88** |

| Output/Outcome S11 | Value | Actual |
|---|---|---|
| No of Feasibility Studies Supported | 26 | 2 |
| Increased number of projects arising from funded feasibility studies (% increase) | 67% | 0 |

## 4. Future Funding

UKSPF was a 3-year regional development programme which is due to end on the 31st March 2025. At the time of writing there has been no indication from the UK Government of any future programmes.

# Specification Document

**Public Health Scotland and the University College London (UCL) Institute of Health Equity (IHE) have partnered in the Collaboration for Health Equity in Scotland (CHES). This document introduces CHES, which aims to strengthen and accelerate ongoing efforts to improve Scotland's health, promote well-being, and address health inequalities.**

# Contents

## Introduction

People in Scotland die younger than any other country in Western Europe and those in our poorest areas die a decade before their neighbours in the wealthiest areas. Both life expectancy and health inequities are getting worse. **Scotland needs collective action to change course.**

Public Health Scotland (PHS) and the University College London Institute of Health Equity (IHE) directed by Professor Sir Michael Marmot have partnered in the Collaboration for Health Equity in Scotland (CHES) to **strengthen** and **accelerate the action underway** to improve Scotland's health, increase wellbeing and reduce health inequities.

Health inequity (also referred to as health inequality) arises when there are unfair and avoidable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically, or by other dimensions (e.g. sex, gender, ethnicity, disability, or sexual orientation).

This picture illustrates the difference between equality and equity.
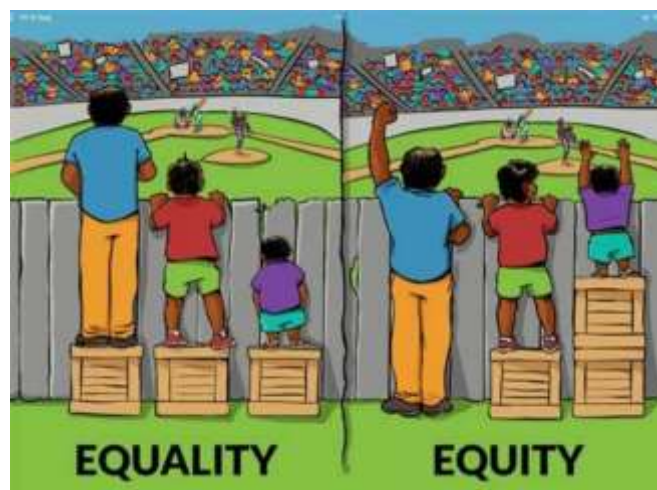


Sir Michael Marmot and the IHE have highlighted that reducing health inequity requires action on eight key objectives (referred to as 'the Marmot 8'):

- Give every child the best start in life.
- Enable all children, young people and adults to maximise their capabilities and control their lives.

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- Create fair employment and good work for all.
- Pursue environmental sustainability and health equity together.
- Ensure a healthy standard of living for all.
- Strengthen the role and impact of ill-health prevention.
- Tackle discrimination, racism and their outcomes.
- Create and develop healthy and sustainable places and communities.

This document refers to the 'health equity system'. This a broad term that encompasses all of the various sectors, organisations and groups that either directly or indirectly shape health and influence health equity through these eight key objectives. The health equity system comprises national government and national organisations, local governments, the third sector, public services and business. In Scotland, many of these organisations already come together locally as Community Planning Partnerships to tackle issues of inequity.

A key focus of public service reform is strengthening the partnership working between public bodies and their local communities to make the biggest difference in the outcomes for which they are responsible. This includes tackling issues of inequity and ensuring a stronger focus on actions which promote health and wellbeing.

This partnership between Public Health Scotland and IHE is in support of this vision of public service reform. There are two key interdependent strands to this work:

- Work at a national level to provide new insights into the most effective ways to secure progress with health equity in Scotland through the lens of the Marmot 8.
- Work with three places in Scotland to collaborate on developing and implementing interventions and policies to enhance health equity. The focus includes embedding health equity approaches in local systems and adopting a long-term, holistic strategy for improving health equity.

In designing this programme, we are building on excellent work that already exists across Scotland to tackle poverty and inequity, and to improve public services. One of the issues we will be paying attention to in identifying the three places is whether

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this initiative can add value to existing work already in happening. Areas which are already part of national initiatives such as the child poverty pathfinders are welcome to apply if they can see how participation in this programme will enhance and complement their existing work.

We recognise the risk that areas which might get the most value from an initiative like this may feel the least able to apply due to lack of resources and capacity. Please note that we have designed the selection process with this in mind; and we are happy to talk through any questions or concerns you may have about the process. You can contact us at PHS.CHES@phs.scot.

This document provides local leaders with information about expressing an interest in becoming one of the three places and should be considered alongside the self- assessment form which requires sign-off from the local authority chief executive and NHS board chief executive.

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## CHES

The aim of CHES is to answer two fundamental questions:

1. What are the most impactful areas for intervention in Scotland to make meaningful progress in closing inequities in healthy life expectancy?
2. How can national and local organisations work more effectively to close the gap between policy intent and impact in these areas?

In order to answer these questions, CHES will:

1. Develop analyses which will provide new insights into the most effective ways to take action in Scotland through the Marmot 8 framework.
2. Show, through practical work with three places in Scotland, how local areas and partnership actions can strengthen action on health equity and improve wellbeing.
3. Develop recommendations for national and local organisations and sectors to strengthen delivery to reduce inequities in health and wellbeing.
4. Provide a catalyst for enhanced action in Scotland and renewed and strengthened partnerships for health equity.

Throughout, CHES will partner with three places in Scotland. Alongside, there will be collaborations with healthcare systems, other public services, businesses, the third sector including community groups and voluntary and faith sector, communities and academia.

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# Places

The place-based work has four main components. IHE and PHS will work with the three places to provide expert advice and practical support to enable progress in each of these areas.

**1. Analysis of data**

- Support will be provided by IHE and PHS to use national and local data to produce data packs identifying inequities in health and the social determinants of health with a focus on particular groups and the Marmot 8 principles. This will build on and enhance local work already in place.

- Production of data which are relevant for a range of sectors and help make the case for health equity across the system, including local government and community planning partnerships, healthcare, social care and public services, business, the third sector including the community and voluntary sector and communities.

- Prioritisation of specific issues, places and population groups.


**2. Understanding enablers and barriers to action**

- Working with stakeholders across the 'health equity' system within the place to assess opportunities and barriers to action. This will include consideration of where the will for change exists locally ensuring that actions are informed by a combination of the data about need (qualitative and quantitative), the evidence about what works, and key stakeholder willingness to act.

- Workshops with various stakeholders on specific areas, identified as priorities. There will be a focus on commissioning and resource allocation, seeking where possible to support an increased focus on preventative measures. We often find that commissioners require data or outcome measures which many sectors cannot produce and that commissioning for social value is rare.
  We expect that there will be a focus on strengthening commissioning for social and equity impacts – and ensuring/shifting resource allocations to prevent harm and tackle inequities.

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- Where needed, we will also provide support to develop systems leadership capacity and capability.

- Identifying where barriers require national action and ensuring this information influences the priorities of national leaders.

- Working with the health equity system to identify ways forward for a long-lasting improvement in equity.

## 3. Development of recommendations for action and prioritised implementation plan

- Based on stages one and two, IHE and PHS will collaborate with key stakeholders to refine and build on existing plans and develop recommendations to support better health and wellbeing.

- Following development of recommendations, an implementation plan will be co-designed.

## 4. Work with other places and the national system in Scotland

- We will set up a national learning system that will be open to all local areas across Scotland and will include:
  - A focus on collating and synthesising key learning from the work of the three places into **accessible formats** to **share with other places** and to **inform/influence national policy.** We will support places to do this with briefings and relevant analyses.
  - Relevant **networks where those leading change locally can come together to share learning about what is and is not working**. This will be open to all local areas and the sharing of learning will include from other connected initiatives such as the Heath Determinants Research Council work in Aberdeen.

- The three places will benefit from connecting with each other on a Place Board supported by IHE and PHS. This will be a forum to share knowledge, learning and challenges and broaden their advocacy on health equity.

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- The three places will also have access to the existing UK-wide Marmot Places network to enable shared learning with other places working within a similar framework.

**Key Programme Outputs and indicative dates**

Phase 1 Output:

- Major report covering data analysis and analysis of the health equity system in Scotland. (March 2025)

Phase 2 Output:

- A report for each of the three sites including analyses and recommendations, workshops meetings and any events as advised. (January 2026)

Phase 3 Output:

- A set of recommendations for national and local organisations and implementation plans for the short and medium term. (March 2026)

Phase 4 Outputs:

- A range of training and capacity-building and advocacy products and events and meetings. (Ongoing through 2024–2026)
- An in-depth report, summary report, slide deck and other products from the main report as advised. (June 2026)

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# Criteria for participation

There are three main criteria for the places who will be included in the programme:

**1. Leadership and stakeholders' willingness to prioritise action on health, wellbeing and reducing health inequity over the next two years and in the longer term as evidenced by:**

- Agreement among leaders, key stakeholders/communities that health equity is a priority for the place.
- Capacity to work with IHE and PHS on these issues.
- Willingness and capacity to embed implementation within the place beyond the two-year period.

**2. Evidence that participation in this programme will enhance existing work already being progressed locally through the CPP or other local leadership forum as evidenced by:**

- Any aspects of existing recent analyses about inequities in health and the social determinants of health that need further development.
- Clarity as to existing barriers to progress.
- Other strategic initiatives/programmes the area is participating in (e.g. Child Poverty Pathfinders) and whether this will enhance progress towards existing commitments.
- An openness to learning and adapting current work programmes to respond to learning through participation in this programme**.**

**3. Inclusion of the place complements the contexts of the other two places and as such will help generate learning useful more broadly across Scotland.**

While work will be tailored locally, it is important that the work also has relevance to other places in Scotland. This includes specific issues in health and the social determinants of health; for example, rural/coastal poverty, housing affordability, worklessness and low levels of skills or particular population groups; disabled

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people, ethnic minority groups, children and young people who are care experienced. Further, across the three places we are looking for an appropriate spread of different contexts including organisational, infrastructure and existing actions on health inequities and their relevance for the national contexts. Therefore, selection of places is not just about the individual area, but the extent to which any given place adds to the contexts covered across all three.

Key issues we will consider under these criteria are:

- Contextual issues such as mix of urban and rural areas; levels of deprivation and inequity; and profile of population.
- Particular challenges and specific groups identified as priorities that are also relevant in other places within Scotland and/or of national relevance.
- Capacity and willingness to share learning and engage with learning networks including the UK-wide Marmot network.

Please note that this is not a competitive process or a judgement on site maturity. We are looking for places which would benefit from being part of this approach and which will complement the other two areas. It is possible an area is not successful in becoming a place because we consider the local work on health equity is already progressing well and we assess that other areas would get greater value from participating. It is also possible that a place is not chosen as it is too similar to one of the other two.

We are not fixed on what we mean by 'place'. We expect that most applications may come from whole council or CPP areas. However, we do not exclude a sub-set of a local authority area if local partners believe that would be optimal and still meet the criteria set out above.

As part of this work, we will be setting up a national learning system that will include relevant network/s that will be open to all local areas to participate in. More information about this will follow later in the year.

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# Expression of interest process

You are welcome to contact us if you wish to discuss your participation further before making a decision. Contact us at **PHS.CHES@phs.scot**

**Completed self assessment forms should be submitted by 10 am on Monday 23 September 2024.**

**Process for identification of three places and key dates**

We will do an initial review of an area's fit with programme aims and notify all who have submitted if they have been shortlisted based on the criteria identified above by **Friday 3 October.**

Shortlisted participants will be invited to meet with us between **Monday 14 October and Friday 25 October.**

We will decide the three places identified as most meeting the criteria, notifying them by **Monday 4 November.** A memorandum of Understanding will be issued to the three places confirming their role as a place.

# Benefits of working with CHES

Between the Institute of Health Equity and Public Health Scotland we bring the following:

**Analysis and knowledge of evidence**

- Ambition to work with places to identify inequities and develop plans to mitigate them.

- Extensive knowledge of the evidence base about the key drivers of health and health equity, with significant contributions to that evidence base over many years.

- Significant knowledge regarding policies and actions that have and have not worked in places and at a regional and national level to improve the social determinants of health.

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- Significant experience in drawing together research evidence and developing policy recommendations.

- Bringing knowledge and building awareness from the Health Equity Network.

- Extensive knowledge and understanding of how systems, policies and processes work in Scotland and how these need to be tailored/contextualised for local areas.

**Development of recommendations for action**

- Experience of working with statistical, epidemiological, behavioural science and economic data while balancing this with the realities of lived experience on the ground to identify palatable, cost-effective solutions to entrenched issues.

- Deep experience of co-producing effective interventions with a wide range of stakeholders and running prioritisation exercises based on an understanding of making the best use of resources that local systems already have.

- Expertise in collaborating with stakeholders with differing and sometimes competing priorities to reach consensus on recommendations.

- Extensive knowledge of the national policy and delivery landscape in Scotland.

- Well-established and trusted relationships already in place with key national, regional and local partners in Scotland.

**Convening and advocacy**

- Experience of effectively convening different organisations and sectors to coalesce on an agenda of improving the social determinants of health.

- Support for leaders in those local systems to prioritise health equity and to mobilise best efforts from local partners to do so. This will include support from Sir Michael Marmot.

- An active network of UK-wide partners through the Health Equity Network to provide a support network to those involved in improving the SDH at a local level.

- Leadership and coordination of relevant Scottish networks that enable learning and good practice to be shared.

- Strong connections with Scottish Government including key policy leads.

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- High-level advocacy to support prioritisation of health equity within Scotland and in bringing the learning from the programme to an international audience.

**The team**

- A dedicated team of committed and experienced professionals with a history of providing impactful research, policy and statistical advice to the highest levels of local, national and international governments and wider stakeholders.

- An expert communications team to keep health inequities on the news agenda.

- Professor Sir Michael Marmot's involvement helps to ensure these issues have focus and attention.

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# Collaboration partners

**Public Health Scotland**

Public Health Scotland is Scotland's national public health body. Our purpose is to prevent disease, promote health, and improve wellbeing across the country. We work very closely with Directors of Public Health and their local public health teams. We envisage that the Director of Public Health will be a key asset in CHES work in any local area.

Our strategy '**A Scotland where everybody thrives**', outlines our vision for Scotland, aiming to create a healthier, fairer nation. Our work has the following key components:

1.  **Prevent disease:**

- Public Health Scotland leads Scotland's vaccination programme, especially targeting communities with higher vulnerability.

- We implement an infectious disease intelligence strategy to reduce harm from hepatitis C, HIV and tuberculosis.

- Learning from the COVID-19 pandemic, we prepare for future pandemics.

2.  **Prolong healthy life:**

- As stewards of Scotland's healthcare data, we provide insights into health and social care services' performance.

- By modelling today's data, we anticipate future needs and allocate resources accordingly.

- Our goals include preventing avoidable early death from factors such as drug, alcohol, and tobacco use and improving the early detection and treatment of disease.

3.  **Promote health and wellbeing:**

- Beyond hospitals, we collaborate with local and national partners to address public health concerns.

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- Our focus includes reducing child poverty, supporting good work, building a healthy and flourishing economy, and improving mental wellbeing.

**UCL Institute of Health Equity**

## About us

The UCL Institute of Health Equity (IHE) led by Professor Sir Michael Marmot is the leading global health equity institute. IHE provides evidence and advice for implementation of practical approaches to reduce health inequalities through action on the social determinants of health. IHE is involved in global endeavours to reduce health inequalities including with WHO, other UN agencies, global regions, national governments and cities and places. In the UK, the IHE has worked with more than 45 local authorities, businesses, the NHS and the community and voluntary sector. And now, through IHE's UK Health Equity Network, it is building a social movement for health equity with more than 1,600 participants in a highly active network which is developing as the knowledge and practice hub for the UK.

## The team

**Professor Sir Michael Marmot CH, MBBS, MPH, PhD, FRCP, FFPHM, FMedSci, FBA**

Professor Sir Michael Marmot is Professor of Epidemiology at University College London, Director of the UCL Institute of Health Equity, and Past President of the World Medical Association.

He is the author of The health gap: the challenge of an unequal world (Bloomsbury: 015) and Status syndrome: how your place on the social gradient directly affects your health (Bloomsbury: 2004). Professor Marmot held the Harvard Lown Professorship for 2014–2017 and was the recipient of the Prince Mahidol Award for Public Health 2015. He has been awarded honorary doctorates from 20 universities. In 2021 Professor Marmot received BMJ's Outstanding Contribution to Health award.

Professor Marmot has led research groups on health inequalities for over 40 years. He chaired:

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- the Regional Commission on the Social Determinants of Health, established in November 2019 to review health inequities in WHO's Eastern Mediterranean Region and issue recommendations to address these inequities. In March 2021 the commission published both an Executive summary and Executive brief under the title: Build back fairer: Achieving health equity in the Eastern Mediterranean region

- the Commission on Equity and Health Inequalities in the Americas, set up in 2015 by the World Health Organization's Pan-American Health Organization (PAHO/ WHO)

- the Commission on Social Determinants of Health (CSDH), which was set up by the World Health Organization in 2005, and produced the report entitled: 'Closing the gap in a generation' in August 2008.

At the request of the UK Government, he conducted the Strategic Review of Health Inequalities in England, which published its report 'Fair society, healthy lives' in February 2010. This was followed by the 'European review of social determinants of health and the health divide', for WHO Euro in 2014.

In February 2020, Professor Marmot launched the 'Marmot review 10 years on', which serves as an update to the 'Fair society, healthy lives' review. In December 2020 he published 'Build back fairer: The COVID-19 Marmot review', a three-fold report that aimed to:

1. Examine inequalities in COVID-19 mortality.

2. Show the effects that the pandemic, and the societal response to contain the pandemic, have had on social and economic inequalities, their effects on mental and physical health, and their likely effects on health inequalities in the future.

3. Make recommendations on what needs to be done.

Professor Marmot also chaired the Breast Screening Review for the NHS National Cancer Action Team and was a member of The Lancet–University of Oslo Commission on Global Governance for Health. He set up and led a number of

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longitudinal cohort studies on the social gradient in health in the UCL Department of Epidemiology and Public Health (where he was head of department for 25 years): the Whitehall II studies of British civil servants, investigating explanations for the striking inverse social gradient in morbidity and mortality; the English Longitudinal Study of Ageing (ELSA), and several international research efforts on the social determinants of health.

Professor Marmot served as President of the British Medical Association (BMA) in 2010–2011 and is President of the British Lung Foundation. He is an Honorary Fellow of the American College of Epidemiology; a Fellow of the Academy of Medical Sciences; an Honorary Fellow of the British Academy; and an Honorary Fellow of the Faculty of Public Health of the Royal College of Physicians. He is also a trustee of the Food Foundation, was a member of the Royal Commission on Environmental Pollution for six years, and in 2000 was knighted by Her Majesty the Queen, for services to epidemiology and the understanding of health inequalities. He was appointed a Companion of Honour for services to public health in the 2023 New Year Honours. Professor Marmot is a Member of the National Academy of Medicine.

**Dr Jessica Allen, Deputy Director, UCL Institute of Health Equity**

Dr Allan's main activities are in working to embed a social determinants approach to health inequalities in England and globally. She led work on the WHO Eastern Mediterranean Region Commission on the Social Determinants of Health (published March 2021), the Pan American Health Organization (PAHO) Commission on Equity and Health Inequalities in the Americas and the Review of Social Determinants of Health and the Health Divide in the WHO European Region. She was previously Project Director of the Strategic Review of Health Inequalities in England post-2010 (the Marmot Review), in February 2020 she co-authored the Marmot review 10 years on report, and in December 2020 she led work on Build back fairer: the COVID-19 Marmot review.

Dr Allan has worked closely with international organisations, national and local governments, third sector organisations and the NHS and published widely on social determinants of health. She is a member of several advisory groups in England and internationally. Prior to her work at UCL she was head of Health and Social Care at

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IPPR, Research Fellow in Public Health at the Kings Fund, and worked at UNICEF and LSE. She has published and broadcast widely on issues relating to health and social care policy. She holds a doctorate from the University of London.

**Professor Peter Goldblatt, Senior Advisor, UCL Institute of Health Equity**

As well as his role in the Institute of Health Equity, Professor Goldblatt is a statistical advisor to the UK Department of Health and Social Care and an expert advisor to WHO European Office. His main activities are in the field of measurement and monitoring and contributing to European and other international projects to review and monitor the social determinants of health.

He was previously the Chief Medical Statistician at the UK Office for National Statistics (ONS). He was seconded from ONS to UCL for the duration of the Strategic Review of Health Inequalities in England post-2010 (the Marmot Review). Following this review, he coordinated reviews of health inequalities in the WHO European Region, for WHO, and a review of health inequalities in Europe, for the European Commission (EC). He has subsequently contributed to several other projects, including European Parliament pilot projects, an EC project on drivers of health inequality, a United Nations Development Programme Project on inequalities in health and its determinants, a review of equity and health inequalities in the Americas, the Marmot review 10 years on, a review of non-communicable diseases in Belgium, reviews of health inequalities in Norway and in local areas in England and several projects on the unequal impact of COVID-19 and its containment measures.

**Dr Angela Donkin, Senior Research Associate, UCL Institute of Health Equity**

Dr Donkin rejoined IHE after working at the National Foundation for Educational Research (NFER) for five years as their Chief Social Scientist. She has a wealth of experience in managing research, evaluation and analysis projects across a number of social policy areas but has particularly deep knowledge relating to inequities arising from early years, education, and work. Dr Donkin was at IHE prior to NFER for five years and before that led the secretariat for the Graham Allen Review, the Cross departmental health work and wellbeing unit at the Department for Work and Pensions, and also worked on pension policy. She also worked at ONS on inequalities in life expectancy.

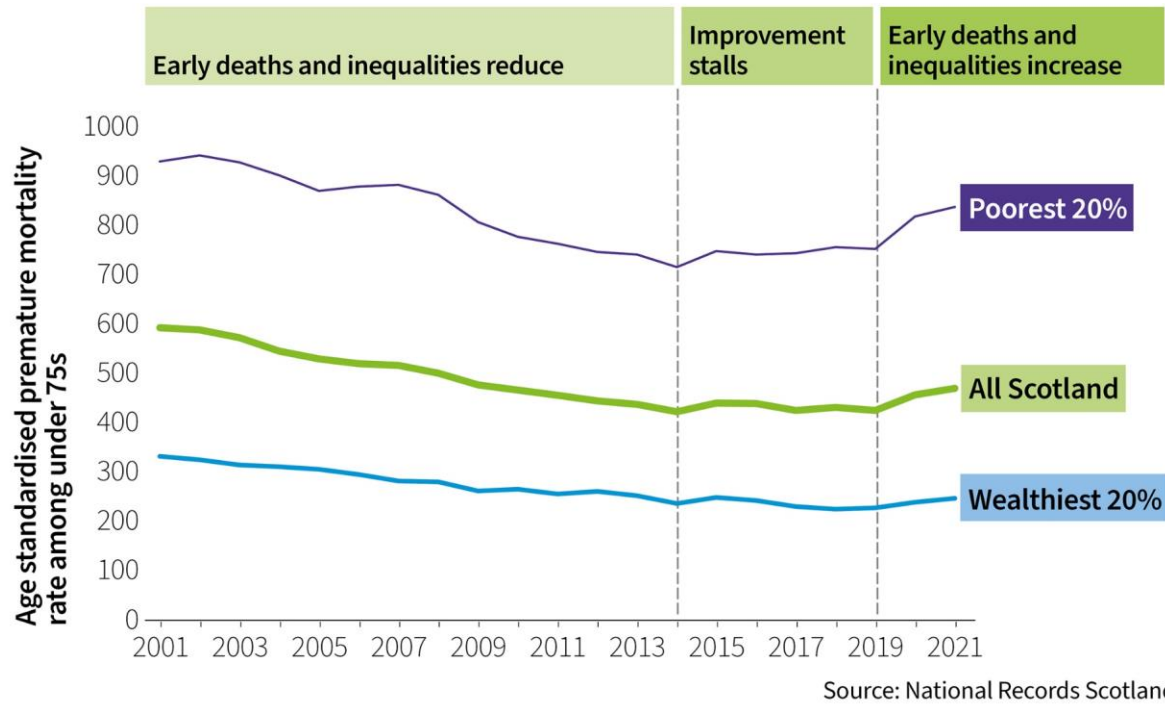18

# Population Health Framework

## Autumn 2024

**Improvements in population health have stalled and Scotland's health is worsening.**
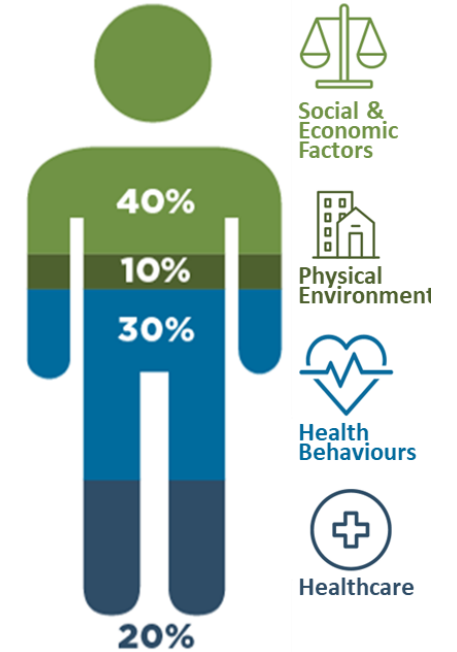
People are dying younger.

The number of people dying early is increasing.

People are spending more of their life in ill health.

The gap in life expectancy between the poorest and the wealthiest is growing.

Early deaths and inequalities reduce | Improvement stalls | Early deaths and inequalities increase

Age standardised premature mortality rate among under 75s

Poorest 20%

All Scotland

Wealthiest 20%

Source: National Records Scotland

**Four Pillars of Health**

40% Social & Economic Factors

10% Physical Environment

30% Health Behaviours

20% Healthcare

**Burden of disease is forecast to increase by 21% over next 20 years**

**Two thirds of this increase will be due to increases in:**

Cancers

Cardiovascular disease

Neurological conditions

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# Population Health Framework for Scotland 2024 - 2034

**Purpose**

To accelerate the improvement and recovery of population health in Scotland through a coherent long-term framework of whole system, primary preventative action.

**Audience**

Whole system that has a role to play in creating and maintaining good health.

**What would add value?**

✓ <u>Coherent narrative</u> on the drivers of health inequalities and the need for upstream, primary prevention.

✓ <u>Evidence</u> on future threats and preventative actions that lead to measurable improvement in population health.

✓ A <u>Framework</u>, that:
- ✓ Sets out our national aims, priorities & approach
- ✓ Builds on recent strategic plans, identifies gaps and where there is added value in collective action
- ✓ Has flexibility to frame future action in response to new challenges

✓ <u>New actions, approaches or programmes for improvement</u> that will deliver change – focussed on agreed priority areas.

X Repeating all evidence on issues for population health & inequalities.

X Extensive list of actions for all aspects of population health (main focus of framework is primary prevention)

X A Theoretical Strategy with no new actions

# Current thinking on products...

**Population Health Framework 2024-2034**
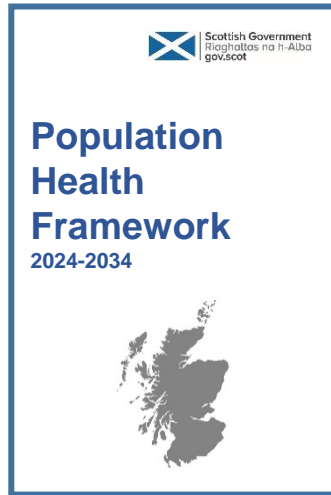
**Framework** – clear, simple, impactful - setting out:
- Vision, Aims (targets?)
- Summary of context
- Key outcomes & actions
- How we will implement

**Understanding Scotland's Population Health**

An **Evidence Narrative** on population health in Scotland, to be published alongside the Framework

**Population Health and Local Government**

**Whole System Approach - 2 pagers**
- System summaries setting out that part of the system's role in population health, how it can work in partnership to drive change & key actions from the framework
- SG, Local Government, NHS, CPPs, Businesses, Community & Voluntary Organisations

# Approach to Developing the Framework

**A PREVENTION FOCUSSED SYSTEM**

**Whole System Approach**    **Resources & Governance**    **Evidence & Sharing Knowledge**

*Improve the social and economic factors that create health and reduce inequalities.*

*Create healthy and sustainable places and communities.*

**Social & Economic Factors**

**Places & Communities**

**Increased Healthy Life Expectancy & Reduced Health Inequalities**

**Equitable Health & Care**

**Healthy Living**

*Create a health and care system that delivers equity, prevention and early intervention.*

*Promote health and wellbeing and reduce health harming activities.*

# Developing the Population Health Framework

**Increased Healthy Life Expectancy & Reduced Health Inequalities**

We will <u>prioritise</u> **creating & maintaining good health** and **preventing** ill health

We will <u>focus</u> support on the **people and communities** who need it the most

We will <u>change</u> **systems and environments** to support individuals to stay healthy

We will <u>deliver</u> through a **whole system approach** - nationally and locally

**National Improvement Programmes**

| Social & Economic Factors | Places & Communities | Healthy Living | Equitable Health & Care | Prevention Focussed System |
|---|---|---|---|---|

**Drivers**

# Population Health Drivers and Topics

| Social & Economic | Place & Communities | Healthy Living | Equitable Health & Care | Prevention Focussed System |
|---|---|---|---|---|
| Children and Young People | Building Healthy Environments | Enabling Healthier Lives | Population Level Prevention and Early Detection | Whole System Approach |
| Working Age Population | Local Partnership Working | Reduce attractiveness, availability and affordability of health harming products | Healthcare Inequalities | Reorienting System to Prevention |
| Wellbeing Economy and Health | Health Creating Communities | Addressing the harm caused by drugs and alcohol | Innovation | Evidence, Data and Monitoring Change |

# Place and Wellbeing (PaW) Programme: Population Health Framework Milestone Chart

| | Aug 2024 | Sep 2024 | Oct 2024 | Nov 2024 | Dec 2024 |
|---|---|---|---|---|---|

## Engagement

Key Partner Engagement (PHS, DPH)

Stakeholder Mapping

Wider Stakeholder Engagement

- 04/09 BCE
- 12/09 NDBG
- 17/09 CCG
- 19/09 COSLA Conf.

Local Government & Local Partners

National & Local Health & Social Care

Community & Voluntary (Third) Sector

Industry & Business Sector

## Developing the Framework

Incorporate Key Partner Feedback

Collate and incorporate feedback from stakeholders

Development of Draft Framework

Refinement of Final Framework

Population Health Framework Publication

## Governance

03/10 Place & Wellbeing Programme Board

31/10 Care & Wellbeing Portfolio Board

08/11: COSLA HSC Board

29/11: COSLA Leaders

Ministerial Engagement Sign-Off / Approval

Updated: 31/08/2024

**Key for Table**

Boxes = Content Production — OFFICIAL

Triangle = Key Engagements

Circles = Critical Dates

X = Governance

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# Discussion

**Questions:**

1) **Priority**: Given the evidence on current trends and forecasts in Scotland's health, what are the top priorities for collective action as we begin to apply the Framework in its first two years?

2) **Ambition**: Should the Framework adopt a single Scotland level aim such as improving life expectancy or healthy life expectancy and narrowing the inequality gap to galvanise whole system support for improvement and if so what should the measure(s) be?

3) **Principles**: What steps can be taken to secure progress within each Guiding Principle of the Population Health Framework?

4) **Actions**: What specific additional actions should be taken in Scotland to have the biggest impact on supporting healthy living? (For example, on the affordability, attractiveness and availability of health harming products?)

5) **Equity**: How can we improve equity in the population level prevention of ill health and early detection of disease?

6) **Accountability**: What specific actions would improve accountability of different sectors to securing progress in moving to a prevention focused system?

7) **Opportunity**: Over the ten year horizon of the Framework what innovation could bring the greatest opportunities to secure health gains and reduce the burden of disease?

# Annex – Background on Development of PHF to date

## Phase 1: Strategic Engagement

✓ Initial HSC stakeholder engagement (Sept 2023 - Feb 2024)

✓ Formal agreement from COSLA to co-produce PHF (23 Feb 2024)

## Phase 2: Content Development

✓ Production of public health expert consensus statements:
Tobacco and Vaping, Diet & Healthy Weight, Place & Communities

✓ Focused workshops delivered on:
Diet & Healthy Weight (9 Feb 2024); Early Childhood Development (7 May 2024); Healthcare Inequalities (12 June 2024); Place & Communities (19 June 2024)

✓ Evidence sessions run on:
Diet & Healthy Weight (8 Mar 2024); Place & Communities (28 Mar 2024); Early Childhood Development (8 May 2024)

**Phase 2: Content Development (cont.)**

- ✓ Collated consensus statements, workshop reports, evidence summaries, completed policy templates, etc. (June 2024)

- ✓ Produced draft engagement document for consideration by Ministers & COSLA Officials (July 2024)

- ✓ Refined engagement document with input from key partners and policy leads (Aug 2024)

**Phase 3: Wider Engagement**

- ➢ Run wider stakeholder engagement sessions & meetings (Sept – Oct 2024)

  - • Key Partners – COSLA, Directors of Public Health, NHS Senior Leaders & Public Health Scotland

  - • Wider Stakeholders – CPPs, Local Authorities, business and industry representatives, voluntary and community organisations representatives, etc.

- ➢ Continue detailed discussions with relevant areas of SG policy

**Phase 4: Finalise Framework and Publication**

# Population Health Framework Background Briefing

## Need for Action

- After decades of improvement, the health of Scotland's population is declining and health inequalities are increasing. This trend began ten years ago with public health experts attributing the reversal of progress to a series of cumulative economic shocks – from austerity, to Brexit, to Covid, to the detrimental impact of the cost crisis.

- The reform of health and care services alone will not be enough to stem the current tide of population health decline in Scotland. This is why a whole system approach to population health, focused on primary prevention, is also being progressed.

- Primary prevention - stopping health problems arising in first instance - requires us to take action on the building blocks of health and wellbeing, including: good early years and education; good work and income; healthy places; and equitable health and care.

- Evidence shows that investing in prevention is one of the most cost-effective interventions that the NHS and wider system can make in improving population health and reducing inequalities.

- Increased action on prevention and early intervention will hopefully contribute to achieving a sustainable health and care system in the long run through reduced demand.

## Purpose and Scope

- The driving force behind developing the Population Health Framework is to accelerate the recovery and improvement of population health in Scotland with a focus on whole system preventative action.

- The Framework is for the whole system, specifically those who have a role to play in creating and maintaining good health and wellbeing.  This includes: Local Government, the Scottish Government, NHS Scotland, Businesses, Voluntary & Community organisations, CPPs and academics.

- Scottish Government and COSLA are co-developing the Population Health Framework in collaboration with Public Health Scotland, Directors of Public Health and key local, regional and national partners.

- The Framework will take a cross-government and cross-sector approach to improving the key building blocks of health. It will consider what actions can be taken to mitigate the social and economic drivers of ill-health in order to build a Scotland – with places and communities – that positively supports health and wellbeing. This will be complemented by actions which promote health and wellbeing, reduce health harming activities and improve access to equitable health and care.

- The Framework will place primary prevention at its heart. It will make clear the connections with work focused on secondary prevention (early intervention) and tertiary prevention (good management of established problems) through wider health and care system reform.

**Approach**

- Through initial engagement in 2023, NHS leaders and Government partners agreed on the need for a long-term framework focussed on primary prevention, health inequalities and the drivers of health and wellbeing.

- The Framework will consider four key primary prevention drivers of health and wellbeing in line with the King's Fund Population Health pillars and Marmot's principles:

    - Social & Economic Factors;
    - Healthy Places & Communities;
    - Healthy Living (including Health Promoting & health-harming behaviours); and
    - Equitable Access to Health & Care.

- It will also consider action to support a fifth driver, focussed on *how* we move to a prevention based system.  For example, *how* the system: works together nationally and locally;  reorientates resources and accountability towards prevention; and develops and shares learning.

- The Framework will set out clear priority issues and new actions, and will complement and build upon current frameworks, strategies and action plans.

**Engagement on content development**

- Throughout the first part of 2024, local and national government officials, analysts, academics and public health system leaders participated in evidence sessions and policy workshops to help develop thinking. Public health system consensus statements were also commissioned on key issues. Together the outputs from these activities helped to identify potential priorities and areas for action.

- The Engagement paper builds upon these activities and focuses on areas where we wish to develop new actions. It is intended to be used to support further engagement with a wide set of stakeholders across the public, voluntary and private sectors to support the development of content for the Framework.

- The document makes clear the interrelationships between health, our environments, the economy and inequalities; and the need for a human rights approach.  It seeks views and input on scope and content for the final framework, which are prompted by a number of questions.

**Next Steps**

- Scottish Government, COSLA, Public Health Scotland and Directors of Public Health, will discuss the Framework with a wider range of stakeholders. Feedback from these engagements will help to inform the final Population Health Framework.

- Engagement activities will run throughout the autumn until October 4th 2024.  The aim is for the Framework to be published later in the year.

Scottish Government                                                                                         August 2024

# Developing a
# POPULATION HEALTH
# FRAMEWORK
# for Scotland

**A paper to support engagement**

**Autumn 2024**

# Contents

1

## Background and Purpose of this document

In June 2024, the Cabinet Secretary for Health and Social Care outlined our vision:

*A Scotland where people live longer, healthier and more fulfilling lives.*[1]

This vision is supported by four key areas of work: improving population health, a focus on prevention and early intervention, providing quality services, and maximising access.

Making progress towards this vision requires focusing on the Scottish Government's core priorities of eradicating child poverty, growing the economy, tackling the climate emergency, and improving Scotland's public services. These align to the shared priorities of Scottish and Local Government set out in the Verity House Agreement.

To help realise our vision, a Population Health Framework (PHF) is being developed. It deliberately takes a cross-government and cross-sector approach to improve the key building blocks of health and wellbeing. It will be a joint Scottish Government and Convention of Scottish Local Authorities (COSLA) publication and is being developed in collaboration with key system wide partners, including Public Health Scotland and Scotland's Directors of Public Health.

The Framework will set out how the Scottish Government, COSLA, Local Government, the NHS and partners across business, the third sector and communities themselves, can increase the positive effects that social and economic drivers have on population health, mitigate those areas that contribute to negative outcomes and build a Scotland that positively supports health and wellbeing.

This will be complemented by actions which will promote improved health and wellbeing, reduce health harming activities and support more equitable access to health and care.

This document has been developed following engagement and input over the last six months from service delivery professionals, people with academic expertise and organisations representing people with lived experience. It builds on the outputs of that work to date, and seeks views and input on scope and content for the final framework. The document will be used as a basis for wider engagement during the coming months with a view to refining thinking before finalising a Population Health Framework for Scotland.

It intentionally does not cover all aspects of population health, all areas that will feature in the final Framework, nor all the priority actions - that will be set out following engagement activity. Considerable work has recently been conducted for a number of policy areas, with current frameworks, strategies and action plans already in place or being developed to progress the agreed actions. The final framework will seek to build upon and integrate this work as part of a coherent plan across a range of areas to address population health challenges.

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[1] Vision for health and social care: Health Secretary speech - gov.scot (www.gov.scot)

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The next steps include input on identifying *how* change can be delivered focusing on what new actions and approaches should be taken, and where existing approaches should be stopped, sustained or delivered in different ways. Key to this will be the views of partners and organisations, including the steps they can take to improve the health of people in Scotland.

## Why is a Framework needed?

Good physical and mental health is a basic human right.[2] Everyone should enjoy the benefits of good physical and mental health, regardless of age, sex, religion, race or ethnicity, disability, sexual orientation, gender identity or migration status. This includes not only the right to health services, but to the wide range of factors that help us to achieve the highest attainable standard of health. In Scotland, the persistence of health inequalities means that the right to health is not experienced equally by everyone.

After decades of improvement, Scotland's health is worsening. Over the past decade Scotland has seen a decline in life expectancy, and a widening of health inequalities. People in Scotland are on average dying younger now than they were ten years ago.[3] People living in the most deprived areas experience poor health longer and die younger than people living in the least deprived areas.[4]

The Scottish Burden of Disease study forecasts a 21% increase in the annual disease burden in Scotland over the next 20 years[5]. Health and wider societal inequalities, along with an ageing population, will see this increasing burden fall disproportionately on a smaller population of people within our society. An anticipated rise in a range of diseases including cancer, cardiovascular disease, diabetes and neurological conditions[6] will inevitably place additional pressure on health and care services.

Yet, the reform of health and care services alone will not be enough to stem the current tide of population health challenges in Scotland, as the breadth of factors that impact people's health and wellbeing go far beyond what the health and care system itself can influence. These building blocks of health and wellbeing include good early years and education, fair work and income, access to healthy places and public services, and the ability to lead healthy lifestyles.

The Scottish Government's National Performance Framework sets out a vision for collective wellbeing, with the majority of the National Outcomes directly linked to the health of the population. Given current and forecast challenges, taking action to improve population health is vital to achieving our National Outcomes.

Collective action to improve these outcomes will help to realise the Scottish and Local Governments' shared priorities and strengthen the building blocks of health

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[2] Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) gives everyone the right to the highest attainable standard of physical and mental health.
[3] Life Expectancy in Scotland | National Records of Scotland (nrscotland.gov.uk)
[4] Healthy Life Expectancy in Scotland | National Records of Scotland (nrscotland.gov.uk)
[5] Scottish Burden of Disease Forecasting Briefing (scotpho.org.uk)
[6] Scottish Burden of Disease Study - ScotPHO

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and wellbeing in the process. Good population health is vital to tackling poverty, to transforming our economy through a just transition to deliver net zero, and to delivering sustainable person-centred public services. It is in everyone's interests to improve population health. It will also help us to meet our international human rights obligations and create a Scotland in which everyone's right to health is protected, respected and fulfilled.

Actions to improve the drivers of health and wellbeing require a coordinated, whole system approach. The Population Health Framework seeks to bring together and join up cross-government and cross-sector preventative action to deliver the whole system response necessary to reverse the decline in life expectancy and reduce health inequalities in Scotland.

We know that change is possible. Actions taken by the Government and wider partners in recent years have made a significant difference. Key areas of progress include the reduction in harm from smoking through concerted action, such as the ban on smoking in public places; improving the oral health of children through the Childsmile programme; reduced deaths and hospital admissions due to the introduction of Minimum Unit Pricing for alcohol; and the continued significant contribution of vaccinations and screening to the prevention and treatment of illness.

One aim of this Framework is to ensure that bold and effective preventative action can take place across Scotland with increased pace and effectiveness, learning from action already taken here and elsewhere.

## Process for Developing the Framework

The Scottish Government has been in discussion with COSLA leaders, Public Health Scotland, Directors of Public Health  and wider stakeholders about long-term system wide approaches to secure sustained improvement in population health in Scotland.

Extensive engagement has been undertaken with local government, clinicians, NHS professionals, and across central government. These discussions led to an agreement to develop a Framework, rather than a single plan for everything, to ensure that relevant action plans on different areas of population health are flexible and responsive.

The Framework will be for the entire system and be positioned to enable existing and future delivery plans to connect to it. Key to delivering impact under the Framework will be clear, deliverable actions that improve population health.

The Framework is being developed by considering four key 'primary prevention drivers' of health and wellbeing that align with the King's Fund population health pillars[7] and link to the internationally recognised and established Marmot Review Conceptual Framework.[8] These frameworks underpin an approach that will only be delivered by clear action that seeks to address population health challenges.

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[7] A Vision For Population Health | The King's Fund (kingsfund.org.uk)
[8] Fair Society Healthy Lives (The Marmot Review) - IHE (instituteofhealthequity.org)

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The four drivers of health and wellbeing are:

- **Social and Economic Factors** - including income, early years, education, housing and transport.
- **Places and Communities** - the places that people live and access to key services.
- **Healthy Living** – health promotion, diet, physical activity, smoking, alcohol consumption, purpose and connectedness.
- **Equitable Health and Care** - early intervention and disease prevention.



A number of workshops have been held with public health system leaders, subject experts, and policy leads, to consider the evidence on specific actions that could be taken within each of these four drivers. These workshops were supported by evidence from Public Health Scotland and Directors of Public Health. Consensus statements have been developed for key areas[9]. Together these materials have been used to develop this document.

**We are now seeking the wider engagement of stakeholders to support the development of the Framework.**

In the following pages we describe the scope, acknowledge the 2018 public health priorities, and set out our ambitions and guiding principles for the Framework. We then go on to describe the four drivers of health and wellbeing in further detail and consider potential areas for action. In the last section we outline a fifth driver focused

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[9] The Consensus Statements have been developed by public health specialists across the Scottish Public Health System on key population health issues – they do not necessarily represent current government policy. Statements are available here: Improving Scotland's diet and weight - Publications - Public Health Scotland Policy briefing: alcohol - Publications - Public Health Scotland Stopping tobacco smoking and youth vaping (publichealthscotland.scot)

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on *how* the system works to bring greater focus to population health and prevention and how having a shared focus can lead to more effective action.

## Scope

The potential scope of a Population Health Framework is far-reaching and the breadth of factors influencing health and wellbeing are extensive. To ensure engagement activities are accessible and support the participation of as many stakeholders as possible, key topics and areas to cover under each driver have been selected for the engagement.

Recent frameworks, strategies and policy commitments have been considered, but are not separately included in this engagement document for further development where there are recent co-developed strategies and delivery plans in place.

For example, there has been considerable work conducted over the last year on mental health and wellbeing policy and delivery in Scotland leading to the publication in June 2023 of the Mental Health and Wellbeing Strategy. This document does not revisit that work. However, mental health is a key feature of the health and wellbeing of Scotland's population and the final Framework will be coherent with existing actions, strategies and interventions that are contributing to improving population mental health.

Similarly, the significant impact the climate and ecological emergency is having and will continue to have on population health, wellbeing and equity is a key driver of long term population health trends. Climate change has been described by the World Health Organisation[10] as "the single biggest health threat facing humanity" and, the way that governments worldwide respond as "the greatest global health opportunity of the 21st century".

Extensive work is underway across government in response to climate change.  The Framework will be an important vehicle through which to drive identified activities and to also agree new actions.

Development of the PHF does not seek to duplicate these efforts. It will, instead, build on the engagement and work of a wide range of existing strategies, ensuring a truly cross-sector approach that reflects the breadth of the building blocks of health, including:

- Revised National Performance Framework and National Outcomes
- Best Start, Bright Futures: tackling child poverty delivery plan 2022 to 2026
- Keeping the Promise implementation plan (2022)
- Mental Health and Wellbeing Strategy (2023)
- NHS Scotland climate emergency and sustainability strategy: 2022-2026

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[10] Climate change and noncommunicable diseases: connections (who.int)

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**Public Health Priorities**

In 2018, Scottish Government and COSLA, working with a range of partners and stakeholders, engaged widely across Scotland to develop a set of public health priorities for the whole system. These were:

**Public health Priorities for Scotland (2018)**[11]

A Scotland where we

- ✓ live in vibrant, healthy and safe places and communities
- ✓ flourish in our early years
- ✓ have good mental wellbeing
- ✓ reduce the use of and harm from alcohol, tobacco and other drugs
- ✓ have a sustainable, inclusive economy with equality of outcomes for all
- ✓ eat well, have a healthy weight and are physically active

As set out above, the development of the Framework is being approached through the lens of four primary drivers of population health. The Population Health Framework is an opportunity to build on the public health priorities in two ways.

Firstly, the criticality of good health protection was demonstrated during our Covid pandemic experience, as was the system change that is needed to deliver a prevention focussed approach. Second, there is an opportunity to use the Framework to bring greater focus to *how* priorities are delivered, setting out what actions and approaches are needed nationally and locally to support change. To this end, these will no longer stand as separate stand alone set of Public Health priorities but will be incorporated into the framework where action is still needed.
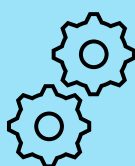
> **How to deliver what works**
> A common point raised in many discussions is that what works in many areas is already known. There are many examples of success across Scotland – the challenge is to replicate that success more systematically across all areas of the country and for all population groups. The Framework and the action plans that sit under it will not only set priorities for action but be clear on *how* action can build on what is known to deliver real change. This will be a key focus of engagement in the coming months.

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Key to delivering population health change in Scotland is partnership between the Scottish Government, Local Government, Public Health Scotland and the public health system delivered across territorial health boards and local authorities. Public

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[11] Scotland's public health priorities - gov.scot (www.gov.scot)

Health Scotland, established in 2020, brings together health protection, health improvement and data and intelligence functions for Scotland. Public Health Scotland's role is to provide a clear vision and strong voice for improving Scotland's health. The public health system in Scotland includes a wide range of public health leadership and delivery through territorial health boards, through the collective leadership of Scotland's Directors of Public Health. To achieve our collective population health aims, that partnership must grow wider to include all public agencies and the third and private sector.

## Setting Ambitions

Consideration is being given to setting a single, Scotland level, aim that makes clear our ambition for Scotland's population health in the coming decade and galvanises widespread support and ambition for improvement. Ongoing engagement will include consideration of what an aim might look like for Scotland; what measure(s) would be best to monitor change – and ultimately what measure should be used to consider the impact of the PHF and its delivery on population health.

Measures might include improvements in life expectancy and healthy life expectancy, and closing the current gaps in these measures that exist between most and least deprived communities. We want to identify measures that are bold, ambitious and require collective and determined system wide effort. We must also ensure that they are capable of being delivered, sustained and that experience and learning is drawn on to refine and improve these measures.

## Guiding Principles

A key question for engagement is *what will make this work any different from that which has come before?*

One aspect that engagement suggests will create change is to focus on *how* things are done, not just setting out areas for change but using the Framework to agree how that change can best be delivered.

To achieve this shift, four guiding principles based on extensive evidence are set out that will underpin the actions being developed for the Framework. These are not new, and activity to deliver this will require long term and concerted efforts. But by harnessing a cross-sector approach and focus under these principles, there is a greater prospect of achieving impacts that will improve population health and wellbeing.

## Proposed Guiding Principles

| | | | |
|---|---|---|---|
| We will prioritise **creating & maintaining good health** and **preventing** ill health | We will focus support on the **people & communities** who need it the most | We will change **systems & environments** to support individuals to stay healthy | We will deliver through a **whole system approach** - nationally and locally |

| Proposed Guiding Principles for the Population Health Framework | |
|---|---|
| **What is prioritised** | A shift in the balance from treating ill health to creating and maintaining good health and preventing ill health in the first place.<br><br>By adopting a primary prevention approach,[12] the Framework will seek to address the building blocks of health and wellbeing to stop health problems occurring in the first place. |
| **Who is the focus** | There is a need to actively prioritise those who are most at risk of poor health and wellbeing. Mitigating inequality must become embedded across all activity, including through wider adoption of proportionate universalism.[13]<br><br>For every building block of health and every health outcome, inequalities exist. Whether it be for those living in more deprived areas, with different equality characteristics, with experience of care, or living in prison. The framework will take a more systematic approach to ensure that, for every driver, action and outcome, we know what inequalities exist and the steps to mitigate and to reduce them are embedded. |
| **Where change takes place** | There is a need to focus on the system and environment rather than placing all responsibility on individuals for their own health. Evidence shows that much of an individual's health and health forming behaviours and actions are determined by their circumstances, wider influences and environments.<br><br>At the same time, we must encourage and enable individuals, who have the capacity and the resources, to make positive choices that support their health and that of their family. This requires sustained action on alcohol, smoking, drugs, diet and physical activity to improve health and reduce the prevalence of |

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[12] Public health approach to prevention - Public Health Scotland
[13] Chapter 3: Health inequalities: Turning the Tide - Realistic Medicine - Doing the right thing: Chief Medical Officer annual report 2022 to 2023

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| | preventable disease such as cardiovascular disease, diabetes and some cancers. |
|---|---|
| **Who delivers change** | There is a need to shift the balance from expecting the health sector alone to determine Scotland's health and wellbeing and recognise that population health is significantly driven by <u>non-health policies and sectors</u>. |
| | Collective action across government (local, national) and sectors (public, private, community/ voluntary) is required to strengthen the building blocks of health and in turn improve health and wellbeing outcomes. |

The remainder of this document discusses the five drivers of population health and sets out some of the initial proposed actions we will take for each, based on engagement to date.  This is followed by a number of overarching questions that partners will be discussing with stakeholders in the coming months to help inform the final Population Health Framework.

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## Primary Driver 1 – Social and Economic Factors

Good health is essential for creating a flourishing society. It helps people have a positive family and community life and enables them to contribute to wider society. A healthy population also has positive impacts on the economy.

Healthier children achieve better educational outcomes, leading to increased productivity in adulthood. A healthy working-age population contributes to economic prosperity by being more engaged and productive. Conversely, unemployment and insecure work have negative effects on mental health, and poor working environments are associated with a greater risk of developing depression, anxiety and work-related stress.

To create a society where everybody can thrive, all of the right building blocks need to be in place: good, secure and fairly paid jobs, quality affordable housing, accessible and affordable transport and good education. For some, these building blocks of health are missing or the connections between them (e.g. between health and housing, education and employment) are not as strong or effective as needed.

Improving the building blocks of health and connections across sectors will not only improve our health but also demonstrate our commitment towards meeting our international human rights obligations.[14]

## Children and Young People

Ensuring children's and young people's health and wellbeing is optimised, through preventative and early intervention, will positively affect the future health of the adult population. Getting it right in the early years and throughout adolescence is crucial to delivering long term population health[15].

Tackling poverty, particularly child poverty, is one of the priorities agreed by the Scottish Government and COSLA as part of the Verity House Agreement. The collective actions described in the Tackling Child Poverty Delivery Plan for 2022-26 (Best Start, Bright Futures) will have a positive impact on children's health and wellbeing. Our commitments to Keep the Promise for care experienced children, young people and their families - ensuring every child in Scotland grows up loved, safe and respected so that they realise their full potential – will also positively impact on health.

The Tackling Child Poverty Delivery Plan sets out a commitment to work collaboratively with partners to ensure that the child poverty support system works for the people who need it most. The Dundee and Glasgow child poverty pathfinders

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[14] These include to the highest attainable standards of health but also to work (Article 6 ICESCR) and enjoy just and favourable conditions of work (Article 7 ICESCR), to an adequate standard of living including food, clothing and housing (Article 11) and to education (Article 13).

[15] And to meeting our obligations under the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024  including the right of the child to the enjoyment of the highest attainable standard of health.

are examples of this collaborative work in practice. Child Poverty Pathfinders work with key local and national partners to help families navigate support systems available to them. The Pathfinders also aim to progress system change, shifting to more person-centred services and a 'no wrong door' approach. They take place based approaches, recognising the different challenges experienced by communities across Scotland. They offer a promising avenue for creating more equitable and resilient communities while developing rich learning, which is key to whole system change.

Health partners, in addition to contributions to Pathfinders, are contributing in direct ways to improving childhood outcomes through the Health Visiting service, breastfeeding support and the Family Nurse Partnership, to name a few. The Early Child Development Transformational Change Programme is about strengthening our collective contribution across the whole system to improving early child development in the pre-birth to three period.

## Working Age Population

Health and work are inextricably linked, with fair work being a key determinant of good health, and good health being essential to productive work. For too many people, the relationship between their health and work is not a positive one - with health-related absence contributing to Scotland's persistent health and social inequality.

In recent years, economic inactivity has been increasing and is placing increased demands on our public services, including social security payments and reduced tax receipts. It is vital that Scotland invests in creating and widening access to fair work as a building block of our economy and our health.

A system-wide approach is key to creating the right conditions for everyone to enter, remain and progress in good work. The Fair Work Action Plan aims to promote fair and inclusive workplaces across Scotland, tackling gender, disability and racial inequalities which themselves contribute significantly to health inequalities. Delivering good population health requires a system that is more flexible and responsive to the changing labour market, tackles inequalities and grows Scotland's economy.

An action plan is being developed with stakeholders across the public and private sectors, in particular with business and industry, to support clear action to mitigate the increasing effects of ill health on people's ability to work.  It will seek, under the auspices of the framework, collaboration across sectors to build healthier and more flexible workplaces that support people to sustain employment, and to give employers the right support to improve health within their workplaces.

We must also recognise the importance of unpaid care in supporting the care needs of our people and in underpinning Scotland's economy, tackling inequalities and enabling participation in the labour market. The actual number of unpaid carers in Scotland is not known but is estimated to be around 700,000 to 800,000 people.

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**Wellbeing Economy**

A wellbeing economy protects the planet and works for people, including future generations, by improving living standards, creating good jobs and purposeful businesses, tackling inequalities and building economic resilience. Designing our economy so that it prioritises these factors will ensure economic growth positively contributes to our collective wellbeing.

The National Strategy for Economic Transformation (NSET) sets out actions to deliver a fairer, greener and growing economy for all Scotland's people and places, and to make Scotland's economy more sustainable and resilient in the longer term.

It has a vision of a Wellbeing Economy, taking a broader view of a successful economy. Our work to build a prosperous, innovative and dynamic economy that promotes the wellbeing of all of our people is reflected in the Wellbeing Economy Monitor, which tracks broader economic outcomes on issues such as healthy life expectancy, mental wellbeing, equality, Fair Work and the environment.

Much has changed since the publication of NSET, fiscally, politically and internationally. In light of these changes, we are currently prioritising actions that will have the greatest impact on Scotland's economy and will accelerate delivery of NSET through the upcoming Programme for Government to meet our central objective – to build a fair, green and growing economy. A thriving economy is essential to supporting our mission to eradicate child poverty, as well as our other priorities of tackling the climate emergency and delivering stronger public services.

There are benefits to public agencies, business and industry to working in partnership to achieve a fair, green and growing economy that supports wellbeing, for example through recruitment and retention of skilled employees, attracting customers and investment, building community relations and long-term stability. The New Deal for Business Group report includes recommendations on businesses' role in the just transition to a net zero, Wellbeing Economy.

In Scotland we are supporting delivery of a wellbeing economy through Community Wealth Building, which emphasises the role of Anchor institutions. These organisations employ local people, direct spend on goods and services locally, and have buildings and land in a local area. Through taking an intentional approach to their employment, estates and procurement policies, Anchor institutions support the retention and recirculation of wealth and assets in their local communities.

NHS Health Boards are an example of Anchor institutions, given their significant economic presence within their local communities across Scotland. All NHS Boards in Scotland have produced Anchors Strategic Plans that set out how each Board will help to address the wider determinants of health, reduce inequality, and transform the lives of people in the communities around them through their activities.

**Next Steps**

From engagement to date, selected proposed next steps for this driver are presented below. Further actions will be developed for inclusion in the final Framework.

We will increase the contribution of Scotland's health and care system to eradicating child poverty.

We will develop a Health and Work Action Plan to help tackle economic inactivity within the labour market and support people back into the workplace.

We will work across our Local Authorities, NHS Boards, and other local anchors organisations to harness the full power of community wealth building to mitigate against the economic drivers of health inequalities.

**Primary Driver 2 – Places and Communities**

The places people live, learn, work, play, care, socialise and interact, the connections they have with others, and the extent to which they feel able to influence the decisions that affect them - all have a significant impact on health and wellbeing. Having well-designed and sustainable communities where people are able to access the amenities and services they need is important.

People in Scotland live in a variety of environments - from cities, medium-sized towns and villages, to large rural areas, coastal communities and islands. Health outcomes differ across our communities and there is variation in the quality of our places and communities across Scotland.

Effective public services, affordable high quality housing, good transport and transport infrastructure, accessible green and blue spaces, and strong social connections are all important building blocks of health. Improving the quality of built and natural environments will in turn improve population health and wellbeing, reduce inequalities and help to build resilient communities. Similarly, as part of broader activity to develop positive communities and individual wellbeing, steps to support access and development of culture, the arts, physical activity and sport are key to building resilient and active communities.

People need to also feel they are fully involved in local decision making and communities need to be at the heart of decisions about their local places and environments. Working in and with communities to understand local need and co-create solutions that draw upon a community's knowledge, assets and resources is essential.

**Local Partnership Working**

Making changes and improvements to places and communities requires effective partnership working across sectors (public, voluntary and business) and with local communities. Local government plays a pivotal role, as do structures like Community

Planning Partnerships (CPPs), which provide a mechanism by which to drive local partnership working to improve outcomes.

Scotland already has strong, supportive policies and legislation on place based working – Place Principle (2019), Place Standard Tool, Planning (Scotland) Act 2019, National Planning Framework 4 (2023), Community Empowerment (Scotland) Act 2015 and National Standards for Community Empowerment. Together these form a comprehensive and progressive "place toolkit" of policies and supports that encourage greater partnership working.

Yet, the extent to which long term considerations of health and wellbeing are consistently taken into account and balanced against other priorities when decisions are made about places and communities varies. Early engagement with stakeholders highlighted the need for closer collaboration between those who plan, design and build places, those who live in them and those with an interest in improving population health.

## Building Healthy Environments

What surrounds us shapes our health. Good homes, transport systems, access to public and nature-rich blue and green spaces and the services and facilities available in communities are all features of the natural and built environments. Together these features contribute to the totality of what constitutes a place.

Scotland has a range of national policies, strategies and resources aimed at creating better places and communities - National Transport Strategy, Housing to 2040, National Play Strategy and Local Living & 20 Minute Neighbourhoods. All of the above policies lie outside the remit of health, but all materially impact health and wellbeing outcomes. Collectively realising the ambitions of these policies to build healthy environments therefore requires a coordinated, cross-government and cross-sector approach.

Delivering improvements in places and communities must also take into consideration the natural environment, including the impacts of climate change.

Communities across Scotland are already experiencing the impacts of the climate and ecological emergency. This includes extreme weather events such as high temperatures, flooding and drought, as well as pollution and nature loss. Action taken within communities to tackle the climate and ecological emergencies represents a significant opportunity to improve human health and wellbeing, planetary health and to reduce inequalities.

However, even if rapid action is taken, some climate changes are locked in. Places and communities will therefore need to adapt to our current and future climate. Significant policy development is already underway to support communities to adapt to the changing climate, as well as meet net zero objectives and adopt a Just Transition approach, which together fit into an overarching framework for the environment.

## Health Creating Communities

Community organisations are often better able to effectively engage people who may be furthest from engaging with public services, or who have frequent engagement with services due to their level of need and the challenges in navigating services. Community organisations know the communities they serve, making them well placed to identify their needs and adapt to meet them. However, community organisations need support from the public sector, both locally and nationally, in order to maximise their contribution to improving health and reducing health inequalities.

Health and care services have an important role to play in helping link people to wider community support and services, which can be key to mitigating against some of the wider influences on people's health and wellbeing. Social Prescribing provides a bridge between the NHS, statutory services and the community and voluntary sector, ensuring more people can access non-medical support that benefits their health and wellbeing.

The practice of social prescribing in Scotland has largely grown organically at a local level, supported by national developments in recent years including the establishment of Community Link Worker roles in primary care. The Scottish Government has yet to set out an overarching national policy on the future direction and organisation of social prescribing in Scotland and how this can be supported.

## Next Steps

From engagement to date, selected proposed next steps for this driver are presented below. Further actions will be developed for inclusion in the final Framework.

Place based approaches are important to health and wellbeing. We will work to ensure clear commitments from all local partners are made in Local Outcome Improvement Plans with Community Planning Partnerships accountable for their delivery.

We will work with stakeholders to develop a national approach to social prescribing.

We will work with Community Planning Partnerships to explore how they can support greater focus on population health and preventative actions within local areas – for example by ensuring evaluation of place based approaches is included in local plans with shared collective reporting on partnership impact on local outcomes.

To support the building of healthy environments, Local Anchor organisations contribution to their Local Outcome Improvement Plan should demonstrate their commitment and actions to be taken to use public sector land and assets collectively for health gain.

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**Primary Driver 3 - Healthy Living**

How people live has a significant effect on their health – their physical health, cognitive health and mental health. Engaging in physical activity, living smokefree, eating a varied and healthy diet and drinking less than the Chief Medical Officer alcohol guidelines can support people to live healthy and fulfilling lives; where they are less likely to develop health conditions.

Tackling the drivers that cause health harming behaviours – long-standing inequalities, lack of access to healthy affordable food, lack of access to opportunities to be physically active and the reducing ease of access and affordability of health harming products – is key to delivering a truly preventative approach.

Only by working on a cross-system basis across Scottish Government, local authorities, the voluntary sector and private sector can the drivers of health harming behaviours shift to become health forming.

**Reduce attractiveness, availability & affordability of health harming products**

Evidence indicates the three aspects that drive consumption of health harming products include how **attractive** a product is, how **available** it is to purchase and how **affordable** it is. The Scottish Government and partners will continue to use this approach to consider how best to reduce the harms caused by consumption of these products, as proposed by the World Health Organization.

It is clear that tobacco products, vapes, alcohol, and poor diet cause significant health harms and at a population level directly contribute to the development of health conditions such as type 2 diabetes, cardiovascular disease and cancer. Much of the forecast increase in disease over the coming decades is expected to be partly attributable to the effects that health harming products have on health.

It is important to recognise the positive role that business and industry plays in providing employment and driving forward thriving local economies, all of which contributes to good population health. As set out above, in recent years the number of people unable to work due to ill health has been increasing, creating a significant issue for employers and business. Steps to reduce the harms caused by health harming products are a key lever to improve population health, and therefore a healthy labour market, which will support businesses to flourish, in turn reducing inequalities.

Through the New Deal for Business (NDfB) the Scottish Government has committed to ensuring it robustly considers the effects of proposed policies on business and undertakes meaningful engagement in determining how to reach set outcomes. This approach, as evidenced by recent extensive engagement with business on Minimum Unit Pricing of alcohol and on HFSS food promotion restrictions, will be vital to ensuring the Scottish Government can deliver a broad range of linked aims across health and the economy.

**Enable Healthier Lives**

The benefits of healthy eating, physical activity and maintenance of a healthy weight are widely recognised and directly associated with a wide range of health benefits. These are important routes to improving population health. In addition to the benefits at an individual level, making improvements to Scotland's diet, weight and physical activity at a population level is also critical for protecting public services and enabling our economy to thrive and prosper.

On healthy living, the key actions that Scottish Government, Local Government and all sectors can take is to support system wide change to create the conditions that enable and encourage people to increase their levels of physical activity and to have a healthier diet, including supporting improvements to the food environment.

This includes cross-system work to create the conditions for increased uptake in physical activity, and working in partnership to rebalance the food environment. Delivering our new whole system Physical Activity for Health Framework will be key to achieving our vision of a Scotland where more people are more active more often.

**Addressing the harm caused by drugs and alcohol**

Scotland has one of the highest drug death rates in the developed world and there is evidence that drug deaths have contributed to Scotland's decreasing life expectancy. In 2023, there were 1,172 drug misuse deaths registered in Scotland, an increase of 12% (121 deaths) compared with 2022. Drug misuse deaths are still much more common than they were in the year 2000. After adjusting for age, the rate of drug misuse deaths were 4.2 times as high in 2023 than 2000 (National Records of Scotland).

Alcohol consumption has been identified as a risk factor for over 200 diseases, injuries, and health conditions and is linked to wider social and economic losses. Alcohol specific deaths have seen an increase of 22% in the last two years.

In 2021, the Scottish Government launched the National Mission, which aims to reduce drug deaths and improve lives. Acknowledging that change requires a whole systems approach, we published a Cross-Government Approach in 2023, setting out a number of actions to be taken forward across portfolios. This will help to ensure services deliver joined up, person centred care and includes mental health, justice, housing and violence against women and girls, amongst others.

The National Collaborative seeks to improve how people affected by substance use are involved in decisions concerning the design, delivery and monitoring of services. The vision is to integrate human rights into drug and alcohol policy via a Charter of Rights, leading to better outcomes for people affected by substance use.

One outcome of the National Mission is that children, families and communities affected by substance use are supported. Each year around 500 children under 16 lose a parent to a drug related death. In addition, people who experience harms from using drugs or alcohol often start their substance use at an early age. There is a need

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to take a comprehensive approach to support young people to prevent problem substance use in the first place.

## Next Steps

From engagement to date, selected proposed next steps for this driver are presented below. Further actions will be developed for inclusion in the final Framework

We will build on Scotland's record of progressive public health legislation by introducing measures that make it easier to live healthier lives – phasing out the legal sale of tobacco; banning single use vapes and improving our food environment.

We will explore options to support local interventions like licensing to meet their statutory objectives of protecting and improving health.

We will continue to build on the foundations built by the National Mission on Drug Deaths and our work around alcohol treatment and ensure that the work delivered is sustainable into the future in line with wider public health priorities.

## Primary Driver 4: Equitable Health and Care

As set out throughout this document, the biggest influences on health are wider socioeconomic determinants. However, the health and care system itself also plays an important role in preventing ill-health. Access to, and quality of, healthcare can have a significant impact on population health.

A health and care system focused on early intervention, health promotion and disease prevention helps people to have good health. We know inequalities existing in access and outcomes across our system. There is a need to ensure easy access to preventative services, screenings, vaccinations and treatment for everyone, with a particular focus on groups who may experience barriers to access.

This is in keeping with our Human Rights obligations - including ensuring adequate health facilities, goods and services to ensure treatment and care. Equitable health and care is also supported by Value-Based Health and Care in Scotland as set out and championed in a series of annual reports by Scotland's Chief Medical Officer. Value Based Health and Care is about delivering person centred care that is not only high in quality but also delivers the outcomes and experiences that really matter to people.

## Population level prevention and early detection

The Covid 19 pandemic demonstrated the impact infectious diseases can continue to have on the health of our population. The ongoing threat of infectious disease remains one of the key concurrent threats to Scotland's population health, as described in Scotland's Chief Medical Officer reports. Strong and effective health protection is a critical part of our efforts to improve Scotland's health.

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**Vaccinations**

Second only to clean drinking water, vaccines are one of the most effective public health interventions. Continuing to invest in vaccination as a core part of our preventative public health strategy will be key in the coming years.

Childhood immunisation uptake rates in Scotland have historically been high, with approximately 95% of children receiving most routine immunisations by 12 months of age. However, Public Health Scotland (PHS) has observed a trend of declining baby and pre-school immunisation rates over the past decade, interspersed with a brief increase in rates from April 2020 before subsequently declining once more.

Adult vaccination programmes such as flu, shingles, pneumococcal and COVID-19, contribute to reducing severe illness and mortality for those who are most at-risk, and also play a large part in limiting pressures on our public services.

Uptake data broken down by deprivation and ethnicity for some programmes published by PHS demonstrates inequalities in uptake exist and highlights the importance of having equalities and inclusion at the centre of our vaccination programmes. Combatting "vaccine fatigue" and hesitancy is going to be important as we move forward with our existing programmes and as new vaccines are made available to ensure we continue to derive maximum public health benefits from our programmes.

**Screening**

National screening programmes play a vital role in the earlier detection and treatment of conditions such as cancer. This leads to better health outcomes for individuals and also alleviates wider pressure on diagnostic and treatment services downstream.

Screening is a key preventative measure. Detecting disease at an earlier stage helps prevent people becoming more ill and improves mortality outcomes. Earlier detection and intervention not only leads to better outcomes for people, but it reduces the burden on services that would otherwise be needed if screening did not identify disease.

Data shows inequalities across all of the screening programmes, with, for example, reduced uptake from deprived communities across the three cancer screening programmes (breast, bowel and cervical). With the 2023 publication of the *Screening in Scotland Equity Strategy* in combination with dedicated funding, there is a renewed focus view on targeting inequity in screening.

**Healthcare Health Inequalities**

Healthcare inequalities relate to inequalities in the access people have to health services and in their experiences of and outcomes from healthcare. The reasons for this are multiple and complex and may include:

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- the availability and accessibility of local services e.g. opening times
- lack of cultural and gender competence of services and staff
- culture and language (spoken and written);
- difficulty in engaging with and navigation services
- health literacy; misinformation; lack of trust

Given healthcare is partly demand-led, this can mean it may be easier for some groups of people to navigate than others, with various forms of disadvantage such as power relationships, racism and discrimination, education, social status playing a part. Evidence shows that people living in areas of high deprivation, those from an inclusion health group and people from minority ethnic communities and groups such as the prison population are most at risk of experiencing healthcare inequalities.

Inequity of access, or a mismatch between resources and need, can also inadvertently widen health inequalities. When people do not, or cannot, access timely and appropriate care, this is likely to lead to poorer health outcomes and can require more extensive and costly treatments.  It can also significantly limit an individual's ability to work, exacerbating socio-economic inequalities and potentially impacting on productivity and the economy.

Scotland does not have a single agreed approach to healthcare inequalities.  If there is to be improvement in this longstanding issue of inequality, a systematic approach to tackling healthcare inequalities is needed.  This must include a clear prioritisation of action towards the people and services that see greatest inequalities, and must be underpinned by strong leadership and tangible actions to support staff and develop evidence.  A new approach to healthcare inequalities will be fundamental to delivering on our guiding principle to focus support on the people and communities who need it the most.

## Innovation– Scottish approach

As Scotland's Chief Medical Officer has set out in his latest annual report[16], healthcare innovation is 'central to the pursuit of wellbeing, equity, and Scotland's wider socioeconomic success'. New innovations in the prevention of disease will play an important role in improving our population health over the next ten years. Ensuring the adoption of new innovation considers inequalities in outcomes from the outset will support better health equity.

For example, evidence shows that successful treatment of obesity and weight management interventions can have a preventative effect on type 2 diabetes and other weight related conditions.

Enhancing the role of innovation in treatment and development of new obesity medications is one aspect of the future approach to reduce the effects of obesity on population health. Trial data continues to show benefits beyond weight loss. New anti-obesity medications are demonstrating their ability to reduce major adverse

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[16] Realistic Medicine: Taking Care - Chief Medical Officer for Scotland Annual Report 2023-2024 - gov.scot (www.gov.scot)

cardiovascular events as well as improved physical functioning for people across a wide range of clinical and quality of life measures.

More generally, we need to consider how innovations in treatment and access, including digital innovation, can help to support prevention, early intervention and a reduction in health inequalities in the coming years.

## Next Steps

From engagement to date, selected proposed next steps for this driver are presented below. Further actions will be developed for inclusion in the final Framework.

We will continue to work across NHS Scotland, Public Health Scotland and the Scottish Government to develop a systematic approach to healthcare inequalities for Scotland.

We will explore how the Population Health Framework can further embed a Value-Based Health and Care approach in Scotland.

We will embed the Accelerated National Innovation Adoption pathway in Scotland, ensuring it addresses health inequalities from the outset in the delivery of innovation.

## Primary Driver 5: A Population Health and Prevention Focussed System

In developing the Framework it is clear that there are key roles that many different sectors, agencies, organisations and individuals must undertake in partnership, including the academic community; businesses; Local Government; health and care services; Scottish Government; and voluntary and community organisations. This Framework is not solely the Scottish Government and COSLA's Framework; it needs to be developed and agreed by all those with a role to play in supporting people's health and wellbeing across the whole system.

## Whole System Approach

A whole system approach is not one thing. It's not a group or forum or a step-by-step process. It's the *way* that things are done. It is how all partners work together locally; how evidence and learning is developed; how coherence of approach is ensured around issues and health outcomes; how national policies are developed; and how people are supported. A whole system approach, as a guiding principle of the framework, must underpin all work to support population health.

## Embedding consideration of health

There are many instances when health policy and wider policy naturally align around common goals. More collaborative working, including across the third and private sectors, is likely to bring wider benefits for Scotland and its population.

Systematically embedding consideration of health is often called a 'Health in All Policies' approach. Supporting non-health decision makers to both understand the health implications and opportunities that can be impacted by their decisions, and to support more systematic consideration of this within decision making processes will be key to a whole system approach. This is not only needed across national Government but across decision making within Local Government, health and care organisations, businesses and communities.

## Reorientating System to Prevention

The Framework will also need to consider what practical changes we can make to move to a prevention based system. This is consistent with a broader programme of work on Public Service Reform that supports a greater focus on prevention. Key to that is shifting the balance towards prevention in terms of: what we resource; what we prioritise within our performance management systems; and what evidence and data we collect.

One of the guiding principles of the Framework is to shift the balance from treating ill health to maintaining good health and preventing ill health in the first place. There is evidence that clearly shows the benefits this brings in terms of savings to public services and society more generally.

However, in a constrained fiscal environment, new investment in prevention is challenging and cannot be delivered in isolation. Public service reform must be undertaken to support existing services to pivot towards a preventative approach and to ensure effective reform that continues to balance change with service demand.

We cannot continue to focus our system predominantly on responding to inequality and ill-health; a greater focus on prevention is vital if we are to ensure a sustainable health and care system in the coming years. Steps must be undertaken now to reorientate the system to focus on prevention and on those with the greatest need.

## Evidence, data, monitoring change

### Monitoring and Accountability

Much of what is monitored and measured to assess the performance of our health system is based on health service activity – for example waiting times for planned care. These measures are important and tell us about the delivery of health care and the treatment of ill health. They do not, however, provide an overall picture of our population health.

Increased focus is needed on measuring the impact of all that is being done to support population health and to prevent illness, including measures on the building blocks of health and wellbeing. We will build on the Care and Wellbeing Dashboard (as part of the Scottish Public Health Observatory (ScotPHO) profiles tool) to enable consistent national and local monitoring of progress across the key Marmot domains of what evidence tells us creates health and reduces inequalities.

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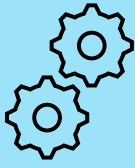
The Scottish Government is now asking NHS Boards about their work as anchors institutions as part of the Annual Delivery Plan process. This has included development of a set of measures to baseline and monitor NHS Board anchor activity – the first part of the public sector in Scotland to have these measures in place.

**Improving Data on Inequalities**

Scotland's first dedicated Data Strategy for Health and Social Care was jointly published by the Scottish Government and COSLA in 2023. This lays the groundwork for transforming the way data is used to improve health and wellbeing. One of the key deliverables of this strategy is to improve the quality and consistency of protected characteristics data, including ethnicity data, to ensure that we provide equitable care for everyone who requires care in Scotland.

Data on health and healthcare inequalities by different population groups is limited. There is a need to further improve data collection and linkage to support development of actions that seek to address health and healthcare inequalities. Scottish Government and PHS are currently working on improvements to race and ethnicity data, with a view to improving all protected characteristics data over time.

**Capturing Learning**

It will be important for us to consider how we capture and share learning at and between all levels in the system as we deliver the Population Health Framework. We will consider the need for different improvement programmes; research programmes; and ways in which real-time feedback can help to guide change and where approaches such as Human Learning Systems would be helpful.

**Next Steps**

From engagement to date, selected proposed next steps for this driver are presented below. Further actions will be developed for inclusion in the final Framework.

We will continue to discuss with representatives from business, community and voluntary organisations, and non-health areas of Government how we can deliver a coherent and whole system approach to population health.

We will work with PHS and University College London Institute of Health Equity (IHE) to support whole system approaches at local level to inform national learning.

We will develop tools to support decision makers to consider the health implications of the policies and decisions they make.

As we implement the Framework we will embed prevention focussed monitoring process and mechanisms to develop and share learning.

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## Key Questions

Throughout this document we have set out the issues we wish to consider and initial proposed actions we will take. Below is a set of questions that we wish to explore with stakeholders through the next phase of work to develop the Framework.

1) **Priority**: Given the evidence on current trends and forecasts in Scotland's health, what are the top priorities for collective action as we begin to apply the Framework in its first two years?

2) **Ambition**: Should the Framework adopt a single Scotland level aim such as improving life expectancy or healthy life expectancy and narrowing the inequality gap to galvanise whole system support for improvement and if so what should the measure(s) be?

3) **Principles**: What steps can be taken to secure progress within each Guiding Principle of the Population Health Framework?

4) **Actions**: What specific additional actions should be taken in Scotland to have the biggest impact on supporting healthy living? (For example, on the affordability, attractiveness and availability of health harming products?)

5) **Equity**: How can we improve equity in the population level prevention of ill health and early detection of disease?

6) **Accountability**: What specific actions would improve accountability of different sectors to securing progress in moving to a prevention focused system?

7) **Opportunity**: Over the ten year horizon of the Framework what innovation could bring the greatest opportunities to secure health gains and reduce the burden of disease?


## Next Steps and Contact

During September and into early October 2024, the Scottish Government, CoSLA, Public Health Scotland and public health system leaders will use this document to support wide engagement on the Population Health Framework.  Through a range of engagement meetings we will seek feedback on the framework, the areas for action and the questions above.

If you have any questions about the work to develop the Population Health Framework, or would like to provide a written contribution with your views please contact the following email for National Services Scotland who are currently delivering programme support for this engagement activity: NSS.PAW@nhs.scot

**COMMUNITY PLANNING SENIOR LEADERSHIP TEAM – 13 SEPTEMBER 2024**

**ITEM 10**

| Author: Stephen Jack, Lifelong Learning Manager | Responsible Senior Officer: Harry Hay, Head of Thriving Communities |
|---|---|

| Report Title: Community Planning Partnership Board and Community Planning Senior Leadership Team – Forward Programme for 2024 |
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**1. Situation:**

1.1 This report updates the Community Planning Partnership Board (CPPB) on arrangements for the remainder of 2024 in relation to forthcoming meetings for both the CPSLT and CPPB.

**2. Background:**

2.1 Frequency of meetings for the CPSLT and CPPB for 2024 have been confirmed as follows:

- CPPB (4 times per year)
- CPSLT (6 times per year)

**3. Key Issues**

3.1 The dates/months for CPPB and CPSLT meetings to be held during 2024 are detailed below and which take account of school holiday periods to help maximise attendance:

| Community Planning Partnership Board | | | |
|---|---|---|---|
| 1 March | 7 June | 13 September | 4 December |

| Community Planning Senior Leadership Team | | | | | | |
|---|---|---|---|---|---|---|
| 25 Jan | 21 March | 17 May | 4 July | 27 August | 27 September | 15 November |

3.2 The main Council Hall has been booked for all the quarterly CPPB meetings, however Partners have been offered the opportunity to host if they have suitable facilities available.

3.3 Room 2 at English Street has booked for CPSLT meetings and which is appropriate in size to accommodate a smaller group and also has virtual technology available if required, however, due to nature of dynamic discussions that are required an in person attendance has been preferable wherever possible as agreed at the CPSLT meeting held on 9 November 2023.

3.4 At the CPSLT meeting held on 4 July, members agreed to hold an additional meeting in August and re-arrange the September meeting to a later date with both these meetings being online only meetings.

3.4 An updated Forward Plan for 2024 is attached in **Appendix 1** for consideration.

Future Business

3.5   At the March CPPB meeting Co-Chairs were also keen to see the following topics incorporated into future meetings and these will be integrated into future agendas working with the respective lead officers:

- Development of the LDP (expected September)
- Challenges around work/workforce (expected December)
- Housing (expected December)
- Regional Economic Partnership (expected December)

**4. Recommendation:**

4.1   The CPPB is invited to **note** the confirmed meeting dates for 2024; and

4.2   Consider the proposed business for the remainder of 2024.

**Appendix (1) –** Forward Plan

**Stephen Jack – Lifelong Learning Manager**

**APPENDIX – FORWARD PLAN 2024**

**COMMUNITY PLANNING SENIOR LEADERSHIP TEAM**

| 27 SEPTEMBER 2024 |
| --- |
| • Key Strategic matters for discussion<br>• LOIP and Locality Plan updates (focus on Pentana Project updates and PMF) |
| • Local Development Plan update<br>• Physical Activity Strategy (if available)<br>• Joint Strategic Needs Assessment<br>• Population Health Framework |
| • Child Poverty Action Plan Report |
| • Equality and Diversity Working Group |
| • Children's Services Strategic and Planning Partnership |
| • Forward Plan |

| FUTURE GOVERNANCE CHECKS ON STRATEGIC PARTNERSHIPS | |
| --- | --- |
| • Local Employability Partnership<br>• Participation and Engagement Working Group<br>• Development of the Dumfries and Galloway Cultural Partnership<br>• LOIP end of year report 2023/24 | November |

**COMMUNITY PLANNING PARTNERSHIP BOARD 2024**

| **4 DECEMBER 2024** |
|---|
| • LOIP Update<br>  - LOIP Action Plan<br>  - LOIP end of year report for 2023/24 |
| • Physical Activity Strategy<br>• Challenges around workforce/work<br>• Follow up on housing challenges<br>• Regional Economic Partnership<br>• Thematic reporting on key plans/strategies linked to new LOIP/Locality Plan<br>• Business Brief<br>• Forward Plan arrangements |