Developing Community Partnerships – Update

Report by Alison Clark and Cathy Steer on behalf of the Community Partnerships Sub Group

> **The Board is asked to:**
> - Agree that where necessary Community Partnerships can develop a general plan for their area to cover issues that might not be captured in the children's, adult health and social care or locality plans
> - Agree that the strategic CLD plan be reviewed and updated
> - Agree that the partnership Equalities Working Group develop a partnership approach to 'inequalities proof' local plans
> - Approve the template at appendix 1 for Community Partnerships to use to seek agreement from COG to add or change the localities they wish to focus on in terms of developing locality plans
> - Note that the CPP Board and COG will need to ensure that the appropriate linkages are made between the LOIP and Locality planning process through regular review
> - Consider and agree accountability routes and processes for approving each of the plans developed by Community Partnerships
> - Note that a process for escalating issues and concerns within the CPP structures needs to be developed by the Chief Officers Group.

1. Introduction

1.1 At previous meetings of the CPP Board and the Chief Officers Group, the importance of continuing to provide support and guidance to the Community Partnerships as they evolve and develop has been recognised. The partnerships are making progress and have moved on significantly given the relatively short time they have been operating. However, as the implementation of the model progresses, issues have arisen that require consideration.

1.2 This paper provides an opportunity to highlight and discuss some of the issues that were raised at the recent development session held with the Chairs and lead officers of the Community Partnerships and lead officers from the Chief Officer's Group.

2. Emerging Issues

2.1 *Scope of the Adult Plan*
It emerged during a session on the purpose and content of plans that confusion had arisen regarding the scope of the Adult Plan. With the origins of this plan being the Public Bodies Act, the guidance is that this plan should focus on adult

health and social care issues whilst recognising that wider related issues e.g. transport, may be associated with that. However, Chairs felt it was likely that actions affecting the adult population would arise which would go beyond adult health and social care issues or not be confined to the specific localities designated for locality plans. It was agreed with the Chairs that, given this, Community Partnerships may choose to develop a general plan for their Partnership area to encompass issues not otherwise captured in the Adult Health and Social Care, Children's or Locality plans.

2.2   **Locality Plans and CLD**
As identified at the March Board meeting, confusion had arisen regarding the role and inclusion of CLD (Community Learning and Development) within the scope of Locality plans and what this actually means for each Community Partnership. Time was spent with the Chairs exploring what CLD is, how this might contribute to each Locality plan and to confirm that the approach Chairs were adopting for the development of Locality plans was essentially a CLD approach. It was noted that there may be a need to undertake a review of the CLD leads identified to support this area of work at partnership level in order to determine whether they are still the best placed individuals to support each partnership. This should be discussed in the CLD Strategic group. It was also suggested that there is a need to update the strategic CLD plan in order to reflect the new Locality planning approach and the role of CLD within that. The process to do this is discussed in more detail at item 7 on the agenda.

2.3   **'Inequality' Proofing Locality Plans**
There was some discussion with the Chairs about how to ensure that plans focus on addressing inequality and prevention and do not result in exacerbating inequality. It was suggested that undertaking an impact assessment of plans would help to 'inequality' proof them. It was proposed that the Partnership Equalities Working Group explore the development of an integrated impact assessment approach, which would include rurality, equality and inequality, which could be used by the Partnerships.

2.4   **New Locality Areas**
The CPP Board agreed in June 2016 to designate 24 communities in Highland as requiring Locality plans, based on evidence identified from the SIMD and SEP indices. Some Partnerships have identified that there are additional areas they would also wish to develop a Locality plan for, on the basis of local knowledge and information. It was agreed at the CPP Board that COG would have oversight of the process to add or change the localities they wish to focus on in terms of developing locality plans. Appendix 1 suggests a short template to be completed by any Community Partnership who wishes to add to or amend the areas already designated for Locality plans. Critically, this must include the evidence that supports this area being designated as requiring a Locality plan. Agreement for any changes would be sought from COG, to ensure the integrity of the planning process is maintained and that only those communities with significant deprivation will be designated for locality planning.

2.5   **Links between Locality Plans and LOIP**
There remain questions about how we make links between the LOIP and Locality plans and how we ensure that this is taken forward. The parallel development process inevitably means that whilst it is anticipated there will be synergy between

the LOIP and the locality plans, there may be areas highlighted through local engagement processes that need to be reflected in the LOIP. Equally, it may be that areas for action identified within the LOIP can be incorporated into any general plans for Community Partnerships as described in 2.1 above. The iterative process proposed regarding the LOIP (detailed at item 9) and that proposed by Community Partnerships regarding the locality planning process, should enable this flow of information but it is an area which the Board and COG will need to review regularly.

2.6   *Accountability*
It was highlighted that clarity is still required on where the accountability lies for the plans developed. Does this sit at a local level with each Community Partnership or does it sit with the Community Planning Partnership Board? There are clear links between the Adult and Children's plans and the Highland wide strategic plans that are governed through other arrangements such as the Health and Social Care Partnership. As outlined above, there are also links between the Locality plans and the LOIP. The CPP needs to agree how Community Partnership plans will be approved and monitored.

2.7   *Partnership Sustainability*
During the course of discussion with the Chairs, the importance of embedding and strengthening community planning across each partnership organisation was highlighted – both at a strategic and local level. This was particularly related to ensuring that all partners are fully engaged in supporting the work of the Community Planning Partnership.

2.8   *Support for Challenges*
It has been suggested that there is a need for the Chairs of Community Partnerships and individual members within each Partnership, to be aware of how to raise issues of concern about the Partnership, if they feel unable to do so locally. Whilst the majority of issues are resolved locally, there is no current mechanism through which to escalate issues, e.g. such as the non-engagement of a partner organisation.

3.   Next Steps
3.1   The Board are asked to consider and discuss the issues outlined and agree, where appropriate, the recommendations proposed to progress these.

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                          On behalf of the Supporting Community Partnerships Sub group

Appendix 1: Locality Plan: Additional Area/Amendment Request

Locality Planning

Additional Area/Amendment Request

Community Partnership:

Definition of the area

Addition or amendment (please detail)

Supporting evidence
This should include demographics and key characteristics *Key performance trends* *Any local consultation/engagement* *Local knowledge/understanding* *Emerging or new issues*

Prioritisation
Is this seen as a greater priority than the areas already identified and why?