



Highland
Community
Planning
Partnership

Com-pàirteachas
Dealbhadh
Coimhearsnachd
na Gàidhealtachd

Minutes of Meeting of the Community Planning Partnership Board held remotely, via Microsoft Teams, on Friday 5 December 2025 at 10.00 am.

Present:

The Highland Council:

Councillor Raymond Bremner, Leader of the Council
Councillor Hugh Morrison, Vice Chair of Communities and Place Committee (substitute)
Derek Brown, Chief Executive

Highlands and Islands Enterprise:

Eann Sinclair, Area Manager – Caithness and Sutherland (also representing Community Partnerships)

NHS Highland:

Sarah Compton-Bishop, Chair, NHS Highland Board
Fiona Davies, Chief Executive
Jennifer Davies, Director of Public Health

Police Scotland:

Chief Superintendent Rob Shepherd, Divisional Commander, Highland and Islands

Scottish Fire and Rescue Service:

Lynne Gow, Area Commander and Local Senior Officer

Community Partnership representative:

Eann Sinclair, Chair of Caithness Community Partnership (also representing Highlands and Islands Enterprise)

High Life Highland:

James Martin, Director of Community, Leisure and Sport (substitute)

Highland Third Sector Interface:

Kenny Steele, Chair of HTSI Board
Mhairi Wylie, Chief Officer

Highlands and Islands Regional Transport Partnership (HITRANS):

Ranald Robertson, Partnership Director

NatureScot:

Graham Neville, Head of Operations - North

Skills Development Scotland:

Anthony Standing, Head of Operations – North Region (substitute)

In attendance:

Fiona Malcolm, Chief Officer – Integrated People Services, The Highland Council

Rhiannon Boydell, Head of Service Integration, Planning and Performance, Highland Health and Social Care Partnership (substitute)
Ian Kyle, Chair, Community Learning, Development and Engagement Strategic Group
Cathy Steer, Chair, Mental Health and Wellbeing Delivery Group
Alison Clark, Chair, Poverty Reduction Delivery Group
James Maybee, Chair, Community Justice Partnership
Carron McDiarmid, Chair, Highland Alcohol and Drugs Partnership
Gail Prince, Partnership Development Manager
Melanie Murray, Principal Committee Officer, The Highland Council

Also in attendance:

Jim McCormick, Co-Chair, Poverty and Equality Commission
Maggie Cunningham, Co-Chair, Poverty and Equality Commission
Anna Templeton, Principal Project Manager (Resources), The Highland Council
Jack McIntyre, Project Manager, The Highland Council

Raymond Bremner in the Chair (items 1-6)
Sarah Compton-Bishop in the Chair (items 7-16)

Business

1. Apologies for Absence

Apologies for absence were intimated on behalf of Councillor Graham MacKenzie, Stuart Black, Steve Walsh, Roddy Bailey and Vicki Nairn.

2. Declarations of Interest

For transparency, the Chair of the Highland Alcohol and Drugs Partnership declared a connection, as a Non-Executive Director of Public Health Scotland, to items 6, 10, 11 and 15. However, there was no conflict of interest.

The Board **NOTED** the position.

3. Minutes of Meetings

The Board:

- i. **APPROVED** the Minutes of the Community Planning Partnership Board – 19 September 2025; and
- ii. **NOTED** the Minutes of the Highland Alcohol and Drugs Partnership Strategy Group – 19 August 2025.

The Chair of the Community Justice Partnership (CJP) apologised that the Minutes of the September meeting of the CJP were not available. This was a timing issue, as the draft Minutes would not be approved until the meeting of the CJP on 10 December 2025. It was confirmed that, in 2026, efforts would be made to better align the dates of the CJP with the CPP Board so Minutes could be brought to the Board in a timely manner.

4. Action Tracker

The Board was asked to review progress of its agreed actions as set out in the Action Tracker which had been circulated.

The Board **NOTED** the Action Tracker.

5. Highland Community Justice Partnership Annual Report 2024/25

The Chair of the CJP reminded Board Members that, in addition to the annual return that had been approved by the Board in September 2025, which was a descriptive account of the activity that had taken place in 2024/25, the CJP was required to publish a community-facing annual report by the end of December each year. The community-facing annual report was much more of a quantitative report, and the data report from Community Justice Scotland that informed it was not available until the end of November. The annual report was currently in draft form and would be considered and approved, subject to any minor amendments, by the CJP at its meeting on 10 December 2025. Again, there was a timing issue in terms of bringing the report to the Board for approval and it was proposed that, as had happened last year, it be circulated to Board Members by email for approval, with final sign-off by the Board Chair, prior to submission to Community Justice Scotland.

Support having been expressed for the proposed approach, the Board **AGREED** that, following the Community Justice Partnership on 10 December 2025, the community-facing Community Justice Partnership Annual Report 2024/25 be circulated to Board Members for approval prior to submission to Community Justice Scotland.

6. Health Inequalities

The Chair of the Highland Alcohol and Drugs Partnership declared a connection to this item as a Non-Executive Director of Public Health Scotland. However, there was no conflict of interest.

There had been circulated Report No CPPB/23/25 by the Director of Public Health, NHS Highland.

The Head of Health Improvement, NHS Highland, gave a presentation in amplification of the report.

A detailed discussion took place, during which the following main points were raised:

- it was hoped that the Poverty and Equality Commission, which was the subject of the following item, would lead to a more forensic way of looking at issues around inequality and disadvantage and provide a clearer, data-driven picture of where action was needed;
- in terms of further refinement of the dashboard and alignment with the Integrated Children's Services Plan, it was suggested it was necessary to refer to The Promise and identify those who were care-experienced in the data. There was also an opportunity to look at multiple layers of deprivation – for example, the significant number of young people with Additional Support Needs who also experienced poverty;
- the ability of the Scottish Index of Multiple Deprivation (SIMD) to reflect rural/remote and rural issues and provide a true picture of deprivation in Highland was questioned, and further work was required to ensure that all areas where poverty existed were effectively identified;
- a call was made for greater alignment with the Green Health Partnership and some of the outcomes and indicators it could support, particularly around access to quality green space. Green space with high nature value promoted good health outcomes, and whilst some of the more deprived communities in Highland had green space it might be poor quality with low nature value. A request was also made for alignment with the One Health agenda, environmental health and human health being intrinsically linked;
- the impact of health inequalities on the economy was highlighted;

- disappointment was expressed that data on healthy life expectancy in Highland could not be obtained. However, the issues in that regard, as set out in the indicator report, were accepted. The Head of Health Improvement, NHS Highland, undertook to revert to the Chair of the Highland Alcohol and Drugs Partnership on this point;
- in relation to Marmot Principle 5 – Create and develop healthy and sustainable places and communities, it was queried whether the working group had looked at whether there were any reliable indicators around the scale of volunteering and voluntary action;
- in relation to Marmot Principle 6 – Strengthen the role and impact of ill-health prevention, whilst an indicator around alcohol-specific admissions was referred to in the index it appeared to have been removed from the body of the indicator report. The Highland Alcohol and Drugs Partnership would support its removal as it was an ambiguous indicator;
- it was queried whether the Board might wish to look at any of the Marmot Principles in particular or prioritise them and explore the data in-depth to understand the implications for Highland, the variation between localities and whether any additional partnership action, particularly around prevention, was required;
- the Chief Executive, NHS Highland, spoke to the need to view the indicator report in the context of the broader shift within the NHS to a population health approach, and for the work of NHS Highland and the CPP Board to complement each other. The dashboard was only one tool, and much more extensive work was required to understand how to segment the data and where targeted action was needed;
- whilst the language used might differ, all partners had the same objective of addressing the needs of those most affected by poverty;
- it would be helpful to have a map showing the areas in Highland that were classed as remote and rural and were experiencing issues in terms of depopulation and public sector staff shortages;
- a CPP Board Development Day was scheduled to take place in January to look at priorities for the forthcoming year, and the information in the dashboard, as it evolved, would be an important part of that process;
- the dashboard was the start of a process, and there were many opportunities to ensure that work to tackle health inequalities was built into strategy development, both within NHS Highland and the CPP; and
- the Director of Public Health highlighted that the indicators presented were system indicators, rather than indicators of action, to demonstrate whether progress was being made towards a population health shift. A considerable amount of work had gone into developing the indicators, and that could be shared. However, further improvement was still possible. The dashboard needed to be useful to the CPP, and alignment with the various CPP sub-groups formed an important part of that.

The Board:

- i. **NOTED** the progress to develop a data dashboard to monitor health inequalities;
- ii. **AGREED** to commit to providing contributions to further refine and develop the dashboard; and
- iii. **AGREED** to commit to supporting stakeholder engagement activity to refine the dashboard and identify how health inequalities were considered in the wider CPP structure.

7. Highland Poverty and Equality Commission

Further to the previous meeting of the Board, at which a presentation had been provided on the establishment, membership, role, aims and approach of the independent Highland Poverty and Equality Commission, Jim McCormick and Maggie Cunningham, Co-Chairs of Commission, provided a verbal update on its work to date.

It was explained that the work of the Commission was based around six themes, namely, Access; Housing; Culture and ways of working across public service; Fair work; Early years and education; and Financial security. Monthly meetings focused on each theme in turn, and there were sounding boards ahead of every meeting. The first meeting had taken place in August and, so far, the Commission had met and carried out outreach visits in Balintore, Fort William and Kyleakin. The Commission's Interim Report, on the themes of Access and Housing, would be considered by the Council at its meeting on 10 December 2025.

It was emphasised that poverty and inequality in Highland were real, costly and damaging, with complex root causes influenced by national and international forces. The primary responsibility of the Commission was to focus on the areas within Highland's control, at both regional and local level, and offer solutions. In-depth information was provided on the challenges and opportunities that existed and initiatives that had come to the attention of the Commission that could potentially be rolled out in other areas. Particular reference was made to the Lochaber Transport Initiative, transport being the single biggest issue for many people in remote areas of Highland, and the Highland Whole Family Wellbeing Programme which was a good example of a "no wrong door" approach.

Attention having been drawn to the questions/discussion points that had been circulated to focus contributions, a detailed discussion took place during which the following main points were raised:

- poverty and inequality were widespread yet often went unrecognised, and the focus and richness the Commission would bring to the issue were welcomed;
- it would be beneficial to hold a convention or conference, similar to that which had taken place in respect of the Highland Housing Challenge, at which a wide range of partners and stakeholders could explore the questions that had been circulated to focus today's discussion;
- the Covid-19 pandemic had exposed previously unrecognised issues relating to poverty and inequality within communities, and it was important that lessons were learned from that period in terms of adopting effective ways of working with communities, particularly "silent" partners and groups that worked diligently in the background. It was further commented that statutory and public sector bodies had provided strong leadership during the pandemic and it had largely been left to locally based organisations to develop creative solutions. This had worked well, but such practice had since regressed;
- culture change was needed in terms of people's understanding of poverty and inequality;
- the Social Value Charter for Renewables Investment was highlighted as part of the mix of potential solutions to address poverty and inequality;
- it was necessary to be reactive to the available data and reshape service delivery to deliver the best possible outcomes, and it would be helpful to explore, in more detail, better integration of services, how to make greater use of digital services such as NHS Near Me, and making services more mobile;
- in addition to analysing the data, it was necessary to get out into communities and see and hear what was going on;
- it was often those who were most vulnerable and quiet that were most in need of help;
- the concept of remoteness was relative, and it was suggested the term "rural and island communities" was more appropriate than "remote and rural communities";
- Highland Third Sector Interface (HTSI) was in the process of engaging with third sector partners in relation to poverty, and the Chief Officer, HTSI, summarised and sought reflections on the emerging themes which included relationship barriers to implementing better commissioning and partnership models; poverty manifesting differently in different areas of Highland; pressures on carers, particularly the income shock associated with becoming an unpaid carer; challenges around childcare; poverty of opportunity, not only

in terms of employment but in terms of cultural activity and the ability for young people to enrich their life and feel connected; and whether Equality Impact Assessment tools were being utilised as fully as possible;

- in relation to third sector commissioning, the continued centralisation of public resources had resulted in increased expenditure and a reduction in the commissioning of locally based solutions;
- the gap between public sector and voluntary sector rates of pay was increasing, and it was necessary to look at providing greater equity for all public service staff;
- Board Members were encouraged to review The Wigan Deal which had been revolutionary at the time of its introduction due to its place-based approach and the delivery of services through the community sector. It was suggested there would be merit in developing a “Highland Deal”, in a similar format, which would harness the creative solutions within communities and the voluntary sector;
- it was important that where data-sharing took place it was done with service users’ interests in mind;
- the Elected Members on the Commission had lived experience of the issues affecting their constituents, which was a key strength;
- Covid-19 would not be the last pandemic, and it was important to get better, more resilient systems in place incorporating public and third sector partners;
- it was necessary to consider how best to capture the richness that existed within communities, and how to strengthen the next iteration of the Highland Outcome Improvement Plan in light of the Commission’s findings; and
- it was suggested that any further feedback on the discussion points be provided to the Co-Chairs of the Commission outwith the meeting.

The Co-Chairs of the Commission having responded to the points raised and thanked Board Members for their genuine engagement, the Board:

- i. **NOTED** the update on the work of the Commission; and
- ii. **AGREED** that partners provide any further feedback on the discussion points to the Co-Chairs of the Commission outwith the meeting.

8. **Highland Outcome Improvement Plan (HOIP) Delivery Plan Progress Update – Highland Employer Charter**

There had been circulated Report No CPPB/24/25 by Jack McIntyre, Project Manager.

In addition to the report, the Project Manager gave a presentation on the Highland Employer Charter which it was explained had been launched in June 2025 to promote fair employment practices across the region. The Charter was free for all organisations, including the third sector, and was based on four pillars: Fair Pay, Employers of Choice, Employ Highland and Procure Highland. Eight organisations had achieved chartership, a digital platform was being developed, and Phase 2 assessments were underway with further cohorts planned.

During discussion, the following main points were raised:

- the presentation and the amount of work that had taken place in a short space of time were commended;
- concern was expressed that schemes such as the Charter could inadvertently create inequality, particularly for smaller third sector organisations that might lack the resources to meet the requirements. It was suggested that commissioning arrangements by larger public bodies should consider supporting compliance. In this regard, it was confirmed there was no intention to disadvantage the third sector, and it was suggested that the issue be explored further outwith the meeting;

- opportunities to align the Charter with NHS work on Healthy Working Lives and health at work were highlighted and the Head of Health Improvement suggested meeting with the Project Manager to explore this; and
- the Project Manager emphasised that the Charter was designed to be equitable and inclusive, with third sector organisations already participating in the first two cohorts. Feedback would inform future iterations.

The Board otherwise **NOTED** the presentation and progress report.

9. Community Learning and Development (CLD) Annual Report 2024-2025

There had been circulated Report No CPPB/25/25 by the Chair of the CLD Strategic Group.

During discussion, the following main points were raised:

- it was questioned whether the links between CLD activity and the Planet Youth initiative were strong enough, and it was suggested there were opportunities for sharing good practice and learning, particularly given Planet Youth was now being rolled out to 13 secondary schools;
- in response to a question, it was confirmed that adult literacy and numeracy provision in prisons had been considered as part of the ongoing partnership work between the Scottish Prison Service and the Council's Justice Services, and the Chair of the CLD and Engagement Strategic Group undertook to provide further details to the Chair of the HADP; and
- while the significant progress that had been made was welcomed, some elements of the Annual Report appeared somewhat random, and it was suggested future iterations could benefit from a clearer structure. In addition, the importance of demonstrating what had been leveraged as a result of CLD partnership work, as opposed to activity that would have occurred anyway, was emphasised.

It having been confirmed that consideration would be given to how the points raised could be taken into account, the Board **NOTED** the progress, including key delivery achievements, made in year one of the Highland Community Learning and Development Plan 2024-2027.

10. Highland Local Child Poverty Action Report 2024-2025

The Chair of the Highland Alcohol and Drugs Partnership declared a connection to this item as a Non-Executive Director of Public Health Scotland. However, there was no conflict of interest.

There had been circulated Report No CPPB/26/25 by the Poverty Reduction Delivery Group.

The Board:

- i. **NOTED** the actions carried out in 2024/25 as set out in section 2 of Highland's Child Poverty Action Report in Appendix 1 of the report;
- ii. **AGREED** the actions for delivery in 2025/26, as set out in section 3 of the Action Report in Appendix 1 of the report; and
- iii. **NOTED** the activity to be undertaken during 2025/26 to review the priorities in line with the refresh of the Integrated Children's Services Plan.

11. Active Highland Strategy Group Terms of Reference

The Chair of the Highland Alcohol and Drugs Partnership declared a connection to this item as a Non-Executive Director of Public Health Scotland. However, there was no conflict of interest.

There had been circulated Report No CPPB/27/25 by the Head of Health Improvement, NHS Highland.

The Board **AGREED** to:

- i. endorse the refreshed Terms of Reference for the Active Highland Strategy Group; and
- ii. commit to supporting implementation of the Strategy and Action Plan.

12. CPP Terms of Reference Update

The Partnership Development Manager explained that Police Scotland had previously been proposed for the role of Vice Chair of the Board. However, due to capacity constraints arising from the Chief Superintendent's forthcoming responsibilities as Chair of the Public Protection Chief Officers Group, Police Scotland was unable to take on the role. The Chief Executive, The Highland Council, confirmed that the Leader of the Council had volunteered to assume the Vice Chair role for the remainder of the current term if Board Members were agreeable. In addition, support was expressed for the suggested addition of a clause to the Terms of Reference to allow the nomination of a Board Member to chair the meeting in the event both the Chair and Vice Chair were absent.

The Board **AGREED**:

- i. that the Leader of the Council be appointed as Vice Chair of the CPP Board for the remainder of the current term, and that the Terms of Reference be updated accordingly; and
- ii. that a clause be added to the Terms of Reference whereby in the event both the Chair and Vice Chair were absent the Board would nominate a Board Member to chair the meeting.

13. Proposed CPP Board Reporting Schedule 2025/26

There had been circulated Report No CPPB/28/25 by the Partnership Development Manager.

The report presented the proposed reporting schedule for 2025/26 as a basis for forward planning, and the Chair suggested that any feedback on the detail of the schedule be provided to the Partnership Development Manager outwith the meeting.

The Board **AGREED**:

- i. to adopt the proposed reporting schedule for 2025/26 as a basis for forward planning; and
- ii. that any feedback on the detail of the schedule be provided to the Partnership Development Manager outwith the meeting.

14. Review of Strategic Risk Register

The Partnership Development Manager provided a verbal update on the review of the Strategic Risk Register, during which it was explained that the subgroup established by the Board had met for the first time and held an initial discussion on the approach to the review. Thanks were expressed to partners who had nominated representatives to join the subgroup, and it was confirmed that the next meeting would take place in January ahead of the Board development session. It was intended to bring a further update to the development session and have a more detailed discussion on risks.

The Board **NOTED** the update.

15. Partnership Development Team Quarterly Update: September to November 2025

The Chair of the Highland Alcohol and Drugs Partnership declared a connection to this item as a Non-Executive Director of Public Health Scotland. However, there was no conflict of interest.

There had been circulated Report No CPPB/29/25 by the Partnership Development Manager and CPP Senior Officers.

The Partnership Development Manager highlighted the challenge in terms of partner engagement at local level and confirmed that work was underway to progress conversations with senior officers. Board Members were invited to consider internal discussions to support this.

The Board **NOTED**:

- i. the quarterly report;
- ii. the update on challenges highlighted and the actions needed to address the issues identified; and
- iii. the updated Year 2 Milestones at Appendix 1 of the report.

16. Date of Next Meeting

The Board **NOTED** that the date of the next meeting was to be confirmed.

The meeting ended at 12.00 noon.