

Title/Subject: Draft Strategic Outcomes & Local Delivery Plan (SOLD)
Meeting: Integration Joint Board
Date: 3 June 2016
Submitted By: Head of Policy, Technology & Improvement, Falkirk Council
Action: For Noting

1. INTRODUCTION

- 1.1 This report updates the IJB on the progress of the development of the Strategic Outcomes and Local Delivery Plan (SOLD) 2016-2020. This plan once finalised and approved, replaces our strategic community plan and single outcome agreement. It will be the focus of delivery on priorities and outcomes for the partnership and partners for the coming four years. It must be remembered that this is a plan for our area that partners will work to deliver on. This gives this plan a unique flavour and tone.
- 1.2 The SOLD is designed to be compliant with the requirements for a Local Outcomes Improvement Plan, as set out in the Community Empowerment (Scotland) Act 2015.

2. RECOMMENDATIONS

- 2.1 It is recommended that the IJB:
 - Notes the draft Strategic Outcomes & Local Delivery Plan appended to this report;
 - Notes the role which the IJB will have in supporting the attainment of strategic priorities and local outcomes, particularly in terms of the provision of progress and performance reports to the Community Planning Leadership Board;
 - Agrees to integrate as much as possible, locality work associated with health and social care integration, with work being progressed by the Community Planning Partnership to progress a Locality Planning Framework; and
 - Notes the draft delivery structure also appended to this report.

3. BACKGROUND

- 3.1 The SOLD, as attached at Appendix 1, comprises 4 strategic priorities and 6 local outcomes as follows:

Strategic Priorities

- Improving mental health and wellbeing;
 - Maximising job creation and employability;
 - Minimising the impact of substance misuse on communities, families & individuals; and
 - Addressing the impact of poverty on children.
- 3.2 Strategic priorities are significant issues which local communities face and are proposed for priority attention. They have been determined by the available evidence which was considered by the Leadership Board over 2 workshops. The strategic priorities have been further developed through 4 structured workshops involving Board Members and practitioners.
- 3.3 Local outcomes with some amendment resemble the outcomes within the outgoing SOA, but represent business as usual for partnership groups and indeed partners. These are the things that we will progress to improve the local area and the lives of local people. The 6 local outcomes are as follows:

Local Outcomes

- Our area will be a fairer and more equal place to live;
- We will grow our local economy to secure successful businesses, investment & employment;
- Children will become adults who are successful and confident;
- Our population will be healthier;
- People live full, independent and positive lives within supportive communities; and
- Our area will be a safer place to live

4. ADDITIONAL ASPECTS

- 4.1 Lead officers and partnership groups are working to finalise a final draft of the SOLD, so that it can be considered for approval by the Community Planning Leadership Board on 9 June.
- 4.2 The SOLD also contains a new Locality Planning Framework. This is to comply with a specific statutory duty made within the Community Empowerment (Scotland) Act 2015. The report attached at Appendix 2, sets out in more detail, proposals for a CPP Locality Planning Framework. This details:
- How we will ensure that the framework is effective;
 - How we will build on existing practice;
 - Of how the framework will operate across 3 multi-member ward based localities, as well as at community level;
 - Proposals for participatory budgeting; and

- Accountability and reporting arrangements.
- 4.3 The Leadership Board asked that a short-life working group be established to develop the framework in more detail. The work currently taking place through the IJB on locality planning needs to take account of this wider context.
- 4.4 As part of the arrangements supporting the implementation of the SOLD. The Leadership Board asked that an updated delivery structure be prepared. This is attached at Appendix 3. The structure is only partially complete and requires further details on:
- Details of all partner organisations represented on each of the groups;
 - Confirmation of chairs / lead officers;
 - Details of subordinate groups supporting delivery groups. Again details of partner organisations represented on subordinate groups should be supplied.

5. CONCLUSIONS

- 5.1 Based on the information provided what are the conclusions that lead to the recommendations at the start of the report.

Resource Implications

The priorities set out in the SOLD will require specific focus over the coming years if change is to be achieved. However the priorities and outcomes are integral to those set within the IJB strategic plan.

Integrating activity on locality planning should ensure that IJB resources are optimised when added to those of the CPP.

Impact on IJB Outcomes and Priorities

The IJB has a key role on the delivery of priorities and outcomes for its own strategic plan but must ensure it is directly contributing to the priorities within the SOLD. The IJB has a direct accountability to the Community Planning Leadership Board for the strategic priority on 'Improving Mental Health and Wellbeing' and for the local outcome on 'People Live Full, Independent and Positive Lives Within Supportive Communities'.

Legal & Risk Implications

The main legal implication is compliance with the Community Empowerment (Scotland) Act 2015, which the CPP and its constituent partners are required to adhere to.

Consultation

Priorities and outcomes have been the subject of public and in-partnership consultation. There is therefore no requirement on the IJB to undertake further consultation.

Equalities Assessment

The SOLD is designed to be inclusive and give priority to those experiencing the greatest level of inequality in society. One of the outcomes within the SOLD specifically focuses on equality issues. The CPP should therefore have a positive impact on addressing inequality and comply with the requirements of the Equality Act 2010.

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Date: 13 May 2016

List of Background Papers: The papers that may be referred to within the report or previous papers on the same or related subjects.

STRATEGIC OUTCOMES AND DELIVERY PLAN
FALKIRK COMMUNITY PLANNING PARTNERSHIP
2016-2020

Structure of the Plan

Introduction

Our Vision

Priorities

- Why these are priorities?
- Challenges
- Influences
- What needs to change
- Key Actions

Outcomes – for each outcome

- To achieve this outcome we will?
- Why are these outcomes important
- Challenges and Risks
- What needs to change
- Key actions
- Delivery structure

Locality Planning

Appendix A – Commitment to the Plan and the Partnership

Appendix B – Context of our Area

OUR VISION

This plan sets out the community planning partnership's commitment over the coming four years to focus its attention, resources and efforts on the things that will make our area

'The place to be'.

This is a plan for our area - one which drives what key partners, stakeholders and communities will deliver for this area and its neighbourhoods. It is particular to our area and to our circumstances. It gives us direction, aspiration and ambition. Over the next period of development of the plan we will be seeking to assess if this is the right plan for our area for the coming years.

The challenge of achieving our vision was given to us 15 years ago by our communities to change the area from one facing significant challenges to one where people wanted to live, work and visit. In order to achieve this we sought to

Think, look and feel differently

We have achieved much as a partnership since our first plan but know we have many challenges to address over the coming years. If we don't work together to work towards our outcomes then we will have let down our communities.

However, given the context within which the partnership is working i.e. significant reductions in public spending, there is a greater challenge ahead. This means more than ever having to engage individuals and communities in the solutions that will achieve real and lasting change in their own lives and that of their neighbours. This plan therefore goes beyond the partnership to be a plan for our area that everyone has a significant stake in and contribution to deliver on.

In this plan we confirm the outcomes the partnership is working towards. In addition we have sought to identify those things that we have a significant focus on over the coming four years. These strategic priorities are things that:

- the evidence tells us we need to address;
- we can influence and do something about;
- are clear and tangible; and
- will make a significant difference in achieving our vision and outcomes.

We will focus our delivery plans using the following principles _

- Our delivery plans will be based on evidence;
- We will where ever possible look to adopt a preventative approach;
- Early intervention will be our priority wherever on a person's journey they are;
- Inequalities will be identified and addressed; and
- We will adopt where ever possible we will seek to co-produce solutions.

How the priorities and outcomes within this plan are delivered will be subject to further engagement with partners, stakeholders and our communities. The purpose of this engagement is to:

- ensure the plan has the commitment from all partners to its delivery and our delivery plans take account of the principles noted above;
- identify the key actions that will deliver on the plan and in particular its priorities and outcomes;
- identify how the plan's delivery will be monitored by the partnership; and
- Develop clarity about delivery through a robust approach to locality planning.

Each partner individually and collectively has a commitment to deliver on the priorities and outcomes in the plan. This commitment is embedded in our partnership agreement which all our key partners have signed up to. This commitment means making sure that in everything we deliver, plan or change, we have regard to the priorities of this partnership and ensure we are working towards these.

KEY PRIORITIES

Our priorities have been arrived at by looking at evidence, speaking to our communities and identifying persistent and pervasive issues within our communities. The work has led to the following priorities being agreed:

- Improving mental health and wellbeing
- Employability
- Minimising the impact of substance misuse
- Tackling the impact of poverty on children

Even within these four priorities, addressing the impact of poverty on children will be given our greatest attention.

Over the coming months and years we will be engaging with partners, communities and stakeholders to develop these priorities and our responses to them. This plan sets the challenge for partners, stakeholders and communities. How we address and impact on these will be identified, delivered and evaluated during the lifetime of this plan. These issues will have our greatest attention and focus.

IMPROVING MENTAL HEALTH AND WELL BEING

Why is this a priority?

Good mental health and wellbeing is essential for living a happy, successful and longer life and for achieving and improving outcomes for individuals, families and communities.

One in four people at some point in their lives will experience a mental health problem. . In Scotland the total cost of mental health problems is estimated at £10.7 billion taking account of social, care, economic and human costs (SAMH 2011)

Mental health is the collective term used to describe mental health problems (ranging from mild to severe and enduring mental illness) and mental wellbeing (happiness, life satisfaction, sense of control, belonging and positive relationships). Improving mental health is a national priority for Scotland taking forward action to:

- promote mental wellbeing;
- prevent the development of mental health problems;
- improve outcomes for those experiencing mental ill health; and
- reduce inequalities in mental health.

Good Mental Health for All (NHS Health Scotland, 2015) builds on the achievements of Towards a Mentally Flourishing Scotland (2009) and the Mental Health Strategy (2012) and continues to focus on improving mental health outcomes for all and reduce inequalities in mental health.

In order to achieve good mental health for all, we need to understand the things that impact on our mental health including environmental, social and individual factors. Across the population poor mental health is unequally distributed and there are greater numbers of people experiencing poorer mental health living in the most deprived areas compared to the least deprived, who are struggling to cope with issues such as poverty, loneliness, isolation, unemployment and social exclusion. In improving mental health outcomes for all, our children can have the best start in life, our communities can be more resilient and inequalities can be reduced.

Challenges

Achieving better outcomes in mental health requires a strategically integrated approach where all community planning partners, individually and collectively, are clear on their contribution to make to improving mental health and wellbeing. The range of services working to improve mental health are subject to transformation and reform, as the integration of health and social care progresses. This will include a shift in emphasis towards community based support. This shift will result in significant

challenges relating to the distribution of resources and funding in the current economic climate.. The challenge is therefore to make optimal use of our resources through better integration and targeted action aimed at building on the existing strengths of individuals, communities and services integration. There are continuing population pressures with both increases in the population of both old and young people forecast. Older people are increasingly living alone in communities and are at risk of experiencing mental health problems linked to social isolation and loneliness.

Mental health problems can be made worse by having to deal with stigma and discrimination from others. Action to tackle stigma should be based on informed evidence of effective strategies delivered at population level and with targeted groups. All community planning partners have a responsibility for ensuring that they are both preventing and addressing stigma and discrimination where it occurs.

Influences

Harnessed in the right manner, the integration of health and social care services can act as a positive driver for change, by providing a fresh opportunity to:

- Develop and deliver person centred service's that are responsive to need;
- Be radical and innovative in designing services;
- Integrate and blend services so that people have a seamless experience;
- Build on the success of existing services;
- Reach and engage individuals, families and communities more effectively; and
- Fund and commission services to achieve a re-orientation of focus towards community based support.

Improving mental health and wellbeing has been increasingly prioritised at both a national and local level. There is increasing recognition that the fundamental causes of poor mental health and wellbeing need to be addressed to improve mental health outcomes. There is also now a greater understanding of the connections between poor mental health and wellbeing with substance misuse, poor physical health, poor housing, unemployment, low income and many other significant socio-economic and environmental inequalities that need addressed. Developments in this area have also recognised the importance of prevention and early intervention, addressing poor mental health and wellbeing at the earliest stage possible.

Community planning partners who are employers should seek to be exemplars for improving the mental health and wellbeing of their own staff. Employers have the ability to spot and support employees who may be experiencing poor mental health and wellbeing at an early stage. They may also provide in-house support programmes, which may offer the opportunity to mainstream these externally, across local communities.

Community planning partners also interact with citizens and local communities on a day-to-day basis and every service user contact is an opportunity for improving mental health and wellbeing. Service providers have the opportunity to identify people beginning to experience or at risk of experiencing mental health problems. Early identification can facilitate early intervention and support that is cohesive, integrated and delivered, at a local level as possible.

The integration of health and social care services and the integration of mental health into all strategy/policy developments across the community planning partnership provides a significant opportunity to reduce the risk factors that contribute to poor mental health and to promote those that protect and enhance it.

Whilst greater integration will affect the way in which services have traditionally been provided, the Community Planning Partnership can use its influence to reduce stigma and discrimination towards people experiencing mental health problems by showing exemplary leadership at all levels in the drive to reduce stigma. Reducing stigma can be evidenced through a reduction in the incidence of discrimination, hate crime and the use of discriminatory language. There also needs to be clarity on what people can expect from service providers, and what their individual responsibilities are for maintaining their mental health and wellbeing.

The number of people experiencing poor mental health and wellbeing continues to be significant. Key to improving population mental health is the need to promote mental wellbeing and preventing the development of mental health problems at individual and community level. A re-orientation of focus is required towards evidence informed early intervention, prevention and supported self help and self management.

What needs to change?

To support the general aim of improving overall levels of mental health and wellbeing, and in meeting the degree of change necessary a number of specific issues have been identified which require attention.

These include:

- Establishing clear leadership for addressing public perceptions of mental health and wellbeing. This needs to be underpinned by improved and consistent information and communication on this subject;
- Having clarity on individual partner and collective contributions to addressing this agenda. Improvements are required on the cohesion of services, underpinned by having a good understanding of what acute and community services exist, and where gaps exist;
- Staff being skilled, competent and confident enough to engage service users on mental health and wellbeing issues when required. If not directly involved in this area, staff should also know how and where to signpost people for further help and support;

- Giving greater priority to developing community based and self-help services as an alternative to acute and professionally based services;
- Placing intervention and support at a much earlier stage, when this the first signs of deteriorating mental health and wellbeing first start to appear. This is with the aim of reducing the most serious incidences and impacts of poor mental; and
- Local people are clear on what to expect in relation to support on mental health and wellbeing. This will include having greater individual responsibility through lifestyle choices for maintaining a good level of mental health and wellbeing. This needs to be underpinned by a greater emphasis being placed on prevention and encouraging local people to lead an active, fit and healthy lifestyle.

Key Actions

- Reduce the stigma that often comes with mental ill health
- Provide local support for people that deal with crisis and stress support
- Training our workforce to support people who are in crisis or stressed
- Focus on ensuring our children and young people have every support they need to become confident, well and happy adults.

MAXIMISING JOB CREATION AND EMPLOYABILITY

Why is this a priority?

It is recognised that the collective strength and wellbeing of any community will be heavily influenced by the level of employment, confidence and prosperity enjoyed by all its citizens. A strong local economy is central to achieving positive social and environmental outcomes.

Employability is of strategic importance to our area because of its relationship to the wellbeing of our communities and economic prosperity in our area and it is recognised that:

- Good and well paid employment is the main route out of poverty, inequality and disadvantage
- A good level of core skills is essential to progression into employment
- A higher level of skills is required for most sustainable, well-paid jobs

Challenges

There will be an increased focus on equality and improving access to employment for the more disadvantaged groups of all ages. There will be continued challenges and conflicts in providing direct interventions to specific groups with supporting people to access opportunities. We need to raise our aspirations and ambitions to ensure we are achieving all we can as individuals and communities.

There will be a continuing focus on Developing the Young Workforce both in school and out of school up to age 24 years. This will create challenges in the prioritisation and targeting of shrinking resources. Delivering an increase in the number and qualification level of Modern Apprentices will be a challenge, especially when viewed against likely sectors for employment growth.

An environment of continued budget pressures, economic uncertainty, underemployment, low jobs growth (especially for some groups of job seekers furthest from the labour market) will be challenging set against and the need to increase improve the quality of jobs available to local residents.

There is a final challenge in how progress is measured and how a consistent baseline is established given that the measurement of unemployment is measured, recorded and reported overtime is in a period of change. This will be a challenge in looking at outcomes to be achieved and related performance indicators.

Influences

There are a number of external influences, especially over the next two years which could impact either positively or negatively depending on the outcome of ongoing discussions and deliberations on the future of Scotland's employability services. The Community Planning Partners will need to keep abreast of the changes as the new policy and operational framework is established over the next two years as this could have significant impact on the local delivery plan.

- Availability of European Structural Funds to 2020
- New College Campus, Grangemouth Investment Zone and TIF creating additional higher level employment opportunities.
- Developing Young Workforce Regional Group – Helping to improve the engagement of employers in supporting the employment of young people
- Apprenticeship Levy – creating a renewed focus and resource for the delivery of Modern Apprenticeships
- Supported Business Hub – Creating supported employment opportunities for job seekers with disabilities
- Refreshed focus on older disadvantaged job seekers and workless / low income households
- Increased need for collaborative, aligned and integrated approaches
- Reducing resources to support employability of young people without additional barriers
- Lack of information around the Apprenticeship Levy and how resources will flow back to local areas/employers
- Economic recovery is stalled or slows further due to global economic factors

Over the next years we need to increase the SCQF skills levels of 16 – 24 year olds (at SCQF level 6) to at least the Scottish average of 27% currently at 22% SCQF Level 7 and above and currently 14% in Falkirk against 24% for Scottish average. This has to be done through a mixed approach to learning and skills development such as:

- Increase the number leaving school to HE and FE
- Increase the number undertaking Modern Apprenticeships at higher level
- Re-engage 16 – 24 years olds in post school learning
- Ensure continuous pathways to learning and skills development

In addition to focussing on increasing the qualification of our young people we need meet the needs of older, harder to help clients. This includes people who maybe in low paid, part time work or indeed maybe not be in employment at all.

The Partnership recognises the need for all partners to be fully engaged in this priority including NHS Forth Valley and Third Sector. These two sectors can play a significant role in supporting those with particular issues into employability especially those with health conditions, disabilities and additional support needs. This can be done directly or indeed through volunteering opportunities.

What needs to change?

- Need to build on existing best practice and emerging opportunities to effectively manage any changes to provision with a long term view and avoid short term projects focusing on activities
- Need to keep an outcome focused, evidence led approach.
- Need to focus more on whole family support to improve the chances of children living in no/low income households
- Need to avoid silo funding and projects and endeavour to have more integrated approach across partners – increased transparency, common measures, definitions etc would be a good starting point
- Need to focus on skills development of young people not in education to increase SCQF levels of the existing young workforce
- Need to look at workforce development for those in low skilled, low paid employment to enable progression into higher paid sustainable employment.
- Need to agree closing the gap measures between the best and worst groups and communities such as the employment rate, skills levels etc.

Key Actions

- Raising ambition and aspiration of families and young people;
- Workforce development – need to up skill our whole workforce;

SUBSTANCE MISUSE

Why is this a priority?

The latest prevalence data shows that 1.6% of the population within the 16 – 65 age group have problematic drug use and that 5.1% of the population perceive drug misuse being problematic in their neighbourhood while 9% see alcohol as being problematic. While the Falkirk Council area has no greater drug and alcohol problem than any other area, we do know that the over and inappropriate use of alcohol and drugs across Scotland is a significant problem and if unchecked will create significant problems for our communities today, as well as in future years.

We know that alcohol is having a greater impact in our communities in that it is affecting older people with more evidence of alcohol related brain injury and also more children are presenting with complex and challenging behaviours as a potential result of foetal alcohol syndrome. We know that when mothers drink during pregnancy they can have a permanent affect on their child's health – both mental and physical. The over and inappropriate use of substances – particularly alcohol in our communities is changing with more women drinking regularly beyond safe limits. However we have a continued problem with older men and the affects of sustained alcohol use.

We know our communities are concerned about the impact of alcohol and drug misuse within their area and we must address these concerns. However, we must also be appropriate in our response and ensure we are informing and responding to need appropriately. The tolerances and norms in communities varies significantly in part due to habits and also perceptions.

We need to make more progress on addressing problematic substance use and supporting individuals and communities to make positive decisions about their lives and understand the impact their behaviour can have on their immediate families and communities. While we have had significant impacts on certain aspects of this through social norms, alcohol brief interventions etc we also know that there is so much more we need to do.

While drug misuse is a issue we need to deal with and will continue to address, over the lifetime of this plan we will have an increased focus on addressing issues of alcohol use.

Challenges

The biggest challenges for us are:

- Addressing perceptions of negative behaviours being the norm;

- Ensuring people understand the lasting damage they can do by sustained and continued substance misuse
- The fear that there is an increasing number of young people whose health and behaviour has been compromised;
- Addressing the stigma of seeking support; and
- Ensuring there is a clarity of message about the impact of over consumption; and

Influences

The things that influence this priority include:

- Social norms – i.e. what people believe are normal behaviours can influence their own behaviours;
- The confusion of message on the safe limits or otherwise of alcohol;
- Joined up services and a more focussed approach to dealing with issues of substance misuse particularly;
- There are perceptions of behaviour and norms that tolerate some things beyond what is healthy;
- There is a stigma in seeking help and support to stop using inappropriately substances; and
- There appears to be a disregard to the long term consequences of inappropriate use of substances.

Workforce development is a key component to this priority delivering basic knowledge/ skills in awareness allowing the wider workforce to be competent/confident in addressing substance issues as they arise and knowing where to direct individuals for appropriate advice and support. This upskilling of the workforce will also benefit them in the wider community setting.

Early Intervention/prevention requires to be constant and not confined to national campaigns, dates, events concentrating on particular problems/issues. Cognisance of local trends needs to be taken in order that any campaign is meaningful locally. Long term engagement with Early Intervention / Prevention should impact on all services not least those providing treatment and contribute to the recovery of the community as a whole from the impact of substance misuse

What needs to change?

Over the coming years we need to fundamentally change our relationship with alcohol. We need to make sure the implications and impacts of alcohol and drugs misuse on people are fully understood and our services are delivered to address the consequences of these actions.

We also need to make sure the stigma of seeking support and advice is removed and that our workforce is appropriately trained to support people to address damaging behaviours.

Key Actions

We will focus over the coming years on following areas of substance misuse:

- Address the stigma of seeking support;
- Understanding and meeting the needs of young people affected by foetal alcohol syndrome;
- Supporting older people with alcohol related brain injury; and
- Challenging harmful perceptions of norms within our communities.

ADDRESS THE IMPACT OF POVERTY ON CHILDREN AND YOUNG PEOPLE

Why is this a Priority?

The latest data we have is from 2014 states 21% of children living in Falkirk were living in poverty (after housing costs).

Poverty limits our children and young people from achieving, it limits: their life chances, aspirations – children are more likely to be unemployed, lack ambition and have poor health. Poverty makes children cold, sick and hungry more often than their friends. It can make relationships at home more stressful - it curbs friendships as children can't invite friends round, stops school trips, means children don't have food and often don't have the resources they need for school. Poverty brings stigma and limits aspirations and ambition.

In order to achieve these outcomes for all children we must make sure our most vulnerable and disadvantaged children are given additional support and help to achieve all they can. The impact of poverty on children is well documented. Poorer children do not only have poorer educational outcomes, they are more likely to experience poor health, have more absence from school, be more likely to be overweight and have poorer dental health. Children from disadvantaged areas are more likely to have accidents in the home or in their community and to require hospitalisation. In a study by the Joseph Rowntree Foundation comparing the poorest and richest fifth of households, poorer children had fewer opportunities for activities and entertaining friends, for example being unable to pay for school trips, having friends over for tea or going on holiday.

The impact of poverty on children is complex. Children have little control over their environment and are dependent on their parent(s) or guardians. Children understand the circumstances they live in and can learn to lower their expectations. They learn not to ask their parents for basic things, like not mentioning a school trip because they know the extra costs will cause difficulty in the home. Instead they may make excuses and say they do not want to go, or sometimes even pretend to be sick on the day of the trip. Poverty means children being cold, becoming sick more often and getting illnesses that affect them for the rest of their life. It means their parents stressing over bills and getting into debt. Poor children attain less in education for these reasons and more. This all means that children whose parents are unemployed are more likely to be unemployed themselves when they are of working age. They are more likely to leave school earlier and they will earn less throughout their life.

While our integrated children's service plan will set out how we address the needs of all children we want as a partnership to give a particular emphasis to addressing the needs of children who are in poverty. We

know that the best thing we can do is address poverty in the family but to do that is a longer term aspiration. We need to address the impact that poverty has on children now for all the reasons noted above.

Challenges

One of the biggest challenges is the stigma and myths around poverty. Poverty is changing. More children live in poverty out with traditional areas of deprivation. Also employment used to be considered as a way of out of poverty, but now those families in work, account for more than 50% of families in poverty.

There are many reasons why children live in poverty, but however and whatever those reasons are, they have nothing to do with the child. We need to better understand how poverty limits choices and how it impacts on the future of our children and the future of Falkirk. We need to change attitudes and prejudices and help children to succeed despite poverty.

Our biggest risk is that for many children poverty is hidden. We often cannot identify those children who live in poverty within our communities. As such we do not know all of the children who are affected by poverty. We want to better use the data and information we have to ensure we can support the children who need it most. Future changes to Government policy and benefit changes are also a risk. By knowing the breadth and depth of poverty in the Falkirk area we aim to mitigate this risk.

What needs to change?

In Falkirk we need to:

- have a better understanding of which children are living in poverty in Falkirk. We are looking at how we better use data and information we have to do this via the Children's Commission Improvement Groups.
- bust the myths around poverty in Falkirk
- change community attitudes and reduce the stigma children feel around poverty
- make sure children are not limited by poverty from participating in community and school life;
- raise the aspirations and ambitions of children living in poverty while not being unrealistic or unreasonable; and
- target our interventions to those who need it most.

Key Actions

To achieve the above over the life of this plan we will delivery on 3 key priorities they will focus on to address the impact of poverty on Children and Young People:

- Food Poverty;
- Cost of the School Day; and
- Stigma of Poverty.

We will develop and share key messages about poverty with all staff. These will contain key facts about poverty in Falkirk, help bust the myths that only poor areas have children in poverty, and aim to end the stigma associated with poverty.

OUTCOMES

We have six outcomes for our area. These outcomes are things, that as a partnership, we will be working to achieve over the next four years. These outcomes are specific to our area and while contribute to national outcomes, they set out what we intent to do locally over the course of this plan.

Outcomes differ from priorities in that they are core to the work of the partnership and if we continue to work effectively together, with our communities, we should make significant impact and improvements. They are our business as usual and core to the work of our agencies and communities. Some of the work we undertake in support of these outcomes will make a contribution to our strategic priorities. These outcomes frame the work of our partnership individually and collectively, with us all taking them into account in the work we do and the decisions we take.

The narrative around each outcome notes the issues they cover, why they are important, what are the risks and challenges, what needs to improve, key actions and who is responsible for delivery.

The Partnership has a framework for reporting on outcomes and their achievement. This framework will be critical over the coming years to make sure we are achieving everything we need to.

Over the coming months we will seek to work with partners to identify the key actions that will deliver our outcomes. We identify our common commitment to delivering these as well as the individual commitments from each agency.

- What we are trying to achieve?
- Why are these outcomes important?
- Challenges and risks
- What needs to change?
- Key actions
- Delivery structure

Each outcome will be the responsibility of a partnership group who will report on actions, progress and impact to the leadership group. To achieve this there will be a suite of underpinning strategies / plans with associated performance measures agreed and reported on at regular intervals. We will also publicly report progress on both strategic and local outcomes on an annual basis.

Outcome One:

OUR AREA WILL BE A FAIRER AND MORE EQUAL PLACE TO LIVE

To achieve this outcome we will:

- Improve or focus on equalities issues and human rights;
- Work with all communities to build more cohesive communities that recognise and celebrate diversity;
- Increase household income;
- Address the impact of poverty on children;
- Prioritise disadvantaged communities when designing and delivering services;
- Improve access to services for our most vulnerable individuals and families;
- Define a basic standard of living we would expect everyone in Falkirk to enjoy;
- Reduce the stigma of poverty on people, families and communities.

Why is this outcome important?

Fairness is important to all people in Scotland. Everyone has a vested interest in ensuring we all have as equal an opportunity as our neighbours to participate, engage and prosper within our communities. Unfortunately we know people for diversity or other reasons do not have equality of opportunity. We also know some people are disadvantaged and discriminated against through no fault of their own and in contravention of their rights.

Our communities are becoming more diverse in terms of age, religion, disability and ethnic origin. We also know that the socio economic profile of our communities is changing with an increase in those well qualified and also earning well but also an increase in those in poverty. More than 50% of families in poverty are in employment.

Poverty and inequalities mean more than not having things that most of us take for granted. Poverty has a profound affect on people's lives. Poverty is not just about having less money and going without but it can also mean being excluded from decision making, being denied respect, good health, education, basic self-esteem and the ability to participate fully in community activities. Being in poverty also affects people's ability to make the choices that those who are better off take for granted, including choices that could alleviate the poverty they suffer.

We know that our communities are diverse and indeed are becoming more diverse in their makeup. We recognise that this diversity is something that we can celebrate.

People on lower income or who are in a minority can feel they have fewer choices, chances or support. This may mean that individuals:

- Become isolated from friends and family;
- Lack hope and feel powerless – having little control over decisions that affect lives;
- Lack information about support and services available to them;
- Have problems in getting their basic needs met and accessing decent housing, health and lifelong learning opportunities;
- Go without basic necessities because they may not be able to afford essentials like heat and electricity, buy fresh food, new clothing or use public transport;
- Live from day to day with no savings or reserves for times of crisis such as repairing cookers, washing machines;
- Are exploited and forced into illegal activities/situations;
- Experience discrimination; and
- Unable to participate in normal social and recreational life such as going to the cinema or sports event or visiting friends and family.

There is a stigma surrounding being in poverty. Equally there are many stigmas and prejudices about being different in terms of religion, race, sexuality and disability. These prejudices may manifest themselves in different ways from direct personal attacks to being made to feel inadequate and different.

As a partnership we would want everyone to have the same opportunity to reach their full potential, live within a welcoming and supportive community as well as being able to access services our public agencies provide to support daily life. We know that through discrimination and disadvantage, i.e. lack of money, disability, ill health etc, some people find it harder to engage in community life, have less choice and opportunity and this impacts on their lives and the lives of their children.

We know that one of the best ways out of poverty is through well paid employment and the economic outcome in this plan will address this vital intervention. However we also know that not everyone will be able to access such opportunities. This outcome will aim to support and assist them, their families and importantly their children.

Challenges and Risks

The most significant challenge for the partnership is to ensure that people are not marginalised within our communities and that we do all we can to promote fairness and equality. We know certain groups and communities are becoming more isolated e.g. those who are older and those in poverty. In order to

achieve the vision for our area we must recognise all our communities have an important part to play in achieving that vision.

The issues that face groups with protected characteristics e.g. race, religion, age etc. also are experienced more and more by those in poverty. Just as we can unintentionally discriminate against those of a different ethnicity we equally can discriminate against those who are in poverty.

We know that as our communities change i.e. to be more diverse etc. we must challenge the notion of norms. Everyone must feel they are equally safe, secure and valued within our communities whether they be geographical, interest based or of particular faith, beliefs or gender.

In addition we must particularly supporting people who are in poverty or disadvantage while the challenge of welfare reform is impacting on our communities. It is important that as a partnership we bring our resources to bear to support our most vulnerable citizens and communities.

So what needs to change?

Over the life of this plan we will seek to:

- Redesign our services to support our most vulnerable citizens and communities;
- Challenge stereotypes, encourage positive role models and reduce the stigma of poverty etc;
- Take steps to raise awareness of the impact of poverty and inequalities;
- Seek to understand the need of our communities and celebrate more fully the diversity of our population;
- Take opportunities for different groups and communities to come together in a positive and fulfilling way;
- Seek to ensure the needs of our citizens in greater areas of deprivation are addressed their outcomes are improved in line with the general population.

Key actions

Redesign out front line services to meet the needs of our most vulnerable people and communities. This will be achieved by:

- Redesigning our front line services to support people to reduce debt, access relevant advice and support;
- Working with partners to target support services;

- Seek to improve the wellbeing of people in poverty;
- Focusing on community engagement and support in our most vulnerable communities;
- Training our front line staff to support those most vulnerable people;
- Developing a process of locality planning that focuses on our areas and communities of greatest need;
- Seeking to support a variety of lending/banking mechanisms;
- Partners to report annually on their activities in areas of need that go beyond universal service provision; and
- Work with partners, communities and individuals to identify those vulnerable groups within our communities and seek to ensure their needs, aspirations etc. are met fully.

Delivery Structure

This outcome will be taken forward by the an anti-poverty group with the Chair of that Group reporting to the Leadership Board on progress. This group will include a range of representatives including DWP, Third Sector, etc.

In addition we will establish a formal structure for addressing equalities more broadly. Again this will report directly into the Leadership board.

Outcome Two:

WE WILL GROW OUR LOCAL ECONOMY TO SECURE SUCCESSFUL BUSINESSES, INVESTMENT & EMPLOYMENT

To achieve this outcome we will:

- Promote growth
- Promote investment
- Create and attract jobs
- Support training and employability
- Encourage sustainability
- Increase our focus on tourism; and
- Increase our profile internationally with a view to promoting growth.

Why is this Outcome Important?

This local outcome is important as securing sustainable economic growth is an essential in underpinning many of the things that the Community Planning Partnership wants to achieve for local communities and citizens. It enables communities and businesses to thrive, securing income for expenditure locally. It provides jobs, opportunities and salaries for local people. The work, which will be progressed through Falkirk's new Economic Strategy, aims to ensure that the Falkirk area attracts investment, creates jobs and strengthens key sectors for growth, particularly in chemicals, manufacturing, logistics and emerging sectors in energy and tourism. It is underpinned by a commitment to low carbon, innovation and the application of new technologies. This will also seek to strengthen and diversify the local industrial base. It is important that the whole community benefits from these activities and the promotion of inclusive growth is a key aspect of the strategy.

Challenges and Risks

We have established a solid reputation for transforming our area, through iconic and internationally recognised projects such as the Falkirk Wheel, the Helix Park and the Kelpies. The ambition and commitment of local communities, businesses and the public sector to work together also provides a solid foundation on which to build future success. In securing success we also face a number of distinct challenges, including:

- The area's population is expected to continue to grow towards 2020, placing additional demands on local infrastructure and services. This means that we need to sustain local economic growth to provide jobs and other opportunities;
- Continuing financial austerity means that all public sector organisations will continue to see reductions in funding for the foreseeable future. This means that our economic ambitions will need to be delivered in new and innovative ways;
- Local productivity rates continue to present a challenge when compared nationally: local Gross Added Value per person is £16,509 compared with £21,892 for Scotland;
- Although numbers in employment have increased in recent times, these rates have as yet not fully recovered to pre-recession levels. Local average earnings are also slightly below Scottish and UK averages. There is also a significant local gap in wages for women being significantly lower than for that of men; and
- Although attainment levels amongst our young people have improved in recent years, those with HNC/HND or degree level qualifications remain below the Scottish average. This is also reflected in the proportion of young people moving on from school into further and higher education, which remains below the Scottish average. We have however closed the gap to the Scottish average in terms of the number of young people leaving school into a positive destination.

What Needs to Change?

The key aspects of our economic ambitions are to achieve the following:

- Secure a stronger, more resilient and diverse business base;
- Increase productivity to make an increased contribution to the local and national economies;
- Increase job creation in sectors with skills that meet the needs of a globally competitive economy;
- Secure growth in new sectors, with clusters of innovation and excellence;
- Increase innovation capacity and the application of new, lower carbon technologies;
- Increase investment , particularly in the Grangemouth Investment Zone;
- Ensure that our town centres, are thriving and resilient to the challenges of on-line and out of town retailing;
- Develop the area's skills base;
- Enhance the skill levels of our local workforce, which are aligned with the needs of business; and
- Secure opportunities for all to benefit from the area's economic growth.

Key Actions

The key actions which will be achieved to support the attainment of this local outcome include:

- Growing the local economy, by boosting business formation and growth, fostering innovation and ensuring a skilled workforce;
- Rejuvenating our town centres ensuring that they are both attractive and resilient to challenges and change;
- Securing opportunities by looking outwards to new markets;
- Attracting investment, to enhance our infrastructure, attract business and realise the area's full economic potential;
- Promoting the Grangemouth Investment Zone, as a key focus of action;
- Developing the Grangemouth energy project;
- Promoting the Falkirk Gateway as a new centre of low carbon futures for the area;
- Including all local communities to help access opportunities and make a full contribution to the area's economy;
- Promoting employability; and
- Addressing fuel poverty through Grangemouth Energy Project.

The Falkirk Economic Strategy contains more detailed actions which support the attainment of this local outcome.

Delivery Structure

The Falkirk Economic Partnership will report to the leadership board on progress on this outcome.

Outcome Three:

OUR CHILDREN, PARTICULARLY THOSE WHO ARE VULNERABLE, HAVE:

- **THE BEST START IN LIFE:**
- **ACHIEVE THEIR POTENTIAL: AND**
- **DEVELOP INTO RESILIENT, CONFIDENT AND SUCCESSFUL ADULTS.**

We will create a culture in Falkirk that GIRFEC is everyone's responsibility. To achieve this we will:

- Get It Right for Every Child and meet the requirements of the Children and Young People (Scotland) Act 2014
- Work together to promote wellbeing and take early action to assess and support children/ young people if a wellbeing concern is raised
- Support all children and young people to have a positive learning experience and achieve their potential in nurturing schools in Falkirk by implementing the National Improvement Framework for Scottish Education (2016)
- Develop a culture that values parents and co-ordinates resources to support them through the Universal Health Visiting Pathway (2015) and our family support services.
- Be effective corporate parents and care for our looked after children and care leavers as any parent would.
- Pay particular attention to our most vulnerable children and young people who;
 - are on the child protection register, looked after, in kinship care, or care leavers
 - have a disability
 - are young carers
 - are living in poverty
 - are affected by parental mental ill health, substance misuse or domestic abuse

Why is this outcome important?

Getting it right for every child and young person in Falkirk is vitally important. Giving our children the best start in life and meeting their wellbeing needs helps them to become successful adults who can deal with life's challenges. Having successful and confident adults will greatly support the vision that Falkirk is the place to be.

Falkirk has a rising number of children and young people way beyond the Scottish average. As more children are born and more pre term babies survive, the number of children with additional support needs also rises. Given national aspirations around provision of services for pre fives, there will be an increasing pressure on our services.

Compared to the rest of Scotland, the population of Falkirk has a younger profile with a higher proportion of children and a slightly smaller percentage of older people. However, along with the rest of Scotland, the population is aging and the Council and its partners will be challenged to provide services for the additional numbers of older people as well as a younger population – this rise in all demographics of the population present particular challenges. The population of Falkirk and Grangemouth towns is older while the Braes and Larbert/Stenhousemuir have a somewhat younger population.

Not all areas within the Council have grown or will grow equally. At a local level, growth is largely determined by the level of new house building. New house building has decreased substantially since 2008 and shows no sign of returning to the levels of the early 2000's. By 2033, both Falkirk and Grangemouth may be expected to show a decrease in population while the Braes, Denny and Bonnybridge and Larbert/Stenhousemuir will grow most.

Parents are one of the biggest ways children can receive the best start in life. Parenting support is crucial to help children achieve their potential and we are championing parenting and working to provide a co-ordinated set of supports to parents to help them when they need it.

The impact of domestic violence, mental ill health, drug and alcohol misuse and neglect on children is only beginning to be realised. (The Scottish Government has carried out a review of child neglect in Scotland. This is likely to be an increasing priority for us in 2016.) These put children at great risk and mean our numbers of accommodated children has increased. Earlier intervention means we have younger children in care than in the past. When appropriate we want to find adoptive families for these younger children.

We are developing a Champion's Board to enable our looked after children and young people to better engage with their corporate parents. As Corporate Parents we want to change the culture, systems and practices across Falkirk to ensure our looked after children and young people are supported to have the best life they can and achieve positive outcomes.

Our early years information highlights that numbers of children with additional support needs around autism and social emotional and behavioural needs are increasing. We want to ensure our learning environments meet the needs of all children. We are working to review our special education support provision, currently provided by Oxbang School and Support Service, Mariner Support Service and Cluaran, by designing a service for 3-18 year olds to help children who are experiencing social, emotional and behavioural needs as part of a holistic Inclusion Review. The implementation of Self Directed Support Act will also be considered as part of this review.

Challenges & Risks

GIRFEC puts the rights and wellbeing of children and young people at the heart of our services that support them – such as early years services, schools, the NHS, voluntary sector, Police Scotland and adult services. Meeting the multi-faceted needs of our children and young people, in a time of financial constraint, is a challenge. We want to ensure we target our resources correctly to have the best impact for children, young people and their families.

The Children and Young People (Scotland) Act 2014, places many duties on partners, local authorities and health boards such as: Continuing care, through care and after care, kinship care, the single child's plan, providing a named person service and ensuring wellbeing is at the heart of all we do. Not all staff across services are aware of the duties that have already begun to come into force. This lack of awareness presents a risk for Commission Services meeting their duties of the Act.

There is a risk that due to diminishing resources there will be less concentration on the early intervention and prevention activities which we know have the most beneficial impact at the lowest cost.

What needs to change?

We need to use data better to inform our planning. We will incorporate this work into the Children's Commission Improvement Group. Better use of data and information we have will enable us to improve our service delivery and ensure our resources are targeted appropriately.

We want to improve outcomes for all children and young people. The key priorities below are some of the things we know need to change. We want to make sure:

- Our looked after children achieve their potential
- Children and young people can access learning and achieve, regardless of where they live
- Children and young people can access supports they need regardless of where they live
- We have co-ordinated family support services across Falkirk. Parents feel confident to seek support when they need it regardless of where they live or their own needs.
- We have co-ordinated services to support children and young people's mental health and wellbeing
- Children who are vulnerable including those with disabilities, mental health issues, and social emotional and behavioural issues, have their needs assessed jointly by services and have a single child's plan

- Children who may have previously been at risk of going out with authority for school or care are able to stay in Falkirk and have their needs met.

Key Actions

- The Children's Commission will develop The Integrated Children's Services Plan (ICSP) 2016-2019. The plan details how our key outcomes will be achieved. The actions will be found in the work plans of the Children Commission sub groups and work streams.
- We will continue to work collaboratively across the Children's Commission to deliver integrated services that meet the needs of Falkirk's Children and Families.=
- The Children's Commission, and CPP, will work with the Scottish Government on the Re-aligning Children's Services Programme. The programme will audit the data we use and help us to make best use of local and national data to develop services and meet the needs of our children and young people.
- The Children's Commission, through the Planning Group, will review the ICSP on an ongoing to ensure the plan is dynamic, reflects the data and information we have and meets the needs of our children, young people and families.

Delivery structure

The Children's Commission is a sub group of the Community Planning Partnership. The Commission produces the Integrated Children's Services Plan 2016-2019, a statutory requirement of the Children and Young People (Scotland) Act 2014. Our ICSP details outcomes and work plans for the priorities that we are focussing on for our children and young people. The Chair of the Children's Commission will report directly to the leadership board on this outcome.

Regular performance reports will be presented to the Community Planning Leadership Board by the Children's Commission Leadership Group.

Outcome Four:

OUR POPULATION WILL BE HEALTHIER

To achieve this outcome we will:

- Increase physical activity levels;
- Increase food skills and opportunities to access affordable, healthy food choices/activities in local communities;
- Reduce harm caused by substance use including reducing the consumption and use of alcohol, drugs and tobacco;
- Increase positive mental wellbeing.

While we need to ensure continuing access to services by everyone we will support the drive to reform the way in which we deliver services. This will place an increased emphasis in citizens, taking more responsibility for living a healthy lifestyle and more services being available at local level, rather than in hospital.

There are clear interdependencies between this outcome and the other outcomes detailed in the plan. Many of the key actions being taken to achieve outcomes related to economic growth and employment, for children, for older people, for community safety and to make Falkirk a fairer and more equal place to live will contribute to making our population healthier.

Why is this outcome important?

Improving population health as an outcome is important in that a healthier population enables us to achieve its other local outcomes e.g. a healthier workforce will make significant contribution to delivering economic growth through successful businesses and employment.

Targeted health improvement activity and actions to reduce health inequalities will also help achieve outcomes relating to children becoming successful and confident adults and older people being able to live more independently in supportive, safe communities in Falkirk.

It is evident that improving public health and reducing health inequalities is a much broader challenge than simply promoting lifestyle changes and requires a programme of activity focussing on three levels addressing:

- the fundamental causes of poor health and health inequalities;
- wider environmental influences; and
- individual experiences and behaviours.

Best available evidence shows that public health is best addressed through a mixture of these approaches and that relying on individual behaviour change is not sufficient to improve health at a population level. To deliver this outcome requires effective joined up, partnership activity across all agencies, areas and communities.

Challenges & Risks

Health inequalities and the need to prioritise targeted prevention activity to break inter-generational cycles of deprivation - Although health continues to improve overall for Falkirk, the rate of health improvement is happening faster for some communities than for others. This results in health inequalities which are the unfair and avoidable differences in people's health across social groups and between different population groups. If Falkirk is to be a fairer and more equal place to live, we need to address the causes of health inequalities and mitigate the effects of existing health inequalities through targeted early intervention and prevention.

The best available evidence shows that while individual behaviour change is an important component of public health, where changes are made to the physical, regulatory or cultural realms we see the most sustained improvement in health. All Partners have a clear role to play in influencing the statutory framework governing influences on health including housing, substances, access to active spaces, and the availability of affordable healthy food in the Falkirk area. Where action is not taken at this level there is a risk of individuals being unable to sustain any changes they make to their lifestyles.

In the context of population growth, increased life expectancy and long term condition prevalence, continuing austerity and reduced public sector resources, it is imperative to invest in activity that encourages greater individual responsibility and builds capacity for self-management so that people are able to have greater control over their health and wellbeing.

If we are to build sufficient capacity for effective self-management and reduce growing demand on acute and health and social care services, there is a need to move beyond a deficit focussed approach towards targeted asset based approaches that build on the health enhancing strengths of individuals and communities.

The physical, mental, social and financial costs of sedentary lifestyles are well documented as is the evidence base of the benefits of being physically active. People need to be engaged and inspired to take responsibility and benefit their own health and wellbeing, particularly those who would benefit the most from even a small increase in activity. Any activity that gets people moving, socialising and interacting has a benefit on overall wellbeing, from singing to group exercise. Whilst culture and sport services have a key

role to play, activity doesn't need to take place in traditional sports or arts facilities, any space can be an opportunity to move more.

The areas' Physical Activity and Wellbeing Plan focuses on activity which motivates and encourages More People to be More Active, More Often'. We acknowledge the responsibility for all the partners to help create pathways for referral, encourage those who would benefit the most from activity to participate, and look to their own organisations to identify how they can become exemplar employers.

It is evident that the causes of health inequalities are complex and are often experienced as being beyond the control of the individuals and communities affected. Joined up, targeted approaches to early intervention and prevention across the life-course aimed at preventing and mitigating the effects of health inequalities for those at greatest risk can make a significant contribution to helping people take greater control of their health and wellbeing. For this reason it is vital that Community Planning Partners continue to work in close partnership to ensure the successful development and delivery of the Falkirk Integrated Health and Social Care Partnership. The Public Health Review 2016 highlights the need for close partnership working across all services and organisations involved in improving health - this partnership will be crucial to success and must also meaningfully involve local people.

What Needs to Change?

The changes required to deliver this outcome are integral to the National Health and Wellbeing Outcomes.

The Falkirk Health and Social Care Partnership have developed local outcomes describing the changes that NHS Forth Valley and Falkirk Council would like to see (these outcome are underpinned by the National Health and Wellbeing Outcomes)

- **Self-Management** - Individuals, their carers and families are enabled to manage their own health, care and well-being.
- **Autonomy and decision making** – Where formal supports are required, people are enabled to exercise as much control and choice as possible over what is provided.
- **Safe** - Health and social care support systems help to keep people safe and live well for longer.
- **Experience** – People have a fair and positive experience of health and social care.
- **Community based Supports** – Informal supports are in place, accessible and enable people, where possible, to live well for longer at home or in homely settings within their community.

Key Actions

Although actions relevant to those areas within the Scope of Outcome and the previous SOA will continue, they will be finally agreed by the Falkirk Joint Management Group and will include actions relevant to addressing the challenges and risks identified above.

Access to physical programmes will be designed more closely with people's life stages. Some of the key actions which will be progressed include:

- Promote and improve access to physical activity to staff across all partner organisations. This will be extended to other local employees.
- Improve participation in physical activity towards the national target of 50% by 2020.
- The use of existing venues will be re-evaluated more creatively to improve flexibility and access to services.
- Increased efforts will be made to implement preventative programmes to reduce the number of elderly people having falls.
- Organisations closely involved in the delivery of improves health and wellbeing will improve the integration of and access to each other's programmes.
- Better understanding and tackle the barriers to people participating in physical activity.

Delivery Structure

The partnership group leading the development, implementation and monitoring of this outcome is the Falkirk Joint Management Group reporting to the Integration Joint Board. The lead officer for this outcome is the Director of Public Health, NHS Forth Valley.

Outcome Five:

People live full, independent and positive lives within supportive communities

We should celebrate that people are living longer, are active and contribute to society, and in the main are healthier or are able to live at home with long-term and multiple conditions. However, there are inequalities within our local communities, which we aim to address by working with our partners to prevent and reduce the impact of poverty, promote equality of access, and improve health and well-being. Equality will be at the heart of everything that we do.

Local outcomes have been developed that are consistent with the views of people who use services, their carers and communities. The outcomes are intended for adults and older people who have a range of health and care needs, but also recognise the impact of health issues on children as family members.

Why is this outcome important?

The demand and expectations on health and social care services is changing. The challenges highlight a need for changes to service delivery that is driven by increasing complexity of need, greater demand for services, reducing resources coupled with greater public expectation. We therefore need to change the way we deliver services to respond. We also need to continue to deliver services to people in most need within the available resources.

The more traditional ways in which health and social care and support services have been structured and delivered has not always led to improved outcomes for people. Health care and social care systems have traditionally focussed on a reactive approach. This means that care is provided for people rather than supporting people to live more independently in their communities. A reactive approach can lead to unnecessary, expensive and prolonged hospital admissions and to a dependency on care services. This approach is unsustainable and fundamental change is required.

We must focus on prevention and early intervention. We will encourage and support self-management so that people are in control of their own health and care to be as independent as possible and enhance their quality of life.

Challenges & Risks

The challenges faced within the Falkirk Council area are similar to those across Scotland. The Integration of Health and Social Care ensures that those people who use services get the right care and support whatever their needs, at any point in their care journey.

A detailed Joint Strategic Needs Assessment (JSNA) has been completed, which provides a comprehensive description of health and social care information for the Falkirk HSCI Partnership. The key issues for the Partnership are:

- **The Falkirk area has an ageing population.** The 75+ year population is projected to increase by 98% by 2037. This has significant implications for service provision.
- **Changing workforce.** The local demographics demonstrate an ageing workforce and also an anticipated decrease in the working population. People should be supported in being able to work longer with both energy and good health so that vital skills are retained.
- **Growing numbers of people living with long term conditions, multiple conditions and complex needs.** There is a need to redesign services to better meet the holistic needs of people with complex needs. By the age of 65 years most individuals will be living with more than one diagnosed condition.
- **Burden of Disease.** The increase in disease trends have been exacerbated by the lifestyle choices that people make. These trends could be influenced positively through a continued focus on health improvement, early intervention and prevention.
- **Unpaid Carers.** There are currently over 15,000 people providing unpaid care in Falkirk, which is 9.7% of the local population. 35.7% of carers in Falkirk provide in excess of 35 hours unpaid care. This figure is set to increase.
- **Deprivation, housing and employment.** High levels of public resources are spent each year on alleviating health and social problems related to people and families who are trapped in cycles of ill health (*Christie, 2011*).

What Needs to Change?

The key issues described can have an impact on the delivery and availability of services at a time of reductions in public spending. For example, services associated with emergency hospital admissions and delays in discharge, care at home and community based services. We will take account of these issues and address them through integration and new models of service delivery, by:

- Putting individuals, their carers and families at the centre of their own care by prioritising the provision of support which meets the personal outcomes they have identified as most important to them;
- Recognising the importance of encouraging independence by focusing on re-ablement, rehabilitation and recovery;

- Ensuring that education and information is accessible to enable people to make informed lifestyle choices and manage their own conditions;
- Providing timely access to services, based on assessed need and best use of available resources;
- Providing joined up services to improve quality of lives;
- Reducing avoidable admissions to hospital by ensuring that priority is given to strengthening community based supports;
- Sharing information appropriately to ensure a safe transition between all services;
- Encouraging continuous improvement by supporting and developing our workforce;
- Involving people at a local level, to help review and design services through effective participation and engagement;
- Identifying and addressing inequalities;
- Building on the strengths of our communities; and
- Communicating in a way which is clear, accessible and understandable and ensures a two way conversation.

Key Actions

In line with Falkirk Health and Social Care Partnership's outcome's, the following key actions have been identified:

1. **Self-Management:** Individuals, carers and families are enabled to manage their own health, care and wellbeing
2. **Autonomy And Decision Making:** Where formal support is needed people should be able to exercise as much control and choice as possible over what is provided
3. **Safe:** Health and social care support systems are in place, to help keep people safe and live well for longer
4. **Service User Experience:** People have a fair and positive experience of health and social care
5. **Community Based Support:** Informal supports are in place, which enable people, where possible, to live well for longer at home or in homely settings within their community

Delivery Structure

The Lead Officer for this local outcome is the Chief Officer for Falkirk's Health and Social Care Partnership. The Integration Joint Board will have oversight and provide direction thus ensuring the delivery of this outcome.

Local Outcome Six:

OUR AREA WILL BE A SAFER PLACE TO LIVE

This local outcome covers the following areas of activity:

- Our citizens will be protected - specifically vulnerable children / young people and vulnerable adults
- We will work to prevent and reduce crime and the fear of crime
- Community participation in the planning, delivery and evaluation of Community Justice services will be strengthened
- We will work to ensure people who have offended get the help they need, when they need it to make a real difference to their lives
- Our homes, roads and communities will be safer for all
- Gender based violence and hate crimes

Why is this outcome important?

This local outcome is important as a safer community is essential for all residents, visitors and people doing business in the Falkirk Council area. It encourages community cohesion, economic growth, health and wellbeing, equality and confidence in our local communities, as well as protecting those most at risk in our society and helping those who have offended to desist.

Challenges & Risks

- Increasing demands on Community Safety and Community Justice partners as the area's population continues to grow;
- A potential increase in the number of vulnerable people as the area's population of children, older people and people with complex care needs expands;
- The impact of welfare reform may make people more vulnerable to crime;
- Maintaining Community Safety and Community Justice as a priority when the partnership has had a positive impact on reducing levels of crime, improving public confidence in the safety of the area and on increasing clear up rates;

- Being responsive to emerging public protection risks including those relating to the sexual exploitation of young people, human trafficking in all its forms, forced marriages, cyber-crime, serious organised crime and terrorism;
- Demands from the national restructuring of Civil Contingencies Resilience management structures to ensure that emergency response and preparedness are maintained to a high level for the nationally significant Grangemouth industrial and port complex;
- Implementation of the re-design of Community Justice which will see, from 1st April 2017, Falkirk Community Planning Partnership assume the local strategic planning and delivery of services for Community Justice;
- In integrating adult health and social care services we need to make sure that no vulnerable adults slip through the net;
- Severe weather caused by climate change continues to be an ever increasing threat.

What needs to change?

The key aspects of our Community Safety and Community Justice ambitions are to achieve the following;

- Further reducing the number of repeat victims of antisocial behaviour by early identification and innovative early and effective intervention;
- Continued engagement and education within the community in respect of the threat from cyber-crime and serious organised crime groups;
- Targeted road safety awareness delivery for vulnerable road users;
- Identifying those most at risk in our communities and ensuring that they are safe within their homes as well as in the public arena;
- Reducing accidents and fires at home particularly amongst those most vulnerable within our communities;
- Increasing community awareness of Community Justice issues and services to improve understanding and reduce stigma;
- Reducing reoffending by addressing its underlying causes;
- Improving information sharing between partners that allows more effective targeting of resources and earlier intervention;
- Improving the lives of families by reducing gender based violence;
- Reducing the impact of crime on our most vulnerable people including children, older people and young people;
- Safely and effectively managing those who have committed offences to help them integrate into the community and realise their potential for the benefit of all citizens.

Key Actions

- Taking a much more comprehensive and integrated approach to support vulnerable adults;
- Further developing the information we use to resource the Tasking & Coordination process;
- Review Child protection procedures to ensure take account of the neglect;
- Further developing the information we use to target Community Justice resources in the areas we agree are a priority for Falkirk;
- Effective information sharing and engagement in respect of those at risk within their homes and on our roads;
- Improved access to services for people with convictions;
- Increased effectiveness of partner agencies in tackling antisocial behaviour and alcohol and drugs issues; and
- Encouraging our communities to participate in preparations for emergency events through community resilience.

Delivery Structure

The lead officer for this outcome is the chair of the Public Protection and Community Justice Lead Officers Group. The Falkirk Community Safety Partnership, Child Protection Committee and Adult support and protection committee, MAPPA Strategic Oversight Committee, the Gender Based Violence Committee and the Falkirk Community Justice Partnership will report to the Falkirk Community Planning Partnership through the Public Protection Chief Officers group.

The above groups will consist of strategic, tactical and operational level sub groups which will ensure that an intelligence led approach is applied to all areas of activity within this local outcome as well as providing accurate quantitative and qualitative information for onward scrutiny.

LOCALITY PLANNING

In order to ensure that we are achieving our outcomes appropriately across the Council area and within individual communities, we recognise the need to develop locality planning. The main purpose of locality planning it is to ensure that we identify where within defined localities and communities and individual are furthest from achieving outcomes. We will then put in place interventions to address these inequalities.

The way we will organise to deliver on this will be as follows:

Strategic Community Plan

- Setting out priorities and outcomes for the whole partnership area.

Up to 3 locality plans

- Outlining how those priorities and outcomes impact across those areas and identifying specific local communities and individuals where the challenge to achieving outcomes is greater.

Neighbourhood / Local community action plans

- Focussed on those areas / communities where outcomes are less likely to be achieved and putting in place plans and interventions based on those outcomes / priorities

The Purpose & Function of Locality Planning

The Community Planning Partnership is required to have in place a locality planning process, supported by locality plans:

‘in which persons residing there experience significantly poorer outcomes which result from socio-economic disadvantage than [...]those experienced by persons residing in other localities within the area [...] or [...]those experienced generally by persons residing in Scotland’¹

The CPP may also produce locality plans for all other localities within the local authority area. There is only a requirement to produce locality plans for localities with significant pockets of multiple deprivation. The purpose of this is to address inequalities within a local authority area and de facto, across Scotland.

¹ Scottish Government (2015) *Community Empowerment (Scotland) Act 2015*, Part 2 – Community Planning, 9.3.

The purpose of a locality plan is to determine:

'local outcomes to which priority is to be given by the community planning partnership with a view to improving the achievement of the outcomes in the locality [...]a description of the proposed improvement in the achievement of the outcomes, and [...]the period within which the proposed improvement is to be achieved.'²

The CPP must therefore build an outcome improvement process with measurable targets and a timeline within locality plans. Locality plans must be clear on what action will be taken by each partner within the CPP. This will fully integrate with the Strategic Outcomes and Local Delivery Plan.

Furthermore, the CPP is required to '**consult** *such community bodies as it considers appropriate*' and '*such persons as it considers appropriate*'³. Community bodies and individuals that the CPP considers 'appropriate' must be consulted during the production of a locality plan. The locality plan must also take into account the '*needs and circumstances*' of the locality's residents⁴. This means that locality plans must be a product of consultation with local people and statistical evidence.

The CPP is required to publish progress reports on an annual basis or a period determined by Scottish Ministers. Progress is determined by improvements in the local outcomes identified through consultation with residents and statistical evidence.

Locality planning will provide an opportunity for community groups and organisations across the Falkirk Council area to play a part in identifying local key actions, to be involved in defining how relevant outcomes can be achieved and to propose ways in which the community can draw on its local knowledge, organisation and people to shape the areas where they live.

Locality planning must be provided within a consistent framework and approach across the whole Council area and one that offers the opportunity for all Community Planning partners to fully engage with local communities and people.

Locality planning must therefore be underpinned by effective community engagement. This is defined as:

² *Ibid*, Part 2 – Community Planning, 10.3.

³ *Ibid*, Part 2 – Community Planning, 10.4.

⁴ *Ibid*, Part 2 – Community Planning, 10.5.

‘...developing and sustaining a working relationship between one or more public body and one or more community group, to help them both to understand and act on the needs or issues that the community experiences.’⁵

We need to ensure that the framework is inclusive and facilitates engagement and participation from local communities, whether they are geographically based or of interest.

This will include:

- Having a sound understanding of place, based on robust evidence, an understanding of local people gained through interaction with them;
- Consideration being given to ensuring those involved are representative of all sections of society e.g. age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation, as well as those excluded through socioeconomic barriers;
- Drawing on core evidence from across relevant Community Planning partners, to profile local areas, interests and determine where / what should be given priority;
- Drawing on Local Community Planning profiles to better understand the nature and extent of local inequalities, comparing with local or external indicators where possible;
- Referencing the Strategic Outcomes & Local Delivery Plan, and other relevant strategic plans & strategies to ensure the integration of local priorities and outcomes with those for the area as a whole;
- Validating what the evidence highlights with partners and local communities, so that consensus is built on which issues to tackle; and
- Ensuring sign off by the Community Planning Leadership Board of a scoping document which will outline which area / interest needs to be targeted and the issues that need to be addressed. This should include a method statement outlining the approach that be used locally which will ensure that we meet the purpose of this framework.

Building on Existing Practice

In order to develop robust locality plans it is important that we build on the partner’s organisational community engagement strategies and good practice. For example, Falkirk Council has an existing community engagement strategy, ‘Have Your Say: A Plan for Local Involvement’. ‘Have Your Say’ was developed through an engagement process with numerous stakeholders.

Falkirk Council also has a Community Participation Strategy which informs the proposal for locality planning further described in this paper. This framework will:

⁵ Communities Scotland (2005) *National Standards for Community Engagement*, Scottish Executive, Edinburgh, p.4.

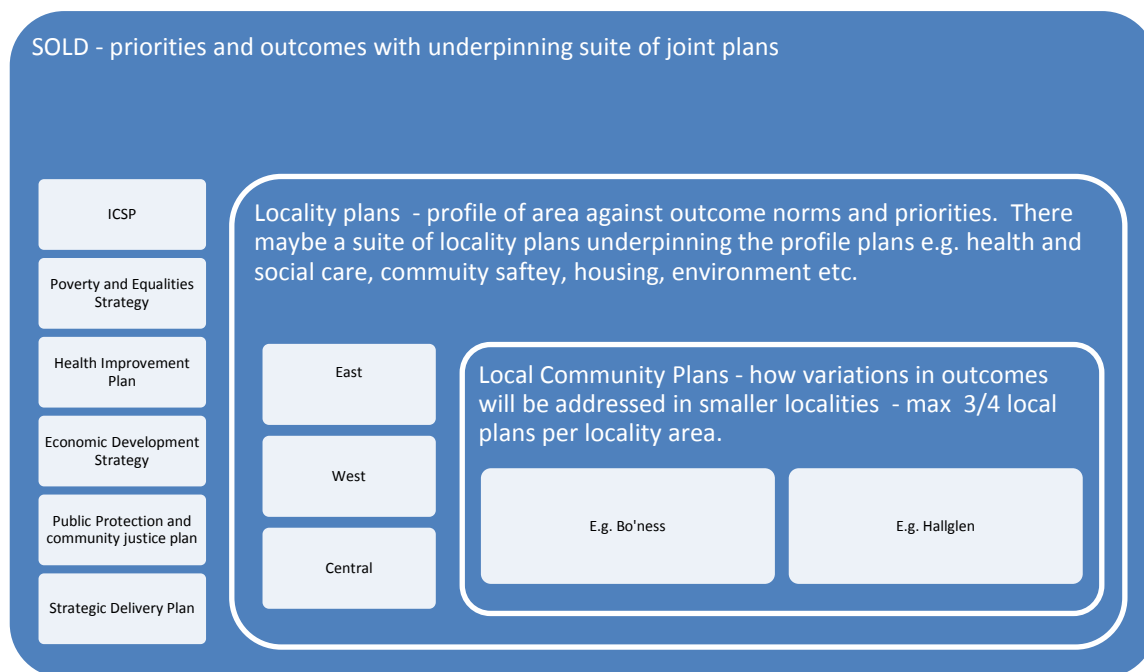
- Ensure that local people, communities and key stakeholders have a meaningful say on how to tackle the key issues facing their neighbourhood or area of interest, giving priority to tackling local inequalities, and have the opportunity to contribute towards their resolution;
- Ensure we treat all participants with respect and we will expect all participants to treat us and others with respect. We may require people and organisations that represent their communities to show us how they have collected the views of their community;
- Ensure that they have an influence on the public services that are delivered in their area;
- Ensure that all participants are clear on what to expect from Locality Planning, and what their rights are in this respect;
- Ensure that local resources are directly aligned to local priorities, in the most efficient and effective manner possible, and in a way which will secure optimum benefit for local communities;
- Ensure equity of access to all local interests to this framework;
- Ensure a commitment to continuous improvement so that the framework operates in a manner which is of most benefit to local interests;
- Publish the results of Locality Planning demonstrating the benefits which local communities have secured as a result;
- Clearly identify which local areas, needs and issues need to given priority by the Community Planning Partnership working in strong and effective partnership with local communities;
- Seek to improve collaboration and resources across the Community Planning Partnership in this area; and
- Meet the Locality Planning requirements of the Community Empowerment Act.

In addition the Council also tries to adhere to the following standards in all its engagement activities. It is suggested that the CP partnership and all its constituent parts also follow this.

- If there are reasons we can't consult with you, we will explain why;
- We will be clear at the start of consultation, the scope of the dialogue we are able to have; and
- We will publish key partnership decisions, whether or not there has been community involvement or not.

Locality Planning in Falkirk

In order to meet the requirements of the Community Empowerment Act and to progress our own planning needs it is proposed that Community Planning is developed across three main levels within the Falkirk Council area. The following diagram explains how locality planning will work in practice.



These are:

Strategic Level

The Community Planning Leadership Board will be responsible for the establishing local outcomes and priorities for the Council area. These will be articulated in our Strategic Outcomes and Local Delivery Plan and underpinned by a variety of delivery groups comprising of a range of agencies including the key public sector agencies.

The Strategic Outcomes and priorities will be taken forward by each agency and organisation individually and collectively with key PIs being established to monitor progress. Progress against outcomes will be reported to the CP Leadership Board on a scheduled basis. In addition each agency must report to the CP Leadership Board on an annual basis for its actions and progress toward achieving all outcomes.

A collection of delivery plans will underpin the SOLD including the Strategic Delivery Plan for Health and Social Care, the Economic Development Strategy etc.

Locality Level

It is proposed that three localities have been identified which will form a locality. These are: **Central** – Falkirk including Hallglen, **East** – Bo'ness, Grangemouth, Polmont and the upper Braes, **West** - Bonnybridge, Denny, Larbert and Stenhousemuir. These areas will be the basis for locality plans. These plans will initially set out the outcomes within the SOLD and how these are being achieved at this locality level. This will highlight where in each locality there are issues about achieving those outcomes within different communities that make up the localities. Taking the SOLD as its * point each Locality Plan will

highlight the nature and extent of inequality at this more local level. Action will be prioritised on the most significant inequalities in an area. Planning for services etc will also be planned at this level but with regard to the specific communities that make up these localities.

It with this in mind that locality planning will be informed through the priorities and outcome determined within the Strategic Outcomes and Local Delivery Plan.

Locality plans need to take account of certain issue based focus and how to ensure these are being addressed appropriately within localities.

One area of significant service delivery that this model must accommodate is the integration of health and social care services. The framework will be flexible enough to accommodate the levels of change required to be delivered and will have regard to the essential community engagement and participation that is critical to addressing outcomes in localities and communities.

It is proposed that locality plans will be developed and underpinned by community involvement in determining how communities, stakeholders etc. can be engaged in developing local solutions to achieving the outcomes within the SOLD and its subordinate plans e.g. the Strategic Delivery Plan.

The development of plans will need the involvement of local Elected Members, Community Planning partners, and local community representatives. The work to produce the plans will include:

- Considering local evidence and the strategic priorities and local outcomes from the SOLD, in the determination of local priorities and outcomes;
- Reviewing action and progress on local outcomes and priorities;
- Involvement in participatory budgeting and influence on which local action to give priority to, with a focus on tackling local inequalities;
- Advising the Community Planning Leadership Board of progress and performance; and
- Reporting back to local communities on progress and performance.

In targeting Locality Planning on the right areas / interests, we will seek to address the following issues:

- We will advise local people and groups of interest that locality planning work will be taking place. We will endeavour to identify particular groups within the area who might be particularly interested and encourage them to be involved; and
- We know that some groups, such as disabled people, may face particular barriers if they want to get involved. This might be because they are less likely to find out about a consultation, or would find it more difficult to respond. We will try to overcome these barriers wherever we can.
- All locality planning will have:
 - A clear purpose for the locality community planning process

- Agreed, realistic timescales and resources
- Clear roles and responsibilities for all those involved
- An understanding of what success looks like, including what we are trying to achieve and how we will get there
- We will seek to remove barriers to those participating in locality planning, through considering the convenience of meetings both in terms of venues and timing, communication aids, access to online resources, care of dependents and support for travel and out of expenses, where appropriate;

Community Level

It is at community level where solutions will be developed through Community Action Plans.

Community Action Plans will be designed to tackle the issues underpinning priorities and local outcomes developed at locality level. Community Planning partners will identify a number of appropriate officers to work with local communities in developing Community Action Plans and supporting them on their delivery. Work at community level will be reported to Locality Panels to assure that sufficient progress is being made on actions underpinning the attainment of local priorities and outcomes.

A variety of consultation and engagement methods will be used at this level to ensure action is taken forward appropriately and with community support – however for local plans we will develop a consistent approach which will allow for variation depending on the issues to be addressed. This will include the use of visual data to show what the transformation of place will look like. Data collected at this level flows upwards to the locality, as well as driving change at a community level.

In engaging locally we will ensure that participants are given adequate notice prior to starting and that they receive sufficient and appropriate information. This is underpinned by the following commitments:

- We will try to use the most appropriate method for each engagement exercise but with a common framework for developing plans e.g. planning for real etc. The methods used are evaluated and adapted in response to feedback from participants and partners;
- We will ensure that sufficient time is available when we are asking community organisations and individuals to attend a consultation event;
- We will share all the information necessary for people to participate and we will use clear, accessible language. We will try to use plain English in all engagement activity, and ensure that you get information in different formats should you require this
- Community representatives will be supported to maintain continued dialogue with those they represent, and to bring their views to the locality community planning process, in order to ensure that they have legitimacy in the eyes of those they represent

- There will be recognition that all participants' time is valuable and they may have other commitments and obligations (agency, community, statutory).
- There will be recognition that the community engagement process should be based on trust, mutual respect and honest dialogue between all participants.
- Decisions will be made on the basis of agreed procedures and shared knowledge.

Participatory Budgeting (PB) may be used at this level to help stimulate community based solutions.

Participatory Budgeting

Participatory Budgeting (PB) is a means of directly involving local people in the identification of spending priorities and the allocation of money within a defined public budget. It is aimed at strengthening participatory democracy; improving service delivery; improving the quality of local, well-targeted investment; empowering communities and providing an insight on how public bodies financially plan and take decisions. This is designed to put local people more at the centre of influence and decision making on the public services that they use. This does not replace local democracy or the decision making authority of Elected Members.

We propose a simple approach to PB which will allow communities, working in tandem with local Elected Members and partner organisations, to have their say on how an allocated amount of money for their area or area of interest should be spent. The only thing that we ask in return is that money is allocated in accordance with the local priorities derived as a result of this planning framework and that what is achieved as a result is reported in an open and accountable way. We will ensure that the reporting mechanism to be used is both simple and easy to complete.

We will develop a proof of concept in year 1, to mainstream within a rolling programme of PB thereafter. The proof concept will take place across each of the 3 localities in year 1, taking the lessons we learn into other areas and areas of interest in later years. This will allow the partnership to test and embed good practice into mainstream activity after year 1. Communities for year 1 will be identified on the basis of greatest inequality, with one pilot area being allocated to each of the three districts. We are particularly keen to learn how effective community generated solutions are in comparison to the traditional ways we have allocated and spent money in these areas. All those involved in PB will be able to give their input on how the approach has worked and on how we can improve it further.

Accountability & Reporting of Locality Planning

Review & Impact

We will agree what we are trying to achieve through locality planning and will review what we have achieved and what we have learned, implementing and lessons and improvements as required. In doing so we will consider the following:

- The locality community planning process and its impact should be monitored to measure progress against agreed outcomes (short, medium and long term)
- All participants will review locality community planning plans and adjust them in light of monitoring and evaluation.
- Participants will agree what information needs to be collected (how, when and by whom) to understand the impact of the locality community planning (short, medium and long term).
- Lessons from the locality community engagement processes will be incorporated in to future locality community engagement processes.
- Learning from practice (and associated evidence) will be recorded and shared with all participants and other partners as appropriate

APPENDIX A

COMMITMENT TO THE PLAN AND PARTNERSHIP

Community Planning in the Falkirk Council area is a partnership between the public, third, private and community sectors to secure a 20 year vision, through the attainment of local outcomes and priorities, improving the wellbeing of the area, securing high quality public services and including effective partnership working and collaboration. While this plan can be aspirational and ambitious, it must be underpinned by a robust and challenging delivery structure. We know that ambition will only be achieved if driven by committed and participating partners, stakeholders and communities.

To drive our partnership we have set out our commitment to work together in our partnership agreement. Not only has the partnership agreed this approach but it has been approved by individual agencies and organisations currently participating in our partnership board.

Some of the core aspects of the purpose of Community Planning are to:

- Secure strategic ownership of our Strategic Outcome and Delivery Plan (SOLD);
- Provide oversight of partnership working across the area in securing our local outcomes and priorities;
- Promote opportunities for partnership based solutions in reforming public services;
- Ensure a focus on local outcomes and priorities, including prevention and intervention, underpinned by having a clear understanding of place, in terms of the challenges we face and the needs of our local communities; and
- Ensure that we pass on the benefits of effective partnership working through the delivery of better public services to our communities.

Our Values as a Partnership

As a Partnership we will:

- Be visible and champion community planning through strategic leadership, within and out with our organisations and communities to achieve our vision;
- Embrace innovation
- Focus on outcomes through effective delivery
- Be committed to excellence

- Be resilient and sustainable
- Integrity, equality, fairness and transparency are our core attributes and will guide how we do our business
- Be open to change
- Being smarter in the way we work.

Community Influence

As a Partnership we are committed to ensuring our communities are engaged with us in driving change.

To achieve this we will:

- Involve members of the public, local communities, local businesses, the third sector and other key stakeholders in influencing the direction of travel the Community Planning Partnership takes;
- Foster effective communication, engagement and participation;
- Support local communities to improve the areas they live in, thus enabling them to make a valued and direct contribution to achieving the vision for their area
- Receive community feedback on progress, performance and achievement; and
- Pursue improvement on a continuing basis.

This is underpinned by ensuring we have wide ranging community engagement and participation across the Council area.

HOW WE ARE ORGANISED TO DELIVER OUR VISION

The Partnership will ensure that it has leadership and delivery structure that is focussed on delivery of outcomes and responsive to changing environments. A delivery structure for each plan will accompany the approval process. This structure and groups will be reviewed every two years to ensure they continue to deliver and continue to be the most relevant mechanism for delivery. A diagram depicting the structure of the CPP will be held by the Partnership.

In order to oversee the delivery of our vision the partnership is organised as follows:

Community Planning Leadership Board

This is the key strategic decision making and scrutiny body for the partnership, and holds to account the work, contribution, performance and progress of partners and partnership groups, in securing our vision, local outcomes and priorities.

Improvement Group

This group has a key role in ensuring that the Community Planning Partnership continuously improves, through the oversight, co-ordination and management of the partnership's improvement programme. The group has no direct focus on service delivery but seeks to secure improvement in the way in which the partnership conducts its business.

In order to secure the attainment of our vision and local outcomes the Community Planning Partnership has a number of thematic and lead officer arrangements approved by the Community Planning Leadership Board.

Lead Partnership Groups Charged with Securing Outcomes

The primary role of these themes is to co-ordinate and assure the delivery of local priorities and outcomes across their thematic areas of responsibility, as set out in the partnership's strategic documents. This will include reporting on progress and performance on a regular basis to the Leadership Board and supporting the Board in meeting its responsibilities.

Partner Responsibilities

Each of the Partner needs to ensure that it is mindful of the statutory requirements that underpin its involvement in Community Planning. The Partnership expects each agency and organisation to actively:

- Support and resource Community Planning appropriately, across the extent of local partnership working;
- Support the continuous improvement of Community Planning across the Falkirk Council area;
- Support the purpose of the partnership and its groups in undertaking their range of responsibilities;
- Make a proportionate and appropriate contribution to and supporting all of the local outcomes and priorities set out in the Strategic Community Plan and SOA;
- Be accountable to the Leadership Board for their contribution to Community Planning including progress and performance on the attainment of local outcomes and priorities;
- Be clear on how its organisational business plans, key policies and strategies, as well as resources align with the delivery of local outcomes and priorities;
- Support the partnership to communicate and report on performance, progress and achievement, through its own publications, websites and other media; and

- Ensure Board Members and participants in Community Planning are able to contribute appropriately and are able to take decisions on behalf of their organisation.

Themes

The Community Planning Leadership Board will determine partnership groups with responsibility for the attainment of local priorities and outcomes. They will be accountable to the Board for progress and performance and for regularly reporting on this in an agreed format. It is recognised that priorities and outcomes are inter-related, and therefore it is incumbent on Partners to take account of the work of other themes. The specific responsibilities of lead groups, include:

- The delivery and attainment of local priorities and outcomes within their area of responsibility;
- Timeous reporting on progress, performance and achievement;
- Securing effective community engagement and participation; and
- Reconciling their role within the Community Planning Partnership.

The Partnership will through its planning process determine strategic priorities and outcome. The delivery structure will follow priorities and will be developed as a critical part of the planning process.

Third Sector activity will be co-ordinated by the Chief Executive, CVS Falkirk and District. This reflects the increased prominence given to the Third Sector in the Strategic Community Plan and reflects that we now have a Third Sector Interface through CVS Falkirk and District.

Appendix B

CONTEXT OF OUR AREA

Summary

Demographics

- The population is expected to grow to 162,800 by 2020 (representing an 8.5% growth rate)
- Birth rates continue to be well above the national average
- By 2020 it is predicted that the number of 0-4 year olds will rise to 9060
- By 2020 the number of 64-75 years olds will have increased by 1600 or 10%, for 75+ this age group will have grown by 2000 or 16%
- The majority of our young people, up to age 24 is male
- The majority of our older people, aged over 80 is female
- There is variation in the age distribution between local areas
- In 2011 30% of the population suffered from one or more health conditions, 21% were affected by a long-term condition

The Local Economy

- Our area contributes £2.59billion of Gross Value Added (GVA) to the Scottish economy
- Significant parts of our area continue to qualify as a UK Assisted Area
- Economic activity rates remain above the Scottish average
- Manufacturing represents 23% of our GVA, compared to 10% across Scotland
- The area has experienced a significant growth in the service sector
- In 2013, 31% of total employment was in the public sector, compared with 20% in Scotland. We will therefore be disproportionately affected by reductions in public spending
- Unemployment peaked in 2011
 - Male unemployment is higher than that of females
 - From Autumn 2008 until May 2015 local unemployment remained higher than the Scottish average, but has fallen below that in the last two months. We currently have the 13th highest unemployment rate in Scotland.
 - Levels of unemployment vary across the area, the latest average for the whole area being 2.1%. It is twice that in Bainsford / Langlees, Bowhouse and Camelon East. Unemployment levels have remained stubbornly high in our most deprived areas.
 - Youth unemployment has fallen, and currently stands at 16%. The data we have suggests we are slightly higher than the Scottish average.
- Adult qualification levels are 7.6% points below that of Scotland. Growth in qualification levels is 3.2% points below the Scottish average.

Education

- Educational attainment in recent years has improved. The way attainment is reported has changed as a result of the Curriculum for Excellence.
- We experience significant differences in educational attainment across the area. Taking a benchmark level of 5 or more qualifications at SCQF level 5, the area average is 38.7%, best performance is 70% in Polmont, worst performance is 8.2% in Bainsford & Langlees, in eight other areas it is 25% or less.
- For many years performance on school leaver destinations was significantly below the Scottish average. That gap has closed markedly in recent years.
- We remain significantly below the Scottish average (8.9% points) for the number of school leavers going into higher and further education

- 9.1% of our local areas fell within the worst 15% of areas in Scotland for deprivation. When looking at the educational domain however this increased to 13.7%.

Housing & Infrastructure

- We expect to have 73,100 households by 2020. This represents a steady increase and has been added to by a reduction in household size.
- We expect there to be 25365 single person households by 2020, many of these people being aged 65+ and living alone.
- The level of homelessness has dropped in recent years, but rose slightly last year.

Our Communities

- We have 12 sites of special scientific interest which are of national / international importance
- There have been significant decreases in biodiversity
- We perform well at recycling
- In 2014, 89% of residents rated the area as a good place to live
- We have 465 crimes per 10000 population compared with 508 in Scotland. We have improved performance on this indicator by 14% since 2010/11.
- Most levels of crime are below the Scottish average
- Reconviction rates are slightly higher than the Scottish average
- Fatalities and casualties as a result of road accidents have fallen significantly
- The rate of accidental dwelling fires per 10000 population is below the Scottish average
- Employment in the retail sector has fallen by nearly 2000 since 2008

Health

- The number of deaths continues to decrease, as have its major causes
- Cancer is the biggest cause of death at 30.4%. Heart disease has fallen as a cause of death from 18% to 15%.
- Average life expectancy is 76.8 years for men and 80.7 for women. This area is 23 out of 32 local authority areas for life expectancy
- We still experience significant differences in life expectancy across the area
- 28% of our population smoke, compared with 24.4% in Scotland
- The number of clients reporting for drug related treatment has fallen. Waiting times for accessing these services have also significantly improved.
- The incidence of substance misuse is equivalent to the Scottish average
- Alcohol related deaths have increased, although the number of alcohol related hospital admissions has fallen
- In 2013/14, 23.1% of P1 children were overweight / obese
- 30% of our local population are reasonably active. The 2022 national targets for physical activity are 50% of adults and 80% of children being physically active.

Older People

- The expected increases in the number of older people by 2020 are as follows:
 - Over 65, up by 23.7%
 - Over 85, up by 37.7%
- There is an imbalance of genders as people get older, due to shorter male life expectancy
- 19.5% of our pensioners claimed pension credit, to top up their state pension. This represents a reduction of 2000 since 2012. The highest percentage of claimants are in Bainsford / Langlees
- The prevalence of long term medical conditions amongst our older people is as follows:
 - 20% of those aged 65-74

- 24.5% of those aged over 75
- Emergency hospital admissions for those aged 65+ have risen by 40% in the last 10 years, compared to an increase of 10% across Scotland
- People aged 65+ currently receive 13000 hours of homecare each week

Poverty & Welfare Reform

- The pay gap between men and women has narrowed slightly
- 60% of local households have savings, slightly below the Scottish average
- Welfare Benefit Claimants as at July 2015
 - 2098 on Job Seekers Allowance
 - 5850 on Disability Living Allowance
 - 1810 aged 18-64 on Income Support
- Community advice services gained £10.8m in benefit gains for local people in 2012/13
- 14600 (21%) local households in receipt of Council Tax Reduction
- Significant differences in the number of benefit claimants in local areas
 - 304 per 1000 working age population in Bainsford / Langlees compared with an area average of 145. 7 further data zones had a rate of over 200.
- 18 data zones are within the worst 15% in Scotland in terms of multiple deprivation, although 2 zones were removed due to improvement
- Six areas have persistent concentrations of deprivation and these are
 - Bainsford / Langlees
 - Camelon

The two areas above being the most significant in terms of deprivation and also size with the remaining four below having persistent pockets of deprivation.

- Grangemouth i.e. Avonbank Avenue, Craigleith and Torwood Avenue
- Denny i.e. Bridge Crescent and Church Walk
- Maddiston
- Westquarter.

Our Area in Context 2015

Falkirk Council is situated at the centre of Scotland. It has a growing population which in 2014 stood at 157,640, making it the 11th largest council in Scotland. Our area is one of the best connected in Scotland, equidistant between Glasgow and Edinburgh and at the middle of the motorway network.

The Falkirk area has always been at the heart of Scotland's history but is a dynamic and forward looking area. The Council and its Community Planning Partners remain committed to our long term vision of Falkirk as *the place to be* in the 21st century and in moving forward together to achieve this vision. Our ability to adapt and react to changing circumstances will stand us in good stead to ensure that there will be a thriving and prosperous future for our area and our communities.

Our People

The latest population estimates show the population of the Falkirk Council area as 157,640 (2014). The population has now been increasing for over 20 years. The area has grown by almost 12,500 since the Census in 2001 – or 8.5% – compared to an increase across Scotland of 5.6%. The population is projected to increase further to 162,800 by 2020 and 173,100 by 2037. The growing population presents a key challenge to all Community Planning Partners for service provision across the Council area.

Much of this population growth has been driven by net in-migration and average net in-migration since 2001 has been 815 per year. Compared to other areas, Falkirk has not attracted significant numbers of EU and other international migrants. However there are some areas where there are concentrations of migrants.

The number of births has been higher than the number of deaths since 2004, which also contributes to population growth. In 2013/14 deaths were at their lowest level since 1981. Across Scotland, the number of births grew by 14% between 2001 and 2008 but by 35% in Falkirk. Numbers have fallen slightly since the peak in 2008, but remain well above the 2001 figure. The increase in births will continue to put pressure on early years' services in order to provide sufficient nursery and school places. The Scottish Government has recently increased the number of nursery hours for pre-school children and extended free nursery places to some 2 year olds putting further pressure on nursery capacity. One of the aims of the Scottish Government's Early Years Collaborative is to reduce the rate of stillbirths and infant mortality. Numbers in both groups in the Falkirk area are very small which will make it difficult to show that we have achieved the Government target.

Compared to the rest of Scotland, the population of Falkirk has a younger profile with a higher proportion of children and a slightly smaller percentage of older people. However, along with the rest of Scotland, the population is aging and the Council and its partners will be challenged to provide services for the additional numbers of older people. By 2020, the number of 65-74 year olds will have increased by 1,600 since 2014 or 10% and the 75+ age group will have increased by nearly 2,000 or 16%. The population of Falkirk and Grangemouth towns is older while the Braes and Larbert/Stenhousemuir have a somewhat younger population.

Not all areas within the Council have grown or will grow equally. At a local level, growth is largely determined by the level of new house building. New house building has decreased substantially since 2008 and shows no sign of returning to the levels of the early 2000's. By 2033, both Falkirk and Grangemouth may be expected to show a decrease in population while the Braes, Denny and Bonnybridge and Larbert/Stenhousemuir will grow most.

Diversity and equalities

The population estimates for 2014 show that there is a gender split of 51.1% females to 48.9% males across the population as a whole. The percentage of working age residents (aged 16-64) by gender was 50.6% female and 49.4% male. Up to age 24, the number of males in the population exceeds the number of females. However, due to higher mortality rates among males at all ages, there is a considerable imbalance among the elderly population with 62% of the over 80's being female.

The 2011 Census showed an increase in the number of people in the area who belong to an ethnic minority group. Almost 2% of the population were from a non-white ethnic group in 2011 compared to around 1% in 2001 and 0.6% in 1991. Numbers have increased from around 800 in 1991 to 1,495 in 2001 and 2,953 in 2011. Those of Pakistani origin were the largest group followed by the Chinese and Indian populations. Additionally, there were just over 1,000 people of Polish origin. Falkirk has a lower percentage of ethnic minority population than other areas in Scotland, the Scottish average being 4% compared to 1.9% in Falkirk.

The 2011 Census showed a reduction in the number of people stating that they belonged to a religious denomination and an increase in those stating they had no religion. The biggest reduction was in those belonging to the Church of Scotland although this remained the largest religious group. On the other hand, the number of Roman Catholics grew. The only significant non-Christian religious group were the Muslims. Compared to the rest of Scotland, Falkirk had more people belonging to the Church of Scotland and fewer Roman Catholics and those of non-Christian religions.

The 2011 Census collected information on the number of people with different types of health condition. Around 30% of the population suffered from one or more health condition, the largest being deafness and physical disability. However, only 21% of the population said that their day to day activities were limited by a long term health problem or disability while 82% of the population stated that their health was good or very good. The prevalence of limiting long term illness increases with age from 5% of children to 83% of those aged 85+.

The 2011 Census shows that of the population aged 16 and over, 31% were single and never married (compared to 35% across Scotland), 49% were married (45% across Scotland) with the remainder separated, divorced or widowed. Only 187 said they were in a same-sex civil partnership (same-sex marriage only became legal at the end of 2014).

Our economy

The down turn in the global and national economy which began in 2008 had an impact on our area and the effects of this have been felt by all our communities.

Our area is important to the Scottish economy with £2.594 billion of Gross Value Added (GVA) being generated in the Council area in 2013. Grangemouth is Scotland's premier port and the petrochemical industry there is a major employer and of strategic significance to Scotland, contributing much to our total GVA.

A new UK Assisted Areas map came into effect in 2014 and will remain until 2020. This defines the areas eligible for Regional Aid aimed at supporting small and medium sized businesses. For Falkirk, Bo'ness, most of Grangemouth, the north of Falkirk, Larbert, Stenhousemuir and the Forth coast area join up with parts of Stirling and Clackmannanshire council areas to form a continuous area large enough to meet the eligibility criteria.

Economic activity rates, which measure the percentage of the population who are economically active, have been above those in Scotland as a whole since 2004. Male rates exceed female rates but they are coming closer together. Rates decreased from 2007/08 to 2009/10 but have since recovered. From 1998 to 2008 there was a general growth in employment in the area. However the number of people employed decreased from 60,700 to 55,000 between 2008 and 2010. The opening of the new Forth Valley Royal Hospital in 2011 led to the transfer of around 4,000 posts from Stirling. Employment has now increased to the above the level of before the recession.

The largest sector of employment is health, boosted by the new Forth Valley Royal Hospital. The second largest sector is finance, professional and business services, followed by manufacturing and retail. Manufacturing has always been strongly represented in our area and contributed 23% of Falkirk GVA in 2012 compared to just over 10% across Scotland. Over half came from the chemical industry. Turnover

in manufacturing was £6.5 billion in 2014. This represented 15.8% of the total Scottish turnover in manufacturing. The main contributing industries were chemicals, vehicle manufacture, food production and wood and paper products. In 2014 there were 7,600 people in employment within the manufacturing sector in the Falkirk area.

As manufacturing has reduced over the last decades so the service industries have grown. Our area's excellent transport links have encouraged the expansion of warehousing and distribution, with employment in this sector above the Scottish average. Asda have their Scottish distribution depot in Falkirk. The public sector employed around 19,000 people in 2014, of whom both Falkirk Council and the NHS employed over 7,000 each, making them the biggest employers.

At the start of the economic downturn, unemployment increased rapidly from under 2,000 in the spring of 2008 to over 4,000 by early 2009 and reaching its highest point of 4,800 in March 2011. A reduction in numbers began in January 2013 since when the number unemployed has fallen to 2,100 in July 2015. Male unemployment remains higher than female unemployment but while male unemployment doubled between May 2008 and November 2012, female unemployment rose by 160%.

Unemployment increased more in Falkirk than elsewhere in Scotland. From having a lower unemployment rate than Scotland as a whole, from the autumn of 2008 until May 2015 unemployment in Falkirk was above the Scottish average. In terms of the Council's ranking within Scotland, our position also deteriorated - from the Council with the 16th highest unemployment rate amongst the 32 Scottish local authorities in 2008 to the 8th worst in December 2010. However by July 2015 we stood at 13th highest in Scotland.

While the unemployment rate in the Council area in July 2015 had fallen to 2.1%, there are some parts of the area where the situation is much worse. The unemployment rate varied from 0.3% in Lochgreen, Lionthorn and Prospecthill to 5.3% in Bainsford and Langlees. In 17 of 41 areas unemployment was above the Council average. The areas with the highest unemployment rates, over twice the Falkirk average, were: Bainsford and Langlees; Bowhouse and Camelon East. Eight of the ten areas with the highest unemployment in 2015 also had the highest unemployment rates in 2008 and 2012.

One of the concerns during the recent economic downturn was the rise in youth unemployment. However, the percentage of all claimants who are aged 18-24 has in fact decreased from 33.4% in December 2007 to 26.5% in December 2012 and to 16% of the total by July 2015, suggesting that the increase in youth unemployment was below the increase in other age groups and that the fall in youth unemployment recently has been greater than the fall in unemployment in other age groups.

On the other hand, in December 2012, 8.5% of those aged 18-24 were claiming Job Seekers Allowance compared to an overall rate of 4.3% while in July 2015 2.8% of 18-24s were unemployed compared to an overall unemployment rate of 2.1%.

Only 33.6% of our population had qualifications at NVQ level 4 (degree level) and above in 2014 while the figure for Scotland was 41.0%. This is an improvement from 26% in 2004, but at a 7.6 percentage points rise since 2004 is considerably below the 10.8 percentage points rise in Scotland as a whole. On the other hand, the percentage of people aged 16-64 with no qualifications was 9.4% in 2014, a reduction from 16% in 2004, very similar to the figures across Scotland.

The My Future's in Falkirk partnership aims to grow the local economy and was set up in 2002. The partnership continues to progress to encourage business development in our area. Falkirk Council's £67 million Tax Incremental Financing (TIF) scheme is expected to bring £413 million in private investment into the area, creating almost 6,000 jobs and hundreds of apprenticeships. The Council will fund improvements by borrowing against future business rates income.

Education

In 2009 the Council completed a rebuilding programme of all eight secondary schools. Three new primary schools have been built to meet the needs of new housing developments. In addition, improvements and extensions to the existing schools estate have been undertaken to meet demand, more are planned and more may be required.

In the last few years changes have been made to the school exam system as a result of the introduction of the Curriculum for Excellence by the Scottish Government. This had put considerable pressure on schools, teachers and pupils and will take several more years to bed in completely.

Attainment in our secondary schools has improved in recent years. Falkirk's 2013 results were better than the Scottish average in 4 out of 7 indicators of attainment for S4 and S5 pupils. The percentage of pupils attaining 5+ Standard Grades in 2013 was 38.7%, an improvement from 27.8% in 1999. In 2010 the Higher Grade figures exceeded the Scottish figures for the first time and have improved from 16% in 1999. However, raising attainment and achievement remains a key priority for the Council.

We aim to increase the number of school leavers moving on to positive destinations and to reduce the numbers who are not in education, employment or training (NEET). NEET levels were falling until the economic downturn when they showed a small increase. However, since 2009/10 they have fallen again. The Council used to have one of the highest NEET levels in the country but this has fallen from 25% of school leavers in 2004 to just 9.4% in 2013/14 and the figures have been around the Scottish average in recent years.

Around 30% of school leavers in Falkirk went into employment in 2014 which is a level consistently around six percentage points above the Scottish figures.

Fewer school leavers go on to Further and Higher Education in Falkirk than the Scottish average, although numbers have improved. In 2014, 52.4% school leavers went on to Further and Higher Education compared to 63.1% in Scotland as a whole. Figures from the Scottish Funding Council show that in 2011/12 there were 5,090 people from the Falkirk area enrolling at Higher and Further Education establishments, an increase of 3.9% compared to the previous year.

Forth Valley College has one of its main campuses in Falkirk and provides HNC courses and courses which allow progression to HE establishments. In 2013/14 it enrolled almost 14,000 students including 3,200 full-time students. The College plans a new £70m campus as its headquarters. Construction is expected to commence in 2016 and be completed in 2018.

The area is close to the universities in Stirling, Glasgow and Edinburgh which many local students attend. Looking at the Scottish Index of Multiple Deprivation (SIMD) 2012, while only 18 (9.1%) of the 197 areas in the Council area were in the worst 15% in Scotland for overall deprivation, 27 (13.7%) were in the worst 15% in Scotland on the education domain.

Our households and housing

The growth in population has been mirrored by the growth in the housing stock and the number of households in the Council area. Due to falling average household size, the number of households has been increasing at a faster rate than the population. The number of households grew by over 7,000 or 11.2% between 2001 and 2014 to 69,693 and is predicted to increase to 73,100 by 2020 and to 80,200 by 2037.

Much of the growth in the number of households has been in single person households - from 19,640 in 2001 to 25,365 in 2020 and as many as 30,260 by 2037 or 38% of all households. A considerable proportion of these are likely to be someone aged over 65 living alone. On the other hand, the number of households with children is predicted to fall, although single parent families will increase, while households with two adults with children will decrease. These trends are mirrored across Scotland.

The increase in the number of households has largely mirrored the amount of new house building each year within the Council area. From an average of 500 new houses per year in the 1980's, house building increased to 600 per year in the 1990's but in 2002-2004 it reached 1,000 houses per year. New building fell to just over 300 in 2011/12, although rising since to the low 400's.

One issue identified in the Council's Housing Strategy was that of providing affordable housing. Over the period 2009-12, the Council built around 100 new homes for rent whilst our RSL partners have built or plan to build over 500 new properties.

The Scottish Housing Quality Standard (SHQS) was introduced by the Scottish Government in 2004 and sets a national standard for the quality of socially rented properties. We are committed to continuously upgrading our stock and to supporting private owners to do the same.

While the total number of houses in the area has increased from just under 54,000 in 1981 to over 72,600 in 2014, the number of houses rented by the Council has declined from over 35,000 to around 16,175, almost entirely due to Right to Buy (RTB) sales. The majority of new houses have been for owner occupation, which taken together with the RTB sales has resulted in an increase in owner occupation from around 13,000 houses (23%) to almost 46,500 (64%). There has also been an increase in the number of Housing Association properties, although some of this increase is due to the transfer of the remaining Scottish Homes houses to RSLs. Private renting has also increased, especially since 2010, following many years of decline.

Falkirk is largely a self-contained housing market area. While much of the media attention has focussed on house prices, in fact the greatest impact of the economic downturn has been on the volume of house sales. The number of house sales fell from over 5,000 in 2007 to 2,300 in 2009, and although numbers have since recovered somewhat, they have remained at around half what they were, with 2,600 sales in 2014/5. A report from Registers of Scotland for the period 2005-2015, showed that the average house price in the Falkirk area increased from £102,127 in 2005 to £126,665 in 2015, or 24%, while across Scotland the average price increased to £167,396 - an increase of 35%.

In addition to affordable housing, we are committed to ensuring that there is a sufficient supply of housing to meet special needs, including housing for the increasing number of elderly people and adapted to meet the needs of those with disabilities. The Council is also able to assist in providing adaptations to allow people to continue in their present accommodation.

The Scottish Government placed a requirement on local authorities that by 2012 all unintentionally homeless households would be entitled to settled permanent accommodation. The number of homeless presentations dropped substantially in 2011/12, but numbers rose slightly in 2014/15 to 1,200. The Council has introduced a choice based letting system which gives priority to those in most need for housing.

Our infrastructure

Our area is fortunate to be well connected with excellent transport links to the rest of Scotland and worldwide. We lie at the centre of the Scottish motorway and railway networks and are close to both Edinburgh and Glasgow international airports.

The upgrading of the A80 to motorway standard reduced journey times towards Glasgow and the south. Motorway access improvements at junctions on the M9 and on the M876, providing access to Central Business Park and Forth Valley Royal Hospital, have been completed. Further improvements to junctions on the M9 and on the M80 are planned and the Council will work with the relevant transport authorities to secure funding and progression of the work required.

Preparatory works for the improvements to the A801 Avon Gorge route have been carried out by the Council and planning permission has been agreed. Funding has yet to be finalised, and this remains a transport priority.

The Clackmannanshire Bridge has provided a second local crossing of the Forth but the proposed subsequent refurbishment of the Kincardine Bridge has yet to commence. The Queensferry Crossing is due for completion in 2017 will provide additional connectivity to Fife and beyond.

Network Rail has begun an electrification programme (EGIP) which will increase frequency and capacity and reduce journey times to Glasgow and Edinburgh. Station platforms will be extended at Falkirk High and Polmont and work is ongoing on bridges over the line across the area. The current planned completion date is December 2016. Rail services are also available to Stirling and twice a day direct to London and Inverness. The Council still wishes to see a passenger rail link extended to Grangemouth and land has been reserved for a future station. A similar land reservation has been made for a station at Bonnybridge.

Rail freight traffic to Grangemouth remains important and electrification will take place as part of the EGIP project. A Grangemouth Investment Zone is in the National Planning Framework 3 and the Grangemouth Freight Hub will make this an even more attractive place for employers to locate in. Grangemouth is Scotland's premier port and largest deep sea container port. Container traffic has continued to grow and the port handles around 9 million tonnes of cargo per year.

Because of our good transport links, commuting rates in our area are high. The 2011 Census showed around 26,750 out-commuters and 14,200 in-commuters. Out-commuting has increased since 2001 but in-commuting is almost unchanged. The main commuting links are with the two cities of Edinburgh and Glasgow and also with the Council's five neighbouring local authority areas.

The upgraded Beaulieu to Denny 400kv electricity transmission line will allow the transmission of renewable energy generated in the north of Scotland to the Central Belt. The final completion of all works will be in 2016.

Most of the Council area is well served by the water supply and sewerage systems provided through Scottish Water and there should be sufficient capacity to meet most planned future developments. Substantial land areas within the Falkirk area are potentially liable to flooding, particularly along the Forth estuary and the Rivers Avon and Carron and we have one of the highest percentages of population at risk of flooding of any council in Scotland. Climate change may lead to more frequent and severe flooding than the more localised incidents which have been experienced in recent years. We will work with our partners in Scottish Water, SEPA, British Waterways and with neighbouring councils to produce local flood risk management plans covering our area by June 2016.

The area is also well connected digitally with more than 80% of the area covered by superfast broadband. There are some small areas where connectivity remains an issue such as upper Braes, Blackness etc.

Our communities

The area is home to many nationally and internationally important wildlife sites requiring protection from development so that they can continue to be enjoyed by Falkirk residents. However, the last 100 years have seen considerable declines in the numbers and health of many of our habitats as human activities place ever-increasing demands on our natural resources.

The amount of vacant and derelict land in our area has been decreasing as land has been regenerated and put to new uses - from 282ha in 2002 to 150ha in 2014.

Our record on waste recycling is good. In 2013/14, 53.0% of waste was recycled or composted. This was up from 36% in 2007/08. We must work to maintain and improve these figures.

89% of residents rated their neighbourhood as a good place to live in 2014 which has increased since 2010.

Our area has a lower crime rate than other parts of Scotland with only 422 crimes recorded per 10,000 population in 2014/15 compared to a Scottish figure of 469, and down from 543 in 2010/11. Most types of crime are below the Scotland average. The clear up rate for crimes is well above the Scottish average, with 54.4% of all crimes being cleared up, compared to only 50.4% of all Scottish crimes. Vandalism was one of the most frequently reported crimes but numbers have been falling substantially from 3,118 incidents in 2006/07 to 1,472 in 2014/15. According to the Scottish Household Survey in 2014 only 5% of the population thought that vandalism was prevalent in their neighbourhood – down from 19.3% in 2001/02 and lower than the Scottish figure of 8%.

Fear of crime is often higher than actual crime. In 2014, 94% of residents in the Falkirk area said that they felt very or fairly safe in their local area during the day but this dropped to 66% at night. However, it did show an increase from the 2010 figures of 84% and 53% respectively.

Reconviction rates after one year in our area in 2012/13 were slightly higher than those across Scotland. Figures suggest that reconviction rates are higher for males than females and for those aged under 21 and this remained true across Scotland.

Along with the rest of Great Britain, road accident and casualty numbers have been decreasing since the peak in 1966. In the Falkirk area, an average of 105 road users were killed or seriously injured per year in the period 1994-1998 but the average had fallen by over 45% to 45 per year by 2010-14. In 2013/14 the rate of accidental dwelling fires per 100,000 dwellings in our area was 165.4 compared to 185.7 in Scotland as a whole. In addition, the rates of wilful fires and hoax 999 calls are at or around the Scottish average.

Falkirk town is the main administrative and retailing centre for the area. It has a vibrant town centre but, like all town centres, it suffered during the economic downturn with the closure of major chains and vacancy rates have increased. However, it retains its position as a major shopping centre within the Scottish retail hierarchy. In 2010, Falkirk attracted regeneration funding through the Scottish Government's Town Centres Regeneration Fund to make a number of architectural and environmental improvements around its town centre. A further bid for Heritage Lottery Funding to upgrade frontages within the conservation area in the Town Centre is being progressed.

Throughout our area, 5,800 people were employed in the retail sector in 2014 but has fallen from over 7,400 in 2008. However, there have been some recent new developments such as the opening of new stores by Tesco, Aldi and B&M in Camelon.

Work has been completed on the regeneration of Bo'ness and Stenhousemuir town centres. The Bo'ness Townscape Heritage initiative has also been completed but the regeneration project for the harbour and foreshore has been put on hold. The Denny town centre regeneration project is currently underway. Initial plans for the regeneration of Grangemouth town centre have not progressed as hoped but the Council is reviewing the Town Centre Regeneration Strategy to identify new opportunities for that centre. The Falkirk Wheel, which was built as part of the Millennium project to reopen the Forth and Clyde and Union canals, attracted its largest ever number of visitors in 2014 at over half a million. More than 5.5 million people have visited the Wheel since it opened in 2002. As part of the Helix project the Kelpies sculpture opened to the public in 2014. Already over 800,000 people have visited and they have become a major tourist attraction.

The Antonine Wall achieved World Heritage status in 2008 and requires to be protected and promoted along with other heritage attractions. Our location at the heart of Scotland makes our position ideal for attracting day visitors.

Our Health

Along with the rest of Scotland, the death rate in the Falkirk area is continuing to decrease with the annual number of deaths falling to under 1,500 for the first time in 2009 and reaching the lowest level since 1981 in 2013/14.

Mortality rates for Falkirk and for Scotland have generally improved since 2006 and Falkirk has also improved relative to Scotland. There have been considerable improvements in death rates from major diseases such as coronary heart disease in recent years and also in treatments for cancer. Other major causes of death are stroke and respiratory diseases. Since 2010, the percentage of deaths due to cancer has increased from 28.7% to 30.4%, but the percentage of deaths from heart disease has decreased from 18% to 15%.

Life expectancy at birth in the Falkirk area for 2012-2014 was slightly above the Scottish average at 77.3 years for men but below the average for women at 81.0 years. Life expectancy has increased over the last ten years, from 73.9 years for men in 2002-2004 and from 78.8 years for women. The Council and its partners put significant emphasis on reducing health inequalities across our area. In 2009 the Council published Health Inequalities profiles highlighting some of the contrasts between our areas. For example, Camelon East had male life expectancy of only 68.9 years and rates of coronary heart disease, respiratory disease and cancer well above the Falkirk average. On the other hand in the Lochgreen area of Falkirk male life expectancy was 79.8, almost 11 years longer than in Camelon, while all disease rates were well below the Falkirk average. The three worst areas were Camelon East, Bainsford & Langlees and Camelon West.

The SHS showed that in 2014, 21% of our population smoked. This is slightly higher than the Scottish figure of 20%. The number of clients reporting to drug related treatment services has been falling, from 131 to 108 between 2013/14 and 2014/15. Waiting times for treatment have also been improving. Figures for 2012/13 show that the prevalence of problem drug use in our area is similar to that across Scotland as a whole. There were nine drug related deaths in the Council area in 2014, of which five involved heroin. This is the lowest figure since 2010.

Alcohol related deaths in our area have increased significantly since the 1980's and averaged in the low 30's since the late 1990's. Alcohol related hospital discharges have decreased from a peak in 2008/09 of 369 per 100,000 population to 342 in 2013/14. Falkirk has one of the lowest rates in Scotland.

Data from the 2011 Census showed that 81.8% of the population thought that their health was very good or good, with 5.5% saying that they were in bad or very bad health. Health deteriorates with age and only 41.7% of those aged 75 and over said that their health was good or very good.

In the last few years there has been an increasing focus on mental health. Figures for Forth Valley Health Board area show that prescribing rates in this area for mental health problems are slightly below the Scottish average. National figures suggest that psychological problems of various kinds are the fifth most common reason for consulting a GP.

The latest five year average for suicides in Falkirk was 20, slightly up on the early 2000's but below the numbers in the 1990's. National figures show that suicide in 2014 was two and half times more common in males than females and three times higher in the most deprived areas than in the least deprived.

At present, only around 30% of the population is reasonably active, but a Physical Activity Strategy 2007-2017 involving Falkirk Community Trust and partners is encouraging physical activity in the community. In 2013/14 there were over 1.08 million attendances at sports facilities, up from 941,000 in 2010/11 or 15%.

Taking part in cultural and leisure activities helps to promote good health, both physical and mental. In 2011 the Council set up the Falkirk Community Trust which took responsibility for the Council's sport, recreation, arts, heritage and library services.

Our older people

The number of people aged 65 and over is expected to increase by almost a quarter by 2020 and 78.5% by 2037, with even larger increases among the over 85's.

These increases will put a strain on our services and those of our partners. The Council is currently working with our partners, in particular NHS Forth Valley, in the creation of the new Integrated Joint Board – the Falkirk Health and Social Care Partnership. The Joint Board will take responsibility for adult and older people's health and social care from April 2016.

In 2012-14 life expectancy at age 65 was 17.3 years for men (compared to 17.4 years across Scotland) and 19.4 years for women (19.7 years is the Scottish average). Therefore both men and women reaching the age of 65 can expect to live into their 80's. Both men and women aged 65+ now expect to live two years longer than in 2002-04.

According to the 2011 Census, 12.5% of all households in the Falkirk area consist of a single person aged 65 or over and a further 7.9% of households consist of two or more people aged 65 and over. Almost all people aged over pensionable age are able to claim the basic State Pension. Those on low incomes can claim Pension Credit. 5,840 people of pensionable age were claiming Pension Credit in 2015 representing 19.5% of all those in receipt of a State Pension. There is a slightly lower percentage of pensioners claiming Pension Credit in Falkirk than across Scotland where the figure was 20.6%. In addition, 3,280 pensioners received Disability Living Allowance.

In nine areas, a quarter or more of pensioners claimed Pension Credit with the highest percentage of claimants being in the Bainsford and Langlees area.

The 2011 Census shows that while around 9% of our population is aged 65-74, 20% of all those with a long standing limiting illness, disability or health problem are aged 65-74, while for the over 75's the figures are 7.2% of the total population but 24.5% of those with a long standing limiting illness, disability or health problem. For households, the Census shows that 61% of single pensioner households and 65% of households of two or more people aged 65 and over have at least one person who has a long term health problem or disability.

The 2011 Census also shows that while overall 82% of people in our area think that their health is good or very good, this falls to 59% for those aged 65-74 and 43% for those over 75.

The number of emergency hospital admissions for patients aged 65+ have increased in Falkirk by 40% from 2002 to 2012, compared to a 14.6% increase in numbers across Scotland. However, the rate of admissions per 100,000 population remains below the Scottish rate.

Older people form the majority of clients of Social Work services. Over 13,000 hours of home care per week are currently provided for those aged 65+. Respite care is also available and over 63 weeks of respite care was provided for every 1,000 older people last year. There are almost 1,000 care home places in our area for older people in 24 care homes, six of which are run by the Council itself.

In order for people to remain in their own homes, a number of different types of specialist housing are available. From 2001 to 2012 there was a large increase in the availability of wheelchair adapted housing and housing suitable for the ambulant disabled. The percentage increase in both types of housing was significantly greater than the increase in Scotland as a whole.

The great majority of people spend the last six months of their lives at home or in a community setting. From 2005/06, Falkirk increased the number of people spending the last six months of life in these settings from 89.5% and below the Scottish rate, to 91.6% and above the Scottish rate in 2012/13.

Poverty and Welfare Reform

While pay for women remains below that of men, the gap appears to have narrowed slightly in the Falkirk area in the last few years for full time employees. Earnings in Falkirk are generally close to, although slightly below, the Scottish average.

The current economic situation has highlighted the problems of debt and lack of financial resources. Our Community Advice Service, together with the Citizens Advice Bureaux in the area, provided advice or negotiated debts for 1,160 local people on debts amounting to £36.1million in 2012/13. However, in 2014 68% of Falkirk households had savings, up from 66% the previous year, the same as the Scottish average.

Although unemployment has fallen considerably over the last two years, there are still a significant number of people in our area living on working age benefits because they are not in work. 2,098 people were claiming Job Seekers Allowance in July 2015. 1,810 people of working age were on Income Support, 520 on Incapacity Benefit and 7,240 on Employment Support Allowance while 5,850 people received Disability Living Allowance in February 2015.

In 2012/13 our Community Advice Service achieved welfare benefit gains for people in the Falkirk Council area of £10.8million.

The latest figures show that 14,600 households (21%) received a Council Tax Reduction. The number receiving assistance has fallen by around 1,000 since the new scheme was introduced in 2013. 19% of households were in receipt of Housing Benefit (HB) prior to the introduction of the Local Housing Allowance for those in private rented accommodation. At that time, 13% of HB claimants were in private rented housing. The latest figures for 2013 on HB claimants showed that there were 9,116 claimants which equates to around half of all council and housing association tenants and 13% of all households. It is also proposed to pay HB as part of the new Universal Credit rather than direct to landlords. The Council is working to mitigate the possible effects of these proposals.

The Scottish Government has provided finance to local authorities to allow them to make Discretionary Housing Payments (DHP) to those adversely affected by the so-called "Bedroom tax". In the three month period to June 2015, 3,035 applicants for DHP were made in our area and payments totalling £1.3 million were made, averaging £450 per payment.

As with many aspects of inequality across the Council area, there are considerable differences between areas. Bainsford and Langlees has the highest number of working age benefits claimants per 1,000 working age population at 304 while Lochgreen, Lionthorn & Prospecthill has the lowest number at 38. Seven areas had a rate of over 200 compared to a Falkirk average of 145.

The UK government passed a Welfare Reform Act in March 2012 which will introduce a single Universal Credit by 2017 when all new and existing benefits claims will have transferred to the new benefit. New claimants began transferring to the new benefit from May 2015 in the Falkirk area. Child Tax Credits and Working Tax Credits will be integrated into the new Universal Credit. In addition, a Personal Independence Payment began to replace Disability Living Allowance from 2013 for those of working age. From a Council point of view, the biggest direct effect will be the abolition of Council Tax Benefit and Housing Benefit, both of which are administered by the Council. Our Housing Benefit responsibility will end in 2017 when it is due to be integrated with Universal Credit.

The Council and its partners are working together to minimise any adverse effects on those living in our communities. We will continue to monitor the changes as they are introduced to see what the impact will be on people living in our area.

While not suffering from the same concentrations of deprivation as experienced in the cities and some other local authorities, there are still pockets of deprivation in most of the towns in our area. In the 2012 Scottish Index of Multiple Deprivation (SIMD) 18 datazones in Falkirk fell within the worst 15% in Scotland. Three areas appeared in the worst 15% for the first time: Denny: Anderson Drive; Slamannan North West; and Hallglen East.

Six areas have been shown to have persistent concentrations of deprivation across a number of versions of the SIMD. These are: Bainsford/Langlees; Camelon; Grangemouth (area around Avonbank Avenue, Kingseat/Craigleith, Torwood Avenue); Denny: Bridge Crescent; Maddiston; and Westquarter.

Each of these areas has its own characteristics and they vary in size from a population of just 600 to almost 3,000. In the SIMD 2012 around 12,650 people lived in an area ranked in the worst 15% in Scotland – 8.2% of the total. An updated SIMD is due to be published in 2016.

FALKIRK COUNCIL

Subject: LOCALITY PLANNING
Meeting: COMMUNITY PLANNING LEADERSHIP BOARD
Date: 21 APRIL 2016
Author: HEAD OF POLICY, TECHNOLOGY AND IMPROVEMENT

1. INTRODUCTION

- 1.1 In order to ensure that we are achieving the outcomes and addressing the priorities set out in our new Strategic Outcomes and Local Delivery plan, we need to develop a locality model of planning that ensures we addressing inequality of outcome, ensures engagement with our communities and also develops a more robust approach to ensuring we are delivering services that meet the needs of our customers. The Community Planning Partnership under the terms of the Community Empowerment (Scotland) Act 2015 requires developing locality plans which address issues of inequality. The main purpose of locality planning it is to ensure that we identify where within defined localities communities and individuals are furthest from achieving outcomes and putting in place interventions to address these inequalities.
- 1.2 This report sets out a proposed framework for planning and notes further actions that are required to progress this to implementation.

2. THE PURPOSE & FUNCTION OF LOCALITY PLANNING

- 2.1 The Community Planning Partnership is required to have in place a locality planning process, supported by locality plans:

‘in which persons residing there experience significantly poorer outcomes which result from socio-economic disadvantage than [...]those experienced by persons residing in other localities within the area [...] or [...]those experienced generally by persons residing in Scotland’¹
- 2.2 The CPP may also produce locality plans for all other localities within the local authority area. There is only a requirement to produce locality plans for localities with significant pockets of multiple deprivation. The purpose of this is to address inequalities within a local authority area and de facto, across Scotland.
- 2.3 The purpose of a locality plan is to determine:

‘local outcomes to which priority is to be given by the community planning partnership with a view to improving the achievement of the outcomes in the locality [...]a description of the proposed improvement in the achievement of the outcomes, and [...]the period within which the proposed improvement is to be achieved.’²

¹ Scottish Government (2015) *Community Empowerment (Scotland) Act 2015*, Part 2 – Community Planning, 9.3.

² *Ibid*, Part 2 – Community Planning, 10.3.

- 2.4 The CPP must therefore build an outcome improvement process with measurable targets and a timeline within locality plans. Locality plans must be clear on what action will be taken by each partner within the CPP. This will fully integrate with the Strategic Outcomes and Local Delivery Plan.
- 2.5 Furthermore, the CPP is required to ‘*consult such community bodies as it considers appropriate*’ and ‘*such persons as it considers appropriate*’³. Community bodies and individuals that the CPP considers ‘appropriate’ must be consulted during the production of a locality plan. The locality plan must also take into account the ‘*needs and circumstances*’ of the locality’s residents⁴. This means that locality plans must be a product of consultation with local people and statistical evidence.
- 2.6 The CPP is required to publish progress reports on an annual basis or a period determined by Scottish Ministers. Progress is determined by improvements in local outcomes identified through consultation with residents and statistical evidence.
- 2.7 Locality planning will provide an opportunity for community groups and organisations across the Falkirk Council area to play a part in identifying key local actions, to be involved in defining how relevant outcomes can be achieved and to propose ways in which the community can draw on its local knowledge, organisation and people to shape their communities.
- 2.8 Locality planning must be provided within a consistent framework and approach across the whole Council area and one that offers the opportunity for all Community Planning partners to fully engage with local communities and people.
- 2.9 Locality planning must therefore be underpinned by effective community engagement. This is defined as:
- ‘...developing and sustaining a working relationship between one or more public body and one or more community group, to help them both to understand and act on the needs or issues that the community experiences.’⁵
- 2.10 We need to ensure that the framework is inclusive and facilitates engagement and participation from local communities, whether they are geographically based or of interest.
- 2.11 This will include:
- Having a sound understanding of place, based on robust evidence, an understanding of local people gained through interaction with them;
 - Consideration being given to ensuring those involved are representative of all sections of society e.g. age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation, as well as those excluded through socioeconomic barriers;
 - Drawing on core evidence from across relevant Community Planning partners to profile local areas, interests and determine where / what should be given priority;

³ *Ibid*, Part 2 – Community Planning, 10.4.

⁴ *Ibid*, Part 2 – Community Planning, 10.5.

⁵ Communities Scotland (2005) *National Standards for Community Engagement*, Scottish Executive, Edinburgh, p.4.

- Drawing on Local Community Planning profiles to better understand the nature and extent of local inequalities, comparing with local or external indicators where possible;
- Referencing the Strategic Outcomes & Local Delivery Plan, and other relevant strategic plans & strategies to ensure the integration of local priorities and outcomes with those for the area as a whole;
- Validating what the evidence highlights with partners and local communities, so that consensus is built on which issues to tackle; and
- Ensuring sign off by the Community Planning Leadership Board of a scoping document which will outline which area/interest needs to be targeted and the issues that need to be addressed. This should include a method statement outlining the approach that be used locally which will ensure that we meet the purpose of this framework.

3. BUILDING ON EXISTING PRACTICE

- 3.1 In order to develop robust locality plans it is important that we build on the partner's community engagement strategies and good practice. For example, Falkirk Council has an existing community engagement strategy, 'Have Your Say: A Plan for Local Involvement'. 'Have Your Say' was developed through an engagement process with numerous stakeholders.
- 3.2 Falkirk Council also has a Community Participation Strategy which informs the proposal for locality planning further described in this paper. This framework will:
- Ensure that local people, communities and key stakeholders have a meaningful say on how to tackle the key issues facing their neighbourhood or area of interest, giving priority to tackling local inequalities, and have the opportunity to contribute towards their resolution;
 - Ensure we treat all participants with respect and we will expect all participants to treat us and others with respect. We may require people and organisations that represent their communities to show us how they have collected the views of their community;
 - Ensure that they have an influence on the public services that are delivered in their area;
 - Ensure that all participants are clear on what to expect from Locality Planning, and what their rights are in this respect;
 - Ensure that local resources are directly aligned to local priorities, in the most efficient and effective manner possible, and in a way which will secure optimum benefit for local communities;
 - Ensure equity of access to all local interests to this framework;
 - Ensure a commitment to continuous improvement so that the framework operates in a manner which is of most benefit to local interests;
 - Publish the results of Locality Planning demonstrating the benefits which local communities have secured as a result;
 - Clearly identify which local areas, needs and issues need to given priority by the Community Planning Partnership working in strong and effective partnership with local communities;

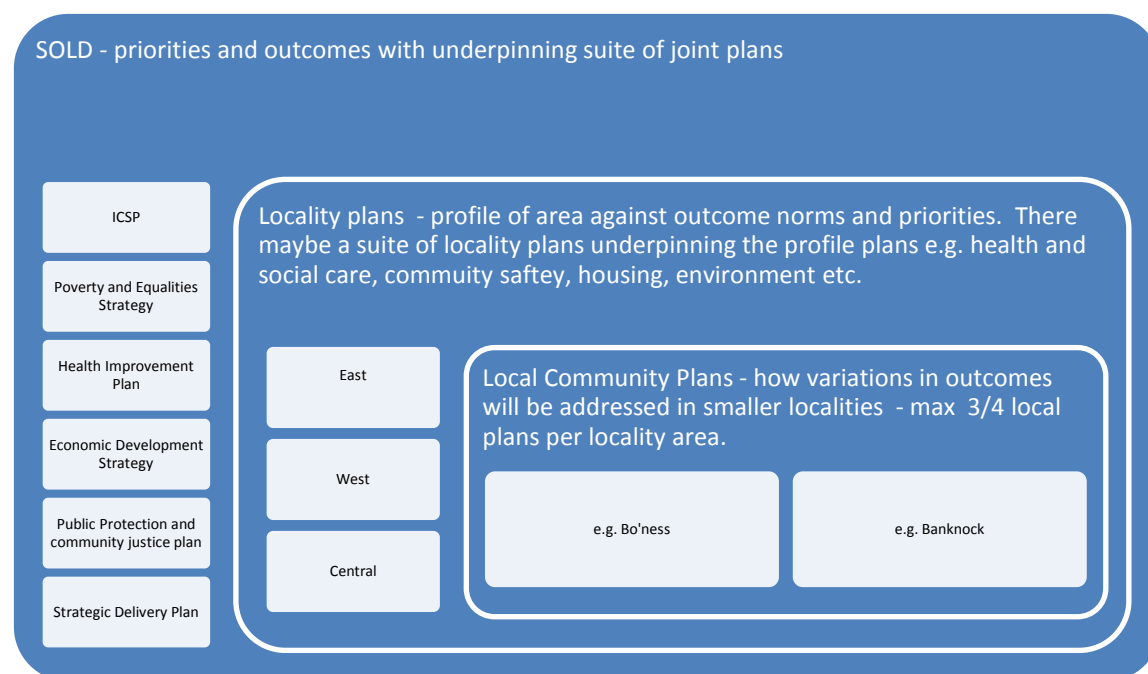
- Seek to improve collaboration and resources across the Community Planning Partnership in this area; and
- Meet the Locality Planning requirements of the Community Empowerment Act.

3.3 In addition the Council also tries to adhere to the following standards in all its engagement activities. It is suggested that the CP partnership and all its constituent parts also follow this.

- If there are reasons we can't consult with you, we will explain why;
- We will be clear at the start of consultation, the scope of the dialogue we are able to have; and
- We will publish key partnership decisions, whether or not there has been community involvement or not.

4. LOCALITY PLANNING IN FALKIRK

4.1 In order to meet the requirements of the Community Empowerment Act and to progress our own planning needs it is proposed that Community Planning is developed across three main levels within the Falkirk Council area.



4.2 These are:

Strategic Level

4.3 The Community Planning Leadership Board will be responsible for the establishing local outcomes and priorities for the Council area. These will be articulated in our Strategic Outcomes and Local Delivery Plan and underpinned by a variety of delivery groups comprising of a range of agencies including the key public sector agencies.

4.4 Our strategic priorities and local outcomes will be taken forward by each agency and organisation individually and collectively with key PIs being established to monitor progress. Progress against outcomes will be reported to the CP Leadership Board on a

scheduled basis. In addition each agency must report the CP Leadership Board on an annual basis for its actions and progress toward achieving all outcomes.

- 4.5 A collection of delivery plans will underpin the SOLD including the Strategic Delivery Plan for Health and Social Care, the Economic Development Strategy etc.

Locality Level

- 4.6 It is proposed that three localities have been identified which will incorporate into a locality. These are: **Central** – Falkirk including Hallglen, **East** – Bo’ness, Grangemouth, Polmont and the upper Braes, **West** - Bonnybridge, Denny, Larbert and Stenhousemuir. These areas will be the basis for locality plans. These plans will initially set out the outcomes within the SOLD and how these are being achieved at this locality level. This will highlight where in each locality there are issues about achieving those outcomes within different communities that make up the localities. Planning for services etc will also be planned at this level but with regard to the specific communities that make up these localities.
- 4.7 It with this in mind that locality planning will be informed through the priorities and outcome determined within the Strategic Outcomes and Local Delivery Plan.
- 4.8 Locality plans need to take account of certain issue based focus and how to ensure these are being addressed appropriately within localities.
- 4.9 One area of significant service delivery that this model must accommodate is the integration of health and social care services. The framework will be flexible enough to accommodate the levels of change required to be delivered and will have regard to the essential community engagement and participation that is critical to addressing outcomes in localities and communities.
- 4.10 It is proposed that locality plans will be developed and underpinned by community involvement in determining how communities, stakeholders etc. can be engaged in developing local solutions to achieving the outcomes within the SOLD and its subordinate plans e.g. the Strategic Delivery Plan.
- 4.11 The development of plans will need the involvement of local Elected Members, Community Planning partners, and local community representatives. The work to produce the plans will include:
- Considering local evidence and the strategic priorities and local outcomes from the SOLD, in the determination of local priorities and outcomes;
 - Reviewing action and progress on local outcomes and priorities;
 - Involvement in participatory budgeting and influence on which local action to give priority to, with a focus on tackling local inequalities;
 - Advising the Community Planning Leadership Board of progress and performance; and
 - Reporting back to local communities on progress and performance.
- 4.12 In targeting Locality Planning on the right areas / interests, we will seek to address the following issues:

- We will advise local people and groups of interest that locality planning work will be taking place. We will endeavour to identify particular groups within the area who might be particularly interested and encourage them to be involved; and
- We know that some groups, such as disabled people, may face particular barriers if they want to get involved. This might be because they are less likely to find out about a consultation, or would find it more difficult to respond. We will try to overcome these barriers wherever we can.
- All locality planning will have:
 - A clear purpose for the locality community planning process
 - Agreed, realistic timescales and resources
 - Clear roles and responsibilities for all those involved
 - An understanding of what success looks like, including what we are trying to achieve and how we will get there
- We will seek to remove barriers to those participating in locality planning, through considering the convenience of meetings both in terms of venues and timing, communication aids, access to online resources, care of dependents and support for travel and out of expenses, where appropriate;

Community Level

- 4.13 It is at community level where solutions will be developed through Community Action Plans. Community Action Plans will be designed to tackle the issues underpinning priorities and local outcomes developed at locality level. Community Planning partners will identify a number of appropriate officers to work with local communities in developing Community Action Plans and supporting them on their delivery. Work at community level will be reported upwards to the locality structure (whatever that may be) to assure that sufficient progress is being made on actions underpinning the attainment of local priorities and outcomes.
- 4.14 A variety of consultation and engagement methods will be used at this level to ensure action is taken forward appropriately and with community support – however for local plans we will develop a consistent approach which will allow for variation depending on the issues to be addressed. This will include the use of visual data to show what the transformation of place will look like. Data collected at this level flows upwards to the locality, as well as driving change at a community level.
- 4.15 In engaging locally we will ensure that participants are given adequate notice prior to starting and that they receive sufficient and appropriate information. This is underpinned by the following commitments:
- We will try to use the most appropriate method for each engagement exercise but with a common framework for developing plans e.g. planning for real etc. The methods used are evaluated and adapted in response to feedback from participants and partners;
 - We will ensure that sufficient time is available when we are asking community organisations and individuals to attend a consultation event;
 - We will share all the information necessary for people to participate and we will use clear, accessible language. We will try to use plain English in all engagement activity, and ensure that you get information in different formats should you require this
 - Community representatives will be supported to maintain continued dialogue with those they represent, and to bring their views to the locality community planning

process, in order to ensure that they have legitimacy in the eyes of those they represent

- 'There will be recognition that all participants' time is valuable and they may have other commitments and obligations (agency, community, statutory).
- There will be recognition that the community engagement process should be based on trust, mutual respect and honest dialogue between all participants.
- Decisions will be made on the basis of agreed procedures and shared knowledge.

4.16 Participatory Budgeting (PB) may be used at this level to help stimulate community based solutions.

5. PARTICIPATORY BUDGETING

5.1 Participatory Budgeting (PB) is a means of directly involving local people in the identification of spending priorities and the allocation of money within a defined public budget. It is aimed at strengthening participatory democracy; improving service delivery; improving the quality of local, well-targeted investment; empowering communities and providing an insight on how public bodies financially plan and take decisions. This is designed to put local people more at the centre of influence and decision making on the public services that they use. This does not replace local democracy or the decision making authority of Elected Members.

5.2 We propose a simple approach to PB which will allow communities, working in tandem with local Elected Members and partner organisations, to have their say on how an allocated amount of money for their area or area of interest should be spent. The only thing that we ask in return is that money is allocated in accordance with the local priorities derived as a result of this planning framework and that what is achieved as a result is reported in an open and accountable way. We will ensure that the reporting mechanism to be used is both simple and easy to complete.

5.3 We will develop a proof of concept in year 1, to mainstream within a rolling programme of PB thereafter. The proof concept will take place across each of the 3 localities in year 1, taking the lessons we learn into other areas and areas of interest in later years. This will allow the partnership to test and embed good practice into mainstream activity after year 1. We are particularly keen to learn how effective community generated solutions are in comparison to the traditional ways we have allocated and spent money in these areas. All those involved in PB will be able to give their input on how the approach has worked and on how we can improve it further.

5.4 The Scottish Government has made £2m available through the Community Choices Fund to support the development and implementation of Participatory Budgeting across partnerships. While this is a statutory requirement, it also is an exciting opportunity to incentivise citizen participation in the Council area. It also potentially offers opportunities to strengthen partnership working within the CPP and beyond, into our communities. Last year £500,000 was allocated across 20 local authority areas. It is anticipated that this year all 32 CPP's will seek support. It is therefore in our interests to be proactive and have a proposal available for application as soon as possible.

- 5.5 A 4 day training package is available for partnerships, with Scottish Government covering part of the costs as previously. While this not a competitive application process, but the consultants were over-subscribed last year. Reviews of the training programme have been very positive (Community Planning Network), with a mix of Officers and elected Members attending. We anticipate that the application will request that the remaining cost of this training will form an element of the application.
- 5.6 The application process for the funding will be, we anticipate, open in late May/early June. It is expected to be a highly competitive process. There will be two streams, one specifically for public authorities and one for community anchor organisations (which include Housing Associations and Community Councils). To access significant amounts of funding from here would require a degree of innovation in our approach to PB. There is certainly scope to do so, given the predilection for the community grants approach in Scotland. It is therefore proposed that an application for development funding is prepared and that during the coming weeks further work is done on preparing a model of participatory budgeting that supports our outcomes and locality planning model. This will be presented back to the Leadership Board in June for discussion.

6. ACCOUNTABILITY & REPORTING OF LOCALITY PLANNING

Review & Impact

- 6.1 We will agree what we are trying to achieve through locality planning and will review what we have achieved and what we have learned, implementing and lessons and improvements as required. In doing so we will consider the following:
- The locality community planning process and its impact should be monitored to measure progress against agreed outcomes (short, medium and long term)
 - All participants will review locality community planning plans and adjust them in light of monitoring and evaluation.
 - Participants will agree what information needs to be collected (how, when and by whom) to understand the impact of the locality community planning (short, medium and long term).
 - Lessons from the locality community engagement processes will be incorporated in to future locality community engagement processes.
 - Learning from practice (and associated evidence) will be recorded and shared with all participants and other partners as appropriate

7. CONCLUSIONS AND WAY FORWARD

- 7.1 The above gives a broad approach to locality planning. It outlines a hierarchy of planning:

Strategic Outcomes and Local Delivery Plan

- Setting out priorities and outcomes for the whole partnership area.

Up to 3 locality plans

- Outlining how those priorities and outcomes impact across those areas and identifying specific local communities and individuals where the challenge to achieving outcomes is greater.

Neighbourhood / Local community plans

- Focussed on those areas / communities where outcomes are less likely to be achieved and putting in place plans and interventions based on those outcomes / priorities

7.2 This broad framework needs to be considered by partners and also the Partnership. A number of key issues require to be addressed before finalising this proposal. These include:

- How are plans are to be developed practically at a locality basis;
- What are the boundaries of the three proposed localities – at the moment a working hypothesis is based on multi member wards with each area having 3 wards each;
- How does this structure support rather than duplicate partners existing arrangements;
- how to partners, elected members and communities engage within those localities;
- How are the areas for local community action plans agreed and developed;
- How are locality plans monitored and reviewed;
- Who reports on progress against outcomes to the community planning partnership; and
- What are the resources required to support this structure and how will all partners contribute to this support.

7.3 It is therefore proposed that a small group of senior officers from across the partnership meet to discuss and make firm recommendations to the Leadership Board to taking forward locality planning and importantly ensuring improved outcomes in local areas.

8. RECOMMENDATIONS

It is recommended that the Leadership Board:

- 8.1 Approves the broad framework for locality planning set out above;
- 8.2 Agrees a short life working group of senior officers from the partnership be established to:
 - 8.2.1. Develop the framework and the practical arrangements that would have to be put in place to deliver this;
 - 8.2.2. Address the issues note in para. 8.2 above;
 - 8.2.3. Ensures this model is fit for purpose; and
 - 8.2.4. Develops further a model of participatory budgeting for piloting.
- 8.3 The short life working group reports back to the Leadership Board at its meeting in June with a finalised proposal for taking forward locality planning including participatory budgeting within the Falkirk Council area.

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HEAD OF POLICY, TECHNOLOGY AND IMPROVEMENT

Date: 12 April 2016

Contact Officers: Fiona Campbell EXT 6004

Reference: 6 - MAAEA0416FC – Locality Planning

LIST OF BACKGROUND PAPERS

Community Empowerment Act 2015

Falkirk Community Planning Partnership
Delivery Structure

