

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

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## 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 make sure this plan is right for our area and will help us address the challenges and opportunities for our area over the coming years.

The challenge of achieving our vision was set to us 15 years ago by our communities to change the area from one facing significant decline 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 achieving 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 are greater challenges 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- including feedback from our communities 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.

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.

To achieve this, we will underpin this plan with a number of focussed delivery plans. These plans will -

- be based on evidence;
- look to adopt a preventative approach;
- ensure early intervention will be our priority wherever on a person's journey they are;
- identify and address inequalities; and
- Where ever possible seek to co-produce solutions.

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. This has led to the following priorities being identified as those over the lifetime of this Plan, we will have a particular focus on and put additional efforts into addressing:

- Improving mental health and wellbeing
- Maximising job creation and employability
- Minimising the impact of substance misuse
- Addressing 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 around 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, this needs to start with ensuring that our children can have the best start in life, and that 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 towards 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 service 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 may be at risk of experiencing mental health problems linked to social isolation and loneliness.

Parents are key to children forming positive attachments and in turn becoming resilient and successful. Growing up in Scotland (GUS) research undertaken in 2010 and then again in 2011 highlights that depressed mothers can be less responsive than mentally healthy mothers, which can affect a child's attachment. The first years of a child's life are crucial to their development and how they succeed later in life. Almost one third of mothers experience poor mental health at some point during the first four years of a child's life. As they develop the importance of play in strengthening a child's emotional resilience needs to be recognised. It is therefore crucial that the CPP works together in a holistic way to support families.

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. This can not only affect people with mental health problems, but also their carers and family circle. All community planning partners have a responsibility for ensuring that they are both preventing and addressing stigma and discrimination where it occurs. People living with mental health problems often experience significant social isolation, and this can create barriers to accessing appropriate services. Stigma and discrimination can be both direct and indirect, and can contribute to poor mental health, as well as general wellbeing.

All service provision should take a recovery focused approach and take account of the following:

- Evidence-informed action;
- Improve population mental health;
- Address inequalities in mental health;
- Promote good mental health across the lifespan;
- Address the needs of people with mental health problems; and
- Focus on outcomes.

## **Influences**

The integration of health and social care services can act as a positive driver for change, by providing fresh opportunities 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;
- Have a focus on prevention and early intervention drawing on a wide range of services across both the public and Third sectors;
- Build on the success of existing services;
- Build capacity at individual and local level;
- 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 so that mental health outcomes can be improved. 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 to be 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 identify 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 to local communities.

Community Planning partners have many front line services which reach into the day to day life of citizens. Through this, 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.

Whilst greater integration will positively transform 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.. This influence needs to be used to help lead positive change within local communities. Reducing stigma can be evidenced through a reduction in the incidence of discrimination, hate crime and the use of discriminatory language.

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.

### **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:

- Local people are aware of clear pathways of support and treatment. This also includes carers.
- Establishing clear leadership for addressing stigma, isolation and loneliness in relation to mental health and wellbeing, throughout the life course;
- Having clarity on individual organisation roles and collective contributions to addressing this agenda.
- Staff being skilled, competent and confident to raise the issue and increase awareness of mental health and wellbeing, as well as refer and signpost as appropriate; and
- Placing intervention and support as early as possible as there is evidence that this supports quicker and more positive outcomes.

### **Key Actions**

In Falkirk the future shape of support to individuals experiencing mental health and wellbeing problems, will as much as possible be based on self help and self management. There will be a prioritisation of intervention in the early years, which can do much to reduce poor mental health and wellbeing later in life. Underpinning this will be the effective linkage of services as people transit through important stages in their life; e.g. between child and adulthood, and ensuring that services are as integrated as possible. This can also be positively impacted on by actions which help create positive environments and support better mental health and wellbeing. Key actions include:

- Provide local support for individuals (and their carers) with a wide range of mental health problems;
- Reduce the stigma associated with mental health problems, by encouraging social interaction to better inform the wider community on these issues;
- Build the capacity of our collective workforce to support individuals who experience a wide range of mental health problems; and
- Focus on ensuring our children and young people are supported to develop knowledge and understanding, skills, capabilities and attributes which they need for mental, emotional and social



health and wellbeing now and across the lifespan. This will help to ensure that they become resilient, socially competent and successful adults.

## **MAXIMISING JOB CREATION AND EMPLOYABILITY**

### **Why is this a priority?**

Some of the key factors which underpin wellbeing are 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, including the sustainable prosperity of an area.

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, well paid, and sustainable employment is an important factor in decreasing levels of poverty, inequality and disadvantage;
- A good level of core skills is essential to progression into employment; and
- A higher level of skills is required for most sustainable, well-paid jobs.

### **Challenges**

Over the coming years there is likely to be an increased focus on equality and improving access to employment for the more disadvantaged groups of all ages. This is likely to include providing direct interventions to specific groups, such as those with health conditions, disabilities and multiple barriers, particularly those aged 25 plus, (a particular issue amongst the criminal justice client group). Although we have made significant progress in supporting young people in recent years, this will need to be re-balanced with the need to support these disadvantaged groups, who are perhaps furthest from employment.

We need to raise levels of aspiration and ambition to ensure we are achieving all we can as individuals and communities. This includes the prioritisation of gender equality and higher level vocational and academic qualifications, linked to a greater understanding of local and national areas of employment growth. This is particularly important for senior phase school pupils as the workforce of the future.

There will therefore need to be a continuing focus on developing the young workforce both in school and out of school up to age 24 years. This will also create challenges as to how we prioritise and target diminishing 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; reducing public sector resources, with employment levels in this sector forecast to remain static or reduce in the coming years.

An environment of continuing budget pressures, economic uncertainty, underemployment, low jobs growth (especially for the groups now being highlighted as national and local priorities e.g. those with additional barriers) will continue to represent a major challenge. This is anticipated by the need to

increase and improve the quality of jobs available to local residents. Aligned to this is the need to raise awareness and understanding with employers of the potential return on investment that can be realised through engagement with this wider labour market and overcome current perceptions of prejudices relating to the level of support required.

There is a final challenge in how progress can be measured and how a consistent baseline can be established given that the measurement of unemployment which is currently measured, recorded and reported is in transition, due to significant changes as a result of welfare benefit reform. This has a direct impact on achievement outcomes 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 on-going discussions re the future of Scotland's employability services. We 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. These influences include:

- New College Campus, Grangemouth Investment Zone and Tax Incremental Financing (TIF), which will improve local infrastructure and provide a foundation to create additional higher level employment opportunities;
- Developing the Young Workforce Forth Valley Group – helping to improve the engagement of employers and raise awareness with young people, parents and guardians of potential opportunities and progression pathways in both Falkirk and Forth Valley area as a whole;
- Apprenticeship Levy – creating a renewed focus and resource for the delivery of Modern Apprenticeships. However there is presently a lack of information on how resources will flow back to local areas/employer;
- 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 across all partners;
- Reducing resources to support employability of young people without additional barriers;
- If economic recovery stalls or slows further, due to global economic factors; and
- The Community Justice (Scotland) Act 2016 where the development of employability skills is a key priority and aims to ensure that individuals who have been involved in offending can move on with their lives.

## **What needs to change?**

- Avoid short term projects delivered in isolation and focus on sustained and jointly delivered interventions - increased transparency, common measures, definitions etc. would be a good starting point;
- Greater focus on outcome based, evidenced led delivery;
- Much greater focus on whole family support to improve the chances of children living in no/low income households;
- Recognition across the partnership of the importance of skills development of young people not in education – with a key focus on increasing work based core skills and accredited qualifications (SCQF levels);
- Our current knowledge of the scale and volume of those in low skilled, low paid employment to identify what level of intervention may be required to enable progression into higher paid sustainable employment;
- Current low attainments levels relating to Falkirk LAC young people, in particular;
- Recognition across the partnership of the shifting economic priorities which have resulted in the change from age driven to needs driven support;
- Greater focus and clarity on scale of mental health conditions currently preventing access to employment and support services available to potential job seekers; and
- Reducing the stigma associated with declaring a criminal record and supporting employers to provide those with criminal convictions with job opportunities.

### **Key Actions**

- Increase the SCQF skills levels of 16 – 24 year olds; Increase the number leaving school to HE and FE and appropriate vocational pathways;
- Increase the number undertaking Modern Apprenticeships;
- Re-engage the 16 – 24 years olds cohort, currently unemployed and seeking work, in post school learning;
- Increase the percentage of care experienced young people leaving school to a positive destination;
- Identify the scale and type of intervention required for people who maybe in low paid, part time work e.g. currently underemployed;
- Partnership work with employers to increase work placement and job/MA opportunities aligned to the national Disability Confident Campaign and Scottish Government Fairer Work agenda;
- Greater engagement via NHS Forth Valley and the Third Sector in supporting those with particular issues into employment e.g. health conditions, criminal convictions, disabilities and additional support needs;

- Target joint resources more appropriately, changing the current focus of employability support on young people, to across the working population as a whole, irrespective of age;
- Review and production of the Local Employability Action Plan reflecting the key priorities identified above; and
- Identification and agreement of closing the gap measures between the best and worst groups and communities such as the employment rate, skills levels, earnings potential etc.

## SUBSTANCE MISUSE

### Why is this a priority?

The issues of poverty, loneliness, unemployment, isolation and poor mental health are prevalent in those with substance use problems. Children affected by parental substance misuse are affected by all of the above within the familial environment. This is an increasing trend, especially amongst looked after and accommodated children. If we are to break this cycle we must consider improving the lives of adults by reducing substance misuse within the family.

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. 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 this can have a permanent effect 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 regularly drinking beyond safe limits. GUS research undertaken in 2013 highlights that alcohol intake in pregnancy increases with income and social class, being white and living in a rural environment. We have a continuing problem with older men and the effects of sustained alcohol use. ISD Scotland Data from 2014 highlights that the Scottish general acute hospital stay rate for alcohol related admissions was nearly 8 times higher for people living in the most deprived areas. This was also the case with psychiatric stays related to alcohol being 17 times higher in the most deprived areas.

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 an 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;
- 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;
- Ensuring people understand the lasting damage they can do by sustained and continued substance misuse;
- Young people who drink alcohol to excess often engage in illicit drug use, risky sexual behaviour, and are likely to experience adverse health outcomes (HSBS Alcohol Fact Sheet 2010);
- 13% of young people who say that they drink also report that they drink more than 49 units of alcohol per week (SALSUS 2013)
- 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;
- People's mental health and wellbeing underpinned by a lack of perceived control and coping strategies;
- The confusion of message on the safe limits or otherwise of alcohol;
- Joined up services and a more focused 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 up skilling 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 shaped to meet identified needs as they change. 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 Spectrum Disorder;
- 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?**

Data from the Child Poverty Action Group (CPAG) from 2014 highlights that 21% of children living in Falkirk were living in poverty. This equates to 5-6 children in every local class living in poverty.

In order to achieve positive outcomes for all children and young people across the Falkirk Council area, alongside universal supports, we must make sure our most vulnerable and disadvantaged children are given additional support and help them succeed. 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. They are more likely to leave school earlier, and they will earn less throughout their life. Employment is no longer the prospective opportunity it once was. In-work poverty is increasing. Historical perceptions such as being in employment means not being in poverty, can no longer be universally applied. Low paid work means that many of our local families live in poverty. The stigma which says that poverty or being on benefits is a lifestyle choice, must be challenged. Children experiencing poverty can be, cold, sick more often and getting illnesses that affect them for the rest of their life. It can also mean parents stressing over bills and getting into debt. Poor children often attain less in education for these reasons and more.

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 determinants of poverty need to be addressed. We need to address the impact of poverty now to improve future outcomes for children and young people.

### **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 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. Whatever those reasons are, they are not the fault of our children and young people. 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 our focus on equalities issues and human rights;
- Work with all communities to build more cohesive communities that recognise and celebrate diversity;
- Seek to 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, across the Council area.

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;
- Recognising the impact of in work poverty; and
- 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 an Equalities Group with the Chair of that Group reporting to the Leadership Board on progress. In addition the Anti Poverty Group will focus on issues of poverty and deprivation. This group will include a range of representatives including DWP, Third Sector, and partner equalities officers.

## **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;
- Delivering on the outcomes within our local Tourism Strategy;
- 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 WILL DEVELOP INTO RESILIENT, CONFIDENT AND SUCCESSFUL ADULTS**

**The attainment of this outcome will be underpinned by focusing on vulnerable children, and by ensuring that all children have the best possible start in life so that they can fulfil their potential.**

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
- Support early intervention by working 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.

When compared with the rest of Scotland the area has a younger profile, with a higher proportion of children and young people. This together with a rising population demographic in general presents specific challenges for the CPP, particularly in terms of infrastructure. Within the area we also anticipate

significant population change by 2033, with both Falkirk and Grangemouth expected to fall, while the population of the Braes, Denny, Bonnybridge, Stenhousemuir and Larbert expected to increase. We need to ensure that our services are responsive to this. The number pre term babies born and which survive continues to improve. This however increases the number of young children, together with their families which require additional support. The emphasis given in national guidance on the provision of services for pre five year olds, mean that there will be increasing demand for services to support this.

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.

ISD data from 2015 highlights that 39 local babies were affected by drugs misuse in 2014, with that number increasing to 51 in 2015. The local referral pathway for pre-birth planning is well established and recognised for being effective at ensuring early identification and co-ordination planning to ensure that needs are met. Such data will continue to be utilised to identify potential concerns as early as possible, so that support can be targeted on those with most need. Families with substance misuse problems are currently supported through Signpost / Time 4 Us and perinatal mental health support from NHS Forth Valley. The wider mental health pathway also includes a befriending project provided by Aberlour. These services help those with identified needs access early support, to help facilitate a positive pregnancy and birth, while ensuring that the unborn child is both safe and healthy. Universal services will have increased opportunity for early engagement with families. The GIRFEC elements of the Children and Young People (Scotland) Act will be enacted on 31 August 2016, which means that every child / young person will be entitled to a named person to promote and safeguard their wellbeing and co-ordinate support in a child's plan if required. The Named Person's service will ensure that all children who require support to have their needs assessed and service support offered at an early stage. This supports early intervention working in partnership with families.

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. 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; and
- 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, healthier 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 on 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, on making our communities safer, 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 the health of the local 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. Targeted action will also allow us close the gap in life expectancy between our most deprived and prosperous areas, by focusing on the following three key issues:

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

The 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.

## **Challenges & Risks**

Although health continues to improve for the Falkirk Council area as a whole, 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 the area 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 regimes, 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, substance use, access to active spaces, and the availability of affordable healthy food locally. 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, priority needs to be given to investing in activity that encourages greater individual responsibility and builds capacity for self-management so that people are able to have greater control over their own 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 focus on targeted approaches working in partnership with local communities and people that build on their strengths and local assets. Increased emphasis also needs to be placed on prevention and early intervention.

The physical, mental, social and financial costs of sedentary lifestyles are well known. To reduce these and their impact, 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. An effective approach on tackling health inequalities needs to be underpinned by targeted approaches focused on early intervention and prevention throughout people's lives. This also needs to be underpinned by effective and wide ranging collaboration across the Community Planning Partnership, including the supporting 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 has 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). Local outcomes include:

- Self-Management;
- Autonomy and decision making;
- Safe;
- Experience; and
- Community based Supports.

### **Key Actions**

There are a range of actions from across the Community Planning Partnership which will contribute to improving people's health and wellbeing. There are however some key actions which key delivery organisations in this area will take which will also make a significant contribution. These include:

### **Reduce Health Inequalities**

- Ensure access to appropriate health and social care services which will contribute to reducing health inequalities for all across the lifespan

### **Increase Physical Activity Levels**

- Access to physical programmes will be designed more closely with people's life stages.
- 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.
- Better understanding and tackle the barriers to people participating in physical activity.

### **Increase food skills and opportunities to access affordable, healthier food choices/activities in local communities**

- Build capacity and support for statutory and 3<sup>rd</sup> sector organisations to deliver food activities and nutritional messages within their communities
- Ensure food and nutrition messages are clear, consistent and appropriate across the lifespan
- Increase access to healthier food options for employees of Falkirk Community Planning Partners and promote physical activity challenges to staff

### **Reduce harm caused by substance use including reducing the consumption and use of alcohol, drugs and tobacco**

- Reduce consumption of alcohol, drugs and tobacco across the life course
- Ensure appropriate help is available to individuals seeking to address their substance use

### **Increase positive mental wellbeing**

- Build on existing individual and community assets to increase resilience and positive mental wellbeing
- Build capacity to ensure that the promoting and supporting individual and community mental wellbeing is everyone's responsibility

### **Delivery Structure**

The lead officer for this outcome is the Director of Public Health and Planning, NHS Forth Valley. The Health and Wellbeing Delivery Group, involving representatives from appropriate partner organisations will progress action, co-ordinate activity, monitor progress and report to the Leadership Board.

## **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;
- Ensuring that our communities remain cohesive and welcoming as their diversity widens;
- Being responsive to emerging public protection risks including those relating to sexual exploitation, 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 1<sup>st</sup> 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; and
- 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; and
- 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.



## **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.

## 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 13<sup>th</sup> 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.