





**Community Planning Improvement Board
Advisory Board Meeting, 26th May, 3pm-5pm, Via Teams
AGENDA**

Timing	Agenda Item
3.00 – 3.05	1. Welcome and Introduction
3.05 – 3.10	2. Minute & Matters Arising
3.10 – 3.20	3. CPIB Refreshed Purpose and Strategic Plan
3.20 – 3.30	4. Community Planning - progress and potential
3.30 – 5.00	<p>5. Inequalities deep dive - Supporting Community Planning in recovery & renewal efforts</p> <p>Session Purpose The purpose of this session is to help CPIB members gain a deeper understanding of key issues in relation to inequalities, their impact on communities and the role Community Planning can play in addressing these as part of recovery and renewal. The aim is for the board to consider emerging evidence and learning, share practice about what is working well and where change is needed, and to agree actions.</p> <p>Discussion Themes</p> <ol style="list-style-type: none"> a. Working together to reduce inequalities in our communities – what does the evidence tell us? (Angela Leitch & Matt Lowther, Public Health Scotland) b. What does this mean for Community Planning/CP Partners – what can they do? c. What are we learning about what is working well locally and what the key barriers are? d. What is needed in terms of: <ul style="list-style-type: none"> ○ Leadership ○ Community Engagement ○ Governance/Decision making ○ Data/Intelligence ○ Joint resourcing/planning ○ Innovation e. Action Planning: What actions are needed to facilitate and effect change: <ul style="list-style-type: none"> ○ By individual Community Planning partners ○ By Community Planning partnerships ○ By the CPIB
5pm	Close

Community Planning Improvement Board
Advisory Board Meeting, 5th October, 10am – 12noon – Via Teams
Minute

Attendees	Steve Grimmond (chair), SOLACE; Angela Leitch, Public Health Scotland CS David Duncan for ACC Gary Ritchie, Police Scotland; Fraser McKinlay, Audit Scotland; Simon Cameron, for Sally Loudon, COSLA; Sarah Gadsden, Improvement Service; Ella Simpson, EVOC; Elaine Morrison, Scottish Enterprise; Amanda Coulthard, CP Managers Network; Emily Lynch, Improvement Service; Valerie Arbuckle, Police Scotland;
Apologies	David Martin, SOLACE; Sandra Black, SOLACE; Allister Short, HSC Chief Officers Network; James Russell, SDS; Mark McAteer, Scottish Fire and Rescue Service; David Milne, Scottish Government; Jen Kerr, CVS Falkirk

Agenda Item	Action	Date
<p>1. Welcome and Introduction</p> <p>Members were welcomed to the meeting. The chair noted the changing landscape since the board last met at the end of February 2020. The Covid-19 pandemic has had significant implications for the way community planning works, and therefore for the Community Planning Improvement Board. At the previous meeting, the board agreed to take on a formal role in the Community Planning Review. However, with that now paused due to the Covid-19 pandemic, the CPIB role in relation to the review is also paused. With this in mind, the chair proposed to use today's meeting to take stock on the role CPPs have been playing in response to Covid, and to reflect on the role of the CPIB in terms of where it can add value. Board members welcomed the open agenda and opportunity to engage in discussion around these themes.</p> <p>The following background papers from the Community Planning Managers Network, EVOC, and Audit Scotland were welcomed to inform discussion.</p> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  Learning from CP Managers Network </div> <div style="text-align: center;">  Audit Scotland Paper - CPP strength </div> <div style="text-align: center;">  EVOC Common Themes and Lessons </div> </div>		
<p>2. Minute & Matters Arising</p> <p>The minute was endorsed as an accurate record of the previous meeting. It was agreed to review the previous matters arising following on from the discussion at today's meeting.</p> <div style="margin-top: 10px;">  Item 2 - Minute from CPIB 28th Febr </div>		

3. The role Community Planning has played in responding to Covid

The board welcomed the helpful context provided in background papers outlining feedback from the Community Planning Managers Network and EVOC on the role of CP in responding to the pandemic. Wider sector inputs were also shared by members to inform discussion.

The following themes were highlighted in discussion:

- There is evidence of different approaches emerging across different geographical areas
- Having established arrangements within local partnerships has been instrumental in allowing a rapid pace of response. Relationships have been strengthened further as a result of response efforts in terms of better information sharing and greater awareness of who is doing what.
- There is recognition that the relevance of previous LOIPs has changed, and they will need some reframing as what has gone before will not necessarily be right. A strategic review may be helpful around priorities set out in LOIP in the next year. This will be helpful in getting back into the merits of CPPS and the far broader strategic benefits within places, picking up economic recovery, and increasingly looking to link with regional growth deal work.
- While some LA's/partners do have recovery plans, for others this feels a bit premature as they are still in response focus and there are challenges in nailing something down whilst remaining fluid and responsive to the changing landscape.
- There has been significant focus in relation to engagement with economic/business partners. This has included a high number of interactions from multiple partners at a time when business is already struggling to adapt to current climate. There is a potential opportunity to use CPPs and CPIB to identify and co-ordinate what we need to know to help facilitate this and reduce burdens on economic/business partners.
- Exchange of information. In addition to the SG national website, there has been a number of local and partner iterations to provide tailored information. This has created some confusion for business in relation to where to go to for the latest guidance and highlights the importance of carrying out checks and balances to help streamline and co-ordinate messaging before launching information resources. CP has been essential in providing a locally coordinated tailored response.
- The same challenge faced community organisations in terms of where to go for information, and what information to trust, particularly in early lockdown. Community organisations were desperate to help but unsure of what is right and where to get relevant information. There is a role for CPP in coordinating, using TSI as key to cascade this information rather than going to individual organisations. There are links here to the work of the Social Renewal Advisory Board.
- Working through resilience structures has highlighted the links between LOIPS/LRP/other local structures and the fundamental importance of relationships. Could this provide an opportunity to think about CP in a broader way, in terms of relationships between partners and communities?
- There is a clear link between CP and growth deals. As we move forward, and work as partners to protect people from becoming more vulnerable, how do we link in with the growth deals to best effect to add value.
- Impact of pandemic on partner operating models. This was a different type of crisis than those prepared for previously and required a different type of response. It is more complex and longer term. Where we would usually throw resources at the problem (e.g. floods), here we had to restrict operations, whilst still dealing with response (e.g. vulnerability/crime).
- Resilience partnerships were amazing but they are geared up for sandbags not longer-term high community impact. The longer-term planning is what we need to think about, not just the crisis intervention.
- Impact on partner core services. Some services/support were halted, some increased, and there was a wider impact on others. Levels are now returning to traditional levels and CPPs are trying to formulate a response to that (although recent resurgence in virus and response to test and protect pushing this back).
- Small local organisations were able to respond to the crisis 3-4 weeks before statutory partners due to their strong connections with local communities which meant the TSIs were trying to coordinate that response with them. This involved trying to work out what was happening in what communities

and retrofit.

- On the ground the CP worked very well. In terms of the board level initially there was often little visibility however this is now increasing in terms of sharing information and planning for recovery/renewal. In terms of strategic leadership, there was a sense that everyone should be left to get on with what they needed to, with the grassroots level exemplifying this.
- A rich picture is emerging of the brilliant work that has been happening right across the piece, and it is clear CP structures have helped to facilitate this, and if it didn't exist, we would have had to invent it. The focus is now turning to evaluating where we are now and how we move forward. The job of the CP board during the emergency response is to get out the way, but that argument doesn't stand now. In terms of the broader CP ambition, we have a small window to do things differently if we are to drive the improvements and redesign in CP we desire and avoid reverting to previous positions. For example, if CPPs wait for partners to develop recovery plans before resetting/refocussing their LOIP, this would be a missed opportunity. Instead CPP boards should be looking at mutual resources/priorities and how to bring it together. This poses a question for the CPIB around what we can do to help.
- The response to Covid has seen the establishment of a multitude of groups/forums to drive innovation and transformation as we recover and renew from Covid e.g. Data & Intelligence, and there is a question around how CPPs are connected into these groups. Is there a role for the CPIB to connect in, or is this being picked up elsewhere?
- CPPs are trying different approaches to respond effectively and innovatively, but there is often no evaluation built in.
- The Local Governance Review provides an opportunity to reflect all the good that's happening in relation to Covid response, and to help avoid falling into old ways of working. The review presents a ripe opportunity to capture what is good through robust evaluation and strengthen how we have conversations with communities (Democracy Matters).

Role for Community Planning Improvement Board

- The board considered the role of the CPIB and its work going forward in light of the evidence gathered over the past 6 months. Is there added value to be brought by the board, and if so, what should the focus be, and how will this impact on the work programme?
- The need to respond to the pandemic has immeasurably pushed forward partnership working with communities, TSI, and with colleagues at the wider public sector level. CPPs have provided a platform for that to happen, but it has happened at a pace/depth that would never have happened previously. There is an opportunity to seize that and galvanise that within CP in a way which has been the ambition of CP. This provides a useful line of enquiry for CPIB– how could we assist in championing that agenda and not losing it post Covid? Critically, how do we use this as an opportunity to **reset** where we are?
- There are common themes and particular lines of enquiries emerging from the lessons learned we would want to work on to push that forward and this should inform the work of the CPIB:
 - **Prevention** - The changes taking place in Health and wider public sector could be very significant in supporting the desired move upstream and driving the prevention focus identified in Christie and Marmot. We need to move away from pouring all resources into the crisis response and switch to investment in other parts of the system to address early warnings, e.g. poor incomes, mental health. The CPIB has a role in pushing for that and providing a collective voice of strength to provide support, encouragement and confidence in this direction of travel. The virus will be with us for next 6 months and we need to live with it in a managed way so that people's lives do not worsen. So how do we work together with partners to find a more innovative way to do that differently – digital platform, near me, scheduled/unscheduled care.
 - **Economic recovery and links with Growth deals** There is a potential opportunity to use CPPs and CPIB to identify and co-ordinate engagement with economic/business partners to uncover what we need to know. There is also a role for CPIB to help strengthen the link between CP and growth deals. As we move forward, and work as partners to protect people from becoming more vulnerable, how do we link in with the growth deals to best effect to add value? PHS are primed to do some work on this and have prepared a paper for NHS Chief Executives on recovery/renewal. PHS would be keen to use some of their resources to see what they could do and strengthen whatever CPIB is doing to help frame some of this.
 - **Data & Intelligence**– The response to Covid has seen the establishment of a multitude of data

and intelligence groups/forums to drive innovation and transformation as we recover and renew from Covid, and there is a question around how CPPs are connected into these groups and whether there is a role for the CPIB here. What can we do practically to help with this over next 6 months? For example, go to partnerships and ensure they have access to all the data and evidence that is available.

- **Joint planning & resourcing** - If CPPs wait for partners to develop recovery plans before resetting/refocussing their LOIP, this is a missed opportunity, instead CPP boards should be looking at mutual resources/priorities and how to bring it together. This poses a question for the CPIB around what we can do to help.
 - **Local community engagement & working more collaboratively with communities.** Greater focus on tools/methods to engage with and listen to communities is needed to ensure they are at the heart of conversations. Includes finding ways to connect with and work with the trusted leaders in the community. There has too often been a lack of community conversation in planning activity, e.g. in scenario planning for future economic strategic opportunities where the top down and the bottom up is not joining due to resource/know how/timing. How can CPIB help national organisations to understand how communities can inform agenda's fluidly? There is also a role for CPP in co-ordinating information resources for community organisations, using TSI to cascade this information.
 - A tangible real-life example to prioritise might focus on the mixed reaction to compliance. Given we're going to have to live with this to keep schools/retail/hospitality open we need to listen more to our communities to understand why compliance is not at the level required to maintain level 1 arrangements. CPPs would be really useful in harnessing this conversation and working through structures that partners have in place to listen and reach into our communities and formulate policy on the back of that. There are lots of local conversations around compliance, e.g. within school's communities, but there is often a disconnect between that and nationally defined compliance and national messages. Is there a role for CPIB to capture and utilise the local work that is taking place and produce something which is helpful and relevant to CPPs, to help understand why local compliance rates are so different?
 - **Collective and collaborative leadership** - The future will require a whole system approach to leadership, given budgets will be tighter. How can the CPIB find a way to demand assurance of all different statutory bodies that they are playing well and fairly into this space? A key role for the CPIB is to support the statutory partners around the board to galvanise others within their sector.
 - **LOIPS/Locality Planning** - Encouraging all partnerships to undertake a strategic review around priorities set out in LOIP in the next year. This will be helpful in getting back into the merits of CPPs and the far broader strategic benefits within places, picking up economic recovery, and increasingly looking to link with regional growth deal work. Include a focus on locality plans which are no longer fit for purpose. How do we use the national conversation to set a context for a refresh of locality plans?
 - **Strengthening the role between Public Health Scotland and local CPPs.** As a national body, Public Health Scotland have identified the relationship with local CPPs as a gap they are keen to address, and eager to get views on how to do that, recognising that this will be resource intensive. The objectives of PHS are clearly wrapped up in and incorporated within LOIPs and there is an opportunity to work with CPIB/others to address this gap whilst not adding further to the cluttered infrastructure which currently exists.
 - **Innovation** - CPPs are trying different approaches to respond effectively and innovatively, but there is often no evaluation built in. The CPIB might play a role in promoting good practice and available resources in relation to evaluation.
- o Much of what we set out to achieve in the CPIB workplan is still as relevant if not more relevant than ever, although there may be a need to reprioritise and change emphasis to reflect the lines of enquiry we need to be pushing on and actions might need refined/refocussed.
 - o While the formal review of CP has been paused, there is agreement that the work of the CPIB over the past few years has achieved this to an extent already. The CPIB has built a very good sense on how CP is working, and a formal review would perhaps be unlikely to uncover significant findings we are not already aware of. There is a clear role for the CPIB in providing advice and articulating expectations to national players and capturing challenges based on work undertaken. This would include writing to the Cabinet Secretary and COSLA to share our view of where Community Planning is currently at and provide a view of where it should go next.
 - o It was agreed the CPIB work programme should frame some work to articulate this. This should build on the strengths/challenges emerging across the country to bring together some key messages that can be articulated nationally and that we can begin to push upward, including for example lack of progress in locality plans and in ensuring communities are being heard. There was agreement that this is an output for CPIB that would provide currency.

<ul style="list-style-type: none"> ○ Based on the above, there is strong consensus on the continuing purpose for CPIB. It was agreed we should refresh and refocus the workplan and produce a concise reflection of work which has gone on as an articulation to government/partners in terms of what should happen going forward. 		
<p>4. Agreed Actions</p> <p>There was consensus from members that the fruitful, thought provoking conversation has provided a clear answer to the collective question in relation to purpose and future focus for CPIB.</p> <p>The following specific tasks/actions for CPIB were agreed to push forward from here</p> <ul style="list-style-type: none"> i. Revisit and reset the workplan in light of evidence pulled together in the past 6 months. Revisit with CPIB members to confirm willingness to continue to lead workstrands. Provide updated work programme for next CPIB meeting. ii. Draw together the intelligence gained in past 6 months to produce a set of propositions to feed in nationally and to CPPs around what we might expect to happen next e.g. encourage the undertaking of strategic reviews of LOIPs. Follow up with partners to incorporate contributions offline and come back with a draft for next CPIB meeting. 	<p>IS & CPIB Members</p> <p>IS & CPIB Members</p>	<p>March 2021</p> <p>March 2021</p>
<p>4. Future Items & Date of Next Meeting</p> <p>Dates for 2021 to be scheduled</p>		
<p>5. Close</p>		

Community Planning Improvement Board
REFRESHED PURPOSE AND STRATEGIC PLAN
May 2021

1. Purpose

1.1. This paper sets out a refreshed CPIB purpose and Strategic Plan for 2021-2023 for Board members to consider.

2. Recommendations

2.1. Board members are asked to:

- 2.1.1. Endorse the refreshed purpose for the CPIB
- 2.1.2. Approve the revised Strategic Plan for the next 2 years
- 2.1.3. Agree priority recovery themes for focussed deep dive discussions

3. Background

3.1. In 2018, the CPIB set out its purpose to support Community Planning Partnerships (CPPs) to deliver their statutory duties effectively and to make better and more informed decisions that improve the lives of local communities across Scotland. The CPIB aims to work with community planning partners to understand:

- the leadership, influence, services and approaches that are effective in improving outcomes and reducing inequalities for and with local communities
- the challenges for CPPs including data for evidence-based decision making and capacity
- what support, innovation and/or change is needed to make community planning work more effectively for and with local communities.

3.2. The current CPIB role centres on the following three areas:

- **Evidence** - *We aim to bring together and share evidence of what works well in community planning to influence policy, practice and reform of public services at local and national levels.*
- **Collaboration** – *We bring together national insights, innovation and improvement support to ensure capacity and resources are targeted to where they are most needed.*
- **Tailored support and capacity building** – *We offer practical support to CPPs with their challenges around leadership, governance, scrutiny, analysis and decision-making.*

3.3. This paper proposes a refresh of the current purpose to help position the CPIB to build on the progress achieved to date, and to respond effectively to the opportunities and challenges facing Community Planning during these unprecedented times.

4. Refreshed CPIB Purpose

Strengthening the influencing role of the CPIB

4.1. In recent years, the focus for the CPIB has been on gathering and sharing evidence on what is working well and where the key barriers are for Community Planning. The CPIB has accumulated a significant bank of valuable evidence through this work, as set out in the **Community Planning: Progress & Potential paper**. The evidence shows that while steady and continuing improvement has been made in Community Planning, considerably more progress would be needed to meet fully the expectations of the 2015 Act and statutory guidance.

- 4.2. To help drive the required improvement in Community Planning, there is an opportunity over the coming period for the CPIB to strengthen its focus on how the evidence gathered to date is used to influence policy and practice at local and national levels. The board will consider emerging evidence and learning, and identify:
- What do partners need to do within their own organisations to facilitate and effect change?
 - What do CPPs need to do to drive change?
 - What does the CPIB board need to do collectively to try and influence and effect change?

Supporting Community Planning in recovery and renewal efforts

4.3. The impact of the Covid pandemic provides a further driver for this refocus. For the foreseeable future, the Covid pandemic has fundamentally altered the context we operate within and the pattern of need in the communities we serve. Community planning and the close local partnership working it embodies are ideally placed to underpin recovery and renewal efforts across Scotland. It is important that the CPIB evolves to reflect the challenges, risks and opportunities arising from this, and importantly supports Community Planning to seize on the opportunity to build back better.

4.4. The CPIB could play a valuable role in undertaking 'deep dives' on recovery priorities impacting on all CPIB members, for example: Inequalities; Mental Health/Wellbeing; Economic Recovery; Income and Employment; Climate Change & Sustainability; Life Chances of Children & Young People; and Place. This could support work currently being undertaken across CPPs as they consider how they align and refocus priorities and targets in LOIPs and locality plans to play into longer term recovery efforts. This will enable CPIB members to get into real issues which have relevance for all partners. Deep dives could focus on the nature and extent of the challenges to gain a deeper understanding of key issues, their impact on communities and the role Community Planning can play in addressing these. Recognising the interconnected nature of recovery priorities, suggestions are invited on additional recovery themes where a deep dive could potentially add value, e.g. vulnerability, community empowerment, community safety.

Continued focus on core elements of effective Community Planning

- 4.5. CPIB members agreed that the following strategic themes remain critically important to driving improvement in Community Planning and should therefore continue to be a focus for the CPIB going forwards:
- Strengthened leadership
 - Community participation, particularly by the most vulnerable and least heard
 - Effective decision making and good governance
 - Innovative approaches to joint planning, service design and resourcing
 - Availability and use of high-quality local data and insights to support decision making
 - Innovation, improvement and sharing best practice.

Adding value

4.6. This proposed refreshed purpose will help shift the focus of CPIB meetings from more abstract qualities of community planning to live themes which should help the CPIB work through how to assist stronger impact through community planning in live settings that will be challenging CPPs currently.

5. Strategic Plan

5.1. To support the delivery of the board's refreshed purpose and priorities, we would propose replacing the existing detailed operational work plan with a more strategic work plan for the next 2-year period. This is set out in Appendix 1.

5.2. Each CPIB meeting will be dedicated to a deep dive on one specific recovery priority, focussing on what we are learning about what is working well, and not so well, as well as the nature and extent of the challenges facing Community Planning. Consideration will be given to how partnerships can support each recovery priority, and what action is needed in relation to leadership, community participation, decision making/governance, joint planning/resourcing, use of data and innovation. The Improvement Service/Public Health Scotland/Scottish Government (and other CPIB members where relevant) will provide a summary of key research and evidence in each recovery area, to generate discussion amongst Board members and stimulate local and national action.

5.3. A review point will be introduced after 12 months given the ongoing uncertainty in relation to the Covid situation.

6. Role of CPIB members














6.1. To be successful, this will need all CPIB members to play an active role before, during and after CPIB meetings. This will involve raising awareness of the work of the CPIB within their own organisation/sector/local partnership, promoting learning and practice sharing in relation to Community Planning, and progressing actions identified to facilitate and effect change within their own organisations.

7. Conclusion

7.1. Board members are asked to consider and agree the refreshed purpose and strategic work plan for the next 2-year period.

Community Planning Improvement Board - Strategic Plan 2021/2022

The success of Community Planning is defined by the impact that partners make for their communities by working together. Community planning and the close local partnership working it embodies are ideally placed to underpin recovery and renewal efforts across Scotland. Local partners will need more than ever to work together and with communities to make a positive difference for citizens and safeguard the wellbeing and life chances of our vulnerable communities. The CPIB will provide leadership to influence policy, practice and reform at local and national levels to promote good practice, innovation and improvement in Community Planning.

	Recovery Priorities	Strategic Themes	Agreeing Action
	<p>The CPIB will undertake ‘deep dives’ on the following recovery priorities to gain a deeper understanding of key issues, their impact on communities and the role Community Planning can play in addressing these.</p>	<p>For each Recovery Priority, the CPIB will focus on what we are learning about what is working well, what the key barriers are, and what action is needed in each of the following strategic areas to drive improvement in Community Planning at local and national levels.</p>	<p>The CPIB will focus on what action is needed in the following three areas:</p>
May 2021	 <p>Inequalities</p>	 <p>Strengthened leadership and influence</p>  <p>Supporting innovation, improvement and sharing best practice</p>  <p>Community participation, particularly hard-to-reach groups, vulnerable and communities of interest</p>  <p>Effective decision making and good governance</p>  <p>Availability of high quality local data and insights to support decision making</p>  <p>Innovative approaches to joint planning, service design and resourcing</p>	<p>By individual CP partners</p> <p>What do partners need to do within their own organisations to facilitate and effect change?</p>
June 2021	 <p>Mental health and wellbeing</p>		<p>Within local partnerships</p> <p>What do CPPs need to do to drive change?</p>
Oct 2021	 <p>Economic Recovery</p>		<p>By the CPIB</p> <p>What do we collectively, as a board, need to do to try and influence and effect change at a national level?</p>
Feb 2022	 <p>Income and Employment</p>		
May 2022	 <p>Climate change & sustainability</p>		
Aug 2022	 <p>Promoting Children & Young People’s life chances</p>		
Nov 2022	 <p>Place</p>		

Community Planning Improvement Board
COMMUNITY PLANNING: PROGRESS AND POTENTIAL
May 2021

Introduction

This report sets out:

- *A brief assessment of how and how far Community Planning in Scotland has strengthened in recent years*
- *How Community Planning has reached a new level in co-ordinating and supporting local responses to the Covid-19 Pandemic*
- *How Community Planning is ideally placed to perform a pivotal role in driving local recovery and renewal interventions in the coming years*
- *What CPPs and their partners need to focus on to do this effectively*
- *How the Community Planning Improvement Board can support Community Planning to make the difference it has the potential to make.*

Evolution of Community Planning Following Statutory Reforms Pre-Covid

1. New statutory reforms to Community Planning, in Part 2 of the [Community Empowerment \(Scotland\) Act 2015](#) and accompanying [Statutory Guidance](#), came into force in December 2016. These provisions introduced a statutory basis for Community Planning; built on public sector partners working together and with community bodies to improve outcomes – especially with a view to tackling inequalities of outcome – on locally identified priorities.
2. This statutory purpose is critical. The success of Community Planning is defined by the impact that partners make for their communities by working together; not by structures, procedures or how Board meetings are conducted. The Act also applies statutory duties on CPPs and named public sector organisations to ensure Community Planning fulfils this purpose effectively.
3. The CPIB, through its relationship with key Community Planning stakeholders, has played an instrumental role in building a strong evidence base around where Community Planning and CP partners are working well together and achieving positive outcomes for their communities, and also on the nature of issues and barriers to progress and where improvement support is needed to drive change.

How Community Planning Has Progressed since the Act

4. We have gradually gained a picture of how much stronger Community Planning has become in light of these duties
5. A summary of this progress is provided in [Annexe A](#). In addition to evidence produced through the work of the CPIB, this also reflects:
 - 27 Best Value Audit Reports (BVARs) of local authorities, which the Accounts Commission has published since June 2017

- a 2018 impact report by Audit Scotland, which summarised national and local progress against improvement recommendations in previous audit reports on Community Planning
6. This evidence points to steady and continuing improvement in Community Planning. However, based on this considerably more progress would be needed to meet fully the expectations of the 2015 Act and statutory guidance.

How Community Planning Has Responded to Pandemic

7. Community Planning has come into its own during the Covid-19 Pandemic. Based on self-reported feedback from CPPs (see [Annexe B](#)), Community Planning has played a critical role in supporting emergency response efforts. Existing relationships, infrastructure and ways of working have been fundamental within local emergency and resilience planning structures, supporting rapid and co-ordinated community led responses and joined up planning and delivery by key partners.
8. ***Mobilising Communities.*** In many cases, communities responded much more quickly than the public sector and organised themselves to deliver assistance on vulnerable people in a matter of days. Community Planning provided essential support via recruiting, co-ordinating and supporting volunteers and community groups; and establishing online community hubs offering support and guidance and signposting to further resources. The community led response has enabled a more rapid and targeted delivery of support to those most in need, despite challenges (volume of volunteers and capacity to support community groups). This is valuable learning for CPPs in why and how they support empowerment in future.
9. ***Using and refocusing existing partnership infrastructure and relationships.*** Partnerships developed prior to the pandemic facilitated a smooth transition to emergency operations (e.g. one Community Planning Manager noted many of the members of a local Emergency Management Team were members of the area's CPP and had already build familiarity and trust). Existing partnerships have been used and refocussed across a range of social and economic recovery themes, drawing in new partners including business and the private sector. Thematic partnerships worked well at the start of the pandemic, springing into action despite the fact that the local CPP Board was effectively out of action at this point.
10. CPPs have also brought together partner recovery plans and identified areas where partners could join efforts. Many CPPs have looked to alter the way they operate to become more flexible and adaptable, recognising the fluidity of current and evolving pressures. This is particularly evident in relation to locality planning.
11. ***Using the knowledge and expertise of the Third Sector Interface (TSI).*** Many CPPs drew heavily on the knowledge, connections and expertise of TSIs to mobilise communities, co-ordinate volunteers and to provide support. Some reflected that there had been a strengthening of the relationship with the TSI and a greater parity of esteem as a result of the pandemic response.
12. ***Co-ordinating and connecting local and national responses.*** CPPs have played a key role in co-ordinating and connecting local and national responses.

This was particularly important given the volume and frequency of new guidelines from the Scottish and UK Governments, the speed with which national guidelines were altered, and the need to ensure communities, community groups and partner organisations all had access to the latest guidance and support.

13. **Reviewing and resetting existing LOIPs.** Many CPPs have taken stock with communities to ensure alignment with other local recovery plans, and ensure priorities within their Local Outcome Improvement Plan best reflect circumstances for their area and communities in light of the Pandemic. A number of issues will have come into starker relief – such as exacerbated inequalities, the need for social and economic recovery and renewal, the importance of community resilience. As a result, many CPPs are likely to refresh their LOIP in order to update their local priorities, the extent of progress required or the way these are addressed.

Looking Ahead: A Pivotal Role for Community Planning

14. Community planning and the close local partnership working it embodies are ideally placed to underpin recovery and renewal efforts across Scotland. The same collective responses by local public and third sector partners that have supported community efforts and helped people at risk during the Pandemic will continue to be vital as energies shift to recovery.
15. We cannot adequately safeguard the wellbeing and life chances of our vulnerable communities now and in future if we return to traditional models of service delivery built on silo-based, service-specific interventions. Local partners need to work together and with communities to understand what matters most to people and then shape comprehensive, holistic and seamless interventions that make a particular positive difference for those of our fellow citizens who need that support most. Recognition of this is already driving national policy on recovery from Covid and more widely (e.g. Scottish Government responses to the Advisory Group on Economic Recovery¹ and Social Renewal Advisory Board²; its Climate Change Plan³).
16. Community Planning provides an ideal space in which public services, other partners and communities themselves can contribute meaningfully to these national priorities and others. What is more, through Community Planning these partners can do so in ways that reflect local needs and circumstances, empower communities and front-line staff, and forge holistic approaches that connect and add value across a range of outcomes for a local area.

Areas of Focus for Community Planning to Meet Future Expectations

17. **Re-Focusing Priorities:** CPPs should now be planning and organising for economic and social renewal in light of the Pandemic, with continued particular emphasis on safeguarding wellbeing and tackling inequalities, already established by the LOIP. Approaches shaped to the distinctive needs of Place and communities of interest will feature prominently in this. In many cases, CPPs

¹ [Economic Recovery Implementation Plan](#), Scottish Government (August 2020)

² [Social Renewal Advisory Board: Initial Response](#), Scottish Government (March 2021)

³ [Securing a Green Recovery on a Path to Net Zero: Climate Change Plan 2018–2032 - Update](#), Scottish Government (December 2020)

will now or shortly be considering how they align and refocus priorities and targets in LOIPs and locality plans to play into longer term recovery efforts.

18. ***Involving & empowering communities***: CPPs will want to strengthen relationships with communities. In many cases this will involve embedding recent and current positive actions in listening and responding to communities' needs. In particular, CPPs should work to secure trust of communities. Partnerships that were well embedded within their local communities were more easily able to respond and had already earned the buy-in and trust of the local community. The example of North Ayrshire (also taken forward elsewhere in Scotland) on embedding Kindness into the work of local public services has supported effective locality-based interventions.
20. CPPs will want to embrace the significant value that volunteers and organisations in all sectors can play in recovery and renewal efforts, and help overcome challenges facing all sectors. Recent experience has also demonstrated the value of Third Sector Interfaces as a strategic partner for CPPs that are committed to strengthening relationships with communities and to economic and social renewal; and the value of working with the private sector and local businesses
21. More specifically, the Pandemic has highlighted issues exist around digital inclusion for households and communities, including accessibility for them of information and support through IT and the extent of local broadband provision.
22. ***Relationships, structures and bureaucracy***. CPPs and partners will want to build on the expansion and strengthened quality of partnership working that have driven cohesive action for at-risk communities during the crisis. This includes embedding the improved communication, awareness and trust between partners and sectors – including the third sector which has responded rapidly and decisively to the crisis and local private sector which could offer longer term gains in partnership working. CPPs and partners can apply learning from delivery models using locality-based, multidisciplinary teams. These models, with trust placed in front-line staff and communities to go ahead and get things done, can continue to facilitate nimble (and often community-led) action to respond to local needs and priorities as part of longer term Community Planning. They can also continue to identify gaps and minimise duplication in delivery across partners and community groups, by co-ordinating local communications and support activity.
23. The recent [joint statement](#) by the outgoing Cabinet Secretary for Communities and Local Government and COSLA President on progress with the Local Governance Review set out the importance of strengthening local democracy through the community, functional and fiscal empowerment of all Scotland's communities and public services. Discussions with Local Authorities and other partners are now proceeding at Official level on their place-based proposals for alternative governance arrangements. Following the parliamentary elections, the Review may continue to provide opportunities for CPPs and partners to propose new powers, where these can assist delivery of local priorities or empowerment for local communities. CPP partners might for instance consider where there might be opportunities to improve how local partnership arrangements like Local Resilience Partnerships, Children's Services Partnerships, Integration Joint Boards and CPPs themselves work and align their activity, to add collective value

and minimise duplication of effort. The involvement of Community Councils has also been an important aspect of this work so far.

24. They can also reflect on where there might be scope to use Community Planning as a golden thread that connects local with regional and national ambitions. Many national priorities (including on economic recovery, social renewal and Climate Change targets) rely on the same qualities of partnership working and community engagement that Community Planning embodies. So Community Planning can be highly valuable in pursuing national priorities at local level, whether through CPPs incorporating these within their own priorities or by Community Planning providing a space that hosts and supports this wider partnership work.
25. CPPs can build on significant progress made in data sharing between partners during the Pandemic, particularly in relation to data protection requirements inhibiting partners' ability to share intelligence to allow help to be directed to vulnerable households. CPPs have identified some aspects of data sharing and collection that might be revisited (e.g. for Public Health Scotland and Local Authorities in sharing Test and Protect data concerning households who are required to isolate; frequency, coordination and timescales for Scottish Government requests for data).
26. ***Influencing evolving national policy and advocating role of community planning.*** Recent experiences have brought to life the enhanced impact that Community Planning can make in facilitating close partnership working in practice. At the same time, the importance of close partnership working across agencies and sectors and with communities is increasingly driving national policy priorities. As well as social, economic and environmental renewal, this is playing through in work to Keep the Promise for care-experienced children and young people, the recent Independent Review of Adult Social Care that is built on a collaborative, enabling and preventative approach, and much more.
27. These developments create a valuable symbiosis, where the ways of working embodied within Community Planning can drive our pursuit of many of Scotland's national, regional and local ambitions in ways that embrace the skills and capacities of many players and build action in holistic ways that cut across specific policy priorities and reflect specific local circumstances.
28. This symbiosis demonstrates the value of Scottish Government recognising the power of local partnership working through Community Planning through which public sector bodies can discharge responsibilities for delivering major policy priorities, especially whole-system approaches for improving outcomes or enhancing the wellbeing and life chances of at-risk communities. CPPs and Community Planning partners should be offered, and should in turn seize, opportunities to contribute actively to evolving Scottish Government policy.
29. Many CPPs value the direct connection that Location Directors can make to the wider work of Scottish Government. As focus switches to recovery and renewal, the involvement of Location Directors to Community Planning is likely to become still more valuable and there is scope to reflect on how this can work best for all parties.

How Community Planning Improvement Board Can Support Work

30. [*CPIB to agree on wording to insert. May wish to add specific asks for CPPs, CPP partners and/or SG*]

SUMMARY OF PROGRESS MADE IN STRENGTHENING COMMUNITY PLANNING FOLLOWING REFORMS IN COMMUNITY EMPOWERMENT (S) ACT 2015 (PRE-COVID)

Community Empowerment

- + Councils are showing **strong leadership** around the Community Empowerment agenda, increasingly in partnership with others.
- + There are several examples of **community-led action plans**.
- + There is extensive use of Charrettes and other **community engagement activity** across many CPPs.
- *Practices in some councils still seem to be focused on **consultation and engagement, not empowerment**.*
- *Many communities do not feel that their **voices are actively influencing decision-making by public bodies***
- **Challenges** in implementing CPPs' commitment to **Community Engagement** because of factors such as: *lack of capacity within communities; Resource constraints for partners; the range and complexity of communities CPPs are seeking to reach*

Planning for Improvement

- + LOIPs are **evidence-based** and clearly focused on **prevention and reducing inequality-related negative life outcomes**.
- + CPPs have been effective in using **City Region and Growth Deals** to support CPP strategic objectives, particularly for addressing economic disadvantage; and in aligning **Children's Services Planning** with their wider work.
- + Councils and partners are increasingly making more effective **use of data and intelligence** on community needs when setting priorities and targeting resources.
- *Some CPPs have made slower progress than others in **developing locality plans**.*
- *A continued **lack of alignment between national policy objectives and local improvement priorities** within CPPs, with national priorities often 'trumping' local partnership priorities when difficult choices have to be made.*
- *Challenges in **integrating community planning priorities with other significant programmes of change** such as health and social care integration and Regional Improvement Collaboratives (RICs).*

Delivering on Plans

- + Many examples of (often innovative) projects and programmes that are making a **real difference in communities**.
- + There appears to be an increasing focus on CP partners working together to **tackle inequalities caused by poverty and disadvantage** within many communities, with efforts being made to 'join-up' activity in this area with wider national and local work.
- + Positive examples of CPP partners **strategically aligning their resources** (especially staff time and activity) around shared priorities.

- + Positive **operational joint working** in key areas such as community safety and working to improve outcomes for vulnerable young people.
- LOIPs often not yet backed up by **practical change delivery programmes** with agreed actions, allocated resources and clear measures of success.
- Difficulties in **pooling resources** (especially money) from organisations towards agreed priorities where internal priorities outcompete shared priorities.
- Difficulties encountered in **integrating** corporate and single-agency **delivery and planning models** with new locality/community based planning arrangements (although a number of councils have been reviewing their locality delivery and governance arrangements in light of the 2015 Act).
- Limited evidence of CPPs **learning** from each other and **sharing innovation**.

Partnership Working

- + Most councils work well with their partners; **widespread support and commitment** to community planning among councils and partners.
- + Community planning continues to be seen as an **important vehicle for co-ordinating multi-agency work** in areas of shared interest; increasingly seen as useful for engaging jointly with communities to improve outcomes at local level.
- + Generally councils make good use of council-wide, locality and specific interest group **consultation arrangements**, using a wide range of consultation methods.
- *The culture and behaviour within CPPs often still fails to demonstrate effective **collaborative leadership**, with councils still being seen as the lead agency for driving and managing community planning.*
- *Difficulties in establishing **robust CPP governance arrangements** through which partners can and do truly hold each other to account for their performance.*
- *The level and quality of **third sector involvement** still varies considerably. In some areas, the TSI is finding it difficult to engage with the plethora of planning and delivery groups in place to support Community Planning.*

EXAMPLES OF THE ROLE COMMUNITY PLANNING IS PLAYING IN COVID RESPONSE AND RECOVERY

Mobilising Communities

Aberdeenshire: Early engagement with community groups in Buchan to understand what activities they were planning and how the various partners from the CPP could support those activities. An active network of community groups and CP partners evolved from this, which enabled swift and efficient communication, discussions on communities' needs, sharing of resources and support among partners. Also Local Voices (an online forum for households with income under £15k per year and at least one child) and Lived Experiences Online Forum (to tackle isolation and included weekly wellbeing calls) allowed residents to inform reshaping of local services and support around their needs and in the face of constraints imposed as a result of lockdown.

Angus: A lot of work with frontline staff has taken place, and the CPP wants to keep this level of empowerment and allow people to go ahead and get things done. Small pots of SG money available meaning people didn't have to go through massive processes. Many have taken a digital by default stance however, in Angus this has caused concern as through listening events local community people have expressed that they do not wish for this to become a permanent way of doing things. Many prefer face to face support and want this to be put back in place. Utilising our Community Councils and building their capacity is a key priority not just to support through COVID but to build on the work done through the Local Governance Review. We have a pilot projects underway to explore the long term sustainability and further develop local skills.

Argyll and Bute: Communities were supported and mobilised through the CPP in a variety of ways. Volunteer groups were supported with expenses and insurance. People who wanted to volunteer who were not currently part of an existing local group were given the opportunity to volunteer to support those who needed help. A supermarket pre-paid card scheme was set up for volunteer groups to purchase food for those shielding. Regular catch-ups were also held with community groups to answer questions and identify areas where the CPP / Council/ Care for People Partnership could address and respond to local issues.

Community groups also worked with Education and the wider Food team helping deliver free school meals and food parcels to those who were vulnerable. Examples of this included Arrochar Mountain Rescue Team and HM Coastguard, particularly on the islands.

Dumfries and Galloway: Over 2,000 volunteers have come forward during the pandemic. The Council, NHS, Health and Social Care Partnership and Third Sector Interface have been successfully working together through new Locality Hubs to make the best use of resources, with the new South of Scotland Enterprise, Police Scotland and Scottish Fire and Rescue Service contributing in both traditional and innovative ways. Food has been a key issue - currently, around 3,000 food parcels

are going out on a weekly basis and during the peak of the pandemic last year there were about 7,000 food parcels being delivered; a new partnership approach combining tackling poverty and inequality has been developed to provide support for those most vulnerable people.

Dundee: Community led response supported by CP was effective, with the CPP key in helping identify gaps and build capacity. Faith in Community Dundee and TSI created an emergency food network with 23 different agencies providing emergency food. Using existing partnership contacts to coordinate and minimise duplication, they provided a quick, coherent local response. An information website was created by one group, with everyone's contributions.

East Lothian: Well over 1000 volunteers supporting shielding and vulnerable people.

East Renfrewshire: A key element of the community planning response, which compliments the council's humanitarian support is the coordinated community response via The Community Hub. This was led by the local third sector interface and was and still is the first point of contact for those looking for support (out with statutory support) and those offering their assistance. Weekly humanitarian planning meetings with council staff continue to ensure a collaborative approach with the third sector and communities that makes best use of the resources available. The Community Hub model will continue to develop and be key as we move towards recovery and their support offer will change accordingly.

Falkirk: CP will play an important role in recovery, with focus on grassroots and community engagement.

Fife: Found that place-based, community led approaches worked well to deliver emergency services at the start of the pandemic and that they will be crucial again in the recovery process. Helping Hand scheme for volunteers established in Fife. During the course of the pandemic Helping Hand has been inundated with requests from organisations, staff, volunteers and local people looking to help in their community. Although this has been great, a challenge with this has been coordinating offers and requests for help and also ensuring that all volunteers have something to do. In addition, Ready Scotland has also been rolled out which has meant that Helping Hand has had to make some changes and adapt. Helping Hand has been a success and the partnership wants to build on the momentum and sense of community connection.

Inverclyde: Community planning partners, the third sector and communities worked together to develop a pipeline of support to help individuals with shopping, food, prescriptions, escorts, repairs, digital support, dog walking and many bespoke requests for support that come from the community during the pandemic. This included the establishment of a shielding helpline, humanitarian assistance centre and helpline for anyone requiring support regardless of their circumstances, a prescription collection service, the distribution of food parcels to support those in need, keep in contact and welfare calls to local people and the development of a resource pack containing information on how to access food and support services. There was a coordinated and consistent approach to communications

between all partners within the public and third sector to ensure that the community were kept up to date at all times regarding the support that was available.

In addition, a social movement, 'Inverclyde cares' is being developed to promote kindness and compassion. It is a partnership between services and communities and creates opportunities for acts of kindness, building on the resilience and capacity that communities demonstrated to look after each during the first lockdown.

Midlothian: CPP board took on the role of community resilience coordination at the outset, meeting weekly initially to ensure immediate response systems were pulled together. This enabled swift creating local resilience hubs led by community councils, anchor community organisations supported by the Council CLD team and third sector front line staff, alongside adult health and care teams. Hundreds of local volunteers were enabled to direct their efforts to those most in need for food, medicine, social isolation, emergency repairs, banking and access to money. The initial collective response demonstrated how rules and boundaries could be adjusted swiftly in the face of the crisis. Resilience work was delegated to the partnership's "Care for people" multi agency group including community groups and third sector partners. This groups put systems of longer term support in place and responded to the shielding groups' requirements. The CPP Board then turned its collective attention to the employment issue arising and a joint pledge was created and approved by the board committing all partners to co – working in practical ways to get Midlothian residents back into work .

The resulting joint working group under the Improving Opportunities them of the CPP includes Colleges, DWP, and SSSA, Council, NHS, Third sector, employer's organisations, SDS and training providers. The shared action plan is now well underway, with initial successes including the retention of 100 pupils who had planned to leave for work (in the height of phase 1 lockdown) at the end of s4 in a vocational learning programme and remaining on the secondary school roll. A tripartite Kickstart programme has been created with 30 jobs in the council, 30 in the third sector and 30 in SME private sector employers.

North Ayrshire – Partner managed to set up Community Support Hubs really quickly – going live on 23rd March. Partners worked together with volunteers and staff redeployed from elsewhere. This was aligned to the locality model already in place. See [here](#) for more information on one of these Hubs, in the Three Towns locality area. As this separate [report](#) describes, pre-existing work by North Ayrshire to drive a commitment to Kindness has supported accelerated impact from the work of the Three Towns Hub.

The Community Planning website was already well established as a central point for information. This was developed during the lockdown period with daily updates on what shops were open, who was providing deliveries, how partner services were operating and signposting to community support hubs. It was vital to quickly establish a reliable and responsive information service. Partners and communities supported this by providing updates and cascading the messaging.

The CPP also developed "Community Books" for each locality. Not just COVID focussed, it gives people information on all the links to information they may need in

a crisis such as GP, Money Advice, etc. An online community centre was developed through Facebook. There were an overwhelming number of responses to volunteering.

North Lanarkshire: Communities responded very quickly at a locality level and mobilised resources and local knowledge to respond to immediate need. Community Support approaches were developed very quickly through partners working together to respond to national requirements and local need. Strategic group established to coordinate response (LA, NHS, and third sector interface), this has now evolved to become a Recovery and Renewal Group with direct link into Silver command and Resilience Partnership as required. Operational Locality Response (and later recovery) Teams were quickly established to support local community and voluntary sector response efforts and volunteering focusing on referral processes for community assistance, consistent messaging, guidance and protocols and funding coordination and support for community and voluntary sector organisations.

Outer Hebrides: In a region where communities are traditionally self-reliant, neighbours quickly formed groups, many before statutory responses had been established, to cover their immediate area and set up WhatsApp and Facebook groups. Resident associations, local trusts, churches, and community councils have been reaching out to support their immediate community e.g. prescription & food delivery. Some of these local groups have been willing to be part of the larger, more formal co-ordinated response. While up-take of support (e.g. food parcel delivery) has been high, older indigenous communities have been slower or more reticent to accept aid. The TSI and third sector have supported statutory agencies to identify those who are not known to, or held on defined lists by, public sector bodies to ensure their immediate needs are being met.

Perth and Kinross: Communities responded much more quickly than the public sector and organised themselves to deliver food/prescriptions/check in on vulnerable people in a matter of days. 1000 volunteers registered and 70+ community organisations working with them. PKC led on support for those identified as shielding or otherwise vulnerable to try to complement local activities. They are now in the process of redrafting a Volunteering Strategy to try and capitalise on this level of interest and involvement. Of the 1000 registered: 302 happy to volunteer long term, 126 happy to be involved in a wellbeing helpline, 160 happy to help with ongoing food distribution, and 136 (with PVG) happy to help with prescription delivery. Greater ability for council and partners to be more proactive and less risk averse by placing more trust in communities. In recovery phase, resource will require a greater ask of partners and communities. Striving towards Trusted CP scheme. With emergency response powers enacted during lockdown, a community support webpage was created with information regarding funding, community groups, shielding, volunteering etc. A helpline and email was set up, staffed by people from community service.

2 Sisters Outbreak; The COVID-19 outbreak in Coupar Angus was a major incident during the pandemic where CPP partners came together to contain an outbreak of COVID-19. Within two weeks of the first positive test a total of 201 cases were recorded in Coupar Angus (174 from factory workers and 27 from close contacts).

The factory was closed, and all workers had to self-isolate for a period of two weeks to contain the virus.

The key challenges facing partner agencies were communications, food and welfare.

Communications - The workforce of over 700 permanent employees and around 300 agency staff were almost all foreign nationals, many of whom had limited English. 17 different languages in total were spoken across the affected group. Employees lived in communities across Tayside and in response partners, including the Council, PKAVS, NHS Tayside and partners from across Tayside so a range of approaches were required.:

By continuing to reinforce clear and simple messages and reassuring affected individuals and families we were able to reduce community transmission and prevent the need for a local lockdown.

Food and Welfare - Over 100 households in Perth and Kinross had door to door checks in the first 24 hours and these continued throughout the period. Each household received a food parcel and information on testing and welfare support in Polish, Romanian and Bulgarian.

Within 48 hours of the outbreak, the Council and community volunteers had delivered over 700 food parcels and completed a doorstep welfare check to every affected household in Perth and Kinross. Colleagues in Angus and Dundee also completed welfare checks and delivered food parcels where necessary.

Comprehensive information on restrictions was provided and crisis cash grants were given to people in serious financial difficulty.

Renfrewshire - Local interface engaged quickly with a volunteer data base set up. Extremely high number of volunteers have come forward and the hope is that the partnership engages with these people going forward. Many elderly volunteers have come forward however, concerns over whether they would be able to continue providing their help due to own health and shielding. In terms of empowerment, people have been able to just get on and do things, as they've been able to avoid the decision making channels they have been using so far. Want to ensure groups that have worked well are sustained going forward. Neighbourhood hubs have been set up and are responding to the needs of people. As this has been successful, partnership is now exploring ways that this can be rolled out and become business as usual. See [here](#) for more information on Renfrewshire's Neighbourhood Hubs.

The effective partnership working that developed in response to the pandemic was highlighted in a recent report by the Carnegie Trust. The report highlighted the significant work that had been co-ordinated with all partners to ensure vulnerable people received support in relation to food, medicine, isolation: - 7 neighbourhood hubs were established in partnership with Renfrewshire HSCP, Renfrewshire Leisure and Engage Renfrewshire. Volunteering is integral to the approach being developed in Renfrewshire.

A local food network was established to support community food provision and regular resilience meetings were held with community partners to remove barriers and support activity. The hubs supported the Connecting Scotland programme, which provided digital devices and connectivity to those most vulnerable, and also provided cultural and creative, befriending and connection opportunities for local people.

Partners are now working together to embed this work into a more permanent model, with a key focus on continuing to develop partnership working at all levels across Renfrewshire's communities.

Scottish Borders: The Resilient Communities Team supplied community volunteers with appropriate PPE for doing the jobs they were doing.

Shetland Islands: Fantastic community response. CPP role was really to support the communities to respond in the way that fitted their own locality. Large numbers of volunteers which was coordinated through Red Cross and Third Sector response. Issues around data and connectivity. Communities don't have equal access to the internet which has been a real challenge. Shetland Islands are about to begin a round of community conversations working with community organisations listening to their experiences and how they think these new ways of working can be sustained.

South Ayrshire: There was a huge response from community groups to the pandemic in South Ayrshire. Groups such as St Meddans, Symington Village, Troon Harbour Group, Newlife Prestwick, Ballantrae Support Group and Coylton Community Support, plus many other others, helped to deliver frontline services such as food parcels, medication and phone calls to vulnerable/isolated people.

South Lanarkshire: The community response was phenomenal and led by local communities and organisations who mobilised quickly to support those in need. There were approximately 47 groups/organisations providing support to their communities. At a local level, the CPP took on a supporting role, through facilitation, building capacity, nurturing relationships/groups and problem solving. Work was undertaken to map community provision across the area. Gaps were quickly identified and areas where better collaboration between groups was required. Work was undertaken by Community Development Officers to develop local response networks and to forge links between the various community responders to ensure a more cohesive approach.

Along with the local responses and the recruitment of local volunteers, approximately 1,500 central volunteers came forward and were supported by VASlan (the local TSI) to identify local volunteer opportunities. In many of the areas the local private sector were also involved including a number of businesses offering their help, this included for example, vehicles (including LGV's), equipment and staff, such as drivers.

In response to the pandemic, a Community Wellbeing Helpline which provided support regarding any identified need was established and whilst this was delivered via the council, a partnership approach was taken, for example Scottish Fire and Rescue Services delivered prescriptions and community responders provided a range of supports to meet the needs of local people. Individual referral processes

were agreed with each of the community response groups who supplied and delivered food, prescriptions and other interventions. Many communities, mostly in our rural area were well supported locally and did not use the Wellbeing Helpline.

Examples of support provided through the Helpline included help with money worries, power top ups, general wellbeing and mental health, getting online and finding a dog walker. As time went on, the helpline was expanded to support the delivery of other services that had ceased/were challenging to deliver as a result of the pandemic such as the supply of hearing aid batteries, sanitary provision and passing on information to new mothers on behalf of the NHS.

The council used food fund monies to support the community responders and is operating a temporary food hub to manage the logistics of food supply. There was strong support in three key areas: CPP support; Third Sector/Community delivery response; and Linking need with community responders.

West Lothian: A good example of community mobilisation and community planning on the ground is the West Lothian Community Food Hub. A range of third sector organisations were very quick to respond to getting emergency food to people in the early stages of the pandemic. They then came together to form a food hub managed by third sector organisations, with funding from the council. There are around 33 community food providers involved, who are working together to ensure that all vulnerable people that need access to food can get it. The day to day operation of the hub is being run by the foodbanks. A video has been developed to demonstrate the work of the food hub over the last few months –

<https://vimeo.com/453969458/b29097d9ff>

Also close links with the TSI who have been responsible for coordinating the 1,200 volunteers who came forward.

Using and refocusing existing partnership infrastructure and relationships

Aberdeen: New partnerships have been formed. Oil companies have come forward and shown willingness to support and help. In October, an online event will take place with the business community in Aberdeen. A platform has been developed to give business a menu of options about how they might be able to support the partnership. This will help link businesses with longer term goals of the partnership e.g. apprenticeships, getting access to digital devices etc. and help create a new way of working. Aberdeen also developed a group for the council and HSCP to work together (not a part of the formal structure). Group has been meeting weekly to discuss resources for communities. This has been very helpful in terms of integrating resources around locality areas. There will be a review of locality planning structures, potential to integrate HSCP with CPP Aberdeen Locality group.

Aberdeen, Aberdeenshire & Moray: The Grampian Assistance Hub was launched to provide people across Grampian with a one-stop source of support and information on how to access social, practical and emotional support on Coronavirus (COVID-19). Set up by range of partners including all three local authorities, Police Scotland, NHS Grampian, Red Cross, volunteers and community groups.

Aberdeenshire: Council, NHS Grampian and other agencies set up a programme to deliver fresh food produce to some of the most disadvantaged rural households. They shared data to identify the households most in need. Achieved positive outcomes, supported by open and trusting working among partners.

Angus: In the early weeks of the outbreak, Angus Council set up an emergency response team, HAART (Humanitarian Assistance Angus Response Team) to coordinate efforts between the council's community team and VAA (Voluntary Action Angus) to deliver support to the community, particularly those who were shielding, and/or vulnerable. This included food parcels, prescriptions etc. This approach was so successful that the CPP have now used it to inform how community planning and partnership working are taken forward in the future. The pandemic has been a catalyst for change, with structures which didn't work well before being removed and the board, executive and wider partnership are now all working together. The change in structures has been positive, with everyone working well together. Interested in exploring the combining of structures further. A Task and Finish group has been formed to explore this using a demand management model; with wrapping around of services based on listening events and survey feedback. In addition, the mapping of customer pathways has begun which will feed into the planned service design sessions. The purpose of this will be to ensure everything is aligned. Also looking at utilising community councils and other existing groups to get message across about accessing services.

Argyll and Bute: Good relationships established through the CPP enabled quick work of partners to create the required initial response. In Argyll and Bute this included a Caring for People Partnership led by Public Health, Argyll and Bute Council (Community Planning and Development team), TSI and also included community response groups and SFRS as key partners.

This Caring for People Partnership were able to link with local groups to ensure prescriptions and food were delivered to those who needed assistance. The Fire Service were also able to assist with checking on those who were shielded where contact was not able to be made. More recently, some fire stations are now being offered as testing centres.

Public Health worked closely with the Caring for People Partnership to develop the strategy for the delivery of prescriptions by volunteers.

In November 2020, the Building Back Better (Communities) Group initiated a consultation asking Covid-19 community response groups and the wider community to share their experiences of the pandemic, including the impacts and the positives that could be built upon or strengthened in the future. The Building Back Better (Communities) Group is a sub-group of Argyll and Bute Council's overall Recovery Framework, established to ensure that the role of the community in responding to the pandemic, the impacts and the strengths of this, are included as part of the learning and development to Build Back Better. The current membership has lead officers from the Third Sector Interface, Argyll & Bute Council and NHS Highland. Key themes addressed by this group include Income Maximisation, Food, Volunteers and Volunteering, Social Isolation and Mental Health, Resilient Communities, Young People and Communication. It is seen that the CPP is the main body for which to embed the work of the Building Back Better group.

Dumfries and Galloway: There was a regional Community Food Providers Network which met occasionally, as the CPP's Locality Plan is focused on food sharing. From the start of the lockdown this Network was strengthened with more regular meetings on Zoom – participants were Dumfries and Galloway Council, Community Health Development Practitioners within the NHS, Third Sector Interface and the Community Food Providers. The focus has been on delivering emergency food to individuals and families in need across the region :people financially at risk, short term isolators, including those who are advised to self-isolate via Test and Protect, marginalised groups and people who have experienced physical barriers to accessing food and other essentials.

Since the cessation of shielding support, Community Food Providers have continued to meet referrals for those people who have been identified as being at extreme risk of severe illness from COVID-19 and require continued support with food provisions. The Network has been involved in determining the allocation of Hardship Fund monies to the Groups; and the Council has continued to pay for Fareshare registrations from its Anti- Poverty Budget as a result of the Network's influence.

A new Community Planning COVID Recovery Group has been established, chaired by the TSI; and a COVID Recovery Plan, developed initially by the Local Resilience Partnership then developed into a wider approach, complementing the Economic Recovery Plan.

Dundee: Made use of existing partnerships in order to facilitate the emergency response. Indeed, many members of the Emergency Management Team were also existing members of the CPP in Dundee, allowing a smooth transition to emergency planning mode. Pre-existing relationships meant trust already existed between

partners and so work could get started a lot quicker. Communication between partners has improved with the ability to draw together cohesive responses. CP was important in helping identify gaps and build capacity. Dundee learnt that partnerships which were well embedded within their local communities were more easily able to respond and also had already earned the buy-in of the local community. Without these pre-existing relationships, the response would have been much slower/less effective. Due to restrictions brought in by Covid, plus the fact that many members of the CPP were also Emergency Management Team members, the CP Board have not been able to meet frequently and certainly weren't available at the start of the crisis. However, the thematic partnerships were able to get up and running almost immediately and were self-sufficient enough to do vital work without the direction of the board.

East Lothian: Overall great partnership work happening with the help of good relationships between council and partners at both strategic and operational level. This contributed to good partnership working at local level. Built good working relationships at strategic level in last few years with Police. Since the pandemic, held weekly council management meetings to get updates and discuss key issues such as new restrictions. These helped cement good cooperation both at strategic and operational level.

East Renfrewshire: Community planning partners agreed to review operating structure to become more flexible and adaptable, as a direct response to the impacts of the pandemic. This video was produced to share and celebrate the early work of the partnership which was important when the number of formal meetings had very much reduced to allow a focus on action. When we did meet as a full partnership, this was online which worked well, with some partners feeling this format allowed for more open discussion.

Falkirk: More aware of different groups and developed trust between groups. Some partner relationships have been significantly strengthened. Working better together than previously and more aware of each other's strengths than before.

Fife: Challenging times have shown CPP in action; despite not always following formal procedures. There are nine thematic partnerships in Fife; they are all being encouraged to think about the way they work and what their priorities will be going forward.

Glasgow: As the emergency phase of the pandemic gave way to the recovery phase, Glasgow set up a Social Recovery Taskforce to ensure that issues such as poverty and inequality were tackled as part of the Covid recovery in Glasgow. The Taskforce brings together representatives from community planning partners, third sector and voluntary organisations, to look at how the city can rebuild and recover socially from coronavirus. From this a partnership was created between Glasgow Disability Alliance and Glasgow City Council to build on existing work and implement the recommendations of GDA's report.

Glasgow City Council were asked as part of SOLACE to hold Community Listening Events. This work has spurred a specific piece of Community Engagement to inform the SRT. They will also work in partnership with the Economic Recovery Taskforce.

Inverclyde: Inverclyde's Community Planning Partnership has developed a Covid-19 Partnership Recovery Plan to document partnership arrangements for recovery from the pandemic for Inverclyde. Three sub-groups have been established to focus on recovery activities across key areas and each recovery group has developed a detailed action plan. The three sub-groups are economic recovery, humanitarian recovery and education, sport and culture recovery. Progress is reported to every meeting of the Community Planning Partnership.

Midlothian: Working with partners such as the DWP, Edinburgh College and the Third Sector to improve employability in their area, with a specific focus on school leavers and those with barriers to employment. This focuses on large public-sector employers offering apprenticeships, training schemes and volunteering opportunities, whilst offering additional support to help others into employment in other organisations. Some highlights of what has been achieved working together so far include:

- 108 s4 pupils for the 6 Midlothian secondary schools who had planned to leave at 16 to seek work remained on the school roll and took up a programme of vocational learning / personal development managed by the Community learning service with support from schools, FE and SDS colleagues. this prevented them entering the labour market at a time of crisis /lockdown and involved around 80 of them taking Foundation apprenticeships as part of continuing learning and qualifications to make them more competitive in the labour market
- Partnership agreement signed between Council and Regional DYW board embedding DYW staff in the high schools working collaboratively with Community learning , SDS , College and employers to increase connections between schools and the labour market
- Shared Kickstart bid by Council and third sector to deliver 60 local places under this DWP funded programme , with the council, acting as the Gateway for 30 places in third sector and taking on 30 young people itself (at living wage rates)
- Partnership delivery of PACE service to 8 local businesses making redundancies involving SDS, Community learning, DWP and College
- Shared jobs page created on the Economic Development "locate in Midlothian" webpage <https://locateinmidlothian.co.uk/jobs/> which is being used by employers to advertise live vacancies, with links to DWP/SDS / City region deal/ Council / College and third sector Employability services
- The Employability Pledge signed up to by the CPP in June 2020.

North Ayrshire: Partners supported the community support hub work, financially, with local intelligence and relationships and with staff and volunteer time. Following a period of focusing partner work on immediate pandemic responses, we then recommenced our usual meeting schedules, moving to on-line. A number of these meetings involve members of our community who may not have access to digital devices, sufficient data or the confidence or skills to participate. We have addressed these issues by providing devices/data to individuals via schemes such as Get Connected, as well as loaning out devices, and providing training.

North Lanarkshire – At early stage of pandemic when focus was very much on response, action came from established relationships and a need for action rather than official CPP structures. As outlined above a Response, Recovery and Renewal Group was established to coordinate and support response efforts and then plan for recovery with the community and voluntary sector. Locality operational teams supported work across the 9 distinct areas of NL through local community and voluntary sector response efforts and volunteering focusing on referral processes for community assistance, consistent messaging, guidance and protocols and funding coordination and support for community and voluntary sector organisations. However as we moved from initial reaction to more proactive and planned approaches we have started to reflect response and recovery across key partnership workstreams and structures and to use learning from uniform future partnership approaches. The pandemic highlighted ‘Community Planning’ in action and demonstrated that when we need to we can work differently, quickly and flexibly to act and respond to community need and to work with communities to make a difference.

Orkney Islands: Initial response to the crisis has been primarily Council led. However, now that the focus is moving towards recovery, several resilience groups have been set up. CPP now working closer together with council groups, relationships strengthened over time however, there is still room for improvement in terms of better aligning the work of partners. Delivery groups are still working on their usual priorities however, prioritising work and having increased focus on what needs to be done immediately. The recovery phase has seen huge engagement from the business community. Businesses supported to set up their own steering group and report directly to the board.

Outer Hebrides: Partners in Uist, Barra and Harris collated information about support available for residents. Worked to make this available to as many people as possible and especially those who had no on-line access and who might be vulnerable but who were not necessarily on ‘shielding lists’ or known to public agencies. In Uist, for example, a Community Information & Services booklet was delivered to every household.

Perth & Kinross: Move to locality-based delivery model for services using multidisciplinary teams i.e. the potential to shift to 5 localities and 5 hubs would make delivering food parcels easier and more efficient than using 1 central model. Locality decision making worked very well; Council funding to support investment and delivery of locality action plan used to support local groups responding to COVID related issues. Given enough support and resource, locality decision making can be done efficiently and effectively. Devolved decision making and resource at a locality level comes with political and cultural issues. The need to respond quickly due to COVID allowed for less risk averse behaviour of information sharing between partners than before. Partners have also been flexible and responsive in redeploying staff to support the emergency response. For example, within the council, when lockdown began, parking attendants were re-tasked to collect and deliver prescriptions, deliver food packages to the shielding & vulnerable, as well as deliver technology i.e. iPads (Connecting Scotland project). They have only recently gone back to their day jobs.

Scottish Borders: Looking at failings and where things haven't joined up but also looking at what has worked well will be key. During the pandemic, discovered people that were not receiving services prior to Covid-19 however, they are vulnerable groups and going forward this information needs to be captured as the CPP has a responsibility towards these people and ensuring that they are okay in the future. Challenge going forward is how to hold on to these people and ensure that they do not get lost along the way. Should this be local knowledge, stored in a database or picked up by community resilience teams? Even though the earlier response to the pandemic hasn't always gone through the CPPs, CPPs have a role in the resilience work. It is important to bring the right people to the table.

Shetland Islands: Specified partners were all heavily involved along with the TSI. The Resilience Partnership consists of the main CP partners so when Community Planning meetings were suspended the Resilience Partnership was still meeting most days. Management and Leadership Team (5 specified partners + public health) met regularly which was very focussed and provided leadership which has helped partnership working and resilience planning. Care for People Team had brought together people from across organisations in a way that had maybe been a gap before. Reflecting on whether there is a longer-term role as an executive group that can be linked to partnership planning. A project called "Anchor" which provides support to vulnerable households has been vital in providing support to those who were vulnerable or shielding in this crisis.

South Ayrshire: Officers South Ayrshire Council quickly established, coordinated and managed a comprehensive community resilience response. Whilst this was principally Council led, partners were involved in the response. CPP meetings took place during the pandemic, with a focus on COVID-19 response For the Strategic Delivery Partnerships (SDPs), discussion took place on what each of the SDPs were doing in relation to their current position and responding to the COVID-19 pandemic and if there were any areas of focus that need to change.

South Lanarkshire: In relation to the Community Planning Partnership Board, meetings were reconvened online in July 2020 and the Board considered a range of COVID-19 updates at that meeting. The Partnership's Progress Group started meeting again during May 2020 to share information/address challenges re the pandemic response. Before COVID the Board were in the midst of a governance review and have now agreed significant changes to how the Board operates and is structured. This includes working with communities to develop our new LOIP priorities and work has also started to support communities to develop new 'Community Partnerships' at a locality level. These structures will link directly with the CPP Board on a strategic level and with Neighbourhood Planning groups at a local level.

As a result of the local partnership activity newly formed groups and some of the co-ordination groups continue to prepare for any future spike in the pandemic and to continue to assist in a post COVID future. Some of the partnership areas have been looking at more sustainable food provision which has included for example the establishment of community larders.

VASlan and the Third Sector Chief Officers Group have established a Business Continuity and Strategy Group to capture the key learning from the community responses and to build on this work for the future. The council has retained the Wellbeing Helpline and this continues to be supported by community responders. A local food network involving community food organisations in South Lanarkshire has been established with support from the council to respond to food insecurity. Whilst a partnership food network existed before the pandemic, the network has been reshaped as new organisations have emerged and new initiatives were developed to respond to new food insecurity challenges caused by the COVID-19 pandemic. As the council has been regularly liaising with local food organisations to ensure food provision since March 2020, it is now supporting the development of the network by organising regular meetings and facilitating information sharing. The local food network aims at increasing collaboration between organisations and encouraging a partnership approach to tackle food insecurity.

West Dunbartonshire: There are five Delivery & Improvement Groups (DIGs) that operate within West Dunbartonshire; the flourishing DIG, the independent DIG, the nurtured DIG, the empowered DIG and the safe DIG. In normal times, the DIGs report back to Community Planning West Dunbartonshire, however as a result of the pandemic there have been no meetings of the CPWD for several months, but that hasn't stopped the DIGs from assisting both the emergency response and recovery. The various DIGs have worked with local partners to improve employability, support frail and vulnerable people, provide additional support to those experiencing abuse, and community justice.

West Lothian: Similar to other areas, the immediate response to the pandemic was largely council-led. West Lothian CPP Board did not meet formally in the initial months but quarterly meetings began again in September. Although the Board did not meet formally, partners did have ongoing discussions that grew organically from the start of the pandemic, building on existing CPP structures. An Economic Recovery and Growth Plan was developed and an economic recovery group continues to meet weekly to allow partners to gather and share data and ensure joined up approaches, reducing duplication and maximising resources to support businesses and local people seeking employment or training opportunities. This has rationalised a number of different groups that had been meeting into one group. A Health & Wellbeing/Anti-Poverty working group was set up to gather evidence of activity in response to social needs related to COVID-19, to understand the COVID-19 policy landscape and also the potential policy and financial barriers and challenges. This process captured key activity during the first phase of the pandemic and helped to identify future needs which will support the CPP in planning for the future. A community survey was carried out to ask for feedback on initial emerging priorities and additional issues. The initial work has highlighted broad themes which were reported to the CPP Board and have assisted discussion on determining the role of the CPP in recovery.

Using the knowledge and expertise of the Third Sector Interface (TSI)

Aberdeenshire: There is a strong partnership approach to the Third Sector in Aberdeenshire with the TSI Aberdeenshire Voluntary Action, local third sector groups, Aberdeenshire Council and Rural Partnerships forming the Third Sector Strategy Group. In November 2020 they celebrated third sector week which included Covid response work in Aberdeenshire communities. Examples of this can be seen in these videos –

<https://www.youtube.com/watch?v=2GuwBfRRSgl&feature=youtu.be>,
<https://youtu.be/vrvsFg0tmO8>, <https://youtu.be/CYaNlyhwzcl>

Angus: Demand for local TSI was so high that the council were looking into extra support for call handlers. This work is further developing under the Transforming Services work through which we have developed a charter and principles underpinning how we will continue to collaborate and share services –
<https://www.youtube.com/watch?v=rU7vb8iXuF8&feature=youtu.be>

Argyll and Bute: The CPP through the Caring for People Partnership built on the close relationship with the TSI with the use of the volunteer database and promotion of volunteering opportunities. The TSI's input was actively sought into plans and strategies and they were key, active members with a lead role in both the Care for People partnership meetings, Test and Protect meetings and Building Back Better (Communities).

Dumfries and Galloway: The TSI database of volunteers was key to be able to register and approve volunteers quickly and efficiently at the start of lockdown with the Council issuing identify cards; and the Engagement Officers have supported the creation of locality hubs, where local representatives of key public sector partners came together to co-ordinate activity. Support for digital connectivity has also been developed with the TSI, the Council and Enterprise Agency, with long term arrangements now being put in place for the TSI to lead this work..

East Renfrewshire: The local TSI (Voluntary Action East Renfrewshire) has played a key role in the local Humanitarian response to the pandemic, coordinating the community response (The Community Hub) from the outset and working at pace. They are now working closely with the local vaccination programme team to offer transport solutions to those in need working with a number of local providers and routing all requests via their established Community Hub number. The council have aligned staff to help establish and develop the Hub model.

Falkirk: Very good relationship established between council and TSI. Pandemic response set up by council with help of TSI. Started by doing some of same work i.e. directory of community groups, but then took up joint approach. Partnership work happened naturally, with help of grass root.

Inverclyde: Volunteering was a significant part of the response to the pandemic within Inverclyde. CVS Inverclyde in their role as the TSI co-ordinated the majority of the volunteer response locally. This included 'Volunteer Inverclyde', an initiative to link local people with volunteering opportunities arising from Covid-19. Working in partnership with the CVS Inverclyde (the local TSI organisation), we created a single

point of contact for residents in need during the coronavirus pandemic. A phone line which was operational 7 days per week helped people to access provisions, support and advice. Through our unique partnership with CVSI, those individuals whose needs could be better met within the community were referred to the Volunteer Coordinator. Hosted by CVSI, the Volunteer Coordinator spoke with each person to identify their needs and sign post them to the relevant 3rd sector organisation(s). Where appropriate, the Volunteer Coordinator would arrange for a volunteer to deliver food parcels, purchase additional fresh items to supplement food parcels, collect prescriptions and support access to other emergency provisions. The partnership with CVSI and the support of the diverse local 3rd sector provided the people of Inverclyde with a collaborative and holistic approach to support during difficult and unprecedented times.

North Ayrshire: There was a joint approach with the TSI to supporting local organisations. Fortnightly meetings took place between NAC officers with remits for funding, community development and social enterprise along with Third Sector colleagues. This was to share information about funding opportunities and organisations in need of help. We created a joint spreadsheet so we could track successful applications, and consequently identify gaps and opportunities. We also shared which organisations we were working with, to prevent duplication. NAC officers helped the TSI with outreach work to local organisations to establish need.

North Lanarkshire: TSI in NL has been a key and important partner throughout the pandemic. As outlined above a focused response and recovery partnership approach was established very early on with key CPP's (NHS, LA and TSI) to coordinate efforts to supporting community response. An action plan outlined key priorities and responsibility for delivery at any given time. The TSI was involved in managing the community assistance referral process, coordinating volunteer offers, communicating key messages and supporting work to engage the voluntary sector to understand and respond to their support needs. In terms of referrals the councils Financial Inclusion Team responded to and coordinated access to food requested through community assistance helpline while VANL supported and coordinated local approaches to accessing prescriptions, shopping, dog walking and befriending calls. They also worked with partners to develop protocols, support vol sector access to available funding and engage with the com and vol sector to assess and respond to their support needs.

Renfrewshire: Engage Renfrewshire, the TSI in Renfrewshire, worked together with Renfrewshire Council to identify the most appropriate third sector recipients for Scottish Government funding support for Covid-related activity. Council staff joined Engage's daily meeting during the early months of Covid to co-ordinate response and also share knowledge about local third sector activity. Engage Renfrewshire undertook all activities relating to the recruitment of volunteers to support Neighbourhood Hubs set up by community planning partners in Renfrewshire. Engage Renfrewshire has played a key role in the group supporting community food responses to the Covid crisis and has also periodically facilitated meetings for third sector groups to share their experience, needs and future plans during the pandemic. Engage Renfrewshire has also played a key role in ensuring that local third sector groups have been able to access digital devices through the Connecting Scotland programme.

South Ayrshire: The Council and TSI (Voluntary Action South Ayrshire VASA) worked closely together to provide support to communities through the creation of the South Ayrshire Life Line. To help coordinate volunteering across South Ayrshire the Council worked in partnership with VASA to promote and react to volunteering requests during the pandemic. Officers worked alongside VASA to develop volunteering opportunities and training throughout the pandemic. This partnership has helped form positive relationships and Community Planning Partners have agreed to continue to develop this partnership approach to volunteering to help establish a sustainable South Ayrshire volunteering network.

South Lanarkshire - Council and TSI worked closely to mobilise and support communities. Along with the local responses and the recruitment of local volunteers, approximately 1,500 central volunteers came forward and were supported by VASlan to identify local volunteer opportunities.

They were instrumental in managing the volunteer experience throughout the pandemic and they developed a new volunteer registration portal which ensured that all volunteer information was captured. By using their in-house Salesforce platform they ensured swift communication of any volunteering opportunities to all volunteers as they became available. Voluntary groups were able to benefit from the efficiency of this system with one local organisation, LEAP receiving over 60 notes of interest within one hour of “broadcasting” their need. VASlan’s links with voluntary groups within the four main areas of South Lanarkshire further assisted with sharing information and ensured new and emerging groups received the support needed to provide necessary services to the community. VASlan initiated a community response group directory via their website to provide contact details and the type of support services available and has worked with a range of specialist providers to adapt their services to encompass revised and safe methods of service delivery during the pandemic. They were also able to support various groups with funding that supported local initiatives around the provision of food and distribution, volunteer expenses, activity packs and sundry equipment to support their applications to national funding sources.

West Lothian: Good links with the TSI, who coordinated the 1,200 volunteers as well as information sharing through their online Resource Hub. The TSI is working closely with NHS Lothian to support a local vaccination programme. There has been a strong response from volunteers to help out with this.

Co-ordinating and connecting local and national responses.

Angus: Need for better coordination of groups. As lots of new groups have been formed local people often get confused about who they should receive support from. For example, in some cases local people can receive up to three or four different food packs from different groups. Funding streams should be coordinated. A new function is being put in place to coordinate funding and lead the work of the Angus Response to Covid (ARC) team. This will complement the service redesign the Community Planning Partnership is working through. This will reshape the way we

set actions and activity with an initial 2 pilots underway focusing on Woman's services and an Angus Transport Network.

Argyll and Bute: Good relationships established through the CPP enabled quick work of partners to create the required initial response. In Argyll and Bute this included a Caring for People Partnership led by Public Health, Argyll and Bute Council (Community Planning and Development team), TSI and also included community response groups and SFRS as key partners.

This Caring for People Partnership were able to link with local groups to ensure prescriptions and food were delivered to those who needed assistance. Some of the community response groups are also active members of Local Area Community Planning Groups and have fed in their experience and updates to these meetings. The CPP through its links to partners and communities has played a key role in the local response.

Dumfries and Galloway: External funding is being monitored to give an overview of the region; ensure there is no duplication in effort and that communities most in need receive the support required. National Policy developments and local data and developments are published in a weekly Bulletin for all Councillors, MPs and MSPs and shared with partners. Updates on COVID are given at every CPP Board meeting.

Glasgow: New groups do not always have the right capacity/knowledge. Similar issues encountered in other areas where people are getting multiple knocks on their doors offering help. Everything needs to be tied to local evidence and needs. Call for a reset in relationship with the Scottish Government and closer working together.

North Ayrshire: One of the main roles of the Community Planning Team was signposting to relevant information. This was done through the Community Planning website with links to COVID support. We also published North Ayrshire wide daily briefings and if the information was available, we would also provide daily locality updates.

North Lanarkshire: It would have been useful at the earlier stages if there was better coordination of funds and a better grasp of what money is coming in and when. I think the approaches improved as LA's developed their response plans and better coordination locally has been built into the recovery planning (i.e., what's coming in and how communities are supported to access support. Again there was a gap between how to engage with and support newly formed groups which are doing a good job at supporting communities but often struggle to understand procedures, language, governance etc. and how more established community structures were able to access and respond to support. At the earlier stages support and opportunities from SG for the com and vol sector was not always as clear as it could be resulting in more work locally to target support to less established groups. Community support should be looked at in a rounded way.

Perth & Kinross: Local Action Partnerships (LAPs) are given a budget to support the delivery of their Locality Action Plan. In March 2020 LAPs agreed to open their budgets to bids from local community groups and voluntary organisations who were

responding to needs in their community as a result of COVID-19 and lockdown. From March until the end of September 2020 over 70 different funding bids were supported by LAPs, committing over £180,000 in financial support to a variety of different projects and initiatives. The following graphs detail the spread of this funding by theme and by the nature of the group that was funded. The final section includes some short case studies.

- *FeldyRoo* received funding to deliver hot meals to vulnerable people who were socially isolated in the Aberfeldy and wider Breadalbane area. The group delivered over 40,000 meals during this period and has received national recognition for their outstanding work in supporting community members during lockdown.
- *Logos* received a small grant to fund a Zoom account so they could deliver their youth activity sessions virtually and prevent young people from becoming isolated. This small grant has had a big impact on young people who could continue using the service in the Strathearn and Strathallan area throughout lockdown.

Food Support in Perth involved numerous organisations in Perth providing support for the most vulnerable during the lockdown period. Groups worked in partnership to set up places to access food throughout Perth city and provided a delivery and check-in service. Examples of specific activities include:

- Letham4All purchased a larger refrigeration unit to store donated food from local businesses to support families in need of free or discounted food.
- National Christian Outreach Centre delivered 500 hot meals to elderly and vulnerable people living in the Perth area each week for 10 weeks.
- Perth Welfare Society supported people using Zoom, in Urdu and Punjabi, to apply for financial support, such as Universal credit. The group worked with local takeaways to deliver hot meals to vulnerable people in Perth.

Renfrewshire: Renfrewshire community planning have worked together to connect local and national responses. Public and third sector partners have worked together to ensure that local groups were aware of Scottish Government funding and that this funding was accessed by groups in the best position to utilise it effectively. The local volunteering effort was also co-ordinated with the national recruitment of volunteers, to minimise duplication and make the recruitment process smoother for volunteers. A local Food Group was established to connect national food provision with local community response. This provided local groups with supplies to maintain their own food provision and minimised duplication of provision and food wastage. A local panel was established to work with SCVO to deliver the national Connecting Scotland campaign to ensure that devices reached those most in need.

A Local Assistance Team was established in Renfrewshire to deliver national commitments to contact people isolating due to Covid. The Local Assistance Team connected with Neighbourhood Hubs to ensure that there was a response to needs that people raised during these calls. Renfrewshire Council hosted a site for asymptomatic testing in the Johnstone area. Local and national partners worked together to deliver an appropriate site at short notice and local communications resources were deployed to raise awareness and promote take up of testing.

Scottish Borders: Various funding streams available at the moment. Focus required on keeping track of where money has come from and what the funding will be used for to ensure groups aren't duplicating any work. Optimum position would be to join up efforts and maximise funding.

Shetland Islands: A key role was around the communication of information. Challenge around the national direction and how it fitted into the Shetland context in terms of capacity and proportionality.

South Lanarkshire: Shortly after the Wellbeing Helpline was established, the National Shielding Helpline was set up and much of the work of the team and the community responders then became focused on individuals and families who were shielding. The Wellbeing Helpline provided support regarding any identified need which included for example, provision of food, money worries, general wellbeing and mental health, getting online and finding a dog walker. Individual referral processes were agreed with each of the community response groups who supplied and delivered food, prescriptions and other interventions. The food fund monies were used to purchase ambient food for local community responders who were supporting their communities and other targeted groups such as homeless people and those living in sheltered housing accommodation.

Refreshing/resetting existing LOIPs.

Aberdeen: A short life working group has been formed to lead on the Socio Economic Rescue Plan which was published in July 2020. While the plan is an immediate and dynamic response to the impact of Covid-19, it will inform the scheduled refresh of the LOIP in 2021. The plan aligns to the LOIP strategic themes of Economy, People and Place. Partners have been asked to prioritise their work around the Socio Economic Rescue Plan to ensure activity across the partnership is coordinated. A [Route Map](#) for the refreshed LOIP has been published. In 2021, workshops will take place across the partnership and community to see the impact of the current situation on the LOIP and its priorities. Although priorities will likely remain the same, the workshops will give a better understanding of the data and highlight whether priorities remain valid for the future.

Angus: Angus Community Plan will not be refreshed as the priorities within it are still relevant. For example, a priority within the plan is around improving mental health. The action plans within the Community Plan are being reviewed to capture current and forecasted work to support the community's requirements now due to the pandemic. A full review will be carried out in 2022 which will include a review of the partnership, governance and participants.

Argyll and Bute: The LOIP in Argyll and Bute is due for renewal in 2023. The CPP agreed though to focus on 4 cross-cutting themes for the duration of the currently LOIP, in addition to the existing priorities. These 4 cross-cutting themes are Poverty, Social and Digital Isolation, Climate Change and Community Wealth Building.

Dumfries and Galloway: The eight Outcomes in the LOIP are discussed each year when the Annual Report is developed with stakeholders and presented to the Board

in November. It has been recognised as a key document in guiding the response and recovery as it focussed on those people already experiencing inequality and has been reaffirmed by national and local research on the impact of COVID, including the Social Advisory Review Panel Report.

Dundee: Plan to review and update current outcomes, progress and targets.

East Lothian: The CPP taking lead in terms of economic recovery: drive economic development strategy, working with local communities, businesses etc.

East Renfrewshire: Partners agreed in September to focus on key priorities linked to local pandemic impacts focussing on inclusive growth and community wellbeing and connectivity with digital inclusion and tackling poverty being horizontal themes. The current LOIP – FairER plans require review early 2021. One option is to develop a 1 year transition plan to focus on Covid recovery with a three year plan thereafter. Partners will meet to consider this and appropriate governance arrangements early March.

Falkirk: Current LOIP requires review with plan to revise for January 2021. The board have asked to incorporate feedback from community groups, lessons learned and recovery. This is a challenging deadline given lost time for community engagement.

Fife: CPP was due to review progress on their LOIP in the coming year but in light of the Covid pandemic they have decided to pause that work and instead focus on five priority areas in the short term; tackling poverty and food insecurity; building community wealth through local economic development; promoting digital working and inclusion; supporting mental health and wellbeing; and addressing the climate emergency. The plan is to combine this with the refresh of the Council Recovery Plan. Aiming to adopt a ‘sprint approach’ where actions happens quickly and learning and experiences feed into the refreshed plan. 12 ambitions in the plan for Fife won’t change however, some will be updated to reflect the learning and experiences from pandemic.

Glasgow: The Social Recovery Taskforce formed, enabled by the Community Planning Strategic Partnership as part of the council’s renewal and recovery programme, brings together representatives from community planning partners, third sector and voluntary organisations, to look at how the city can rebuild and recover socially from coronavirus. They will also work in Partnership with Economic Recovery Taskforce. The work of the group will be used as a vehicle for a refresh on the LOIP and it is anticipated that the work plan of the Social Recovery Taskforce will in turn become the new Community Plan (Glasgow’s equivalent of a LOIP).

Inverclyde: A review of Inverclyde’s Local Outcome Improvement Plan 2017-22 was carried out in the autumn of 2020. This enabled an assessment to be made regarding whether the LOIP priorities were still the right ones for Inverclyde. The review concluded that population, inequalities and the environment, culture and heritage are still very much priorities for Inverclyde. In addition, the review concluded the “local economy” should be added as a new priority, given that this was

a growing issue prior to the pandemic and has been exacerbated by the impact of Covid-19.

North Ayrshire: The LOIP is still considered fit for purpose. It is comprehensive in terms of supporting local communities. We are looking at refreshing the “Fair for All” strategy which is focused on reducing inequalities and Locality Partnership priorities.

North Lanarkshire: CPP was already reviewing LOIP priorities and approaches and this continued throughout the pandemic, however as we moved to recovery approaches effort has focused on ensuring that learning and principles from both local and national review of the impact of the pandemic on communities and opportunities for improved partnership approaches are embedded across partnership priorities and approaches. This work continues.

Perth & Kinross: Creating new overarching ‘Perth & Kinross offer’ with a series of programmes of delivery under the five Es (Equalities, Empowerment, Education, Economy, and Environment). This includes new focused LOIP to be developed by CPP. Key areas include locality working, improving how communities participate in decision making, mental wellbeing and resilience, climate change, poverty, employability and digital participation.

Renfrewshire: Renfrewshire Community Planning Partnership Executive Group has focused on the individual and collective response of partners to the pandemic and also how this impacts on community planning priorities agreed pre-Covid. A Community Impact Assessment has been carried out during autumn/winter 20/21 and this will feed in to a Social Renewal Plan in spring 2021. An economic recovery plan has also been developed to update the previous economic strategy in the light of Covid.

South Ayrshire: The strategic themes in our LOIP were considered, and discussion took place to identify if there are new areas emerging/that will emerge as a result of COVID-19 under the strategic themes. It was agreed that there should be a more co-ordinated approach to the financial impact of the current health crisis with an emphasis on wider family which will be discussed through Children’s Services. Financial Impact should also be a priority on its own as a major focus for the CPP – in order to reflect the wider community it was agreed that the strategic theme of ‘**Closing the Poverty-Related Outcomes Gaps for Children and Young People**’ should be redefined as ‘**Closing the Poverty-Related Outcomes Gaps**’ to reflect families and the wider community. Further information can be found in our [2020 LOIP annual progress report](#).

South Lanarkshire: Prior to the pandemic an update of the LOIP was planned for this reporting year. This work has started and will also include initial COVID recovery actions that were agreed by the Board. Some of the themes include: Planning with communities; digital connectivity; mental and physical health. The first stages of community conversations will begin in March 2021 to inform a full review of the LOIP. A pan-Lanarkshire Partnership Economic Recovery Group has also been established.

Shetland Islands: Looked at LOIP and feel that the priorities are right for the longer term. Will do impact analysis on targets and data sets to see the likely impact of COVID.

West Lothian: The CPP developed a new LOIP in 2019 and presented a draft to the CPP Board in early March 2020. This has been put on hold as the CPP reflects on the impact of COVID-19 on communities. Initial consideration has been given to possible changes to the draft LOIP to refocus on COVID priorities and this will be further informed through the work of the Health and Wellbeing/Anti-Poverty Working Group, the Economic Recovery Plan and the Anti-Poverty action plan. It is intended that this will be revisited in early 2021 to ensure that the new LOIP reflects a more robust understanding of the impact of COVID-19 and to ensure that it does not duplicate the activity of all the recovery plans.



Community Planning Improvement Board Inequalities Deep Dive

Wednesday 26th May



Today's session

Input from Angela Leitch & Matt Lowther, Public Health Scotland

- **Working together to reduce inequalities in our communities – what does the evidence tell us?**

Discussion

- **What does this mean for Community Planning/CP Partners – what can they do?**
- **What are we learning about what is working well locally and what the key barriers are?**
- **What is needed in terms of:**
 - **Leadership**
 - **Community Participation**
 - **Governance/Decision making**
 - **Data/Intelligence**
 - **Joint resourcing/planning**
 - **Innovation**

Action Planning: What actions are needed to facilitate and effect change

- **By Community Planning partnerships**
- **By individual Community Planning partners**
- **By the CPIB**

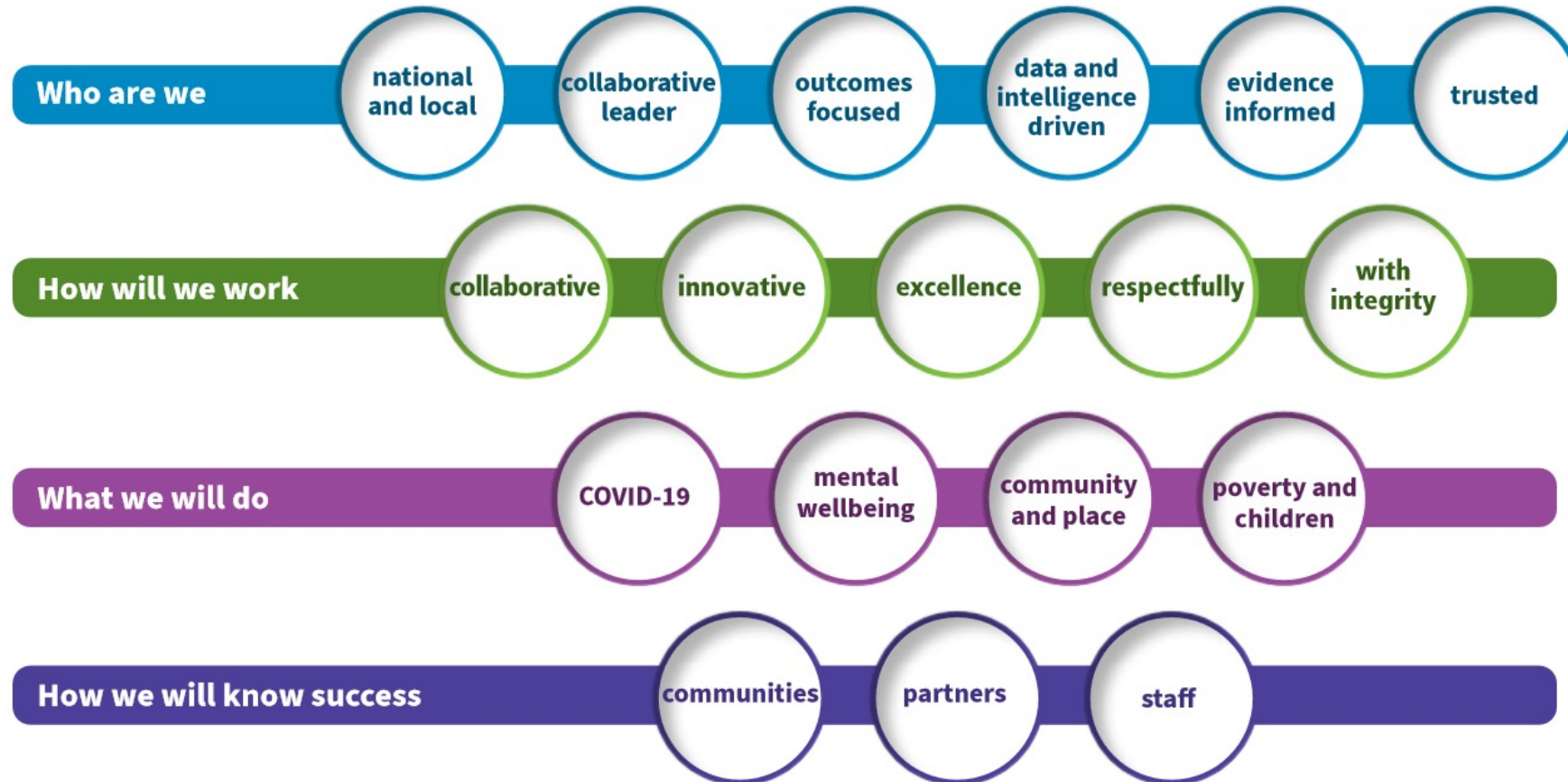
Community Planning Improvement Board: Working together to reduce inequalities

Angela Leitch and Matt Lowther

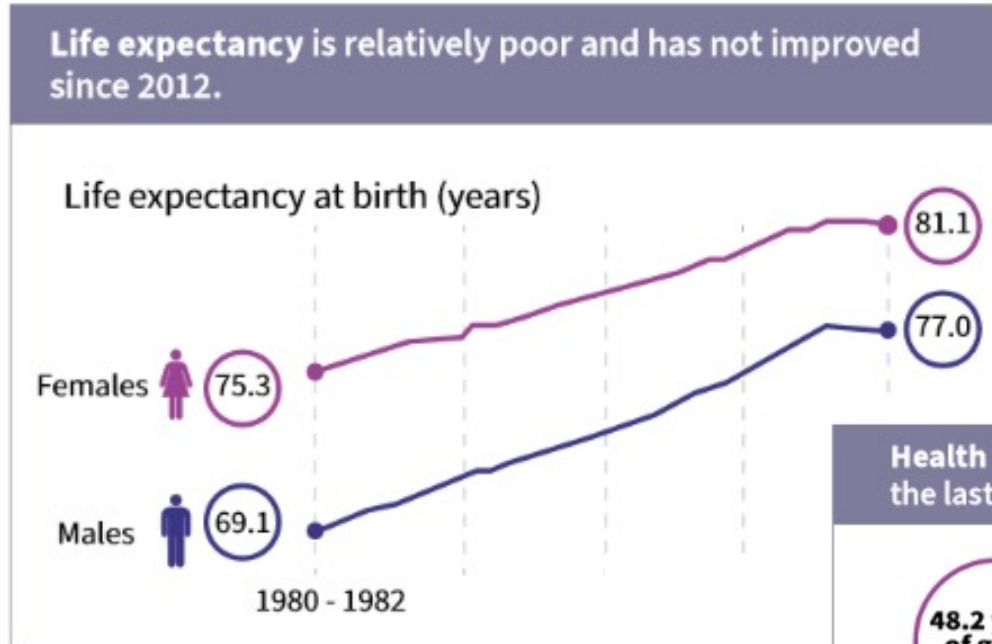
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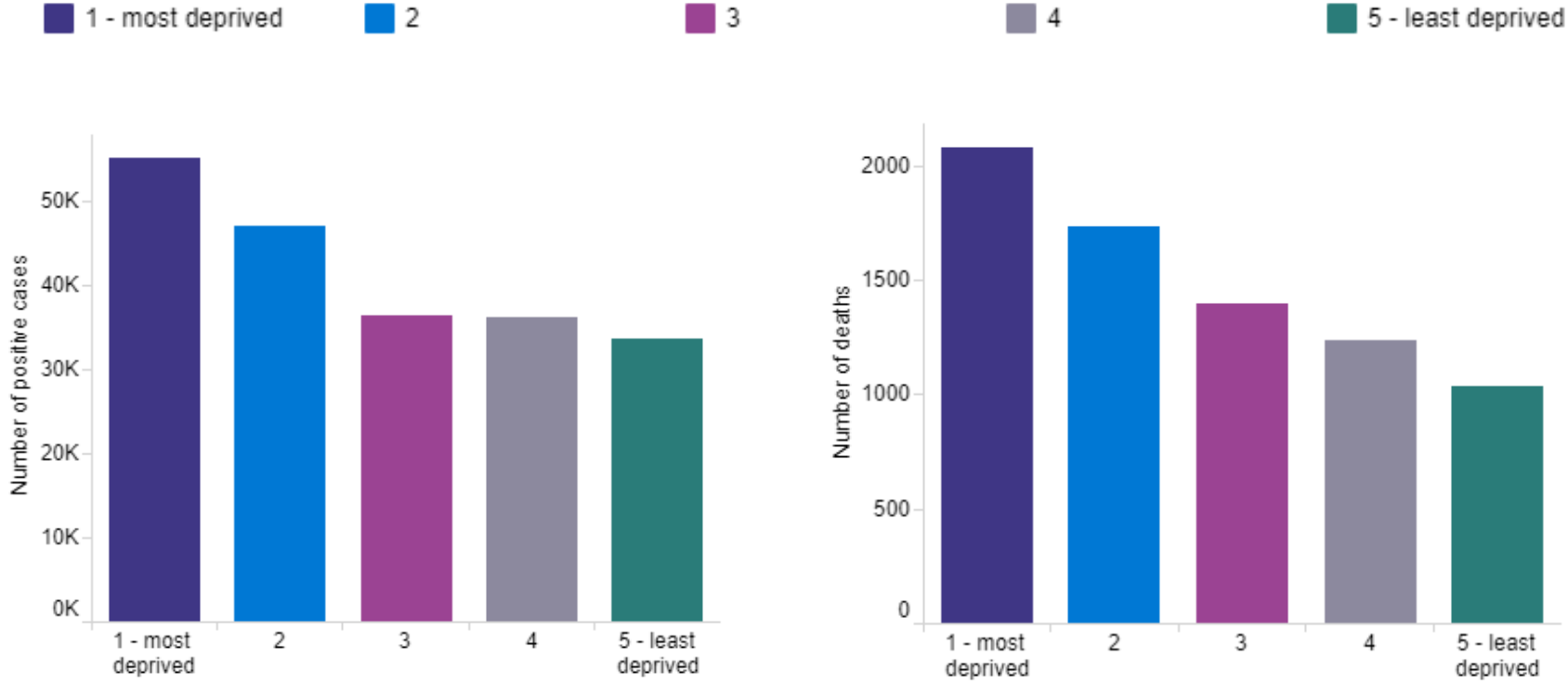
Our strategic plan



Pre-pandemic challenges



COVID inequalities

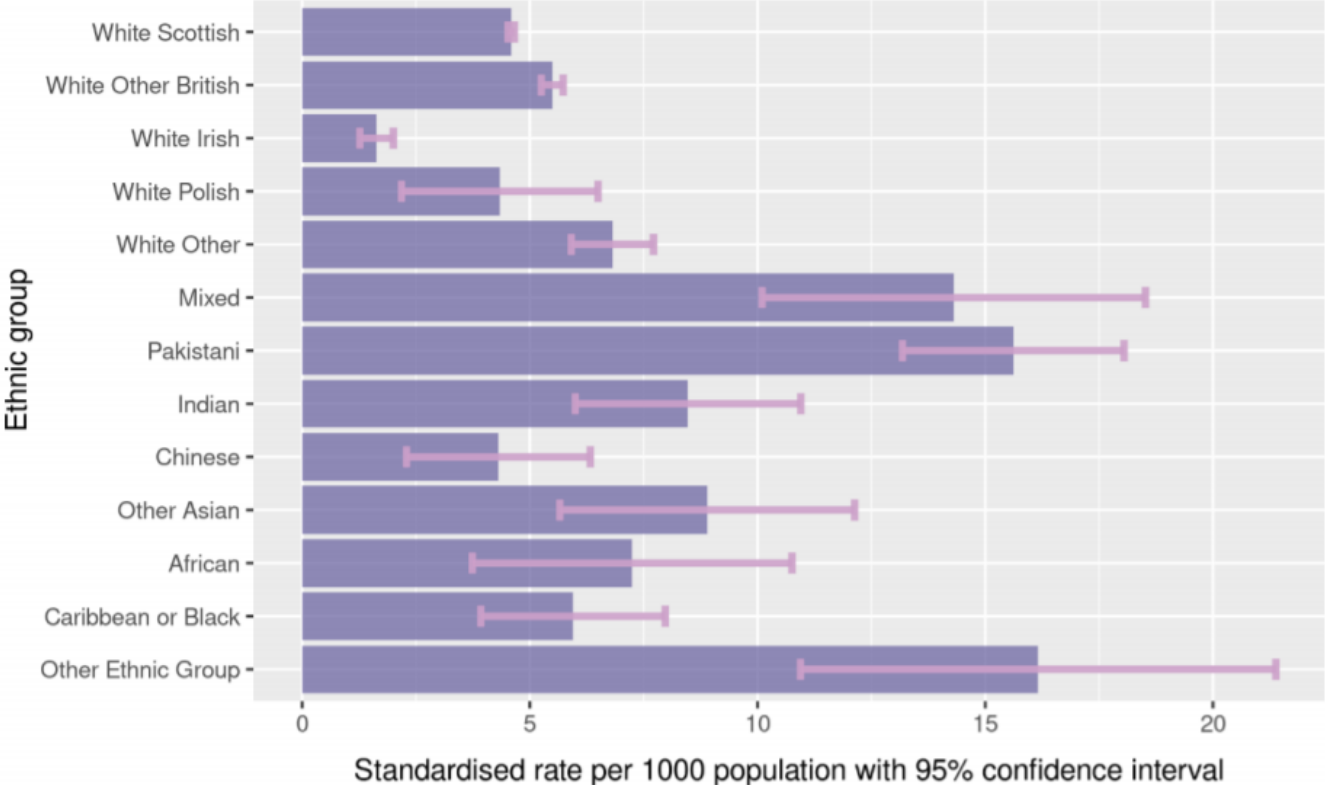


Positive cases

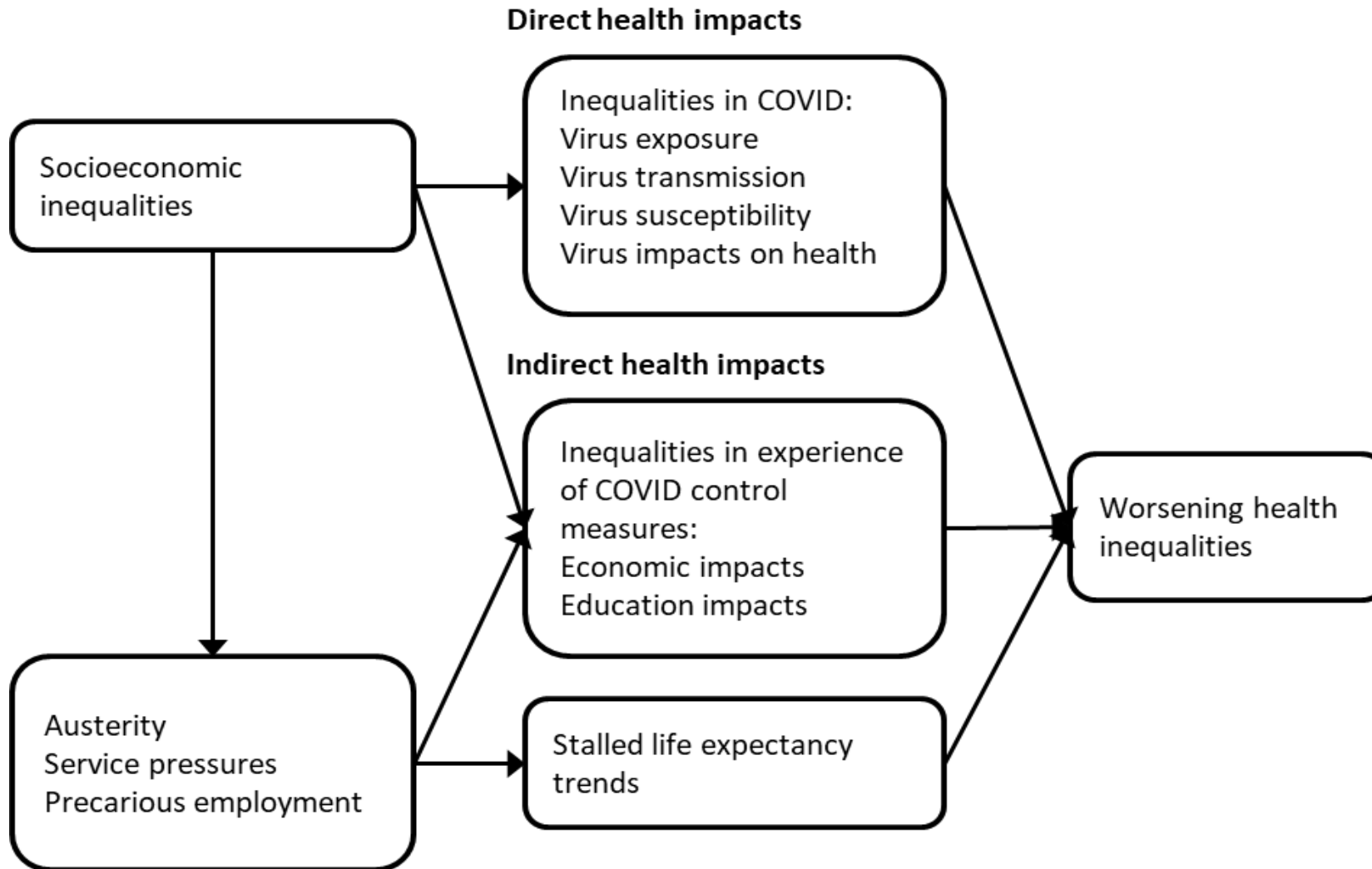
Deaths

COVID inequalities

Rates of COVID-19 hospitalisation or death by ethnic group



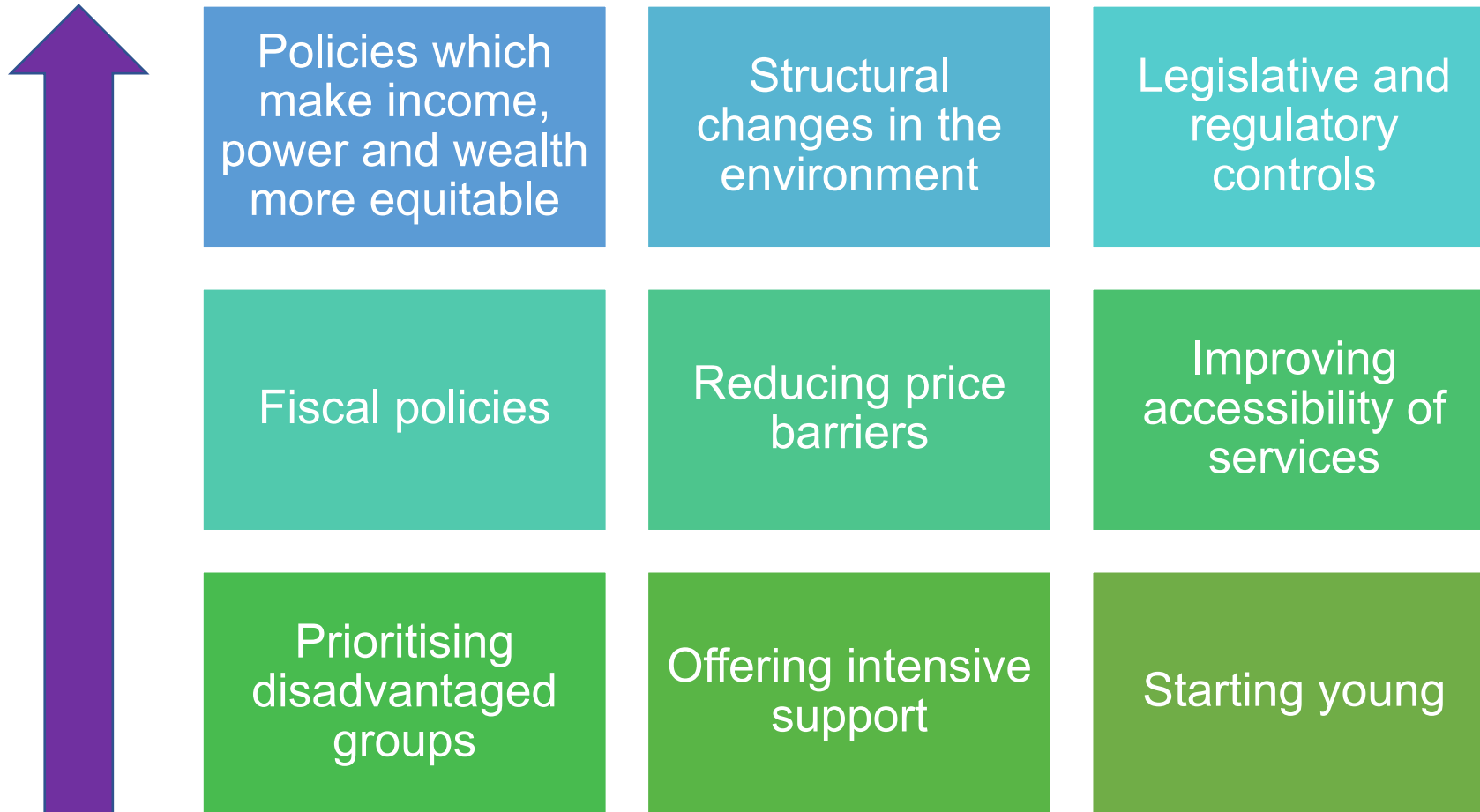
COVID inequalities



Inequality across the drivers of health

	Community safety, housing, transport, greenspace, access to services, climate.
	Child poverty, ACEs, education, health behaviours, development.
	Mental wellbeing, mental ill-health, suicide, stigma and discrimination, loneliness and isolation.
	Tobacco, alcohol, drugs, local availability.
	Employment, social security, poverty, tax.
	Physical activity, diet and obesity, food poverty, food environments, childhood obesity.

Actions most likely to reduce health inequalities



Actions least likely to reduce health inequalities



Information based campaigns (mass media information campaigns)

Written materials (pamphlets, food labelling)

Campaigns reliant on people taking the initiative to opt in

Campaigns/messages designed for the whole population

Approaches which involve significant price or other barriers

Housing or regeneration programmes that raise housing costs

Health Inequality Impact Assessment

- Key Helps you plan, develop and deliver a policy/programme in a way that potentially reduces health inequality.
- **Scottish Health Inequality Impact Assessment Network (SHIAN)** aims to promote a Health in All Policies approach in Scotland, and to increase the use and quality of Health Impact Assessments and improve consideration of health issues in other assessments, in order to contribute to improvements in policies and plans that will enhance population health and reduce health inequalities.
- Further information - <https://www.scotphn.net/networks/scottish-health-and-inequalities-impact-assessment-network-shian/introduction/>









[https://learning.
publichealthscotland.sc
ot/course/view.
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0](https://learning.publichealthscotland.scot/course/view.php?id=580)

This learning hub is suitable for anyone who has an interest in understanding health inequalities in Scotland and the steps you can take to help reduce them. You will focus on understanding the link between discrimination, inequality, and health inequalities, providing you with a strong foundation knowledge of the subject matter.

Watch this short animation introducing the hub.



[Click here for Introduction video transcript](#)
[Additional course information](#)

 Learning Hub	 Navigation	 Additional resources	 Accessible Word version
 Evaluation	 Certificate		

Support available from us

Evaluation	Evidence and research	Guidance and tools	Data and intelligence
Networking and learning	Staff training and development	Service and policy re/design	Topic specific support
Performance reporting	Critical friend	National connection	Support for whole system working



Weight and physical activity example

Weight stigma programme:

- An electronic training resource for health, social care and other professionals around weight bias and discrimination
- National communication guidelines for policy and campaign development when communicating about obesity
- National campaign on weight stigma
- Aligned to our work leading the roll out of weight management services



Mental Health
Foundation



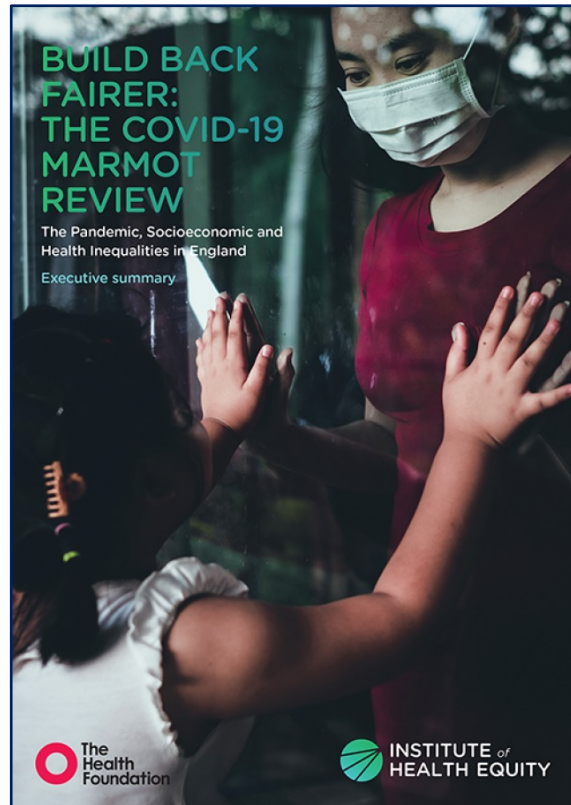


Harmful substances example

- We are developing an Early Warning System for drugs harms.
- This will, at an early stage, detect increases or clusters in harms.
- We have collated information from Police Scotland (Suspected drug related deaths), Scottish Ambulance Service and health care services to identify trends within a few weeks of their occurrence.



Building back fairer



“

There is an urgent need to do things differently, to build a society based on the principles of social justice; to reduce inequalities of income and wealth; to build a well-being economy that puts achievement of health and well-being at the heart of government strategy. ”

Q&A session

Group Discussion

- What does this mean for Community Planning/CP Partners – what can they do?
- What are we learning about what is working well and what the key barriers are: Your experiences
- To support the progress we need to see, what is needed in terms of:
 - Leadership
 - Community Participation
 - Governance/Decision making
 - Data/Intelligence
 - Joint resourcing/planning
 - Innovation

Action Planning

CPIB members asked to identify and agree actions to take to support improvement

What actions are needed:

- By Community Planning partnerships
- By Community Planning partners
- By the CPIB

Action Planning using Mentimeter

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Go to www.menti.com and use the code **3684 8275**

WHAT ACTIONS SHOULD COMMUNITY PLANNING PARTNERSHIPS PRIORITISE?



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**INDIVIDUALLY, WHAT ACTIONS WILL I
PRIORITISE WITHIN MY
ORGANISATION/SECTOR?**



Go to www.menti.com and use the code **3684 8275**



COLLECTIVELY, WHAT ACTIONS SHOULD THE CPIB PRIORITISE?



How do socio-economic inequalities impact on inequalities in health during the COVID-19 pandemic and what can we do about it?

Draft 4.0 - 15th March 2021

Contributors: Gerry McCartney, Pauline Craig, Andy Pulford, Debs Shipton, Kate Smith, Elspeth Molony, Lynda Fenton

Summary

This briefing summarises how socioeconomic inequalities have exacerbated the impacts of the COVID-19 pandemic, and worsened the pre-existing health inequalities in Scotland.

People living in more deprived circumstances have been more likely to be exposed, infected, become unwell and to die from COVID-19 because of socioeconomic inequalities. The measures put in place to control the pandemic are also likely to have had disproportionate impacts on the most deprived groups.

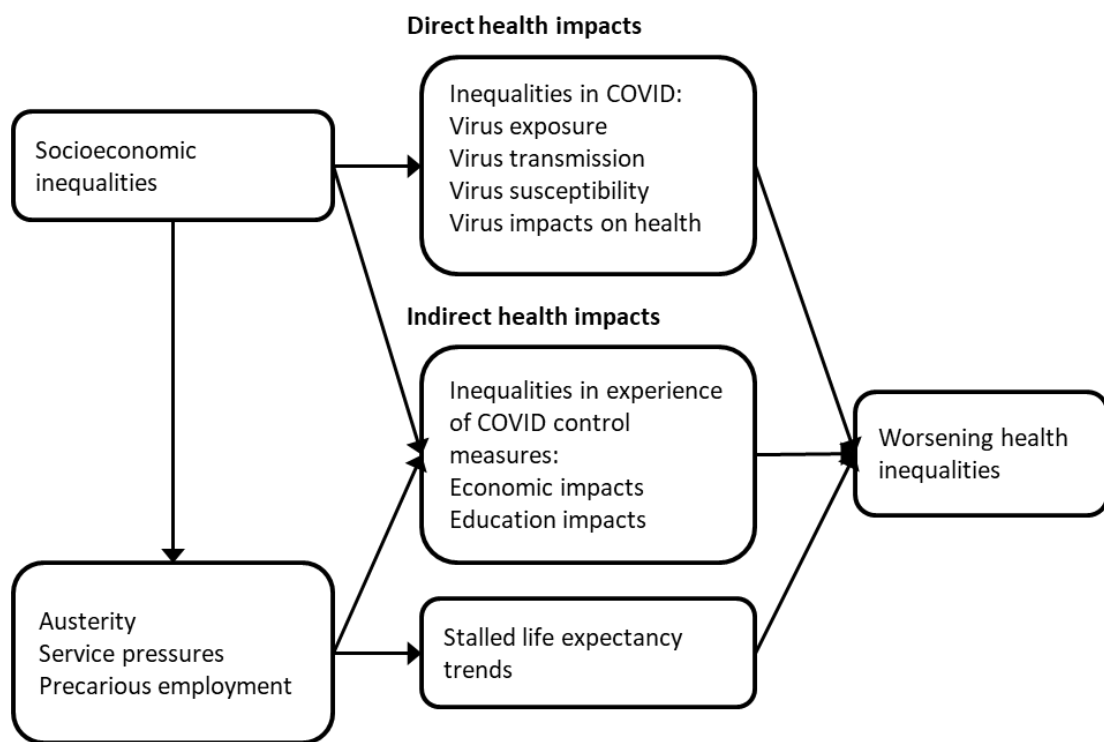
To mitigate these effects it is important that action is taken across sectors and tiers of government:

- The furlough scheme and uplift to benefits remain essential to maintain the incomes of the poorest groups and to avoid mass unemployment.
- Ensuring that all people who are eligible for benefits claim them, particularly self-isolation grants, is likely to help reduce the spread of COVID.
- Our young people have missed out on face-to-face education and we need to address any inequalities that have arisen as a result.
- We must ensure that people know that the health service is open and address the inverse care law in health service uptake as we remobilise.
- In the longer-term we should take the opportunity to 'Build Back Fairer' and build upon actions on the Public Health Priorities for Scotland.

Background

Scotland has experienced a prolonged period of rising health inequalities and stalled life expectancy trends prior to the pandemic. COVID-19 and the associated control measures are exacerbating these underlying health and social inequalities in society. The worsening of health inequalities is typically a result of wider socio-economic inequalities (such as those relating to income, wealth and power). We can see the impacts of these socio-economic inequalities in terms of how both the direct and indirect impacts of COVID-19 are experienced across society (Figure 1).

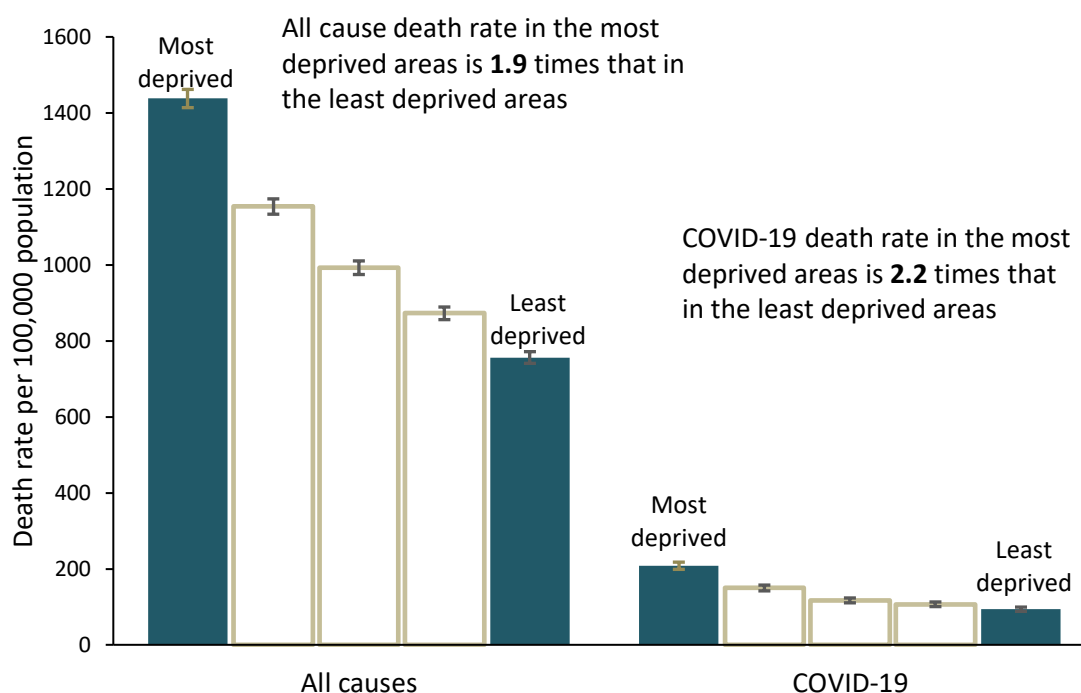
Figure 1 - Summary of the effects of socioeconomic inequalities during the pandemic



The impacts of socioeconomic inequalities on COVID-19

The health impacts of the COVID-19 pandemic include the direct impacts of the virus and the indirect impacts of the control measures. COVID-19 causes mortality and ill-health (both in the short and long-term) for many of those who become infected. The direct deaths due to COVID-19 can be counted in terms of those who had had a positive test for COVID-19 shortly before death, or where COVID-19 has been mentioned on the death certificate. Using the latter of these definitions, the inequalities in COVID deaths and all-cause deaths across the population ranked by deprivation between March and December 2020 are shown in Figure 2. As a result, mortality rates increased proportionately across deprivation fifths of the population during 2021, increasing absolute mortality inequalities across the population.¹

Figure 2 – All-cause and COVID-19 mortality rates by deprivation quintile between 1st March and 31st December 2020 (Source: National Records of Scotland)



Using occupation as an individual marker of socioeconomic position, and data between March and December 2020, the COVID-19 death rates for working-age adults employed as ‘process, plant and machine operators’ was some **eleven times** higher than those working in ‘professional occupations’, while all-cause deaths was

5.3 times higher.² Direct COVID-19 mortality is also substantially higher for those in some ethnic minorities in Scotland;³ with increasing age; amongst men compared to women, and for those with pre-existing health conditions. Initial data on mortality from COVID-19 for people with learning difficulties suggests that this might be three times higher than in the general population.⁴

The COVID-19 mortality rates have been found to be higher in some local authority areas than others. Data from the first wave of the pandemic show that this can be explained by higher income deprivation levels and household overcrowding.⁵

During the pandemic public health officials have been involved in managing specific outbreaks in the context of widespread community transmission. Particular contexts and workplaces have been found to be important in understanding how the factors described above can often combine to create inequalities in infection and harms (Table 1). For example:

- Fewer low paid workers have been able to work at home without fear of loss of pay or jobs, increasing the likelihood of virus exposure.
- Adherence to self-isolation measures is more challenging where there are greater uncertainties around incomes whilst isolating, difficulties in understanding guidance, and where people live in overcrowded or shared accommodation.
- Lower paid work is associated with higher exposure to the virus through cars/van sharing to get to work; through greater public or work colleague contact (e.g. social care or factory work); and through a higher likelihood to having to work in an enclosed shared environment.
- Within-household transmission is more likely where there is overcrowding, multigenerational households and in shared accommodation for workers living away from family homes.
- A higher prevalence of pre-existing chronic conditions increases the risk of harm from COVID-19.

Table 1 – Inequalities learning from managing outbreaks during the pandemic

Understanding	<ul style="list-style-type: none"> • Some groups may not speak English as a first language and their primary source of information on the pandemic may be from abroad. This can lead to ill-advised precautions being put in place to attempt to manage infection risk which is not based on Scottish guidance. • The complexity of the testing and guidance landscape can be particularly difficult for some groups to manage, especially where there is digital exclusion (especially with older adults) or language barriers. • Some groups can be more exposed and susceptible to sources of misinformation.
Exposure and transmission	<ul style="list-style-type: none"> • The design of some workplaces make physical distancing more difficult and have atmospheric conditions that promote transmission (e.g. food processing factories). • There is variation between employers in the degree of support for workers which is leading to pressure to turn up to work and to avoid testing for some groups. • Some workplaces have acute requirements to maintain staffing at all times which can make self-isolation of contacts particularly problematic (e.g. where there are animal welfare considerations or in nursing homes). • Some people have to car-share, use taxis or use public transport to get to work (especially when wages are low and employment is in a rural setting); whilst others share work vehicles as part of their job. • Some people living in shared accommodation (e.g. nursing homes), including those with little or no private space (e.g. overcrowded housing, including non-intimate bed sharing), or with restrictions in freedom (e.g. prison). • The availability and effective use of Personal Protective Equipment (PPE) is variable.
Self-isolation	<ul style="list-style-type: none"> • Some may be less likely to go for testing when symptomatic if this endangers their income or job security, the job security of others (e.g. friends or family members), or where there are barriers (e.g. transport or language) to getting a test. • Some find it more difficult to self-isolate when symptomatic or when a contact because of the risks to income,⁶ job security, or a lack of private space.
Susceptibility and health impacts	<ul style="list-style-type: none"> • Some groups, particularly the elderly and those with pre-existing conditions, are far more likely to have severe health impacts (impacting on care homes, hospitals and multi-generational households disproportionately).

Inequalities in the indirect harms from COVID-19

In addition to the inequalities in direct COVID-19 harms discussed above, the indirect impacts through the control measures put in place are also have systematically larger negative impacts on some groups (Figure 3).⁷ These indirect effects of the control measures are large and likely to impact for a long time.

Health service use

We know that presentations to hospital services in Scotland have declined substantially since the start of the pandemic (see <https://scotland.shinyapps.io/phs-covid-wider-impact/>). Some of this might be explained by a decreased need for services because of less road traffic accidents and less assaults (for example) happening as a result of the lockdown measures. However, many of the other trends are not so easily explained, such as the decline in presentations with heart problems or the reduced diagnoses of cancer. During the first wave of the pandemic there was a substantial excess in mortality over and above that which would be expected for that time of year, even after accounting for deaths directly due to COVID-19 (Figure 4).⁸

There has been little or no excess over and above the COVID-19 deaths since the first wave, and in fact deaths due to non-COVID causes since the first have been slightly lower than the long-term average. However, it is currently unclear how numerous the untreated health conditions such as cancer and heart disease are, but it seems likely that there will be a rise in health problems as we come out of the pandemic that would have benefited from early treatment.

There is also some evidence from England that vaccination is occurring more quickly for more affluent groups and white British, with more deprived groups and ethnic minorities lagging behind.⁹ Equivalent data are not yet published in Scotland.

Figure 3- Effects of social distancing measures on health (colours indicate linked pathways)¹⁰

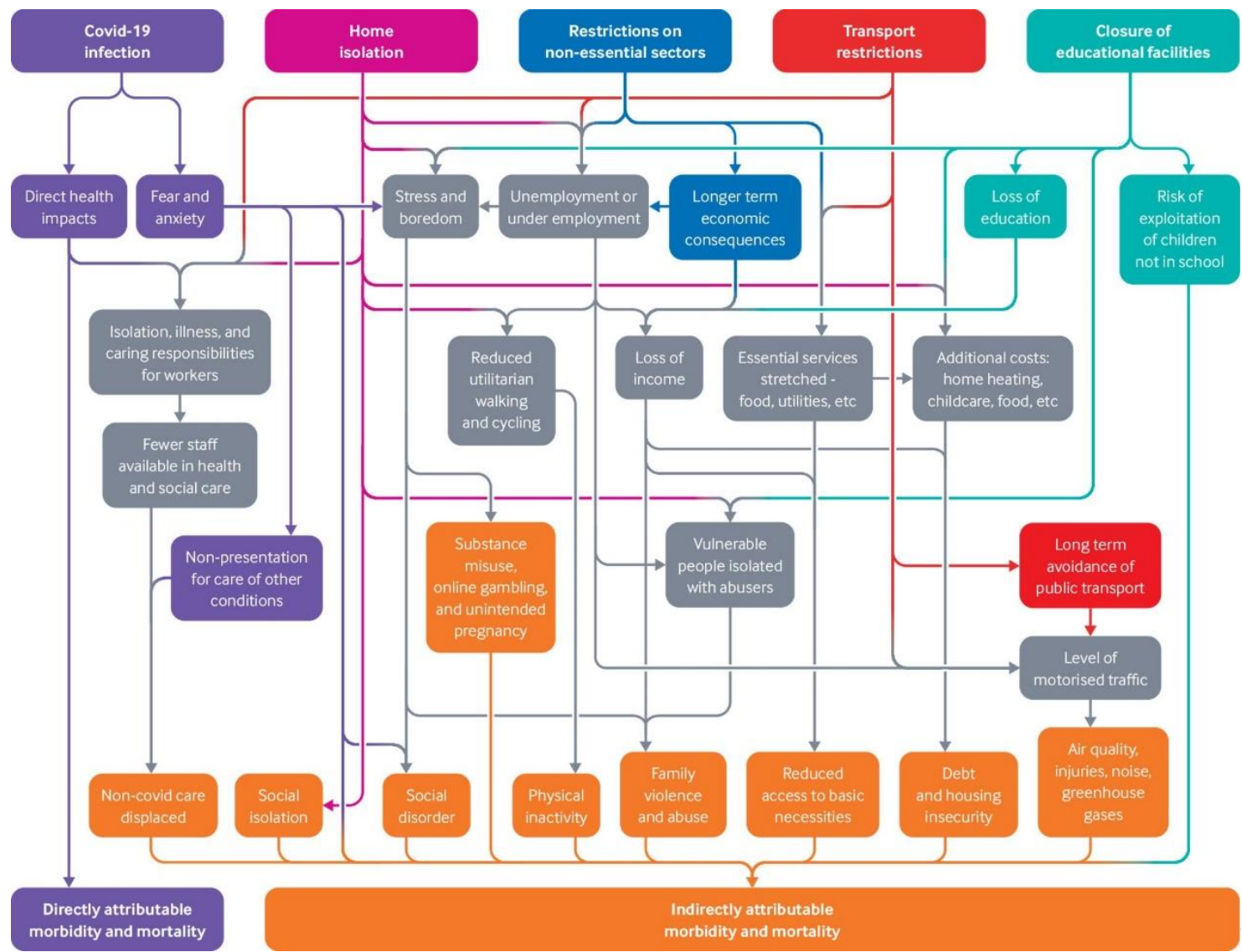
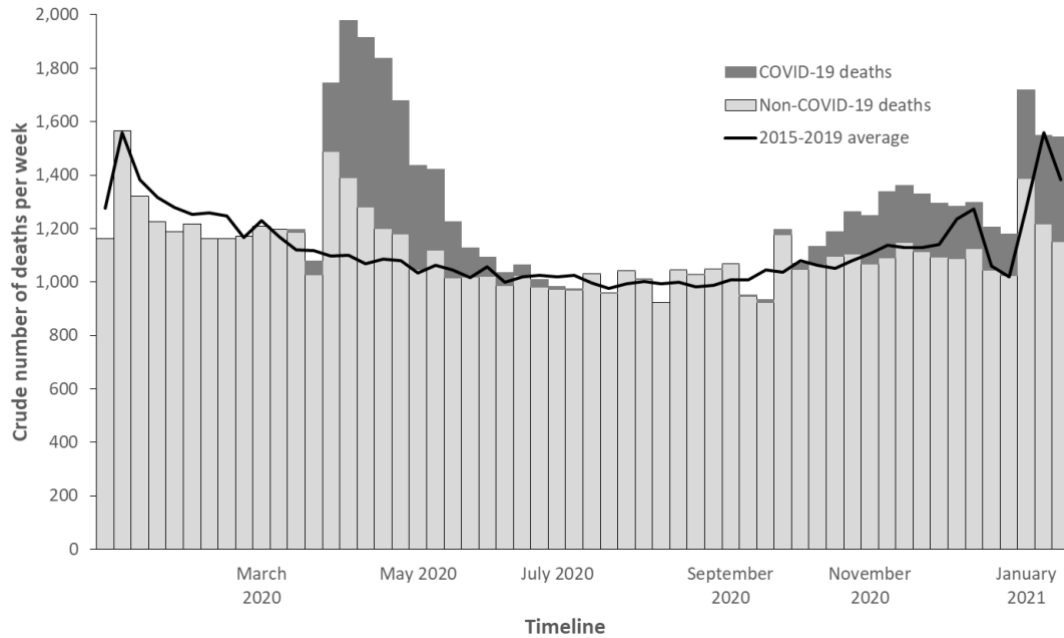


Figure 4– Crude number of deaths from all causes, and contribution made by COVID from March 2020 to January 2021 compared to the deaths 2015-2019, Scotland²



Economic impacts

The restriction on the operation of business premises and on people interacting has had different effects on people’s incomes across society. Some employees and sectors were disproportionately impacted, including those working in the ‘gig economy’ (i.e. those with limited contracted hours or pay protection), tourism, hospitality and the self-employed. In contrast, many other sectors (including ‘key workers’ in health and social care, food production and distribution, etc.) experienced little change in employment and wages, whilst other sectors were able to quickly move to working remotely without loss of income (e.g. academia, banking).

This has had several impacts on inequalities. First, those on lower incomes were much more likely to have been furloughed,¹¹ meaning that the furlough scheme has been vital in protecting against a substantial rise in poverty and inequality. Income from wages fell by 4-8% on average, and the drops in wages impacted much more for low income groups, but the uplift in benefits implemented during the pandemic has meant that the impact on income inequalities overall has been small.¹²

Second, those living in more deprived areas were less likely to be able to work at home, and likely to be less eligible for automatic sick pay or to be paid when isolating.¹³ In Scotland there is a means-tested £500 grant available for those self-isolating.¹⁴ The uptake of this grant amongst those eligible has not yet been published. All of this means that people living in more deprived areas are more likely to be at risk of exposure to the virus and are more likely to have to negotiate application process to receive any income whilst they are sick or in isolation.

Third, those on lower incomes (and particularly low income families) have eaten into their savings and accumulated debts during the pandemic whilst savings increased and spending decreased for those who are more affluent. This is likely to reflect that much of the spending of more affluent groups is discretionary whilst in lower income groups it relates to household essentials, heat and food.¹⁵

As attention turns to rebuilding the economy as we emerge from the pandemic, it will be essential that the opportunity to redesign is taken such that the pre-pandemic levels of economic inequality, poverty, and ecological unsustainability are not reproduced.¹⁶ Furthermore, given the impact that austerity has had on life expectancy trends,¹⁷ it will be important to avoid such an approach to public finances in the future.

Education impacts

The pandemic control measures have caused disruption for school children, early years socialisation and education, and for further and higher education students of all ages. Most groups have had at least some periods of time where learning has been delivered remotely rather than face-to-face. This has created inequalities for several reasons. There are differences in educational needs across groups, and there are limitations in how successfully those differential needs can be met remotely. There are also inequalities in the facilities available for people to be educated at home, ranging from quiet desk space, the availability of supportive adults (related to the inequalities in who can work from home), to internet and computer access. All of this therefore risks exacerbating the longstanding inequalities in educational attainment across Scotland.^{18 19}

The disruption to education has also had impacts on families because of the additional requirements for daytime childcare and home schooling for all except those who have all adults in a household who are key workers or where there are children with special needs. This has led to increased stress for families, with the burden often unequally felt by women.²⁰

Social impacts

The pandemic control measures have also had a very wide range of social impacts which have been experienced unequally across society. This has included social isolation and loneliness which has impacted most on those living alone and who were shielding,²¹ restrictions on relationship building which may have impacted most on infants, students and young people, and disruption to the ‘social fabric’ of communities such as sports clubs, societies, and social institutions which have been unable to meet in person. Restrictions on the ability to travel have also limited the horizons and the family and social connections during this time. All of this can lead to tensions within families and communities if there are some people seen not to be adhering to pandemic control guidance, and create an over-reliance on social media sources for information.²²

There have, however, been some positive impacts in some areas such as transport. The restrictions have meant that more road space has been reallocated to active travel and more people have been walking and cycling at times during the pandemic.

Implications for policy and practice

There are many policies which seek to mitigate the negative inequalities impacts of the pandemic, and undoubtedly the inequalities would be markedly worse had they not been in place. Most important amongst these has been the furlough scheme and benefits uplift which together have meant that the loss of income for those unable to work has been much less than would otherwise have been the case. The furlough scheme has also reduced the risks of workplace transmission, but there has remained a greater proportion of people in more deprived communities who have had to continue to work out of the home. Understanding the trade-offs between the reduction in direct health impacts resulting from the pandemic control measures with the creation of indirect health impacts remains an important task as we manage COVID-19 in the longer-run. There is therefore a wide range of considerations if inequalities through the pandemic are to be minimised:

Economy and social security

- Maintain the furlough scheme and benefits uplift.
- Ensure that all those who have to self-isolate have immediate and easy access to the income that they need.

- Implement cash-first approaches to benefits (e.g. for school meal replacement).
- Ensuring uptake of all school-age entitlements and other financial support/benefits (e.g. Scottish Welfare Fund) especially because these are being used to passport other support. Such entitlements should be automated wherever possible.
- Reduce cost barriers of schooling (e.g. through the Costs of the School Day programme).²³
- In the longer-run, redesign the economy to be more equitable and sustainable as we come out of the pandemic.

Education

- Continue to prioritise the education of children and young people when making decisions about the pandemic control measures.
- Ensure that the barriers to learning for pupils with higher needs are systematically addressed. This could include the provision of books, stationary, internet, warm quiet spaces, and opportunities to ‘catch-up’ or ‘re-do’ disrupted periods.

Health services

- Ensure the public know that services are fully open, safe, and that they are not being a burden if they use those services now.
- Reduce barriers to accessing health and social services in relation to appointments, ‘gate-keeping’ and navigating the system.
- Protect key health service staff from redeployment to ensure that service recovery efforts meets the needs of those in most need.

Social

- Ensure access to services that impact most on those who are in greatest need (e.g. social housing repair services).
- The changes in transport infrastructure to support active travel should be maintained and expanded as we come out of the pandemic.
- Collaboration with local Community Learning and Development teams to support delivery of learning.
- Collaboration with youth work organisations and organisations providing play opportunities to enrich the learning experiences of children, provide increased staffing capacity and enhance emotional support.

- Support youth achievement awards and volunteering opportunities for older pupils (14+ years).
- Allocation of individual named youth worker/ mentor to older pupils (S4-S6).
- Protect funding to youth work and third sector organisations providing services to families.
- Protect funding and space for sport and play.

COVID-19 control

- Monitor the compliance with self-isolation instructions and the uptake of the Self isolation Support Grant, and put in place additional supports where required to maximise adherence and uptake.
- Monitor the receipt of the COVID vaccination by deprivation, sex and ethnicity to ensure equity of uptake.
- Ensure that the learning from the management of outbreaks informs the design of the pandemic mitigation policies such that the lived reality is reflected in the supporting policy.
- Ensure that the balance of impacts of the direct and indirect impacts of COVID-19 and the control measures are understood as we move into the endemic phase of the pandemic and that this balance inform the scale of the control measures.
- The management of the pandemic should use and build upon the existing public health system and structures, including the cross-working across health protection, health and social care public health, and health improvement, and with partners in local government. This should include the routine monitoring of inequalities wherever possible and the sharing of learning of outbreak management approaches which are successful in addressing the needs of excluded groups.
- Consider the use of community-based contact tracers where current approaches are having less success.
- Pandemic control and intelligence should support international efforts to manage the pandemic and avoid activities that disadvantage other countries.²⁴

¹ Pulford A, Richardson E, McCartney G. COVID-19 Weekly Excess Deaths Health Inequalities Briefing. Edinburgh, Public Health Scotland, 2020,

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- <https://beta.isdscotland.org/find-publications-and-data/population-health/covid-19/covid-19-weekly-excess-deaths/>.
- ² Deaths involving coronavirus (COVID-19) in Scotland, Week 2, 2021. Edinburgh, National Records of Scotland, 2021, <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/general-publications/weekly-and-monthly-data-on-births-and-deaths/deaths-involving-coronavirus-covid-19-in-scotland/archive>.
 - ³ Deaths involving coronavirus (COVID-19) by ethnic group. Edinburgh, NRS, 2020.
 - ⁴ The impact of COVID -19 on people with learning/intellectual disabilities in Scotland. Glasgow, Scottish Learning Disability Observatory, 2021, <https://www.sldo.ac.uk/our-research/life-expectancy-and-mortality/covid-19/>.
 - ⁵ Pulford A, Richardson E, Ferguson K, McCartney G. What explains the spatial variation in COVID-19 mortality across Scotland? Glasgow, Public Health Scotland, 2020, <https://www.publichealthscotland.scot/media/2814/spatial-variation-in-covid-19-mortality-in-scotland-english-september2020.pdf>.
 - ⁶ Cevik M, Baral SD, Crozier A, Cassell JA. Support for self-isolation is critical in covid-19 response. *BMJ* 2021; 372: n224, <http://dx.doi.org/10.1136/bmj.n224>.
 - ⁷ Bambra C, Riordan R, Ford J, Matthews F. The COVID-19 pandemic and health inequalities. *Journal of Epidemiology and Community Health* 2020; 74: 964-968, doi:10.1136/jech-2020-214401.
 - ⁸ Richardson E, Pulford A, McCartney G. Underlying causes of excess deaths in Scotland during the COVID-19 pandemic, by area deprivation. Edinburgh, Public Health Scotland, 2020, <https://beta.isdscotland.org/find-publications-and-data/population-health/covid-19/non-covid-19-excess-deaths-by-cause/>.
 - ⁹ The OpenSAFELY collaborative. Trends, regional variation, and clinical characteristics of COVID-19 vaccine recipients: a retrospective cohort study in 23.4 million patients using OpenSAFELY. *MedRxiv* 2021, <https://doi.org/10.1101/2021.01.25.21250356>.
 - ¹⁰ Douglas Margaret, Katikireddi Srinivasa Vittal, Taulbut Martin, McKee Martin, McCartney Gerry. Mitigating the wider health effects of covid-19 pandemic response *BMJ* 2020; 369 :m1557, <https://doi.org/10.1136/bmj.m1557>.
 - ¹¹ The effects of the coronavirus crisis on workers. London, Resolution Foundation, 2020, <https://www.resolutionfoundation.org/app/uploads/2020/05/The-effect-of-the-coronavirus-crisis-on-workers.pdf>.
 - ¹² What are the effects of Covid-19 on poverty and inequality? London, Economics Observatory, September 2020, <https://www.economicsobservatory.com/what-are-effects-covid-19-poverty-and-inequality>.
 - ¹³ Self-isolation payments will help up to four million workers in low-income families – but vast majority of workers will miss out. London, Resolution Foundation, 2020, <https://www.resolutionfoundation.org/press-releases/self-isolation-payments-will-help-up-to-four-million-workers-in-low-income-families-but-vast-majority-of-workers-will-miss-out/>.

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- ¹⁴ Coronavirus (COVID-19): Test and Protect. Edinburgh, Scottish Government, 2020, <https://www.gov.scot/publications/coronavirus-covid-19-test-and-protect/pages/support-grants/>.
- ¹⁵ Brewer M, Gardiner L. Return to spender. Findings on family incomes and spending from the Resolution Foundation’s coronavirus survey. London, Resolution Foundation and Health Foundation, 2020, <https://www.resolutionfoundation.org/app/uploads/2020/06/Return-to-spender.pdf>.
- ¹⁶ Marmot M, Allen J, Goldblatt P, Herd E, Morrison J(2020). Build Back Fairer: The COVID-19 Marmot Review. The Pandemic, Socioeconomic and Health Inequalities in England. London, Institute of Health Equity, 2020, <http://www.instituteofhealthequity.org/resources-reports/build-back-fairer-the-covid-19-marmot-review>.
- ¹⁷ Recent mortality trends. Edinburgh, ScotPHO, 2021, <https://www.scotpho.org.uk/population-dynamics/recent-mortality-trends/>.
- ¹⁸ Coronavirus (COVID-19): impact of school building closures - equity audit. Edinburgh, Scottish Government, 2020, <https://www.gov.scot/publications/equity-audit-deepening-understanding-impact-covid-19-school-building-closures-children-socio-economically-disadvantaged-backgrounds-setting-clear-areas-focus-accelerating-recovery/>.
- ¹⁹ The Poverty-related Attainment Gap - Evidence Review. Glasgow, Robertson’s Trust and the Poverty Alliance, 2021, <https://www.therobertsontrust.org.uk/news-and-blogs/new-report-the-poverty-related-attainment-gap-evidence-review/>.
- ²⁰ Childcare, Gender and Covid-19. London, Women’s Budget Group, 2020, <https://wbg.org.uk/analysis/uk-policy-briefings/childcare-gender-and-covid-19/>.
- ²¹ COVID-19 Shielding Programme (Scotland) rapid evaluation. Edinburgh, Public Health Scotland, 2021, <https://www.publichealthscotland.scot/downloads/covid-19-shielding-programme-scotland-rapid-evaluation/>.
- ²² Reicher S, Drury J. Pandemic fatigue? How adherence to covid-19 regulations has been misrepresented and why it matters. BMJ 2021; 372: n137, <http://dx.doi.org/10.1136/bmj.n137>.
- ²³ Evaluation of the Cost of the School Day programme. Edinburgh, Health Scotland, 2020, <http://www.healthscotland.scot/publications/evaluation-of-the-cost-of-the-school-day-programme>.
- ²⁴ Bump J, Baum F, Sakornsinsin M, Yates R, Hofman K. Political economy of covid-19: extractive, regressive, competitive. BMJ 2021; 372: n73, <http://dx.doi.org/10.1136/bmj.n73>.