Item 4

13th February 2024

Glasgow Community Planning Partnership

Strategic Partnership

Report by Fiona Moss, Head of Health Improvement and Equalities (Glasgow City Health and Social Care Partnership)

Review of the thriving places approach

Purpose of Report:

This report provides members of the Strategic Partnership with the findings of the review of the Thriving Places approach and details proposed next steps.

Recommendations:

The Strategic Partnership is asked to note the key findings of the Thriving Places evaluation and ask that further recommendations on the next phase of place-based work are brought to the Executive Board for consideration and agreement in due course.

1.0 Background

1.1 Glasgow City Council and partners have had a long tradition of working at a community level to address poverty. The most recent approach, entitled 'Thriving Places' commenced as a ten year phased programme as part of Glasgow's Community Planning Single Outcome Agreement in 2013. This has worked with ten communities (average population of 10,000) with concentrated poverty, nine commencing 2013-2016 and a further area, Govanhill added in 2019.

1.2 The approach focused on the social well-being of people; supporting momentum to enable people to engage and flourish (later captured in the international participatory cities concept) by utilising a strong local 'host' organisation to provide some community engagement capacity. Critically partners didn't dictate how local governance should be organised - in some cases this was subsumed into an existing partnership mechanism and in others Thriving Places working groups were established.

1.3 Consequently each Thriving Place has had a unique journey, adapting governance, ambitions and in some cases even the geography included. Early work with What Works Scotland created an evaluability framework for the programme and a common vision "to create more resilient, sustainable communities which are stable, thriving and growing, and people are proud to live in".

1.4 GCC and GGC NHS jointly invested in the programme enabling a member of staff to be recruited (referred to as community connectors) in each Thriving Place. Collectively more than £3.6m was invested over the course of the programme and through this supporting local applications for other investment. GCC funding has most often been annualised, which has created local frustration and significant staff retention challenges.

1.5 The Health Board also invested in additional interviews (around 500 per area) within their three yearly Health and Wellbeing Population Survey in four Thriving Places to track and compare changes in a wide range of wellbeing measures over time to try and understand whether this approach could contribute to positive change.

1.6 In 2015 the Community Empowerment (Scotland) Act set the requirement for Community Planning Partnerships to establish locality plans to tackle inequalities within their constituency. Within Glasgow these requirements were aligned to Thriving Places. This introduced a formality to the programme in line with legislative requirements.

1.7 Partners in Glasgow owe a great deal of thanks to the work local residents, groups, charities and staff have done over the course of Thriving Places to bring the concept to life. Their tenacity to continue when changes were enforced and when funding and other decisions have made community efforts more challenging.

2.0 Current Context

2.1 A lot has changed since 2013, most significantly:

- Austerity measures affecting welfare and public services
- UKs withdrawal from the European Union (formally initiated in January 2020),
- Covid pandemic and its impact on wellbeing, living conditions and financial situation.
- Very significant cost of living rises, including the steep rise in energy and food costs.

2.2 The effects of these have been felt by everyone in Glasgow, most profoundly by those already living in poverty and/or with particular protected characteristics. It is in this context that we need to consider what impact Thriving Places could have had, and have had.

2.3 The council considered a paper early in 2023 and agreed to the continuation of a reduced funding package for Thriving Places, which alongside the Health Board investment enabled continuation of the remaining community connector commitments for 2023/24 as the last year of the original Thriving Places programme.

2.4 As part of the wider review of Community Planning in 2023 a cost neutral review of Thriving Places was requested. A working group was established in September 2023 to complete this task, with thanks to the Community Planning partners that contributed.

2.5 The learning from Thriving Places has been completed by considering:

- Wellbeing trends between 2015-2023 enabled by NHSGGC survey
- Reviewing Thriving Places progress reports submitted as part of the locality planning requirements.
- Case studies submitted from those working in Thriving Places.
- Stakeholder feedback from local discussions undertaken by community partners.

3.0 Health and Well-being Survey findings.

3.1 Since 2015 the NHS have enabled boosted sampling in four of the neighbourhoods designated Thriving Places within the adult health and well-being survey. In the most recent survey 2,376 interviews were undertaken. The boosted interviews have enabled individual reports for the four neighbourhoods and comparison of those in Thriving Places with those living in poverty that are not in a Thriving Places http://hdl.handle.net/11289/580374.

3.2 This analysis was undertaken to contribute to understanding if the place-based approach adopted in Thriving Places impacts on resident outcomes. There were a mix of significant findings detailed below, including where indicators had changed for the better, stayed the same and in some cases deteriorated across time and between Thriving Places and other SIMD 15% areas, and the city.

3.3 *Physical Health.* People in Thriving Places were less likely to have a long-term limiting illness (31%) than others in SIMD15% areas and the city overall (36%) and were in keeping with city levels of reporting that they were receiving treatment for a condition, lower than other SIMD15% areas.

3.4 *Social Wellbeing*. More respondents in Thriving Places said they felt isolated from friends and

Thriving Places (Change between 2017/18 – 2022/23)

- Green = significant change in 'right' direction
- Red = significant change in 'wrong' direction
- No fill = no significant change

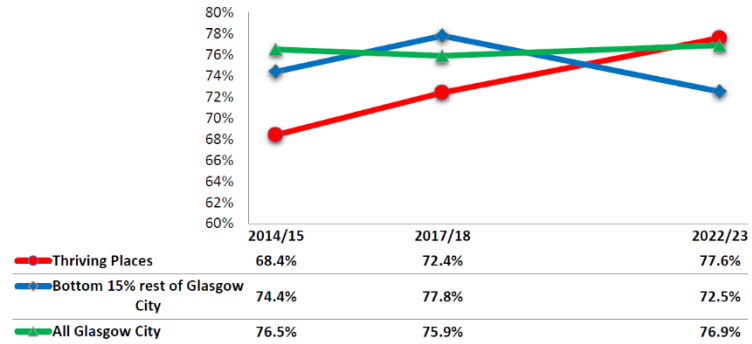
Indicators – Perception of Health and Illness	Glasgow City Overall			Thriving Places			Bottom 15% rest of Glasgow		
	2017/18	2022/23	Change	2017/18	2022/23	Change	2017/18	2022/23	Change
Positive View of General Health	73%	74%	1%	68%	70%	3%	65%	67%	2%
Positive Perceptions of Physical Wellbeing	79%	79%	0%	77%	74%	-3%	73%	73%	0%
Positive View of Mental/Emotional Wellbeing	84%	80%	-4%	80%	76%	-4%	80%	75%	-5%
Feel in Control of Decisions Affecting Life	72%	65%	-7%	67%	56%	-11%	68%	60%	-8%
Positive Perception of Quality of Life	85%	83%	-2%	81%	79%	-2%	81%	78%	-3%
Limiting Long-Term Condition or Illness	29%	29%	0%	33%	31%	-2%	34%	36%	2%
Receiving Treatment for at Least One Condition	41%	45%	3%	41%	45%	4%	44%	50%	6%

family than previously, however this deterioration was less than others in the 15% most deprived areas and the city overall.

Indicators – Social Health	Glasgow City Overall			Thriving Places			Bottom 15% rest of Glasgow		
	2017/18	2022/23	Change	2017/18	2022/23	Change	2017/18	2022/23	Change
Feel Isolated from Family and Friends	15%	22%	7%	16%	21%	5%	16%	26%	10%

3.5 *Lonliness.* Those in Thriving Places were significantly less likely to say they felt lonely in the last two weeks and more likely to say that they felt they belonged in their neighbourhood than those in other SIMD15% areas or the city overall, an example of this difference is shown in figure 4.5

Figure 4.5: Trends for Feeling They Belong to Their Local Area 2014/15 to 2022/23

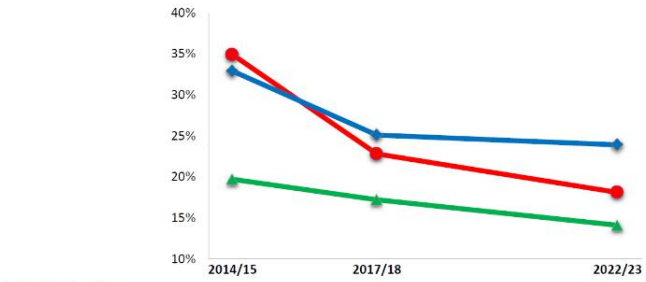


3.6 *Social capital.* In terms of social capital the findings were again more mixed with no significant deterioration in the proportion of those with a positive view of reciprocity or trust for local people, compared to significant deteriorations for the city overall and for other 15% most deprived areas. However the proportion with a positive view of social support declined equally between Thriving Places and other SIMD15% areas of the city, as shown above. Those in Thriving Places were also less likely to formally volunteer with organisations (11% Thriving Places; 16% Bottom 15% areas in the rest of Glasgow City), or volunteer as an individual (11% Thriving Places; 16% Bottom 15% areas in the rest of Glasgow City). Overall, 17% of people in Thriving Places volunteered either formally or informally compared to 22% of people in the most deprived areas in the rest of Glasgow City.

Indicators – Social Capital	Glasgow City Overall			Thriving Places			Bottom 15% rest of Glasgow		
	2017/18	2022/23	Change	2017/18	2022/23	Change	2017/18	2022/23	Change
Positive Perception of Reciprocity	74%	71%	-3%	67%	66%	-1%	74%	67%	-7%
Positive Perception of Trust	77%	73%	-4%	66%	65%	-1%	72%	64%	-8%
Value Local Friendships	73%	71%	-2%	69%	65%	-4%	75%	65%	-10%
Positive View of Social Support	83%	82%	-1%	82%	78%	-4%	83%	79%	-4%

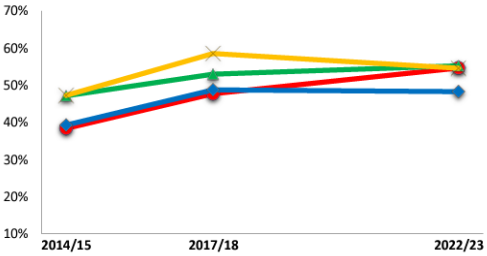
3.7 Financially those in Thriving Places were significantly less likely to have all household income from benefits than previously, but still higher than the city overall (figure 6.3), were more likely to report adequacy of household income (although more food insecurity), less likely to have pre-payed meters and they were more likely to be economically active (figure 7.9).

Figure 6.3: Trends for All Household Income from State Benefits: 2017/18 to 2022/23



	2014/15	2017/18	2022/23
Thriving Places	34.9%	22.8%	18.1%
Bottom 15% rest of Glasgow City	32.9%	25.1%	23.9%
All Glasgow City	19.7%	17.2%	14.1%

Figure 7.9: Trends for Proportion Economically Active 2008 to 2022/23



	2014/15	2017/18	2022/23
Thriving Places	38.3%	47.7%	54.6%
Bottom 15% rest of Glasgow City	39.2%	48.7%	48.2%
All Glasgow City	47.1%	52.9%	55.2%
Garthamlock/Ruchazie	47.2%	58.5%	54.5%

3.8 In general, the rates of improvement were greater between 2015 and 2018 than since, and notable across a few health, employment, social and financial indicators. However, some of the positive changes that might had been anticipated from the Thriving Paces approach – more control of decisions affecting life, more able to influence local decisions, were not found, although a number of these showed less deterioration than for others living in relative poverty. This suggests a real 'effect' in Thriving Places, often for reducing the decline or for the better, but not across all anticipated aspects.

4.0 Progress reports.

4.1 Each thriving place developed Locality Plans, most commencing in 2017, and set a series of annual and longer term outcomes (2026/7). The outcomes are area specific, developed with local organisations and residents, but cover the common themes of

- Community Engagement
- Building Community Connections and Cohesion
- Influencing Local Decisions Making
- Partnership Working
- Tackling Poverty (including Food Poverty)
- Environmental and Community Safety
- Learning and Skills for Life and Work
- Supporting Children, Young People and Families
- Access to Information about Services and Community Activities

4.2 A desktop review of progress was completed during 2023. Collectively there were 274 outcomes, 58% have been achieved, 31% are on target to achieve and 11% not yet progressed. (Progress reports and desktop review can be found at https://www.glasgowcpp.org.uk/thrivingplaces). The majority (70%) of the short term outcomes were achieved:

- Regular community events and activities for residents, inclusive and bespoke for people with common issues/needs e.g., families, for new Scots, for those living with a disability.
- Training and shared learning opportunities for community members/workers
- On-line communication channels to connect people and organisations together
- Networking events for those working in the area and
- Voluntary sector networks enhancing smaller community and third sector organisations in the area to stay connected and work together.
- Convening, enabling, and supporting local working groups with communities and partners.
- Working together to attract other funds into the area
- Influencing beyond the local area, solutions to local issues are reliant on local effort and the influence of community planning partners at a city and national level. The 'glue' between place-based approaches and the wider strategic aims and partners needs to be considered, designed and brought to life.

5.0 Stakeholder feedback

5.1 Partners need to thank community planning staff and community connectors for enabling some stakeholder engagement and to Glasgow Centre for Population Health (GCPH) staff who undertook the analysis and prepared the report on the survey responses very quickly. Link to Thriving Places Evaluation 2023 webpage

5.2 These findings present a timely and pragmatic, practitioner-led assessment of the views of a few Thriving Places stakeholders, across the ten areas. Each local discussion led to the completion of a single survey response, a total of 106 responses were collated. The survey asked the level of agreement to statements under three headings - Community Changes, Local Services and Activities, and What can we learn from Thriving Places?

5.3 Overall, the findings presented a favourable and encouraging reflection among the stakeholders of the progress made over the past three years. Stakeholders recognised significant progress, clear learning and progressive changes to service delivery, but were less certain as to how this has impacted on community outcomes at this stage.

5.4 The most positively regarded set of survey statements relate to what can be learned from Thriving Places. Here, some 72% of stakeholders conveyed positive perceptions of place-based approaches. In particular, statements relating to community potential, promoting community participation and local area-based partnership working garnered widespread acceptance and agreement. There was also a broad consensus that local services were working in a more inclusive way, working with communities, in partnership and responding to changing community need.

5.5 There was however consistent divergence within the range of responses across all three sets of statements. A minority of stakeholders responding negatively to the statements. These views cannot be illuminated to any degree given the limitations of the survey.

5.6 Developing and administering the survey tool and deploying the method across all ten Thriving Places areas was a considerable and valued undertaking. However, limitations in

study design and data collection mean that some survey participant information is missing or cannot be reported with confidence.

5.7 The reorientation of the relationship and the power dynamic between public services, anchor organisations and community members has been a social policy and service reform ambition in Scotland for some considerable time. These stakeholder findings tentatively suggest that there are dimensions of the Thriving Places approach which are succeeding with these challenging policy and reform priorities.

6.0 Review conclusions

Combining the intelligence from each of these sources suggests:

- The community and partner effort within Thriving Places is evident in the annual progress reported, having regular ways of bringing local partners and community members together e.g. community breakfasts, has been an effective engagement tool for all
- Mobilising community effort to secure other income for that area has been substantial, bringing in more investment for community effort has added to local achievements– the more resources around the greater the progress.
- The Health and Wellbeing Survey findings suggest a real 'effect' in Thriving Places, often for reducing the decline or for the better, but not across all anticipated aspects.
- The stakeholder findings tentatively suggest that there are dimensions of the Thriving Places approach which are succeeding with the reorientation of the relationship between public services, anchor organisations and community members.
- The annualised funding from GCC for the programme has significantly diminished its potential to succeed.

7.0 Placed-Based approach within the refreshed community plan

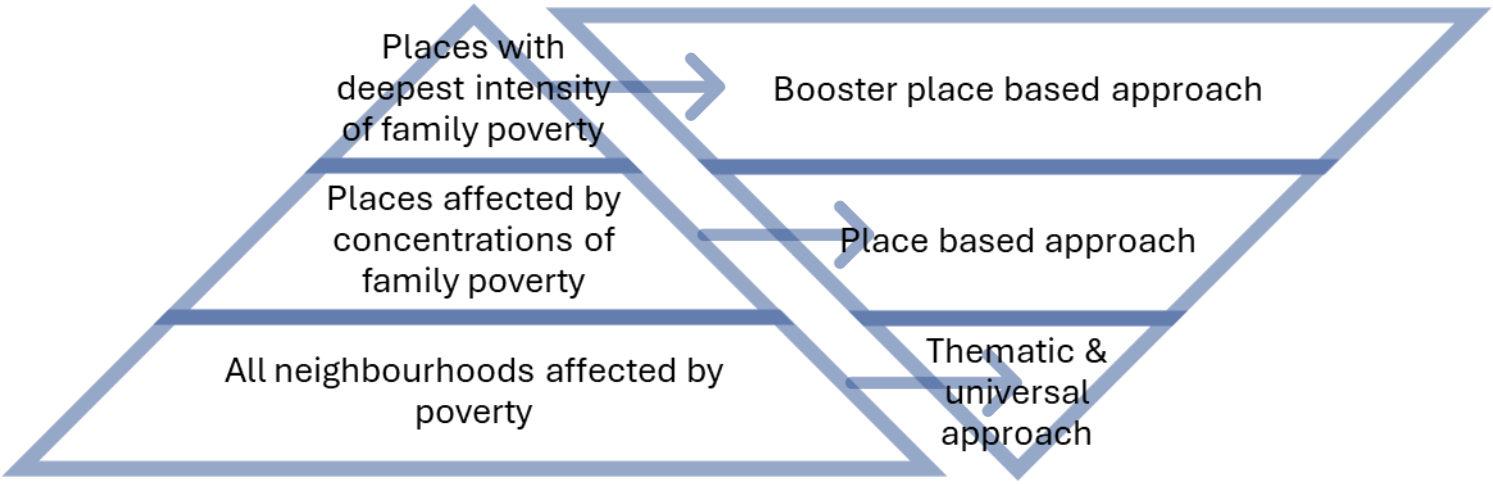
7.1 The new community plan sets the overarching aim to **TACKLE POVERTY BY SHARING OPPORTUNITIES, WEALTH AND POWER MORE EQUALLY.** At the core are two key principles – people-centred and place-based. Delivering people-centred approaches means taking the time to understand the people who need help to exit poverty, and working with them to design and deliver the right services and support. Place-based approaches focus on building communities that citizen's flourish in – places that are safe, supportive, and connected. These two approaches are sometimes seen as different ways of planning services, but they are intrinsically connected and complementary.

7.2 The refreshed place-based approach described in the community plan builds on the learning from the Thriving Places model and needs to be developed to support the child poverty and public health prioritises therein.

7.3 Most people in Glasgow have a 'place' they thankfully associate with, and there will continue to be support and development through Area Partnerships for every part of the city, and for place developments where Community Planning partners have already committed through their respective responsibilities. The refreshed place-based

component will complement these by fostering the social components in the Place Standard tool in areas with the greatest child poverty and public health challenges – recognising that it takes a village to raise a child, and indeed keeps us well.

7.4 In specific neighbourhoods there will be a combination of family focused poverty interventions and place-based approaches as depicted in the diagram.



7.5 Place based recognises that “one size fits nobody”; this needs to be bespoke for each neighbourhood involved, in line with available resources.

7.6 Through the review it became clear that a core set of outcomes for place-based approaches are required, rather than stipulating the activities or resource usage at a local level to achieve these. A tiered place-based resource should be developed for local dialogue with 4-6 neighbourhoods receiving some place-based support and the top three receiving more.

7.7 There is an opportunity to utilise the Place Standard Tool and the Place and Wellbeing Outcomes to help monitor progress over the short, medium and long-term. On and offline consultations could also be shaped by the National Standards for Community Engagement, to ensure the approach is inclusive. Utilising the Place Standard Tool and the Place and Wellbeing Outcomes would also provide opportunities for communities to contribute to spatial planning initiatives such and city development planning, local place plans, local living and 20-minute neighbourhoods.

7.8 The review highlighted some of the key activities that help communities to thrive;

- Regular community events and activities for residents, inclusive and bespoke for people with common issues/needs e.g., families, for new Scots, for those living with a disability.
- Training and shared learning opportunities for community members/workers
- On-line communication channels to connect people and organisations together.
- Networking events for those working in the area,
- Voluntary sector networks enhancing smaller community and third sector organisations in the area to stay connected and work together.

- Convening, enabling, and supporting local working groups with communities and partners.
- Working together to attract other funds into the area.

7.9 The Community Planning place-based support would be to enable neighbourhoods to strengthen the components that are most needed by them, rather than to replace or undermine aspects that are already working well. One of the strongest criticisms from partners involved locally in Thriving Places was the annualised funding - significantly hampering progress, staff recruitment and retention. Building networks and relationships cannot be an annualised task. It is recommended that the initial programme should be in place for five years, with confirmation of available resources for at least the first three years from the outset.

7.10 All place-based approaches are reliant on the engagement and support of a wide range of Community Planning partners. It would be appropriate that community planning organisations consider the capacity and support they are able to align with each neighbourhood for this purpose, some will already have local staff working with community structures and partnerships, others not.

7.11 Partners recognise that place-based approaches are not a stop/start commitment, and will work with key organisations in the neighbourhoods that have been Thriving Places to consider transition arrangements where the neighbourhood is prioritised for future place-based support.

8.0 Next steps

8.1 This is a starter paper for a transition process to a refreshed place-based programme in a selection of neighbourhoods. To operationalise this a number of steps are now required.

8.2 There are a number of aspects of this approach that still require to be addressed e.g. what about the Locality Plan requirements and what will happen to existing locality plans in Thriving Places not continuing with a place-based status? A mechanism is required for Community Planning partners to work collectively to support the development or the new approach in the affected neighbourhoods. It is recommended that a steering group, drawn from CPP membership be established to do this.

8.3 Community Empowerment and GCHSCP staff will meet with each of the remaining organisations that ‘host’ a community connector in Thriving Places to discuss legacy and transition arrangements. Wherever possible for those areas that will be invited to be part of the refreshed place-based approach, a transition period and resource will be in place to prevent momentum from being lost.

8.4 The NHS/GCHSCP have offered to host an event in April 2024 on the findings of the Thriving Places component of the Adult Health and Wellbeing Survey. This would provide an opportunity to share and consider the review findings and refine the approach for the better.

8.5 Community Planning partners will work to refine the neighbourhoods to be approached for inclusion in a revised place-based approach. This will be based on Intermediate Data-Zone areas rather than natural neighbourhoods and partners will need to generate some

local consideration of the ‘translation’ of these boundaries into a meaningful neighbourhood approach for 10,000-15,000 residents per neighbourhood.

8.6 There will be continued discussions with Community Planning partners on the resources required.

9. Recommendation

9.1 The Strategic Partnership is asked to note the key findings of the Thriving Places evaluation and ask that further recommendations on the next phase of place-based work are brought to the Executive Board for consideration and agreement in due course.