Private Document Pack

Community Planning Aberdeen Board

Meeting on TUESDAY, 27 FEBRUARY 2018 at 2.00 pm

Committee Room 2 - Town House, Aberdeen

B U S I N E S S

APOLOGIES AND INTRODUCTIONS

DECLARATIONS OF INTEREST

1.1 Partners are requested to intimate any declarations of interest

MINUTES AND FORWARD BUSINESS PLANNER

2.1 Minute of Previous Meeting of 4 December 2017 - for approval (Pages 3 - 10)

2.2 Minute of the Meeting of the CPA Management Group of 29 January 2018 - for information (Pages 11 - 26)

2.3 CPA Board Forward Business Planner (Pages 27 - 28)

2.4 National Update, Scottish Government (verbal update from Neil Rennick)

LOCAL OUTCOME IMPROVEMENT PLAN/LOCALITY PLANNING

3.1 Outcome Improvement Group Improvement Tracker - Q3 (Pages 29 - 42)

3.2 Locality Partnership Improvement Tracker - Q3 (Pages 43 - 50)

GENERAL BUSINESS

4.1 2018/19 Budget Setting Report (Pages 51 - 68)

4.2 Fairer Aberdeen Annual Report and Presentation by Susan Thom, Fairer Aberdeen Fund Coordinator (Pages 69 - 90)

4.3 A Closer Look at Cancer Prevention - Annual Report of the Director of Public Health, NHS Grampian (Pages 91 - 128)

FOR YOUR INFORMATION

5.1 Date of Next Meeting - 25 April 2018 at 2pm

Should you require any further information about this agenda, please contact Allison Swanson, tel. 01224 522822 or email aswanson@aberdeencity.gov.uk

COMMUNITY PLANNING ABERDEEN BOARD
4 DECEMBER 2017

Present:- Councillor Laing, Chair,
Campbell Thomson, Vice Chair (Police Scotland),
Councillors Flynn, Graham and Greig,
Bruce Farquharson (Scottish Fire and Rescue Service),
Gordon MacDougall (Skills Development Scotland),
Ken Milroy (North East College),
Neil Rennick (Scottish Government),
Angela Scott (Aberdeen City Council),
Jonathan Smith (Civic Forum) and
Susan Webb (Public Health).

Also Present**:-** Guy Bergman, Neil Carnegie, Michelle Cochlan, Elsie Manners (all ACC);
Ruth Christie (Scottish Government),
Derek McGowan (Chair of Sustainable City Outcome Improvement Group and on behalf of Judith Proctor, Chair of the Resilient, Included and Supported Group), Simon Haston (Chair of Digital City Outcome Improvement Group), Bernadette Oxley and James Simpson (Integrated Children's Services) Richard Sweetnam (Chair of Aberdeen Prospers Outcome Improvement Group), and
Chris Littlejohn (Public Health).

Apologies:- Tony Dawson (Aberdeen Active Partnership), Jonathan Passmore (Integrated Joint Board) and Kenneth Simpson (ACVO/VSA).

Topic	Discussion/Decision	Action By
1. Welcome	The Chair welcomed all to today's meeting of the CPA Board, in particular Bruce Farquharson, Scottish Fire and Rescue Service, and Neil Rennick, Scottish Government Location Director for the Partnership, who were in attendance at their first meeting of the Board.	
2. Declarations of Interest	No declarations were intimated.	

Topic	Discussion/Decision	Action By
3. Minute of Previous Meeting of 11 September 2017	The Board had before it the minute of its previous meeting of 11 September 2017, for approval. **<u>The Board resolved</u>:-** to approve the minute as a correct record.	
4. Minute of the CPA Management Group of 30 October 2017	The Board had before it the minute of the CPA Management Group meeting of 30 October 2017, for information. **<u>The Board resolved</u>:-** to note the minute.	
5. CPA Board Forward Business Planner	With reference to item 6 of the minute of its meeting of 11 September 2017, the Board had before it the forward business planner for the Community Planning Aberdeen Board. **<u>The Board resolved</u>:-** to note the forward business planner and to request all Partners to advise Michelle Cochlan of reports they intended on submitting to future meetings for inclusion on the forward business planner.	All Partners
6. National Update, Scottish Government	With reference to item 7 of the minute of its meeting of 11 September 2017, the Board received a verbal update from Mr Neil Rennick, Location Director for the Partnership, Scottish Government. Mr Rennick advised of his background and intimated that he had considered the Partnership's Local Outcome Improvement Plan and advised he was impressed by the amount of work in progress by the Partnership. Thereafter, he provided an update on the following matters: • Education Bill which would be published for consultation by the Scottish Government soon; and • Community Governments and the implications for Aberdeen City and Aberdeenshire Councils He also noted that the Partnership was keen to explore new ways for the Location Director role to engage with the Partnership moving forward. Jonathan Smith sought an update on the current status of the Scottish Planning System Review	

Topic	Discussion/Decision	Action By
	and Scottish Transport Bill. **<u>The Board resolved</u>:-** (i) to note the verbal update; and (ii) to request Neil Rennick to provide Partners, by way of email, with an update on the current status of the Scottish Planning System Review and Scottish Transport Bill.	Ruth Christie/Neil Rennick
7. Draft Annual Outcome Improvement Report 2016/17	The Board had before it the draft first annual report against the Aberdeen City Local Outcome Improvement Plan 2016-26. **The report recommended –** that the Board (a) approve the Annual Outcome Improvement Report 2016/17 included in Appendix 1; (b) approve the proposed amendments to the Local Outcome Improvement Plan 2016-2026 as listed within section 13 of the Annual Outcome Improvement report; and (c) approve the proposed communications plan included in Appendix 2. The Board heard from the Chairs of each of the Outcome Improvement Groups, or their representative, who individually, provided an overview of priority aim and drivers for their respective sections of the LOIP, highlighting in particular the changes made in 2016/2017 and whether these changes had resulted in improvement or acknowledging the areas where further improvement was required. Thereafter, the Chair commended the annual report and thanked all involved in its development and for progress made towards delivery the improvement outcomes. Partners discussed the draft annual report extensively, during which they welcomed the report and commended the format which enabled them to scrutinise the delivery against the outcomes effectively. Also in the course of discussion, the Board proposed that the following amendments be made to the report and other actions be undertaken: • that the achievements of participatory budgeting in linking existing community projects together be reflected in the case study at page 54 of the report;	Michelle Cochlan

Topic	Discussion/Decision	Action By
	• that the Chairs of the Outcome Improvement Groups ensure that all mental health outcomes within the LOIP were connected and in particular that the Integrated Children's Services Partnership and the Resilient, Included and Supported Group ensure the appropriate linkages were in place in this regard and that the overall improvement activity on mental health by the Partnership was captured; and • that the Resilient, Included and Supported Outcome Improvements Group address the lack of progress reported on the 'People are supported to live as independently as possible' driver within the LOIP, as per page 24 of the report. In respect of the next steps for the participation measures for 16-19 year olds, Partners noted that actions such as methods for data sharing between organisations should be added and in this regard it was agreed that the Integrated Children's Services Partnership would develop a draft action plan of next steps for participation measures for 16-19 year olds and would invite Partners to comment on that once developed. At this juncture, Bernadette Oxley, advised that work had begun on making Aberdeen a UNICEF recognised Child Friendly City and advised of the initial steps which had been taken in this regard. Partners also emphasised the importance of the data sets being reliable and to ensure that these would provide comparable year on year data. **<u>The Board resolved</u>:-** (i) to approve the recommendations; and (ii) to request the Chairs of the Outcome Improvement Groups to undertake the actions as recorded above.	(Chair of ICS)/ Judith Proctor (Chair of RIS Group) Judith Proctor (Chair of RIS Group) Angela Scott Angela Scott (Chair of Management Group)
8. Public Facing 'Easy Read' Locality Plans	With reference to item 10 of the minute of its meeting of 11 September 2017, the Board had before it a report which provided an update on progress towards creating public facing 'easy read' versions of the CPA locality plans. **The report recommended –** that the Board (a) note the ongoing work to develop the public facing 'easy read' versions of the locality plans; and	

Topic	Discussion/Decision	Action By
	(b) provide any specific comment or suggestion that might improve the 'easy read' Torry locality plan. Speaking in furtherance of the report, Chris Littlejohn advised that he was aiming for public facing 'easy read' versions of all here locality plans to be ready for easter 2018 and that the ambition thereafter was to work with each of the Locality Partnerships on producing easy to read versions of their Outcome Improvement Plans. **<u>The Board resolved</u>:-** (i) to approve the recommendations; and (ii) to agree that version control be added to the public facing 'easy read' versions of the locality plans.	Chris Littlejohn
9. Revised Community Planning Aberdeen Constitution	The Board had before it a report which presented the revised Constitution for Community Planning Aberdeen further to the review of CPA Infrastructure as agreed by the CPA Board in December 2016. **The report recommended –** that the Board (a) approve the revised constitution for Community Planning Aberdeen; and (b) approve the publication of the constitution on the Community Planning Aberdeen website. The Board considered the report, during which Jonathan Smith sought clarification on where the Fairer Aberdeen Board was located. In response, Michelle Cochlan confirmed that the constitution reflected the CPA structure agreed by the Partnership in December 2016 and that the funding of the Fairer Aberdeen Board comes directly through Aberdeen City Council. **<u>The Board resolved</u>:-** to approve the recommendations.	Elsie Manners
10. LOIP and Locality Plan's	The Management Group had before it a report which advised that the Local Outcome Improvement Plan and Locality Plans had been pre-screened for strategic environmental	

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Strategic Environmental Assessment Outcomes	assessment as required under the Environmental (Scotland) Act 2005. **The report recommended –** that the Board note the actions taken to ensure the LOIP and Locality Plans were compliant with the Environmental Assessment (Scotland) Act 2005. **<u>The Board resolved</u>:-** to approve the recommendations.	
11. CPA Meetings Dates 2018	The Board had before it the following meeting dates and deadlines for 2018 which were tabled at the meeting:	

Draft Report Deadline (10am deadline unless otherwise stated)	**Pre Meetings** (all meetings commence at 2pm)	**Report Deadline** (10am deadline unless otherwise stated)	**Meeting Dates** (all meetings commence at 2pm)
Community Planning Aberdeen Board (All meetings commence at 2pm)			
5 February 2018	12 February 2018	16 February 2018	27 February 2018
2 April 2018	9 April 2018	16 April 2018	25 April 2018
11 June 2018	18 June 2018	21 June 2018	2 July 2018
20 August 2018	27 August 2018	31 August 2018	11 September 2018
12 November 2018	19 November 2018	22 November 2018	3 December 2018
Community Planning Aberdeen Management Group (meetings commence at 2pm)			
8 January 2018	15 January 2018	18 January 2018	29 January 2018
5 March 2018	12 March 2018	15 March 2018	26 March 2018
7 May 2018	14 May 2018	17 May 2018	28 May 2018
16 July 2018	23 July 2018	26 July 2018	6 August 2018
8 October 2018	15 October 2018	18 October 2018	29 October 2018

Topic	Discussion/Decision	Action By
	<u>The Board resolved</u>: to note the meeting dates and deadlines for 2018 and that the dates would be emailed to all Partners following the meeting.	Allison Swanson

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COMMUNITY PLANNING ABERDEEN MANAGEMENT GROUP

29 JANUARY 2018

Present:- Angela Scott (Aberdeen City Council) (Chair), Graeme Duncan (Police Scotland) (Vice Chair), Jamie Bell (Scottish Enterprise), Maggie Hepburn (as a substitute for Joyce Duncan (ACVO)), Jillian Evans (Public Health), Zoe Evans (as a substitute for Simon Haston (Digital City), Matt Lockley (as a substitute for Richard Sweetnam (Aberdeen Prospers), Lavina Massie (Civic Forum), Derek McGowan (Sustainable City), Alistair Robertson (Active Aberdeen Partnership) and James Simpson (Integrated Children's Services).

Also Present:- Gale Beattie (for item 10 only), Guy Bergman, Stuart Bews (for item 6 only), Andrew Brownrigg (for item 10 only), Michelle Cochlan, Aisling MacQuarrie (for item 13 only) and Colin Wright (all Aberdeen City Council (ACC)).

Apologies:- Neil Cowie (North East College), Joyce Duncan (ACVO), Chris Littlejohn (Community Engagement – Public Health), Simon Haston (Digital City), Gordon MacDougall (Skills Development Scotland), Derek Murray (Nestrans), Richard Sweetnam (Aberdeen Prospers), Judith Proctor (Health and Social Care Integration), Darren Riddell (Scottish Fire and Rescue Service) and Helen Shanks (Alcohol and Drugs Partnership).

Topic	Discussion/Decision	Action By
1. Welcome	With reference to item 1 of the minute of the meeting of the Management Group of 30 October 2017, the Chair welcomed all to today's meeting, in particular Graeme Duncan, Police Scotland, Vice Chair, to his first meeting as he replaced Kate Stephen, Police Scotland, who had now commenced maternity leave.	
2. Minute of Previous Meeting of 30 October 2017	The Management Group had before it the minute of its meeting of 30 October 2017, for approval. In relation to item 2 (Minute of the Previous Meeting – Participation Requests), the Management Group noted that no participation requests had been received at this time and that the Communication and Engagement Group were leading on this item and updates would be provided to the Management Group as and when required. With regards to item 2 (Minute of the Previous Meeting – Fairer Aberdeen Fund), the Management Group noted that this item would be reported to the next meeting for consideration and that it would detail how the Fairer Aberdeen Fund would link to the LOIP and Locality Plans.	Chris Littlejohn Neil Carnegie

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Topic	Discussion/Decision	Action By
	In relation to item 2 (Minute of the Previous Meeting – Public Facing Locality Plans), the Management Group noted that contact details had been added to the public facing locality plans. With regards to item 7 (Final Report on the Review of Aberdeen City Voice Citizens' Panel), the Management Group noted that updates on the City Voice had been programmed into the forward planner. In relation to item 8 (Development of Joint Equalities Pledge), the Management Group agreed that the focus at this time should be on improvement activity and therefore that the development of a joint equalities pledge should be put on hold. With regards to item 11 (Enterprise and Skills Review: Report on Phase 2 Outcomes), the Management Group noted that a report (1) with an update on the Review as well as the refreshed Regional Economic Strategy would be reported at the appropriate time; and (ii) regarding the opportunity for inclusive growth for employability in the city would be reported in late spring 2018. At this point, the Chair advised of structural funding available and requested that Matt Lockley and the Aberdeen Prospers Group explore whether any monies could be applied for to support the development of any of the Partnerships current or future improvement activity. With regards to item 14 (CPA Management Group Forward Business Planner), the Management Group noted that a report on the Sports Review would be submitted for the next meeting and that reports on the Regional Alliance Skills Partnership and Planning Review would be submitted at the appropriate time. **<u>The Management Group resolved</u>:** (i) to approve the minute as a correct record; and (ii) to note the updates and resolutions as recorded above.	Jamie Bell Richard Sweetnam/Matt Lockley/Aberdeen Prospers Alastair Robertson Neil Cowie Gale Beattie

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Topic	Discussion/Decision	Action By
3. Draft Minute of the CPA Board Meeting of 4 December 2017	The Management Group had before it the draft minute of the CPA Board meeting 4 December 2017, for information. **<u>The Management Group resolved</u>:** to note the minute.	
4. Outcome Improvement Group Improvement Tracker	With reference to item 5 of the minute of the meeting of the Management Group of 30 October 2017, the Management Group had before it a report which presented a revised format Improvement Tracking Report to the CPA Management Group on the improvement activity being led by the Outcome Improvement Groups to meet the improvement aims identified within the Local Outcome Improvement Plan 2016-26 and Locality Plans 2017-27. **The report recommended –** that the Management Group (a) approve the revised format Improvement Tracking Reports; (b) note improvement activity taking place across the Outcome Improvement Groups and Locality Partnerships; and (c) note the ongoing training opportunities available through the Innovate and Improve program to support the development of the partnership and staff. Speaking in furtherance of the report, the Chair advised that the first CPA Annual Outcome Improvement report had now been published and it was important that all of the Outcome Improvement Groups accelerated the delivery of improvement projects and where barriers were being experienced, Groups needed to be open and transparent and highlight these and explain why progress was not being achieved. She also highlighted that each Group should have identified the test of change for each of their respective improvement activities and they should be starting to collate the necessary data to evidence the impact. The Chair then sought a verbal update on the improvement activity of each Group as per the improvement tracker before them.	

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Topic	Discussion/Decision	Action By
	The Management Group heard from the Chairs, or a representative, of each of the Outcome improvement Group who provided an overview of the status of their respective Groups improvement activity, highlighting any barriers to progress and the next steps to be undertaken in order to achieve the necessary improvement activity as summarised below. <u>Prosperous Economy - Aberdeen Prospers</u> Matt Lockley advised that the Group had concluded its first improvement project, that being the "Your Local Business Gateway – To Increase Business Gateway Start Up Numbers Across Aberdeen by 2% by April 2018 by focussing on Localities" project, and it was now to evaluate the data collated. He explained that the take up of the community events held in three locations in Northfield had been limited and the Group would now analyse why that was the case and whether a different test of change now needed to be applied. However, he highlighted that across the city number of business gateway start ups was higher than the target. In terms of the Invest Aberdeen project, he advised that Invest Aberdeen had been established and they now needed to establish a baseline. With regards the One-stop Employability Shop, he advised that they were not at implementation stage for this project at this time, however a business case was being developed to take the project forward. A project charter was also to be completed, In relation to the Community Benefit project, he advised that the Group was beginning to develop the project charter for this project with an understanding of the economic footprint being undertaken. **<u>The Management Group resolved</u>:** (i) to note the update and to instruct the Aberdeen Prospers Group to review the test of change for the "Your Local Business Gateway – To Increase Business Gateway Start Up Numbers Across Aberdeen by 2% by April 2018 by focussing	Richard Sweetnam/Matt Lockley (Aberdeen Prospers)

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Topic	Discussion/Decision	Action By
	on Localities" project; (ii) to instruct Aberdeen Prospers to look at further improvement project(s) for inclusive economic growth; and (iii) to instruct Aberdeen Prospers to look at the 3 Locality Plans to identify any obvious employability links which Aberdeen Prospers could take forward as an improvement project and that the Locality Managers attend the Aberdeen Prospers Group to support the Group in identifying test of change at a locality level. Prosperous People: Children are our Future - Integrated Children's Services James Simpson advised that the Integrated Children's Services had recently undertaken some governance changes and in light of this explained that at this time three projects were directly linked to the "Children have the best start in life" Outcome within the LOIP and these would continue to be progressed. A project charter for "increase the capacity of school nurses by 75% on a permanent basis by January 2019" had to be completed. He explained that at present there were no projects under the "children are safe and responsible" outcome, however the Group held a workshop in December regarding this outcome to identify the core principles and draft proposals. The Board was scheduled to meet this week and he envisaged that more specific timescales and projects would be agreed and project charters developed. Finally, in respect of the two projects under the "Children are respected, included and achieving" outcome, he advised that the project charters for both were to be developed however he advised in relation to the "improving the career aspirations of primary 6 pupils" that initial testing for would be done with Bramblebrae School as a pilot. With regards to the data for the "increase youth engagement in the city" project, he advised that the response rate to the initial survey had been low and getting reliable and consistent feedback would be key for the project.	

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Topic	Discussion/Decision	Action By
	<u>The Management Group resolved</u>: (i) to instruct the Integrated Children's Services to progress the development of Project Charters for the 4 improvement projects which currently did not have one; and (ii) to instruct the Integrated Children's Services Group to identify improvement projects for the "children are safe and responsible" outcome. Prosperous People: People are Resilient, Included and Supported When in Need The Group noted that the improvement projects under the "people and communities are protected from harm" outcome were being led by the Alcohol and Drugs Partnership and/or the Community Justice Group. At this time there were no improvement projects submitted in respect of the "people are supported to live as independently as possible" outcome. The Group heard from Jillian Evans who provided an update to advise that the Resilient, Included and Supported Group had met but had struggled to determine a definition for resilience, however a session had been facilitated by Helen Baxter and she hoped that output from that meeting would assist in the group in identifying projects and developing project charters.	James Simpson (ICS)
	<u>The Management Group resolved</u>: to agree that the Chair of the Management Group meet with the Chair of the Resilient, Included and Supported Group as soon as possible to discuss the interventions required for the "people are supported to live as independently as possible" outcome of the LOIP in order to ensure that projects were identified and started to be progressed. Prosperous Place: Empowered, Resilient and Sustainable Communities The Management Group noted that there was one project under the "people friendly city" outcome which was being developed by the Sustainable Cities Group. The project charter for this project was to be developed.	Angela Scott/Judith Proctor (RIS)

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Topic	Discussion/Decision	Action By
	The Management Group noted that no projected had been submitted by the Resilient, Included and Supported Group in respect of the "safe and resilient communities" outcome.	
	<u>The Management Group resolved</u>: to agree that Derek McGowan and Michelle Cochlan would meet with Judith Proctor to review the drivers for people and community and would report back with any proposed changes as appropriate.	Derek McGowan/Michelle Cochlan/Judith Proctor
	Digital City Zoe Evans advised that two projects were underway one of which a project charter had to be completed for. She sought a discussion on other ongoing activity which could be included as improvement projects.	
	<u>The Management Group resolved</u>: (i) to instruct the Digital City Group to engage with all Outcome Improvement Groups to discuss projects which could assist the delivery of LOIP outcomes; and (ii) to agree that the Chair discuss the future of the Digital City Group with the Chief Executives Forum as part of the ongoing discussion regarding digital skills.	Simon Haston/Zoe Evans (DC)
	Partners scrutinised each of the Outcome Improvement Group Chairs/representative on their improvement progress to date, during which the Chair reiterated the importance of all Outcome Improvement Groups accelerating the pace of delivery. The importance of all Chairs of Outcome Improvement Group and those leading on any improvement activity attending the Model for Improvement training was emphasised. The training programme was designed to upskill staff and expand their capabilities to assist in their improvement journey.	

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Topic	Discussion/Decision	Action By
	A copy of the reporting template used by the Community Justice Group to ensure sufficient level of detail of delivery of improvement activity was displayed and it was explained that level of detail should be being sought by all Outcome Improvement Groups/Locality Partnerships. **<u>The Management Group resolved</u>:** (i) to instruct Michelle Cochlan to circulate the Community Justice Group improvement activity reporting template to all Outcome Improvement Groups/Locality Partnerships as an example of the level of detail that should be reported on each improvement activity; and (ii) to encourage all leading on improvement activity to attend the Model for Improvement bootcamps; and (iii) to instruct all Outcome Improvement Group to develop and submit the project charters for all of their respective improvement projects.	Michelle Cochlan All Outcome Improvement Groups Outcome Improvement Groups
5 Locality Partnerships Improvement Tracker	With reference to item 6 of the minute of the meeting of the Management Group of 7 August 2017, the Management Group had before it the Locality Partnerships improvement tracker for consideration. **The report recommended –** that the Management Group note and comment on the current Locality Partnership improvement tracker. Partners noted that there were a number of good projects linked to the LOIP and Locality Plans to be delivered by the Locality Partnerships, however these were at a very early stage and it was hoped that project charters would be submitted soon. It was also noted that the Community Planning Team would support Locality Managers to ensure the improvement methodology was being applied correctly. **<u>The Management Group resolved</u>:** to note the current status of the Locality Partnerships improvement tracker.	

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Topic	Discussion/Decision	Action By
6. External Funding Awareness Presentation from ACC External Funding Team	The Management Group received a presentation from Stuart Bews, Senior External Funding Policy Officer, Aberdeen City Council, on the role of the Projects, Partnerships and Funding Team and the support the Team could provide the Partnership. Stuart advised that the Projects, Partnerships and Funding Team, could assist the Partnership with (1) sourcing external funding; (2) guidance on writing funding applications – key elements to a successful bid; and (3) advise on project delivery and evaluation. He provided an overview of the funding streams currently open and emphasised that in making funding bid the Partnership should be prioritise alignment with the LOIP; fit projects to funding and not funding to projects; and maximise current budgets to allow public money to go further. In terms of working together, he explained that the Team could keep Partners up to date with current and future funding opportunities and Partners should also keep the Team informed about where money would be best spent. This approach would assist in forming and co-ordinating strong project partnerships. He also advised that Aberdeen City Council had access to Grantfinder and that Partners should contact him to discuss any projects they required funding for so that he could look into possible funding streams. Partners welcomed the presentation and agreed that each Outcome Improvement Group, as well as the Locality Partnerships and Civic Forum should be aware of the support the Team could provide. In the course of discussion, Partners noted that poverty and social inclusion funding was still available under the European Social Fund Operational Programme, however noted that phase 1 submissions required to be submitted by March 2018 and should any Partner or Outcome Improvement Group wish to make a submission to that Funding Programme they should contact Stuart as soon as possible.	

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Topic	Discussion/Decision	Action By
	<u>The Management Group resolved</u>: (i) to thank Stuart for his informative presentation; (ii) to instruct Stuart to submit a report detailing all open or upcoming funding streams to each meeting of the Management Group; and (iii) to instruct Stuart Bews to make contact with the Chairs of the Outcome Improvement Groups and Joyce Duncan to raise awareness of the open funding streams to support improvement activity and of the support that the Projects, Partnerships and Funding Team could provide.	 Stuart Bews Stuart Bews
7. Participatory Budgeting	With reference to item 9 of the minute of the meeting of the Management Group of 30 October 2017, the Management Group had before it a report which (1) provided information about the agreement between COSLA (Convention of Scottish Local Authorities) and the Scottish Government to have at least 1% of council budgets subject to participatory budgeting (PB) by 2021; and (2) sought to stimulate discussion and planning for future partnership PB activity. **The report recommended –** that the Management Group (a) provide direction on CPA future approach to PB and explore the contributions (financial and in kind) that individual organisations would make towards this; and (b) request that Community Engagement Group develop the CPA PB strategy and report proposals to the Management Group meeting on 28 May 2018. Partners discussed ways to align PB with other funding streams and sought clarity on whether the council's budget towards PB had to come solely from its general fund. In response, Neil Carnegie advised that further guidance was awaited, however agreed that aligning PB with other funding streams would assist in the delivery of projects. He also advised that in terms of progressing PB, he was recommending that the Community Engagement Group develop the CPA PB strategy for discussion with the Management Group.	

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Topic	Discussion/Decision	Action By
	In the course of discussion, Partners agreed that the Communications and Engagement Group in developing a proposed CPA PB Strategy should (1) look at aligning the Fairer Aberdeen Fund and PB, along with other available funding streams, in a way which would support the delivery of Locality Plans; and (2) seek clarification as to the funding streams within the Council which could be used towards PB. **<u>The Management Group resolved</u>:** (i) to approve recommendation (b); and (ii) to request the Communications and Engagement Group in developing a proposed CPA PB Strategy to (1) look at aligning the Fairer Aberdeen Fund and PB, along with other available funding streams, in a way which would support the delivery of Locality Plans; and (2) seek clarification as to the funding streams within the Council which could be used towards PB.	Neil Carnegie/Chis Littlejohn
Quarter 3 - 2017/18 Budget Monitoring Report	With reference to item 9 of the minute of the meeting of the Management Group of 30 October 2017, the Management Group had before it a report which provided an update on the 2017/18 Community Planning Budget's financial performance for the period 1 October 2017 to 30 December 2017. **The report recommended –** that the Management Group (a) note Community Planning Aberdeen Budget's performance during quarter 3 of 2017/18; and (b) consider and approve one of the options at section 2.2 of the report. Partners discussed each of the options as detailed at section 2.2 of the report. **<u>The Management Group resolved</u>:** (i) to approve the recommendation; and (ii) to approve option 2, as detailed at section 2.2.2 of the report, that the underspend be used for participatory budgeting.	Michelle Cochlan

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Topic	Discussion/Decision	Action By
9. Update on Review of Joint Resourcing and Draft Community Planning Budget 2018/2019	With reference to item 9 of the minute of the meeting of the Management Group of 30 October 2017, the Management Group had before it a report which (1) set out the proposed contributions from Community Planning Aberdeen Partners to the Community Planning Budget 2018/19 and detailed proposals for how this money would be spent; and (2) provided an update on the review of joint resourcing. **The report recommended –** that the Management Group (a) confirm partner contributions to the CPP Budget 2018/19; and (b) agree to submit the report to the CPA Board for approval of the following: • note the update on the review of joint resourcing; • agree the proposed Community Planning Budget 2018/19; • agree the proposed spend on budget commitments 2018/19; • note the grant funding secured for 2018/19 to date; and • agree that the Community Justice Transition Fund was used to fund the continuation of the fixed term Community Justice Officer post for 2018/19. **<u>The Management Group resolved</u>:** to approve the recommendations.	Michelle Cochlan
10. Update on Planning Review and Local Development Plan	The Management Group had before it a report which provided an update on two aspects of land use planning which were particularly relevant to community planning. **The report recommended –** that the Management Group (a) make a response to the Planning Review as set out in the report, and if necessary, provide further comment by 31 January 2018; (b) note the content of the Aberdeen Local Development Plan Scheme 2018, and (c) note that stakeholder engagement for the next Local Development Plan would include consultation with Community Planning Aberdeen.	

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Topic	Discussion/Decision	Action By
	<u>The Management Group resolved</u>: to approve the recommendations and to agree that Jillian Evans would consider whether any further commentary regarding the impact of Planning Review on public health should be included within the proposed response and that she would provide any further additions directly to Gale Beattie by 30 January 2018 for inclusion in the CPA response.	Jillian Evans/Gale Beattie
11. A Closer Look at Cancer Prevention - Annual Report of the Director of Public Health, NHS Grampian	With reference to item 13 of the minute of the meeting of the Management Group of 30 October 2017, the Management Group had before it a report which presented the Director of Public Health Annual Report (2016/17) entitled 'A Closer Look at Cancer Prevention' in the North East of Scotland. The report was intended to stimulate debate among individuals, groups, communities and organisations about how our ambitions for cancer prevention can be realised, particularly through partnership working. More broadly, it was hoped that the discussions the Partnership would prompt new ways to identify and pursue public health endeavours collectively through community planning, including the co-creation of future public health annual reports. **The report recommended –** that the Management Group (a) note the Director of Public Health Annual Report 2016/17 and the messages within it; (b) consider the proposals outlined above and critically appraise their potential effects in terms of stimulating improvements in health and well-being; and (c) identify the members of a small group to plan and implement new developments in community driven public health. Partners welcomed the report and suggested that improvement projects could be identified and developed in line with the contents of the report. **<u>The Management Group resolved</u>:** (i) to approve recommendations (a) and (b); (ii) to agree that Jillian Evans, Neil Carnegie Kay Diack, along with a representative	Jillian Evans/Neil

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Topic	Discussion/Decision	Action By
	from Police Scotland and the Fire and Rescue Service form a small group to plan and implement new developments in community driven public health using the test of change improvement methodology; (iii) to request that the Communications and Engagement Group consider the Director of Public Health Annual Report 2016/17 and look at ways in which to communicate and engage with communities on the messages within it.	Carnegie/Kay Diack/Police Scotland/Fire and Rescue Service Chris Littlejohn
12. Sistema Scotland Seven Principles for Social Regeneration	With reference to item 6 of the minute of the meeting of the Management Group of 30 October 2017, the Management Group received a verbal update from Jillian Evans, Public Health, on the meeting with Sistema to explore the development of a tool to implement the seven principles for social regeneration in other interventions/localities in the city linked to activity contained with the LOIP or Locality Plans. Jillian advised that Chris Littlejohn, Jane Russell, Helen Shanks and she met with Nicola Killean from Sistema on Monday 27 November at which they had an initial discussion on the possibilities of the Glasgow Centre for Population Health assisting the Partnership in developing a tool to use the seven principles in another activity/location linked to the LOIP or Locality Plans. It was agreed at the meeting that Nicola Killean would develop a proposal document and that a workshop session be held to consider the document and how to take the principles forward. **<u>The Management Group resolved</u>:** to agree that Joyce Duncan, Jillian Evans, Chris Littlejohn and Helen Shanks provide a verbal report on progress with the exploration of the development of a tool to implement the seven principles for social regeneration in other interventions/localities in the city linked to activity contained with the LOIP or Locality Plans the at the next meeting of the Management Group.	Joyce Duncan, Jillian Evans, Chris Littlejohn and Helen Shanks
13. Northern Alliance: Draft Regional Improvement Plan	The Management Group had before it a report which (1) provided information on the work of the Northern Alliance, a Regional Improvement Collaborative for the North of Scotland; (2) sought endorsement of the work of the Northern Alliance; and (3) sought support from the Management Group for the emerging Northern Alliance Regional Improvement Plan.	

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Topic	Discussion/Decision	Action By
	The report recommended – that the Management Group (a) agree to endorse the continued work of the Northern Alliance; and (b) support the initial (phase 1) Northern Alliance Regional Improvement Plan; and (c) note that phase 2 of the Improvement Plan would be reported in Autumn 2018. The Chair advised the initial phase 1 of the Improvement Plan did not have a sufficient level of Partnership involvement and she had provided feedback in this regard to the Northern Alliance. She also highlighted that the Plan needed to be clear on its expectations on all Partners. The Improvement Plan was currently in development phase with final Plan to be submitted in September 2018. The Chair requested that the Integrated Children's Services Outcome Improvement Group keep cited on the development of the Plan and provide comment throughout its development to ensure that the Plan aligned to the LOIP. Updates on the development of the Improvement Plan should be submitted to the Management Group as and when appropriate. **<u>The Management Group resolved</u>:** (i) to approve the recommendations; and (ii) to agree that the Integrated Children's Services Outcome Improvement Group keep cited on the development of the Northern Alliance Regional Improvement Plan and provide comment throughout its development to ensure that the Plan aligned to the LOIP; (iii) to agree to receive updates on the development of the Northern Alliance Regional Improvement Plan as and when required.	

Topic	Discussion/Decision	Action By
	<u>The Management Group resolved</u>: (i) to note the forward business planner; (ii) to note that dates for submission were still required for a number of reports and to request that dates be identified as soon as possible; and (iii) to note that project charters would be submitted to the Management Group for consideration as they were developed.	Outcome Improvement Groups
15. CPA Board Forward Business Planner	With reference to item 15 of the minute of the meeting the Management Group of 30 2017, the Management Group had before it the CPA Board forward business planner. **<u>The Management Group resolved</u>:** to note the forward business planner.	
16. Legislation Tracker	With reference to item 16 of the minute of the meeting the Management Group of 30 2017, the Management Group had before it the CPA legislation tracker which detailed all current open consultations and pending legislation. **<u>The Management Group resolved</u>:** (i) to note the legislation tracker; and (ii) to agree that any CPA submissions be made available on the CPA website.	Michelle Cochlan

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Community Planning Aberdeen

CPA BOARD FORWARD PLANNER/ BUSINESS STATEMENT

The reports scheduled within this document are accurate at this time but may be subject to change.

Title of report *(Hyperlink to minute reference where applicable)*	**Contact officer**
2018	
27 February 18	
2018/19 Budget Setting Report	Michelle Cochlan, ACC
Outcome Improvement Group Improvement Tracker Q3	Michelle Cochlan, ACC
Locality Partnership Improvement Tracker – Q3	Neil Carnegie, ACC
Fairer Aberdeen Annual Report	Susan Thoms / Neil Carnegie, ACC
25 April 18	
Outcome Improvement Group Improvement Tracker – Q4	Michelle Cochlan, ACC
Locality Partnership Improvement Tracker – Q4	Neil Carnegie, ACC
North East College Regional Outcome Agreement	Neil Cowie, N E College
Aberdeen City Council Strategic Business Plan	Angela Scott, ACC
Aberdeen Local Policing Plan	Graeme Duncan, PS
Annual Public Performance Summary	Michelle Cochlan, ACC
ACVO Annual Report	Joyce Duncan, ACVO
Update on Child Friendly City Programme	Maxine Jolly, ACC
4 July 18	
Outcome Improvement Group Improvement Tracker – Q1	Michelle Cochlan, ACC
Locality Partnership Improvement Tracker – Q1	Neil Carnegie, ACC
Update on Child Friendly City Programme	Maxine Jolly, ACC
11 September 18	
Annual Outcome Improvement Report 2017/2018	Michelle Cochlan, ACC
Locality Plan Annual Performance Reports 2017/2018	Neil Carnegie, ACC
Update on Child Friendly City Programme	Maxine Jolly, ACC
3 December 18	
Outcome Improvement Group Improvement Tracker – Q2	Michelle Cochlan, ACC
Locality Partnership Improvement Tracker – Q2	Neil Carnegie, ACC
Update on Child Friendly City Programme	Maxine Jolly, ACC
Timescale TBC	
Local Fire and Rescue Plan	Bruce Farquharson, SFRS

Title of report *(Hyperlink to minute reference where applicable)*	**Contact officer**
Future of Scotland's Planning System	Eric Owens, ACC/ Chris Littlejohn, Public Health
Community Planning Aberdeen response to consultation on the review of Strategic Transport Projects *(CPMG 29.05.17)*	TBC
Fairer Aberdeen Fund	Neil Carnegie, ACC

Acronyms:

ACC	Aberdeen City Council
ACVO	Aberdeen Council of Voluntary Organisations
CPA	Community Planning Aberdeen
CSP	Community Safety Partnership
HSCP	Health and Social Care Partnership
NHSG	National Health Service Grampian
PS	Police Scotland

Community Planning Aberdeen

Progress Report	Quarter 3 Improvement Tracking Report
Lead Officer	Angela Scott, Chair of CPA Management Group and Chief Executive of Aberdeen City Council
Report Author	Guy Bergman, Performance & Improvement Officer
Date of Report	02 February 2018
Governance Group	CPA Board – 27 February 2018

Purpose of the Report

This report presents a revised format Improvement Tracking Report to the CPA Board on the improvement activity being led by the Outcome Improvement Groups to meet the improvement aims identified within the Local Outcome Improvement Plan 2016-26 and Locality Plans 2017-27.

Summary of Key Information

1 BACKGROUND

1.1 On 27 February 2017 the CPA Board approved an Outcome Management and Improvement Framework to strengthen the Partnership's governance and accountability arrangements and to ensure effective, systematic and collaborative scrutiny of outcome improvement.

1.2 As part of the framework introduced in March 2017 the Improvement Tracking Report was introduced. This included the use of a Progress Scale which will continue to be used on an ongoing basis by the groups in the new structure to self-evaluate progress in delivering improvement. Since March 2017 the tracking report has been produced and presented at Management Group and Board Meetings allowing us to collate and take stock of feedback and refine these reports.

1.3 This report introduces an updated and revised outcome improvement tracking report to the CPA Board based on this feedback. The purpose of the report is to provide the Board and Management Group with oversight of the improvement activity being led by the Outcome Improvement Groups, and highlight what impact this is having towards achieving the improvement aims within the LOIP and Locality Plans.

2 REVISED FORMAT

2.1 As the Outcome Improvement Groups have progressed, the Improvement Tracking Report has been developed to include further information, such as: project status updates; relevant improvement data and charts; emerging projects and charters; project lead contacts; barriers and opportunities; lessons learned and key messages.

2.2 This report does not attempt to reflect all of the activity going on across Community Planning Aberdeen in pursuit of the improvement aims within the LOIP and Locality Plans. It focuses only on those projects that the groups within the new structure are prioritising for improvement using the Model for Improvement. The Annual Performance Report, as per the Outcome Management and Improvement Framework, will provide an overview of wider activity.

3 SCRUTINY OF OUTCOME IMPROVEMENT PROJECTS

3.1 To support effective scrutiny of the outcome improvement projects and emerging project charters, it is recommended that CPA members and staff use the challenge questions listed below to aid robust review of emerging charters and all improvement work highlighted in the tracking report.

Challenge Questions

1) Is the project aim specific and clear about what we are trying to accomplish?
2) Is there a sound business case? Should we be doing this project? Does it support prevention and early intervention?
3) Is it likely that the changes being tested will achieve the aim?
4) Will the measures show us whether a change is an improvement?
5) Are the right people involved in this project?

3.2 This will help drive up the quality of the improvement projects by highlighting areas which need more attention.

4 INNOVATE & IMPROVE TRAINING OPPORTUNITIES

4.1 Our Innovate & Improve capacity building programme continues to provide opportunities to support the development of the partnership by upskilling staff and expanding their capabilities through regular training and workshops around the Model for Improvement. The 2018 programme of events has been launched and includes full day Bootcamp sessions on the Model for Improvement as well as shorter one hour introductory Pitstop sessions.

4.2 The training is aimed at all members and staff who want to make improvements in their areas of work and start on their improvement journey. For further resources on the Model for Improvement or to confirm your place on a training event, please see link below:

http://communityplanningaberdeen.org.uk/innovate-and-improve/model-for-improvement/

Session	Date & Time	Location
Mfi Intro Pitstop	10 January – 11 – 12pm	Marischal College
Mfi Intro Pitstop	28 March – 2 – 3pm	Marischal College
Mfi Intro Pitstop	10 May – 11 – 12pm	Marischal College
Bootcamp 1	23 January – 10 – 4pm	Marischal College
Bootcamp 2	22 February – 10 – 4pm	Marischal College
Bootcamp 3	22 March – 10 – 4pm	Marischal College
Bootcamp 4	26 April – 10 – 4pm	Marischal College
Bootcamp 5	31 May – 10 – 4pm	Marischal College
Bootcamp 6	12 July – 10 – 4pm	Marischal College

5 NEXT STEPS

5.1 The Outcome Improvement Group and Locality Partnership Improvement Tracking reports will be presented at every meeting of the CPA Board to provide oversight of the improvement activity being led by the Outcome Improvement Groups and Locality Partnerships.

Recommendations for Action

It is recommended that members of the CPA Board:

i) Note the revised format Improvement Tracking Reports;
ii) Note improvement activity taking place across the Outcome Improvement Groups and Locality Partnerships;
iii) Note the ongoing training opportunities available through the Innovate & Improve program to support the development of the partnership and staff.

Opportunities and Risks

Outcome improvement involves gathering, analysing and acting on performance information to improve services and the quality of people's lives in the local community. Having an effective outcome management and improvement framework will help Community Planning Aberdeen assess whether the Partnership is delivering on the priorities within the Local Outcome Improvement Plan 2016-26 and Locality Plans. It will provide ongoing assurance to the Partnership and the public that Community Planning Aberdeen it is contributing towards better outcomes with and for local communities.

Consultation
The following people were consulted in the preparation of this report: Michelle Cochlan, Community Planning Manager Community Planning Aberdeen Management Group Community Planning Aberdeen Lead Contacts Group

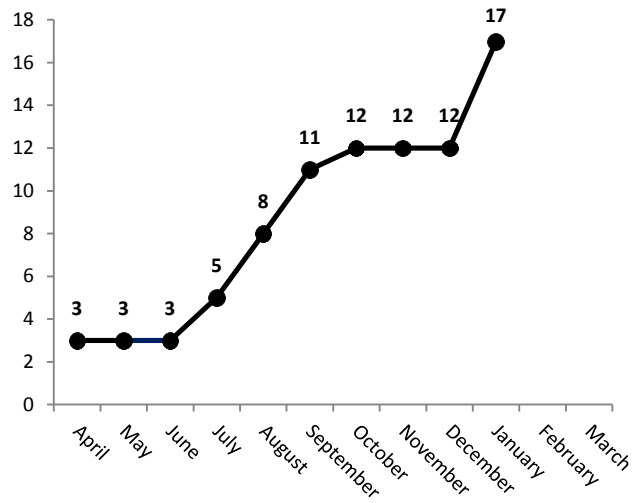
Background Papers
The following papers were used in the preparation of this report. Outcome Management and Improvement Framework

Contact details

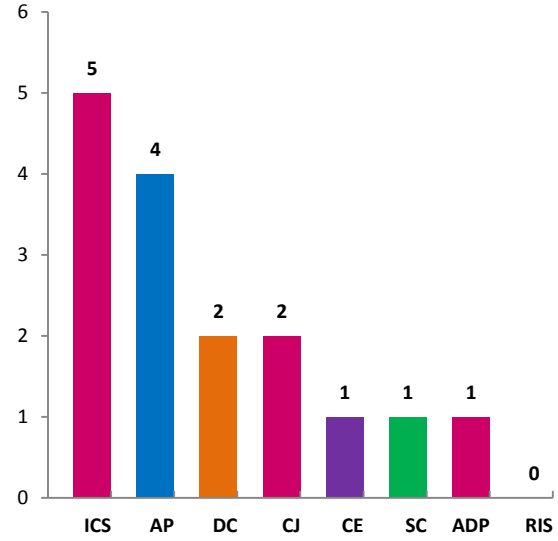
Guy Bergman
Performance & Improvement Officer
Community Planning Team
Aberdeen City Council
Tel: 01224 52 2367
Email: gbergman@aberdeencity.gov.uk
Date of report: 02/02/2018

Improvement Dashboard

No. of CPA Improvement Projects:

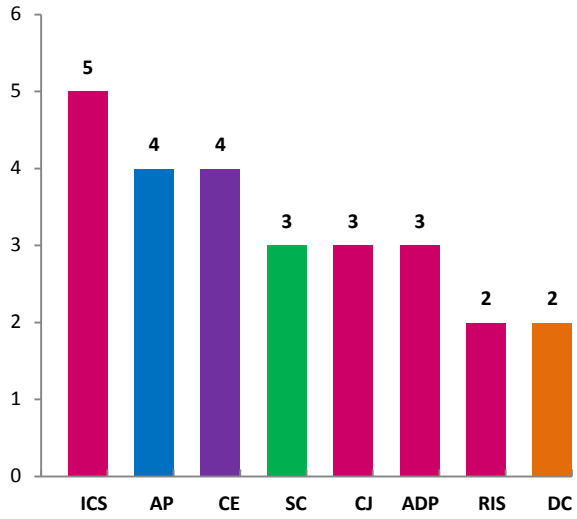


CPA Improvement Projects by OIG:

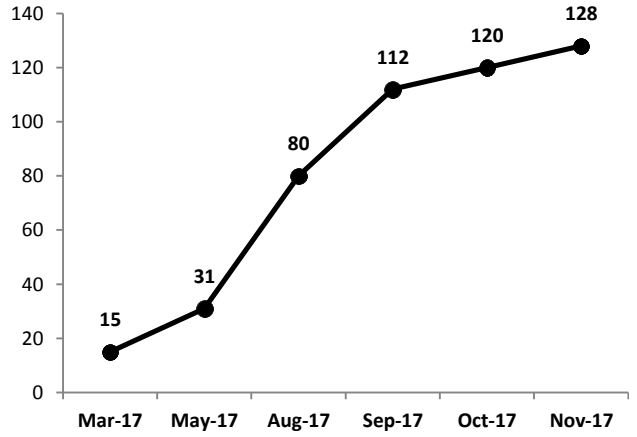


No. of Meetings Held:

No. of Meetings held since groups formed in April 2017



No. People Attending Improvement Training:



Barriers / Opportunities

- Project charters need to be developed for new improvement projects for approval by Management Group. These are important documents which should set out clear aim, improvement data to be collected, change ideas and partner involvement.
- There are a considerable number of staff leading on improvement projects who have not yet accessed training available on the improvement methodology which reflects in some of the improvement work.
- Model for Improvement training available for all Partnership staff. New programme for 2018 includes improvement bootcamps. Book here.

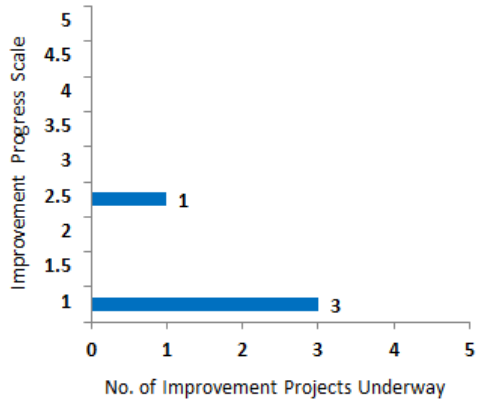
Project Progress Scale:

See page 2 for current OIG Projects and Progress Scores

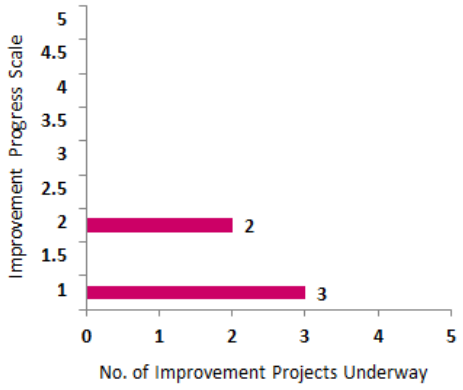
1.0	Forming as an improvement team
1.5	Clear project charter in place
2.0	Activity, but no changes
2.5	Changes tested, but no improvement
3.0	Modest improvement
3.5	Improvement
4.0	Significant improvement
4.5	Sustainable improvement
5.0	Outstanding sustainable improvement

Outcome Improvement Group Projects

Aberdeen Prospers:

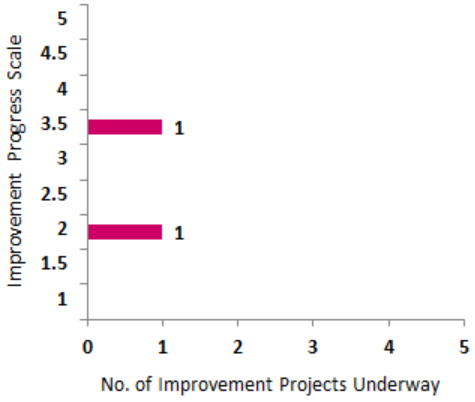


Integrated Children's Services:

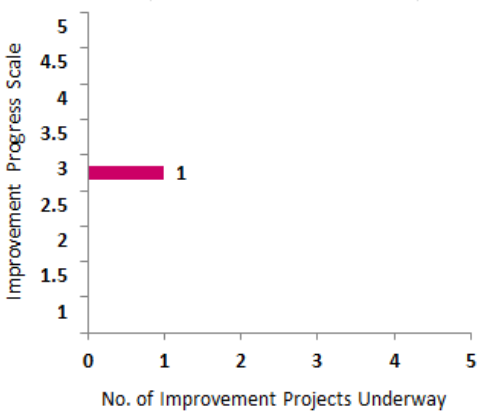


Resilient, Included Supported:

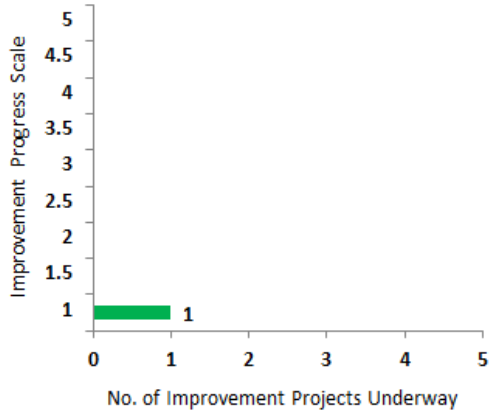
Community Justice:



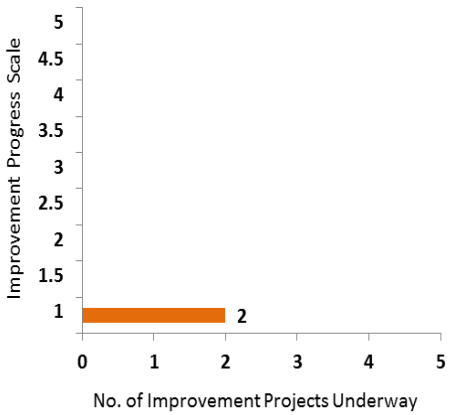
Alcohol and Drugs Partnership:



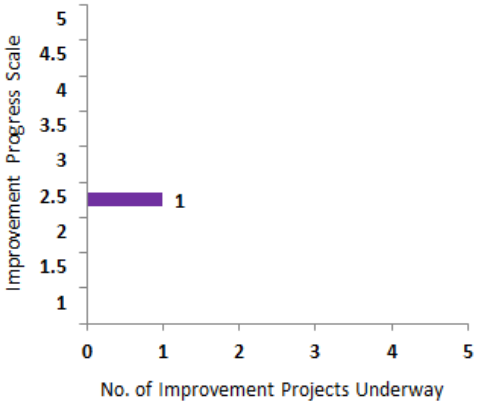
Sustainable City:



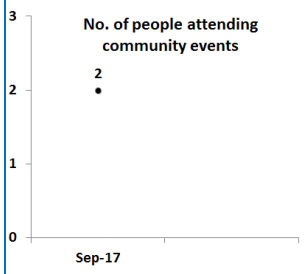
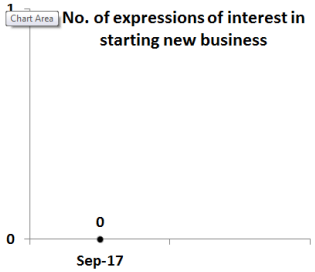
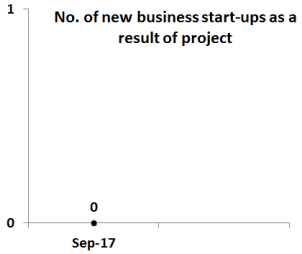
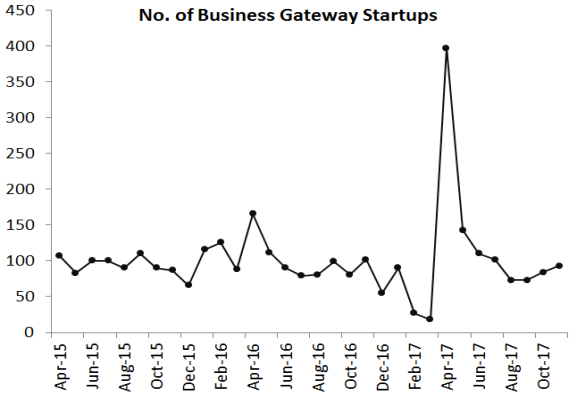
Digital City:



Community Engagement:



PROSPEROUS ECONOMY: Aberdeen Prospers

Project & Aim	Start-End	Progress Scale	Improvement Data	Changes being tested	Project Lead	Management Group Discussion Points
Investment in infrastructure						
None						
Innovation						
None						
Inclusive economic growth						
You're Local Business Gateway - To increase business gateway start up numbers across Aberdeen by 2% by April 2018 by focussing on localities.	Jul 17 - Apr 18	2.5	   	Community events tested in September 2017 in three locations in wider Northfield. Very limited impact. No further events as yet identified.	Kay Diack/Roz Taylor – Northfield Locality Partnership/ Aberdeen Prospers Group	Are we on track to achieve this aim? What other changes will be tested?

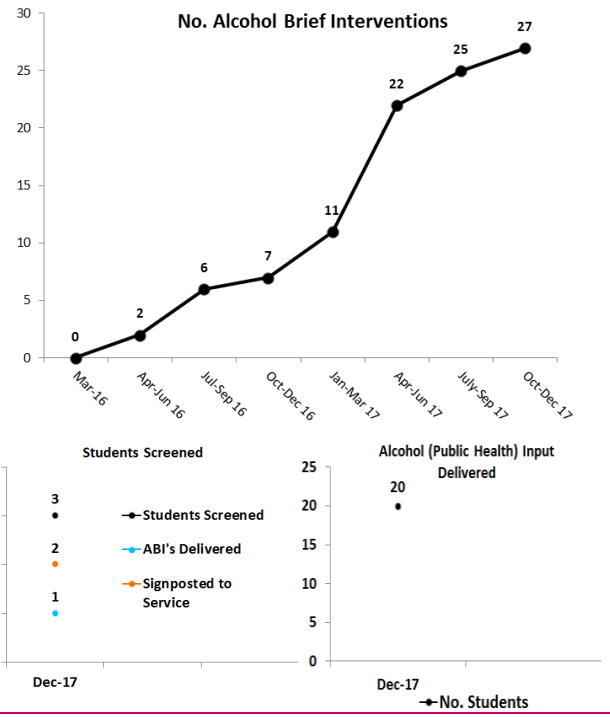
Community Benefits	Jan18 - TBC	1.0	No data available – testing not yet started.	New Project - Charter to follow.	Lori Manson – Aberdeen Prospers Group	
One-Stop Employability Shop	Oct 17 - TBC	1.0	No data available – testing not yet started.	New Project - Charter to follow.	Matt Lockley – Aberdeen Prospers Group	
Internationalisation						
Invest Aberdeen	Jan18 - TBC	1.0	No data available – testing not yet started.	New Project - Charter to follow.	Matt Lockley - Aberdeen Prospers Group	

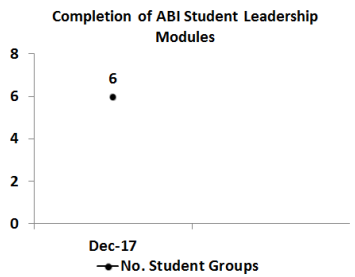
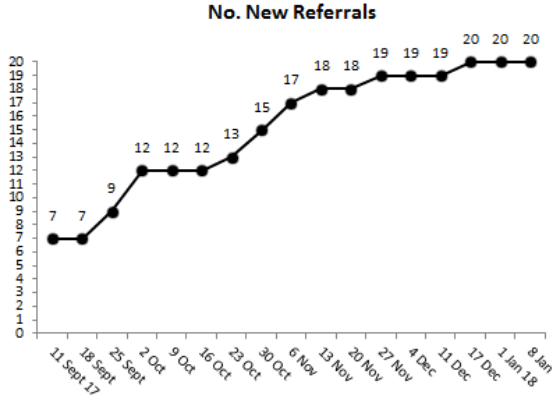
PROSPEROUS PEOPLE: Children are our Future

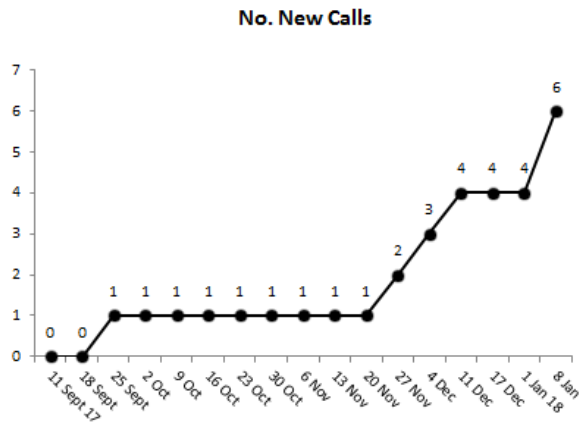
Project & Aim	Start-End	Progress Scale	Improvement Data	Changes being tested	Project Lead	Management Group Discussion Points
Children Have the Best Start in Life						
Play on Pedals, increase the number of children who can cycle before starting P1	Mar 17 -	2.0	Data not available – testing not started	How many Children currently cycle Confidence of nursery staff to teach children how to cycle	Louise Beaton ACC – Integrated Children's Services Group	No end date
Taking a person centred approach this project will identify the current barriers which inhibit young people's access to sexual health services in the City.	Aug 17 - TBC	2.0		Changes we plan to test -Promotion of walk through video -Posters to promote local services -Social media awareness /promotion -Website accessibility -Joint objective setting with pupils	Racheal Thomson NHS – Integrated Children's Services Group	Details of what has been tested so far needed to identify what has made this improvement End date for testing to TBC
Increase the capacity of school nurses by 75% on a permanent basis by January 2019	Aug 17 - Jan 19	1.0	Data not available – testing not started	New Project – Project Charter to follow	Elaine Allen NHS – Integrated Childress Services Group	

Children Are Safe and Responsible						
None						
Children are Respected, Included and Achieving						
Improving the career aspirations of Primary 6 pupils	TBC	1.0	Data not available – testing not started	New Project – Project Charter to follow	Carol Sneddon – Integrated Children's Services Group	
Increase youth engagement in the city	Feb 18 - TBC	1.0	Data not available – testing not started	New Project – Project Charter to follow	Maggie Hepburn ACVO – Integrated Children's Services Group	

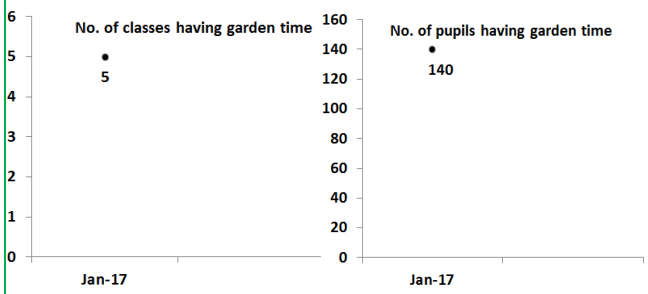
PROSPEROUS PEOPLE: People are Resilient, Included and Supported When In Need

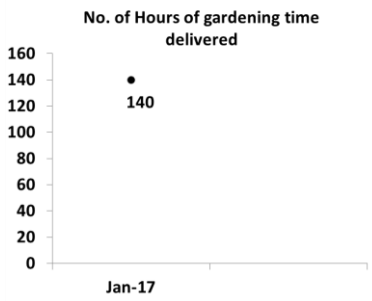
Project & Aim	Start-End	Progress Scale	Improvement Data	Changes being tested	Project Lead	Management Group Discussion Points
People and communities are protected from harm						
Alcohol brief interventions – To increase the number of people at risk of falls, where alcohol may be a factor, identified for an alcohol brief intervention to 20 by Dec 2017.	Mar 17 - Dec 17	3.0		Alcohol Brief Interventions are now part of standard city clinic practice. We are currently looking to spread testing of ABIs to community services. Testing delivery of ABIs has begun with students living in 'Unite' accommodation. This includes training for Unite Welfare staff team. Testing delivery of training on ABIs to nurses at RGU. This will include delivery of ABIs during key placements during 2018.	Fraser Hoggan / Heather Wilson – Alcohol and Drugs Partnership	Aim has been achieved. Revise aim to include wider community services to align with aim in the LOIP.

Project & Aim	Start-End	Progress Scale	Improvement Data	Changes being tested	Project Lead	Management Group Discussion Points
						
Referral Service at Point of Arrest - To increase the number of referrals to relevant services at point of arrest (Kittybrewster Custody Suite) by 10% by end March 2018	Jul 17 - Mar 18	2.0	No data available – testing not yet started.	Testing initially delayed due to lack of resource to undertake this. This has now been addressed through support from ACVO. Initial testing will focus on addressing individuals' 'Housing' issues through joint working with ACVO and Housing Support Services. Test Kittybrewster Housing Drop-in. Test referral routes for individuals who are rough sleeping to Cyrenians Assertive Outreach Service.	Claire Duncan – Community Justice Group	
Support for Families - To increase the number of families of people in the Justice System in Aberdeen receiving support from the Families Outside service by 100% (36 referrals) by end March 2018.	Sep 17 - Mar 18	3.5		Training for staff on issues for families and support available. Planning to test service procedure change to share information with Families Outside. Planning to test Email reminder and newsletter to promote calls to helpline. Looking at reason for	Lindsay Jessiman, Families Outside – Community Justice Group	

Project & Aim	Start-End	Progress Scale	Improvement Data	Changes being tested	Project Lead	Management Group Discussion Points
				low increase in number of calls.		
People are supported to live as independently as possible						
None						

PROSPEROUS PLACE: Empowered, Resilient and Sustainable Communities

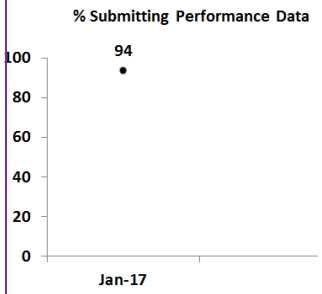
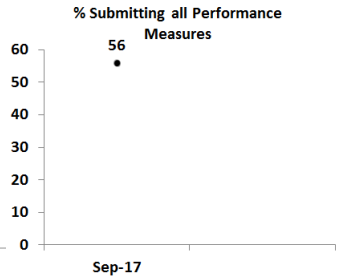
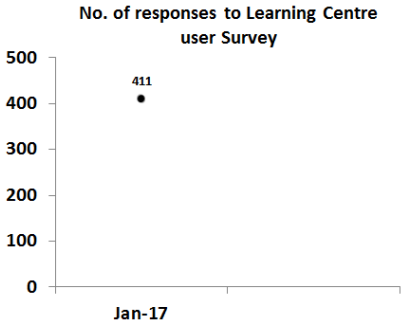
Project & Aim	Start-End	Progress Scale	Improvement Data	Changes being tested	Project Lead	Management Group Discussion Points
Safe and resilient communities						
None						
People friendly city						
Increase garden time in three Locality primary schools.	Oct 17 - TBC	1.0		New project – charter to follow. Create 3 school gardens in three primary schools. One in each locality. Each class has a one hour dedicated session on garden related activities every week.	Bob Donald, One Seed Forward - Sustainable City Group	Testing has begun for this project, however clarity on the aim and timescale for this project required. This will provided by the project charter – to follow.

Project & Aim	Start-End	Progress Scale	Improvement Data	Changes being tested	Project Lead	Management Group Discussion Points
				Specialist visits to talk to classes about gardening. Class competition for garden logo & name to encourage participation.		

DIGITAL CITY: Creating A Digital Place

Project & Aim	Start-End	Progress Scale	Improvement Data	Changes being tested	Project Lead	Management Group Discussion Points
Digital Connectivity						
Increase commercial use of Ducting Network	TBC	1.0	No data available – testing not yet started.	New Project - Charter to follow.	Simon Haston - Digital City Group	
Connection Voucher Scheme – To increase update of connection vouchers by small and medium enterprises to provide gigabit capable connections to their premises.	TBC	1.0	No data available – testing not yet started.	Develop single shared communications materials about participation and asset transfer requests	Simon Haston - Digital City Group	
Data						
None						
Digital Innovation						
None						
Digital Skills and Education						
None						

Working With Communities: Engagement, Participation and Empowerment

Project & Aim	Start-End	Progress Scale	Improvement Data	Project Status	Project Lead	Management Group Discussion Points
How good are our learning centres? - All learning centres submitting performance data by April 2018	Mar 17 - Apr 18	2.5	  	Testing use of new performance framework measures Learning centre user survey Planning to test ways of getting more qualitative performance information.	Sarah Scott, Performance & Quality Officer - Community Engagement Group	

GROUP & PROJECT PROGRESS SCALE:

1.0	**Forming as an Improvement Group** Group has been formed; target population identified; aim determined and baseline measurement has begun.
1.5	**Planning for Improvement has begun: clear project charter in place** Group is meeting, discussion is occurring. Plans for improvement have been made.
2.0	**Activity, but no changes** Group actively engaged in development, research, discussion but no changes have been tested.
2.5	**Changes tested, but no improvement** Components of the model being tested but no improvement in measures. Data on key measures are reported.
3.0	**Modest improvement** Initial test cycles have been completed and implementation begun for several components. Evidence of moderate improvement in data.
3.5	**Improvement** Some improvement in outcome measures, process measures continuing to improve. PDSA test cycles on all components. Evidence of moderate improvement in process measures.
4.0	**Significant improvement** Most components of the change package are implemented for the population of focus. Evidence of sustained improvement in outcomes measures, halfway toward accomplishing all of the goals. Plans for spreading the improvements are in place.
4.5	**Sustainable improvement** Sustained improvement in most outcome measures, 75% of goals achieved, spread to a larger population has begun
5.0	**Outstanding sustainable improvement** All components of the Change Package implemented, all goals accomplished, and spread is underway.

<u>Contact details</u>

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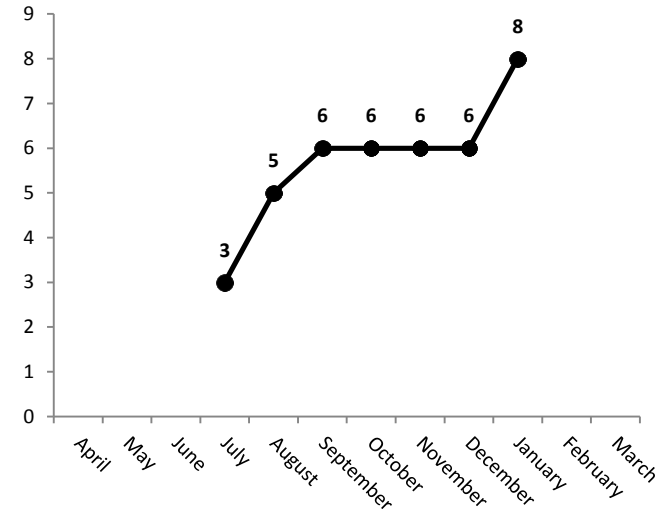
Date of report: 19/01/2018

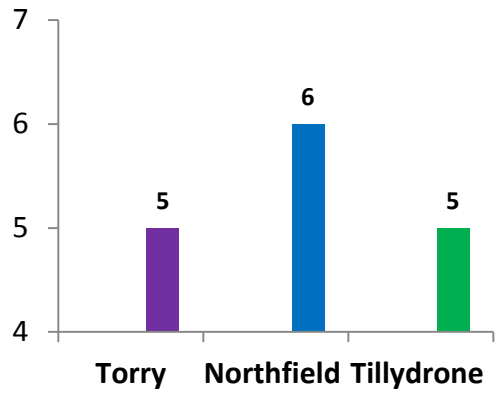
Improvement Dashboard

No. of Locality Improvement Projects:



No. of Meetings Held:

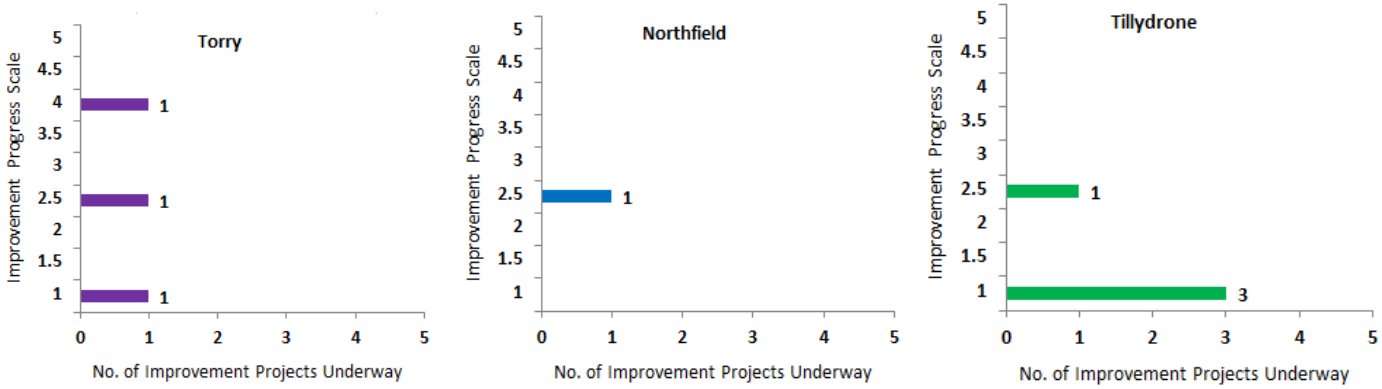
No. of Meetings held since groups formed in April 2017



Barriers / Opportunities:

- Project charters need to be developed for new improvement projects for approval by Management Group. These are important documents which should set out clear aim, improvement data to be collected, change ideas and partner involvement.
- There are a considerable number of staff leading on improvement projects who have not yet accessed training available on the improvement methodology which reflects in the improvement work.
- Model for Improvement training available for all Partnership staff. New programme for 2018 includes improvement bootcamps. Book here.

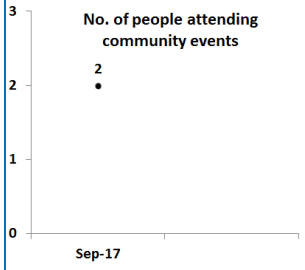
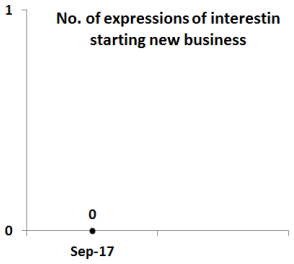
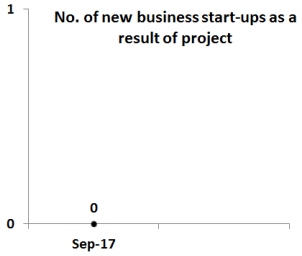
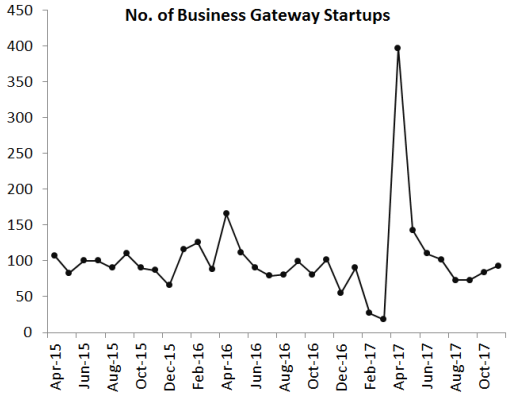
Locality Partnership Projects:



Project Progress Scale:

1.0	Forming as an improvement team
1.5	Clear project charter in place
2.0	Activity, but no changes
2.5	Changes tested, but no improvement
3.0	Modest improvement
3.5	Improvement
4.0	Significant improvement
4.5	Sustainable improvement
5.0	Outstanding sustainable improvement

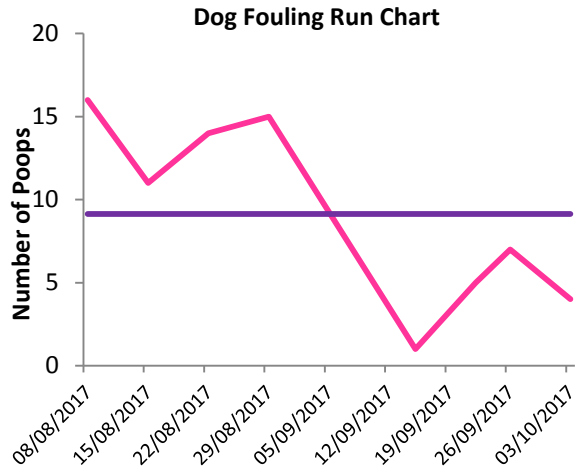
OUR ECONOMY

Project & Aim	Start-End	Progress Scale	Improvement Data	Changes being tested	Project Lead	Management Group Discussion Points
You're Local Business Gateway - To increase business gateway start up numbers across Aberdeen by 2% by April 2018 by focussing on localities.	Jul 17-Apr 18	2.5	   	Community events tested in September 2017 in three locations in wider Northfield. Very limited impact. No change ideas as yet identified.	Kay Diack/Roz Taylor –All Locality Partnerships/ Aberdeen Prospers Group	Are we on track to achieve this aim? What other changes will be tested?

OUR PEOPLE

Project & Aim	Start-End	Progress Scale	Improvement Data	Changes being tested	Project Lead	Management Group Discussion Points
Breastfeeding Rates – aim to improve the rates of exclusive breastfeeding at 6-8 weeks in Woodside, Tillydrone and Seaton to Aberdeen City average rates.	TBC	1.0	No data available – testing not yet started.	New Project – Charter follow.	Paul Tytler - Tillydrone Locality	
Seaton Recovery Project - 30 clients supported with social and welfare issues by Jul 18	Nov 17 - Jul 18	1.0	No data available – testing not yet started.	New Project – Charter to follow.	Graham Donald - Tillydrone Locality	
Domestic Abuse – to reduce domestic offences in the Woodside area by 10% by December 2018	TBC – Dec 2018	1.0	No data available – testing not yet started.	New Project – Charter included. Staff of eight community groups will receive training in how to deal with instances. Engage 100% of the schools in the area with the project. Social media to engage hard to reach groups.	Mark Stephen/ Paul Tytler - Tillydrone Locality	Management Group asked to approve project charter on basis of: • Clear aim • Valid business case • Change ideas will achieve the aim • Relevant measures • Right people involved

OUR PLACE:

Project & Aim	Start-End	Progress Scale	Improvement Data	Changes being tested	Project Lead	Management Group Discussion Points
Living Streets Dog Fouling Initiative - Reduce dog fouling on Rockall Road and Girdleness Road by 50% by the 31st of August 2017	Aug-17-Oct-17	4.5		Testing of changes has ended. A reduction of piles by almost 63% was achieved through testing changes in the community such as engagement with schools, provision of bag dispensers and poster campaign. The Torry Community Group are developing the project in the wider area.	Jade Hepburn – Torry Locality	The aim of this project has been achieved and the project has ended. Exploring options to scale up and spread learning from this project to other communities. Project aim will be revised.
Free School Meals Initiative - We aim to increase the uptake of free school meals in Torry by 20% (tbc) by September 2018.	TBC	1.0	No data available	New Project – Charter to follow.	Tanita Addario, Anne-Marie Steehouder-Ross – Torry Locality	

OUR TECHNOLOGY:

Project & Aim	Start-End	Progress Scale	Improvement Data	Changes being tested	Project Lead	Management Group Discussion Points
None						

New Project Charters

Improvement Project: Domestic Abuse in Woodside
Executive Sponsor: *Who has given approval for the project to go ahead?*
Project Lead: *Who is the leading the improvement work/ team?* **PI Mark Stephen, Police Scotland**
Aim statement (What? By how much? By when?) *What exactly are you aiming to achieve?* **To reduce domestic offences in the Woodside area by 10% by 31/12/2018.**
Link to Local Outcome Improvement Plan/ Locality Plans: A priority aim within the LOIP is one of children being our future; they should have the best start in life, be safe and responsible; and respected, included and achieving. Domestic abuse can have a detrimental effect on the health and wellbeing of children. The policy also falls within the ethos of national Government strategy. We will improve community safety to keep people safe from harm. We will reduce levels of domestic violence in our communities through special partnership operation including improving accessibility of services to support and advise victims of abuse, training and raising awareness of local people and service to identify and respond to risks, and use of enforcement.
Business case *What research can you draw on to justify why you are investing in this project?* Domestic abuse in Woodside has circa three times the recorded instances of domestic offences than the city average over a five year period. Better education will lead to a better understanding by all in the area and better reporting. This better reporting will direct enforcement alongside interventions and lead to a drop in instances. There are many studies on the effects that domestic abuse has on children in a family that suffers and in relationships themselves that have domestic abuse and the following support our approach. Longitudinal Study on the Effects of Child Abuse and Children's Exposure to Domestic Violence, Parent-Child Attachments, and Antisocial Behaviour in Adolescence, Cindy Sousa et al, 2010: This study shows the unique and combined effects of child abuse and children's exposure to domestic violence and analyses whether the interaction of exposure and low attachment predicted youth outcomes. Domestic abuse prevention education: listening to the views of young people, Claire Fox, Rebecca hale & David Gadd, 2013: In the UK, high rates of abuse in teenage dating relationships have been found (Barter et al. 2009), highlighting the significance of the issue in the lives of many young people. A recent study of 13 to 14 year olds in the UK (N ¼ 1143) found that 45% of pupils who had been in a dating relationship reported having experienced domestic abuse and

25% having perpetrated it (Fox et al. 2013). There is, therefore, good reason to target preventive interventions at teenagers in early adolescence.

Measures: (How will we know if a change is an improvement?) *What data can you collect to tell you whether your change ideas are having an impact?*

Police Scotland crime statistics in the area will be checked between 01/01 & 31/12/2018.

The staff of the eight community groups who are front facing will receive training in how to deal with such instances. It is proposed to reach all 8 organisations and train at least 50% of staff within the same time frame.

It is proposed to engage 100% of the schools in the area with the project.

Social media platforms will be set up and our target is to have 1000 followers in the same time frame.

Self-referrals from the area to third sector organisation to rise by 10%.

Change ideas (What can we do that will result in improvement?) *What specific changes do you think will achieve your aim?*

Staff training to front line staff in the community.

Social media tool used to engage hard to reach groups such as foreign nationals.

Signposting of support services that can be accessed.

Engage 100% of the schools in the area with the project

Potential Barriers (What are the barriers to you making these changes)
Where do you need support upfront to carry out this improvement project?

Languages spoken by those in our community.

If domestic abuse is currently under reported, this could result in figures rising initially instead of the predicted downward trend.

Media could report negatively on statistics, linking them with deprived areas and/or foreign nationals; and therefore missing the point that Domestic Abuse is not restricted to any one social demographic.

Project Team: *Who is going to help carry out the improvement work?*
PI Mark Stephen - Police Scotland
Paul Tytler - Locality Manager
Derek Bain - Police Scotland
PS Tricia McLean - Police Scotland
Donna McLean - SACRO
Madelene MacSween - Aberdeen City Council

GROUP & PROJECT PROGRESS SCALE:

1.0	**Forming as an Improvement Group** Group has been formed; target population identified; aim determined and baseline measurement has begun.
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<u>Contact details</u>

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Date of report: 19/01/2018

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Community Planning Aberdeen

Progress Report	Update on Review of Joint Resourcing and Draft Community Planning Budget 2018/19
Lead Officer	Derek McGowan, Head of Communities and Housing
Report Author	Michelle Cochlan, Community Planning Manager
Date of Report	15 February 2018
Governance Group	CPA Board, 27 February 2018

Purpose of the Report

This report sets out the proposed contributions from Community Planning Aberdeen Partners to the Community Planning Budget 2018/19 and details proposals for how this money will be spent. It also provides an update on the review of joint resourcing.

Summary of Key Information

1 BACKGROUND

1.1 On 16 February 2017, Community Planning Aberdeen Board agreed the Community Planning Budget for 2017/18 was £1,675,719, £25,700 less than in 2016/17. Contributions to the 2017/18 budget were made by Aberdeen City Council, NHS Grampian, Police Scotland and Nestrans. Scottish Fire and Rescue Service previously contributed £8,832 pa, but this was withdrawn for 2017/18 as a result of a national decision that generic financial support to CPPs in Scotland should no longer continue.

1.2 The budget setting report included a recommendation to undertake a comprehensive review of CPA's approach to joint resourcing to ensure the Partnership has sustainable resources to deliver the Local Outcome Improvement Plan 2016-26 and Locality Plans 2017-27. This report provides an update on the review and sets out the proposed Community Planning Budget for 2018/19.

2 UPDATE ON REVIEW OF JOINT RESOURCING

2.1 An initial desk top review has been conducted to understand how other CPPs across Scotland are responding the joint resourcing challenge posed by the Community Empowerment (Scotland) Act 2015. Unfortunately, much of the information published about joint resourcing pre-dates the Community Empowerment Act, and offers little information about the outcome from planned mapping exercises to ascertain the collective spend on improving outcomes in priority areas. See Appendix 1 for findings of desk top review.

2.2 The regular improvement tracking reports which are submitted to the Management Group and Board gives Community Planning Aberdeen the opportunity to consider the commitment of partners to jointly resourcing improvement. The reports flag any barriers to improvement aims being achieved, including lack of resources whether this be financial or staff commitment. Joint resourcing towards the aims in the LOIP and Locality Plans will be kept under review during 2018/19.

3 COMMUNITY PLANNING BUDGET 2018/19

3.1 Proposed contributions to the 2018/19 Community Planning Budget are detailed below.

	2018/19 Budget £
Aberdeen City Council	1,684,702
NHS Grampian	18,032
Police Scotland	5,000
NESTRANS	5,000
Total	1,712,734

3.2 Contributions from Partner organisations are the same as 2017/18, except for Aberdeen City Council. This year the figure also includes the financial contribution the Council makes on behalf of Community Planning Aberdeen by way of payment to ACVO for third sector interface and engagement on community planning issues – see table at para 4.1.

3.3 The proposed contribution for Aberdeen City Council is subject to committee approval of the Council's budget for 2018/19 on 6 March 2018.

4 BUDGET COMMITMENTS 2018/19

4.1 Proposed budget commitments for 2018/19 are detailed below.

	2018/19 Commitments £
Fairer Aberdeen Fund	1,626,897
ACVO Third Sector Interface/ engagement: Community Planning	43,837
City Voice	37,000
Civic Forum	5,000
Total	1,712,734

DRAFT

4.2 The Fairer Aberdeen Fund is allocated to the Community Planning Partnership by Aberdeen City Council to help tackle poverty and deprivation across the City. The fund supports partners to work together to tackle area-based and individual poverty; and to help more people access and sustain employment opportunities. Funding supports initiatives and services for the most disadvantaged communities and vulnerable people across the City. An application process is in place to ensure funding is allocated to appropriate programmes and projects. Organisations funded are required to meet specific terms and conditions and comply with State Aid regulations, where required, and to comply with "Following the Public Pound" financial guidance.

4.3 As the third sector interface in Aberdeen, ACVO has a critical role in building the third sector relationship with Community Planning Aberdeen. ACVO also plays a critical development role with regards to the Third Sector and volunteering locally in Aberdeen. These roles together put ACVO at the heart of building the bridge between sectors in Aberdeen to support a growing range of local 'assets' that can contribute to the delivery of better outcomes for the City. ACVO will provide a number of services to help build this capacity across the third sector so it has confidence to participate and contribute to improvement activity. The Council has agreed a funding package with ACVO in exchange for the provision of these services to strengthen the link between the third sector and Community Planning Aberdeen. See Appendix 2 for the Service Level Agreement and the specific range of services supplied by ACVO.

4.4 Aberdeen City Voice is a panel of Aberdeen City residents who give their views on a range of issues affecting their community through completion of regular questionnaires. It is funded by the Community Planning Partnership to inform the development and delivery of public services. The process was reviewed last year to ensure that questions are in alignment to the Local Outcome Improvement Plan and Locality Plans to help us understand impact. See background papers for link to the full report.

4.5 Funding is provided to ACVO to support the continuation and development of Aberdeen's Civic Forum. This includes the development and maintenance of the Civic Forum website, as well as financial support for Civic Forum meetings.

5 GRANT FUNDING 2018/19

5.1 The Partnership also receives income from a number of external funding sources. To date, the CPA has been awarded a total of £50,000 funding for 2018/19.

	Funding (secured to date) 2018/19
Community Justice Transition Fund	£50,000
(Underspend from previous years)	£18,988
Total	**£68,988**

5.2 The Scottish Government has confirmed that Community Justice Transition funding of £50k will be made available for 2018/19 and it is proposed that this will fund the continuation of the Community Justice Officer post for another year. The underspend of £18,988 accrued since funding started in 2015/16 will cover the full costs of the Community Justice Officer post for 2018/19.

6 NEXT STEPS

6.1 CPA Management Group receives quarterly reports on the community planning budget to monitor current and projected expenditure to ensure early identification of possible shortfalls. Joint resourcing towards the aims in the LOIP and Locality Plans will be kept under review during 2018/19.

Recommendations for Action

It is recommended that the CPA Board:

i) Note the update on the review of joint resourcing;
ii) Agree the proposed Community Planning Budget 2018/19 *(subject to Council approval on 6 March 18)*;
iii) Agree the proposed spend on budget commitments 2018/19;
iv) Note the grant funding secured for 2018/19 to date; and
v) Agree that the Community Justice Transition Fund is used to fund the continuation of the fixed term Community Justice Officer post for 2018/19.

Consultation

The following people were consulted in the preparation of this report:

CPA Management Group
Chief Superintendent Campbell Thomson, Police Scotland
Superintendent Graeme Duncan, Police Scotland
Bruce Farquharson, SFRS
Joyce Duncan, ACVO
Susan Thom, Fairer Aberdeen Fund Co-ordinator, ACC
Val Vertigans, Community Justice Co-ordinator, ACC

Opportunities and Risks

The Community Empowerment Scotland Act requires Community Planning Partners collectively to provide sufficient resource to meet agreed ambitious improvement targets for the themes they prioritise for improvement. It also requires partners in the CPP to target collective resources effectively and efficiently towards these priorities, including by eliminating gaps and duplications in service provision. This is particularly true for helping those communities experiencing deep-rooted and multi-faceted inequalities of outcomes, towards whom numerous public sector bodies direct significant resource.

Background Papers
The following papers were used in the preparation of this report. 2017/2018 Community Planning Budget Proposal to CPA Board on 27 February 2017 Final Report on Review of Aberdeen City Voice to CPA Management Group on 30 October 2017

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DRAFT

APPENDIX 1

JOINT RESOURCING

FINDINGS FROM DESK TOP REVIEW

1. PURPOSE OF REPORT

The purpose of the desk top review is to assess ways in which Community Planning Partnerships (CPPs) have adopted joint resourcing strategies and to evaluate if they can be a best practice that Aberdeen Community Planning can adopt.

Joint resourcing is where public services share resources to more effectively meet community needs. This can include sharing budgets, staff, buildings and other resources to improve services and enhance local people's lives.

2. LEGISLATION

The Community Empowerment (Scotland) Act 2015 places specific duties on community planning partners, all linked to improving outcomes. These include:

- co-operating with other partners in carrying out community planning
- taking account of LOIPs in carrying out its functions;
- contributing such funds, staff and other resources as the CPP considers appropriate to improve local outcomes in the LOIP and secure participation of community bodies throughout community planning.

Summary of expectations

- The CPP and its partners understand how their collective resources are supporting shared local priorities, and whether together these are sufficient and the right resources to enable the CPP to meet its improvement targets.
- Partners demonstrate strong shared leadership by working with other bodies to use collective resources in more effective and efficient ways to improve outcomes and reduce inequalities.
- Partners deploy sufficient resource to meet agreed ambitions for the CPP‟s local priorities.
- Partners align their collective resources in ways which support its local priorities effectively and efficiently.
- The CPP and its partners keep under review whether partners‟ deployment of resources remains appropriate for meeting its ambitions, and take corrective action where necessary.

Making the most effective use of public service resources to improve outcomes and tackle inequalities depends on more than how public sector bodies use their own resources. It requires bodies collectively to provide sufficient resource to meet agreed ambitious improvement targets for the themes they prioritise for improvement.

It also requires partners in the CPP to target collective resources effectively and efficiently towards these priorities, including by eliminating gaps and duplications in service cover. This is particularly true for helping those communities experiencing deep-rooted and multi-faceted inequalities of outcomes, towards whom numerous public sector bodies direct significant resource.

Applying this Principle

Strong shared leadership is important to effective and efficient resourcing. Each community planning partner should be clear about which communities experience poorer outcomes which is has responsibility for improving. It should also ensure it understands what factors contribute to these inequalities. Each community planning partner should use this understanding to identify opportunities to work proactively with other partners to use collective resources in ways which deliver mutual benefits, by fulfilling their own business requirements in ways which deliver improved outcomes on shared local priorities for CPPs.

Shared leadership is also important in the CPP setting, so that partners collectively are clear and ambitious about how they resource expected improvements to their local priorities, and about getting the best returns from these investments.

Once a CPP has agreed its priorities for improving local outcomes and tackling inequalities, each of which has ambitious improvement targets, it needs to work through how to fulfil each of these ambitions, what resource is likely to be needed, how it should be deployed, and what form this resource should take. In this context, "resource" has a broad meaning, including people and physical assets as well as finances.

In most cases, this consideration is likely to start with the CPP understanding and keeping under review how its partners are contributing to each of its local priorities. As a minimum, the CPP should build up this understanding as a broad picture, by identifying what the most significant resource contributions from each partner are towards each of its ambitions.

The CPP should use this understanding to work through whether collective resources are being used as effectively and efficiently as possible to support its priorities, and whether the quantum and make-up of that resource remains likely to be appropriate for meeting the CPP's agreed ambitions.

Partners should also align their community participation activity to reduce potential resource wastage, reduce engagement fatigue amongst communities and provide a more efficient use of community as well as public partner resource. So, for instance, what is the scope for investing in preventative activity? Might alternative delivery models be more effective? Are there opportunities to invest in building community capacity and co-production?

The CPP needs to agree which partners provide these resources, including any redirection of resource from elsewhere if it considers this necessary to meet its agreed ambitions. Section 14(3) of the 2015 Act places a duty on community planning partners to contribute such resources as the CPP agrees in order to deliver its ambitions.

As a general expectation, partners should contribute resource for each priority in line with the extent to which their organisation has responsibility for improving outcomes covered by that priority. This should include investment in prevention wherever this is appropriate. These decisions may require strong shared leadership, when the returns from investment in prevention may take several years to become evident and which may be difficult to apportion to individual partner contributions.

Community planning partners should recognise the impact of actions by other organisations on future demand for services they provide. So a partner should be willing to invest in preventative activity by other partners in order to moderate future demand for its own crisis intervention services; and indeed should seek opportunities to pursue this.

The CPP should take appropriate steps to assure itself that the ambitions it has agreed can and will be met. It should use active and on-going performance management which tests progress towards its priority outcomes, to review whether partners‟ deployment of resources remains appropriate for meeting its ambitions. It should act on this review, agreeing changes to how partners allocate and use resources where necessary.
Where a community planning partner is unable or no longer able to meet collaboratively agreed resource delivery requirements whether as a result of changing external factors or circumstances out with its control (e.g. flooding; major developments for the local economy) then it should explain the change and impact on their resource contribution to the partnership. The CPP can then decide whether any changes are required to how they take forward their agreed priority. This is in keeping with section 7(2) which imposes a duty on the CPP to keep the LOIP under review and where appropriate revise it.

3. CPP JOINT RESORCING PRACTICES

At present, it is difficult to ascertain the results of using joint resourcing within CPPs, this is due to many not implementing this into their strategy – however have noted that looking to the future, it needs to be implemented. Therefore, further research at a later date will need to be undertaken to fully understand the impact joint resourcing has had on CPPs.

However, from the research undertaken it was possible to achieve some joint resourcing practices in other CPPs:

Dundee

Dundee CPP are looking at building on initial discussions between partners, greater emphasis will be placed on shared services, facilities and assets and integration.
The progress achieved by the Integration Joint Board will provide learning and a positive direction of travel for the Partnership as a whole. As of yet Dundee are still to release any details of joint resourcing projects that have been undertaken.

Glasgow

The joint resourcing activity in Glasgow is being guided by several principles:

- to gain a holistic understanding of current levels of investment by CPP partners around a specific activity or outcome.
- to analyse and assess the investment based on what type of service or intervention it is, including whether it is preventative or reactionary activity.
- to consider what the latest evidence / data is telling us around current levels of demand for a specific activity or outcome, and comparing this against the actual current profile of investment (the 'as is').
- to quantify as best as possible the potential savings and benefits associated with achieving a successful outcome rather than the costs and consequence of a negative outcome (e.g. preventing a homeless presentation, preventing a young person from going to prison, or preventing a fire death).
- to consider all of these elements together in order to make recommendations to partners around how best to invest joint budgets and resources.

Given the scale of service delivery in Glasgow, it was agreed that partners should focus its initial joint resourcing activities around the SOA priorities (now the LOIP), with partners initially asked to identify and articulate the current resources and investment made around youth employment.

The mapping exercise identified £148m being spent on youth employment across the city in 2013/14. Almost 80% of the expenditure relates to Employability Pipeline Stages 3-4 (e.g. improving employability skills). Around 10% of the expenditure relates to preventative expenditure (e.g. in schools, or in sustaining employment). Some more work is required to scrutinise the data collected, in particular around matching direct expenditure with the expenditure declared by funding organisations.

In relation to the SOA alcohol priority, an initial analysis and report was produced outlining the joint resourcing history of the Glasgow City Alcohol & Drugs Partnership (ADP), which is the lead partnership structure for the alcohol theme of the SOA. The report reflected that in 2014/15 £1.3 m (2.6%) of the ADP resources were committed to alcohol prevention, from the £49.9m total funding envelope. It was agreed that a working group would be established to progress joint resourcing and answer the question; 'Are community planning partners utilising resources as effectively as possible to reduce the burden of cost (social and fiscal) of alcohol consumption?'

Highland

Highland Council had success using joint resourcing, including integrated resources, pooled budgets, partner contributions for projects, co-location and shared buildings and third sector resourcing – these have all in turn created significant cost savings for Highland Council.

Perth & Kinross

The CPP Board on November 2014 agreed to develop a joint resourcing project in Blairgowrie and Rattray to Improve outcomes for workless households in Blairgowrie and Rattray. The project aimed to produce a robust, evidence based business case which outlines the potential for realigning and making best use of total public resources. East Rattray is one of Perth & Kinross' 5 areas of deprivation (SIMD15). Within Eastern Perthshire East Rattray has the highest % of population claiming Job Seeker Allowance. This would also provide a test case to explore change in a town setting. Perth & Kinross Council however have not publicly released any information as to the outcomes/successes of the project. Therefore, it is difficult to acertain how successful the project has been.

Orkney Islands

Orkney have carried out small scale joint resourcing projects, however do note that the CPPs are not using their resources in a significantly different way than previously and in the future would look to trying to utilise how joint resourcing will allow the CPP to share their resources on a much larger scale.

4. BEST PRACTICE

Research undertaken by the Improvement Service has shown that some local authorities and their partners started off focusing on a particular theme within a place, but once the work was underway they chose to adopt a more holistic approach, recognising that there are strong, significant relationships between positive and negative outcomes, with areas experiencing one form of deprivation tending to be disadvantaged in several other areas too. For example, one CPP chose to shift its initial focus on young people to the whole family, recognising that inequalities being experienced by a young person's family will impact on their lives, and particularly their education.

CPPs also noted that, whilst the focus of place-based activity tends to be driven by priority outcomes set out in the Community Plan/ Single Outcome Agreement, consultation with communities also influences the areas being focused on.
For Example – Clackmannanshire noted that the community identified additional priorities to those identified by the CPP, including the need for new community facilities for young and older people and environmental improvements.

5. PLACE BASED METHOLODGY APPROACH

Nine CPPs have indicated that they are using the 'Total Place' methodology, where they are trying to understand the resources invested in a place by local public services, the third and business sectors and the communities themselves. They then assess opportunities for how the overall resources could be used more effectively to deliver improved outcomes. A number of local authorities noted that a key element of their place-based approach was for community planning partners to work with the third and business sectors and communities themselves to develop and deploy a collaborative approach to joint planning, resourcing and delivery. This includes considering the pooling of resources (staff, budgets, data, assets, ICT, etc.) to support service delivery to reduce inequalities in outcomes.

DRAFT

6. IMPLICATIONS

The most likely implications of not adopting joint resourcing include not being able to deliver against our outcomes, including a reduction in the level and standard of services for citizens. The likelihood is that there will be more frequent difficult decisions to make around whether to invest in one particular type of service rather than another, as services would be disjoined. There could be more continued cost cutting within public services and in order to try to maintain core services and to balance books, there must be a space to develop joint resourcing in order to aid service development.

REPORT AUTHOR DETAILS

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DRAFT

APPENDIX 2

SERVICE LEVEL AGREEMENT

BETWEEN

ABERDEEN CITY COUNCIL constituted by the Local Government, etc. (Scotland) Act 1994 and having their Headquarters at Town House, Broad Street, Aberdeen, as Planning Authority for the City of Aberdeen for the purposes of the Town and County Planning (Scotland) Act 1997 (who and whose statutory successors as Planning Authority foresaid are hereinafter referred to as "the Council")

AND

ABERDEEN COUNCIL FOR VOLUNTARY ORGANISATIONS (ACVO), A CHARITY (Scottish Charity No SC036845) having its principal offices at Greyfriars House, Gallowgate, Aberdeen (hereinafter referred to as "ACVO").

FOR PERIOD 1 APRIL 2017 TO 31 MARCH 2020

Services Provided	**Third Sector Interface** **Third Sector Engagement with the Council/ CPP**
Amount of Award	**£48,837 per annum**
Monitoring Officer	**Michelle Cochlan** **Community Planning Manager** **Aberdeen City Council**
Date of agreement	**27 March 2017**

1. INTRODUCTION

1.1 The Aberdeen City Local Outcome Improvement Plan 2016-26 and Locality Plans 2017-27 set out a vision for Aberdeen as a place where all people can prosper. The plans identify the key drivers for improvement that the Aberdeen Community Planning Partnership will take forward to make this ambition a reality for all communities in Aberdeen, regardless of their background and circumstances.

1.2 As the third sector interface in Aberdeen, ACVO has a critical role in building the third sector relationship with Community Planning Aberdeen. ACVO also plays a critical development role with regards to the Third Sector and volunteering locally in Aberdeen. These roles together put ACVO at the heart of building the bridge between sectors in Aberdeen to support a growing range of local 'assets' that can contribute to the delivery of better outcomes for the City. ACVO will provide a number of services to help build this capacity across the third sector so it has confidence to participate and contribute to improvement activity.

1.3 The Council has agreed a funding package with ACVO in exchange for the provision of these services to strengthen the link between the third sector and Community Planning Aberdeen. This Agreement specifies the range of services to be supplied by ACVO and the terms and conditions under which those services will be supplied by.

2. SERVICE PROVISION

2.2 Throughout the duration of this Agreement, ACVO shall provide the Council with the following services:

- Ensure the third sector is well represented in all aspects of community planning in the City and across localities
- Provide mechanisms to secure third sector involvement in the development and delivery of the Local Outcome Improvement Plan 2016-26 and Locality Plans 2017-27
- Supporting and encouraging continued partnership working in the delivery of the Community Planning Partnership's Volunteering Framework
- Provide mechanisms that build the capacity of the third sector to engage effectively in local and city wide outcome improvement activity
- Support Aberdeen's Civic Forum to enable it to represent communities of interest across Aberdeen in Community Planning.

3. DURATION

3.1 This Service Level Agreement will subsist from the commencement date of 1 April 2017 to 31 March 2020. Thereafter, the parties may by mutual agreement, extend the duration of this Agreement on an annual basis. Subject always to prior Council approval of a further funding package.

4. OUTPUTS REQUIRED OF ACVO

4.1 ACVO undertake to carry out the following during the duration of this Agreement:

- Engage with the third sector on developments in community planning through a variety of mechanisms in order to effectively represent the third sector on the community planning groups as detailed in schedule 1
- Ongoing mapping and communication to Community Planning Aberdeen of third sector organisations who have a possible contribution to make in the delivery of the Local Outcome Improvement Plan 2016-26 and Locality Plans 2017-27
- Encourage participation in volunteering and promote volunteering opportunities across the city
- Secure third sector involvement in delivery of Community Planning Aberdeen improvement activity, particularly in relation to the delivery of the Locality Plans, through one to one engagement with organisations and holding events.
- Enable the continuation and development of Aberdeen's Civic Forum
- Produce a report annually to the Community Planning Partnership on progress in delivering the above outputs
- Put a monitoring arrangement in place so an annual report can be prepared in accordance with Clause 6 below; and
- Prior to releasing any publicity (which must in terms of Clause 6 below acknowledge the support of the Council) seek the Council's prior approval to the terms of such publicity.

5. FUNDING

5.1 In exchange for ACVO performing the services outlined in this Agreement and complying with the funding requirements set out in Clause 6 below, the Council shall provide to ACVO the sums of

Civic Forum	£5,000
Third Sector Interface and Localism	£21,000
Third Sector Engagement with the Council/ CPP	£22,837
TOTAL	**£48,837**

(FORTY EIGHT THOUSAND, EIGHT HUNDRED AND THIRTY SEVEN POUNDS STERLING). The funding will be paid four times a year in arrears, on the basis of invoices submitted by ACVO to the Council.

6. FUNDING CONDITIONS

6.1 Payment of the funding is conditional upon ACVO:

- Providing evidence to the Council which demonstrates it complies at all levels with current equalities legislation;
- Taking part in a mid year review to monitor progress and review expenditure of the funding grant;
- Completing an annual report and submitting same to the Council and the Community Planning Partnership by the end of March annually;

- Submitting audited accounts by the end of October annually;
- Acknowledging the support of the Council in all publicity;
- Allowing members of the Council's Finance section access to whatever files, documents etc. they deem necessary to audit ACVO's expenditure of the grant funding;
- Advising the Council of any proposed changes to the activities of ACVO at the earliest opportunity.

7. ASSIGNMENT AND SUB-CONTRACTING

7.1 Neither the Council or ACVO will assign or sub-contract any or all of their responsibilities under this Agreement without the prior written consent (such consent not to be unreasonably withheld or delayed) of the other party.

8. RESOLUTION OF DISPUTES

8.1 If any dispute or difference shall arise between the parties in respect of this Agreement, the parties shall use their best endeavours to resolve such dispute or difference by negotiation within 4 weeks of notification of the dispute or difference b one party to the other.

8.2 If any dispute is unable to be resolved between the parties in terms of 8.1 above the following procedure will be followed:-

- The party who is of the opinion that the other party is not performing its obligation under the terms of this Agreement shall send to the other party a letter outlining the matter(s) in dispute.

- If there is no response to said letter within ten working days or, if in the reasonable opinion of the party sending the letter the response of the recipient is inadequate then the said party shall have the option to convene a meeting on three working days notice in writing to discuss the matter in dispute and the possible solutions.

9. VARIATIONS

9.1 Any variations to the terms and conditions of this Agreement shall be of both parties.

9.2 In the event that any of the terms or provisions of this Agreement shall be unenforceable, the remainder shall survive unaffected.

9.3 If either party delays or fails to exercise its rights under this Agreement on the occurrence of any event, it does not prevent that party from exercising those rights at any time afterwards in relation to that or another event. In addition, if a party waives its right on one occasion this does not mean that the party has lost (or waived) that right on a later occasion.

10. TERMINATION

10.1 The Council may terminate this Agreement forthwith upon giving notice in writing to ACVO.

10.2 If ACVO become insolvent or make an arrangement with its creditors or go into liquidation or have a receiver appointed to its assets or any part thereof; or

10.3 If ACVO is, in the opinion of the Council, in material breach of the Agreement and in the event of a breach capable of being remedied, fails to remedy the breach within thirty days of receipt of notice thereof from the Council.

For ABERDEEN CITY COUNCIL

Signed

Michelle Cochlan
Community Planning Manager

For ACVO
Signed

Joyce Duncan
CEO

SCHEDULE 1

Representation on Community Planning Aberdeen

- Community Planning Aberdeen Board
- Community Planning Aberdeen Management Group
- Aberdeen Prospers Group
- Digital City Group
- Sustainable City Group
- Integrated Children's Services Board and Groups
- Resilient, Included and Supported Group
- Community Engagement Group
- Community Justice Group
- Alcohol and Drugs Partnership
- Torry Locality Partnership
- Locality Partnership for Cummings Park, Heathryfold, Mastrick, Middlefield, Northfield
- Locality Partnership for Seaton, Tillydrone and Woodside
- Fairer Aberdeen Board
- And any relevant sub groups of the above

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Community Planning Aberdeen

Progress Report	Fairer Aberdeen Annual Report
Lead Officer	Derek McGowan, Head of Communities and Housing
Report Author	Susan Thoms, Programme Coordinator
Date of Report	1.2.18
Governance Group	Community Planning Aberdeen Board 27.2.18

Purpose of the Report

To provide CPA with the Fairer Aberdeen Fund Annual Report 2016-17 detailing progress and achievements over the year.

Summary of Key Information

1 BACKGROUND

1.1 The Fairer Aberdeen Fund is allocated by Aberdeen City Council, and is aimed at tackling poverty and deprivation; supporting partners to work together to tackle area- based and individual poverty; and to help more people access and sustain employment opportunities. Funding supports initiatives and services for the most disadvantaged communities and vulnerable people across the City. The programme responds to locally identified issues and addresses unemployment, providing financial inclusion services, improving health and enabling more sustainable and safer communities.

1.2 The initiatives and programmes being funded support frontline services that are provided by the Council, Community, Voluntary and other public sector partners.

1.3 The Fairer Aberdeen Board, which represents a partnership, participatory approach, comprises of the Chair of Community Planning Aberdeen, three Aberdeen City Elected Members, one representative from Aberdeen Council for Voluntary Organisations, one representative from NHS Grampian, one representative from Police Scotland, seven representatives from priority regeneration areas (appointed through the Regeneration Matters Group), and three representatives from the Aberdeen Civic Forum.

2 FAIRER ABERDEEN FUND ANNUAL REPORT

2.1 The Annual Report, at Appendix 1, details how the Fund was used and the impact it had during 2016-17. £1,625,000 was allocated by Council to the Fairer Aberdeen Fund, to be dispersed by the Fairer Aberdeen Board, to support work in priority areas and across the City with vulnerable groups and individuals. Funding was awarded to 45 projects within the main programme, as well as a Community Support Fund to support community engagement, an Employment Support Fund to support costs associated with getting people back into work, and a Participatory Budgeting event. Funding was also received from the Community Choices Fund and Aberdeen City Health and Social Care Partnership to support a PB event. Grants ranged from £200 to £158,000 in value. Some of the achievements are summarised here:

2.2 Over 25,000 people were involved in, or benefited from, funded initiatives, 5,000 of them were under 16 years old. Over 1,070 volunteers contributed 134,713 hours of volunteering time, worth £1.9m. (Volunteering is generally valued as the average hourly pay rate in the area, in Aberdeen this was £13.73. (Office of National Statistics, the Annual Survey of Hours and Earnings (ASHE)).

2.3 2,883 people received money advice or income maximisation advice, with a total financial gain of £3,031,494, an average of £1,051 per person.

2.4 3,319 affordable loans, totalling £2,235,714, were provided by the credit unions.

2.5 405 tons of free food was distributed, the equivalent of 81,000 food parcels or 964,285 meals.

2.6 314 people moved into work. 14 access centres in areas of high unemployment offered weekly employment support drop in sessions. 137 young people were involved in activities designed to increase their opportunities to move into positive destinations, and 75 young people moved onto employment, education or training.

2.7 63 Community Food Outlets operated in local communities, 35 of them in Sheltered Housing complexes, and free food was distributed to 124 organisations through FareShare.

2.8 573 people accessed 4,995 sessions of mental health counselling provision, 200 of them were under 16 years old, and counselling was provided in 7 regeneration neighbourhoods.

2.9 Home-Start supported 30 families in regeneration areas and 6 of these families no longer require social work support. 172 volunteers provided hot meals, laundry and showering facilities for rough sleepers at Street Alternative sessions run 4 times a week by Aberdeen Cyrenians.

2.10 2,005 people participated in activities and services provided in Community Projects and Flats. Cummings Park, Seaton and Tillydrone Community Flats are wholly funded by Fairer Aberdeen, and a number of organisations use these venues to deliver services within the areas. The number of attendances to use their facilities including phone, computers, making enquiries and getting information totalled 14,993.

2.11 Police Scotland Operation Begonia provided 1,144 hours of additional police patrols engaging with sex workers, reducing numbers of calls to the Police regarding on street prostitution in the City Centre and Seaton.

2.12 428 people participated in Adult Learning activities and 136 people were involved in producing community media. 6 hour-long programmes, representing key issues and news from the regeneration areas, were produced and broadcast weekly by members of the local communities. Community magazines were produced and distributed 3 times a year in 7 regeneration areas. Volunteers contributed over 18,000 hours producing community media at SHMU. 91 young people were involved in producing youth media, 22 of them secured a Saltire Award and 10 moved on to employment.

2.13 231 young parents took part in classes to promote positive parenting including cooking, first aid and support with financial issues

2.14 149 older people registered as new learners with Silver City Surfers to learn IT skills and how to use the internet. Beneficiaries included people with disabilities, sensory impairments and dementia.

2.15 The Fairer Aberdeen Board agreed to allocate £10,000 to undertake a participatory budgeting exercise during 2016-17. An additional £10,000 was awarded to match the Fairer Aberdeen funding from the Community Choices Fund, and consultancy from PB Partners was available to support the process. An additional £5,000 was contributed by the Aberdeen Integrated Health and Social Care Partnership.

2.17 The Fairer Aberdeen Board established a PB steering group of community representatives and partners supported by the Coordinator and Development Officer to plan the process, and the PB event took place in October 2016. 60 people attended the event including the Scottish Government Minister for Communities and Housing, and the event was opened and awards presented by the Council Leader. 25 residents of the Froghall, Powis and Sunnybank area attended and were eligible to vote. There were 22 applications received and 12 projects were successful in securing funding. 24 feedback forms were received from voters who attended, the feedback was positive with respondents feeling more able to influence decisions, and that PB was a fair way to allocate funding.

2.18 The Fairer Aberdeen Board will be holding another PB event in March 2018, covering the George Street, Castlehill & Pittodrie and City Centre areas. The areas chosen reflect the desire of the Fairer Aberdeen Board to allocate funding to neighbourhoods with pockets of deprivation but outwith the priority areas that usually receive funding.

Recommendations for Action

It is recommended that members of the Group:

i) Note the Annual Report for 2016-17, at Appendix 1, and advise the Fairer Aberdeen Board of any comments on the report;

Opportunities and Risks

Many of the funded projects are valued and appreciated within local communities for

the support they provide residents and the positive impact they have. Over 25,000 beneficiaries and volunteers would be negatively impacted, and services significantly reduced, if funding was unavailable.

Failure to continue to address the needs of Aberdeen's most disadvantaged communities would have a detrimental effect for the individuals and communities involved and potentially increase costs in the long term for public services. Supporting people into employment, maximizing people's income, providing early intervention in relation to education and health is not only a better outcome for individuals but reduces the costs involved in responding to the effects of poverty in the long run.

The Board regularly monitors the programme to ensure there is no duplication of provision and will continue to review projects as necessary and appropriate.

Consultation

The following people were consulted in the preparation of this report:

Consultation was carried out for the Council report in December 2017, not specifically for this report.

Background Papers

The following papers were used in the preparation of this report.

Fairer Aberdeen Fund Annual Report 2016-17
https://committees.aberdeencity.gov.uk/documents/s77238/Fairer%20Aberdeen%20Fund%20covering%20report.pdf

Fairer Aberdeen Fund Annual Report Appendix 1
https://committees.aberdeencity.gov.uk/documents/s77239/Fairer%20Aberdeen%20Fund%20Annual%20Report.pdf

Contact details:

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APPENDIX 1: Fairer Aberdeen Fund Annual Report 2016-17

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Appendix 1

Fairer Aberdeen Fund Annual Report 2016-17

FAIRER ABERDEEN PRIORITY THEMES AND KEY ACTIONS

MAXIMISING INCOME

Provide access to affordable financial services and products and coordinated provision of quality advice and information services

GETTING PEOPLE INTO WORK

Access to support and skills needed to return to work, including initial engagement, personal development activity and in work support

IMPROVING HEALTH & WELLBEING

Reduce health inequalities; improve mental health and wellbeing; and increase access to affordable healthy food

BUILDING STRONGER COMMUNITIES

Improve access to services in regeneration areas and support community involvement and participation

INCREASING SKILLS AND CREATIVITY

Support learning and creative opportunities, improve literacy and encourage volunteering

For more information contact
Susan Thoms, Programme Coordinator
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01224 523833

ABERDEEN CITY COUNCIL

Community Planning Aberdeen

25,778
people
supported

£1.625m
invested

45
funded projects

1070
volunteers

134,713
hours of volunteering time

£1.85m
value of volunteering

COMMUNITY ENGAGEMENT

"Being on the Fairer Aberdeen Board is an important role; it involves a lot of money and has a big impact on the City. We need to represent our own communities but also see the bigger picture."

Regeneration Matters is a forum of community representatives from all the regeneration and priority neighbourhoods in Aberdeen City who have been meeting since November 2006 and are active in identifying and addressing issues around poverty and deprivation. The group meets monthly and as well as discussions on particular issues they also have the opportunity to share information about each of their neighbourhoods and feedback on any meetings or conferences they have attended.

Regeneration Matters also manage the Community Support Fund on behalf of the Fairer Aberdeen Board, to support communications, training, community capacity building and community involvement in regeneration. Over the year this funded printing and delivery costs for community magazines in 7 of the regeneration areas, Fersands Youth Work research, promoting Torry Older People's Network, Reiki training, Cummings Park Flat open day and promotional material for NUART Aberdeen, the street art festival.

Regeneration Matters elect 7 of its members to act as community representatives on the Fairer Aberdeen Board, alongside 3 representatives from the Civic Forum.

PARTICIPATORY BUDGETING

Funding was allocated to undertake a Participatory Budgeting (PB) process, which is a way for local people to have a direct say in how funds can be used to address local needs. . A successful funding bid to the Community Choices Fund, and an additional contribution from Aberdeen City Health and Social Care Partnership meant a total of £25,000 was available.

A steering group was set up to organise the event, made up of community representatives and partner organisations. It was decided to hold the event in Froghall, Powis, and Sunnybank, as this is an area with pockets of deprivation that doesn't usually benefit from funding directed at priority neighbourhoods.

The voting day was held on the 29th of October at Sunnybank School. 60 people attended and 25 were eligible to vote. Of the 20 proposals that went through to the voting stage 12 were successful in receiving enough votes to be awarded funding, these were:

Sunnybank Improvements, Friends of Sunnybank Park
Cycle Repairs @Man shed, Froghall Community Centre
Froghall Community Garden, Froghall Community Centre
Graffiti Art Work, Froghall Community Centre
Lily Pad Coffee Shop, Froghall Community Centre
Community Café , Powis Community Centre
Community Centre Decorating, Powis Community Centre
Community Games Room, Powis Community Centre
Community Centre Decorating, Powis Community Centre
Ping Pong Powis, Powis Residents Group
Tooled Up – Powis in Bloom, Powis Residents Group
Get Fit Outside, Sunnybank Community Centre
Wheels Are Fun, Sunnybank Community Centre

"

It gives people the chance to directly influence how funding is allocated."

U DECIDE

The Fairer Aberdeen Fund is allocated by Aberdeen City Council to tackle poverty and deprivation. The Fund is dispersed and managed by the Fairer Aberdeen Board, a sub group of the Community Planning Partnership, made up of representatives from the regeneration areas, the Civic Forum, the Council, NHS Grampian, Police Scotland and ACVO (Aberdeen Council of Voluntary Organisations). In 2016-17 funding of £1,650,000 was made available to support work in regeneration areas and across the City with vulnerable groups and individuals, fitting with the main priorities decided by the Board.

Funding was awarded to 45 projects within the main programme, as well as a Community Support Fund to support community engagement, an Employment Support Fund to support costs associated with getting people back into work, and a Participatory Budgeting event.

Grants ranged from £200 to £158,000 in value. A total of 25,778 people were involved in, or benefited from, funded initiatives, 4,995 of them were under 16 years old. 1,070 volunteers contributed 134,713 hours of volunteering time with a value of almost £1.9m*, more than doubling the value of the Fund.

*Volunteering time is generally valued as the average hourly pay rate in the area, in Aberdeen this was £13.73. (Office of National Statistics, the Annual Survey of Hours and Earnings (ASHE))

"Overall, a great success; feedback from those participating was very positive, and even with slightly lower numbers than expected, there was a real buzz at the event with people networking and interacting enthusiastically. It was great to see the Minister for Communities and Housing, as well as the Council Leader attending."

Alan Budge, PB Partners

The Fund focuses on neighbourhoods that fall within the most deprived 0-15% in Scotland, according to the Scottish Index of Multiple Deprivation, as well as supporting vulnerable groups and individuals across the City.

PRIORITY NEIGHBOURHOODS

Cummings Park

Middlefield

Northfield

Seaton

Tillydrone

Torry

Woodside

PRIORITY GROUPS

People living in poverty

Lone parents and families with children

Unemployed people

Children and young people

People with health issues

Older people

Minority groups with an identified need

MAXIMISING INCOME

AIMS | Provide access to affordable financial services and products and coordinated provision of quality advice and information

2,883 people received money advice or income maximisation advice, with a total financial gain of £3,031,494, an average of £1,051 per person

5,982 adults and 2,393 juniors saved with credit unions, depositing £1,103,978 in savings and 3,319 affordable loans totalling £2,235,714

405 tonnes of free Fareshare produce distributed, the equivalent of 81,000 food parcels or 964,285 meals

1,454 referrals to the Cash in Your Pocket database, which supports people to access the financial inclusion support they need

3,111 food bank beneficiaries signposted to other agencies for support

Food banks provide support and access to a range of services and advice as well as emergency food for those in crisis

The funded initiatives which contributed to these achievements through the year are:

Cash In Your Pocket (CIYP) acts as a central hub for the operation of its financial inclusion partners, delivering a one-stop referral system to allow access to the full range of organisations that can assist with financial inclusion issues, and coordinating provision.

Money Management for Women provides help and advice with money management, budgeting, benefits and debt, to women who are clients of Grampian Women's Aid.

Aberdeen Illness and Disability Advice Service offers confidential, independent and impartial financial advice to anyone affected by illness, disability or a long term health condition.

Food Poverty Action Aberdeen provides food for those in food poverty, as well as coordination and networking between organisations involved in food bank work. They also provide support to address issues around health and well-being, financial capability and employment.

Financial Capability at the Foodbank provides financial health-checks and budgeting advice, including welfare benefits advice, to beneficiaries using the CFINE Food Bank.

North East Scotland Credit Union (NESCU) and St Machar Credit Union improve access to affordable financial services and products and develop credit union membership, by providing and promoting easy access savings accounts for adults and juniors and low cost loans within the community.

CAB Money Advice Outreach Project provides advice and information using community centres as drop-in centres and for appointments, assisting clients to maximise their income from welfare benefits and to reduce levels of debt.

Care and Repair provides advice and financial assistance to older people and people with disabilities, to maximise household income and raise charitable funding on behalf of individuals to carry out repairs, improvements and adaptations to the home.

19,073 people benefited and a total of 351 volunteers contributed 84,247 hours of volunteer time

"Pauline was unexpectedly admitted to hospital. Prior to hospital admission, she worked part- time, receiving Working Tax Credits. Pauline lived in a 3rd floor council flat with her 3 children aged 14, 9 and 7. Told by her employer she was not entitled to sick pay. Pauline was extremely worried about her rent and how she was going to manage on a reduced income. Physically she was unable to manage the stairs to her flat, causing delay with hospital discharge.

After picking up a CIYP leaflet, available in the ward, Pauline decided to contact CIYP for help.

On receiving the referral, CIYP immediately made onward referrals to both Aberdeen Illness and Disability Advice Service (AIDAS) and the Disabled Persons Housing Service to provide help with benefits and housing.

Pauline was visited in hospital 4 days later. Claim forms for Employment & Support Allowance (ESA) and Housing Benefit were completed and steps taken to advise HMRC of the change in circumstances. ESA of £73.10 per week was awarded, along with full Housing Benefit.

Within one week of discharge from hospital, Pauline was re-housed and able to move into a ground floor flat, suitable for the needs of herself and her family."

Cash In Your Pocket

"Now that I don't have financial worries on top of my worries about my health I can concentrate on getting well again."

FINANCIAL CAPABILITY AT THE FOOD BANK

Client A visited the food bank and became very hostile when asked if he needed help. He had negative experiences dealing with the authorities and felt the world was against him. The questions they were asking seemed to him to be intrusive and not relevant to helping him. He had missed a medical appointment with the DWP and was at risk of losing his benefits.

Often people will be worked up emotionally, feeling they have to fight the system. Sometimes a cup of tea and a chat gets the problems out in the open and we can explain we are independent and here to help. Empathy goes a long way.

After various long phone calls I succeeded in getting his benefits reinstated and getting him the health care he needed. After becoming exposed to drugs in the hostel I contacted his housing officer and expressed my concern. That day he was moved into his own property and we helped him get furniture and other items to build his new home.

He still comes to visit me and I'm happy to see the improvement in his mental health. He has a foundation to build his life on now.

FOOD POVERTY ACTION ABERDEEN

"There has been consistently high demand for emergency food across the City. The partnership has continued to grow and expand both in terms of membership and distribution, with currently 63 members. CFINE's food bank distributed over 10,000 food parcels last year, with 1,100 distributed in May 2016 alone.

The amount of FareShare produce made available across Aberdeen has increased in the last year. 405 tonnes, equivalent to 964,285 meals, was generated over the period, and was distributed to community organisations and charities in regeneration areas and other disadvantaged, vulnerable, low income groups. Based on a modest estimate of 1kg = £3 the value of the produce was £1,417,500.

CFINE continues to support a small army of volunteers from many different backgrounds, with differing needs, talents and abilities. Volunteers are the back-bone of CFINE, over 250 have given their time and energy in the last year, including adults with learning difficulties, young people, long term unemployed, and people with mental health issues. The benefits of volunteering in a supportive, person-centred environment contribute to social inclusion and employability, with access to other services such as financial capability advice, food hygiene and first aid training, and cooking classes."

GETTING PEOPLE INTO WORK

AIMS Access to support and skills needed to return to work, including initial engagement, personal development activity and in work support

14 access centres in areas of high unemployment offered weekly employment support drop in sessions

314 people moved into work

Over 100 people accessed a support fund to help overcome financial barriers, providing clothing for interviews, transport, training and qualifications

137 young people were involved in activities designed to increase their opportunities to move into positive destinations

75 young people moved onto employment, education or training

Volunteering can give valuable experience and confidence to enable people to get back into work, with appropriate training and support

The funded initiatives which contributed to these achievements through the year are:

Pathways supports residents of regeneration/ priority areas into employment by providing tailored support for people from the first stages of job seeking through to securing and maintaining employment. They identify and encourage participation of hard to reach residents in priority areas through weekly drop-ins, work clubs, established links with partner agencies and individually tailored one to one Keyworker support.

shmuTRAIN (Station House Media Unit) offers comprehensive employability support and skills development training to young people aged 14-19, using community & digital media to engage young people, increase motivation and develop core skills such as confidence, communication and team work, and to support young people to move on to a positive destination.

Prince's Trust Team Programme provides a 12 week personal, social and employability skills development programme for participants aged 16-25 who are disadvantaged, with a high proportion having complex needs including offending behaviour, drug and alcohol issues, behavioural issues, problems with literacy, numeracy, mental health and homelessness.

NESS (North East Sensory Services) Employment Service provides an employment service to blind, visually Impaired, deaf or hard of hearing people who live in Aberdeen City. They provide specialist support enabling people to access relevant employment, education and training opportunities and to sustain opportunities which have already been accessed.

746 participants were involved and 11 volunteers contributed 810 hours of volunteer time

"Pathways helped me find the job I needed to suit my family situation.

This has made our lives better in more ways than one."

Pathways client

shmuTRAIN

"When I started the course I was quite nervous because I was meeting new people and I was presenting a live radio show, but I've definitely become a lot more confident and I've really enjoyed being a part of the group."

"This funding has enabled shmu (Station House Media Unit) to continue to develop the 10-year, £2.4million initiative, that supports 14-19yr olds in Aberdeen who are in, or likely to fall into, the Opportunities for All/MCMC category to develop the skills they need to progress on to a positive destination. The project, in its eighth year, works with young people in the Early Interventions group (Senior Phase) and in the Positive Transitions group (16-19).

To date the project has now supported 288 pupils within Early Interventions and successfully helped 255 pupils move on to positive destinations (89% success rate), and 254 trainees within Positive Transitions have been supported with 217 moving on to positive destinations (85% success rate).

Across both strands, we have recorded an overall success rate of 87% of young people moving on to positive destinations over the eight years that the initiative has been operational."

"NESS (North East Sensory Services) continues to offer the only specialist employment service to hearing impaired and Deaf people, as well as to visually impaired and blind people living in Aberdeen City.

Over the year 71 clients have received support, 2 of these moved into work and 26 were supported to retain work or look at alternative options.

This has, by far, been the most challenging period in the history of NESS Employment Project. The downturn in the oil industry in Aberdeen has impacted greatly on our clients, who are already facing significant barriers into work. There has been a distinct lack of jobs and people who were made redundant and displaced from the oil industry have accepted job roles they may not have normally taken up, meaning there are fewer opportunities available. The competition for available jobs has been greater than ever, making it particularly hard for our clients to successfully gain employment. The need for this service is possibly greater than it has ever been to date."

north east sensory services
achieving independence for blind & deaf people

Newsletter Spring 2016

Rio Carnival themed drummers entertain at the NESS Spring Ball

NESS

IMPROVING HEALTH AND WELLBEING

AIMS Reduce health inequalities; improve mental health and wellbeing; and increase access to affordable healthy food

63 Community Food Outlets operated in local communities, 35 of them in Sheltered Housing complexes, and 405 tonnes of free food was distributed to 124 organisations through FareShare

30 families in regeneration areas were supported to prevent further crisis and family breakdown, and 6 families no longer required Social Work support

573 people accessed 4,995 sessions of counselling provision, 200 of them were under 16 years old, and counselling was provided in 7 regeneration areas

172 volunteers were recruited, trained and supported to provide meals, laundry and showering facilities to rough sleepers 4 times a week

43 vulnerable people took part in a recovery programme based on community involvement, personal development, wellbeing and employability skills

Tuk In aims to promote healthy eating and provide affordable food from surplus produce. On its first outing it helped deliver outreach youth work in Fersands, where soup and bananas were enjoyed on a chilly evening

The funded initiatives which contributed to these achievements through the year are:

Aberdeen Foyer Reach delivers personal, social, wellbeing and employability skills development programmes, aimed at participants who are in recovery from any long term condition e.g. substance misuse, mental illness or physical illness.

Befriend A Child provide accessible group activities for children involved in the Befriend A Child scheme.

Home-Start coordinate home visiting support to families identified as at risk and hard to reach, working to prevent further crisis and family breakdown.

CFINE (Community Food Initiatives North East) maintain and develop Community Food Outlets to provide healthy, affordable food and raise awareness of healthy cooking and eating.

Cyrenians Street Alternatives provides a volunteer led service offering practical support to people in Aberdeen City who are sleeping rough or who have no access to cooking or personal care facilities.

Healthy Roots maintain and develop the community-run Manor Park.

Mental Health Aberdeen and Pathways to Wellbeing provide locally based, easily accessible counselling services across all the regeneration areas,

Printfield Feel Good Project and Tillydrone Health & Well Being Project provide Complementary Health sessions to increase relaxation and wellbeing.

Seaton Recovery Project provides support to those recovering from alcohol/drug misuse and access to specialist support services

1,083 people benefited and 277 volunteers contributed 9,773 hours of volunteer time

"A Health Visitor referred the family, a young Mum and 2 year old child, after she had concerns about their isolation and the fact that Mum was in the care system growing up and had just moved from temporary accommodation into a permanent address. Volunteer support was put in place and she was the only person mum was interacting with. We managed to access a Me2 place for the child and that has been going well. Mum was very reluctant to engage with Speech and Language Therapists but with the support of her volunteer she was able to successfully do this and mum has been implementing the advice from them so that the child's speech has improved significantly. Mum and the volunteer have such a close relationship that when they both felt things had been achieved they were able to have a discussion about support ending as all the needs for this family have been achieved."

Home-Start

"I now feel confident in myself and don't believe I could have managed this without the help of ACIS Youth."

"Over the years we have given much data on how we feel this project has been evolving – instead it seemed more relevant to let some of the young people 'speak' to you on how they feel they benefit from ACIS Youth. So below are some comments written by young people themselves:

I have a new goal of meeting new people and not to worry about what people say about me.
Helped me work out my gender.
Helped me understand the relationships in my family.
A great service which has given me a judgement free outlet to express my feelings and concerns - also very adaptable and understanding of situations.
They've been amazing and helped me so much.
Fantastic, I felt supported throughout and it gave me relief and freedom to speak about anything.
It was wonderful and made me feel like I had a place I could go when I was upset.
It's been a place where I can talk without fear of being judged or criticised. Really liked the counsellor - she's very nice.
Excellent service, an amazing counsellor who has changed my life."

ABERDEEN CYRENIANS

"As in previous years, Street Alternatives opened every day over the festive period, including public holidays, to compensate for the gap in food services available in the City when other services close. With this extended service we are able to provide further opportunities for service users to access personal care facilities, seek assistance from an Advice, Information and Support worker; and get the benefit of regular social interaction with staff and volunteers they know, at a time where this can be especially crucial.

Extended service at Christmas can only happen with a huge increase of volunteer hours, new volunteers, and the extra coordination to make it all happen."

BUILDING STRONGER COMMUNITIES

AIMS | Improve access to services in regeneration areas and support community involvement and participation

Community Flats in Cummings Park, Seaton and Tillydrone and Middlefield Youth Flat were funded and used by a number of organisations to deliver services within the areas

2,005 people participated in activities and services provided in Community Projects and Flats

14,993 attendances to use facilities in funded Community Flats including phone, computers, making enquiries and getting information

1,525 young people under 16 years old took part in activities

1,144 hours of additional police patrols engaging with sex workers reducing numbers of calls to the Police regarding on street prostitution in the City Centre and Seaton

Outreach Youth Work in Fersands

The funded initiatives which contributed to these achievements through the year are:

Cummings Park Community Flat, Printfield Community Project Tillydrone Community Flat and Seaton Community Flat provide resources for community activity; venues for a range of organisations that offer support, information and advice; and support community capacity building and adult learning.

Fersands Family Centre Family Support Worker and Twos Group provides a safe, welcoming and stimulating environment to deliver good quality play and learning experiences to encourage motivation, and enthusiastic learning.

Middlefield Youth Flat and Under 11s work supports young people, especially those with low self-esteem and lack of confidence.

Fersands Youth Work Support provides a wide range of youth work services to encourage young people to experience new activities, gain new skills, build relationships and learn about health issues, employment and other issues relevant to them.

Police Scotland Operation Begonia provides dedicated, directed patrols with the aim of tackling prostitution; by encountering, identifying and engaging with both on and off street sex industry workers.

SHMU Community Reintegration Support Service works with ex-offenders, following their release, to create strong, supportive community networks and develop effective community based multi-agency working.

Tillydrone ACT Attack provides drama classes as a means to help promote a sense of value, self-worth, and self-confidence in young people, and give them an appreciation of Arts, drama and music while having fun and enjoying themselves.

Aberdeen Lads Club Big Bang Drumming Group provides percussion workshops for young people, to create a performance band to enhance participants' confidence, self-esteem and social skills.

Choices Relationship Revolution delivers an early intervention programme to break the cycle of gender based violence and sexual exploitation and to raise awareness, challenge prejudice and stereotypes amongst young people.

3,014 participants were involved and 169 volunteers contributed 8,121 hours of volunteer time

"Local residents see the flat as a one stop advice shop and come in seeking help and advice for their problems. We refer to a great number of other agencies. Our free phone line really proves a lifeline for many residents. Residents phone about medical appointments, housing issues or benefit queries. This service has been used 382 times within the last year.

Pathways have been using the flat as a base to meet Seaton residents to help them with creating their CVs, job search and job applications, whilst also identifying training needs and helping with appropriate funding. Pathways have continued to support many Seaton residents back to work."

STAR Flat, Seaton

"The younger ones have really enjoyed cooking, when we get food from CFINE they come up with recipes to use whatever we get." *Middlefield Youth Flat*

COMMUNITY REINTEGRATION

"Within the prison setting, 63 prisoners have engaged personally with services to create media through radio and our prison magazine, sharing information with their peers within the prison.

MAP participants are now in our community post-release, and have media focussed skills and wish to 'give something back'. We have eleven participants currently making music, creating radio and adding interviews to the prison based magazine to show what opportunities are available and encouraging their peers in the prison to become involved in new positive journeys of change themselves. We are really pleased that so many are continuing to engage in the community and giving something back positively.

To date, only two of the participants who are being supported by our CIS worker have been returned to serve further custodial sentences."

INCREASING SKILLS AND CREATIVITY

AIMS | Support learning and creative opportunities, improve literacy and encourage volunteering

136 people were involved in producing community media, including 16 editions of community magazines in 7 regeneration areas, and weekly community radio programmes

91 young people were involved in producing youth media, 22 of them secured a Saltire Award and 10 moved on to employment

231 people took part in classes to promote positive parenting including cooking, first aid and support with financial issues

445 older people were supported to use technology and engage online and 150 learning sessions were delivered

598 young people under 16 years old took part in activities

shmu Community Media develops skills and builds community capacity

The funded initiatives which contributed to these achievements through the year are:

SHMU Connecting Communities Through Community Media supports the production of community media in regeneration areas, exploring and addressing local community issues and developing skills by providing training and support, developing opportunities for underrepresented voices to be heard across the city; creating a wide range of benefits for individuals and communities, fostering a spirit of engagement and partnership working; developing transferrable skills in participants; and contributing towards increased social capital.

SHMU Youth Media provides creative opportunities for young people (between the age of 12-19), primarily from the regeneration areas of Aberdeen, to train and take part in all aspects of the production of regular radio programmes

Silver City Surfers provide one to one computer tutoring for over 55s in the City Centre, and Northfield/Cummings Park areas, so they can confidently learn how to use the computer and surf the internet safely in a welcoming and social environment.

St Machar Parent Support Project Positive Lifestyles provides support to young parents, helping them identify issues and to engage with the relevant agencies before they reach crisis point, preventing future long term need for statutory services.

WEA Reach Out provides literacy opportunities for non-traditional learners, which are accessible and inclusive and appropriate to learner needs, offering flexible literacy programmes and routes to volunteering and employment.

1,862 participants were involved and 262 volunteers contributed 31,762 hours of volunteer time

"I knew nothing about computers when I came to Silver Surfers. The tutors are brilliant and I have learned a lot. I am elderly and I only wish I knew about the Surfers before. It has totally opened up a new interest for me. I only hope it continues for many years."

Silver City Surfers

St MACHAR PARENT SUPPORT

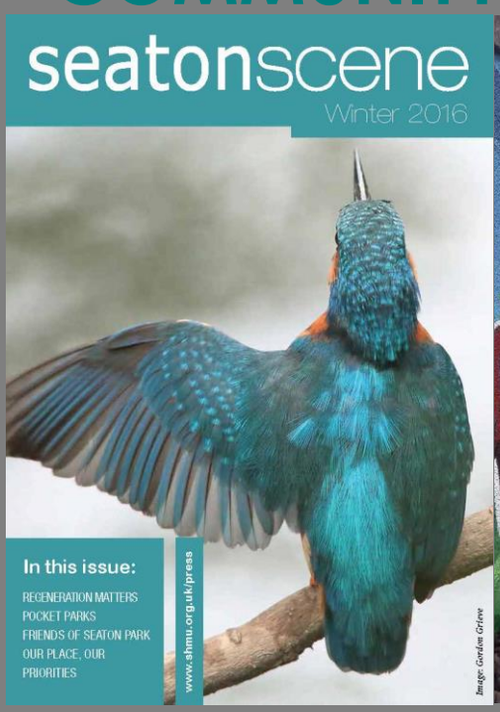
"The mums have taken part in cooking sessions learning how to make cheap meals from scratch, making cheap soups and stews and puddings that they can do with their children.

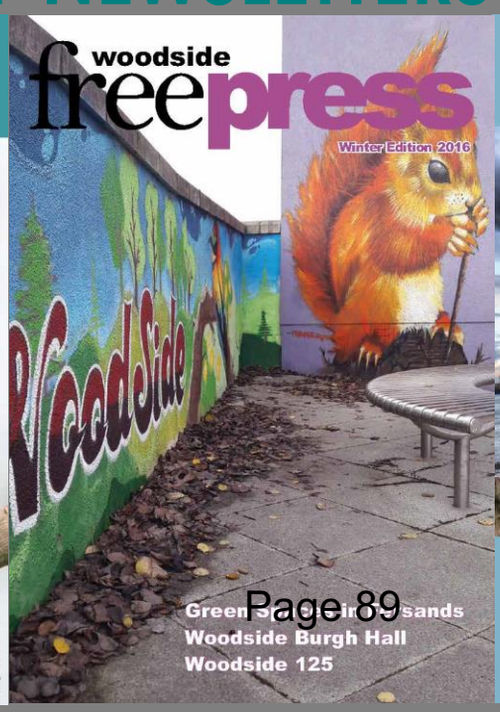
Choices also came to meet with the women to speak about relationships and domestic violence and how they can access support if they ever find themselves in that situation.

Pathways have been valuable for our service users, helping them with CVs and looking for employment. We also refer to their counselling service, which is delivered within our building, so our clients find it easier to access.

We provide a crèche when there is a need for this, crèches are still key to allow the mums to participate in the group as it is breaking down the barriers preventing them from attending."

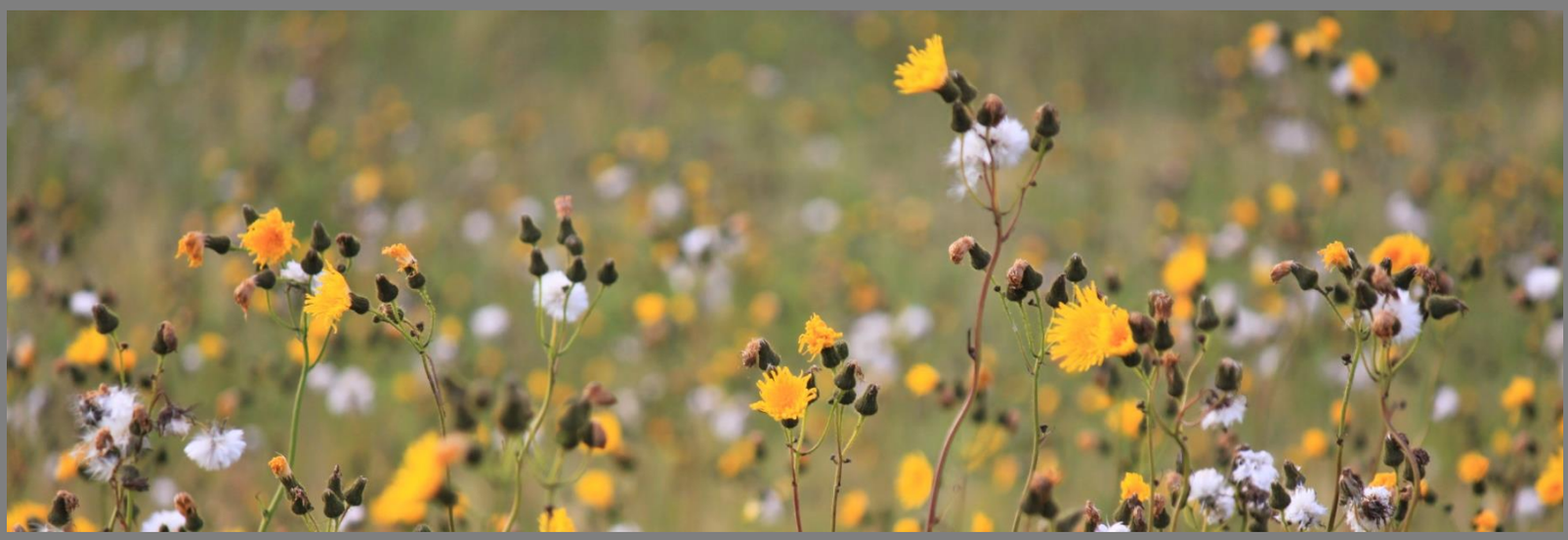
COMMUNITY NEWSLETTERS





The questions they were asking seemed to be intrusive to him and not relevant to his problems. He had missed a medical appointment with the DWP and was at risk of losing his benefit...

...after various long phone calls we succeeded in getting his benefits reinstated and getting him the health care he needed.



After becoming exposed to drugs in the hostel I contacted his housing officer and expressed my concern. That day he was moved into his own property and we helped him get furniture and other items to build his new home.

He still comes to visit me and I'm happy to see the improvement in his mental health. He has a foundation to build his life on now.

fairer ABERDEEN fund

Community Planning Aberdeen

Progress Report	A Closer Look at Cancer Prevention - Annual Report of the Director of Public Health, NHS Grampian
Lead Officer	Susan Webb, Director of Public Health, NHS Grampian
Report Author	Jillian Evans, Head of Health Intelligence, NHS Grampian
Date of Report	8 January 2018
Governance Group	CPA Board, 26 February 2018

Purpose of the Report

The Director of Public Health Annual Report (2016/17) provides at 'A Closer Look at Cancer Prevention' in the North East of Scotland. It is intended to stimulate debate among individuals, groups, communities and organisations about how our ambitions for cancer prevention can be realised, particularly through partnership working.

More broadly, it is hoped that the discussions at CPA Management Group and CPA Board will prompt new ways to identify and pursue public health endeavours collectively through community planning, including the co-creation of future public health annual reports.

Summary of Key Information

1 BACKGROUND

The Scottish Government's cancer strategy Beating Cancer: Ambition and Action, published in 2016 outlines the opportunities to tackle cancer through improvements in prevention, detection, diagnosis, treatment and after care. The Director of Public Health (DPH) Report 2016-17 concentrates on cancer prevention in the Grampian area. It identifies cancer risk factors and describes factors that reduce people's risk of developing and dying from cancer. The report describes some of the actions underway to improve health and wellbeing which will also reduce cancer risk.

A particular focus of the report is on identifying cost-effective actions which could make significant improvements to health and wellbeing as well as reducing the variations in cancer occurrence and the unfair and avoidable differences in premature mortality as a result of cancer.

2 KEY FINDINGS/ PROPOSALS

- Numbers of cancers diagnosed have risen steadily since 1991 and are set to increase by 20% over the next ten years; there will be an increased demand for cancer services and care.

- Setting the right balance between prevention and diagnosis and treatment in a financially challenging environment. Prevention and early detection is a critical strand of our policy if we are to reduce the demand generated by preventable ill health, including cancer, in individuals and communities.

- Modifiable cancer risk factors are common in the Grampian population. Two in three adults report two or more risk factors. There are differences in how common different cancer risk factors are between different groups in our population that could contribute to avoidable differences in cancer occurrence and mortality.

- The most common types of cancer in Grampian are cancers of the breast, bowel and lung. Cost effective preventative interventions which reduce the risk of these three types of cancers are already in place in Grampian but need to be delivered at scale.

- NHS Grampian has a responsibility to ensure that people have access to accurate and trusted information about cancer.

- Providing universal services that are directed and responsive to those in greatest need – tackling barriers to access such as stigma, inequalities in access.

- Ensuring a person centred approach which identifies and builds on the strengths and abilities of individuals, groups and communities

A number of encouraging examples of effective partnership working are included in the report and there is a lot to build on. Progress is being made:

- NHS Grampian and its partners in the North East are working together to develop a centre for research excellence. The work of this centre will unlock the potential of big data and drive intelligent improvements in tackling cancer.

- NHS Grampian has signed up to Scotland's Charter for a Tobacco Free Generation. The activities, interventions and commitments that this entails are fundamental to cancer prevention.

- Increasing use of the place standard as a means for creating environments conducive to health and wellbeing.

- Sustainable Food Cities programme in Aberdeen City and the partnerships formed by NHS Grampian under the leadership of Community Food Initiatives North East (CFINE) are supporting people to access affordable, healthy and environmentally sustainable food.

- Alcohol Brief Interventions embedded into a range of health and social care settings.

- Overall high levels of participation in national cancer screening programmes.

- Frontline NHS Grampian staff are taking on the Making Every Opportunity Count approach and making it their own.

2.4 Proposals

1. Stimulating locality action for better public health

Many of the programmes described in the report need to be delivered at scale and be sensitive to the different needs of different population groups in order to have widespread effect. Community planning structures and processes, particularly locality planning could be used to communicate the results of this report and more importantly, to share good practice where change could lead to significant improvements in health and well-being. Using the leadership of the Locality Planning Group to convey messages and stimulate discussion rather than the usual professional/educational approach, means that different dynamics can be used to encourage groups to take more personal responsibility and action.

2. Cultivating a wider public health workforce

'Public health is everyone's business' is a commonly used phrase and there are good examples of where organisations in the North East demonstrate commitment to the cause, through targeted initiatives to large scale workforce health improvement. The philosophy of 'Making Every Opportunity Count' is to use day to day interactions that individuals in organisations have with other people to support them in making positive changes to their physical and mental health and well-being. Our front-facing public sector workforce is ideally placed to do this if we can design a pragmatic approach that is acceptable to staff, reliable in implementation and impactful in result.

3. Co-creating the new Director of Public Health Report

Public Health Annual Reports help to draw attention to the general health position of populations and are intended to be a major opportunity for advocacy on behalf of local communities. The traditional approach tends to be professionally led rather than community driven and supported. Developing and testing a new way of reaching people through locality and community planning, could help to increase the

relevance of public health and importantly, help to inspire local communities to take ownership in making public health improvements. As well as the moral and ethical reasons for improving health and well-being, public sector organisations need to reduce reliance on services and there is little doubt that a shift in culture through a change in approach is required. The new public health conversations need to be with local communities, by local communities.

3 NEXT STEPS

These proposals are being development further in partnership with members of the CPA Management Group.

Recommendations for Action

It is recommended that members of the Board:

I. Note the Director of Public Health Annual Report 2016/17; and
II. Note the proposals outlined at para 2.4 which are being developed further in partnership with members of the CPA Management Group.

Opportunities and Risks

Effective dissemination of the report and discussion with internal and external groups will minimise the risk that prevention ambitions are not prioritised or realised. Management Group members are asked to provide leadership by becoming fully briefed on the key messages in order to influence the health and social care system. Members members are asked to consider what they individually and collectively can do to ensure that future Board and IJB strategies have sufficient focus and resources invested in the prevention agenda.

Consultation

The following people were consulted in the preparation of this report:

CPA Management Group
Susan Webb - Director of Public Health, NHS Grampian

Background Papers

The following papers were used in the preparation of this report.

Beating Cancer: Ambition and Action - The Scottish Government
www.gov.scot/Publications/2016/03/9784

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NHS Grampian

THE ANNUAL REPORT

of the Director
of Public Health
NHS Grampian
2016- 2017

publichealth
helping health happen

Acknowledgements

I would like to thank members of the public health system for their contribution and assistance in the production of this report. I am grateful to Cancer Research UK and Health Scotland for their advice and guidance in producing this report.

I would like to extend my thanks to members of the modernisation team and corporate communication team within NHS Grampian for their contribution and direction in the development of this report.

I am grateful to the University of Aberdeen Medical Illustration Department for their time and effort in producing this report.

Susan Webb
Director of Public Health

There is a supplementary document of appendices available at **www.nhsgrampian.org/dph**

This document is also available in large print and other formats and languages, upon request. Please call NHS Grampian Corporate Communications on (01224) 551116 or (01224) 552245.

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Why cancer prevention?

My annual report is about cancer prevention in the Grampian area. This report examines cancer risk and protective factors affecting people living in Aberdeen City, Aberdeenshire and Moray. I use this report to provide information about cancer prevention choices for individuals concerned about their cancer risk and for organisations and partnerships concerned with improving health and reducing inequalities.

Cancer is not a single disease: it is an accumulation of abnormal cells somewhere in the body. Cancers are described by the place in the body in which they occur and the characteristics of the abnormal cells found. Different cancers affect the body in different ways. The number of people who survive following a diagnosis varies by the specific type of cancer and its characteristics.

The number of cancers diagnosed each year continues to increase as our population grows and ages. However, cancer is not what it used to be. The number of people surviving and living with cancer in Scotland, and in Grampian, is the highest it has ever been. Finding and treating cancer at an early stage is important. Anyone worried about an unusual or unexpected change in their body should not be scared to get checked. Beating cancer requires better prevention, better care, better patient experience and better cures.

Anybody can be affected by cancer. The conditions that we live, work and play in lead to unjust and avoidable differences in the chances of developing and dying prematurely from cancer. The extent of and reasons for this variation are not yet clear and continue to be the subject of research.

At first glance, variation may seem a matter of individual lifestyle choices. However, I describe other factors which are harder to control, including income, isolation and living conditions. Provision of adequate and accessible health services is important, but this alone is not enough to prevent cancer inequality.

Statutory services, community planning partners and national government play an important role in addressing the root causes of inequality and are central to our recommendations about cancer prevention. Many of these wider issues have been recognised as key local priorities within local outcome improvement plans.

This report looks at some of the practical ways individuals and organisations can contribute to health improvement, reducing inequalities and cancer prevention.

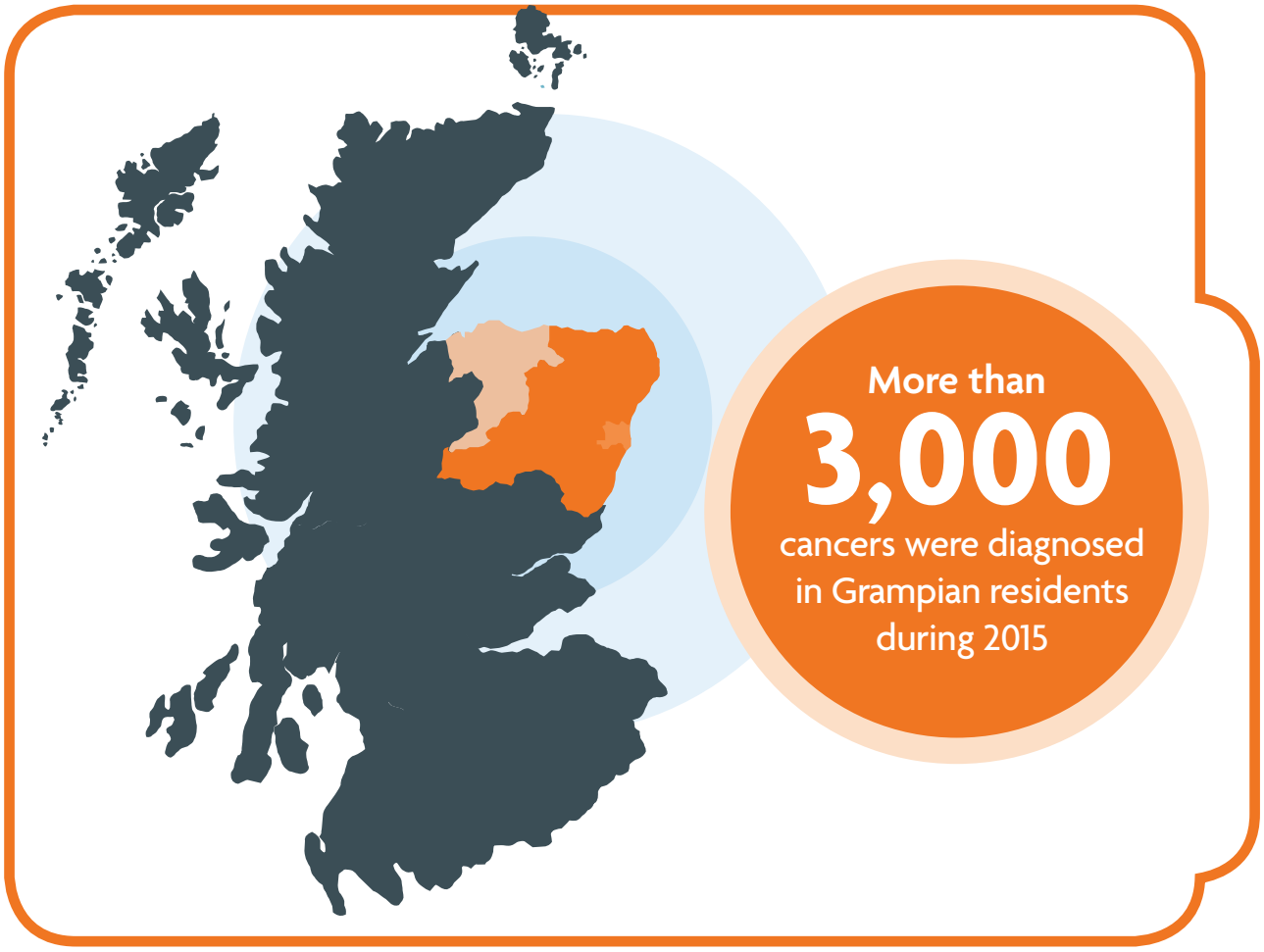
A summary of cancer occurrence in Grampian

It is estimated that two in five people in Scotland will develop some form of cancer during their lifetime, and that around one in thirteen males and one in nine females will develop some form of cancer before the age of 65. Having lived to the age of 65 without cancer, the risk of getting cancer subsequently is one in three for males and two in seven for females.

The total number of cancers diagnosed in Grampian residents has risen steadily since 1991, a rise which can be explained partly due to the growth and ageing of our population. The general long-term trends in Grampian mirror the rest of Scotland, reflecting exposure to risk and protective factors going back several decades.

However, there are variations in different types of cancer when comparing Grampian and the rest of Scotland and these are shown in the appendix available at **www.nhsgrampian.org/dph** This is particularly apparent in lung cancer, where the incidence in Grampian is significantly lower.

The most common types of cancer are cancers of the breast, bowel, prostate and lung. National estimates by Scotland's Information Services Division project a 20% increase in new cases of cancer over the next ten years. This takes into account historical trends and future population estimates.



Making sense of cancer prevention messages

News and information are now easier to access than at any time in the past and cancer is a subject that is often in the public eye. However, no one regulates the vast amounts of information about cancer, which means that confusing and often misleading messages are easily spread. This type of information is often more accessible than evidence-based reports. As professionals who have signed up to beating cancer, we have a dual responsibility to convey accurate messages and counter inaccurate information.

This report draws on research evidence to highlight the effects that individual, social and environmental factors can have on developing cancer. It does not attempt to provide detailed estimates of the number of people who may be prevented from developing cancer in Grampian. The focus of this report, and my aim, is about making messages simple and memorable so that individuals and organisations can be better informed about cancer prevention. In doing so, we can be more confident in our planning and investment decisions to reduce the burden of cancer and the variations within our population.

Realistic cancer prevention

There is a clear, logical case for investing in prevention. Using evidence of 'what works' is important when deciding prevention activities. There is a substantial and growing body of evidence from economic evaluations of preventative interventions aimed at individuals, families and communities.

The cost of cancer treatment nationally will rise significantly with the projected increase in cancer diagnoses over the next ten years. The combination of strategic investment and effective cancer prevention activities across the entire health system could help to offset the projected rising costs of treatment. Moreover, minimising the impact of cancer risk factors in our population would not only reduce the overall impact of cancer, but lead to a general improvement in wellbeing and quality of life.

Prevention interventions that are cost effective may not necessarily be cost saving. However, a more cost effective approach from prevention to treatment means we stand a better chance of investing well in order to afford new treatments, drugs and interventions, which could offer Grampian patients not just better survival, but a better quality of life after cancer.

We are planning to contribute to the overall evidence base in cancer prevention and treatment in the North of Scotland. We have a huge volume of medical records, information and data relating to cancer. NHS and academic partners are working closely together and leading the North East's bid to develop a centre of research excellence for cancer. The challenge right now is to get data held in different systems to talk to each other. It is a rapidly evolving area and there are exciting developments as ways are found to integrate and use this information.

Every patient who is diagnosed and treated for cancer still has their rights and privacy respected but, at the same time, these advances allow them to contribute directly to research efforts to beat cancer and improve treatment. Harnessing the power of big data has huge implications for cancer diagnosis and treatment, as it can inform drug development, allow targeted treatment and provide better information on prognosis for patients.

From a public health point of view, the work of a centre of research excellence will open up a whole new world of epidemiology. The relationship between smoking and cancer took years to describe and result in public health action. Linking up existing datasets will allow us to explore and understand better the causes and patterns of cancer, giving us new insights into how cancer can be prevented, meaning that we can act faster and more precisely in ways that will doubtless save and improve many people's lives.

Monitoring and evaluating preventative approaches within our own organisations and collectively are crucial to make sure that we are making a difference for people and using public funds well. As partnerships develop, I would urge us all to scrutinise and prioritise interventions which are population-focused, cost effective and reduce variations in health. This means weighing up the harms and benefits in reducing the risk of cancer.

An overview of cancer risk factors and prevention

Everyone has a risk of developing cancer. Most cancers are attributable to more than one cause.

Fewer than 1 in 20 cancer cases are caused by inherited genes alone. It may never be possible to predict a person's risk of developing a specific type of cancer with any degree of certainty.

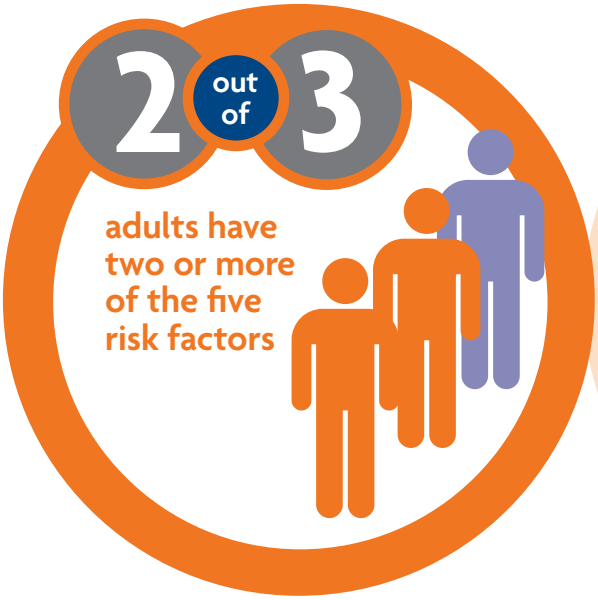
In Grampian, cancer risk factors are common and the majority of our population have at least two cancer risk factors which could be altered.

The World Health Organization has developed the European Code Against Cancer Recommendations for individuals to reduce their risk of cancer include:

1. Do not smoke. Do not use any form of tobacco.
2. Make your home smoke free. Support smoke-free policies in your workplace.
3. Take action to be a healthy body weight.
4. Be physically active and limit the time you spend sitting.
5. Have a diet which contains: whole grains, pulses, vegetables and fruits, limited amounts of foods high in sugar or fat and avoid sugary drinks, limited amounts of processed meat, red meat and limit the amount of salt.
6. If you drink alcohol, limit your intake. Not drinking alcohol is better for cancer prevention.
7. Avoid too much sun, especially for children. Use sun protection. Do not use sunbeds.
8. In the workplace, protect yourself against cancer-causing substances by following health and safety instructions.
9. Find out if you are exposed to radiation from naturally high radon levels in your home and take action to reduce high radon levels.
10. For women, breastfeeding reduces cancer risk. If you can, breastfeed your baby. Hormone replacement therapy (HRT) increases the risk of certain cancers. Limit use of HRT.
11. Ensure children who are eligible take part in vaccination programmes for Hepatitis B and Human papillomavirus (HPV).
12. When invited, take part in organised cancer screening programmes for bowel cancer breast cancer and cervical cancer.

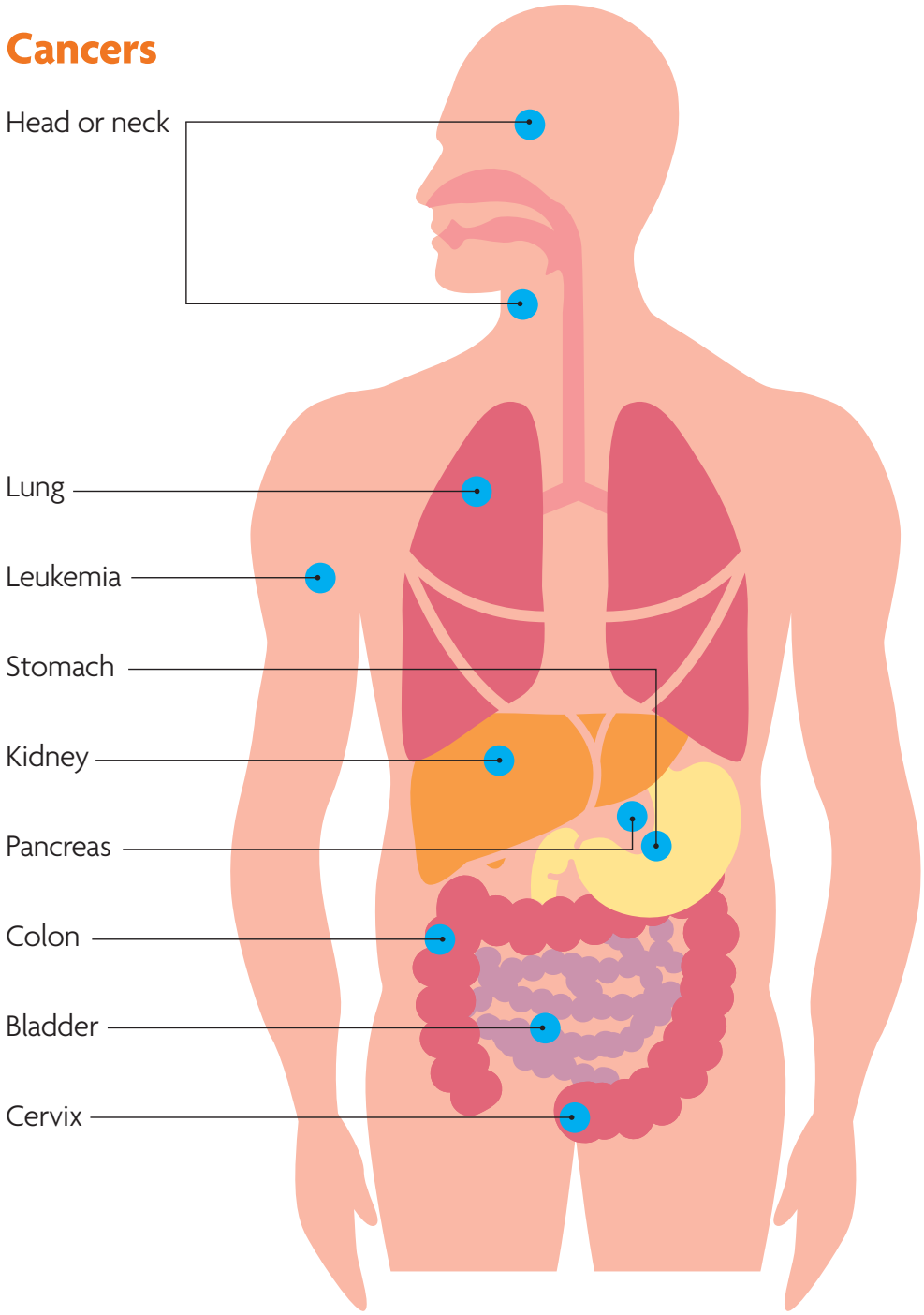
Making the protective changes recommended by the European Code Against Cancer will reduce the risk of a person developing cancer during their lifetime. We need the places where we live, work and play to support people to make these changes.

Considering the five most common risk factors for cancer: diet, weight, physical activity alcohol consumption and smoking:



The types of cancers that can be caused by smoking include:

Cancers



Smoking

Smoking – a leading cause of cancer inequality

Most smokers don't get cancer – not least because smoking causes so many other diseases that can kill. However, this is of little comfort to the hundreds of people who develop smoking-related cancers in Grampian each year. Around 400 people are diagnosed with throat and lung cancer in Grampian every year and most of these people are smokers. Smoking is in fact the largest preventable cause of cancer in the UK.

In some of our communities, only one in ten people smoke; in others, more than four in ten people smoke. Rates of tobacco-related cancer are higher in the latter than the former, and it is no secret that communities with higher levels of smoking also tend to be those where people live some of the most challenging lives. This can then continue the cycle between generations, as children who grow up seeing parents and others smoking are more likely to grow up thinking that smoking is a 'normal' part of coping with adulthood.

Current projections are that the number of people being diagnosed with smoking-related cancers will continue to increase.

Prevention

A world without tobacco smoking is possible. Currently, two out of three smokers start smoking before the age of 18. It is therefore important to support children to grow up without using tobacco. Not selling to under 18s, removing promotional displays in shops, and the move towards standardised packaging all help. We have seen significant reductions in the number of secondary school students who smoke, which is testimony to the positive efforts of parents, schools, retailers, trading standards, and children and young people themselves. Less than one in 20 teenagers aged between 13 and 15 in Grampian are regular smokers. While this is very positive, we cannot be complacent about the estimated 750 school pupils who do smoke regularly, and ongoing effort is required to make smoking a thing of the past.

As a result I am particularly delighted that NHS Grampian has signed up to Scotland's Charter for a Tobacco-Free Generation and to all the commitments that this entails.

	Projected number of cancers that will be diagnosed in Grampian 2023-27	% increase from number of cancers in Grampian between 2008-2012
Cancers of the lung, oesophagus	3222	65%
Cancers of the head and neck (includes mouth cancers)	871	78%
Bladder cancer	1210	19%

Smoking

www.ashscotland.org.uk/what-you-can-do/scotlands-charter-for-a-tobacco-free-generation

Protection

Tobacco smoke is harmful to those who are exposed to it, not just smokers themselves. The ban on smoking in indoor public spaces is being widened to include hospital grounds and prisons from 2018. These measures protect employees and other members of the public from cancer-causing tobacco smoke.

Children are particularly vulnerable to the harmful effects of tobacco smoke and most exposure is within the home. Health visitors and public health nurses have done much to increase parents' awareness of the risks, and it is more widely recognised that smoking at the back door or at an open window do little to prevent smoke entering the home. Take it right outside has additionally highlighted the damage to children who are exposed to tobacco smoke in cars.

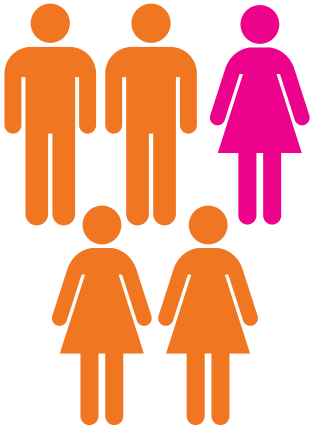
www.rightoutside.org

Cessation

The single biggest thing people can do to improve their health is not smoke. Two out of three smokers want to stop, and almost all smokers make multiple attempts to do so. Many smokers are switching to e-cigarettes and vaping instead of smoking. Although not risk-free, vaping is much less harmful that smoking. It would be a good thing if all smokers switched to vaping instead, ideally as part of the route to stopping altogether.

Smokers across Grampian can also easily obtain free help to stop smoking from their local community pharmacy, which can provide nicotine patches and other medications free of charge. Help can be provided even if people choose to continue vaping. During 2016/17, more than 5,000 smokers set a quit date at a community pharmacy and one in four were still stopped three months later. In the same year, more than 300 smokers saw a specialist smoking cessation advisor and four out of five were still stopped three months later – the best success rate in Scotland! The specialist service is free, and can be reached on freephone 08085 202030, at grampiansas@nhs.net or www.hi-netgrampian.org/stop-smoking-referral-form.

Smoking



One in five adults in Grampian are regular or occasional smokers

Smoking is more common in young adulthood and middle age and becomes less common as people become older

About the same proportion of men and women report smoking

In 2014, smoking contributed to the deaths of 947 people in NHS Grampian

Almost 90% of prisoners in HMP Grampian report being smokers

Lower socioeconomic status is associated with higher rates of smoking (one in three in the most deprived areas compared to one in ten in the most affluent areas)

Do you want to **STOP** smoking?

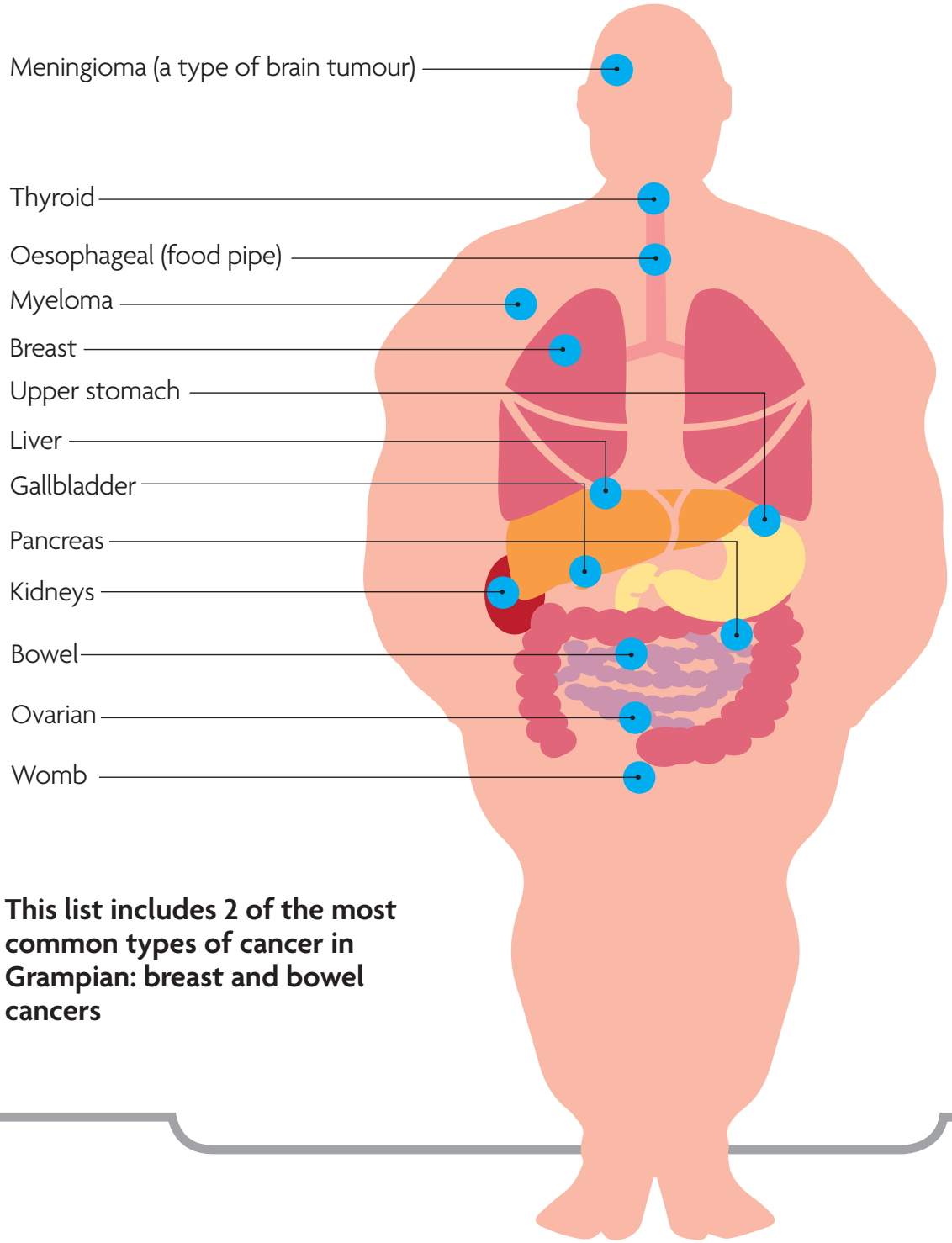
We are here to help.

For free, confidential support contact the Smoking Advice Service on freephone

08085 20 20 30

Obesity

Types of cancer that can be caused by being overweight include:



This list includes 2 of the most common types of cancer in Grampian: breast and bowel cancers

Obesity

Being overweight or obese - the cancer risk factor affecting the majority of Grampian adults

It is estimated that one in 20 cancers are caused by being overweight or obesity. Being overweight or obese is the second largest preventable cause of cancer in the UK. This is important because two out of every three adults are overweight or obese in Grampian, and around one in five children in primary one are at risk of being overweight or obese. Although the proportion of people with obesity has levelled out in recent years, the 'obesogenic environment' of the early 21st century poses continuing challenges to reversing this epidemic:

- We have created environments and transport systems that discourage active travel (walking or cycling) and regular physical activity.
- We have increased our collective dependence on the motor car.
- There is increased availability of high calorie foods and snacks, which are heavily marketed and promoted.
- Calorie-dense and nutrient-poor foods tend to be cheaper than healthier options.
- Snacking and 'constant grazing' have become normalised.
- More people work sedentary jobs.
- Longer working hours leave people with less time for food preparation and cooking.
- The growth in popularity of less active pastimes like social media, gaming and watching TV.

Current projections are that the number of people being diagnosed with obesity-related cancers will continue to increase.

	Projected number of cancers that will be diagnosed in Grampian 2023-27	% increase from number of cancers in Grampian between 2008-2012
Breast cancer in (women)	2987	39%
Cancer of oesophagus	528	18%
Bowel cancer	2995	49%
Kidney cancer	855	72%
Cancer of the pancreas	590	73%

Obesity

Prevention and protection

There are multiple factors that discourage active lifestyles and reduce overall levels of physical activity, and encourage people to snack, overeat and consume calorie-dense foods. Protecting people from this 'obesogenic environment' is a current political priority and the national strategy on diet, activity and healthy weight will offer all of us an opportunity to strengthen our collaborative work to address this challenge by:

- Creating infrastructures which encourage active travel to work and school.
- Reducing our use of private motor cars.
- Reducing the availability and visibility of high calorie foods and snacks.
- Increasing the availability and visibility of affordable healthier foods.
- Encouraging workplaces to increase physical activity levels during the working day.
- Encouraging healthy work-life balance, supporting people to have more time for food preparation and cooking.
- Encouraging affordable and accessible active pastimes and reduce screen time.

Collective use of the place standard for planning can assist us work towards this:
https://placestandard.scot/

I view our Community Planning Partnerships, Chambers of Commerce, and Integrated Children's Services Partnerships as important fora for this collaboration.

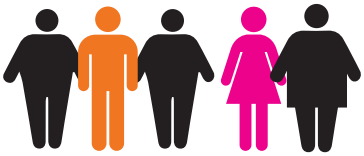
Weight loss and weight management

Amongst those who are overweight or obese, intentionally losing weight can help reduce the risk of developing cancer. NHS Grampian provides effective adult weight management services, including pharmacological, dietetic and surgical interventions. These services are invaluable for those who benefit from them and I commend those involved in providing them. It is particularly important that those who are ill are able to access timely and trustworthy advice, guidance and support. However, with 180,000 overweight adults and 130,000 obese adults in Grampian, it is evident that NHS services for weight management cannot be the sole solution.

As such, I am pleased to see the collective efforts to help people maintain a healthy weight, such as Football Fans in Training provided by Aberdeen Football Club Community Trust, which has continued to demonstrate its ability to engage with local people in increasing their exercise levels and supporting them to lose weight.

In the Grampian area:

Two in three adults are overweight or obese



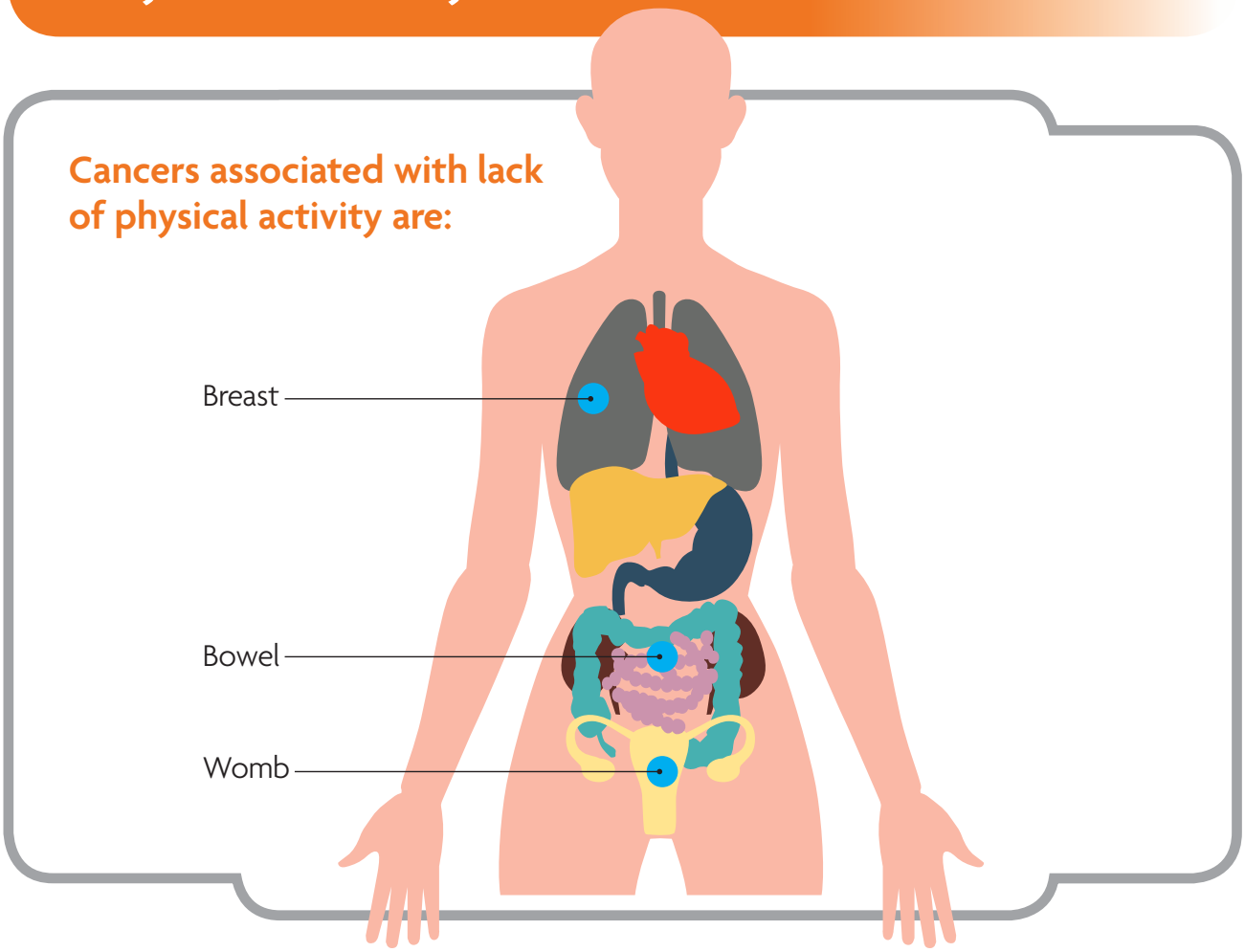
Two in three men and 50% of women are overweight or obese

Weight problems in adults become more common as people enter middle age and around retirement

In 2015, one in ten primary one children in Grampian were obese

My 2015/16 annual report highlighted that rates of childhood obesity in Grampian are rising fastest in the most socioeconomically disadvantaged communities

Physical activity



The Academy of Medical Royal Colleges describes exercise as "the miracle cure" because it prevents and aids recovery from so many health conditions. This includes its preventive effects on breast cancer and bowel cancer - two of the most frequently diagnosed types of cancer in Grampian. Current projections are that the number of people being diagnosed with both of these cancers will continue to increase.

Prevention and protection

Increasing levels of activity is about moving more and sitting less. The easiest way to increase physical activity is to walk more. This can be challenging though in a society shaped around the motor car, with people increasingly juggling multiple responsibilities and working longer hours, while the offer of sedentary pastimes has never been greater.

Businesses, employers, schools, colleges and universities who encourage and enable 'active travel' through walking or cycling are to be applauded for leading the way to a different future. NHS Grampian's membership of the North East Scotland Transport Partnership is particularly important given their work on the links between transport systems and people's health.

	Projected number of cancers that will be diagnosed in Grampian 2023-27	% increase from number of cancers in Grampian between 2008-2012
Breast cancer (women)	2987	39%
Bowel cancer	2995	49%

Physical activity

Locally provided health walks help people of all ages and abilities to meet up and walk together. There are a number of online resources to help people find a health walk:

- www.grampian50plusnetwork.com
- www.morayways.org.uk
- www.pathsforall.org.uk/find-a-health-walk/aberdeenshire
- www.outdooraccesstrustforscotland.org.uk
- www.sportaberdeen.co.uk/activities/be-active/walk-aberdeen/health-walks/

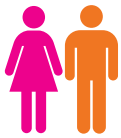
I am pleased to see that Ramblers Scotland have worked with NHS Grampian to bring their medal routes programme to Grampian. By including routes based around our hospitals, this means that staff, patients and visitors now have the opportunity to participate in guided walks of various lengths, linked to a nationally supported smartphone app: www.ramblers.org.uk/nhsmedalroutes

Removing barriers

Some groups of people are more active than others. We know that one important factor, particularly for children, is family income. I am pleased that poverty has been identified as a priority by all of our Community Planning Partnerships. I would hope to see actions taken to ensure that access to sport and other physical activities is not prevented by lack of income.

Lack of physical activity is the most common cancer risk factor in Grampian.

2 in 3 Grampian adults don't meet the minimum requirement of 30 minutes of activity on at least five days of the week



Men and women are both unlikely to be active

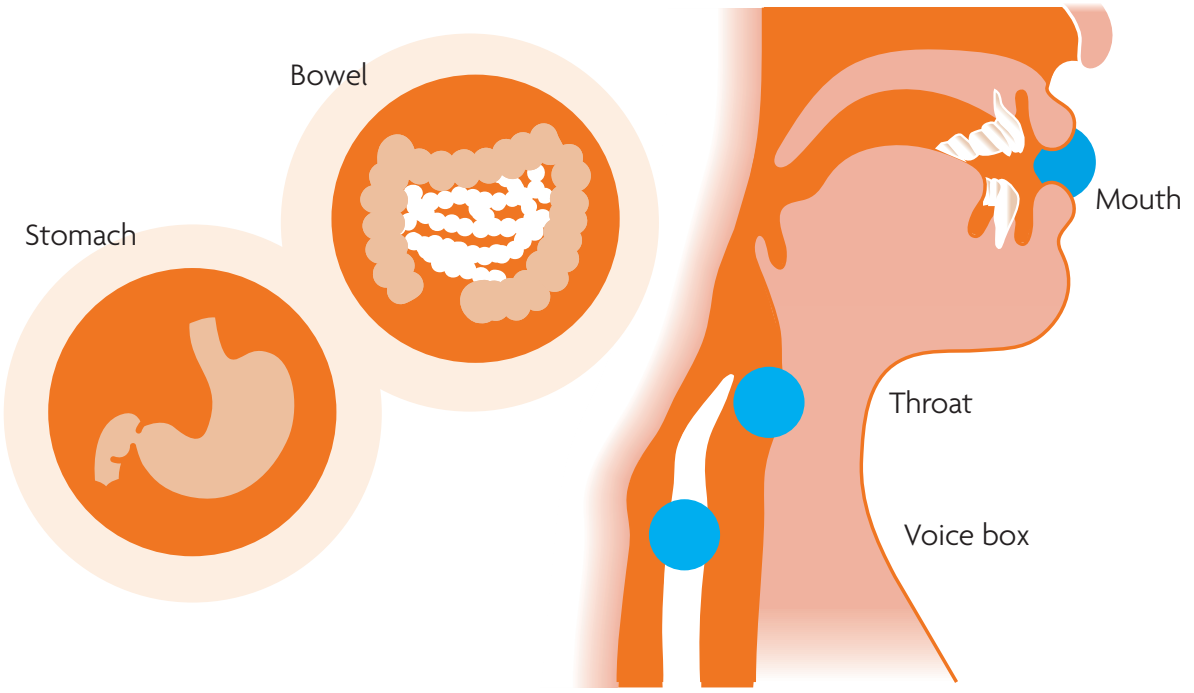
Younger children are more likely to be physically active than older children

Girls have lower levels of activity than boys, 72% compared to 79%

Levels of children participating in sport has not changed since 2010

Diet

The types of cancers linked to diet include:



Almost one in ten cancer cases in the UK each year are linked to diet: eating too little fruit and vegetables, eating any red and processed meat, eating too little fibre and eating too much salt.

Eating a healthy balanced diet is an important way to keep cancer risks low and is beneficial to everyone, whether they have a healthy body weight, are overweight or are underweight. This is important because there are many people in Grampian who find it difficult to have a balanced diet. It is an issue that affects men and women, young and old, and in all sections of our community.

Cancers linked to our diet are predicted to be diagnosed more frequently in Grampian in the future.

	Projected number of cancers that will be diagnosed in Grampian 2023-27	% increase from number of cancers in Grampian between 2008-2012
Stomach cancer	383	4%
Bowel cancer	2995	49%

Diet

Prevention – a healthy diet

The Eatwell Guide can help individuals make healthier choices when at home or shopping. It shows the different types of food and drinks we should consume and in what proportions to have a healthy, balanced diet. A healthy, balanced diet contains lots of fruit, vegetables and starchy carbohydrates, as well as some dairy, meat, fish, pulses and other kinds of protein. It is also important to drink plenty water. Adults should limit the amount of red meat and processed meats (sausages and ham) and not eat more than 70g a day, which is about the same as 2 slices of roast meat.

An interactive online resource based on the Eatwell Guide is available at:
http://fss-eatwellguide.scot

Protection

Food producers, wholesalers and retailers all have an important role to play. Changing recipes to contain fewer calories, less sugar, fat and salt, pricing structures that favour healthier choices, greater choice of healthier options, and clearer labelling can all help support people to make healthy choices. Across Scotland, retailers can take part in schemes to promote healthy food options to consumers.

The best start in life

A healthy diet is important throughout life, and NHS Grampian's Child Health 2020 strategy includes actions on maternal and infant nutrition and child healthy weight interventions. Pregnancy and early childhood are times when good nutrition is particularly important.

Midwives and health visitors across Grampian play a valuable role in identifying pregnant women and infants who are eligible for the Healthy Start programme, which provides free milk, fresh fruit and vegetables and vitamins:
www.healthystart.nhs.uk

Affordable, sustainable, healthy

As food prices rise at a greater rate than inflation, maintaining a healthy diet becomes increasingly unaffordable for many people. This is not just about people being able to feed themselves, their families and their children - good food and healthy nutrition is fundamental to health and to sustained recovery after illness.

I am particularly impressed with the *Sustainable Food Cities* programme in Aberdeen City, and I am delighted that NHS Grampian has partnered with others under the leadership of *Community Food Initiatives North East (CFINE)* to make this a success. Now, more than ever, we must all work together towards an affordable, sustainable and healthy food system for our population.

Eatwell Guide

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.

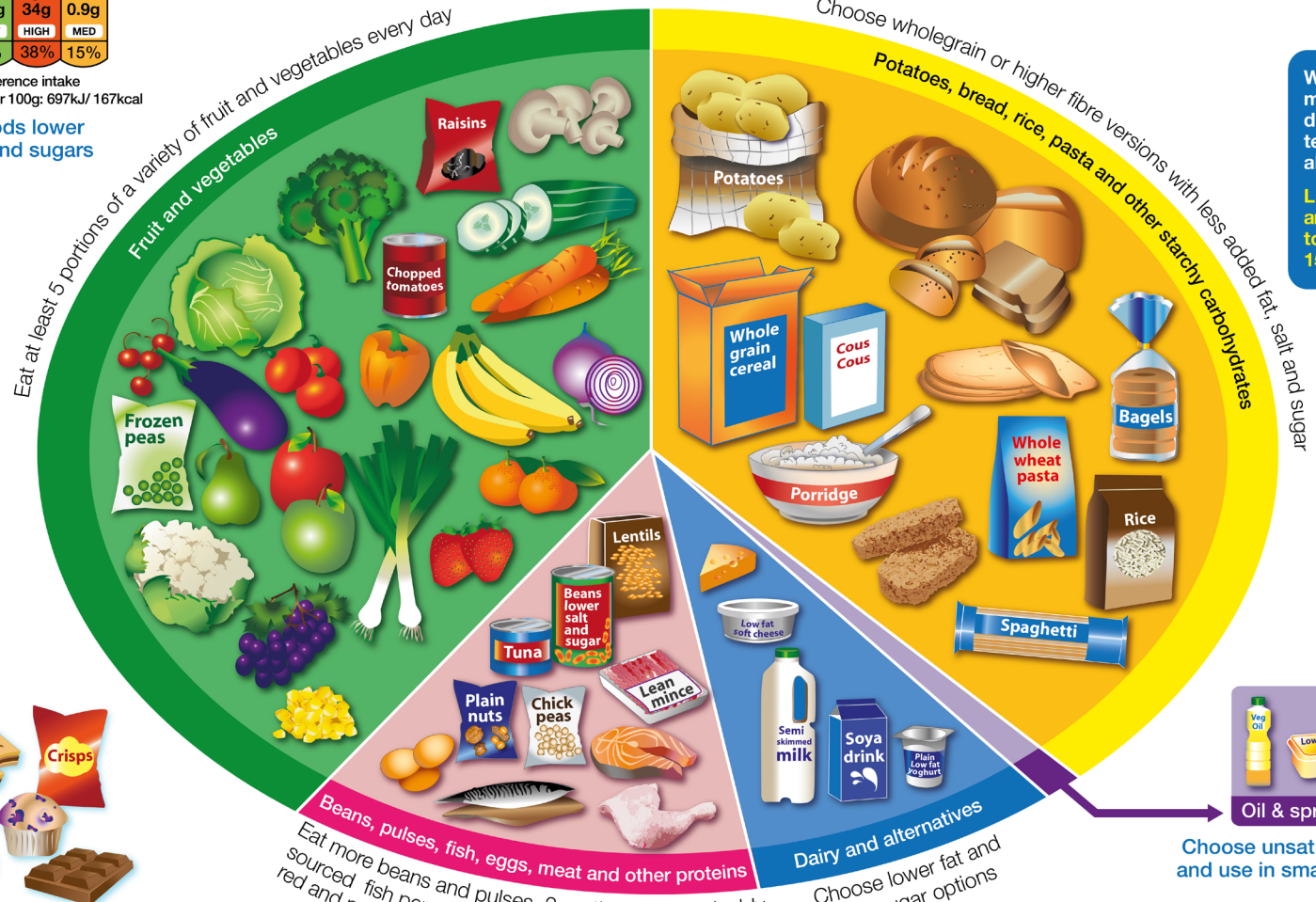
Check the label on packaged foods

Each serving (150g) contains

Energy	Fat	Saturates	Sugars	Salt
1046kJ 250kcal	3.0g	1.3g	34g	0.9g
	LOW	LOW	HIGH	MED
13%	4%	7%	38%	15%

of an adult's reference intake
Typical values (as sold) per 100g: 697kJ/ 167kcal

Choose foods lower in fat, salt and sugars



Eat more beans and pulses, 2 portions of sustainably sourced fish per week, one of which is oily. Eat less red and processed meat

Choose lower fat and lower sugar options

Water, lower fat milk, sugar-free drinks including tea and coffee all count.

Limit fruit juice and/or smoothies to a total of 150ml a day.

Choose unsaturated oils and use in small amounts

Eat less often and in small amounts

Per day 2000kcal 2500kcal = ALL FOOD + ALL DRINKS

Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

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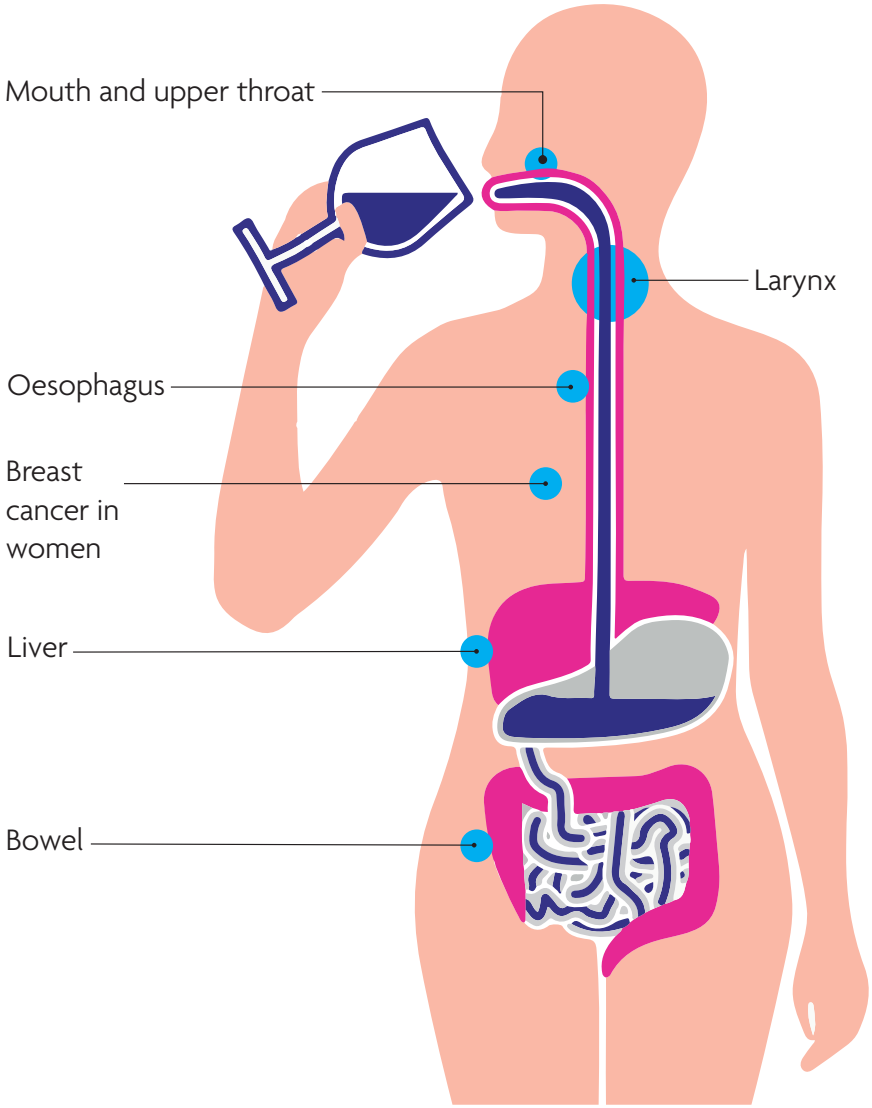
The types of cancer to which alcohol consumption contributes include:



Alcohol

Everyone can reduce their cancer risk by cutting back on alcohol

Alcohol ranks fourth amongst preventable causes of cancer. In 2010, 4% of cancers in the UK were caused by alcohol.

Alcohol is associated with two of the most commonly occurring cancers in Grampian: breast and bowel. The available Grampian cancer projections suggest that these types of cancers will be diagnosed more frequently in Grampian in the future.

	Projected number of cancers that will be diagnosed in Grampian 2023-27	% increase from number of cancers in Grampian between 2008-2012
Breast cancer in (women)	2987	39%
Cancers of the head and neck (includes mouth cancers)	871	78%
Bowel cancer	2995	49%

In Grampian, 26% of adults drink alcohol above guideline levels, increasing their risk of experiencing health harms, including cancer

Drinking above guideline levels is more common among:

Men than women in Grampian

1 in 3 men versus 1 in 6 women

Those from the most well off communities (1 in 3) in Grampian compared to the least well off communities (1 in 6)

Rates of alcohol related harms are highest in those from the least well off communities compared to the most well off communities in Grampian

Alcohol

Alcohol is one of many factors which could contribute to this potential increase.

There is no safe type of drink which protects against cancer. Red wine, white wine, sparkling wine, gin, vodka, beer, drinks of rare vintage, drinks produced by craft brewers and distillers or mass produced drinks sold cheaply all contain alcohol and it is alcohol that increases the risk of cancer.

The increased risk of developing cancer is small at low levels of alcohol consumption but increases with the amount of alcohol drunk. Men and women should drink no more than a couple of drinks a day, eat a healthy diet and not smoke to minimise cancer risks. If breast or bowel cancer run in the family and you are concerned about your own risk of cancer, we would recommend drinking less than this.

Prevention

Excessive and even moderate drinking are not part of a healthy lifestyle. Any level of drinking increases the risks of developing certain types of cancers. People have to make their own judgement about risk and how much risk they are willing to accept.

Most alcohol that is bought in Scotland is consumed in the home or other private spaces, making it difficult to keep track of how much we are drinking. Just being aware of how much we are drinking - reading the alcohol content on the label and using a measure - can help to reduce the risk without reducing the enjoyment.

The alternatives to alcohol on a night out or in are a growing market. It is worth remembering that a bigger choice of adult non-alcoholic drinks will appear in pubs, restaurants and shops if consumers demand it. As an area with substantial experience of producing high quality and premium drinks products, we have a lot to offer to, and much that we could gain from, ensuring our economic investment and development decisions are supportive of the adult non-alcoholic drinks sector.

Effective policies that reduce availability will help protect people from alcohol harms, including cancer. We are working closely with the five Licensing Boards in Grampian, as they review and reissue their statements of licensing policy in 2018, to ensure that measures to control the sale of alcohol locally do not inadvertently widen the variations in alcohol related health outcomes.

Changing individual drinking behaviours

Health and Social Care Partnerships, community planning and third sector partners' actions to improve access to alcohol brief interventions are an important aspect of cancer prevention. Alcohol brief interventions are short, effective, motivational conversations which can help people reduce the amount they drink.

Leadership at all levels is required to ensure that, in areas where it is appropriate to deliver a brief intervention, staff are able to do so. We need to consider where and how best to deliver these interventions so that all groups and communities in Grampian benefit equally.

What it would take to prevent mouth cancer

Cancers of the mouth include cancers of the lip, tongue, oral cavity, salivary glands and other parts of the mouth and throat.

The highest rates of mouth and throat cancers are observed in people living in the most socioeconomically disadvantaged parts of Grampian. The risk increases with age and the majority of cases occur in peopled aged 45 and over.

The latest data for mouth and throat cancer in Grampian shows a 55% increase in the number of cases since 1989. Taking age and gender into account, rates of mouth cancers are rising in females and falling in males. By 2027, it is anticipated that rates of newly diagnosed cancers of the head and neck in the North East will be 23% higher than those seen at present.

Prevention

The main causes of mouth and throat cancer are tobacco usage and excessive consumption of alcohol. Other risk factors include poor diet, ultraviolet (UV) light exposure and human papilloma virus.

Poor oral hygiene can change the type of bacteria that live in the mouth. Bacteria that produce toxic chemicals on contact with alcohol become more common, increasing the risk of mouth cancer.

People who smoke and drink have a high risk of developing cancer. Three in every four cases of mouth cancer could be prevented by stopping smoking and keeping to recommended levels of alcohol.

Protection

It is possible to cure some mouth and throat cancers if caught early. Dentists are well placed to spot signs and symptoms, as well as encouraging good oral health generally, so it is important to register with a dentist and attend regular check-ups. Details of dentists taking on NHS patients in Grampian can be obtained from the Dental Information and Advice Line (DIAL) by calling 0345 45 65 990.

We need to build the confidence of dental and health professionals to raise the issue of oral cancer, help people make changes about their smoking or alcohol consumption themselves and refer on to more specialist help where needed. It is also important to work with these professionals to ensure that oral cancer is detected, diagnosed and treated as quickly as possible.

Public awareness campaigns on mouth cancer and the associated risks factors, signs and symptoms are also a key strand of our prevention strategy.

Viral Hepatitis B and C can increase the risk of cancer

Hepatitis B virus (HBV) and hepatitis C virus (HCV) can both lead to the development of liver cancer. Both HBV and HCV are blood borne viruses transmitted through exposure to infected blood and blood products. About 1% of the Scottish population are infected with HCV and although less common, HBV is a still major public health concern globally. Vaccination is available for HBV in those who are considered at increased risk.

Recent advances in viral hepatitis C treatment mean that there is an opportunity to prevent progression of liver disease, even in people with advanced infection or in whom previous treatments were not effective. The new treatments could substantially reduce the risk developing liver cancer. Finding people who are infected, but not yet diagnosed, is an ongoing public health priority in Scotland.

Protection

The best way to reduce the risk of developing liver cancer as a result of viral hepatitis is to get tested and know your status.

In NHS Grampian, we want to normalise getting tested for blood borne viruses and raise the awareness of the risks, as infections can be hidden and past exposures forgotten with the passage of time.

Testing for HBV, HCV and HIV are widely available across Grampian within: primary care, secondary care, substance misuse services, HMP Grampian and in the community from our partners Alcohol and Drugs Action and Turning Point Scotland.

To keep the risks of liver cancer low, it is also important to maintain a healthy body weight and keep the amount of alcohol consumed low.

Tackling cancer through vaccination - the HPV story

Human Papilloma Virus (HPV) vaccine is the first anti-cancer vaccine to be introduced in the UK and its aim is to reduce cervical cancer in women. Almost all cervical cancer cases are caused by chronic infection with HPV. The presence of infection over a number of years can cause cancer to develop. The HPV vaccine works by promoting immunity to infection from strains of the virus particularly likely to cause cervical cancer.

HPV vaccination has been offered to girls in secondary school since 2008. Uptake has been high locally and nationally.

It is still too early to expect to see a fall in cervical cancer cases as a result of HPV vaccination. However, its introduction has already been shown to have reduced infection from five of the strains of HPV which contribute to 90% of cervical cancer in Scotland.

Vaccination has also reduced the frequency of pre-cancerous cervical abnormalities in young women who have been vaccinated. From the results so far, HPV vaccination is expected to reduce cervical cancer cases by 70% in immunised women.

Environmental factors that increase the risk of cancer

Ultraviolet light

Malignant melanoma is a type of skin cancer that is of particular concern because it can spread. In 2010 in the UK, 86% of melanoma skin cancers were attributable to over-exposure to UV. The available projections for melanoma skin cancer in Grampian indicate that, by 2027, we can expect a 60% increase in the numbers of cancers diagnosed, compared to 2008.

Over-exposure to UV is the main cause of skin cancer. Exposure to UV in Grampian can occur locally on a sunny day, in people who travel or work abroad, particularly if they work outside, and in people who use sunbeds. Any redness in skin after sun exposure increases risk. Intermittent over-exposure to UV, for example, getting sunburnt just once on holiday, should be avoided to keep risks low.

Prevention

To avoid excess UV exposure, use sun screen and top it up regularly, cover skin up with clothing and seek shade during periods of the day when sun exposure is strongest. If you want to tan, use fake tan rather than a sunbed.

Protection

Employers have an important role to play in raising awareness of the risks of UV exposure. In some situations, employers should consider formally assessing risks as part of a holistic occupational health risk assessment.

It is particularly important to protect young children from getting sunburnt to reduce their chances of developing skin cancer in later life.

Skin cancer can be picked up early by actively looking for any changes in your skin and getting anything you are not sure about checked out quickly.

Radon gas

Radon gas is a naturally occurring radioactive gas, present in our living environments, which can increase the risk of lung cancer. Although a risk factor in its own right, the chances of developing lung cancer are up to 20 times higher in someone who also smokes. Concentrations of radon tend to be low outdoors but can build up in confined spaces.

The UK radon map **(http://www.ukradon.org/information/ukmaps)** shows that parts of Grampian have a higher chance of having high levels of radon. More information about radon, including how to order a measurement pack for our home or workplace, is available from local authorities and the national website. Radon levels can be reduced by addressing air flow through homes. Stopping smoking can drastically reduce the risk of lung cancer if you live in a radon area.

Take part in organised cancer screening programmes

There are three national cancer screening programmes operating in Grampian for bowel cancer, breast cancer and cervical cancer. Screening is a way of identifying people who may have an increased risk of developing cancer - they can then be offered information, further tests or treatment to reduce their risk of developing cancer.

People with very early stage cancers may not notice anything wrong with their body. Treating cancer at the earliest possible stage increases the chances of survival and living well after a cancer diagnosis. Cancer screening programmes are a key part of our strategy to beat cancer. Participation in national cancer screening programmes is consistently higher in Grampian compared to the rest of Scotland. This is an important measure of programme success. Higher participation rates are associated with reduced premature death rates from those types of cancers for our whole population.

Participation in cancer screening programmes is a choice. When invited for to take part, people are provided with information to help them weigh up the benefits and risks and make a decision about whether taking part is right for them.

Within Grampian, there are large differences in the rates of participation. In some areas, the majority of people invited to take part in a cancer screening programme do not take up the offer. This variation cannot be explained just by people making informed choices not to take part. Lower levels of participation in national cancer screening programs are more likely in people living in areas of socioeconomic deprivation compared to people living in more affluent areas. People from certain ethnic minorities, people who are homeless and people in contact with the criminal justice service may also be less likely to take part.

We need to address this variation if we are to reduce the avoidable and unfair differences in those developing cancer and dying prematurely from cancer.

Initiatives which help people register with general practices are important to increasing uptake and participation in screening programmes.

Information about screening programmes must be provided in a language and format which people understand, regardless of their background, to ensure that people can make informed decisions about taking part. Technology and social media could offer a useful and cost effective platform for raising awareness of screening programmes and engaging directly with people to help overcome barriers.

Can a conversation prevent cancer and increase opportunities?

With limited time and rising demand, many frontline professionals may find themselves asking how or why to prioritise one lifestyle issue over others. Professionals also worry that assertively asking people about their behaviours and proactively encouraging change is not a patient-centred consultation.

A survey of 2,500 patients attending hospital outpatient clinics in Grampian found that maintaining a healthy weight, eating the recommended levels of fruit and vegetables, and feeling anxious or stressed were issues of concern for the majority. Research from Aberdeen City showed that people's decisions to adopt healthier lifestyle choices were made, not because of concerns about risk, but were motivated by wellbeing, including a desire to feel better, feel more confident and make friends.

Making Every Opportunity Count (MEOC) is an approach that frontline staff can use to support prevention and self-care. It is an approach that is being adopted across NHS Grampian and its community planning and health and social care partners.

It starts with a conversation about how someone is feeling and coping, in the right place at the right time.

Frontline staff do not have to be experts in prevention. Staff do need the confidence to have a conversation and feel confident that they can refer or signpost people onwards for more specialist help when needed. Frontline staff who are putting MEOC into practice tell us that it an accessible and sustainable way to build prevention into their day to day encounters with the public. People tell us that they don't mind having a wellbeing conversation with staff. Sometimes, following a wellbeing conversation, spontaneous conversations about wellbeing happen in families, with friends across the community.

There are many examples of people from across Grampian who, following a wellbeing conversation, have proactively taken steps to live as well as they can in their current circumstances. Knowing that they have been able to make a difference to someone, however small, makes a big difference to staff job satisfaction.

With any interventions aimed directly at individuals, there is a concern that inequalities could be widened when those with the means to change do so and those in more difficult circumstances do not.

The inclusive tone and proactive style of conversation promoted in MEOC aligns it towards the evidence base for reducing inequality. Support, when offered in this way, is more likely to contribute to meeting people's needs, even if those needs are not a direct responsibility of the service. If every frontline staff member was able to have this type of conversation, the chances of providing proportionate and appropriate support to people in the right, time and place are higher.

For the individual having a wellbeing conversation, the focus moves from disease and risk to their life and what is important to them. The aim of the conversation is to focus on the benefits people can gain by taking small steps whatever their life circumstances. People who need more help can be referred on or signposted to more specific services.

Preventing cancer may not be the prime motivation for change, but certainly could be an added benefit to the change.

Whilst a brief conversation can be effective for an individual to live better, we will only make a difference to our population's health and risk of cancer if a preventative approach is at the heart of how NHS Grampian and its partners conduct business day in, day out.

To achieve this, managers and partners will want to encourage and enable their frontline staff to make this approach their own and just part of how we do things here in Grampian, taking advantage of simple steps and online resources.

Concluding remarks on preventing cancer in Grampian

The number of cancers diagnosed each year in Grampian is forecast to continue rising over the next ten years.

Cancer is neither inevitable nor unavoidable, but we can stop this projected increase by addressing some of the cancer risk and protective factors that can be altered. There are numerous opportunities for change and improvement in Grampian. Making these changes, can help to reduce the increased demands on our services in the future, reduce the variation in cancer outcomes and improve the overall health and wellbeing of our population.

Our ambitions for cancer prevention are that: People in Grampian are informed effectively and supported appropriately to make personal changes to their lifestyle which can reduce their risk of cancer.

All communities across Grampian establish and maintain conditions which minimise cancer risk factors and optimise cancer protective factors.

NHS Grampian and our partners, working as a public health system, commit to the vision and leadership which enable the right conditions for health and wellbeing in the places where we live, work and play.

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