



Community Planning Aberdeen Board

Meeting on WEDNESDAY, 19 MARCH 2014 at 4.00 pm

Committee Room 2 - Town House, Aberdeen

B U S I N E S S

- 1 Introductions and Apologies
- 2 Minutes of Previous Meeting of 10 December 2013 - for approval (Pages 1 - 8)
- 3 Minutes of Meetings of CPA Management Group of 13 January 2014 and 24 February 2014 - for information (Pages 9 - 32)
- 4 CPA Management Group - Progress Report (Pages 33 - 40)
- 5 Governance
 - 5.1 Establishment of Reference Group - Progress Report (Pages 41 - 46)
- 6 Community Engagement - Discussion
- 7 City "Temperature Check" - Metrics (Pages 47 - 50)
- 8 Early Intervention and Preventative Spend - Progress Report (Pages 51 - 90)
- 9 Confirmation of Evening Reception

Proposed dates for the evening reception are 12 and 26 May 2014 between 7-9 pm (venue to be confirmed).
- 10 AOCB
- 11 Date of the Next Meeting - Wednesday 2nd July 2014 at 4:00 pm

Should you require any further information about this agenda, please contact Allison Swanson, tel. (52)2822 or email aswanson@aberdeencity.gov.uk

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COMMUNITY PLANNING ABERDEEN BOARD

10 DECEMBER 2013

Present:-

Councillor Crockett (Chair),
 Adrian Watson (Vice Chair), Police Scotland,
 Duncan Smith, Scottish Fire and Rescue Service,
 Jeannie Felsigner, Civic Forum,
 Councillors Kiddie and Graham,
 Charles Muir, NHS Grampian,
 Francesca Osowska, Scottish Government,
 Angela Scott, Aberdeen City Council, (as a substitute for Valerie Watts),
 John Tomlinson, ACVO

Also Present:-

Kay Dunn, Lyndsay Johnstone, Martin Murchie and Allison Swanson (Aberdeen City Council), and
 Ken Eddie, Civic Forum.

Apologies:-

Valerie Watts.

Topic	Discussion/Decision	Action By
<p>1. Appointment of Chair and Vice Chairperson</p>	<p>The clerk advised that under the previous governance arrangements, the Leader of Aberdeen City Council was the Chair of the CPA Board and asked whether the Board wished for this to continue under the new governance structure.</p> <p><u>The Board resolved:-</u> to agree that the Leader of Aberdeen City Council be appointed as Chairperson and that the constitution to be considered later on today's agenda be amended to reflect this decision.</p> <p>A Chairperson having been appointed, the clerk advised that under the previous governance arrangements, the Vice Chair of the Board was Chief Superintendent Watson, Police Scotland, and asked whether the Board wished for Chief Superintendent Watson to be re-appointed to this position.</p> <p><u>The Board resolved:-</u> to agree that Chief Superintendent Watson be appointed as Vice Chairperson.</p>	

Topic	Discussion/Decision	Action By
2. Welcome and Introductions	The Chair welcomed all present to the first meeting of the Community Planning Aberdeen Board under its new membership and governance arrangement.	
3. Minute of Previous Meeting	<p>The Board had before it the minute of its previous meeting of 28 August 2013, for approval.</p> <p>At this juncture, Jeannie Felsigner, Civic Forum, advised that two members of the Civic Forum had attended a conference entitled "Single Outcome Agreements (SOA): The Foundation of Community Planning" in Edinburgh on 5 September 2013. She explained that further to their attendance, the Civic Forum had considered a report on conference, following which it had been agreed to write to the Community Planning Partnership regarding its views on the issues discussed, specifically that of greater participation and engagement with communities. She sought clarification on whether partners had received a copy of this letter. In response Kay Dunn confirmed that the letter from the Civic Forum had been received and that it would be considered by the Management Group at its meeting on 13 January 2014.</p> <p>Jeannie Felsigner then provided an overview of the letter, wherein she highlighted with concern that there was no reference to the Civic Forum within the current SOA. She explained that the Civic Forum wished to remain involved with Community Planning, however also wished for greater levels of participation and engagement. A ladder of participation, developed by Sherry Arnstein, was circulated to all partners. The ladder clarified the meaning of the different levels of participation and Jeannie emphasised that the Civic Forum wanted to be involved at the informing and consulting stage.</p> <p>Martin Murchie advised that he was broadly in agreement with the Civic Forum's view and he hoped that this had been reflected in the new governance arrangements, as well as the SOA. He also explained that a Communications and Engagement Group had been established and this group hoped to raise the profile of the Community Planning Aberdeen across the city and also to increase current levels of engagement.</p> <p>Thereafter, Jennie Felsigner sought clarification on when the Civic Forum would be advised if it would receive funding for 2014/2015 from Community Planning Aberdeen. In response, Martin Murchie advised that officers would present a proposed budget for 2014/2015 to a future meeting for consideration.</p>	

Topic	Discussion/Decision	Action By
<p>4. Minutes of the Community Planning Aberdeen Management Group of 7 October and 18 November 2013</p>	<p>The Board resolved:- (i) to approve the minute as an accurate record; (ii) to note that the letter from the Civic Forum regarding participation and engagement would be considered by the CPA Management Group at its next meeting; (iii) to note that the proposed budget for 2014/2015 would be submitted to a future meeting.</p> <p>The Board had before it the minutes of meetings of the Community Planning Aberdeen Management Group of 7 October and 18 November 2013, for information.</p> <p>With regards the meeting of 7 October 2013, Martin Murchie explained that this was the first proper meeting of the Management Group following the implementation of the new governance arrangement and advised of the positive outcomes of the meeting and the commitment of all partners.</p> <p>The Board resolved:- to note the minutes.</p>	<p>Kay Dunn</p>
<p>5. Community Planning Aberdeen Board Role and Remit</p>	<p>With reference to item 6 of the minute of its meeting of 28 August 2013, the Board had before it a report which presented its proposed role and remit for approval.</p> <p>Partners discussed the proposed role and remit during which it was suggested that in light of the recent correspondence from the Scottish Government regarding joint working and resourcing, that this area be reflected more specifically within the remit.</p> <p>With regards the key performance indicators for the Board, Martin Murchie explained that these were a first draft and he proposed that the indicators be reviewed with relevant stakeholders and reported back to a future meeting for approval. Partners concurred with the proposal and emphasised the importance of stakeholders being included in the review to ensure that the indicators were appropriate.</p> <p>The Board resolved:- (i) to approve the proposed role and remit for the Board, subject to joint working and resourcing being more clearly reflected in the remit and thereafter reflected in the constitution also; and</p>	<p>Kay Dunn</p>

Topic	Discussion/Decision	Action By
7. Community Planning Aberdeen Reference Group Role and Remit	<p>The Board had before it a report which presented the proposed role and remit of the Community Planning Aberdeen Reference Group for approval.</p> <p>The Board resolved:- to agree that the proposed role and remit be considered at the first meeting of the Reference Group on 22 January 2014, and that comments received be report back to the next meeting of the Board at which time the final role and remit would be agreed.</p>	Kay Dunn
8. Community Empowerment (Scotland) Bill Consultation	<p>The Board had before it a report which advised partners of the current consultation on the Community Empowerment (Scotland) Bill by the Minister for Local Governments.</p> <p>The report advised that the aim of the Bill was to make the most of the talents that existed in our communities; deliver high quality and improving public services; and support strong local democracy and local decision making. A summary of the Bill was provided.</p> <p>The report recommended – that the Board – (a) agree to gather single agency responses by 22 December 2013; and (b) agree to submit a coordinated Community Planning Aberdeen response by the closing date on 24 January 2014.</p> <p>The Board resolved:- to approve the recommendations.</p>	All Partners
9. Joint Resourcing and Prevention	<p>The Board had before it a report which advised of the recent focus and correspondence nationally on the issue of joint resourcing through community planning.</p> <p>Appended to the report was: (1) the national “Agreement on Joint Working on Community Planning and Resourcing”; (2) subsequent requests for updates from Partnerships; and (3) a response made on behalf of Community Planning Aberdeen.</p> <p>The report recommended – that the Board – (a) note the response submitted on behalf of Community Planning Aberdeen;</p>	

Topic	Discussion/Decision	Action By
	<p>(b) note the significant expectations which existed at national level with regard to joint resourcing; and</p> <p>(c) consider what leadership was required to take this matter forward collectively and within individual partner organisations.</p> <p>The Board discussed the report extensively wherein it was noted that there were examples of successful joint resourcing and preventative spending within the city, such as the Total Place pilots, however recognised that these were challenging issues and that further work was required to further embed these approaches. During the discussion Angela Scott provided partners with an overview of spectrum of prevention and agreed to share this information with the Board.</p> <p>Partners discussed the challenges surrounding joint resources and preventative spending and agreed that the Board needed to: (a) think imaginatively and examine existing emerging practice and methodologies in these areas; (b) look towards treating preventative spending in the same manner as capital spending and have a 20 year plan; (c) make it simple, tangible and descriptive; and (d) look at all resources i.e. people, property, money etc.</p> <p>The Board resolved:-</p> <ul style="list-style-type: none"> (i) to approve recommendations (a) and (b); (ii) to agree to receive regular reports on the status of the Total Place pilots; (iii) to request Angela Scott to share the spectrum of prevention with all Partners; (iv) to note that: (a) all Thematic and Multi-lateral Priority Groups had been asked to report on all actions currently being undertaken in relation to preventative spending; and (b) this information would be reported to the CPA Management Group in the first instance and thereafter to the Board; and (v) to note that the CPA Management Group had agreed at its last meeting that Aberdeen City Council and NHS Grampian would take the lead responsibility for joint resourcing, with Valerie Watts taking the lead on behalf of Aberdeen City Council and the named lead for NHS Grampian to be advised at the next meeting. 	<p>Martin Murchie Angela Scott</p>
<p>10. 2014 Meeting Dates</p>	<p>The Board had before it a list of proposed dates and times of meetings in 2014.</p> <p>The Board resolved:-</p> <p>to agree that the Board would meet at 4pm on the following dates:</p> <ul style="list-style-type: none"> • 19 March 	

Topic	Discussion/Decision	Action By
	<ul style="list-style-type: none">• 2 July• 1 October• 3 December.	

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COMMUNITY PLANNING ABERDEEN MANAGEMENT GROUP

13 JANUARY 2014

Present:- Valerie Watts (Chair), Patricia Cassidy (Learning and Workforce), Paul Geddes (Scottish Fire and Rescue Service), Councillor Greig (Community Safety Partnership), Pauline Innes (Scottish Government), Charles Muir (Health and Social Care Partnership), David Rennie (Scottish Enterprise), Sheila Sansbury (Priority Families), Liz Taylor (Health and Wellbeing) and Innes Walker (Police Scotland).

Also Present:- Kay Dunn, Lyndsay Johnstone, Pete Leonard, Martin Murchie and Angela Scott (Aberdeen City Council).

Apologies:- Joyce Duncan (ACVO), Heather Kelman (NHS Grampian), Joanna Murray (Integrated Transport), Paul Sherrington (Universities and Colleges Representative).

Topic	Discussion/Decision	Action By
1. Minute of Previous Meeting of 18 November 2013	The Management Group had before it the minute of its previous meeting of 18 November 2013, for approval. <u>The Management Group resolved:</u> to approve the minute.	
2. Multi-lateral Priority Group Reporting – Digital City	(A) <u>Digital City Multi-lateral Priority Group</u> The Management Group (1) had before it a report which provided an update on the performance of each of the Digital City Multi-lateral Priority Group's outcomes. The report advised that the Digital City Multi-lateral Priority Group had two outcomes, namely: <ol style="list-style-type: none"> 1. Aberdeen is digitally connected and enhanced digital connectivity provides equal opportunity of access to services for all citizens and support for business development; and 2. To attract world class digital infrastructure through a competitive dialogue. <p>The report provided an update on progress with each of the key indicators for the aforementioned outcomes.</p>	

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	<p>Partners discussed the outcomes and key indicators, during which Martin Murchie sought clarification that the two metrics relevant to the Digital City Multi-lateral Priority Group contained in the Single Outcome Agreement (SOA), namely: (1) jobs created through ultrafast broadband funding – 960 jobs per annum; and (2) increase the number of city residents with access to superfast broadband, were still measurable. In response Rita Stephen explained that second metrics would require to be amended to reflect that the ultrafast broadband funding would enable greater access to training which would assist employment, rather than actually creating new jobs. Martin reminded partners that the SOA was outcome focused and suggested that he discuss this metric with Rita outwith the meeting. Partners emphasised the importance of the data collected being accurate and consistent and that any potential for double counting be removed.</p> <p><u>The Management Group resolved:</u></p> <ul style="list-style-type: none"> (i) to request officers to review the current systems for the collation of data and monitoring of the SOA to ensure that the methods were robust and consistent and to report back in this regard to a future meeting; (ii) to agree that Martin Murchie and Rita Stephen amend the “jobs created through Ultrafast Broadband funding – 960 jobs per annum” metric within the current SOA to reflect the actual intended outcomes of the Super-Connected Cities Programme. <p><u>(B) Accelerate Aberdeen’s Super-Connected Cities Programme</u></p> <p>The Management Group received a presentation from Rita Stephen on Accelerate Aberdeen’s Super-Connected Cities Programme.</p> <p>Rita provided a detailed background to the programme wherein she advised that it had been established to provide the world class infrastructure required in the city and informed that it had been the successful winner of UK Government Urban Broadband Fund to become a ‘Super Connected City’ receiving £5.5m of funding from the Department of Culture, Media and Sport (DCMS).</p> <p>Rita then advised of the various streams of the project and explained the actions being undertaken to progress each. Within this she highlighted areas of challenge and how the</p>	<p>Kay Dunn/Martin Murchie</p> <p>Martin Murchie/Rita Stephen</p>

Topic	Discussion/Decision	Action By
3. Scottish Enterprise Presentation	<p>Programme Group aimed to address these areas.</p> <p>Partners welcomed the update and sought further information on the steps being taken by the Programme Group to ensure that the vouchers which were to be used as a mechanism to enable small and medium enterprises (SME's) to subsidise the connection fee for superfast services and ultrafast broadband services, were promoted widely and utilised by all local SMEs. In response Rita confirmed that various activities were being undertaken in order to advise and target SMEs. She explained that detailed information regarding the promotion and uptake of the voucher scheme would be reported back to the DCMS. Should the monies allocated to the voucher scheme not be fully allocated, Accelerate Aberdeen would seek approval from the DCMS to vire the monies to other streams of the project.</p> <p><u>The Management Group resolved:</u></p> <p>(i) to thank Rita Stephen for her informative presentation; and</p> <p>(ii) to note that Partners could contact Rita Stephen directly to discuss the project.</p> <p>The Management Group received a presentation from David Rennie, Scottish Enterprise, on Scottish Enterprise's Business Plan and its commitment to Community Planning.</p> <p>David Rennie provided an overview of Scottish Enterprise's existing Business Plan for 2013-2016 wherein he advised that the core priorities of the Plan were to:</p> <ul style="list-style-type: none"> • Support the development of more globally competitive companies; and • Supporting the development of Scotland's growth sectors <p>With regards Scottish Enterprise's commitment to Community Planning, Mr Rennie explained that the outcomes of all its activity contributed to the prevention agenda by stimulating economic growth and opportunity and that it was also working to ensure that the Scottish Government's economic growth agenda became, and remained, the heart of Community Planning. In addition, he advised that Scottish Enterprise's principal role as a Partner was to stimulate opportunity for its wealth and job-creating companies.</p> <p>He thereafter advised of Scottish Enterprise's response to the Partnership's SOA, namely:</p> <ol style="list-style-type: none"> 1. ensure the SOA was a focal point for planning and deploying resources; 	

Topic	Discussion/Decision	Action By
	<p>2. share investment plans at an earlier stage; 3. agree how total Partnership resources could be jointly deployed to achieve outcomes.</p> <p>Partners welcomed the presentation and in particular the opportunities to develop the Partnership's relationship with Scottish Enterprise and to collaborative further to achieve benefits for all.</p> <p>Thereafter Partners asked a number of questions regarding procurement and contracts; SMEs; and economic growth for the city.</p> <p>The Management Group resolved:</p> <p>(i) to thank David Rennie for his informative presentation; (ii) to note that the Economic Growth Multi-lateral Priority Group would be submitted to its next meeting for consideration; and (iii) to encourage Partners to meet with David Rennie outwith the meeting to explore joint opportunities.</p>	<p>Kay Edwards All Partners</p> <p>Dunn/Aileen</p>
4. Development Plan Update	<p>With reference to item 5 of the minute of its meeting of 18 November 2013, the Management Group had before it a report which presented the current Community Planning Aberdeen Development Plan for consideration.</p> <p>The report advised that there were eight main areas for development, each having a number of key milestones. The report drew Partner's attention to two significant issues in the status updates for January 2014, namely:</p> <p>i. Prevention and Early Intervention – This remained a key and high profile area where progress was required, both locally and nationally. A report was to be considered later on today's agenda (item 5 refers) which sought to bring the issues of prevention / early intervention and joint resourcing together and suggest next steps; and</p> <p>ii. Risk Management – Whilst good progress had been made in establishing a risk management process around the operation of the Partnership, it was also intended that the broader economic, social and environmental risks be regularly identified and mitigated. This was tied to the review of the Partnership's Strategic Assessment. Some discussions had been held with Partners' representatives with a view to agreeing how</p>	

Topic	Discussion/Decision	Action By
5. Early Intervention and Preventative Spend	<p>this should be taken forward and it was suggested that recommendations be brought to the next meeting of the Management Group for consideration.</p> <p>The report recommended: that the Management Group agree to note the progress or instruct further appropriate action.</p> <p>Partners discussed the matter of joint resourcing and sought an update from officers as to when proposals would be presented for consideration. In response, Kay Dunn advised that the next item on today's agenda (article 5 refers), that being "early intervention and preventative spend" was the start of the Partnership's discussion regarding joint resourcing. She explained that thereafter the Partnership's budget would be presented to its next meeting and this would provide the Management Group with an opportunity to reflect where the partnership currently is at in terms of joint resourcing and how it wanted to take this forward.</p> <p>Partners highlighted examples of existing projects which had been jointly funded and sought clarification on Scottish Ministers' expectations in terms of reporting joint resourcing. In response Pauline Innes advised that Scottish ministers had not been prescriptive regarding the means of reporting and therefore Partnerships could take a lateral approach.</p> <p>The Management Group resolved:</p> <ul style="list-style-type: none"> (i) to request officers to continue discussions with Partners regarding methods for refreshing the Partnership's Strategic Assessment and to report options in this regard to its next meeting for consideration; (ii) to encourage Partners to raise issues for inclusion in the Development Plan; (iii) to note that officers were due to attend a national preventative spending workshop in the near future; and (iv) to note the progress of the Development Plan. <p>With reference to item 5 of the minute of its meeting of 18 November 2013, the Management Group had before it a report which summarised the key guidance and information for Community Planning Partnerships in relation to early intervention and preventative spend.</p>	<p>Kay Dunn/Martin Murchie</p> <p>All Partners</p>

Topic	Discussion/Decision	Action By
	<p>The report sets out some key messages locally and nationally in relation to areas of challenge where gaps in outcomes persisted despite significant investment by a number of Community Planning Partners. The report informed of work undertaken locally to tackle challenge areas and advised of national research which had been identified highlighting evidence based practice. It was highlighted that it was important to note this was an initial piece of scoping work which would lead onto more robust work locally utilising the expertise across all Thematic and Multi-lateral Priority Groups.</p> <p>The report recommended: that the Management Group –</p> <p>(a) request a specific report from the Children and Young Peoples Thematic Group and Older Peoples Thematic Group on how plans for prevention demonstrated a commitment to the approach extending beyond the Change Fund in Early Years and Reshaping Care into mainstream services. This should include a quantification of resources allocated to prevention and how partners would increase them over time and provide clarity on the preventative action to be taken and the expected impact;</p> <p>(b) request that lead officers in each Thematic Group and Multi-lateral Priority Groups be tasked with analysing local data on persistent trends where provision was high; cost/resource intensive and outcomes required to be improved in partnership. The reports should include what specific activities would improve outcomes and how they expected this would reduce future demand on services, evidence of reducing costs and improving outcomes, evidence of controlling costs and releasing savings, and how partners intended to make a decisive shift to prevention e.g. the structures and activities aimed at driving a shift in resource and culture such as joint commissioning plans or support to managers and front line staff to work collaboratively with service uses across organisations in developing and delivering preventative approaches; and</p> <p>(c) request officers to ensure that any actions arising from the above papers were included in the Joint SOA and Development Plan and risks included in the CPA Risk Register, whilst noting that the CPA Management Group had a role to oversee the implementation of the Joint SOA and Development Plan and this should include the identification of opportunities for cross theme and priority work streams on early</p>	

Topic	Discussion/Decision	Action By
<p>6. Letter from the Civic Forum – Single Outcome Agreements: The Foundation of Community Planning</p>	<p>intervention and preventative spending.</p> <p>Partners discussed the report extensively wherein it was agreed that early intervention and preventative spend was a critical area for the Partnership and that it would be important to agree a preventative spectrum and a method to categorise resource input across all Partners. Partners also requested that Thematic and Multi-lateral Priority Groups be asked to confirm the methods they currently used to ensure that work was not duplicated.</p> <p><u>The Management Group resolved:</u> to agree that the Director of Corporate Governance draft a preventative spectrum and explore potential methods to categorise resource input across all Partners in consultation with Thematic and Multi-lateral Priority Groups and that a report in this regard be presented to its next meeting.</p> <p>The Management Group had before it a letter from the Aberdeen Civic Forum which advised that two members of the Civic Forum had a conference entitled “Single Outcome Agreements (SOA): The Foundation of Community Planning” in Edinburgh on 5 September 2013 and appended a report of the conference.</p> <p>The letter explained that further to the members’ attendance, the Civic Forum had considered a report on conference, following which it had been agreed to write to the Community Planning Partnership regarding its views on the issues discussed, specifically that of greater participation and engagement with communities.</p> <p>The letter advised that the Civic Forum urged Community Planning Aberdeen to use all methods and means possible to involve communities in Community Planning. The Civic Forum also reaffirmed that they wished to remain at the heart of Community Planning with greater participation at the local neighbourhood levels as stated by the Scottish government and COSLA.</p> <p>The Management Group discussed the letter and the matter of greater engagement with communities wherein they concurred with the view of the Civic Forum and highlighted that they hoped that this had been reflected in the new governance arrangements, as well as the</p>	<p>Angela Scott/Kay Dunn</p>

Topic	Discussion/Decision	Action By
	<p>SOA. It was also highlighted that a Communications and Engagement Group had been established and this group hoped to raise the profile of the engagement across the city.</p> <p><u>The Management Group resolved:</u></p> <ul style="list-style-type: none"> (i) to request officers to acknowledge and thank the Civic Forum for its letter; (ii) to refer the letter to the Communications and Engagement Group for consideration of the engagement and participation issues raised and to request the Group to report back in this regard to a future meeting of the Management Group; and (iii) to agree that methods of communication and engagement be discussed at the first meeting of the CPA Reference Group to be held on 22 January 2014. 	<p>Kay Dunn Kay Dunn/Martin Murchie Kay Dunn/Joyce Duncan Kay Dunn</p>
<p>7. Community Empowerment (Scotland) Bill Consultation</p>	<p>With reference to item 6 of the minute of its meeting of 18 November 2013, the Management Group had before it a report which reminded partners of the importance of submitting detailed agency responses to the consultation on the Community Empowerment (Scotland) Bill to officers to enable a joint response on behalf of the Partnership to be collated and submitted.</p> <p>The report recommended:</p> <p>that the Management Group -</p> <ul style="list-style-type: none"> (a) note that, Councillor Barney Crocket (Chair of the CPA Board), Kay Dunn (Regional Strategist) (coordinating CPA response) and Dave Kilgour (City Strategist) (coordinating ACC response) would attend the regional briefing on the Community Empowerment Bill to be held on 15 January 2014; (b) agree that each partner organisation submit single agency response to the Kay Dunn (Regional Strategist) by 17 January 2014, including a response to key CPP questions contained on pages 31-38 of the Bill; and (c) to agree that Kay Dunn (Regional Strategist) submit a Partnership response by the closing date on 24 January 2014. <p>Speaking in furtherance of the report Kay Dunn advised that she had received a response from Police Scotland and a general statement from the Aberdeen City Fire and Rescue Service.</p>	

Topic	Discussion/Decision	Action By
8. Welfare Reform	<p>The Chair emphasised the importance of all partners submitting responses as soon as possible in order for a comprehensive and collective Partnership response to be collated and submitted.</p> <p><u>The Management Group resolved:</u> to approve the recommendations.</p> <p>With reference to item 13 of the minute of its meeting of 7 October 2013, the Management Group had before it the Welfare Reform Programme dashboard which (a) provided an update on all the work taking place across the City relating to Welfare Reform by all Partners; and (b) outlined the key objectives of each of the projects and highlighted the status of each.</p> <p>The report recommended: that the Management Group –</p> <ul style="list-style-type: none"> (a) note the information contained within the Welfare Reform Programme dashboard; (b) request Partners to update and disseminate information within their respective organisations; and (c) to request the Welfare Reform Project Board to report progress to its meeting on 14 July 2014. <p>Speaking in furtherance of the dashboard, Pete Leonard provided a summary of the contents of the dashboard wherein he advised that Programme Dashboard captured: (1) legislative changes; (2) projects created to deliver a city wide response and support those most affected; (3) the impact of the change; and (4) highlighted risks and issues.</p> <p>With regards risks and issues he advised that a risk register had been developed. At present the risk register contained one red risk, namely, temporary accommodation. He provided further details on this risk and how it was being addressed.</p> <p>In relation to projects created to deliver a city wide response and support those most affected, Pete Leonard provided an update on the Welfare Matters Hub and Satellite. He advised that Inspire, Cornerstone and Remploy had started delivering services in the Welfare Matters Hub this week, joining the existing services already located there. The</p>	Partners/Kay Dunn

Topic	Discussion/Decision	Action By
	<p>budgeting advisers appointed by Aberdeen City Council and Grampian Housing Association debt teams would start delivering services there from 23 January, with Welfare Rights advice following thereafter.</p> <p>The first satellite operation was now in development at the Tillydrone Housing Office, with the first staff expected to be based there within two weeks. A communications plan was being developed to raise awareness of both the hub and satellite services.</p> <p>Finally, he advised that the Programme Board was currently developing a financial inclusion strategy and that this would be presented to a future meeting of the Management Group for discussion.</p> <p><u>The Management Group resolved:</u></p> <p>(i) to thank Pete Leonard for his attendance and the informative presentation; and</p> <p>(ii) to approve the recommendations.</p>	Welfare Reform Project Board
9. Community Engagement – Verbal Update	<p>The Management Group heard from Kay Dunn who provided an update on the work of the Communication and Engagement Group wherein she advised that the governance arrangements for group had been revised and were to be considered at its next meeting.</p> <p>Thereafter, Kay provided an overview of the work currently being undertaken by the Group, namely the progression of story boards for the key priorities; the redesign of the Community Planning website; the establishment of a meeting of local engagement experts to look at national engagement standards and how such methods could be adopted locally; the development of a communication plan for the next 12 months which would detail a set of communication standards and tools for Thematic and Multi-lateral Priority Groups to follow. She explained that a report on each of these aspects would be submitted to the next meeting for consideration.</p> <p><u>The Management Group resolved:</u></p> <p>to welcome the update on work being undertaken in relation to communication and engagement and to note that a report on each of the workstreams being undertaken by the Communication and Engagement Group would be submitted to its next meeting for consideration.</p>	Kay Dunn/Joyce Duncan

Topic	Discussion/Decision	Action By
10. Progress Statement	<p>The Management Group had before it the current progress of business statement.</p> <p><u>The Management Group resolved:</u> to note the updates contained therein.</p>	
11. Scottish Fire and Rescue Service's draft Aberdeen City Local Fire and Rescue Plan for 2014-17	<p>The Management Group heard from Paul Geddes, Aberdeen City Fire and Rescue Service, who advised that the Scottish Fire and Rescue Service (SFRS) was currently consulting on the SFRS's draft Aberdeen City Local Fire and Rescue Plan for 2014-17.</p> <p>He explained that each partner organisation should have received a copy of the draft Plan and been invited to submit comments. The SFRS would welcome contributions from partner organisations individually, as well as a collective community planning response. Comments should be sent directly to the SFRS with the consultation period closing on 14 February 2014.</p> <p><u>The Management Group resolved:</u> to note the information and to encourage Partners to respond to the consultation on the SFRS's draft Aberdeen City Local Fire and Rescue Plan for 2014-17.</p>	All Partners

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COMMUNITY PLANNING ABERDEEN MANAGEMENT GROUP

24 FEBRUARY 2014

Present:- Angela Scott (Chair) (Aberdeen City Council), Heather Kelman (Vice Chair) (NHS Grampian), Jamie Bell (Scottish Enterprise), Neil Bruce (City of Culture), Neil Carnegie (Community Safety Partnership), Patricia Cassidy (Learning and Workforce), Joyce Duncan (ACVO), Paul Geddes (Scottish Fire and Rescue Service), Pauline Innes (Scottish Government), Martin Mackay (Police Scotland), Joanna Murray (Integrated Transport), and Liz Taylor (Health and Wellbeing).

Also Present:- Kay Dunn and Martin Murchie (Aberdeen City Council).

Apologies:- Charles Muir (Health and Social Care Partnership), Sheila Sansbury (Priority Families) and Paul Sherrington (Universities and Colleges Representative).

Topic	Discussion/Decision	Action By
<p>1. Minute of Previous Meeting of 13 January 2014</p>	<p>The Management Group had before it the minute of its previous meeting of 13 January 2014, for approval.</p> <p>In relation to item 2(A) (Digital City Multi-lateral Priority Group), Martin Murchie advised that officers were reviewing the current systems for the collation of data and monitoring of the SOA and would report in this regard to its next meeting. In addition, he confirmed that he was meeting with Rita Stephen to amend the “jobs created through Ultraband Broadband funding – 960 jobs per annum” metric within the current SOA to reflect the actual intended outcomes of the Super-Connected Cities programme.</p> <p>With regards item 3 (Scottish Enterprise Presentation), the Management Group noted that Martin Murchie and Angela Scott were meeting with the Chair and lead officer for the Economic Growth Multi-lateral Priority Group on 18 March 2014, and that the Group would therefore report to the next meeting.</p> <p>In relation to item 4 (Development Plan Update), the Management Group noted that options for refreshing the Partnership’s current strategic assessment would be reported to the next meeting for consideration. In addition, Martin Murchie advised that the Partnership’s</p>	

Topic	Discussion/Decision	Action By
	<p>Development Plan would be submitted to the next meeting. The Chair again encouraged partners to raise issues for inclusion in the Development Plan directly with Martin Murchie.</p> <p>With regards item 8 (Letter from the Civic Forum), Kay Dunn informed that the Communications and Engagement Group had considered the letter and would report formally to the Management Group at its next meeting in this regard. She also advised that the Civic Forum had written to the Management Group regarding nominations for Thematic and Multi-later Group representatives and that this would be submitted to its next meeting for consideration. Finally, she advised that the inaugural meeting of the CPA Reference Group had been held on 13 January 2014, and that a briefing on this meeting would be submitted to the next meeting.</p> <p>In relation to item 10 (Community Engagement), Kay Dunn advised that the Communications and Engagement Group was currently progressing all actions and explained that Joyce Duncan, Chair of the Group, would provide an update later on today's agenda.</p> <p><u>The Management Group resolved:</u></p> <ul style="list-style-type: none"> (i) to approve the minute as an accurate record; (ii) to request Kay Dunn to circulate the dates of future meetings of the Reference Group, and to submit a briefing report on the first meeting of the Reference Group to its next meeting; and (iii) to otherwise note the updates as recorded above. 	Kay Dunn
2. CPA Management Group Chair Proposal	<p>The Management Group heard from Angela Scott, who explained that Valerie Watts, current chair, had advised that in the run up to the Scottish Independence Referendum there would be significant demand on her time to support Council and therefore she would be unable to attend meetings of the Management Group in the run up to the referendum. To ensure that Aberdeen City Council continued to participate fully in the work of Management Group she had asked her to act as her substitute for this period. On this basis, Angela proposed that she Chair future meetings in the absence of Valerie. The Management Group unanimously concurred with this proposal.</p>	

Topic	Discussion/Decision	Action By
<p>3. CPA Management and Board Thematic and Multi-lateral Priority Groups</p>	<p>The Management Group resolved: to agree that Angela Scott, substitute for the current Chair, Valerie Watts, Chair meetings in Valerie's absence.</p> <p>(A) <u>Establishment, Single Outcome Agreement (SOA) and Reporting Schedule</u></p> <p>The Management Group heard from the Chair who explained that today's meeting was a special development meeting to enable partners to discuss and take cognisance of the new governance arrangements and highlight any areas of development to strengthen the governance and delivery of the SOA. Specifically, she highlighted that the two Thematic and Multi-lateral Priority Groups scheduled to report to today's meeting, as per the previously agreed reporting timetable, had advised that they were not in a position to report at this time. Therefore, she also sought a discussion on whether the reporting schedule was suitable or whether the frequency of reporting was unachievable for Thematic and Multi-lateral Priority Groups. Finally, she reminded partners that the Management Group had a responsibility to report progress to the CPA Board and without receiving reports, scrutinising progress and discussing challenges at meetings it would not be able to meaningfully report to the Board as required.</p> <p>The Management Group agreed to consider items 3 and 4 on today's agenda together.</p> <p>There followed an extensive discussion wherein the Chairs of each of the Thematic and Multi-lateral Priority Groups present advised of the current status of the Group and highlighted challenges they faced in terms of reporting in accordance with the reporting schedule.</p> <p><u>Integrated Transport</u> Joanna Murray explained that the Integrated Transport Multi-lateral Priority Group had yet to formally convene. Despite having not formally met there were a number of areas of progress to report to the Management Group, however due to lack of capacity and service reorganisation, officers had not been in a position to prepare a report as per the reporting schedule. With regards the story board, she confirmed that she had started drafting this and</p>	

Topic	Discussion/Decision	Action By
	<p>hoped that following the implementation of the service restructure she would be in a better position to move things forward.</p> <p><u>City of Culture</u> Patricia Cassidy advised that the City of Culture Multi-lateral Priority Group would report to the next meeting of the Management Group as per the reporting schedule.</p> <p><u>Learning and Workforce</u> Patricia Cassidy explained that the Learning and Workforce Thematic Group was currently realigning its priorities, and there was ongoing discussion as to whether the Director of Education, Culture and Sport or the Head of Educational Services would Chair this Group. In the interim, Gail Woodcock, Service Manager Communities, was chairing the Group. She advised that the Group had drafted its story board and had also structured its meetings in line with the Management Group's reporting schedule.</p> <p><u>Children and Young People</u> Patricia Cassidy advised that the Children and Young People Thematic Group had reorganised its structure to align with the new CPA reporting arrangements. She explained that there was a lot of data ready to report, however the timing of the reporting had been an issue for the Group given its recent restructure.</p> <p><u>Health and Wellbeing</u> Liz Taylor highlighted difficulty with the reporting schedule and sought clarification on what the Management Group expected the Group to report on. She advised that the Health and Wellbeing Thematic Group had two outcomes within the SOA to report on, namely obesity and alcohol. With regards the alcohol outcome, she advised that she felt that the Alcohol and Drugs Partnership (ADP) should be reporting on this outcome rather than the Health and Wellbeing Group. She raised concern if the Group was expected to report on alcohol outcome as the ADP co-ordinated this outcome and could demonstrate the added value achieved.</p>	

Topic	Discussion/Decision	Action By
	<p>In addition, she expressed concern at the work tasked to Groups by the Management Group and asked for the Management Group to take cognisance of the fact that the Groups did not have dedicated support when making such decisions in the future.</p> <p><u>Economic Growth</u></p> <p>Jamie Bell concurred with the issues raised by Liz Taylor above and sought clarification on what the Groups were expected to report on and what was the value of them reporting. He emphasised the importance of the CPA at all levels not losing sight of the SOA.</p> <p><u>Community Safety Partnership (CSP)</u></p> <p>Neil Carnegie advised that the CSP had already reported and he was confident that the Partnership could report on progress towards the SOA as required.</p> <p><u>Older Peoples</u></p> <p>Heather Kelman explained that the Older People's Multi-lateral Priority Group did not exist at this stage and therefore this matter was being discussed through the Health and Social Care Partnership. With regards the matter of reporting, she proposed that Groups report on progress towards the SOA outcomes and that the reporting template include a risk section where Groups could highlight the factors affecting delivery.</p> <p>She advised that the Groups required clarification of reporting expectations as well as time for development prior to the reporting schedule being developed.</p> <p>Joyce Duncan advised that she was involved in the majority of the Groups and that each of the Groups were at difference stages in their development and therefore ability to report to the Management Group.</p> <p>In response to the queries regarding reporting requirements, Martin Murchie clarified that Thematic and Multi-lateral Priority Groups were expected to report on the progress towards the outcomes contained in the SOA and explained that a reporting template had been previously approved by the Management Group and circulated to all groups along with the reporting schedule. At this time, Groups were asked to advise if they could not meet the reporting schedule.</p>	

Topic	Discussion/Decision	Action By
	<p><u>The Management Group resolved:</u></p> <p>(i) to request Kay Dunn to (a) re-circulate the reporting template and schedule to all Thematic and Multi-lateral Priority Groups seeking confirmation that it was able to report as currently contained in the schedule, (b) provide clarification that each group should report on its progress towards the relevant outcomes in the SOA and to highlight all factors affecting the delivery of these outcomes; and (c) present the updated reporting schedule to the next meeting of the Board for approval; and</p> <p>(ii) to request Patricia Cassidy to circulate a briefing paper on the Learning Partnerships model to the Chairs of each of the Thematic and Multi-lateral Priority Groups.</p> <p><u>(B) Membership and Attendance</u></p> <p>The Management Group heard from Martin Murchie who advised that officers were unclear at this stage who the Chairs of the Economic Growth Thematic Group and Older People's Multi-lateral Priority Group were.</p> <p>In response, Jamie Bell advised that the Economic Growth Thematic Group was meeting with officers on 18 March 2014 to clarify such matters. With regards the Older People's Multi-lateral Priority Group, Heather Kelman advised that this Group had still to be formed and therefore had still to be identified. In the interim she and Liz Taylor would take this matter forward.</p> <p>There followed discussion regarding the representation of Thematic and Multi-lateral Priority Groups on the Management Group wherein it was agreed that it was not appropriate for non-executive Board member and councillors to be representatives.</p>	<p>Kay Dunn</p> <p>Patricia Cassidy</p>
	<p><u>The Management Group resolved:</u></p> <p>(i) to agree that non-executive Board members and councillors should not be Thematic and Multi-lateral Priority Groups representatives on the Management Group; and</p> <p>(ii) to note that Martin Murchie and Angela Scott were to meet with the Economic Growth Thematic Group on 18 March 2014 to clarify the role of the Group and the requirements in terms of reporting to the Management Group.</p>	<p>Kay Dunn/Martin Murchie</p> <p>Martin Murchie/Angela Scott</p>

Topic	Discussion/Decision	Action By
	<p>(C) <u>Workplans</u></p> <p>The Management Group heard from Kay Dunn who advised that at present reporting against the SOA was undertaken on an annual basis solely. On this basis, she sought partners' views on whether this arrangement was sufficient or whether the Management Group wanted to consider each of the Thematic and Multi-lateral Priority Groups workplans throughout the year to ensure robust governance and scrutiny of the direction of travel and progress made.</p> <p>There followed extensive discussion regarding this matter wherein the Chairs of the Thematic and Multi-lateral Priority Groups present advised of the current status of their workplans as follows:</p> <p><u>Integrated Transport</u> Joanna Murray explained that the Integrated Transport Multi-lateral Group had contributed to the outcomes in the Local Transport Strategy, however discussion on how to present these activities, by way of a workplan, had to be undertaken.</p> <p><u>Community Safety Partnership (CSP)</u> Neil Carnegie advised that the CSP had undertaken a strategic assessment which identified the priorities to be contained within its workplan. The CSP reported on progress of one its priorities to each meeting. In addition, the CSP also reported on emerging issues. As such the workplan could be shared with the Management Group at its next meeting.</p> <p><u>Economic Growth</u> Jamie Bell explained that ACSEF's strategy and key priorities were currently being reviewed with a session to set its priorities being held on 20 March. Thereafter, a workplan and milestones would be developed. Jamie advised that the key priorities could be presented to the next meeting of the Management Group.</p> <p><u>Learning and Workforce</u> Patricia Cassidy advised that the Learning and Workforce Thematic Group was currently identifying key priorities which it would focus on over the next year. Once these had been</p>	

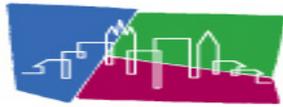
Topic	Discussion/Decision	Action By
	<p>identified they would be reported to the Management Group.</p> <p><u>Children and Young People</u> Patricia Cassidy advised that the Total Place pilot on educational attainment continued and that a cohesive plan was being drafted by the Children and Young People Thematic Group. Once this had been completed it would be reported to the Management Group.</p> <p><u>City of Culture</u> Patricia Cassidy advised that the first meeting of the newly formed City of Culture Multi-lateral Priority Group had been held. At present, the Group was confirming actions and developing a more comprehensive workplan. In this regard, Neil Bruce explained that the cultural strategy for the city was being reviewed and that a cultural masterplan would be developed over the next six months. The new workplan would be presented to the Management Group once it had been finalised.</p> <p><u>Health and Wellbeing</u> Liz Taylor explained that the Health and Wellbeing Thematic Group had two outcomes within the SOA to report on, namely obesity and alcohol. The Group was mindful of other existing plans and actions being implemented in relation to these two areas, therefore the Group wanted to build on current work and in this regard was currently identifying areas in which it could add value and not duplicate existing work. Once these areas had been finalised, it would be reported to the Management Group. She reiterated her view that the Alcohol and Drugs Partnership (ADP) should be reporting on the alcohol outcome directly to the Management Group rather than the Health and Wellbeing Group.</p> <p><u>Older Peoples</u> Heather Kelman advised that as part of the establishment of the Group a workplan would be developed. She explained that a logic modelling exercise to identify the areas which the Group could add value would be undertaken. The workplan would be presented to the Management Group once it had been created.</p> <p>There followed a discussion regarding the reporting arrangements for the ADP, as well as the importance of Thematic and Multi-lateral Priority Groups reporting workplans to the</p>	

Topic	Discussion/Decision	Action By
	<p>Management Group to facilitate a discussion on progress and the direction of travel as well as an opportunity to address any gaps. In this regard, it was also proposed that all Thematic and Multi-lateral Priority Groups undertake a gap analysis to inform their workplans.</p> <p>The Management Group resolved:</p> <ul style="list-style-type: none"> (i) to request officers to review the role and reporting arrangements for the Alcohol and Drugs Partnership within the current CPA structure and to report back in this regard to its next meeting; (ii) whilst noting that Thematic and Multi-lateral Priority Groups were at different stages in terms of the development of their workplan as detailed above, to agree to request each Group to present their workplans to a future meeting of the Management Group for consideration and to instruct officers to communicate this requirement to all Groups; (iii) to note that the Learning and Workforce, City of Culture, and Economic Growth Groups would submit their annual reports as per the reporting schedule to the next meeting of the Management Group; (iv) to note that the Older People's Multi-lateral Priority Group would report its draft workplan, along with an update on the establishment of the Group to the next meeting of the Management Group; (v) to note that Joanna Murray would discuss the development of the Integrated Transport workplan with Kay Dunn outwith the meeting; (vi) to note that the Economic Group Thematic Group would report on its new priorities to the next meeting of the Management Group; and (vii) to note that the Community Safety Partnership would report its workplan to the next meeting of the Management Group. 	<p>Kay Dunn/Martin Murchie</p> <p>Kay Dunn/Martin Murchie/All Thematic and Multi-lateral Priority Groups</p> <p>Patricia Cassidy/Jamie Bell</p> <p>Heather Kelman/Liz Taylor</p> <p>Joanna Murray/Kay Dunn</p> <p>Jamie Bell</p> <p>Neil Carnegie</p>
4. CPA Budget 2014/2015	<p>The Management Group heard from Angela Scott who advised that the proposed budget for 2014/2015 was currently being drafted and would be presented to its next meeting for consideration.</p> <p>The Management Group resolved:</p> <p>to note the update and to defer consideration of the CPA budget to its next meeting.</p>	<p>Martin Murchie</p>

Topic	Discussion/Decision	Action By
5. Next Steps Early Intervention and Preventative Spend	<p>With reference to item 5 of the minute of its meeting of 13 January 2014, the Management Group heard from Martin Murchie who advised that he had met with the Director of Corporate Governance to discuss a preventative spectrum and to explore potential methods to categorise resource input across all partners. In this regard, they proposed that the next stage was to ask a Thematic and Multi-lateral Priority Group to undertake a pilot in relation to early intervention and preventative spend. He proposed that the Community Safety Partnership be asked to undertake the pilot.</p> <p>Partners concurred with the proposal and discussed the ways in which early intervention and preventative spend could be undertaken. In this regard, Heather Kelman advised of the establishment of a Pan Grampian Preventative Spend Group which would breakdown spend by NHS and also by partnership working.</p> <p>The Management Group resolved:</p> <p>(i) to request the Community Safety Partnership to undertake a pilot in relation to early intervention and preventative spend and to report back in this regard to a future meeting of the Management Group; and</p> <p>(ii) to request Martin Murchie to circulate the Local Government preventative spend model.</p>	<p>Martin Murchie/Neil Carnegie</p> <p>Martin Murchie</p>
6. Letter from the Chair of the National Community Planning Group	<p>The Management Group had before it a letter from Pat Watters, CBE, Chair of the National Community Planning Group wherein he recapped on the work undertaken during 2013 and advised of areas discussed at its last meeting.</p> <p>Within the letter, it was advised that the National Community Planning Group had discussed joint resourcing and the third sectors role in community planning. It was noted that the Group was grateful for the updates on joint resourcing provided by each Community Planning Partnership (CPP), but nonetheless, the Group expected CPPs to make substantial further progress for 2015/2016 and emphasized that even once budgets for 2014/2015 had been set there was further work that CPPs and their partners should do in year to align resources towards SOA priorities. Specifically, in terms of action, the Group agreed that:</p> <ul style="list-style-type: none"> • Officials should examine the barriers to progress highlighted by some CPPs; and • That a small number of senior officials from across partners/CPPs should help define 	

Topic	Discussion/Decision	Action By
	<p>some key practical milestones for implementation of the Agreement by CPPs in 2014/2015 and future years.</p> <p><u>The Management Group resolved:</u> to note the letter.</p>	
7. Progress Statement	<p>The Management Group had before it the current progress of business statement.</p> <p><u>The Management Group resolved:</u> to note the updates contained therein.</p>	
8. Communication and Engagement Update	<p>With reference to item 9 of the minute of its meeting of 13 January 2014, the Management Group heard from Joyce Duncan, Chair of the Communication and Engagement Group who provided an update on the work being undertaken by the Group.</p> <p>She provided an overview of the role and membership of the Group. Thereafter, she advised that the Group had created a workplan which could be shared with the Management Group. At present, the Group was progressing the story boards for each of the Thematic and Multi-lateral Priority Groups. The story boards would be used as a means of communicating the key priorities and outcomes of Community Planning Aberdeen. In addition, the Group was redesigning the Community Planning website; establishing a community engagement standards group to ensure they were following national engagement standards; and creating community engagement strategy.</p> <p><u>The Management Group resolved:</u> to note the update and to request Joyce Duncan to circulate the Communication and Engagement Group workplan to all partners.</p>	Joyce Duncan

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Progress Report	CPA Management Group Progress Report
Lead Officer	Martin Murchie
Report Author	Kay Dunn
Date of Report	19 th March 2014
Governance Group	CPA Board

1:	Purpose of the Report
<p>This report presents an update from the Community Planning Aberdeen Management Group on the agreed governance and reporting timeline for all Community Planning Thematic and Multi-lateral Priority Groups.</p>	

2:	Summary of Key Information
<p>At the November 2013 meeting of the CPA Board, partners were advised of the development of new governance arrangements to support the implementation of the Joint Development Plan and Single Outcome Agreement approved by the CPA Management Group in October 2013.</p> <p>In addition, the CPA Board approved a draft remit for the CPA Reference Group and instructed the CPA support team to establish the group and work with members to agree the role remit and work plan.</p> <p>The following provides an update on the establishment of new governance and reporting arrangements only:</p> <p><u>CPA Support Team Progress Update</u></p> <ul style="list-style-type: none"> • CPA Management Group role and remit approved in October 2013 • CPA Board role, remit and terms of reference approved in November 2013 • Template role and remit for Thematic and Multi-lateral Priority Groups (T&MLPG) approved in November 2013 • General Report Template for Thematic and Multi-lateral Priority Groups approved in November 2013 • Thematic and Multi-lateral Group Reporting Timeline approved in November 2013 • Progress Report on Joint Development Plan and Single Outcome Agreement presented to October, November and January meetings • Progress report on Risk Register presented to November 2013 meeting 	

- Establishment of Communications and Engagement Group, draft role and remit, template for Story Boards and draft action plan completed in January 2014 and draft Website completed in March 2014
- Establishment of CPA Reference Group and draft role and remit completed in January 2014 and work programme priorities identified in February 2014
- Review of Aberdeen Works Partnership and development of Draft Employability Strategy completed by March 2014 (to be reported to the Learning and Workforce Thematic Group)

At the February 2014 meeting of the CPAMG lead officers were asked to provide an update on progress made on the following key tasks:

- Establishment of groups
- Attendance of Chairs and Lead Officers at meetings
- Approval of role, remit and membership
- Complete Story Board materials
- Update on membership attendance
- Approval of work plans
- Submission of performance reports within the timeline

CPA Thematic and Multi-Lateral Groups Progress Update

Economic Growth Thematic Group

The group has been established	√
The Chair is attending Board meetings	X
The lead officer is attending Management Group Meetings	X
Role and Remit has been approved	X
Story Board has been approved	X
There is a work plan in place to support SOA Delivery Priorities	X
Performance Report submitted on timescale for 2014	X

ACSEF agreed to undertake the role of the Economic Growth Thematic Group. There has recently been a change of Chairperson. The CPA support team have met with lead officers to discuss the work priorities. The group had an initial timescale of January 2014 and a re-negotiated timescale of February 2014 to present the annual performance report but to date this has not been completed. A further meeting has been arranged for March 2014 to discuss capacity to take this forward. ACSEF have a work plan in place but further work is required to pull out specific actions to report against the commitments set out in the SOA. The lead officer has agreed to submit a work plan to the CPAMG in April 2014 and a revised timeline for completion of the role and remit, story board and annual performance report will be agreed.

Learning and Workforce Thematic Group

The group has been established	√
The Chair is attending Board meetings	N/a
The lead officer is attending Management Group Meetings	√
Role and Remit has been approved	√
Story Board has been approved	X
There is a work plan in place to support SOA Delivery Priorities	X
Performance Report submitted on timescale for 2014	

The Learning Forum agreed to undertake the role of the Learning and Workforce Thematic Group. The new group had not met until a review was undertaken in January 2014. There has still to be agreement on the Chairperson for the group from within the Aberdeen City Council Education, Culture and Sport Service following the departure of a Head of Service and subsequent announcement of re-structuring. The lead officer has agreed to complete the Story Board by the end of March 2014 and submit a work plan to the CPAMG in April 2014.

Aberdeen Works is a sub group of the Thematic Group with a role to lead on the Workforce element of the remit. In November 2013, Aberdeen City Council Corporate Governance allocated a Chairperson and a review has been undertaken and a draft Strategy and Work Plan is currently out for consultation.

Safer Communities Thematic Group

The group has been established	√
The Chair is attending Board meetings	N/a
The lead officer is attending Management Group Meetings	√
Role and Remit has been approved	√
Story Board has been approved	√
There is a work plan in place to support SOA Delivery Priorities	√
Performance Report has been submitted on timescale for 2014	√

The group has delivered on all key tasks, including the submission of a robust performance report within the new reporting framework to the November 2013 meeting. The lead officer is confident that the action plan is sufficient to report on SOA and will submit this to the April meeting.

Children and Young Peoples Thematic Group

The group has been established	√
The Chair is attending Board meetings	N/a
The lead officer is attending Management Group Meetings	X
Role and Remit has been approved	√
Story Board has been approved	√
There is a work plan in place to support SOA Delivery Priorities	√
Performance Report submitted on timescale for 2014	

The Integrated Children's Services Partnership agreed to undertake the role of the Children and Young Peoples Thematic Group. The group has been undergoing a review so has met less frequently than usual but this is now complete and all work tasks were progressed during this period. The Chair has been unable to attend meetings and a delegate Head of Service who already attends the CPAMG to report on Learning and Workforce has covered the role for both groups. The ICSP have submitted a performance report to the October 2013 meeting (for 2012-13) but this was a wider report for the ICSP. The group are confident that they will meet their deadline for reporting in the new performance report for the 2014 reporting timeline with specific focus on the SOA commitments only. A detailed action plan is in existence and the actions relating to the SOA commitments will be submitted to the April 2014 meeting.

Health and Wellbeing Thematic Group

The group has been established	√
The Chair is attending Board meetings	√
The lead officer is attending Management Group Meetings	√
Role and Remit has been approved	√
Story Board has been approved	√
There is a work plan in place to support SOA Delivery Priorities	X
Performance Report will be submitted on timescale	√

The group has recently been established. The Chair has highlighted difficulty with the reporting schedule and sought clarification on what the Management Group expected the Group to report on. The group has two outcomes within the SOA to report on, namely obesity and alcohol and raised that the Alcohol and Drugs Partnership (ADP) should be reporting on the alcohol outcome rather than the Health and Wellbeing Group. The Chair asked for Management Group to take cognisance of the fact that the Groups did not have dedicated support when making decisions on tasks in the future.

The role, remit and story board has since been completed following the Management Group. The lead officer has agreed to present a work plan to the April meeting.

The Older Peoples Thematic Group

The group has been established	X
The Chair is attending Board meetings	√
The lead officer is attending Management Group Meetings	√
Role and Remit has been approved	X
Story Board has been approved	X
There is a work plan in place to support SOA Delivery Priorities	X
Performance Report will be submitted on timescale	

The lead officer advised that the group did not exist at this stage and therefore this matter was being discussed through the Health and Social Care Partnership.

The lead officer sought clarification of reporting expectations as well as time for development prior to the reporting schedule being implemented.

Following the Management Team meeting a member of the CPA support team attended the Health and Care Partnership Executive Group in March and has agreed to provide support to the Director of Social Care and Wellbeing to complete the role, remit and story board by the end of March. The allocated Chair will present an action plan to the April meeting and capacity will be identified to support the group in the future.

Integrated Transport Multi-Lateral Priority Group

The group has been established	X
The Chair is attending Board meetings	N/a
The lead officer is attending Management Group Meetings	√
Role and Remit has been approved	X
Story Board has been approved	X
There is a work plan in place to support SOA Delivery Priorities	X
Performance Report will be submitted on timescale	X

The lead officer explained that the Integrated Transport Multi-lateral Group had yet to formally convened. There were a number of areas of progress through the delivery of NESTRANS plan to report to the Management Group however due to lack of capacity and service reorganisation officers are not in a position to prepare a report as per the reporting schedule.

Following the Management Group a member of the CPA support team has met with representatives from the EPI service and the lead officers has agreed to complete the draft role and remit and story board by April 2014. They still do not expect the group to be convened or the performance report to be submitted until late summer / early autumn.

Digital Cities Multi-lateral Priority Group

The group has been established	√
The Chair is attending Board meetings	N/a
The lead officer is attending Management Group Meetings	√
Role and Remit has been approved	√
Story Board has been approved	√
There is a work plan in place to support SOA Delivery Priorities	X
Performance Report will be submitted on timescale	√

The lead officer was not in attendance at the Management Group meeting however has liaised with the CPA support team to provide an update. The group was already established to deliver existing digital cities projects. There is a need to develop a specific work plan to support the delivery of SOA priorities. The lead officer did submit a report to the November meeting of the Management Group, however this did not specifically cover the objectives and measures set out in the

SOA.

There are capacity issues for the group at the moment due to the re-structuring of the EPI service. A robust action plan and agreed objectives and new measures for reporting will have to be taken forward on ACC EPI identify the capacity to support the SOA.

City of Culture Multi-lateral Priority Group

The group has been established	√
The Chair is attending Board meetings	N/a
The lead officer is attending Management Group Meetings	√
Role and Remit has been approved	√
Story Board has been approved	√
There is a work plan in place to support SOA Delivery Priorities	X
Performance Report will be submitted on timescale	

The group was recently established in February 2014. All key tasks to date have been progressed. The priority is for the group to develop an action plan. This will not be available for the April 2014 meeting and a timescale is yet to be agreed. The departure of the Head of Service and subsequent restructuring of the Council has led to a gap in role of Chair. The ACC ECS Service has identified a Service Manager to Chair in the interim.

Priority Families Multi-lateral Priority Group

The group has been established	X
The Chair is attending Board meetings	N/a
The lead officer is attending Management Group Meetings	√
Role and Remit has been approved	X
Story Board has been approved	X
There is a work plan in place to support SOA Delivery Priorities	X
Performance Report will be submitted on timescale	

The group has yet to be established. The lead officer has met with colleagues in the Community Safety Hub and Social Care and Wellbeing Service to scope the work. Due to interim arrangements to cover Tier 2 staffing in the ACC ECS and subsequent restructuring of the Council there will be a gap in capacity for the next few months.

Group	Chair	Lead Officer
Economic Growth	Colin Crosby (ACSEF)	TBC (ACSEF)
Learning and Workforce	TBC (ACC ECS)	Gail Woodcock (Learning) Kay Dunn (Workforce)
Safer Communities	Martin Greig (ACC EM)	Neil Carnegie (ACC H&E)
Children and Young People	Gayle Gorman (ACC ECS)	Sheila Sansbury (ACC ECS)

Health and Care	Liz Taylor (ACC SC&WB)	Linda Smith (NHS)
Older People	TBC (NHS)	Heather Kelman (NHS)
Integrated Transport	TBC (ACC EPI)	Joanna Murray (ACC EPI)
Digital City	Valerie Watts (ACC CEO)	Rita Stephen (ACC EPI)
City of Culture	TBC (ACC ECS)	Lesley Thomson (ACC EPI)
Priority Families	Sheila Sansbury (ACC ECS)	TBC (ACC ECS)

Note: The minute of the CPAMG February provides a full record of discussion.

3: Recommendations for Action

It is recommended that the Board:-

- i. Note the progress to date in relation to the establishment of new governance and reporting arrangements;
- ii. Give consideration to the capacity issues that may continue to impact on the delivery of the SOA over the next 6 months and possible resolution;
- iii. Agree next steps for CPA support officers to support the delivery of the SOA.

4: Opportunities and Risks

The new governance arrangements have provided a clear framework and timeline for reporting. This has enabled the CPAMG to be aware of slippage at the earliest opportunity.

The key risk is that agencies / services have not fully embedded the delivery of the SOA within lead roles in each senior management team or allocated adequate support capacity to support the Thematic and Multi-lateral Priority Groups.

There is also a risk that the delivery of key tasks are not fully set out in detailed delivery plans with clearly identified resources to ensure the delivery of the SOA as a core business priority across all partner organisations.

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Community Planning Aberdeen

COMMUNITY PLANNING ABERDEEN: REFERENCE GROUP

1.	Role of the CPA:RG
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The purpose of the Community Planning Aberdeen Reference Group is to be the consultation body of the Community Planning Aberdeen Partnership (CPA) to ensure that citizens, communities and key stakeholders have a direct influence on the decision that affect the service users and citizens of Aberdeen.

2.	Remit of the CPA:RG
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- To act as the reference group with the Community Planning Partnership in all its dealings.
- To inform and influence the Vision and local priorities set out in the Single Outcome Agreement on behalf of service users and citizens of Aberdeen.
- To promote and facilitate co-production and community based responses to local challenges and demand.
- Make sure people, communities and other key stakeholders are genuinely engaged in the decisions made on public services that affect them.
- Inform the co-ordination of joint approaches to community engagement, equalities and diversity, neighbourhood and locality planning and sustainability.
- To provide challenge to local decisions ensuring evidence based service delivery leading to improved outcomes for service users and citizens.
- To provide the community and operational leadership and build positive relationships to ensure organisations collaborate to develop solutions to local problems and barriers to improve services and deliver better outcomes.

3.	Underlying Principles
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- Resources will be targeted to improve outcomes for those most in need.
- The partnership will assess the equalities and human right impact of all proposals to reduce isolation of minority communities.
- Partners will ensure a presumption for community based access to services.
- The partners will assess the environmental sustainability of all proposals to reduce impact on the environment.
- Partners will lead the promotion of civic pride in Aberdeen City.
Support the capacity of Aberdeen's citizens and communities to increase their self-sufficiency.

4. Chair and Vice Chair

In January 2014, the Reference Group appointed:
Jonathan Smith / Community Representative / Civic Forum as Chair
Sue Bree / Chief Executive / Aberdeen Inspired Business Improvement District

5. Membership

Voting Members

- 5 members of the Civic Forum
- 5 Aberdeen City Council Councillors
- 4 representatives from the voluntary sector
- 4 representatives from the business sector
- 1 representative from Scottish Enterprise
- 1 representative from NESTRANS
- 1 representative from the Alcohol and Drug Partnership
- 1 representative from the Aberdeen and Grampian Chamber of Commerce
- 1 representative from Aberdeen University
- 1 representative from Robert Gordon University
- 1 representative from North East Scotland College
- 1 representative from the 6 Thematic Groups and 4 Multi-Lateral Priority Groups

Non-Voting Members

- 1 member of the Community Planning Aberdeen Support Team
- 1 member of the ACVO Community Engagement Support Team

6. Frequency of Meetings

The Reference Group will meet four times per year, three development meetings and 1 self evaluation meeting. Meetings will take place between 18:00 hrs and 20:00 hrs to enable community representatives to participate. They will be held at Aberdeen Foyer, Marywell Centre on Marywell Street, Aberdeen.

7. Administration and Support

Aberdeen Inspire will provide administration and facilitation support for meetings and workshops. Aberdeen City Council / Corporate Governance Team will provide support and development capacity for the group.

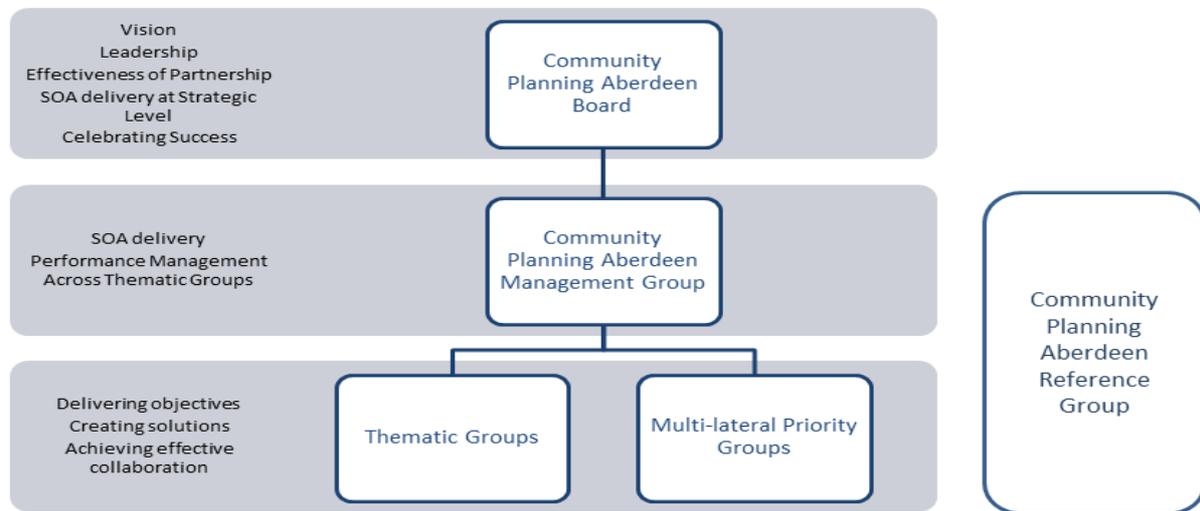
8. Responsibilities

- The **Reference Group** will be the consultation body of the **Community Planning Aberdeen Board, Management Group, Thematic Groups** and **Multi-lateral Priority Groups** to ensure that citizens, communities and other key stakeholders have a direct influence on the decisions that affect the service users and citizens of Aberdeen.

- The **Reference Group** will contribute to the delivery of agreed priorities set out in the current Joint SOA and Development Plan and to the reviews of the local vision and future SOA development.
- The **Reference Group** will inform the Board and Management Group in their leadership and management of the Joint Single Outcome Agreement and Development Plan.
- The **Reference Group** will evaluate the impact of their activity against the key priority areas and how they have contributed to improving local outcomes.

9. Governance and Reporting Arrangements

The Reference Group has a consultation role for and on behalf of the Community Planning Aberdeen Board for all activities set out in the Single Outcome Agreement and reports within the wider governance arrangements in respective partner agencies and is accountable to the Scottish Government under the Local Government (Scotland) Act 2003.



- The **Reference Group** will be responsible for responding to consultations presented by the **Community Planning Aberdeen Board, Management Group, Thematic Groups** and **Multi-lateral Priority Groups**.
- The **Reference Group** will facilitate workshops to discuss how partners can contribute to the improvement of local outcomes.
- The Reference Group will make recommendations to the **Community Planning Aberdeen Board, Management Group, Thematic Groups** and **Multi-lateral Priority Groups** to ensure the vision remains achievable, or indeed requires amendment itself.
- The **Reference Group** are clear about what and when they are required to report to the Management Group following their end of year self evaluation workshop.
- As a general principle, performance management will not be solely quantitative based on the metrics within the Single Outcome Agreement, rather qualitative evaluation of activity should be undertaken and reported.
- The governance arrangements require strong leadership and mature professional relationships to work effectively.

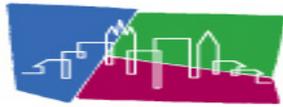
Community Planning Aberdeen Governance and Performance Management Matrix 2013-2014

Group	Key Role and Responsibilities	Focus	Outcomes Responsible For	KPIs	Targets	Frequency	Presentation
CPA Reference Group	<ul style="list-style-type: none"> • Representing “voice” of stakeholders • Contributing to the Vision • Reviewing delivery of SOA 	<ul style="list-style-type: none"> • CPA Board & MG Consultation Priorities <p>2014-15 Priorities</p> <ul style="list-style-type: none"> • Learning and Workforce • Poverty • Welfare Reform • Drugs and Alcohol • Community Engagement 	<p>Not responsible for outcomes but will evaluate the groups contribution to the delivery of outcomes relating to the 2014-15 priorities for the Reference Group:-</p> <ul style="list-style-type: none"> • Learning and Workforce • Poverty • Welfare Reform • Drugs and Alcohol • Community Engagement 	<p>Not responsible for KPIs but will evaluate the groups contribution to the delivery of KPIs relating to the 2014-15 priorities for the Reference Group:-</p> <ul style="list-style-type: none"> • Learning and Workforce • Poverty • Welfare Reform • Drugs and Alcohol • Community Engagement 	<p>Targets will be agreed at each Workshop and evaluated in January annually.</p>	<p>3 Development Meetings per annum and 1 Self Evaluation Meeting per annum.</p>	<p>Thematic Template.</p>

COMMUNITY PLANNING ABERDEEN REFERENCE GROUP – PRIORITIES FOR 2014-2015

Responses	Priorities												
	Learning and Workforce	Integrated Transport	Culture	Partnership Working	Poverty	Alcohol and Drug Misuse	Domestic Abuse	Welfare Reform	Physical Activity / Obesity	Economic / Business Growth	Infrastructure	Children and Young People	Community Engagement
Aberdeen Inspired	✓	✓	✓	✓						✓			
Chambers of Commerce	✓	✓											
Aberdeen Council of Voluntary Organisations	✓				✓	✓	✓						
Children and Young People Thematic Group					✓	✓	✓						
Economic Growth Thematic Group	✓									✓			
Safer Communities Thematic Group					✓	✓							✓
Learning & Workforce Thematic Group (Aberdeen Works only)					✓			✓					✓
Integrated Transport MLPG		✓							✓				
Alcohol and Drug Partnership						✓							
Civic Forum	✓	✓				✓	✓					✓	✓
Total	5	4	1	1	4	5	1	4	2	2	1	1	3

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Progress Report	Performance Reporting – City Temperature Check
Lead Officer	Martin Murchie
Report Author	Martin Murchie
Date of Report	19 th March 2014
Governance Group	Board

1:	Purpose of the Report
<p>At the last meeting of the Board, there was some discussion about the merits of the “City Temperature” metrics proposed within the Board’s “Terms of Reference”. It was agreed that further consideration be given to these and a report be submitted to a future meeting.</p> <p>This paper suggests, that following further consideration, the ambition of summarising the City’s “health” through a very small number of metrics is limited and that an alternative approach is required. The paper requests that the Board give this matter consideration and support the recommendation.</p>	

2:	Summary of Key Information
<p>The “Terms of Reference” for the Board included 6 metrics which, together, might provide a City “temperature check” allowing the Board to gauge the “health” of the City and the trends and direction of travel for this. The metrics are listed below:-</p> <ul style="list-style-type: none"> • Gross Value Added; • % of the population (aged 16 to 64 years) in receipt of out of work benefits; • % of school leavers in positive and sustained destinations; • % of children living in poverty; • % of adult residents stating they feel ‘very safe’/‘fairly safe’ at home alone at night AND ‘very safe’ or ‘fairly safe’ when walking alone in the local neighbourhood after dark; • death rates per 100,000 for people aged under 75. <p>At the Board’s previous meeting, the report author highlighted the, limitations of these metrics and there was some discussion around the integration of “temperature check” metrics within the regular reporting, via the Management Group, of the SOA metrics.</p> <p>The City Council’s Community Planning & Corporate Performance Manager indicated that he would review this and report back to the Board.</p> <p>There were, I believe, 2 related reasons for the proposal to establish “temperature</p>	

check” metrics:-

- i. There are macro level issues e.g. demographics, which are not specifically part of the SOA suite of metrics. It was an ambition to capture this level of information so that the Board had visibility of data which was “more than the sum of the parts” of the SOA Thematics; and
- ii. Whilst every effort was made to focus the SOA on clear priorities there remains a relatively high number of SOA metrics of varying macro and micro levels. It was an ambition to “filter” and further focus these for the Board.

Having conducted some research in “temperature check” like models, it is clear that common approaches use a wide spread of metrics across a very broad range of areas. Many of these are reflected within our SOA, but others are not.

If the task is to give the Board a picture of the “health” or “quality of life” of the City it is challenging to distil this into the small number of metrics originally proposed. The 6 shown above, in isolation, do not seem adequate.

An alternative approach may be to:-

- i. Identify an existing methodology, or adapt one, used for giving that (often benchmarked) view of a City*;
- ii. Review how far reporting on our SOA metrics will provide the required data for this and identify gaps;
- iii. Undertake regular “temperature check” reviews and present these to the Board to inform assessment of performance as well as future priority setting and planning.

* *There are many “models” in use.*

- *“Global City Indicators”;*
- *“The Quality of Life project”*
- *“Quality of Life Index UK”*
- *“Sustainable Cities Network”*
- *Etc ..*

It is proposed that colleagues from all partners consult on the most appropriate model for evaluating city “temperature” and, through the Management Group, jointly participate and report findings back to the Board.

3:	Recommendations for Action
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It is recommended that the Board:-

- i. Give consideration to how they wish to review the “health” of the City;
- ii. Subject to that consideration, instruct officers to jointly recommend, to the

Management Group, an established model for capturing and presenting data and metrics on city “health”;

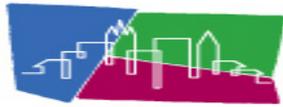
- iii. Instruct the “Management Group” to oversee the use of such a methodology and report the outcomes when available to the Board.

4: Opportunities and Risks

It is not envisaged that substantial resource will be required and, therefore, the risks, from that perspective, are minimal. Depending on the model chosen and its relative familiarity to our SOA metrics, there is a risk that some uncertainty is created around the relative roles of a) a suite of SOA metrics and b) a suite of city “health” metrics. It is likely there will be significant overlaps and care needs to be taken to presentation and use of each.

The opportunities are that “tried and tested” methodologies will be options; that benchmarking with other cities may be available and useful; and that it will provide the overview , over and above the specifics in the SOA, which the Board need in order to “understand” the City and facilitate horizon scanning and future priority setting.

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Progress Report	Early Intervention and Preventative Spending
Lead Officer	Martin Murchie / Manager for Community Planning and Corporate Performance
Report Author	Kay Dunn / Strategist (Regional)
Date of Report	19.03.14
Governance Group	CPA Board

1:	Purpose of the Report
<p>The purpose of the report is to summarise the key guidance and information for Community Planning Partnerships in relation to early intervention and preventative spend.</p>	

2:	Summary of Key Information
<p>In January 2014, the attached report was submitted to the CPA Management Group. The report sets out some key messages locally and nationally in relation to areas of challenge where gaps in outcomes persist despite significant investment by a number of community planning partners.</p> <p>The report includes some information on work undertaken locally to tackle challenge areas and national research has been identified highlighting evidence based practice.</p> <p>It is important to note this was an initial piece of scoping work intended to lead onto more robust work locally utilising the expertise across all Thematic and Multi-lateral Priority Groups.</p> <p>Following discussions at the CPA Management Group meeting in January 2014, the CPA support team met with the Director of Corporate Governance to discuss the next steps to take forward the work. It was agreed that the best way to take this forward was to choose one model for tracking early intervention and preventative spend and test its application with a Thematic Group before rolling out any initiatives across the wider CPA groups. The attached Local Democracy Think Tank Step by Step Guide to Preventative Spend was chosen for the pilot.</p>	

3:	Recommendations for Action
<p>3.1 The CPA support team work with the lead officer for the Safer Communities Thematic Group to scope a pilot to apply the Local Democracy Think Tank Step by Step Guide to Preventative Spend on a key initiatives identified by the Thematic Group.</p> <p>3.2 An evaluation of the pilot to be undertaken by the CPA support team and recommendations on the use of the model across Thematic and Multi-lateral Priority Groups presented to the CPA Management Group within an agreed timescale.</p>	

4:	Opportunities and Risks
<p>4.1 The report sets out in section 4 some opportunities and risks that relate to business functions, finance management and political challenges to be considered by lead officers when progressing the work.</p>	

Report	Early Intervention and Preventative Spending
Lead Officer	Valerie Watts / Chief Executive, Aberdeen City Council
Report Author	Kay Dunn / Strategist (Regional), Aberdeen City Council and Martin Murchie / Manager for Community Planning and Corporate Performance.
Date of Report	13.01.14
Governance Group	CPA Management Group

1: INTRODUCTION

- 1:1 Community Planning Aberdeen (CPA) is tasked with exploring the issues relating to protecting the quality of local public services in light of the spending pressures evident across all partner budgets.
- 1:2 The focus for the CPA is increasingly on the outcomes partners want services to deliver for the community of Aberdeen with a specific focus on Economic Growth, Learning and Workforce, Safer Communities, Children and Young People, Older People, Health and Wellbeing, Digital Communities, Priority Families, Integrated Transport and a City of Culture.
- 1:3 The Scottish Government have set out clear guidance on how Community Planning Partnerships (CPPs) can incorporate long-term prevention plans which quantify the resources allocated to prevention and commit to increase the resources invested by partners and that these should be re-invested over the timescales of the Single Outcome Agreement (SOA).

2: LOCAL PICTURE

- 2:1 To illustrate why this is important, it is useful to look at areas where Aberdeen City has followed national trends of increased spending with little progress on mitigating inequalities experienced by the population across key priority areas. This highlights the complexity and challenge CPPs are experiencing nationally whilst highlighting a number of key areas where CPA must collaborate in new ways to achieve progress against local priorities:-

2:2 Economic Growth

- 2:2:1 Between 2002 and 2008, Aberdeen City was one of the local authorities with the lowest rates of relative poverty in Scotland. However, there has been relatively little improvement made with 14-15% of households in Aberdeen remaining in relative poverty¹.
- 2:2:2 Between 2009 and 2012 SIMD, the number of Aberdeen data zones in the most deprived of all Scottish data zones decreased from 28 to 22. However, Heathryfold and Middlefield remain in the 5% most income deprived areas in Scotland. The most employment deprived datazones in Aberdeen is Torry East and is within the 5% most employment deprived datazones in Scotland².

¹ <http://www.scotland.gov.uk/Publications/2010/08/26155956/6>, sourced on 06.01.14.

² SMID 2013, <http://www.scotland.gov.uk/Resource/0041/00410715.pdf>, sourced 06.11.14.

2:3 Learning and Workforce

- 2:3:1 The gap between the bottom 20% and the average in learning outcomes has not narrowed since the establishment of CPPs. The S4 tariff scores³ in the most deprived areas are now just over half those in the least deprived areas in Scotland. Further analysis is required to determine if Aberdeen has the same trend.
- 2:3:2 Aberdeen Works have embarked on a strategic assessment of local data to develop a local Working for Growth Strategy. This will identify areas of challenge specific to the Aberdeen labour market.

2:4 Safer Communities

- 2:4:1 Although overall rates of recorded crime and reported victimisation have declined in Scotland, the correlation between risk of victimisation and deprivation has strengthened. The same relationship exists for fires and fire deaths. In Scotland, the costs of illicit drug and alcohol abuse is £3.5bn with only 6% of the budget being spend on prevention services. More analysis is required locally to see if Aberdeen has followed similar trends.
- 2:4:2 Aberdeen Central remains in the 5% most crime deprived areas in Scotland, ranked 2nd highest⁴.
- 2:4.3 There is evidence to support the best type of prevention in dealing with crime is tackling poverty and deprivation. While policing and justice are costly in terms of reducing crime there is evidence to support a shift towards restorative and community justice and preventative work with priority families.

2:5 Children and Young People

- 2:5:1 Of the 1,687 School Leavers in 2013, 91% entered positive destinations in education, employment or training against a Scottish average of 91.4%.
- 2:5:2 The most educationally deprived area in the city is Northfield which remains in the 5% most educationally deprived areas in Scotland. The CPA has commenced a Total Place Pilot in the area of Northfield to tackle specifically the educational attainment of young people in their early years.
- 2:5:3 Councils across Scotland have experienced a 4.1% per year increase in demand for children's services. The changing demographic will continue to increase the need for services for children with disabilities and the growing challenge of drug and alcohol misuse will escalate the demand on looked after and child protection services.
- 2:5:4 There is strong evidence to support the investment in early year's programmes, antenatal health promotions, and kinship care for Looked After children, and support to young people in transition from care, support to young carers, parenting programmes and specific programmes for parents with learning disabilities.

³ Tariff Scores: a standardised measure used to compare the performance of children in exams.

⁴ SIMD, 2012, <http://www.scotland.gov.uk/Resource/0041/00410715.pdf>, sourced 06.01.14.

2:6 Older People

- 2:6:1 Councils across Scotland have experienced a 4.3% per year increase in demand for older people's services. The changing demographic will continue to increase the need for these services.
- 2:6:2 There is strong evidence for reducing hospitalisation and institutionalisation by maintaining independence. There is qualitative information that older people value low-level-interventions that can be effective in maintaining independence. There is a lack of consensus over the cost effectiveness of intermediate care. There is strong evidence to support the cost effectiveness of stroke prevention services. There is strong evidence from England that Partnerships in Older Peoples Services led to a reduction in hospital emergency day beds, overnight stays in hospital, use of accident and emergency and demand for outpatient appointments through more proactive assessment and case coordination services. Home care re-ablement, intermediate care and rehabilitation services are also considered to have a positive impact on outcomes and costs. The potential benefits of telecare are also acknowledged.

2:7 Health and Wellbeing

- 2:7:1 Life expectancy at birth in Aberdeen is 78.6 years, based on the 2008 – 2012 data. Although this is slightly higher than the Scottish average of 78.1 years, Aberdeen is ranked 18 out of 32 local authority areas. The 2012 Scottish Index of Multiple Deprivation (SIMD) showed that Aberdeen had 15% of the most health deprived datazones in Scotland compared to 4% in 2004. The areas of Heathryfold and Middlefield remain in the 5% most deprived areas in Scotland.
- 2:7:2 It would be useful to consider data from NHS Grampian to determine the extent of the difference in life expectancy between the population as a whole and those living in the 20% most deprived areas. It would also be useful to consider those living in the 20% most deprived areas, as well as living shorter lives, what percentage of their lives are lived with ill health.
- 2:7:3 In terms of Shifting the Balance of Care health service focus on preventing the inappropriate use of more intensive services for people with people given levels of need which could be met by lower cost services or interventions. Recent work to shift from in-patient care to day hospital and outpatient care, the replacement of NHS long-stay beds by local authority community care and reducing care home admissions to more intensive home care services are examples of local practice to move towards preventative approaches. Quantified evidence for wider community services has not been identified but there is some evidence that primary prevention strategies are cost effective, such as, statins, paediatric immunisations, smoking cessation.

2.9 Funding

- 2.9.1 It is also important to note that the Total Grant Funding (TGF) for Aberdeen City Council in 2014-15 is £311,359, £1,413 per head of population compared to £1,946 in Scotland, ranked 32 out of 32 local authority areas⁵.
- 2.9.2 It would be useful to consider the funding allocations across all key partners to consider the cumulative impact of the allocation of funding in the city.

⁵ Aberdeen City Council 'Beyond the Granite 2013, p4.

3: CURRENT AND FUTURE ACTIONS TO SHIFT SPEND AND REDUCE DEMAND

3:1:1 The Christie Commission set out the need for transformational change in the delivery of public service to improve outcomes, tackle inequalities and maintain financial sustainability in the face of continuing challenges. The report set out the demand trends on public services including; a changing population, rising unit costs, constrained public-sector budgets and the historic balance of spending on crisis management.

3:1:2 The Scottish Government set out clear expectations in the *2012 Guidance to Community Planning Partnership on Single Outcome Agreements* on the action required to mobilize public sector assets, activities and resources, together with those of the voluntary and private sectors and local communities, which includes the:-

- use of an evidence-based approach, underpinned by disaggregated data, to drive improvement in meeting the differing needs of local populations,
- include clear performance commitments that will lead to demonstrable improvements in people's lives,
- focus upon reducing outcome gaps within populations and between areas and promote early intervention and preventative approaches in reducing outcome inequalities,
- identify priorities for interventions and include plans for prevention, integration and improvement to promote better partnership working and more effective use of resources.

3:1:3 The Scottish Government have set out clear expectations that the pace of change towards prevention must increase sharply and extend across local SOA priority outcomes and beyond the activity of the Change Funds i.e. Re-shaping Care, Early Years and Reducing Re-offending. This will include; focusing on the required change needed in service delivery and a shift in the balance between proactive and reactive approaches.

3:1:4 CPA is required to think about how to better utilise the resources and capabilities of public service partners and the Third Sector. Moving more towards methods of co-production with service users and the community to achieve better outcomes is a necessary challenge in the review and redesign of services to achieve better integration to meet needs of individuals, families and communities. It would be useful for the CPA Communication and Engagement Group to explore and define what co-production will mean for Aberdeen City.

3:2 Early Intervention and Prevention

3:2:1 The 2012-2015 CPA Single Outcome Agreement (SOA) promotes an early intervention and preventative approach in reducing outcome inequalities. The aim of which is to prevent problems and ease future demand on services by taking early action and delivering better outcomes within the context of reducing spend.

3.3 Improving Outcomes

3:3:1 CPA is required to evidence progress in a shift towards preventative approaches by the Board, Management Group, Thematic and Multi-lateral Priority Groups. Partners will be required to demonstrate that approaches are based on evidence and intelligence building on validated methods or through areas of innovation. There may be opportunities to strengthen the relationship with local further and higher education

establishments to progress action-research approaches and undertake robust and objective evaluation of pilot projects, involving service users to demonstrate improved outcome, reduced demand and value for money before rolling out approaches geographically or across other thematic or multi-lateral priority work streams. The two CPA pilot projects; Priority Families and Northfield Total Place are examples of how local partners have come together to tackle areas on ongoing concerns in a different way. The success of these projects continued to require partnership commitment and the investment of resources, skills and funding.

3:4 Reducing Future Need

3:4:1 To ensure the CPA can evidence success in improving outcomes and reducing future need it is important that the Management Group ensure robust scrutiny of annual performance reports from Thematic and Multi-lateral Priority Group. Lead officers should be able to demonstrate where the Groups can evidence where a focus on outcomes is generating short term improvement, accounting for costs and benefits in the short-medium-long term and show how partners are ensuring collective collaboration and responsibility across sectors.

3.5 Controlling Costs

3:5:1 The CPA has ensured through strategic assessment that local opportunities for early action are identified in the SOA for 2012-2015. This should be further enhanced by ensuring Thematic and Multi-lateral Priority Groups can state the level of resource (budgets and staff) invested in prevention; to understand how much resource the CPA is allocating to preventable needs; and to commit to shift more resource over time into preventative activity. This may be a challenge across the CPA budget but may be more achievable if the partnership considers the use of the CPA partners collective skills and resources and pilot projects or initiatives e.g. the Early Years Collaborate, the Community Safety Hub, etc.

3.6 Releasing Savings

3.6.1 The Scottish Government set out the importance for CPPs to recognise different types of intervention, and to distinguish and understand them. This means understanding when an action may be preventative but not represent good value for money, an action that improves outcomes and reduces future failure demand but comes with an increased cost. The most desirable action for the CPA to take in any circumstance will be where a change to service delivery will improve the outcomes, reduce demand and costs can be mitigated at the same time.

3.6.2 Thematic and Multi-lateral Priority Groups should consider how costs are being controlled and savings released across the SOA outcomes. In the annual performance reports they should demonstrate where savings have been released or where they project potential savings in the future. There may be examples of where local policies, procedures and practice act as a disincentive to preventative approaches and these should be identified and action proposed to address accountabilities. There are likely to be some legitimate political or public-opinion barriers to releasing savings and the CPA should consider how collectively they can influence and better inform the public on the need to shift resource to support preventative approaches.

3.6.3 The CPA provides funding to ACVO to ensure a robust Third Sector Interface to inform, engage with and contribute to the delivery of the Single Outcome Agreement. There may be opportunities to further enhance the role of the Third Sector to support

public sector services to achieve a shift towards prevention, including ensuring that the Third Sector is working strategically to assist the CPA to lever in available resources that will allow for transformation and changes in local delivery.

- 3.6.4 The Scottish Government further set out the importance of effective engagement and collaboration locally with the Third Sector and Independent Sector, including organisations like Community Justice Authorities who play an important role in prevention in the city.

3.7 Change Funds

- 3.7.1 It is important that the CPA have a clear overview of which lead agency/service manages each of the Change Funds, how the funding is being allocated, what safeguards are in place to ensure that funds for preventative spending are not being used to top up or substitute existing expenditure, how partnerships have set outcomes and how progress will be measured. The CPAs overview and scrutiny of the use of Change Funds has been limited in the past and largely delegated to specific Thematic Groups.

- 3.7.2 The Re-Shaping Older Peoples Change Fund in Aberdeen City amounts to £5.878M in total, ££3.14M in 2013-14 and £2.738M in 2014-15 and is held by NHS Grampian Board and supplemented by Aberdeen City Council and distributed through the Aberdeen City Health and Social Care Partnership. The purpose of the fund is to enable the redesign of services that support shifting the balance of care towards primary and community care.

- 3.7.3 The Early Years Change Fund in Aberdeen City amounts to £746,637 in 2012-13, £1,312,972 in 2013-14 and £1,881.610 in 2014-15 and is held by Aberdeen City Council and distributed through the Early Year Collaborative. The purpose of the fund is to enable the redesign of children's services that support shifting investment towards the early years and early intervention.

- 3.7.4 The Fairer Aberdeen Fund for Aberdeen City amounts to £1.625M per annum and is held by Aberdeen City Council Corporate Governance Directorate and distributed by the Fairer Aberdeen Board which includes CPA partners and community representatives. The purpose of the fund is to tackle poverty and inequality. The local priorities determined by the Fairer Aberdeen Board are; maximising income, getting people into work, improving mental health and wellbeing, building stronger safer communities and increasing skills and creativity. The funding is targeted in priority neighbourhoods; Cummings Park, Middlefield, Northfield, Seaton, Tillydrone, Torry and Woodside. Priority groups include; people living in poverty, lone parents and families with children, unemployed people, children and young people, people with health issues and older people.

3.8 Evidencing Best Value

- 3.8.1 CPA will deliver improved outcomes and Best Value through collective vision and leadership, effective partnership working, clear governance and accountability, use of resources, performance management ensuring equity and sustainability in service provision.

3:7 Aligned and Pooled Budgets

- 3.7.1 Thematic Groups should consider aligning or pooling budgets in areas where there are persistent challenges in managing spend to help reduce the overlap/gaps in

services delivery, improve a person centred approach and increase efficiency. An aligned budget involve two or more partners working together to jointly consider their budgets and align their activities to deliver agreed aims and outcomes, while retaining complete accountability and responsibility for their own resources. There are some examples of this already in operation e.g. Out of Authority Placements in Children's Services. To Pool Budgets is where two or more partners contribute to a single fund to achieve agreed aims and the budget is managed by a single agency with a funding agreement in place to ensure accountabilities and responsibilities are clear. It would be useful for partners to identify examples of pooled budgets in operation in the city.

3.8 Outcome Based Budgeting

- 3.8.1 Flynn defines Outcome Based Budgeting as a budget process that makes resource allocation and control decisions based on the results of the expenditure. It is distinct form of budgeting based on inputs (e.g. staff, buildings and materials) and focuses on outputs (e.g. numbers of people educated, operations carried out, and prisoner's held in custody)⁶. An outcome budgeting framework is based on: defining a set of outcomes, identify key delivery activities, identifying resources, planning and prioritising the use of resources, mainstreaming evaluation and causations analysis and making future resource allocations based on 'what works'.
- 3.8.2 This, essentially, is the desired approach for each of the "Whole System" pilots supported by CPA. Colleagues who have been taking these initiatives forward have identified that a dedicated resource is needed to ensure progress is made and partners have now made resource available.
- 3.8.3 The recent research and experience of the Partnership suggests that pursuing outcome based budgeting approaches which focus on relatively tightly defined service or geographical areas, rather than looking at the totality of Partners' resource, provides a more action focussed opportunity for change which can be shown to improve outcome.

4: OPPORTUNITIES AND CHALLENGES

- 4:1:1 The task of improve outcomes in the local populations learning, employment and income, crime and health is a major challenge and the issues are complex and interdependent. In order to achieve an integrated model of public services that will enable improved outcomes for those most disadvantaged in Aberdeen the CPA will have to ensure a step change in the way it tackles the business set out in the Single Outcome Agreement. This requires all agencies to influence a change so that service leadership, location, business processes and core functions can be negotiated on the basis of how to achieve improved efficiency and better outcomes.
- 4:1:2 The SOA has led to the removal of most ring-fencing of public sector funding which has previously limited partners flexibility to spend on local priorities. There is an opportunity for partners to shape public services in Aberdeen to ensure delivery meet the needs of communities, therefore reducing future demand on services.
- 4:1:3 The Public Sector is already embarking on a number of changes and transformation to service delivery which include; service prioritisation, reducing costs by dealing with negative social outcomes, externalisation of services, improved and joint procurement, service and business process redesign, new models of care, co-

⁶ Flynn. N, 'Moving to Outcome Budgeting', 2001.

location of services and full integration at locality level, service centres and ICT online service solutions, joint reviews of high care costs packages and work to reduce unit costs, productivity and maximising attendance measures, joint staff development, aligned and pooled budgets.

4:2 Business Challenges and Opportunities

- 4:2:1 The business challenge for all partners is to lead and steer the governance and performance of each organisation to focus on achieving community outcomes, not just on meeting the time interval and output targets of service delivery.
- 4:2:2 CPA has already moved to undertaking annual strategic assessment to ensure the SOA is informed by local conditions which is the basis of outcome based service planning and performance management. Partners and the public are being kept up to date through the regular publication of Story Boards that set out the rate and amount of change being undertaken by each Thematic and Multi-lateral Priority Group, what difference the change will make and how the CPA will know when success has been achieved.
- 4:2:3 The outcomes approach also means that public services should be designed in a more joined up or integrated way. This also means that key business processes need to be coordinated and streamlined around the individual or community's needs.
- 4:2:4 There are a number of examples in Aberdeen where services have become more joined up or fully integrated in order to achieve improved outcomes. The CPA should ensure regular reporting and close evaluation of services, projects and pilots such as; the integrated of older peoples services, early years collaborative, Torry Neighbourhood Centre, the Health Village, Integrated Community Drug Service, Community Safety Hub, Intensive Community Support and Learning Service and the Joint Child Protection Unit.
- 4.2.5 The Local Democracy Think Tank has produced a Step-by-Step Guide to Mapping and Tracking Preventative Spend. The model is based around 5 steps (i) Establishing a Project Sponsor and Steering Group (ii) Identifying agree project aims and scope based on opportunities for prevention, early intervention and early remedial action (iii) Understanding the outcomes (iv) mapping preventative services for a chosen outcome (v) Analysing and mapping budgets. The CPA could consider a pilot in a key area already undertaking work on the shift to preventative spend.

4:3 Financial Challenges and Opportunities

- 4:3:1 There are significant financial challenges to ensure that funding decision support the achievement of communities outcomes, not just within a public service but across all CPA services. For example, in areas where there is a growing body of evidence to support early intervention and prevention the Scottish Government has established Change Funds for the period of transition, difficult decisions will have to be made about which agencies undertake service responsibilities in future and budgets may have to be pooled or transferred to other providers so that barriers to outcome based practice do not take hold again when the Change Fund exits.
- 4:3:2 The Improvement Service undertook work with CPA in 2010 and also with the Fife area CPP to explore ways to improve the links between budgetary processes and the delivery of the SOA outcomes. This highlighted a number of challenges but does mean the CPA has had the opportunity to consider the detail in all its complexity. The key learning to be built on locally include :-

- interconnected social, economic and environmental factors which have, or may have, a negative impact on outcomes and costs;
- the difficulty of relating these factors to spend;
- the uncertainty of attribution (i.e. cause and effect);
- given this uncertainty, the barriers for any partner organisation to invest in long term prevention, when the improvements may or may not be realised, and if they are, they may not be realised to the “funding” partner;
- that given each of the above points, prevention and sharing of resources is more likely to be possible on defined service and geographic areas and, therefore, local innovation should be encouraged and multiple approaches supported.

4:4 Political Challenges and Opportunities

4:4:1 Aberdeen City Councillors will be faced with maintaining a focus on outcomes, which may not be rewarded until the long terms. Many of the outcomes will not be achieved within the political cycle which may mean pressure and criticism from the public and media.

4:4:2 Councillors have the opportunity to work with Council Officers to ensure that the organisational outcome within the SOA have clearly set out milestones enabling the politicians to report success against shorter term targets as a clear political strategy to respond to the public interest while and the same time remaining focused on longer term outcomes for those most disadvantaged in their community. The pre-election period debate can focus on the best way forward to achieve outcomes for the community rather than pinning politicians down to inputs and outputs which don't reflect the true complexity of policy implementation.

Appendix I: References

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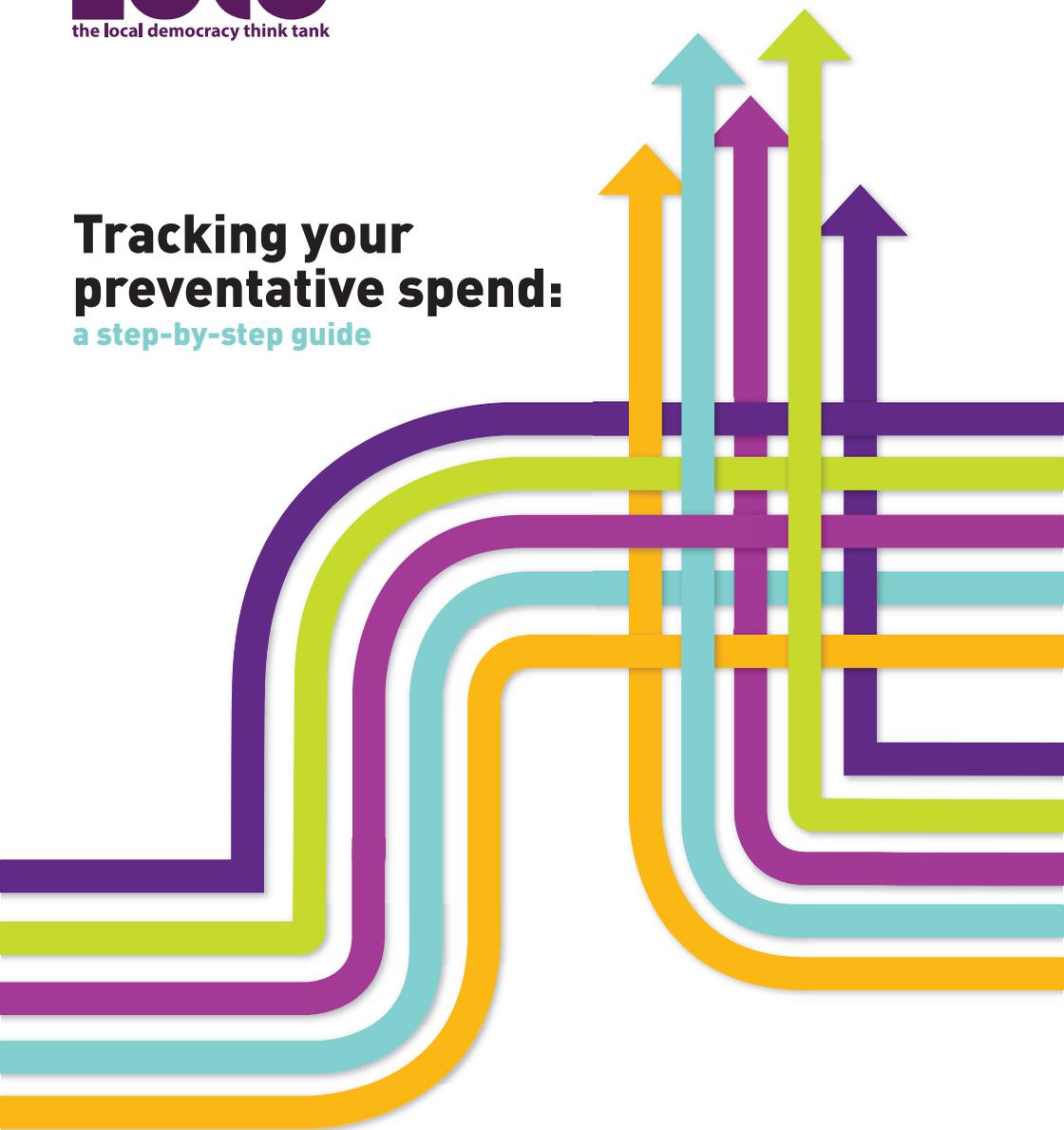
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Tracking your preventative spend:

a step-by-step guide



Working with





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Introduction

We all know the age-old adage 'prevention is better than cure'. The idea of stopping an issue before it arises has been part of political consensus for some time. Short-termism, and dealing with problems at the acute end of the spectrum, often leads to poor outcomes for individuals, not to mention huge expense and escalating costs in providing services. Investing in prevention and early action as a means to 'prepare' for the future is seen as a path towards managing and reducing demand on acute services, therefore reducing costs, whilst also improving outcomes for individuals.

But despite broad consensus on the principles underlying the issue and the importance of investing in prevention and early action to achieve better outcomes and reduce cost; doing so in practice has proven a real challenge for local authorities, due to a series of reasons, which are interconnected:

Culture: Public services traditionally tend to intervene with an individual once an issue has been identified and things go wrong in their lives, acting as a safety net, and do not always make upfront investments in prevention (or classify it as such) to avoid problems arising. Changing this culture and attitude to shift budget to preventative services requires political will and public consensus.

Increased demand on acute services: Demographic and policy changes are leading to an increased demand in some services, particularly those at the acute end of the spectrum for instance adult social care. Shifting budgets towards early action and prevention is problematic in a climate where increased pressure and demand is being placed on these costly services.

Cost pressures: The need for councils to make huge budgetary savings is having a significant impact on discretionary services – with many experiencing cuts. These are exactly the services that are largely considered preventative programmes of work, so shifting budgets towards these discretionary, preventative services is difficult to justify.

Cycle of elected office: A significant challenge for all councils is the political cycle and the desire from councillors, across the political spectrum, to see a return on their investments during their term in office. This four year cycle of elected office can sometimes lead to political short-termism in all types of authority, whereby spend and decisions are prioritised on actions that will have immediate and visible impact. Investment in early action, which may not have visible outcomes until many years down the line, can be difficult for all councils in this context.

The final barrier to prevention, and perhaps the most significant, is a lack of clarity around what constitutes preventative activity, how this links to outcomes and how much money councils spend on it overall. It is inherently difficult to research due to the complex nature of the situation in which some individuals find themselves, making it challenging to be certain that any one intervention is responsible for delivering the desired outcome. Many councils support the early action agenda but it is often approached in an ad-hoc way and it does not always link with broader council activity and in particular, outcomes.

Councils often do not have a clear understanding of how much of their budgets is spent on prevention, how this contributes to the delivery of outcomes and what this means for increasing their activity towards early action programmes.

Mapping preventative budgets

We believe that the starting point to resolving this challenge described is to understand how much money councils spend on early action and which outcomes this contributes towards. With this in mind Local Government Information Unit (LGiU), with the support of Mears and The British Red Cross, piloted an approach in Camden Council to mapping their preventative budgets against one of the council's key outcomes from the Adult Social Care Outcomes Framework; to keep older people living independently for longer, by 'delaying and reducing the need for care and support'. We wanted to understand their investment in prevention against this outcome and the impact that this has on outcomes for older people. The focus on this outcome is particularly timely, given the transfer of public health responsibilities to local authorities. This guide shares this approach and sets out the step-by-step process that was taken to analysing Camden's preventative budgets in this area.

Undertaking this analysis is the first stage of what could be a much broader piece of work to shift budgets to have a greater emphasis on preventative services. As such, timing of this analysis is crucial so that it has the opportunity to provide contextual information to budget planning processes.

We found this approach to be an effective way of understanding those interventions which we believe to be preventative, how much it costs and how it supports the delivery of key outcomes for the Council. It also highlighted how connected and disconnected spend over the different categories of prevention can be. For those councils who are considering undertaking a similar exercise, we hope that this guide will help authorities think-through how they might conduct this process in their own area.

1

**Step one:
Establishing a
project sponsor
and steering
group**

**Step two:
Identifying and
agreeing aims,
objectives and
scope of project**

2



The guide sets out the five steps to mapping and analysing spend, covering the practical steps taken, the outcomes and challenges of each step.

We don't intend for this process to be applied prescriptively; indeed your own local circumstances will determine which parts of this toolkit will add value to your work. We chose to concentrate on council activity only, as a starting point, but recognise that other areas may wish to involve partners – particularly where chosen outcomes are delivered and commissioned in partnership. We are keen to keep the conversation open and find out your local case studies for how you have applied this process to your own practice. Please get in touch and let us know if you would like to pilot this approach in your area: laura.wilkes@lgiu.org.uk

The five steps to mapping and analysing preventative spend

Step one:

1

Establishing a project sponsor and steering group

The first stage of the project in Camden was to establish a project steering group of key individuals from across the council, including a project sponsor. The role of the project sponsor was to provide central leadership and decision making, resources to the process and oversight of the aims and outcomes. It was deemed most

appropriate that the Assistant Director for Communities would be the most effective individual to drive the project forward and influence across the organisation. As the project was a corporate priority for the Council the corporate strategy team worked closely with the Assistant Director for Communities, acting as the central point for coordination and providing project support.

Key considerations in appointing a project sponsor will include:

- **Seniority:** leadership and decision making ability are vital, so projects should appoint an individual who has the ability to fulfil this function.
- **Connectivity:** as mapping preventative budgets will in most cases, involve oversight across the council, an individual with key connections and relationships across all council departments is a real asset.
- **Resources:** although this project does not require cash resources to deliver, it does require staff time and capacity to coordinate, conduct analysis and consider recommendations, so the project sponsor will need capacity within their service area, or agreement from another area, that staff time will be made available.

■ ■ Sponsoring this project was important to me in order to gather learning from across the council to help inform our future approach to delivering preventative services, as well as to provide insight for us to use in the development of outcomes based budgeting. Having input from a range of services and the perspective of partners gave us a depth of knowledge, which helped us work through the challenges in a creative way. ■ ■

Ali Griffin, Assistant Director, Communities, **London Borough of Camden**

Once the project sponsor has been appointed, it is vital that a project steering group is established to provide oversight, guidance and challenge to the project, in addition to identifying the outcome or outcomes the council wants to map preventative spend against.

In Camden, the aim of the project was to consider spend on interventions believed to be preventative across the Council, therefore it was vital that each department in the council was represented on the project steering group, alongside LGiU, Mears and The British Red Cross. The cross-sector nature of this steering group, with representation from the council, private and third sectors brought real depth of experience and knowledge to the project. The project sponsor identified and invited staff from across all council departments at levels of 'Head of' service, strategic commissioners and the Deputy Director of Public Health to join the steering group – which was around 20 people in total.

Step one

Purpose: Provide leadership, governance and accountability to the project.

Challenges: identifying the outcome to focus on and gaining support from individuals throughout the council to contribute to the project.

Resources needed: approximately 2 days of LGiU staff time to write scoping papers and 1 day of Camden staff time to arrange steering group meetings.

Key outputs: Project sponsor and project steering group identified and appointed; and first steering group meeting arranged.

Step two:

2

Identifying and agreeing aims, objectives and scope of the project

Prior to any work in spend mapping, it was vital that the project established the outcome for consideration and analysis, in addition to a shared understanding across the steering group on what prevention meant in this context.

Before the first steering group meeting, the project sponsor with LGiU, Mears and The British

Red Cross met to discuss the aims and objectives of the project, possible outcomes to focus on for the basis of the mapping, project timescales and issues that needed to be thought-through at the first project steering group. The outcome of this was two papers for consideration and agreement at the steering group.

While it's a well-known term, 'prevention' has different meanings and intentions across health and social care. It was really important to ensure we had a shared understanding of 'prevention' to give us clarity and direction for the mapping. The mapping could have become very confused if we hadn't defined 'prevention' first.

Chloe Carter, Policy & Advocacy Lead for Health & Social Care,
British Red Cross

The first paper outlined the aims and objectives of the project: to understand in depth how the council was investing in the chosen outcome, through self-assessment of their budgets in order to determine funding spent on preventative and early intervention activities. The scope of the project and the outcome to focus on was also explored in this initial paper, with the proposal being to concentrate on the outcome to 'delay and reduce the need for care and support' for older people in the borough. This outcome was a key council priority and an area where the council recognised that there was scope to deliver more integrated services.

The second paper, prepared by LGiU, discussed how to define 'prevention' and 'early action' and how this applied in the context of 'delaying and reducing the need for care and support'. The paper included a review of relevant literature on the topic to date and previous attempts to define 'early action'. For instance, the National Audit Office⁽¹⁾ suggest that broadly, early action constitutes three types of work⁽²⁾:

- **Prevention:** to prevent or minimise the risk of problems arising
- **Early intervention:** targeting resources on individuals or groups at high risk, or showing early signs of a problem, to try to stop it occurring.
- **Early remedial treatment:** intervening once there is a problem, to stop it getting worse and redress the situation.

The emerging findings from this research pointed to broad consensus that there were three tiers of prevention, which can be distinguished from 'reactive' or 'acute' interventions. For the purpose of the project and the analysis, the choice of terminology was not particularly important, but it was vital that all project stakeholders had a shared understanding of how the terminology around prevention was to be applied in this context and that for consistency, everyone used the same terminology. For the purpose of the project in Camden, the following definitions were used:

Primary Prevention: preventing, or minimising the risk, of problems arising – usually through universal policies like health promotion or a vaccination programme.

Secondary Prevention: targeting individuals or groups at high risk or showing early signs of a particular problem to try to stop it occurring, for example screening programmes.

(1) National Audit Office (January 2013), Early Action: Landscape Review, p.10.

(2) There are a number of definitions for these three types of work, but for the purpose of this exercise we used the ones noted in this guide.

Tertiary Prevention: intervening once there is a problem, to stop it getting worse and redress the situation. For example work to prevent reoffending and reablement programmes.

Reactive interventions: spending which acts to manage the impact of a strongly negative situation but does little to prevent negative consequences or it reoccurring in future, for example acute hospital care.

In this second paper, LGiU also offered some examples of how the definitions could be applied in the context of 'delaying and reducing the need for care and support', so that all project stakeholders had a shared understanding of how the definitions work in practice.

Step two

Purpose: identify and agree scope of the project and develop a shared understanding of what is meant by 'prevention' and 'early action'.

Challenges: agreeing a common application for the definition across the range of council services that will be discussed as part of the project.

Resources needed: 4 days of LGiU staff time to research and write scoping papers.

Key outputs: discussion papers and agreement on the outcome to focus on, the terminology that will be used to describe and define 'prevention' and how this terminology will be applied in the context of the outcome selected.

Step three:**3****Understanding the outcome**

Once the outcome focus for the project was chosen (in this case Camden selected 'delaying and reducing the need for care and support' for older people) the project steering group wanted to get a better understanding of what factors had an influence on this outcome. We wanted to establish the individual pathways to residential and nursing care and support and research that pointed to interventions that contributed to delaying the need for this type of care. The purpose of this was to deepen the steering group's knowledge of the outcome and what factors influenced it, as this would provide vital information for understanding the Council's own practice for delivering services to contribute to this outcome.

The key questions that were identified to form the basis of the research were:

- What were the sources of admission to residential care?
- What were the reasons for admissions into residential care?
- What was the average length of stay in residential care in Camden?
- What was the client profile of Camden residents in nursing and residential care?
- What was the length of stay in residential and nursing care?

Project partners chose to focus on reducing admissions to residential care not only because it is a key performance indicator in the Adult Social Care Outcomes Framework but because given the choice most people would prefer to live in their own home rather than residential or nursing care. Given that home care is also more cost effective, identifying what spend reduces residential care is absolutely critical for policy makers who are facing an aging population and a shrinking public purse. ■ ■

Alan Long, Executive Director, Mears

LGiU conducted a literature review which looked at national research and supplemented this with local data collected by Camden. The key outcome at this stage was an understanding of the causes for individuals to be admitted into residential care and their living situation before admission. For instance, national research from the Personal Social Services Research Unit⁽³⁾ tells us the main reasons for admission to residential homes are more likely to be as a result of mental health needs, whereas nursing home admissions are likely to be as a result of physical or functional needs. The condition most frequently identified as a reason for admission to care homes is dementia. The same research also found that home care residents tended to be: old, female, either living alone or in a situation where other household members can no longer cope, less wealthy and in poor health. Alongside this national research, we established a client profile of individuals in nursing and residential care in Camden using local data collected from long-stay placements of Camden residents into residential and nursing care homes not continuing healthcare, over three years; 2010 to 2013.

(3) <http://kar.kent.ac.uk/762/1/chop2.pdf>

Step three

Purpose: understand the factors influencing the chosen outcome.

Resources needed: 1 day of Camden and 2 days of LGiU staff time to research and compile data.

Challenges: availability and sources of data.

Key outputs: a paper pulling together relevant research and data to provide broad understanding of the factors having an impact on the outcome and contextual information to assist service mapping at step four.

Step four:**4****Mapping preventative services for the chosen outcome**

Using the research gathered at stage three as a starting point to frame discussions, LGiU hosted a workshop for staff across the council in order to map all services that the council provides to deliver the outcome to 'delay and reduce the need for care and support' for older people in the borough. At this stage it was really important to be clear about the outcome that we were focusing on, as this exercise of mapping services is vital for stage five – analysing the cost of providing these preventative services.

The profile of council stakeholders who were invited to attend the workshop were service managers and 'Heads of' service from departments across the council. Some of these were people who we already knew provided services which contributed to the outcome, particularly those from Housing and Adult Social Care. Others were asked to attend to provide an oversight of the department and the services provided to ensure that there was representation from all sections of the council. There were around 30 attendees in total.

The three-hour workshop began with a presentation from the project sponsor about the aims and objectives of the project and how it contributed to the Council's corporate priorities. LGiU then provided a presentation on the definitions of prevention (see step three) and the research gathered about factors having an impact on the outcome (see step four) to inform a subsequent discussion with workshop participants regarding the limitations of the definitions and how they will be applied in the context of this outcome. This discussion was really important in ensuring that all workshop participants had the same understanding of prevention and the services that would fall within each of the categories.

The participants broke off into three groups – one for each category of prevention (primary, secondary, tertiary) to discuss the services that the council provides, across each service area and each category of prevention. This resulted in three groups each discussing each category – lasting for 20 minutes each. We asked that each person write down on a post-it note their name, the service that they deliver and what the service does; and then stick the post-it note on a large grid that we had stuck on the wall.

For the purpose of this exercise, we defined 'reactive interventions' - those services which act to manage the negative outcome but do little to prevent further negative consequences - as nursing and residential care services. This is the key performance indicator measure in Domain 2 of the Adult Social Care Outcomes Framework: 'permanent admissions to residential and nursing care homes, per 1,000 population'. We were not describing providing nursing and residential care as a negative intervention in and of itself. Providing this type of support is often a consequence of preventative interventions being insufficient to prevent the impact of ill health and therefore keep someone living in their own home. In effect we defined admission as a reactive intervention, so we did not map this service during the workshop as the reactive intervention was already defined.

The grid used for the workshop had the following headings, with the categories of prevention along the top, and the council departments along the side. The services noted in this grid opposite, provide an example of the type of services identified under each category, in the workshop. Clearly, some services arguably can fall into more than one category of prevention, so for the purpose of this exercise, we mapped the service into the category of prevention where the bulk of the benefit was realised. Reactive interventions are not included in this grid as this is already defined as nursing and residential care services.

	Primary examples	Secondary examples	Tertiary examples
Housing	Welfare benefits advice service for council tenants	Care and repair handyperson service	Specific adaptations to enable people to live at home or return home
Children, Schools and families	Family information service: support with families to cope with a variety of issues	Young carers service: supporting young people who may be supporting parents/ elderly family members	
Adult Social Care	Older persons' Freedom Pass	Careline telecare and telehealth. Home care: support people with daily living to remain in their homes.	Home care intensive packages. Falls prevention
Culture and Environment	Leisure centre provision	The good gym: Matches runners to older 'coaches'	Library reminiscence scheme for people with dementia
Public Health	NHS health check	Exercise on referral	Stop smoking services

-  The workshop enabled a wide group of officers from across the council to come together around an outcome area and consider it from the perspective of preventative activity, which we hadn't done in this way before. The grid we created showed the vast range of activity across the council and how services, who perhaps hadn't realised before, contribute to supporting residents in the borough to delay or reduce the need for residential care. 

.....
Nicola Kilvington, Strategic Lead - Research and Strategy,
 London Borough of Camden

The outcome of this process and the discussions that took place in the group, was a large grid, with services from across the council stuck to it, mapped by service area and category of prevention.

We recognised at an early stage that not everyone was present at the workshop, therefore some services may have been missed from the grid. To address this, LGiU wrote up the grid into a spread sheet following the workshop, and circulated this to the project steering group and all workshop participants for consolidation and to review and revise the grid, fill any gaps and amend any inaccuracies.

Step four

Purpose: map services associated with the outcome

Challenges: ensuring that the right people were at the workshop; knowledge and understanding of the services that the council provides to contribute to the outcome; and applying the definition in this context.

Resources needed: 2 days of LGiU staff time to prepare, deliver and write-up workshop, Camden staff participation in the half-day workshop and involvement in refining the grid post-workshop.

Key outputs: an Excel spread sheet outlining all the services provided by the council, across the three categories of prevention, that contribute towards the chosen outcome.

Step five:

5

Analysing and mapping budgets

The final step was to work with service managers to analyse budgets against the service map produced at step four. This involved scheduling 1-2-1 meetings with the managers and budget holders, where LGiU discussed their services, service aims, how they contribute to the outcome and how much they cost to deliver.

Troubleshooting: data gathering

A challenge during step five was the availability of performance and budget data, and when data was available, deciding how to apportion the percentage of budget that was spent on the preventative activity in question. In many cases budgets were not accounted in a way that made it simple to apportion cost to a service or activity. In particular, where budgets were allocated to the delivery of more than one service, and where staff had roles in more than one service, it was difficult to apportion costs. Additionally, identifying what element or proportion of any 'preventative' spend, had evidence of a direct causal link to a delayed admission to care was challenging.

Working it through: Ensuring that the key questions for the meetings were circulated in advance in order to give service managers time to consider budgets and their responses was useful in getting the most out of the meetings. We also found it incredibly useful to have a representative from the finance department present at the meetings, to assist with apportioning costs and analysing budgets. In some cases, and particularly when looking at staffing costs and staff time spent on particular activities, we had to make estimates based on staff work programmes and by talking with staff members themselves about their roles. When thinking about the link between spend and outcomes, it was useful to consider data about users of the services and the proportion of those who were older people.

The key questions for these meetings were:

- What is the activity (what does the service do)?
- What are the outcomes of the service?
- What are the outputs of the service?
- What are the inputs from the council (staff, IT, equipment costs, etc)?
- What are the inputs commissioned by the council and provided elsewhere (for example, call handlers)?
- What is the budget for this service, and how much do the inputs cost?
- What performance information is collected about the service?
- What evidence is collected to measure whether the service is contributing to delivering the stated outcomes and to what extent?

There is a consensus that prevention is a good thing, but in order to make this a reality and shift budgets towards preventative activities we need to know what the starting point is. Understanding the balance and spread of budgets on preventative activities is key for Local Authorities wanting to make informed choices and maximise the impact of their discretionary spend.

.....
Bernadette Walsh, Chief Operating Officer, **Mears**

These meetings tended to last an hour in length and answers were written up into a spreadsheet. The biggest challenge of these meetings was apportioning costs against inputs – due to the nature in which budgets were recorded. For example, where a member of staff managed two services, but only one service

contributed to the outcome, the staff cost was allocated on the basis of the approximate time spent managing the service. This was challenging for service managers and assumptions did have to be made about things such as service users, staff time, costs and activity. For the purpose of the exercise, reactive interventions were defined as the cost of providing residential and nursing home care for older people.

The main learning point to take from this exercise was that it was not always possible to be exact about pounds and pence spent, but instead estimates based on user information and trends provided more than adequate evidence to give a picture of spend.

The outcome of this final step was a grid of services, with associated budgets alongside a column, which stated how performance was measured against the outcome.

Step five

Purpose: analysis of budgets against services.

Challenges: availability of budget data and determining how to apportion percentages of budgets; understanding the outcomes that services deliver and how this was measured by the Council.

Resources needed: 5 days staff time from both Camden and LGiU for interviews (10 interviews of an hour each) and analysis.

Key outputs: an Excel spread sheet and diagrams outlining the service budgets, across the three categories of prevention, that contribute towards the chosen outcome.

So what? Learning, conclusions and future work


 This toolkit is an invaluable resource for any local authority that is serious about early action, but beyond this, this project acted as a vehicle to work across sector boundaries and gain a greater understanding of how the public, private and third sector all have a role to play in delivering a preventative agenda.

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Abigail Lock, Head of External Communications, **Mears**

Learning

By conducting this analysis and going through the process of analysing preventative services and associated budgets, the steering group gathered a series of key lessons:

- having the right department and people leading the project, alongside corporate buy-in, was essential in pushing the work forward to conclusion;
- understanding and sharing an understanding across all key stakeholders on the aims and objectives of the project, including the outcome focus was crucial;
- communicating to staff outside of the steering group about the work and its aims and objectives was important in securing participation;
- discussing early on in the project, the definitions of prevention in the context of the chosen outcome, was essential in ensuring that all stakeholders were on the 'same page' and approaching the work with the same understanding; and
- it was important that the steering group was realistic about data availability and understood that it was unlikely that we would conclude the process with an exact analysis of the pounds and pence spent on services; rather we would conclude with informed estimates.

Conclusions

Conducting this analysis in and of itself, proved to be an extremely useful process. Bringing staff together from across the council to consider one outcome alongside preventative spend was something that the Council had not done before, and getting people together to talk about services was revealing. It was incredibly useful in sharing knowledge and thinking about how to better integrate practice to deliver better outcomes.

This approach to analysing preventative budgets delivered a series of benefits for the council:

- bringing together staff from departments across the council and a wide range of preventative services to discuss a single outcome and the costs associated with this;
- greater understanding of how a diverse range of services contributed to a single outcome; and
- gaining consensus on the meaning of prevention, and its value, in the context of this outcome.

The analysis also had a very practical purpose – it was one tool, which can be used alongside other methods to consider preventative budgets and provide the basis for further work to understand whether these services are achieving the right outcomes, whether resources are being allocated effectively and how the council can consider the balance of reactive and preventative spend as part of the difficult financial choices it has to make.

■ ■ **The current health and care system too often ignores vulnerable people until they reach a crisis. We hope other councils utilise this toolkit to gain consensus on their understanding of prevention, its value, and to consider the balance of their reactive and preventative spend. We've seen it to be a positive and rewarding experience. ■ ■**

Chloe Carter, Policy & Advocacy Lead for Health & Social Care, **British Red Cross**

Future Work

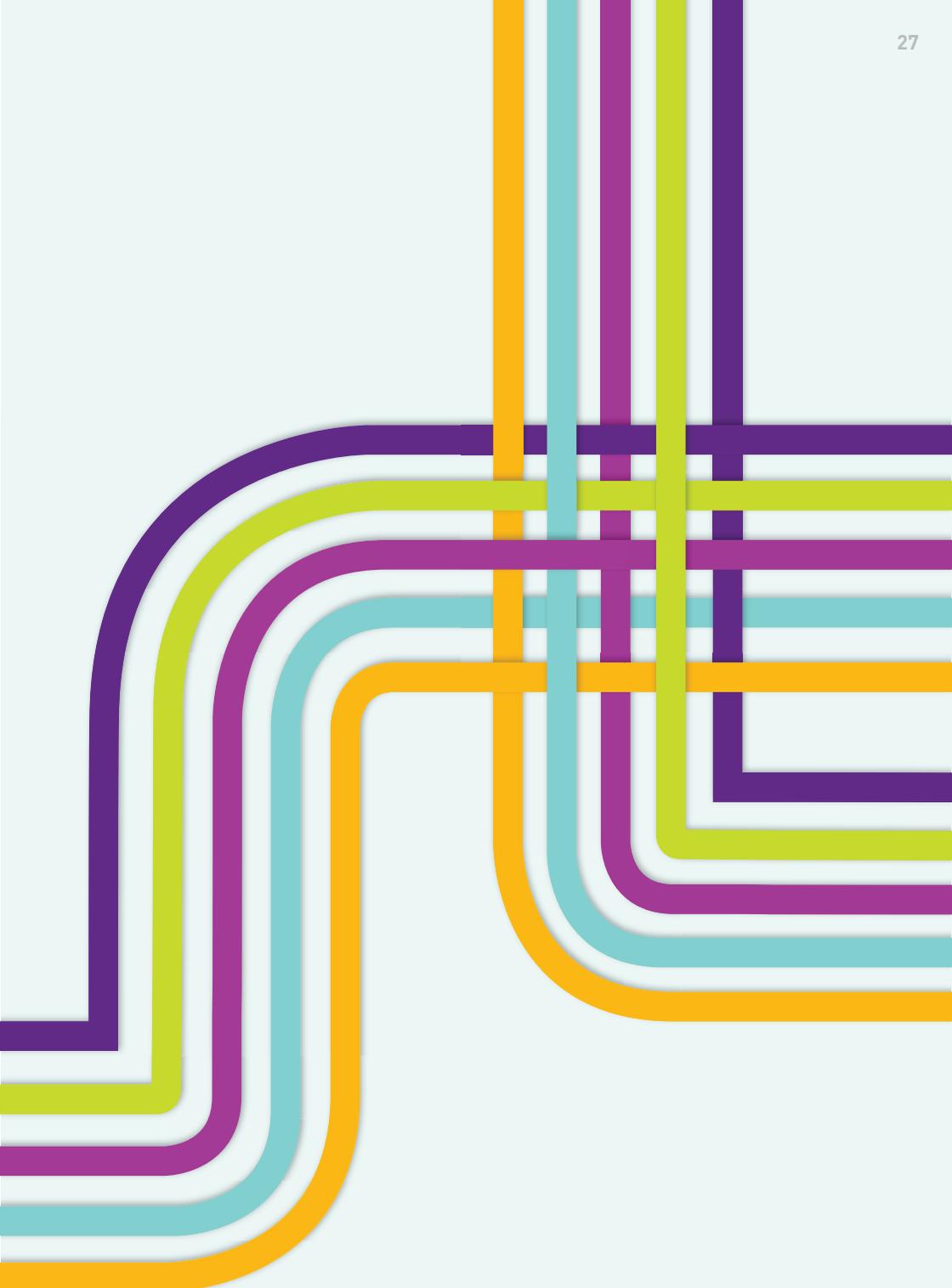
Once the service and budget analysis has reached conclusion, and the steering group has taken stock of the findings and analysis there are a number of options for next steps that could be drawn.

This might involve:

- analysis and modelling to pool and align budgets, to better integrate services and outcomes;
- building in performance information to develop a cost-benefit analysis of the services provided;
- establishing how outcomes can be measured more effectively to determine whether preventative services are delivering their objectives;
- tracking the future impact of preventative interventions if and when budgets are moved;
- can help to categorise spend in a more sophisticated way, for instance, investment in prevention is different from expenditure incurred because someone has entered the system; or
- using this as a basis for outcome based budgeting.

The steps in this toolkit can also be applied to other outcomes budgets and the preventative spend associated with them. The plans around the subsequent stages of any project will depend on local priorities and needs.

For further advice and guidance on how to use this tool in your council, please contact: laura.wilkes@lgiu.org.uk



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