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Community Planning Aberdeen Board

Meeting on WEDNESDAY, 3 DECEMBER 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

2.1 Minute of Previous Meeting of 1 October 2014 - for approval (Pages 1 - 16)

2.2 Minute of the CPA Management Group of 17 November 2014 - for information (Pages 17 - 30)

3 Horizon Scanning

3.1 SOA and Priorities Refresh Update

4 Accountability

4.1 CPA Management Group Progress Report (Pages 31 - 32)

4.2 Health and Transport Action Plan - Refresh (Pages 33 - 86)

4.3 Participatory Budgeting (Pages 87 - 90)

5 Deep Dive

5.1 There are no items under this heading

6 Board Development

6.1 There are no items under this heading

7 Board Blether

8 Date of Next Meeting - 16 March 2015 at 4pm

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

COMMUNITY PLANNING ABERDEEN BOARD

1 OCTOBER 2014

Present:- Councillor Laing, Chair, for items 1 to 3
Adrian Watson, Vice Chair, Police Scotland,
Councillor Allan,
Ken Eddie, Civic Forum,
Charles Muir, NHS Board,
Francesca Osowska, Scottish Government,
Angela Scott, Aberdeen City Council,
Duncan Smith, Scottish Fire and Rescue Service,
John Tomlinson, ACVO

Also Present:- Mr Alan Johnstone, Head of Partnership Programmes, Voluntary Action Scotland (VAS) and Ms Yvonne Hastie, Graduate Assistant, Improvement Service (for items 1 and 2 only);
Neil Bruce (Culture City), Fraser Burr (Fire and Rescue Service), Neil Carnegie (Community Safety Partnership), Joyce Duncan (ACVO), Audrey Gibb (Police Scotland for items 1 to 4), Joanna Murray (Integrated Transport), Sandy Reid (Older People), Sheila Sansbury (Priority Families and Children and Young People), Linda Smith (Health and Wellbeing), Rita Stephen (Economic Growth and Digital City), Mike Thompson (Police Scotland), Gail Woodcock (Learning and Workforce); and
Martin Murchie, Lyndsay Johnstone, Joanne Larsen and Allison Swanson (Aberdeen City Council)

Apologies:- Councillors Graham and Kiddie, Richard Carey and Gordon McIntosh.

Topic	Discussion/Decision	Action By
1. Welcome and Introductions	The Chair welcomed all present to the meeting and thanked the Fire and Rescue Service for hosting today's meeting.	
2. Third Sector Interface Community Planning Improvement Service	The Board welcomed Mr Alan Johnstone, Head of Partnership Programmes, Voluntary Action Scotland (VAS) and Ms Yvonne Hastie, Graduate Assistant, Improvement Service to the meeting who provided a presentation on the Third Sector Interface Community Planning Improvement Programme.	

Topic	Discussion/Decision	Action By
Programme	Mr Johnstone advised that VAS and the Improvement Service were working together in a pioneering new programme supported by the Scottish Government to build the best possible environment in which the third sector could contribute to achieving better outcomes. The Programme was focused on improving the impact of Third Sector Interfaces (TSIs) on Community Planning and on better outcomes for local communities across Scotland. The programme was initially working with five partner TSIs namely, Aberdeen, North Ayrshire, North Lanarkshire, Orkney and Scottish Borders). The Programme connected with the functions of a TSI and the outcomes that TSIs worked towards, namely: • Function - Building the third sector relationship with community planning. • Outcome - Third sector organisations feel better connected and are able to influence and contribute to public policy Mr Johnstone and Ms Hastie advised that the aim of the programme was to improve the impact of TSIs on Community Planning and achieve better outcomes for communities across Scotland. Thereafter, they explained that it was hoped that the following outcomes would be achieved: • Develop a clear and shared definition of the TSI and wider third sector role in Community Planning and feed this into the work of the National Community Planning Group and wider advocacy work of VAS; • Support TSIs to fully embed an outcome focus in their governance, planning, performance management and resourcing, ensuring they were better designed to work with Community Planning Partners; • Develop an improvement plan for each TSI that bridged across Community Planning Partners locally; • Help Community Planning Partners to better understand how they could improve third sector engagement and involvement; • Build skills and capacity within VAS and the TSIs to support change and improvement; and • Develop and share knowledge of 'what works' and why in relation to building the third sector relationship with Community Planning, public service change and preventative activity. Details of the approach to be used and the timelime for the delivery of the project were provided. Partners asked a number of questions in relation to programme, in particular regarding the	

Topic	Discussion/Decision	Action By
	checklist and the level of involvement requires at the facilitated sessions. With regards the facilitated sessions, it was agreed that the Management Group should undertake the sessions and that the outcome of the sessions and the draft improvement plan be submitted to the Board for approval. **The Board resolved:-** (i) to thank Allan Johnstone, Head of Partnership Programmes, Voluntary Action Service and Yvonne Hastie, Graduate Assistant, Improvement Service for their informative presentation regarding the Third Sector Interface Community Planning Improvement Programme; and (ii) to agree that the Management Group would undertake the facilitated sessions and that the outcome of the sessions and the draft improvement plan be submitted to the Board for approval.	Joyce Duncan/Management Group
3. Scottish Fire and Rescue Service Case Study	The Board received a presentation from Duncan Smith and Fraser Burr, Scottish Fire and Rescue Service (SFRS), which provided a strategic overview of the organisation since the reform of the service in April 2013 and highlighted the current national and local governance arrangements. Mr Smith outlined how the SFRS focused its frontline delivery to align to the current needs of local communities via the establishment of evidence led local priorities aimed to secure improved outcomes for the citizens of Aberdeen. Mr Smith advised of the local Fire and Rescue Service Plan for Aberdeen and the priorities included in it. Thereafter he discussed the ways to deliver improved outcomes and provided an example of how this would be measured. He explained that the Fire and Rescue Service metrics contained in the Single Outcome Agreement (SOA) focused on outcomes rather than inputs, however internal performance information recorded input data as well. He then went on to explain the methodology applied when engaging with partners to deliver an integrated service and highlight how it believed this contributed to the SOA. Thereafter, Mr Burr outlined two case studies which highlighted the importance of a partnership approach to achieving improved local outcomes.	

Topic	Discussion/Decision	Action By
	During the course of the presentation and thereafter, the Board asked a number of questions to Mr Smith and Mr Burr, in particular the ways to measure improved outcomes and therefore what metrics should be included within the SOA. During the course of this discussion, Partners highlighted the importance of measuring the wider benefit of inputs to all organisations. In this regard, Partners suggested that that the Community Safety Hub be used to develop a suite of indicators to measure positive intervention. With regards the case studies, Partners agreed that information sharing between organisations was vital in order for partnership working to achieve the desired outcomes, particularly in relation to the most vulnerable. It was agreed that information required to be shared in order to provide integrated services and that this should be undertaken as a matter of course and in accordance with the Data Protection Act. It was recognised that training for staff working directly with vulnerable people was required in order to raise their awareness of circumstances which they could be referring to other services to prevent a crisis occurring. In this regard, it was agreed that the Partnership should focus on working together to protect vulnerable adults and that staff be trained to identify referrals and that a baseline of data measures be developed to measure the impact of the interventions. It was suggested that the home and fire safety priority be used as the starting point for developing the integrated agenda. In relation to training Mr Burr informed that the Fire and Rescue Service would be happy to meet with front line employees to inform on areas of potential risk and he advised that a training DVD had been produced and that this could also be shared with partner organisations. **The Board resolved:-** (i) to thank Mr Smith and Mr Burr for their informative presentation; and (ii) to agree that the Partnership would focus on a protecting vulnerable adults theme through the Community Safety Partnership and in conjunction with all public sector organisations and that appropriate metrics for this theme be developed and reported to a future meeting of the Board for consideration; and in order to achieve this partners were to ensure that (1) staff received the appropriate training to identify referrals and (2) information be shared between agencies in accordance with the Data Protection Act.	

Topic	Discussion/Decision	Action By
	At this juncture the Chair left the meeting and the Vice Chair assumed the Chair for the rest of the meeting.	
4. UK Government's Counter Terrorism Strategy	The Board welcomed Detective Sergeant Audrey Gibb, PREVENT Delivery Unit (North) Police Scotland, to the meeting who was present to provide information on UK Government's Counter Terrorism Strategy, entitled "the CONTEST strategy". She explained that the aim of the strategy was to reduce the risk to the United Kingdom and its interests overseas from terrorism, so that people could go about their lives freely and with confidence. Detective Sergeant Audrey Gibb advised that there were four strands to the Strategy, namely: • PREVENT To stop people becoming terrorists or supporting terrorism; • PURSUE To Stop Terrorist attacks; • PROTECT To strengthen our protection (infrastructure and crowded places)against terrorist attack; • PREPARE To mitigate the impact of a terrorist attack. During the course of her presentation, Detective Sergeant Audrey Gibb focused on the PREVENT strand of the strategy which was seen as the only long term solution to terrorism. Thereafter, she highlighted what was meant by terrorism, how it had the potential to effect any community, the natural social process used to radicalise individuals and how people could become vulnerable to radicalisation. Finally, she described how specifically the PREVENT Delivery Unit (North) Police Scotland's work through partnership meetings tackled the issue of radicalisation at a local level, she also described some of the cases she had been involved in. **<u>The Board resolved</u>:-** to thank Detective Sergeant Audrey Gibb for her informative presentation.	

Topic	Discussion/Decision	Action By
5. CPA Management Group Progress Report	With reference to item 10 of the minute of its meeting of 2 July 2014, the Board had before it a report which provided an update from the Community Planning Aberdeen Management Group which provided an update on the actions undertaken by all Community Planning Thematic and Multi-lateral Priority Groups since the previous meeting. The report 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 A summary of the current status of each of the above areas was provided. With regards the Single Outcome Agreement metrics for 2013/2014, the report advised that Management Group had previously reported on the difficulty experienced by some groups in providing the data as required through the SOA. Appendix A to the report presented each of the metrics included within the Single Outcome Agreement along with available data provided by the Thematic and Multi-lateral Priority groups. Appendix A demonstrated the extent of the need to improve the metrics. It was also highlighted that the need to improve the availability of data was raised by Audit Scotland following their attendance at the last meeting of the Board. As requested at the last meeting of the Board, appendix B provided a list of the business sector representatives on each of the Thematic and Multi-lateral Priority Groups. In relation to the call for evidence from the Scottish Parliament's Local Government and Regeneration Committee regarding the Community Empowerment and Renewal Bill, the report advised that the Partnership's submission had submitted and circulated to members of the Board. Finally, at the last Board meeting it was noted that a questionnaire had been issued on behalf of the Scottish Government to all Community Planning Partnerships asking what consideration had been given to the transfer of Community Justice Authorities. A proposed response to the	

Topic	Discussion/Decision	Action By
	questionnaire was prepared, issued to partners for comment and submitted. The response highlighted that the transfer had not yet been considered in detail by Community Planning Aberdeen. **The report recommended –** that the Board – (a) give consideration to the data shown in Appendix A and consider the presentations from each of the Thematic Group leads (item 6 refers); (b) in the light of the National Community Planning Senior Officers Group, which supported the National Community Planning Group chaired by Pat Watters, request that each CPP provide them with a progress update by 13 October which covered each of its development priorities, give consideration to how the Board wished to review priorities for 2015 onwards; (c) note that a submission to the National Community Planning Senior Officers Group was being prepared and would be circulated for agreement prior to submission; (d) instruct the CPA Management Group to give early consideration to the arrangements for the transfer of responsibilities for Community Justice to the CPP; and (e) note that the CPA Management Group was considering whether the Alcohol and Drug Partnership which currently fed into the Health and Wellbeing Thematic group should now feed into all Thematic Groups and report directly to the CPA Management Group. **<u>The Board resolved</u>:-** (i) to approve recommendations (c), (d) and (e); and (ii) to note that Martin Murchie had emailed the Board in respect of recommendation (b).	Martin Murchie
6. Thematic and Multi-lateral Priority Group Presentations	With reference to item 10 of the minute of its meeting of 2 July 2014, the Board welcomed representatives from each of the Thematic and Multi-lateral Priority Groups who were present to provide an update on: 1. The data for each metric as presented; 2. The work of the group to support improvement of the outcomes specified within the SOA; and 3. Issues, including changes to the strategic environment, which the Board might need to take in to consideration when reviewing priorities for 2015 onwards.	

Topic	Discussion/Decision	Action By
	Thereafter, a representative of each of the Thematic and Multi-lateral Priority Groups advised on each of the above areas for their respective groups as follows: **Children and Young People** Sheila Sansbury spoke to the current metrics for the Children and Young People's Thematic Group contained within the Partnership's SOA wherein she explained that as could be seen in the current draft of the SOA, the performance data available in respect of the current metrics was limited, however work was ongoing by the group to identify how and when it would be able to collate the necessary data and whether it was appropriate to use proxy measures until the relevant data was available. She highlighted that the Group recognised that it also required to make improvements on its strategic analysis of data to focus on the most vulnerable and target resources. **The Board resolved:-** to instruct the Children and Young People's Thematic Group to provide (1) confirmation on how the current metrics within the SOA would be measured metrics, and if they could not be measured to review the current metrics and present proposed new metrics, including confirmation of available data and (2) targets for each of the metrics and that this be reported to the next meeting of the Board for consideration. **Economic Growth** Rita Stephen spoke to the current metrics for the Economic Growth Thematic Group contained within the Partnership's SOA wherein she explained that access to up to date data was the biggest challenge for the group in terms of reporting performance on the metrics contained in the SOA. **The Board resolved:-** to instruct the Economic Growth Thematic Group to review the current metrics and present proposed new metrics, including confirmation of available data, to the Board for consideration for inclusion in the Partnership's 2015/2016 SOA. **Health and Wellbeing** Linda Smith spoke to the current metrics for the Health and Wellbeing Thematic Group contained within the Partnership's SOA wherein she explained that group's outcomes focused on population	Sheila Sansbury Rita Stephen

Topic	Discussion/Decision	Action By
	change and that a number of the current metrics focused on national indicators where there was no data available at a local level, however the group was working towards the collation and analysis of local data. **The Board resolved:-** to instruct the Health and Wellbeing Thematic Group to review the current metrics and present proposed new metrics, including confirmation of available local data, to the Board for consideration and to ask partners to provide analytical support to the Thematic Group in this regard where possible. **Learning and Workforce** Gail Woodcock spoke to the current metrics for the Learning and Workforce Thematic Group contained within the Partnership's SOA wherein she advised that data was available within the Thematic Group's annual report, however she explained that it was difficult to identify the most appropriate metrics to report on as many of the actions being taken focused on long term cultural change. **The Board resolved:-** to instruct the Learning and Workforce Thematic Group to review the current metrics and present proposed new metrics, including confirmation of available local data, to the Board for consideration and that the new metrics reflect the Community Learning and Development strategic guidance outcomes. **Older People** Sandy Reid spoke to the current metrics for the Older People Multi-lateral Priority Group contained within the Partnership's SOA wherein he provided an update on the actions being undertaken in relation to the Older People priorities. **The Board resolved:-** to instruct the Older People Thematic Group to undertake a complete review and present proposed new metrics, including confirmation of available local data, to the Board for consideration.	Liz Taylor/Linda Smith Gail Woodcock Liz Taylor/Sandy Reid

Topic	Discussion/Decision	Action By
	Safer Communities Neil Carnegie spoke to the current metrics for the Community Safety Partnership contained within the Partnership's SOA wherein he advised that a number of the targets had been achieved and explained that some of the indicators were reliant on the Scottish Household Survey data and at this time data from the survey was only available at a national level and local authority level data would not be available until late 2014. **The Board resolved:-** in accordance with resolution (ii) of item 3 of today's meeting to instruct the Community Safety Partnership to review its metrics with a view to focusing on a protecting vulnerable adults theme. **City of Culture** Neil Bruce spoke to the current metrics for the City of Culture Multi-lateral Priority Group contained within the Partnership's SOA wherein he provided an update on the work of the group and recommended that the group be renamed "Culture City" and that the existing metrics be refreshed once the cultural strategy had been developed. **The Board resolved:-** to rename the City of Culture Thematic Group to Culture City Thematic Group and to instruct the Group to present refreshed metrics once the cultural strategy had been developed. **Digital City** Rita Stephen spoke to the current metrics for the Digital City Multi-lateral Priority Group contained within the Partnership's SOA, wherein she recommended that the metrics be reviewed by the Group and new metrics presented to the Board for consideration. **The Board resolved:-** to instruct the Digital City Multi-lateral Group to review the current metrics and present proposed new metrics, including confirmation of available data, to the Board for consideration. **Integrated Transport** Joanna Murray spoke to the current metrics for the Integrated Transport Multi-lateral Priority Group contained within the Partnership's SOA and circulated documents which detailed the	Neil Carnegie Neil Bruce Rita Stephen

Topic	Discussion/Decision	Action By
	actions being taken in relation to integrated transport. She also explained that the Integrated Transport Multi-lateral Priority Group had yet to be established, however Aberdeen City Council had now appointed a Transport Manager and therefore she hoped to progress this as soon as possible. **The Board resolved:-** to note that the most appropriate metrics were included in the SOA, however that the local data set for the metrics was weak and therefore to instruct the Integrated Transport Multi-lateral Priority Group to present options for metrics with strong local data to the Board for consideration. **Priority Families** Sheila Sansbury explained that the Priority Families Multi-lateral Priority Group was reporting to the Management Group in November 2014 on options on how to co-ordinate and report on progress on this area. **The Board resolved:-** (i) to instruct Sheila Sansbury to present a set of metrics for the priority families theme to the Board for consideration; and (ii) to agree that the Board discuss the inclusion of a vulnerable adult theme and metrics for inclusion in the Partnership's 2015/2016 SOA. **Other Metrics** The Board discussed areas not contained within the current SOA. **The Board resolved:-** to agree that place metrics be added to the SOA.	Joanna Murray Sheila Sansbury Martin Murchie
7. Minute of Previous Meeting of 2 July 2014	The Board had before it the minute of its previous meeting of 2 July 2014, for approval. **The Board resolved:-** (i) to approve the minute as an accurate record; (ii) to agree to invite Sir Lewis Ritchie to become a member of the CPA Board as a representative of Public Health;	Martin Murchie

Topic	Discussion/Decision	Action By
	(iii) to note that a report regarding the future governance of Community Justice Authorities and the potential implications for the Partnership would be reported to the next meeting of the Management Group; and (iv) to note that following the restructure of Aberdeen City Council, Community Planning would now be located within the Communities, Housing and Infrastructure Directorate and in this regard to agree that Pete Leonard, Director of Communities, Housing and Infrastructure be invited to attend meetings to support the Partnership.	Tom Cowan/Martin Murchie Martin Murchie
8. Smarter Places Reviews	With reference to item 8 of the minute of its meeting of 2 July 2014, the Board had before it a report which provided an update on the actions taken since its previous meeting in respect of a possible programme of Smarter Places reviews to allow a strategic plan of service delivery across the public sector in the city to be developed. In accordance with the Board's previous decision regarding the preliminary programme of reviews, officers had taken the opportunity to hold discussions with key organisations and in particular NHS Grampian who had significant service delivery and property interests in the city. NHS Grampian had highlighted that they had, in conjunction with the council's Social Care team, commenced a programme of stakeholder consultations around the future of services in the city. Details of the programme were evolving as the review formed an important part of the shaping of services in the new strategic body for Health and Social Care in the city. The report suggested that a separate programme could be developed for the wider strategic review across all service areas. This would be more complex, would involve more officers from the various organisations and would undoubtedly seem to communities across the city that they were repeatedly being asked for their views and limited action was taken following their input. A joined up stakeholder engagement would demonstrate a shift in approach by the organisations involved, ensure that the cross cutting needs of communities was better understood by a wider group of officers and organisations and would allow for better forward planning of service delivery and assets needs to ensure efficient and effective delivery. The recently appointed Chief Officer for the joint Health and Social Care Partnership had been consulted on the reports contents and had indicated that she is supportive of the approach being	

Topic	Discussion/Decision	Action By
	proposed in regard to the alignment of stakeholder engagement in this way. In respect of the Hub North Scotland, the report advised that the membership was established in 2010 following a collaborative procurement following the competitive dialogue approach. The North area was the largest geographically of any of the territories with potential representation from public bodies from as far afield as the northern isles, western isles, Argyle and Bute and the north east mainland. The definitive list of members and their representatives was attached as Appendix 1. Details of the constitution, purpose and remit of the Hub was provided. The report explained that whilst the purpose and remit of the TPB fitted with the scope of managing a smarter places programme, the lack of involvement of the two universities and the further education colleges means that the part of the public sector from the Community Planning Aberdeen perspective was missing. The Grampian Public Sector Strategic Property Asset Group (GPsSPAG), previously North East Scotland Property Group, has been in existence for over a decade although it has mostly been inactive for the last two years primarily due to the establishment of TPB and the time demands it had generated. In the interim lead officers from Aberdeen City Council, Aberdeenshire Council and NHS Grampian had continued to meet to identify key strategic tasks or themed areas of work which could be established as part of the overarching strategy to refocus the work of the group. The key themes identified to date were Smarter Places and joint Capital Planning which effectively mirror the approach this Board was aiming to take. The GPsSPAG had previously invited the higher and further education providers to contribute to the work of the group. Recent discussions with the University of Aberdeen suggested that they would be interested in contributing to the Smarter Places programme. The report had been shared with the current chairperson of the TPB, and senior representatives of both Aberdeenshire Council and NHS Grampian in regard to the proposed approach and the refocusing of the joint property group. The had all indicated that they were supportive of this approach and if possible Moray Council should also play a part in integrating the public sector in	

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	this way. **The report recommended:** that the Board – (a) agree that a programme of reviews linked to stakeholder consultation regarding Health and Social Care services would be more efficient and effective use of resources both from the perspective of officer time and the input of stakeholders; (b) note the purpose, remit and membership of Hub North Scotland Territory Partnership Board; and (c) agree that a refocused Grampian Public Sector Strategic Property Asset Group would provide a more locally based approach to oversee such a programme **<u>The Board resolved</u>:-** to approve the recommendations	Hugh Murdoch
9. Minutes of Meetings of the Community Planning Aberdeen Management Group of 14 July and 25 August 2014	The Board had before it the minutes of meetings of the Community Planning Aberdeen Management Group of 14 July and 25 August 2014, for information. **<u>The Board resolved</u>:-** to note the minutes.	
10. Board Blether	No further matters were discussed.	
11. Dates of CPA Meetings in 2015	The Board had before it a list of proposed dates and times of future meetings of the Board, Management Group and Reference Group as follows: <u>Community Planning Aberdeen Board</u> All meetings commence at 4pm Monday 16 March 2015 Monday 6 July 2015	

Topic	Discussion/Decision	Action By
	Monday 12 October 2015 Monday 7 December 2015 <u>Community Planning Aberdeen Management Group</u> All meetings commence at 2pm Monday 19 January 2015 Monday 2 March 2015 Monday 20 April 2015 Monday 1 June 2015 Monday 13 July 2015 Monday 24 August 2015 Monday 5 October 2015 Monday 16 November 2015 <u>Community Planning Aberdeen Reference Group</u> All meetings commence at 6pm Wednesday 28 January 2015 Wednesday 29 April 2015 Wednesday 12 August 2015 Wednesday 18 November 2015 **<u>The Board resolved</u>:-** (i) to approve the dates and times of Board meetings in 2015 and to note that the Management Group and Reference Group dates; and (ii) to thank ACVO for offering to host a meeting of the Board in 2015.	
12. Date of Next Meeting	The Board noted that its next meeting was scheduled to be held on 3 December 2014 at 4pm.	

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COMMUNITY PLANNING ABERDEEN MANAGEMENT GROUP

17 NOVEMBER 2014

Present:- Angela Scott (Aberdeen City Council) (Chair item 6 onwards), Neil Bruce (Culture City), Ally Birkett (as a substitute for Fraser Burr) (Scottish Fire and Rescue Service), Neil Carnegie (Community Safety Partnership), Tom Cowan (as a substitute for Liz Taylor) (Older People), Joyce Duncan (ACVO), Gina Ford (as a substitute for David Rennie) (Scottish Enterprise), Pauline Innes (Scottish Government), Joanna Murray (Integrated Transport), Linda Smith (Health and Wellbeing), Rita Stephen (Digital City), Innes Walker (Police Scotland) and Gail Woodcock (Learning and Workforce).

Also Present:- Lyndsay Johnstone, Martin Murchie, Joanne Larsen and Sally Wilkins (Aberdeen City Council), Lesley Thomson (Culture City), Sandy Kelman and Fraser Hoggan (Alcohol and Drugs Partnership).

Apologies:- Liz Taylor (Health and Wellbeing), Sheila Sansbury (Priority Families and Children and Young People) and Paul Sherrington (Universities and Colleges Representative).

Topic	Discussion/Decision	Action By
1. Chair	In the absence of the Chair, it was agreed that Superintendent Innes Walker take the Chair.	
2. Membership Request from Skills Development Scotland	The Management Group had before it a letter from Mr John F McClelland CBE, Skills Development Scotland (SDS), requesting that SDS become a member of Community Planning Aberdeen. Mr McClelland advised that SDS was strongly committed to working with Community Planning Partnerships (CPPs) to support the delivery of Single Outcome Agreements; was acutely aware of the developments in community planning and the potential developments which might result from the community planning element of the Community Empowerment (Scotland) Bill and as such was keen for SDS leaders to become more closely involved with CPP Boards. He also explained that over the last five years the majority of CPP Boards in Scotland had invited Skills Development Scotland to nominate a representative to join their Board and SDS believed that this had enhanced joint working in these areas. With this in mind, he was writing to request membership of the CPA Board and suggested that SDS's Operations Director, would be their nominee.	

Topic	Discussion/Decision	Action By
	Partners considered the request, during which it was noted that SDS was currently represented on the Learning and Workforce Thematic Group. **The Management Group resolved:** to refer the request to the Learning and Workforce Thematic Group to determine whether representation of SDS on the Management Group would add value to the Partnership or whether representation on the Thematic Group was sufficient, and if it was deemed to add value, to accept the request.	Gail Woodcock
3. Minute of Previous Meeting of 25 August 2014	The Management Group had before it the minute of its previous meeting of 25 August 2014, for approval. **The Management Group resolved:** to approve the minute as a correct record.	
4. Minute of the Meeting of the CPA Board of 1 October 2014	The Management Group had before it the minute of the CPA Board of 1 October 2014 for information. **The Management Group resolved:** to note the minute.	
5. Minute of the Meeting of the CPA Reference Group of 25 September 2014	The Management Group had before it the minute of the CPA Reference Group of 25 September 2014. Partners discussed the actions arising from the CPA Reference Group's last meeting during which it was noted that the Welfare Reform Project Board was addressing each of the points raised. **The Management Group resolved:** (i) to request Donald Urquhart, Aberdeen City Council's Head of Communities and Housing, to attend the next meeting of the CPA Reference Group to provide feedback on how each of the actions raised by the Reference Group were being taken forward; and (ii) to otherwise note the minute.	Donald Urquhart

Topic	Discussion/Decision	Action By
	At this juncture Angela Scott assumed the Chair.	
6. Community Justice Redesign	With reference to item 5 of the minute of the meeting of the CPA Board of 1 October 2014, the Management Group had before it a report which advised of proposed changes to the arrangements for the delivery of community justice in Scotland. The report explained that by 2016/17, responsibility for local strategic planning and delivery of community justice would transfer from Scotland's eight Community Justice Authorities (CJAs) to Community Planning Partnerships (CPPs). The detail of these arrangements was currently under consultation by the Scottish Government, with an announcement on this anticipated in autumn 2014. However it was clear that local arrangements for the strategic planning and delivery of community justice in each area would be for local CPPs to determine. **The report recommended:** that the Management Group - (a) agree that the lead officer for the Social Care and Wellbeing Directorate was Tom Cowan, Head of Service, supported by the Community Planning Manager; (b) consider and implement the outcomes of the consultation following its publication in Autumn 2014; (c) agree that the Community Partnership priorities should be reviewed in order to more fully reflect community justice purpose and outcomes - the current SOA only made reference to Domestic Abuse which, while very serious, was only a small part of the community justice remit; (d) identify a lead officer for the CPP who would work with the lead officer from Social Care and Wellbeing to take the transfer of community justice forward. This needed to be someone who could take all the actions forward, arrange and attend all necessary meetings and engage fully with the Partnership and other bodies to see through the change. It was recommended that the appropriate lead be decided once all of the options for placement had been considered; and (e) instruct officers to notify COSLA lead, Laura Hoskins, of the CPP designated community justice lead and advise how and when local contact would be appropriate and what format we would like this to take.	

Topic	Discussion/Decision	Action By
	Partners welcomed the report and noted that guidance on the transfer from the Scottish Government was still awaited. It was also recognised that it was important that the good practices currently in place were continued. **<u>The Management Group resolved</u>:** (i) to approve recommendations (a), (b) (c) and (e); and (ii) to agree that Donald Urquhart, Aberdeen City Council's Head of Communities and Housing would work with the lead officer from Social Care and Wellbeing to take the transfer of community justice forward.	Tom Cowan/Donald Urquhart
7. Alcohol and Drugs Partnership	With reference to item 4 of the minute of its meeting of 14 July 2014, the Management Group had before it the Aberdeen City Alcohol and Drugs Partnership (ADP) annual report for 2013/2014 which was required to be submitted to the Scottish Government using the Scottish Government's standard reporting template. The report explained that the Scottish Government had advised that it would provide some feedback to ADPs on their annual reports this year. However, this wouldn't be extensive as the ADP accountability route was through the Community Planning Partnership and the expectation was that they would provide the detailed feedback. The Chair reminded partners of the Management Group's previous discussion regarding the role and reporting arrangements of the ADP and sought Sandy Kelman and Fraser Hoggans' views of the current arrangements. In response Sandy Kelman explained that alcohol and drugs sat across all themes and that the ADP needed to linked better with Community Planning in order to achieve the outcomes and delivery plan. Thereafter, Sandy provided an overview of the current structure of the ADP wherein he advised that the Richard Carey, departing Chief Executive NHS Grampian had recently vacated the chair of ADP and Sharon Milton, Police Scotland had now been appointed. Moving forward, the ADP would welcome the involvement of the Chief Executive of Aberdeen City Council, NHS Grampian and the Aberdeen City Divisional Commander for Police Scotland. In response, the Chair, also being Chief Executive of Aberdeen City Council, advised that the Council, Police Scotland and NHS Grampian were all willing to take a lead role in the ADP and take on the Chairing of the Group if that would be of added	

Topic	Discussion/Decision	Action By
	value to the ADP. Sandy Kelman explained that the ADP Plan for 2015/2016 was being developed and would be submitted to a future meeting of the Management Group and Board for discussion. Partners had an extensive discussion regarding the reporting arrangements for ADP, as well as the metrics around recovery, and also sought clarification as to whether an alcohol intervention pathway across all partners had been undertaken. In relation to the alcohol intervention pathway it was advised that this had to be undertaken. Partners agreed that this would be an important piece of work, particularly if partners were looking to collectively gather alcohol brief intervention data. Following this, partners highlighted the importance of training for employees across all organisations. **The Management Group resolved:** (i) to agree that the Chair/Lead Officer of the ADP become a member of the CPA Management Group; (ii) to agree that the ADP Plan for 2015/2016 be submitted to a future meeting of the Management Group and thereafter the CPA Board; (iii) to advise the ADP that the Chief Executive of Aberdeen City Council, Local Police Commander of Police Scotland and NHS Grampian were all willing to take a lead role in the ADP and take on the Chairing of the Group if that would be of added value to the Group; (iv) to note that Sandy Kelman would speak with the Chair regarding the metrics for recovery; and (v) to request officers to develop and deliver training to employees across all partner organisations.	Jo Larsen Sandy Kelman Sandy Kelman Sandy Kelman Sandy Kelman

Topic	Discussion/Decision	Action By
8. Review of Priorities and the Single Outcome Agreement (SOA)	With reference to item 6 of the minute of the meeting of the CPA Board of 1 October 2014, the Management Group had before it a report which provided an update on the planned review of Single Outcome Agreement priorities, actions and metrics. **The report recommended:** that the Management Group - (a) note that a process and timeline for refreshing the SOA was currently being agreed and would be communicated when completed; and (b) in the meantime, agree that Thematic and Multi-lateral Groups should give active consideration to their existing priorities, workplans and metrics with a view to providing input to the refreshed SOA. Speaking in furtherance of the report, the Chair refereed to the actions agreed at the previous CPA Board meeting in relation to the SOA metrics and data sets, wherein she emphasised that it was important that the refreshed SOA was outcome and not demand focused and also that it had a robust and cohesive data strategy. She also explained that Audit Scotland had recommended that the Partnership review the number of priorities and therefore a complete reassessment of the SOA priorities, metrics and data sets would be undertaken and that as part of the preparatory work all Thematic and Multi-lateral Groups should identify metrics which focus on local outcomes and reliable data sources and provide this information to Donald Urquhart, Aberdeen City Council's Head of Housing and Communities. As part of the process of reviewing the SOA the Partnership needed to ensure that the priorities moving forward added value to communities and did not replicate functions which were the responsibility of single partner organisations. **<u>The Management Group resolved</u>:** to approve the recommendations.	Martin Murchie/Donald Urquhart/All Partners
9. Data Strategy	With reference to item 5 of the minute of the meeting of the CPA Board of 1 October 2014, the Management Group had before it a report which identified actions for developing and implementing a partnership wide Data Strategy which supported prioritisation, planning, delivery and governance.	

Topic	Discussion/Decision	Action By
	The report explained that it was clear that the issue of relevant, timely, accurate and analysed data was critical to the improving the effectiveness of the partnership. Specifically, the report highlighted the following: • The Partnership's own self-assessment in 2013 identified improving data as key; • The meetings of the Management Group and the Board throughout 214 had exposed weaknesses in data; • Audit Scotland stated in July 2014 that "The CPP recognised the need to address the ongoing weaknesses in data that the more robust approach to performance monitoring had highlighted; and • This was a recognised priority at a national level and has led to the establishment of a national Task Group for "Improving Data and Evidence". The report explained that for the Partnership, there were a number of aspects to the weaknesses, namely: i. Some metrics had been included within the SOA for which no data was available; ii. Where data was available it was often not fit for purpose either because it was:- • not sufficiently disaggregated (by geography; by citizen / client base; or by distinct parts of a process / service) • not current; • static (i.e. a one off data set without trends) iii. Where data was presented there was often insufficient analysis:- • Data sets were not connected; • Standards and targets were not always clear; • Cause and effect was not clear. Thereafter, the report highlighted that moving forward there were a number of areas for the Partnership to consider, namely: • Strategic Assessment • Data for Existing Priorities • Collaboration and Joint Working • National Initiatives • Information on each of the above areas was provided.	

Topic	Discussion/Decision	Action By
	The report recommended: that the Management Group - (a) recognise the weaknesses in data, research and analysis; (b) agree that co-ordination and joint working should be taken forward wherever this would add value to data, research and analysis; (c) recognise that metrics would change as the SOA was reviewed and, therefore, that required data would also change and instruct each Thematic and Multi-lateral Group to complete the meta data template attached at Appendix B and to make revisions to this as metrics were changed. In doing this Groups would also be instructed to assess where data was inadequate and actions were required to improve; and (d) identify a lead officer to work with colleagues across the partnership to review when and how data was generated, collected, shared and analysed with a view to making recommendations for improving the partnership's joint capacity and capability to support decision making, delivery and governance. Partners discussed the importance of the SOA containing outcome focused metrics for which the Partnership could identify a reliable and robust local data set. During the course of the discussion, Linda Smith advised that NHS public health was using a tiered intelligence model and that the lead officer had offered to attend a future meeting to explain the model. **<u>The Management Group resolved</u>:** (i) to approve the recommendations (a), (b) and (c); and (ii) to agree that Donald Urquhart, Aberdeen City Council liaise with Linda Smith, NHS Public Health, to discuss methodologies for reviewing when and how data was generated, collected, shared and analysed and that this be reported to the next meeting of the Management Group for consideration.	Martin Murchie/Donald Urquhart Donald Urquhart/Linda Smith
10. Third Sector Interface and ACVO Update	With reference to item 2 of the minute of the meeting of the CPA Board of 1 October 2014, the Management Group heard from Joyce Duncan, Chief Executive ACVO, who provided an extensive update on both the Third Sector Interface Community Planning Improvement Programme and also on the actions of ACVO in engaging with and support partners and the third sector.	

Topic	Discussion/Decision	Action By
	With regards the Third Sector Interface Community Planning Improvement Programme, Joyce Duncan advised that the survey had been issued to all partners, as well as the third sector and that all partners would be invited to an evaluation meeting on 10 December 2014 at which a shared action plan would be developed to respond to the outcomes of the survey. The draft shared action plan would then be submitted to the next meeting of the Management Group for consideration. Thereafter, she advised of the various programmes of work which ACVO were involved in, specifically focusing on (1) the engagement and support provided to a wide variety of forums, (2) training provision, (3) development of the ACVO community locator, (4) interpreting and responding to forthcoming legislation and (5) organisation and facilitation of events, in particular the recent Big Aberdeen Event. Following the update, the Chair advised that following the Big Aberdeen Event a number of partners had been invited Lord Mawson to visit the Bromley- by-Bow Centre in East London to view the community initiatives implemented. **The Management Group resolved:** (i) to thank Joyce Duncan for her update; and (ii) to request that a report on the visit to the Bromley- by-Bow Centre in East London, in particular highlighting areas of best practice be submitted to a future meeting of the Management Group for consideration.	Angela Scott
11. Community Empowerment Bill	With reference to item 5 of the minute of its previous meeting of 25 August 2014, the Management Group had before it a report which provided an update in relation to the progression of the Community Empowerment (Scotland) Bill. The report advised that the Community Empowerment Bill Working Group had drafted the proposed response as had been agreed at the Management Group's previous meeting and that the draft response also included a detailed response to specific aspects of the Bill from Aberdeen City Council's Legal Service. The report explained that the Scottish Parliament Committee was currently taking oral evidence and undertaking fact finding visits. It was expected that the stage 1 report on the	

Topic	Discussion/Decision	Action By
	Bill would be published in the middle of January 2015 with a stage 1 debate and vote on the Bill expected late January or early February. If the Bill was passed at stage 1 it would proceed to stages 2 and 3 during February and March and if agreed would likely be confirmed following the Easter recess with final Royal Accent towards the summer 2015. Scottish Government officials had indicated that guidance on implementing the Bill would then be issued. The key features of the Bill were: • Community Right to Request Rights in Relation to Property • Community Right to Request to Participate in Processes to Improve Outcomes of Service Delivery • Increasing Transparency about Common Good • Defective and Dangerous Buildings – Recovery of Expenses • Improve and Extend Community Right to Buy • Strengthening Community Planning • Allotments • Local Relief Schemes for non – domestic (business) rates • Scotland Performs – embedding the outcomes approach in legislation • Subsidiarity in local decision making In relation to asset transfer, the report advised that the Council's Finance, Policy and Resources Committee on 30 September considered an initial report on Community Asset Transfer – Policy Development and agreed to " instruct officers to develop an approach to Community asset Transfer which was consistent as possible across the organisations within the Community Planning Partnership" and it was therefore proposed that initial discussion with partners should form part of the Working Groups deliberations. The report proposed that given the wide range of issues that the Bill covered and the variety of stakeholders that would have an interest in only specific parts of the Bill that the Working Groups schedules a series of meetings focused on the bullet point areas above and invites additional stakeholders to contribute and that where early action in response to the Bill was identified this be reported back to the CPA Management Group for approval.	

Topic	Discussion/Decision	Action By
	The report recommended: that the Management Group note the update and the proposed way forward via the Working Group. Partners discussed the report, during which it raised that the membership of the Working Group established to respond to the consultation on the Community Empowerment (Scotland) Bill required to be refreshed when considering the impact of the impending legislation on the Partnership. **<u>The Management Group resolved</u>:** (i) to approve the recommendation; and (ii) to agree that the membership of the Working Group be refreshed to include the most appropriate officers to examine the impact of the Community Empowerment (Scotland) Bill on the Partnership and that the Working Group identify the aspects of the Bill which would directly affect the Partnership and report back in this regard to a future meeting of the Working Group.	Dave Kilgour All Partners/Dave Kilgour
12. Neighbourhood Planning Update	With reference to item 1 of the minute of its previous meeting of 14 July 2014, the Management Group had before it a report which provided an update on aspects of Neighbourhood Planning to inform future approaches and design based on past experience and linked to impending legislation. The report provided an extensive overview of previous work undertaken in relation to neighbourhood planning and highlighted key features of previous models which should be sustained, as well as areas where further development was necessary. **The report recommended:** that the Management Group - (a) note the additional information about previous Neighbourhood Planning arrangements and the review that was carried out in 2009 / 2010; (b) note information on arrangements elsewhere and require officers to give further consider to approaches being developed elsewhere; and (c) instruct the Head of Communities and Housing, once the structure within his service was confirmed, and discussion held with partners, to report back on firm proposals	

Topic	Discussion/Decision	Action By
	for progressing Neighbourhood Planning in the city including boundary and resourcing issues. Partners discussed the various approaches to neighbourhood planning extensively wherein it was agreed that any model agreed should build on the existing good work within communities. **The Management Group resolved:** to approve the recommendations.	Donald Urquhart/Dave Kilgour
13. Partnership Winter Readiness	The Management Group had before it a report which sought to identify what actions were taken by the Partnership to build community resilience and increase preventative measures. **The report recommended:** that the Management Group – (a) recognise the need to collect both data and anecdotal evidence to measure the impact of both the current arrangements and any impact future practices; (b) agree that co-ordination and joint working should be taken forward wherever this would add value to initiatives and strategy; (c) request that each partner review the returned data and assess what actions could be taken (1) immediately to improve winter readiness for 2014 and (2) in the longer term for 2015 and beyond; and (d) request that the partners report back to the next meeting. Speaking in furtherance of the report, the Chair explained that she wanted to ensure that all partners worked together in developing service delivery plans for the winter period together to ensure that value was added and that communities could be supported and signposted effectively. Partners discussed the measures they had in scheduled for the winter period. **The Management Group resolved:** (i) to approve the recommendations; and (ii) to request Joanne Larsen to resend the email regarding partnership winter readiness to all partners.	All partners/Joanne Larsen

Topic	Discussion/Decision	Action By
14. Meeting Dates 2015	The Management Group had before it the following proposed meeting dates for 2015 – Monday 19 January 2015 Monday 2 March 2015 Monday 20 April 2015 Monday 1 June 2015 Monday 13 July 2015 Monday 24 August 2015 Monday 5 October 2015 Monday 16 November 2015 All meetings to commence at 2pm. **The Management Group resolved:** to approve the meeting dates for 2015.	
15. Aberdeen City Division Local Policing Plan 2014/2017	The Management Group had before it the Aberdeen City Local Policing Plan 2014/2017. The Group heard from Superintendent Innes Walker who requested partners to consider the Plan and to provide him with comments directly by the beginning of January 2015. **The Management Group resolved:** to request partners to consider the Aberdeen City Local Policing Plan 2014/2017 and to provide comments to Superintendent Innes Walker by the beginning of January 2015.	All partners
16. Health and Transport Action Plan - Refresh	The Management Group had before it a report which advised of and presented the refresh of the Health and Transport Action Plan (HTAP) for consideration. **The report recommended:** that the Management Group recommend to the CPA Board to endorse the refreshed Grampian Health and Transport Action Plan and accept ownership and responsibility for delivery of the Plan to enshrine the work into collaborative working practices, along with the CPP Boards in Moray and Aberdeenshire. Partners discussed the Action Plan and the merit of activity and inactivity of the Action Plan being reported to the Management Group annually.	

Topic	Discussion/Decision	Action By
	The Chair advised partners of an example of a fun idea being used to change behaviour in Stockholm where they installed piano keys on the stairs to encourage people to use the stairs instead of the elevator or escalator. She encouraged partners to think of innovative projects that could be developed as part of the city centre masterplan to change behavior. **<u>The Management Group resolved</u>:** (i) to approve the recommendation; and (ii) to encourage partners to think of innovative projects to change behaviour which could be considered as part of the city centre masterplan.	 Joanna Murray All partners

Community Planning Aberdeen

Progress Report	CPA Management Group Progress Report
Lead Officer	Martin Murchie
Report Author	Martin Murchie
Date of Report	3rd December 2014
Governance Group	CPA Board

1:	Purpose of the Report

This report presents an update from the Community Planning Aberdeen Management Group (CPAMG) on their activity since the last meeting of the Board.

2:	Summary of Key Information

A. **<u>Meeting of the Management Group 17th November 2014</u>**

The timetable of meetings for the Management Group planned this meeting to be one of "stock taking" and, consequently, no Thematic Groups were specifically required to report on their progress. This schedule fitted in well with the decision of the last Board meeting that the priorities and metrics within the SOA be reviewed.

The Management Group considered reports on:-

i. **Community Justice Redesign** - By 2016-17, responsibility for local strategic planning and delivery of community justice will transfer from Scotland's eight Community Justice Authorities (CJAs) to Community Planning Partnerships (CPPs). Whilst much detail is still being considered, at a national level, on how this transition will work, the Management Group agreed the officers to take actions forward, arrange and attend all necessary meetings and engage fully with the Partnership and other bodies to see through the change.

ii. **Alcohol and Drugs Partnership (ADP)** - Following on from the previous meeting, the Management Group heard from the ADP and agreed that they report directly to the Management Group rather than via the Health & Wellbeing Theme.

iii. **Third Sector Interface and ACVO** - The Chief Executive of ACVO provided an update on their role and activity.

iv. **Data Strategy** - As previously identified, availability of relevant data continues to be a priority for the Partnership and the Management Group considered a proposal to identify a lead officer to co-ordinate a data strategy. The Group agreed that to request the Head of Health Intelligence to present to a future meeting.

v. **Community Empowerment Bill** - The Group noted the timeline for the Bill and that a Partnership group was being reviewed to co-ordinate responses.

vi. **Neighbourhood Planning Update** - The Group agreed to request the Council's Head of Communities and Housing, once the structure within his service is confirmed, and discussion held with partners, to report back on firm proposals for progressing Neighbourhood Planning in the city including boundary and resourcing issues.

vii. **Partnership Winter Readiness** - The Group discussed the development of a co-ordinated effort to prevent communities being adversely affected by winter.

3:	Recommendations for Action

It is recommended that the Board:-

Note progress at the last meeting of the Management Group.

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.

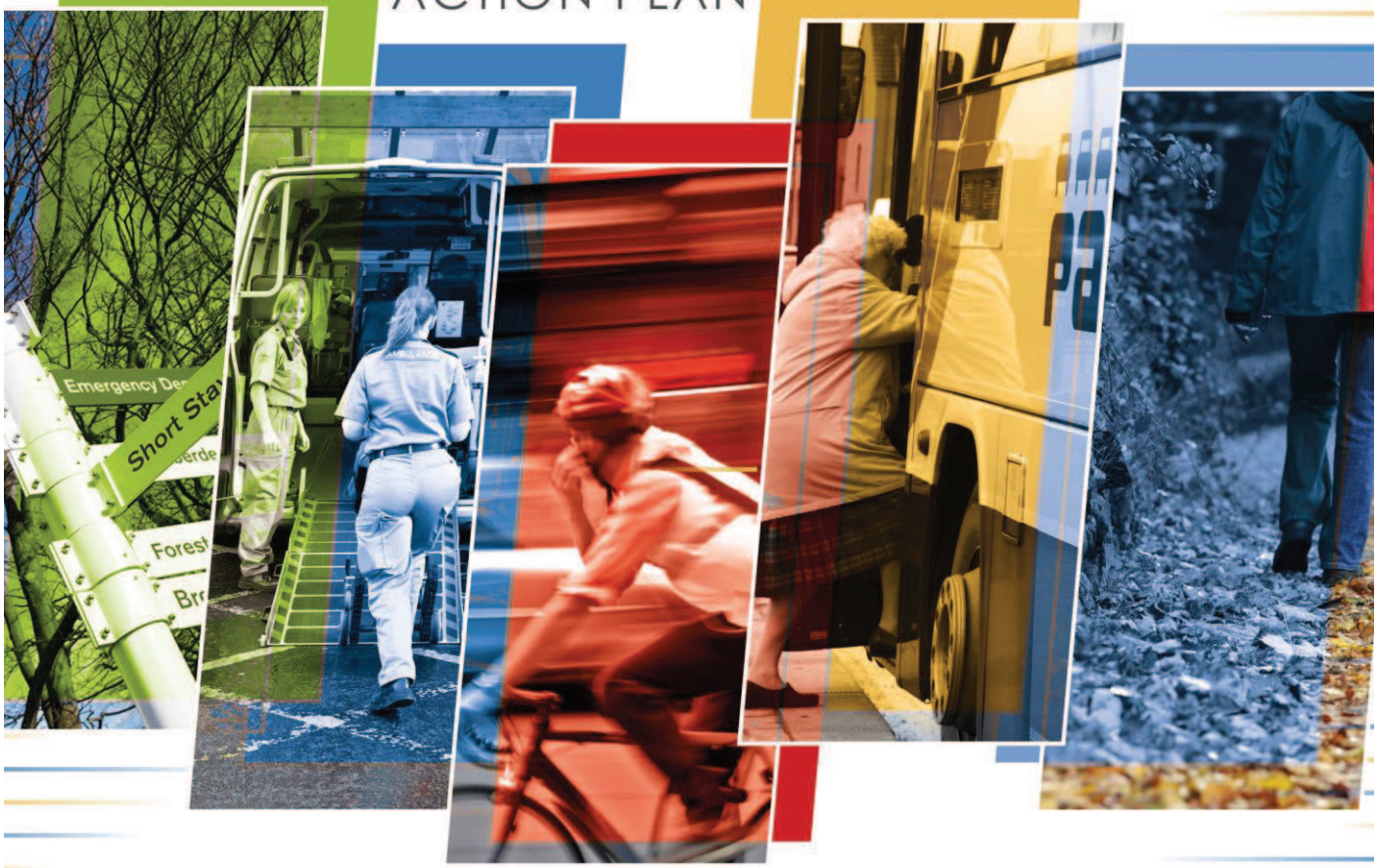
The key risk is that agencies / services have not fully embedded the delivery of the SOA within lead roles in each senior management team or allocated adequate support capacity to support the Thematic and Multi-lateral Priority Groups.

There is also a risk that the deliveries 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.

There is a risk that inadequate data and / or metrics prevent identifying issues and successes against the objectives.

JMP

GRAMPIAN HEALTH & TRANSPORT ACTION PLAN



Community Planning in Aberdeen

Moray Community Planning Partnership

Aberdeenshire Community Planning Partnership

nestrans

NHS Grampian

Scottish Ambulance Service

cta scotland Community Transport Association

the moray Council

Aberdeen City Council

Aberdeenshire Council

Grampian Health & Transport Action Plan

Report

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APPENDIX A Maps of HTAP objectives to SOA outcomes

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Executive Summary

The context

Transport networks and their use can have both direct and indirect impacts on public health. Direct impacts include poor air quality from traffic pollution, high background noise levels and injury/death in road traffic accidents, all of which affect health and wellbeing. Indirect public health impacts of transport include severance and isolation, while increased use of sedentary travel modes in recent decades has been one of the key contributors to the reduction in physical activity levels.

The ability of patients to access health and social care by appropriate means is an essential component of their treatment or care pathway. There are significant inequalities facing people wishing to access health and social care, yet access issues are too often considered only after decisions about the location and time where care will be provided have been made. The complexity of the challenge in managing journeys to health and social care is large (comprising more than 12 million journeys to hundreds of locations in the Grampian region each year, comprising over 100 million km of travel).

The growing population of the region in coming decades, and particularly the growth in the older population, will place significantly increased challenges on service providers to effectively meet individuals' needs.

The rationale for HTAP

Much good work is already underway by public sector service providers and others in the Grampian region to improve access to health and social care and to better link transport and public health outcomes. However, a review of evidence shows that further improved integration is essential to ensure best value is achieved: the impacts of transport choices on public health cannot be most effectively mitigated if the public health effects are not properly communicated; co-ordinating access to health and social care requires action from so many parties that an integrated approach is essential.

Delivering these benefits requires a partnership approach to service planning and delivery that is unlikely to be achieved without a co-ordinated effort. The purpose of the Grampian Health & Transport Action Plan (HTAP) is therefore:

To exert influence strategically at a local level within and between partners; to co-ordinate policies and plans and to work for the benefit of the region to enable safe and sustainable transport and environments.

This plan is not seeking to change or replace existing responsibilities, nor detract from the good work that is already on-going. It does, however, highlight those areas where existing activity may not be sufficient to achieve desired outcomes and identifies actions accordingly.

HTAP is intended to be applicable to all of NHS Grampian's area (comprising the areas of Aberdeen City, Aberdeenshire and Moray). This document updates the HTAP first adopted in 2008.

Vision

HTAP comprises two themes: transport and public health, and access to health and social care.

The vision for transport and public health is:

- For people in Grampian to choose to travel by active modes such as walking and cycling whenever appropriate and to have the ability to do so conveniently and safely, in order to improve activity levels and public health;
- For everyone in the region to live without unacceptable risk to their health caused by the transport network or its use.

The vision for access to health and social care is:

- For everyone in the region to be able to access the health and social care they need and if transport is required for this to be appropriate, convenient and affordable;
- For the environmental impacts of journeys to be minimised.

Objectives and actions

The actions of HTAP are encapsulated within five objectives (two for transport and public health, three for access to health and social care). These objectives and actions are:

Objective TPH1	**For partners to use their collective influence and resources within and between their own organisations and at a national level to further increase provision of high quality infrastructure for active travel, and to promote, inspire and enable more people to walk and cycle as part of their everyday lives.**
Actions to be delivered by HTAP	a. For health professionals to assist partner agencies collate and communicate evidence of the benefits of active travel and to advocate and deliver increased investment in active travel infrastructure, campaigns and support groups. b. For health professionals to have knowledge of relevant active travel support groups and networks and to signpost people to them where appropriate. c. For walking and cycling to be a common element of social prescribing or informal recommended advice by health professionals. d. To build capacity in active travel support groups and networks to assist more people where this is required. e. To ensure that the range of activities led by Local Authorities more fully promotes active travel. f. To form a cohesive Active Travel Working Group involving all those partners, particularly CPPs, involved in promoting walking and cycling to co-ordinate campaigns and activity[1]. g. For the reach of campaigns to be widened to ensure that everyone in the region, over time, becomes aware of the benefits of active travel. h. To mobilise collective expertise and resources to exert pressure nationally in developing infrastructure to enable active travel. i. To use HTAP members to influence policy and plans within their own organisations to improve active travel outcomes.

[1] This could maybe be linked to Nestrans' Sustainable Travel Working Group.

Objective TPH2	**For health professionals to ensure planners and decision-makers are informed of the adverse public health impacts of the transport system and to support those partners already working to resolve them, most notably in order to:** • **Reduce air pollution, especially within Air Quality Management Areas;** • **Reduce the number of people exposed to high transport noise levels;** • **Reduce the number of people killed or seriously injured on the transport network;** • **Reduce the number of people isolated from their communities and key services by lack of appropriate transport;** • **Ensure that transport policies support sustainable and healthy communities.**
Actions to be delivered by HTAP	a. For health professionals to assist other partner agencies collate and communicate evidence of the adverse impacts on the region's population of air pollution, transport noise, road crashes and isolation caused by transport. b. For health professionals to work with their partners to advocate further action to reduce the harmful health impacts of transport. c. For health professionals to work with partners to ensure that other policies affecting transport are assessed adequately in order to reduce the impact of them on public health and to create more sustainable communities and environments.

Objective AHSC1	**For partners to gain a detailed understanding of the gaps or inequalities in access to or from health and social care services, and to resolve identified problems.**
Actions to be delivered by HTAP	a. Build a comprehensive evidence base of the factors affecting where and when treatment or care is provided, of who provides transport, of the costs and other resources used in the provision of that transport. b. Using the Health and Social Care Transport Toolkit[2] as a guide, audit access policies, options and arrangements for patients and visitors to all health and social care facilities in the region. c. Understand patients' needs and aspirations then audit the gaps or inequalities in current access to or from health and social care services (be these geographic, temporal or by socio-demographic group), identify underlying causes of these problems and forecast how they will change in future. d. Set out, through an Access to Healthcare Charter, the responsibilities of both service providers and users to enable access to health and social care. e. Building on experience of the THInC project, work to further improve information on transport options that are available to patients, their carers and frontline health and care professionals. f. Work to build further capacity with community and voluntary services to provide access to health and social care where it is needed and appropriate. g. Recognise the potential efficiencies and savings that telehealth and telecare services can give to transport providers and to keep abreast of developments and expansion of such services in order that transport providers can capitalise on these benefits (in combination with action AHSC3c).

[2] Contained within Healthcare Transport - Recommendations of the Short Life Working Group. Scottish Government. 2013

Objective AHSC2	For partners to more fully coordinate the planning and delivery of health/social care and transport in order to improve the efficiency and financial sustainability of services.
Actions to be delivered by HTAP	a. Building on the audit of access arrangements to/from existing facilities (action AHSC1b) identify and react to opportunities for short-term improvements in efficiency of service delivery where these can be facilitated through improved inter-agency working. b. Develop and set in place a mechanism that will properly determine the access implications of any proposed changes to health or social care provision, and respond appropriately to any identified problems. c. Develop and set in place a mechanism that will properly determine the health and social care access implications of proposed land use developments or transport network changes, and respond appropriately to any identified problems. d. Scope the actions required to work towards better coordinated transport to/from health and social care, along with the costs and benefits of so doing, then set appropriate actions in train. Introduce initially small-scale projects addressing: • Management and leadership; • Responsibilities of service providers and users, and users' entitlements; • Provision of information on available options to service users and front-line staff in health and social care sectors; • Integration of systems, especially for booking appointments; • Resolving of issues constraining transport service delivery; and • Building capacity in communities to provide more transport. These projects are listed in Appendix D.

Objective AHSC3	For partners to work together to ensure that transport to health and social care is undertaken by sustainable modes wherever possible, or that care is provided without travel if appropriate.
Actions to be delivered by HTAP	a. Audit access provision to all health and social care facilities by walking, cycling and public transport, and take appropriate action where improvements are justified (in combination with action AHSC1b). b. Building on the audit work, put in place an effective travel plan, including provision of information on access by sustainable modes for patients, carers and staff, for each health and social care facility. c. Increase work to inform the development of telehealth and telecare services, recognising the environmental and financial benefits these can provide (in combination with action AHSC1g).

Delivery and management

Delivering the purpose, objectives and actions of the HTAP will require effective and on-going leadership, management and communications.

In order to achieve this, we suggest that:

- The three relevant Community Planning Partnerships[3] adopt the HTAP, and take responsibility for delivering its shared objectives;
- An HTAP Steering Group is given responsibility for delivering and maintaining the plan;
- Two Sub-Groups (one for each HTAP theme) provide expert input and guide delivery of projects;
- Project Groups are established to take forward specific tasks; and
- The HTAP Programme Manager should support the Steering and Sub-Groups, and project groups where appropriate.

[3] For Aberdeen City, Aberdeenshire and Moray.

1 Introduction

1.1 In 2008, the North East Scotland Joint Public Sector Group approved a Health & Transport Action Plan (HTAP) for the region[4]. The HTAP had been developed by NHS Grampian, Nestrans and their partners, and set out long-term strategic actions to improve integration between transport and health outcomes by:

- Promoting active travel (walking and cycling) to increase physical activity;
- Reducing the adverse impacts of the transport system on public health (in particular by reducing air pollution, traffic noise and the number and severity of road casualties); and
- Improving access to healthcare.

1.2 Partners have shown willingness to work together to achieve the objectives of HTAP. They recognise the overall themes remain relevant, but that much remains to be done[5].

1.3 This document therefore provides a refreshed HTAP. It has been updated in the light of lessons learned during the delivery of HTAP since 2008 and of changes to the funding environment, to policy and regulation. This refresh also accounts for initial considerations of the deeper integration of the delivery of health and social care services arising from the Public Bodies (Joint Working) bill.

1.4 The purpose of this HTAP is:

> *To exert influence strategically at a local level within and between partners; to co-ordinate policies and plans and to work for the benefit of the region to enable safe and sustainable transport and environments.*

This document

1.5 In this document:

- Section 2 provides an introduction to the issues relevant to the plan;
- Section 3 summarises the rationale for an HTAP and lessons learned since the publication of the 2008 plan;
- Section 4 presents a vision and objectives for the plan;
- Section 5 lists the recommended actions;
- Section 6 outlines the recommended delivery and management processes; and
- Section 7 presents a communication plan and risk register.

Note regarding boundaries

1.6 The areas covered by NHS Grampian and Nestrans are not coterminous: NHS Grampian provides services in the Moray Council area in addition to those of Aberdeen City and Aberdeenshire Councils which are within Nestrans' remit (Moray forms part of the Hitrans Regional Transport Partnership area). This plan, and any reference to the Grampian region in this document, is intended to be relevant for the entirety of the NHS Grampian area.

[4] The action plan is available at http://www.nestrans.org.uk/db_docs/docs/HTAP%20Final%20Report%20-%20July%202008_1.pdf.
[5] A report on progress towards all of the actions of the original HTAP has been prepared.

2 The issues in outline

2.1 This section briefly summarises the context which underpins the rationale for a Grampian Health & Transport Action Plan.

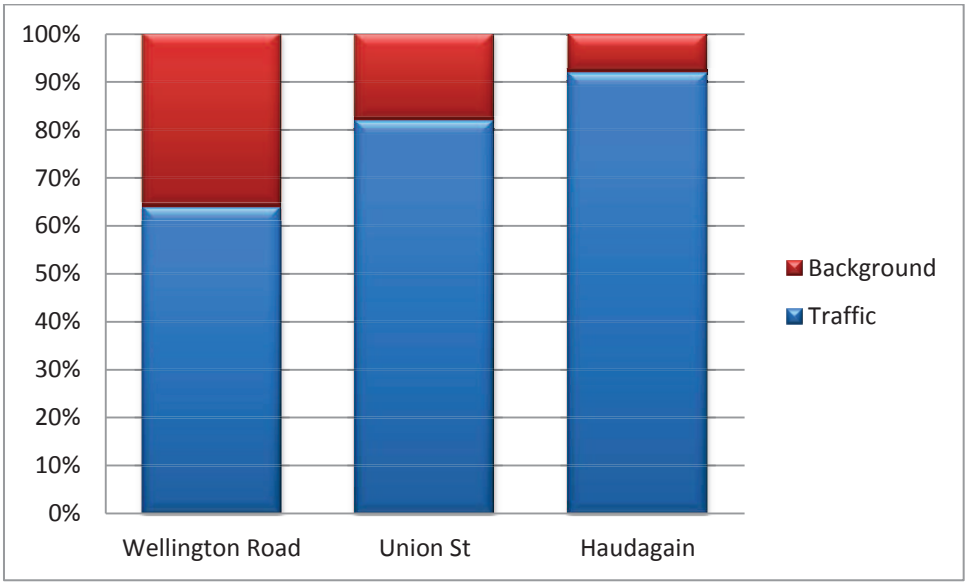
Transport and public health

2.2 Transport networks and their use can have both direct and indirect impacts on public health. Direct impacts include poor air quality from traffic pollution, high background noise levels and injury/death in road traffic accidents, all of which affect health and wellbeing.

2.3 Taking these issues in turn, it is estimated that if it were possible to remove all human-made particulate air pollution, average life expectancy from birth in the UK would increase by six months[6]. Thousands of residential properties in the region are in areas where pollution levels exceed standards[7]. Many tens of thousands more people will regularly travel to or through the worst hotspot areas of Aberdeen City Centre, Wellington Road and Anderson Drive so be exposed to high levels of pollution (there are currently no locations in Aberdeenshire or Moray where Air Quality Management Areas have had to be declared).

2.4 The majority of air pollution in UK towns and cities is caused by road transport. In those parts of Aberdeen where pollution exceeds standards, more than two-thirds of NO_x and around half of particulate pollution are caused by road traffic.

Figure 2.1 Source apportionment of NO_x pollution, selected sites



Source: Aberdeen Air Quality Action Plan

2.5 The health and wellbeing impacts of exposure to high noise levels remain to be comprehensively understood. However, many thousands of people do suffer from living in noisy locations: it is estimated that 13,000 people living in the Grampian region are exposed to daytime noise from traffic in excess of 65dB, and a further 1,900 to noise at this level from trains[8].

[6] The Committee on the Medical Effects of Air Pollutants
[7] Aberdeen City Council Air Quality Action Plan
[8] Draft Strategic Noise Action Plan for the Aberdeen Agglomeration

2.6 Although there has been a substantial reduction in the number of people injured on the roads in recent decades, an average of 378 people are still killed or seriously injured in road crashes in the Grampian region each year[9]. Many more suffer minor injuries.

2.7 Indirect public health impacts of transport include severance and isolation (individuals being 'cut off' from key services or their communities by a busy road or lack of appropriate transport). Thirteen per cent of older people living in rural areas report poor access to a range of basic services, including GPs, dentists and hospitals; older people and those on low income are significantly more likely to suffer poor access[10]. The resulting isolation can have adverse health impacts for many individuals, particularly for their mental wellbeing.

2.8 There are substantial inequities between those more likely to be causing and to be affected by these problems[11]. People living in deprived communities are much more likely to be adversely affected by transport pollution or noise than the average, in large part due to depressed housing costs in noisy and polluted places, and are much more likely to be involved in road crashes. People on low income, or that have a physical or mental impairment, are more likely to be excluded from transport choices[12].

2.9 Meanwhile, 61% of adults in Grampian fail to meet recommended guidelines for physical activity. Nearly one in three of all adults get less than 30 minutes exercise per week[13]. These people are at increased risk of a range of chronic health problems including cardiovascular disease, obesity, type 2 diabetes and mental disorders. Increased use of sedentary travel modes (those not involving physical activity) in recent decades has been one of the key contributors to the reduction in activity levels in the UK's population.

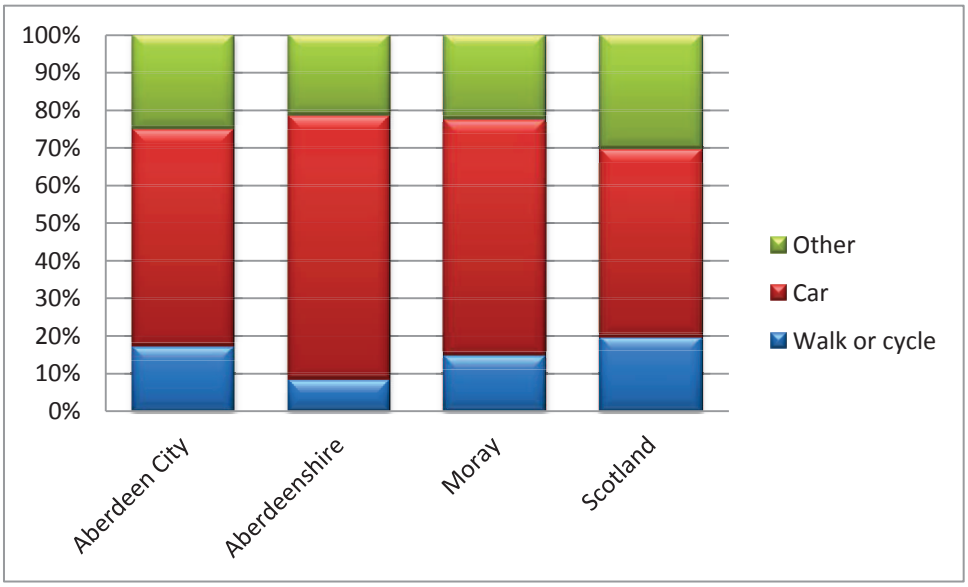
2.10 However, the potential for travel options to contribute to an active lifestyle is recognised: "for most people, the easiest and most acceptable forms of physical activity are those that can be incorporated into everyday life"[14], while "one of the most effective ways to [increase] activity in a busy day is to reduce reliance on motorised transport, changing our means of everyday travel to walking and cycling"[15].

2.11 Two fifths of all journeys made in Scotland are less than 2km long (an easy walk or cycle for many people), yet more than 40% of these short journeys are made by car[16]. Nearly three quarters of journeys between 2 and 5km in length are made by car.

2.12 Within Grampian, there is inevitable variation of the proportion of journeys made by active modes, dependent largely on population density. The most comprehensive comparators come from the Census (albeit only for journeys to work or study), which show the disparity:

[9] 2008-12 annual mean. Source: Reported Road Casualties Scotland 2012, Transport Scotland
[10] Building a Society for All Ages, HM Government, 2009
[11] Fairness in a car dependent society. Sustainable Development Commission 2011
[12] Transport and Health Briefing Statement. Faculty of Public Health. December 2013
[13] Scottish Health Survey, 2008-11 data combined. Note these proportions are similar to national averages
[14] Chief Medical Officer
[15] Preventing Overweight and Obesity in Scotland. Scottish Government. 2010
[16] Scottish Household Survey 2009/10

Figure 2.2 Mode of adults' journeys to work or study[17]



Source: 2011 Census

2.13 Across the Grampian region, 79% of all journeys to work in 2011 were made by sedentary transport modes.

2.14 Cycling and walking are also both important components of a sustainable, low-pollution transport network; more people travelling actively helps improve their health, and the health of others. Investing in walking and cycling is proven to be one of the most cost effective forms of public investment, with median benefit to cost ratios from typical UK schemes being 19:1[18].

Access to health and social care

2.15 The ability of patients to access health and social care by appropriate means (and, if they have travelled, to return home afterwards) is an essential component of their treatment or care pathway.

2.16 Many journeys to healthcare are made (or are being considered) by people that are unwell or otherwise under some duress, to locations that they may be unfamiliar with and at times outwith their control. Accessing healthcare can, for many patients, be one of the most challenging elements of the treatment episode, or a major barrier to receiving care. Comprehensive recent data is limited, but research in 2003 highlighted the scale of the problems then:

> *"Three per cent of people have missed, turned down or not sought medical help because of transport problems experienced in the past year. This rises to seven per cent of people without access to a car.*
>
> *Twenty three per cent of people who use mental health services say that financial problems have restricted their ability to access these services; the majority of these responses related to transport problems."*[19]

[17] Excluding people that usually work from home
[18] Davis, A. (2010) Value for Money: an economic assessment of investment in walking and cycling. http://www.apho.org.uk/resource/item.aspx?RI D=91553
[19] Making the Connections: Final Report on Transport and Social Exclusion. Social Exclusion Unit. February 2003

2.17 Across Great Britain, 16% of people aged 70 and over report difficulty with travel to a doctor or hospital[20]. The costs of providing travel are substantial: as an example, around one-fifth of Aberdeenshire Council expenditure on day care is spent on transporting people to and from services.

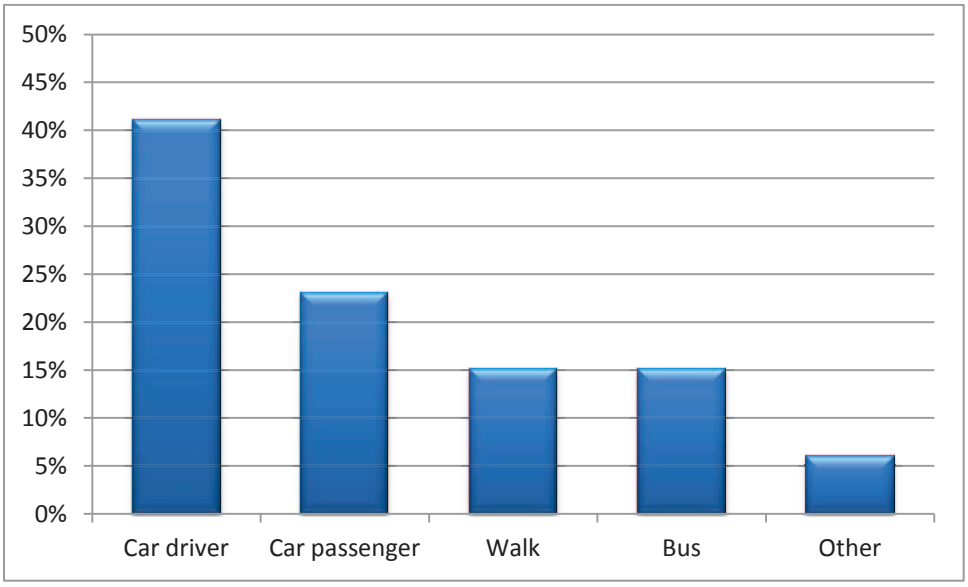
2.18 The complexity of the challenge is large:

- all 570,000 residents of the region need to access health or social care services from time to time;
- approximately 12 million journeys are made to access healthcare by Grampian residents every year[21];
- these journeys are made to 89 GP practices, 23 hospital sites and numerous social care centres, dentists, pharmacists and other community facilities in the region;
- the needs of people travelling vary widely; many are able to transport themselves, many need support from friends or family, some need specialist care and equipment while they travel;

2.19 In total, journeys to healthcare will generate in the order of 100 million km of travel in the region each year[22].

2.20 Car is the predominant mode for travel to healthcare in Scotland, comprising 64% of all healthcare journeys:

Figure 2.3 Mode of travel to healthcare



Source: Scottish Household Survey Travel Diary

2.21 A high proportion of journeys to healthcare by car is to be expected: many people will be unwell or frail so find travel by active modes or public transport difficult. It is noteworthy, therefore, that the

[20] National Travel Survey 2009, Department for Transport (published 2010)
[21] Journeys to access social care will add to this total; data on the number of these is not available on such a robust basis
[22] Assuming these journeys are the same length as the average made in Scotland for all purposes, of 8.3km

proportion of journeys to healthcare by car is lower than the proportion by car of journeys to work (71% of commuting is by car, 63% as driver, and 8% as passenger).

2.22 This difference arises from a number of factors, including that people without access to a car make a much higher proportion of all their journeys to healthcare than people that do have access to a car (around 4% and 2.5% respectively). This demonstrates a significant inequality in access to healthcare opportunity: that people with greater health needs have, in general, poorer access to the mode of transport that may be most suited to people with limited mobility (car)[23].

2.23 The rurality of much of the Grampian region adds to the challenges of providing efficient access to services: journey distances are often long and public transport services limited in some places. Thirty percent of the population of the Grampian region resides in areas that are within the worst 20% in Scotland for accessibility to a range of social needs[24].

2.24 The decisions about where and when a person's treatment or care is provided clearly depends on a wide range of factors (including the availability of the right professional staff, facilities and equipment), so cannot bow to the needs of the transport system alone. Yet access issues are too often considered only after decisions about location and time are made.

2.25 Even though most healthcare and social care is provided within communities, at or close to people's homes, transport or access to them remains a significant barrier for many people and providing or paying for this transport places a major burden on individuals, their communities and service providers. Many people struggle to find transport that is appropriate to their health and care.

2.26 Many patients also perceive that there are a plethora of transport options, which they may find confusing, while others will be unaware of the range of options available to them. As a result, some patients choose not to seek an appointment, others miss appointments made for them and many more miss the opportunity to use what may be the best transport option for them.

2.27 Poor access also directly affects the efficiency of the delivery of health and social care services. "If transport is not well planned it can result in unnecessary journeys, missed or late appointments, people staying in hospital longer than they need to and reliance on unplanned options such as taxis"[25].

2.28 As with all NHS boards in Scotland, some of the more specialist treatment provided by NHS Grampian is being relocated from the previous 'central' foci to more local, community-based facilities, and is being redesigned to meet patients' needs better. These efforts are accompanied by the integration of health and social care delivery, which should further improve outcomes for patients and service efficiency. Inevitably, however, any such changes come with a need to reassess how the transport system supports people's access to the health and social care needs.

2.29 Of course, if appropriate and high quality treatment or care can be accessed without travel by the receiving individual or professional provider, substantial savings in time, cost and inconvenience can be possible (in addition to the potential savings on premises, equipment, etc). An increased focus on telehealth and telecare, accompanied by more effective self management of conditions, is

[23] It is believed that similar inequalities of access to social care also arise, but less comprehensive travel data is available

[24] Scottish Index of Multiple Deprivation. Definitions available at http://simd.scotland.gov.uk/publication-2012/technical-notes/domains-and-indicators/geographic-access-domain/

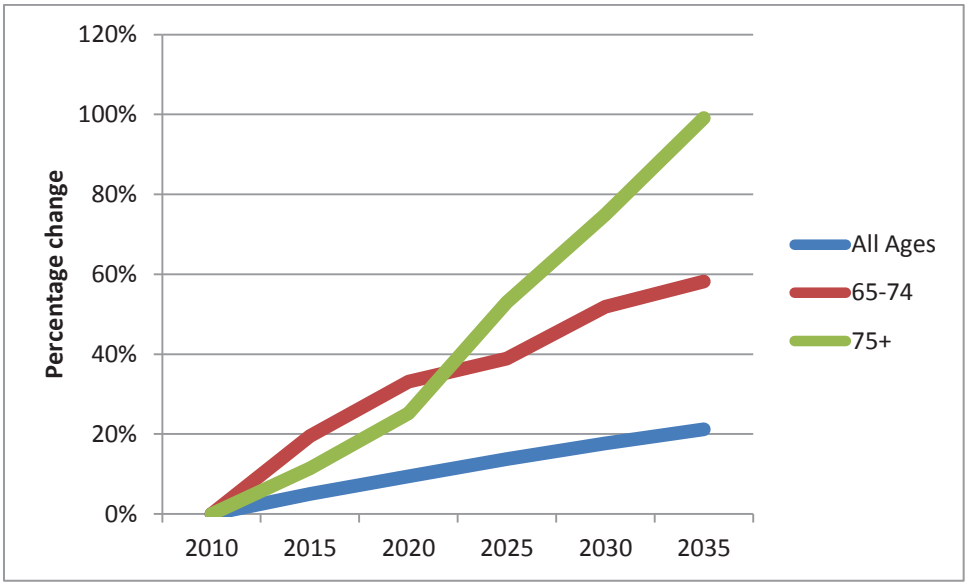
[25] Transport for Health and Social Care. Audit Scotland. 2011

being prioritised across Scotland in order to improve efficiency of service delivery. There is potential for these initiatives to relieve demands on the transport system whilst retaining or enhancing access to health and social care.

Changing demands

2.30 Aside from any changes to how health, social care or transport services are delivered, demand for them is changing and will continue to change. Compared to a 2010 base, the population of the Grampian region (Aberdeen City, Aberdeenshire and Moray) is expected to grow by 21% by 2035[26], placing an inevitable further demand for services. However, the elderly population, typically much more dependent than the average on public services, is expected to grow much more, with 99% more people aged 75 and over expected to live in the region in the same period. Active travel can help these people stay healthy and to live independently, but they will also need more care and appropriate access to it.

Figure 2.4 Population projections: Grampian region



2.31 At the same time, pressure on public funding continues to increase. Combining increasing demand with reduced funding will require radical new ways of working if patients' needs are to be met on a sustainable basis.

The policy landscape

2.32 At the creation of HTAP in 2008, the policy environment for improved partnership working to better integrate health and transport outcomes was strong, but it has become even stronger since.

2.33 In part, this is due to a substantially expanded evidence of the links between transport and health; both of the opportunities for active travel to improve individuals' health and also of the risks that the transport system poses for public health, particularly from airborne pollution. (Note that evidence of problems arising from poor access to health or social care has not increased as much, but anecdotal information suggests that significant problems remain for many people).

[26] General Register Office for Scotland

2.34 Other factors also point clearly to the need for this plan. Key amongst them is the driver of Community Planning Partnerships; the three covering the Grampian region specifically promote cross-sectoral working to achieve common objectives. Their Single Outcome Agreements all seek to deliver healthier, more active populations and to prioritise preventative measures over resolving problems. Both promoting active travel and reducing the harmful effects of transport can reduce the need for people to require health or social care. Meanwhile, people unable to access health or social care are more likely to suffer ill-health and rely on acute care later. None of these issues can be tackled by any one organisation working alone. Appendix A shows how the actions set out in this plan will contribute to meeting the objectives of each of the Single Outcome Agreements.

2.35 These needs for prevention and for improved joint working were also central to the recommendations of the 2011 report of the Christie Commission into the future delivery of public services in Scotland. Meanwhile, the Public Bodies (Joint Working) Bill 2013 requires the delivery of health and social care services to be linked much more fully than previously, whilst NHSScotland's 2020 Vision puts much more emphasis on designing care around the needs of the patient, including providing care in a community setting wherever appropriate.

2.36 This refreshed plan responds to these external drivers, as well as to a range of others; a fuller list is provided in Appendix B.

3 About this plan

The rationale for HTAP

3.1 Much good work is already underway by public sector service providers and others in the Grampian region to improve access to health and social care and to better link transport and public health outcomes. In some policy areas, such as the achievement of air pollution objectives or the transport of people with specific needs to hospital appointments, statutory responsibilities lie with specific bodies (in these examples, with local authorities and the Scottish Ambulance Service respectively).

3.2 In other aspects, such as local authorities' and Regional Transport Partnerships' work to improve active travel infrastructure or efforts to improve road safety, specific agencies or partnerships are taking and should continue to take a clear lead. In yet other areas, notably in the promotion of active travel and in the provision of transport services to healthcare, a wide range of organisations (public, private and community led) provide high quality services and are striving to improve them.

3.3 Within this context, the rationale for the HTAP should certainly be tested. When done, there is a clear voice from the public service delivery partners that, whilst much good work is underway by them and others, further improved integration is essential to ensure best value is achieved: the impacts of transport choices on public health cannot be most effectively mitigated if the public health effects are not properly communicated; co-ordinating access to health and social care requires action from so many parties that an integrated approach is essential. These require an enhanced level of partnership working in service planning and delivery that is unlikely to otherwise be achieved.

3.4 The purpose of the HTAP is therefore:

> *To exert influence strategically at a local level with and between partners; to co-ordinate policies and plans and to work for the benefit of the region to enable safe and sustainable transport and environments.*

3.5 This plan is not seeking to change or replace existing responsibilities, nor detract from the good work that is already on-going. It does, however, highlight those areas where existing activity may not be sufficient to achieve desired outcomes and identifies actions accordingly.

Messages emerging through the refresh process

3.6 This plan refreshes the 2008 HTAP, and seeks to react to the lessons learned in the intervening period as well as to the external changes summarised in the preceding section.

3.7 The development of the first HTAP and this refresh has been guided by a Steering Group drawn largely from representatives of the main public sector service providers. During the refresh, it has been clear that the broad objectives of the original HTAP remain valid and supported by all partners.

3.8 Much has happened since 2008 to take forward initiatives that contribute to the objectives of HTAP. However, it is also clear that taking forward the recommendations of that action plan where they were not embedded in the work plans of individual agencies has been challenging. While there have been some notable delivery successes, weaknesses in management and communication, combined with a lack of investment, mean that there has been less progress than was desired. Reacting to this situation, this refreshed document places greater emphasis on setting in place the mechanisms to deliver and manage delivery of the actions than had been the case.

3.9 To aid the management of delivery, whilst the broad thrust of HTAP remains, the themes of the plan have been reduced in number to two:

- Transport and public health (an amalgamation of the previous promoting active travel and transport and public health themes); and
- Access to health and social care, with this theme widened in scope to recognise the integration of social care with healthcare delivery.

4 Vision and objectives

4.1 In this section, we set out vision statements and objectives for the two themes of the refreshed HTAP, in order to meet the purpose of this plan as set out in the previous section.

Transport and public health

4.2 The vision for transport and public health is:

- For people in Grampian to choose to travel by active modes such as walking and cycling whenever appropriate and to have the ability to do so conveniently and safely, in order to improve activity levels and public health;
- For everyone in the region to live without unacceptable risk to their health caused by the transport network or its use.

4.3 The objectives of the HTAP to achieve this vision are:

- Objective TPH1: For partners to use their collective influence and resources within and between their own organisations and at a national level to further increase provision of high quality infrastructure for active travel, and to promote, inspire and enable more people to walk and cycle as part of their everyday lives;
- Objective TPH2: For health professionals to ensure planners and decision-makers are informed of the adverse public health impacts of the transport system and to support those partners already working to resolve them, most notably in order to:
  - Reduce air pollution, especially within Air Quality Management Areas;
  - Reduce the number of people exposed to high transport noise levels;
  - Reduce the number of people killed or seriously injured on the transport network;
  - Reduce the number of people isolated from their communities and key services by lack of appropriate transport;
  - Ensure that transport policies support sustainable and healthy communities.

Access to health and social care

4.4 The vision for access to health and social care is:

- For everyone in the region to be able to access the health and social care they need and if transport is required for this to be appropriate, convenient and affordable;
- For the environmental impacts of journeys to be minimised.

4.5 The objectives of the HTAP required to achieve this vision are:

- Objective AHSC1: For partners to gain a detailed understanding of the gaps or inequalities in access to or from health and social care services, and to resolve identified problems;
- Objective AHSC2: For partners to more fully coordinate the planning and delivery of health/social care and transport in order to improve the efficiency and financial sustainability of services;
- Objective AHSC3: For partners to work together to ensure that transport to health and social care is undertaken by sustainable modes wherever possible, or that care is provided without travel if appropriate.

5 Recommended actions

5.1 In this section, we outline recommended actions.

5.2 Partner agencies and others already have actions underway which are contributing to the achievement of each of the objectives of this plan, and these are briefly summarised within the tables below. Where further action is required in order to ensure objectives are fully met, this is identified. Where appropriate, we have drawn together links to relevant guidance, policy or best practice examples relating to each action; these are contained in Appendix C.

Transport and public health

Objective TPH1	**For partners to use their collective influence and resources within and between their own organisations and at a national level to further increase provision of high quality infrastructure for active travel, and to promote, inspire and enable more people to walk and cycle as part of their everyday lives.**
Rationale	Travelling actively is recognised as one of the easiest ways for many people to get more exercise in their daily routines, so to improve their health. Walking more can be a particularly effective way to get people with complex health needs to get more exercise. Journeys made on foot or by bike have no adverse impact on the health of other people.
Existing activity	Work has been completed or is underway to improve active travel infrastructure and networks in many parts of the region. Campaigns to encourage more people to walk or cycle are on-going, and reach some of the region's population. Formal and informal support groups or networks are available to some of those people that wish to receive help, training or motivation to walk or cycle more.
Lead agencies for existing activity	Nestrans (especially for GetAbout and the Nestrans Active Travel Action Plan) Local Authorities (especially for infrastructure improvements, but also for training and support groups) Community groups and third sector organisations (especially for campaigns, training and support groups)
Actions to be delivered by HTAP	a. For health professionals to assist partner agencies collate and communicate evidence of the benefits of active travel and to advocate and deliver increased investment in active travel infrastructure, campaigns and support groups. b. For health professionals to have knowledge of relevant active travel support groups and networks and to signpost people to them where appropriate. c. For walking and cycling to be a common element of social prescribing or informal recommended advice by health professionals. d. To build capacity in active travel support groups and networks to assist more people where this is required. e. To ensure that the range of activities led by Local Authorities more fully promotes active travel. f. To form a cohesive Active Travel Working Group involving all those partners, particularly CPPs, involved in promoting walking and cycling to co-ordinate campaigns and activity[27]. g. For the reach of campaigns to be widened to ensure that everyone in the region, over time, becomes aware of the benefits of active travel. h. To mobilise collective expertise and resources to exert pressure nationally in developing infrastructure to enable active travel. i. To use HTAP members to influence policy and plans within their own organisations to improve active travel outcomes.

[27] This could maybe be linked to Nestrans' Sustainable Travel Working Group.

Objective TPH2	**For health professionals to ensure planners and decision-makers are informed of the adverse public health impacts of the transport system and to support those partners already working to resolve them, most notably in order to:** • **Reduce air pollution, especially within Air Quality Management Areas;** • **Reduce the number of people exposed to high transport noise levels;** • **Reduce the number of people killed or seriously injured on the transport network;** • **Reduce the number of people isolated from their communities and key services by lack of appropriate transport;** • **Ensure that transport policies support sustainable and healthy communities.**
Rationale	Air and noise pollution has a serious detrimental impact on the health of those people exposed to it. Most such pollution in the UK is caused by road traffic. Road accidents have obvious detrimental health effects on those people involved in them. Isolation from communities and key services can have a detrimental impact on an individual's physical health and mental wellbeing. Lack of suitable, affordable transport, or lack of awareness or confidence to use it (including of active travel modes), can be a contributory factor to this isolation.
Existing activity	Aberdeen has a detailed Air Quality Action Plan in place to tackle pollution and is working to implement it (there are currently no locations in Aberdeenshire or Moray where Air Quality Management Areas have had to be declared, albeit that some locations show cause for concern and are being monitored). A draft Strategic Noise Action Plan for the Aberdeen Agglomeration has been published by the Scottish Government, covering Aberdeen City and parts of Aberdeenshire. Detailed actions arising from the plan are awaited. Much good work has been undertaken and is on-going by the Police and Local Authorities to reduce risks at known accident locations and, through campaigns, to encourage safer driving and road use. Police Scotland has recently reduced the level of resources it is able to commit to road safety training in the region, but Aberdeenshire Council has put in place two Transport Safety Education Officers. In addition to a vast amount of informal support provided by family and friends, many community led organisations assist with transport or access for people that would otherwise be isolated. Local Authorities are able to fund socially necessary scheduled public transport, provide grant support some demand responsive and community transport services and also assist many people access social care.
Lead agencies for existing activity	For air pollution: Local Authorities For noise pollution: Scottish Government, Aberdeen City Council, Aberdeenshire Council For road safety: Local Authorities, Community Planning Partnerships, Police Scotland For reducing isolation: community groups including community transport providers and other informal support networks, Local Authorities
Actions to be delivered by HTAP	a. For health professionals to assist other partner agencies collate and communicate evidence of the adverse impacts on the region's population of air pollution, transport noise, road crashes and isolation caused by transport. b. For health professionals to work with their partners to advocate further action to reduce the harmful health impacts of transport. c. For health professionals to work with partners to ensure that other policies affecting transport are assessed adequately in order to reduce the impact of them on public health and to create more sustainable communities and environments.

Access to health and social care

Objective AHSC1	For partners to gain a detailed understanding of the gaps or inequalities in access to or from health and social care services, and to resolve identified problems.
Rationale	Access to health and social care is essential for patients to receive the services they need. Not everyone in the region is presently able get that access by options that are convenient, affordable and appropriate to their needs and circumstances.
Existing activity	Health and social care providers largely decide where and when treatment or care will be given (reacting to patients' needs and aspirations where possible). A wide range of organisations and individuals then supply transport services. Inevitably, overall service provision is inconsistent and few patients or health/social care professionals have a comprehensive understanding of available options. An increasing emphasis is being placed on telehealth and telecare, enabling some care to be provided without travel.
Lead agencies for existing activity	NHS Grampian and Local Authorities (and new joint boards) take responsibility for the organisation of almost all health and social care services and, in certain circumstances, organise and/or provide transport. Much transport is organised and paid for by patients or their carers. A large number of community groups also provide transport services, while the Scottish Ambulance Service transports patients that meet their eligibility criteria. Local Authorities support socially necessary transport services and provide transport for many people to social care.
Actions to be delivered by HTAP	a. Build a comprehensive evidence base of the factors affecting where and when treatment or care is provided, of who provides transport, of the costs and other resources used in the provision of that transport. b. Using the Health and Social Care Transport Toolkit[28] as a guide, audit access policies, options and arrangements for patients and visitors to all health and social care facilities in the region. c. Understand patients' needs and aspirations then audit the gaps or inequalities in current access to or from health and social care services (be these geographic, temporal or by socio-demographic group), identify underlying causes of these problems and forecast how they will change in future. d. Set out, through an Access to Healthcare Charter, the responsibilities of both service providers and users to enable access to health and social care. e. Building on experience of the THInC project, work to further improve information on transport options that are available to patients, their carers and frontline health and care professionals. f. Work to build further capacity with community and voluntary services to provide access to health and social care where it is needed and appropriate. g. Recognise the potential efficiencies and savings that telehealth and telecare services can give to transport providers and to keep abreast of developments and expansion of such services in order that transport providers can capitalise on these benefits (in combination with action AHSC3c).

[28] Contained within Healthcare Transport - Recommendations of the Short Life Working Group. Scottish Government. 2013

Objective AHSC2	**For partners to more fully coordinate the planning and delivery of health/social care and transport in order to improve the efficiency and financial sustainability of services.**
Rationale	Many players currently influence or provide access to health and social care services. The cost of providing access places a large burden on service providers and users. There are many examples of good practice, but the overall service is inevitably disjointed. Overcoming this could improve efficiency of service delivery and patient outcomes.
Existing activity	Health and social care providers largely decide where and when treatment or care will be given (reacting to patients' needs and aspirations where possible). A wide range of organisations and individuals then supply transport services. Inevitably, overall service provision is inconsistent and few patients or health/social care professionals have a comprehensive understanding of available options. An increasing emphasis is being placed on telehealth, which may enable some care to be provided without travel.
Lead agencies for existing activity	NHS Grampian and Local Authorities (and new joint boards) take responsibility for the organisation of almost all health and social care services and, in certain circumstances, organise and/or provide transport. Much transport is organised and paid for by patients or their carers. A large number of community groups also provide transport services, while the Scottish Ambulance Service transports patients that meet their eligibility criteria. Local Authorities are able to fund socially necessary scheduled public transport, provide grant support some demand responsive and community transport services and also assist many people access social care.
Actions to be delivered by HTAP	a. Building on the audit of access arrangements to/from existing facilities (action AHSC1b) identify and react to opportunities for short-term improvements in efficiency of service delivery where these can be facilitated through improved inter-agency working. b. Develop and set in place a mechanism that will properly determine the access implications of any proposed changes to health or social care provision, and respond appropriately to any identified problems. c. Develop and set in place a mechanism that will properly determine the health and social care access implications of proposed land use developments or transport network changes, and respond appropriately to any identified problems. d. Scope the actions required to work towards better coordinated transport to/from health and social care, along with the costs and benefits of so doing, then set appropriate actions in train. Introduce initially small-scale projects addressing: • Management and leadership; • Responsibilities of service providers and users, and users' entitlements; • Provision of information on available options to service users and front-line staff in health and social care sectors; • Integration of systems, especially for booking appointments; • Resolving of issues constraining transport service delivery; and • Building capacity in communities to provide more transport. These projects are listed in Appendix D.

Objective AHSC3	**For partners to work together to ensure that transport to health and social care is undertaken by sustainable modes wherever possible, or that care is provided without travel if appropriate.**
Rationale	Accessing health or social care services is one of the key demands on the transport system. Increased use of sustainable modes or reductions in the need to travel will reduce the adverse impacts of this travel and, in some cases, reduce cost or improve choice for patients.
Existing activity	Promoting sustainable travel choices is embedded within national, regional and local transport policies and many projects are underway to achieve these outcomes. NHSG has implemented some projects to improve sustainability of staff travel, but has done little in recent years to reduce the impacts of transport it influences.
Lead agencies for existing activity	Local Authorities, Nestrans and NHS Grampian all help develop travel plans for healthcare sites and, along with commercial operators, work to improve services, infrastructure and campaigns that encourage uptake of sustainable and active choices.
Actions to be delivered by HTAP	a. Audit access provision to all health and social care facilities by walking, cycling and public transport, and take appropriate action where improvements are justified (in combination with action AHSC1b). b. Building on the audit work, put in place an effective travel plan, including provision of information on access by sustainable modes for patients, carers and staff, for each health and social care facility. c. Increase work to inform the development of telehealth and telecare services, recognising the environmental and financial benefits these can provide (in combination with action AHSC1g).

6 Delivery and management

6.1 Delivering the purpose, objectives and actions of the HTAP will require effective leadership, management and communications.

6.2 In order to achieve this, we suggest that:

- The three **Community Planning Partnerships**[29] adopt the HTAP, and take responsibility for delivering its shared objectives;
- An **HTAP Steering Group** is given responsibility for delivering and maintaining the plan;
- Two **Sub-Groups** (one for each HTAP theme) provide expert input and guide delivery of projects;
- **Project Groups** are established to take forward specific tasks; and
- The **HTAP Programme Manager** should support the Steering and Sub-Groups, and project groups where appropriate.

6.3 The suggested roles and responsibilities of each of the HTAP-specific groups are set out more fully below.

The HTAP Steering Group

6.4 The HTAP Steering Group should have responsibility for delivery of all the actions of the HTAP in a timely manner, and of ensuring that the plan itself remains fit for purpose.

6.5 More specifically, the Steering Group's responsibilities should be:

- Identifying priority HTAP actions for delivery;
- Setting terms of reference for, appointing Chairs and members to, and monitoring progress of the two theme Sub-Groups;
- Supporting the Sub-Groups to ensure that resources to enable delivery of HTAP actions are available;
- Ensuring that HTAP objectives and delivery plans are appropriately integrated with those of all relevant partner agencies;
- Ensuring that all relevant partner agencies are working effectively together to deliver HTAP actions;
- Communicating the aims and achievements of HTAP and matters related to its delivery to all relevant parties, especially people within their own organisations;

[29] For Aberdeen City, Aberdeenshire and Moray. We note that, as distinct groupings, each CPP may have different priorities or emphasis with respect to HTAP projects and initiatives.

- Ensuring that their own organisations are supporting HTAP outcomes effectively including through reporting and approvals to/from appropriate Boards and Committees;
- Monitoring progress towards the objectives and deliverables of HTAP, and taking appropriate action if progress is lacking;
- Ensuring the HTAP remains up to date in the light of actions completed and changes in policy or guidance;
- Maintaining the HTAP risk register and undertaking appropriate actions to mitigate risks;
- Reporting progress at least annually to the relevant CPPs.

6.6 Given that the primary responsibility for delivering HTAP outcomes and most of the actions will lie with the public sector service providers (notably Local Authorities, NHS Grampian, the Scottish Ambulance Service and Nestrans), it is recommended that Steering Group members are predominantly drawn from these organisations. It would be of value to draw in representatives of service users also, to ensure that their views are able to influence decision making.

6.7 The Steering Group membership requires Head of Service/Director level representation in order to meet its remit and should not become unmanageably large. Any member should be appointed to the Group by his or her employing organisation.

6.8 We suggest that the Steering Group meets only infrequently with the agenda focused towards strategic matters only. Steering Group members will need to ensure they have effective support for delivery of actions from colleagues within their organisations if the Group is to be able develop and retain a strategic level focus.

6.9 The Steering Group should appoint a chair and vice-chair from amongst its members.

Sub-Groups

6.10 The Steering Group should be supported by two themed sub-groups (one for access to health and social care, one for transport and public health) which should be the primary mechanisms for HTAP implementation.

6.11 Specifically, these two groups should take responsibility for:

- Establishing (and having approved by the Steering Group) a work programme to deliver priority actions within their theme;
- Developing (and having approved by the Steering Group) business cases and investment plans for specific actions;
- Establishing and managing project teams to deliver priority actions against agreed timeframes;
- Communicating the aims and activities of these projects to all relevant staff within their organisations and to partners;
- Monitoring progress towards delivery of each action, and HTAP objectives within their theme;
- Ensuring that there is effective evaluation of the effects of actions undertaken;
- Collating and sharing information on best practice from across the region and elsewhere;
- Reporting to the Steering Group on progress against their agreed work programmes;
- Ensuring that the Steering Group is aware of changes to relevant policy or guidance.

6.12 Membership of the Sub-Groups should comprise key representatives of those agencies that should lead delivery of actions, along with service user representatives.

6.13 We anticipate that Sub-Group Chairs would be members of or attend the HTAP Steering Group, in order to ensure effective communication.

Project Groups

6.14 Project Groups should be formed as required to deliver specific HTAP actions. These should deliver to project plans agreed with the relevant Sub-Group.

6.15 Sub-Groups (with assistance from the Steering Group if necessary) must ensure that Project Groups have access to the staff and other resources they require.

6.16 We anticipate each Project Group would be led by a member of the relevant Sub-Group.

HTAP Programme Manager

6.17 Reporting to the Steering Group, the HTAP Programme Manager should have responsibility for enabling and supporting the delivery of the HTAP on behalf of all partners.

6.18 In particular, the Programme Manager should assist with:

- Collating and analysing information which will enable progress towards HTAP objectives to be assessed;
- Monitoring the progress of each HTAP project against agreed delivery plans;
- Highlighting risks that are affecting HTAP delivery, or could do so in future;
- Facilitating effective communication between partner agencies;
- Reporting to the Steering Group and Sub-Groups as appropriate to enable them to meet their remits.

6.19 The Programme Manager should also assist the Steering Group communicate the aims and achievements of HTAP and could also assist with the delivery of specific projects where appropriate.

7 Communications and risks

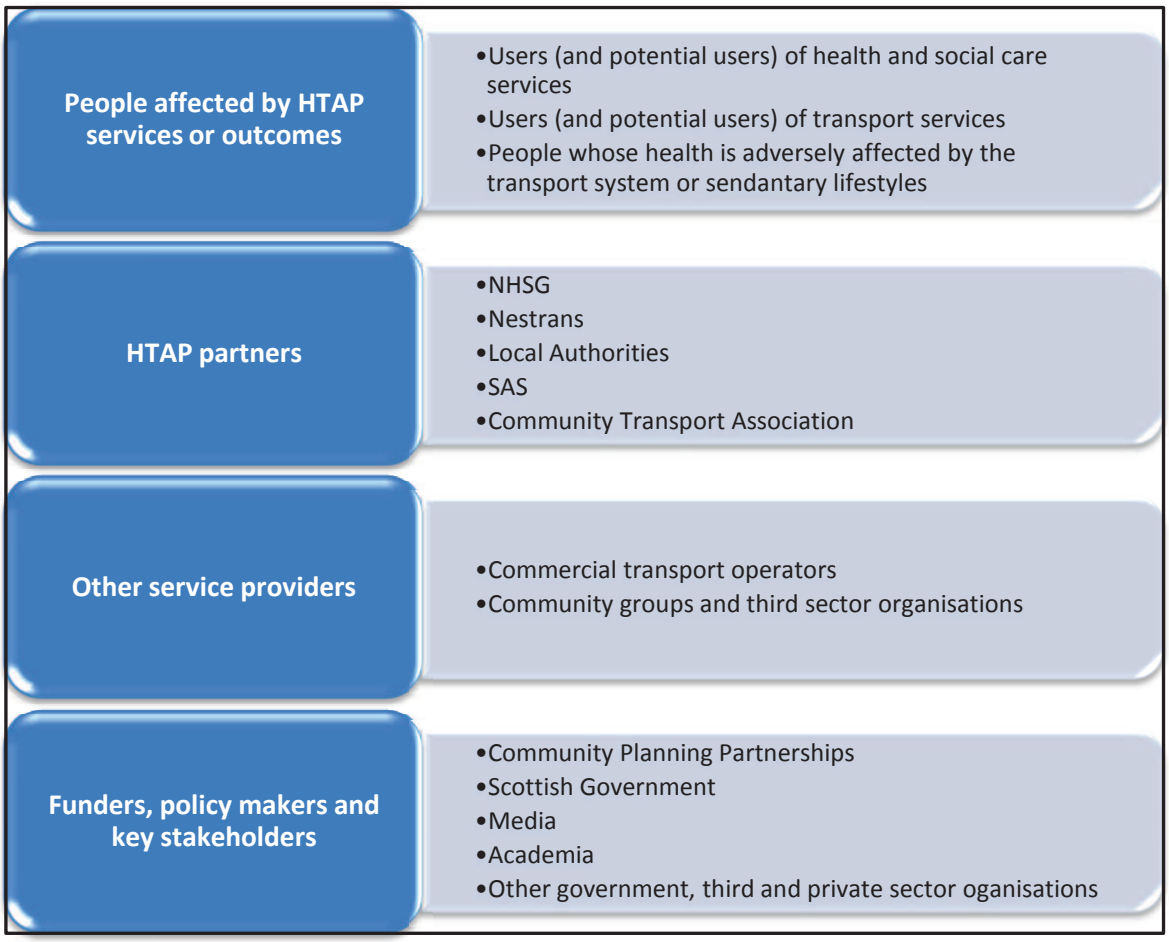
Communications plan

7.1 Effective communications are essential to the delivery of the HTAP. The key aims of the HTAP Communications Plan are to:

- Raise awareness within and between partner organisations,
- Promote the aims of the partners to all stakeholders,
- Maintain a profile for the plan amongst peers, national bodies and political groups by promoting success and reporting progress.

7.2 Communications are required across the range of stakeholders that should be delivering or are influencing HTAP:

Figure 7.1 HTAP Stakeholder Map



7.3 In order to manage communications to, between and within each of these stakeholders, the following actions should be undertaken:

Table 7.1 Communications Plan actions

Action	Responsibility	Timescale
Publicise refreshed HTAP through media and through partner websites and internal communications	Programme Manager	After CPP Board sign off
Promote the HTAP document and aims within each partner organisation	All HTAP partner leads	Ongoing
Circulation of Steering Group and Sub-Group minutes between participants	Programme Manager	Ongoing
Identify and submit suitable award submissions	Programme Manager	Ongoing
Provide articles and presentations as required	Programme Manager	Ongoing
HTAP Annual Report provided for partner organisations	Programme Manager	Ongoing
Promote successes via media and internally	Programme Manager	Ongoing
Liaise with other RTPs	Programme Manager	Ongoing
Keep patient and community groups informed	Programme Manager	Ongoing

7.4 Each potential project which requires promotional work would have a separate communications plan if required.

Risk register

7.5 The table below provides a risk register for this Health & Transport Action Plan. The recommended actions are not anticipated to be inherently risky in themselves, albeit that specific risks should be assessed for each project to be taken forward. Significant risks are foreseen, however, regarding the potential for partners to fail to deliver the potential benefits of the plan; the risk register concentrates on these matters.

7.6 Any of these risks would potentially significantly severely constrain the potential for benefits to be delivered.

Identified risk	Likelihood	Severity	Mitigation
Effective partnership (involving the sharing of costs, risks and rewards) is not developed and maintained between partners.	Medium	High	The Steering Group must monitor this and, if required, resolve conflicts between organisations or teams, within a clearly defined framework.
Resources are not made available to deliver HTAP actions.	Medium	High	Sub-Groups must develop robust project business cases, showing the costs and benefits of investing in specific projects. Steering Group members must help make the case for investment within their own organisations where appropriate. Steering Group members must ensure that HTAP actions are embedded within the delivery plans of partner agencies as appropriate and that governance of plan delivery is effective.
Delivery is challenging because the benefits of HTAP are not understood.	Medium	High	The Steering Group and Sub-Groups must ensure that appropriate management data is available. There must be effective communication of the aims, benefits and work of HTAP, especially to those people that should be involved with its implementation.

Appendix A

Maps of HTAP objectives to SOA outcomes

The tables below show where achievement of the objectives of this Health & Transport Action Plan will contribute to agreed priorities or outcomes of the three Single Outcome Agreements of the Grampian region.

The key for the tables is:

+++ Significant contribution to this objective

++ Moderate contribution to this objective

+ Slight contribution to this objective

0 No (or negligible) effect

Links to the Aberdeen City SOA

HTAP objective / **Aberdeen City SOA priorities**	TPH1: to increase active travel	TPH2: to support efforts to reduce the impacts of transport on public health	AHSC1: to understand and resolve gaps in access to health and social care	AHSC2: to coordinate health/social care and transport services	AHSC3: to improve sustainability of transport to health/social care
Safer communities	**+**	**++**	**0**	**0**	**0**
Learning and workforce	**0**	**0**	**0**	**0**	**0**
Economic growth	**+**	**0**	**0**	**0**	**0**
Health and wellbeing	**+++**	**+++**	**+++**	**++**	**+**
Older people	**+**	**+**	**+**	**+**	**0**
Children and young people	**+**	**+**	**+**	**+**	**0**
Priority families	**+**	**+**	**+**	**+**	**0**
Integrated transport	**+++**	**+++**	**++**	**+++**	**+++**
Digital city	**0**	**0**	**0**	**0**	**+**
City of Culture	**0**	**0**	**0**	**0**	**0**

Links to the Aberdeenshire SOA

HTAP objective / Aberdeenshire SOA outcomes	TPH1: to increase active travel	TPH2: to support efforts to reduce the impacts of transport on public health	AHSC1: to understand and resolve gaps in access to health and social care	AHSC2: to coordinate health/social care and transport services	AHSC3: to improve sustainability of transport to health/social care
Children have the best start in life through action with parents and children pre-birth to 8 years	+	+	+	+	0
Aberdeenshire will be recognised as a great place to live, work, invest with opportunity for all	+	+	+	0	0
The unemployment rate in identified areas of deprivation in Aberdeenshire will be less than the national average	0	0	0	0	0
Reductions in inequalities in health outcomes between communities and across Aberdeenshire	+++	+++	++	+	+
Older people will live independent, healthier lives for longer in a homely environment, in a community which respects and values them, with informal carers who receive support to continue to care	+	0	+	+	0
Aberdeenshire is the safest place in Scotland	+	+++	0	0	0
Successful, inclusive and resilient communities with the confidence, capability and capacity to tackle the things that matter to them	+	+	+	0	0

Links to the Moray SOA

HTAP objective / Moray SOA outcomes	TPH1: to increase active travel	TPH2: to support efforts to reduce the impacts of transport on public health	AHSC1: to understand and resolve gaps in access to health and social care	AHSC2: to coordinate health/social care and transport services	AHSC3: to improve sustainability of transport to health/social care
Healthier citizens	**+++**	**+++**	**+++**	**++**	**+**
More ambitious and confident children and young people	**+**	**+**	**+**	**0**	**0**
Adults living healthier, sustainable, independent lives	**++**	**++**	**++**	**+**	**0**
A growing and diverse economy	**0**	**0**	**0**	**0**	**0**
Employability and employment skills	**0**	**0**	**0**	**0**	**0**

Appendix B

Policy context and key indicators

Policy context for the Grampian Health & Transport Action Plan

The development of this plan has been guided by a variety of national, regional and local policies and plans. Delivery of this plan will also tend to contribute to meeting their objectives. Relevant documents are listed below.

National/overarching issues

- Commission on the Future Delivery of Public Services 2010/11 (the Christie Commission);
- Public Bodies (Joint Working) Bill 2013;
- Healthcare Quality Strategy, 2010;
- Climate Change (Scotland) Act 2009;
- NHSScotland HEAT targets;
- Sustainable Development Strategy for NHS Scotland 2009;
- Reshaping Care for Older People;
- Local Government in Scotland Act 2003;
- Providing
- Transport in
- Partnership
- A guide for health agencies
- and local authorities;
- Public Sector Equality Duty (Equality Act 2010).

Local/regional issues

- Single Outcome Agreements for Aberdeen City, Aberdeenshire and Moray;
- Nestrans Regional Transport Strategy;
- Local Development Plans;
- Local Transport Strategies.

For transport and public health

- The emerging Low Emissions Strategy for Scotland;
- Scottish Government Obesity Route Map;
- NHSG Healthy Eating and Active Living Strategy;
- Living an Active Life (Moray);
- Fit for the Future (Aberdeen City);
- Aberdeenshire walking & cycling action plan;
- Aberdeen Air Quality Action Plan;
- Draft Strategic Noise Action Plan for the Aberdeen Agglomeration;

- Cycling Action Plan for Scotland;
- National Walking Strategy;
- Emerging Passenger Transport Review for Aberdeenshire.

For access to health and social care

- Audit Scotland's review of Transport for Health and Social Care 2011 and Healthcare Transport - Recommendations of the Short Life Working Group (the response of the Scottish Government) 2013;
- Healthcare Transport Framework, Scottish Government 2009;
- Sustainable Development Strategy for NHS Scotland, Scottish Government, 2009;
- Transport (Scotland) Act 2005;
- SAS Towards 2020: taking care to the patient;
- Delivering for Remote and Rural Healthcare;
- Social Care (Self-directed Support) (Scotland) Act 2013;
- eHealth Strategy for Scotland 2011-17;
- National Telehealth and Telecare Delivery Plan for Scotland to 2015.

Key indicators

Delivering the actions recommended in this plan will help contribute to the achievement of several established indicators of progress, most notably:

For transport and public health

- Increased number of people meeting physical activity targets;
- Increased proportion of journeys made by walking and by cycling;
- Reduced carbon emissions from transport;
- Reduced incidences of air pollution exceeding standards;
- Reduced number of road casualties.

For access to health and social care

- Reduced proportion of ineligible patients carried by the SAS;
- Reduced numbers of Did Not Attends at medical appointments;
- Reduced numbers of delayed discharges from hospital.

Appendix C

Guidance and best practice

Objective	Relevant guidance and best practice
TPH1	***Guidance:*** • Lessons from Smarter Choices Smarter Places towns (http://www.transportscotland.gov.uk/environment/smarter-choices-smarter-places/smarter-choices-smarter-places) • The essential evidence on a page series (http://www.travelwest.info/evidence) • Active Travel Active Scotland (http://www.pathsforall.org.uk/component/option,com_docman/Itemid,537/gid,784/task,doc_download/ • Walking Works (http://www.walkingforhealth.org.uk/get-walking/walking-works) • Get Britain Cycling (http://allpartycycling.org/inquiry/) • NICE guidance on walking & cycling (http://www.nice.org.uk/guidance/ph41) • BMA Healthy transport = Healthy lives (http://bma.org.uk/transport) • Making the case for investing in the walking environment (Living Streets) (http://www.livingstreets.org.uk/professionals/making-the-case-for-investment-in-the-walking-environment) • Costing the burden of ill health related to physical inactivity for Scotland • Start Active, Stay Active (CMOs, 2011) • Designing Streets (Scottish Government) ***Best practice examples:*** • GetAbout • Dundee Travel Active • Aberdeenshire cycle demonstration towns • Urban Freedom Elgin • Make your move Kirkcaldy • Give me cycle space campaign • Bristol's work to promote walking • Tower Hamlets Cycle Prescriptions • Peterborough Travel Choices guidance on active prescriptions • Tour de France Yorkshire legacy strategy (http://sites.yorkshire.com/assets/tourdefrance/legacy/thelegacyofGrandDepart.pdf)

Objective	Relevant guidance and best practice
TPH2	***Guidance:*** • Scottish Low Emission Strategy (about to be published) • Scottish Transport Emissions Partnership • Making the Connections (Social Exclusion Unit, 2003) ***Best practice examples:*** • Safe Drive Stay Alive • London LEZ • Examples of transport services to overcome isolation (notably amongst community transport services in Aberdeenshire) • Citizens science through Mapping for Change: (http://www.mappingforchange.org.uk/portfolio/citizen-science-used-to-monitor-local-air-quality-in-communities-across-london/) • Merseyside Active Travel Strategy. (http://www.letstravelwise.org/files/794279347_Annexe%2006%20-%20Active%20Travel%20Strategy.pdf)
AHSC1	***Guidance:*** • Scottish Centre for Telehealth and Telecare • Making the Connections (Social Exclusion Unit, 2003) • Health Inequalities in Scotland (Audit Scotland, 2012) ***Best practice examples:*** • Stirling Community & Transport Forum's work to identify unmet needs

Objective	Relevant guidance and best practice
AHSC2	***Guidance:*** • Transport with Care (Audit Scotland's Access to Health & Social Care pg17 and Scottish Government's Health & Transport Framework pg 22) • Transport and Health Resource: Delivering Healthy Local Transport Plans (DfT/DoH, 2011) • Unfit for Purpose: How Car Use Fuels Climate Change and Obesity (IEET) ***Best practice examples:*** • Norfolk Integrated Transport Model • Transport with Care pilot projects • NHS Lothian's transport hub • Highland and W of Scotland transport/healthcare integration pilots • FITS (University of Aberdeen) • Ninewells – Perth Royal Infirmary Service 333 bus link • Devon transport integration (http://www.transportscotland.gov.uk/files/documents/public-transport/MACS/Providing_Transport_in_Partnership_a_guide_for_health_agencies_and_local_authorities_.pdf)
AHSC3	***Guidance:*** • A policy on sustainable development for NHSScotland (CEL2, 2012) (http://www.sehd.scot.nhs.uk/mels/CEL2012_02.pdf) • Good Corporate Citizenship Assessment Model Transport toolkit (http://www.corporatecitizen.scot.nhs.uk/) • Example 7: TFL guide on Travel Planning for NHS sites (http://www.tfw.org.uk/documents/nhs-travel-plan-guide-part-1.pdf) ***Best practice examples:*** • Good practice and case studies can be found in the DfT's Essential Guide to Travel Planning (http://www.aberdeenshire.gov.uk/transportation/essentialguide.pdf)

Appendix D

Projects to coordinate transport with health and social care

Objective AHSC2 of this plan is “for partners to more fully coordinate the planning and delivery of health/social care and transport in order to improve the efficiency and financial sustainability of services”. The identified actions for HTAP under that objective include to “scope the actions required to work towards an coordinated transport to/from health and social care booking system along with the costs and benefits of so doing, then set appropriate actions in train”.

Achieving a properly coordinated system should deliver substantial improvements in efficiency of service delivery, as well as improved outcomes for users. Delivering such a system will require a long-term programme of work across six related areas of improvements to or clarification of:

- Management and leadership;
- Responsibilities of service providers and users, and users’ entitlements;
- Provision of information on available options to service users and front-line staff in health and social care sectors;
- Integration of systems, especially for IT;
- Resolving of issues constraining transport service delivery; and
- Building capacity in communities to provide more transport.

Specific projects that will need to be delivered under each of these headings are listed in the table overleaf.

Management and leadership	Responsibilities and entitlement	Provision of information	Systems integration	Transport service delivery	Building capacity
Develop and agree amongst all partners a set of outcomes, priorities, working and governance arrangements, and responsibilities. Identify the opportunities and constraints for change facing each service provider. Identify current funding arrangements and agreeing protocols about how costs and benefits will be shared between partners. Collate (or collect) an appropriate set of management information which will guide development and implementation of other actions.	Understand the aspirations and responsibilities of service users and providers (building on action AHSC1c). Define eligibility for and costs of use of each service type and responsiveness to different patient needs (building on action AHSC1d).	Improve mechanisms to communicate with patients, carers and health/social care professionals (building on action AHSC1e) so provide information on or signposting to transport services that will be appropriate to the user's needs. Set in place feedback mechanisms which can react when proposed appointment times / locations / access options are inappropriate for the user.	Set in place information sharing protocols. Develop and agree the protocols which will underpin the decisions about where an when an appointment will be made. Integrate booking / scheduling systems.	Understand specifications, availability and scheduling of available vehicles. Understand staff duties, training, pay and conditions, working practices and identify opportunities / constraints for integration of them between service providers where appropriate. Identify potential synergies with transportation of mail / samples / goods.	Determine the barriers which are discouraging further community-led provision (likely to be funding, administrative support, etc). Put in place the incentives / benefits which will help build more capacity. Put in place mechanisms which provide longer-term security of funding.

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Community Planning Aberdeen

Progress Report	Introduction of Participatory Budgeting
Lead Officer	
Report Author	Joanne Larsen
Date of Report	03 December 2104
Governance Group	

1:	Purpose of the Report

This report is presented to the Community Planning Management Board to introduce Participatory Budgeting, a method of including local communities in the decision making process of how some public budget should be allocated.
Every year ACC and our partners such as Police, Fire and Rescue and the National Health Service make decisions on what we feel our communities need and in planning our budgets, decide how to share out the public money we control to achieve those goals.
Participatory Budgeting allows the citizens living in an area (or within a specific community) to participate in the debate about what needs to be done and take decisions on the allocation of at least some of the available public funding. It works on the ideology of "one person = one vote" to determine how the allocated money is spent
It is important to recognise that only a small percentage of any public budget will be allocated to be used in Participatory Budgeting and that the PB process would have to be formally mandated and 'signed off' by the elected legislature as the control and audit for the process will be the legal responsibility of the Local Authority
Participatory budgeting directly involves local people in making decisions on the priorities and spending for a defined public budget. This means engaging residents and community groups representative of all parts of the community to discuss and vote on spending priorities, make spending proposals and vote on them, as well as giving local people a role in the scrutiny and monitoring of the process.

2:	Summary of Key Information

There are 2 options for introducing Participatory Budgeting - Small Grant Model or Mainstream Investment. To date participatory budgeting in the UK has tended to be Small Grant Models which were local authority based and focused on either small pots of money distributed at neighbourhood level or based around a broader theme, such as health or children and young people.

MAINSTREAM INVESTMENT
Moves towards allocating substantial sums of mainstream funds via the Participatory Budgeting proposal route. It uses parts of mainstream council

budgets devolved to local area committees for a specific purpose, such as road improvements. Mainstream sets local authority area wide priorities, agreeing projects and spend around an annual revenue budget-setting process, uses pooled budgets from partners through the local strategic partnership to tackle particular cross-partner themes or local area agreement indicators and targets local public services by focusing on wider local area agreements and local strategic partnership priorities and spending

Due to the changes in culture and practices involved in this type of public involvement, it is suggested that the CPP consider the Small Grants option at this stage.

SMALL GRANTS ALLOCATION
This is a grants / initiative funding type of budget. The money could be sourced from a variety of places including top slicing existing budgets, re- allocation of funds or new funding applications. Participatory Budgeting is not a wholly new concept for the CPA Board as existing arrangements for the dispersal of the Fairer Aberdeen Fund involves community representatives in direct decision making on the use of the Fund. It has been identified that a small change in how we allocate some of the monies from the Fairer Aberdeen Fund would be an option to consider as it would not require additional funding
With full Participatory Budgeting, the community bidders looking for funding will present their proposals to the community residents at a Decision Day event where individuals from that community, who attend the decision day, all have the opportunity to vote on which funding bids they want to support. The “winning” groups are awarded their funds and then the follow on auditing and evaluation is carried out the same as in an existing small grant award process. There is limited impact on mainstream budgeting and this process is extremely effective at engaging, networking and enthusing local people about interacting, supporting their communities and becoming responsible and involved citizens.

Participatory Budgeting aims to increase the public knowledge and control about how public monies are spent. It is about local politicians and public employees being more accountable and that discussions about the public budget should take place in the communities they affect, not behind closed doors, about making sure local people have a fair opportunity to have their say and make a real contribution. That means they are involved before decisions are made, not asked afterwards for their opinion. Everyone has a chance to be heard, and given opportunity to participate

It should be

- Transparent - improving local knowledge about public budgets
- Accessible: easy for people to get and stay involve
- Deliberative: people able to debate different ideas
- Empowering: Participants feeling they were in control of a real budget
- Locally Owned: local people taking on greater responsibility for their community
- Involving: helping build a sense of partnership and common purpose
- Democratic: the process must be fair and build greater trust in local politicians

- Shared Responsibility: It should build a sense of common purpose

Rather than a small committee deciding on grants for community groups based on long written applications (which can be off putting particularly for smaller or less confident groups) all the bidders are invited meet up, make verbal presentations and then the whole audience votes in an open and direct manner. The opportunity is also available to groups who are not yet constituted (however for finance and support reasons they must be affiliated / supported by a reputable business). Implementing PB is an opportunity to show that engaging people meaningfully really can exist and by designing strong decision-making processes to ensure that public investment isn't perceived as being captured by vested interests who only want to use it for their own benefit.

3:	Recommendations for Action

It is asked that the Board

- consider the benefits of introducing a Small Grants Participatory Budget model perhaps through the Fairer Aberdeen Fund and discuss the budgetary implications to all of the Partners.

Although Participatory Budgeting is still in its infancy in the UK, this is a good time to start to take notice of and monitor developments in it. By keeping on top of new developments we can ensure that, should participatory budgeting come to have a more direct influence Local Authority / Partnership funding in the future, we will be able to deal proactively with any challenges and opportunities this presents. The UK context is unique in that central government heavily promotes participatory budgeting and has announced that it wants every local authority in England to implement it in some form by 2015 and Scottish Government are actively promoting pilot events across Scotland with offers of additional training and support available.

If agreement to move forward with considering the introduction of PB then the Board are also asked to approve

- the putting forward of Aberdeen Community Planning Partnership for additional training and support
- Creation of a Steering/Planning Group representing key stakeholders to manage the process
- Discussion amongst the partners about Securing Funds to allocate to projects and to cover process costs – event, publicity etc

4:	Opportunities and Risks

Participatory Budgeting aligns with supporting representative democracy and the localism agenda, The Community Empowerment Bill, and the Commission for Strengthening Democracy (Effective Democracy – reconnecting with communities)

OPPORTUNITIES

1. bringing diverse people together and supporting community cohesion
2. helping to improve people's understanding of the complexities of public budget setting and deciding between competing priorities
3. inspiring local people and elected councillors and council officials to work together in new ways
4. empowering people, making them more interested in their local community and services, and more likely to take part in other aspects of civic life
5. Ensuring that local services are better tailored to local circumstances, which can lead to improved resident satisfaction with them as a result.
6. Bring in local support through schools, Third Sector agencies, libraries etc.
7. Help communities understand managed risk and ensure outcome based decision making is understood.
8. Build resilience in Communities by giving them the opportunity to learn to self manage and self fund

Although there are risks associated with any change in budget management it has already been show that most those associated with public involvement can be shielded against by carefully planning the processes Participatory budgeting is a flexible approach and there is no reason why it could not be successfully introduced provided we carefully consider and address risks in the planning stage.

The link below will re-direct you to a video of Participatory Budgeting in Action – (10:58s long)

http://youtu.be/-juzaw-FG_Q