



# Community Planning Aberdeen Board

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Meeting on WEDNESDAY, 1 MAY 2019 at 2.00 pm

\*\*Committee Room 2 - Town House, Aberdeen\*\*

## **BUSINESS**

### APOLOGIES AND INTRODUCTIONS

### DECLARATIONS OF INTEREST

- 1.1 Partners are requested to intimate any declarations of interest

### MINUTES AND FORWARD BUSINESS PLANNER

- 2.1 Minute of Previous Meeting of 26 February 2019 - for approval (Pages 3 - 12)
- 2.2 Draft Minute of the Meeting of the CPA Management Group Meeting of 26 March 2019 - for information (Pages 13 - 22)
- 2.3 CPA Board Forward Business Planner (Pages 23 - 24)
- 2.4 National Update, Scottish Government (verbal update from Neil Rennick)

### LOCAL OUTCOME IMPROVEMENT PLAN/LOCALITY PLANNING

- 3.1 CPA Improvement Programme 2019-21 (Pages 25 - 56)
- 3.2 Locality Partnership Improvement Tracker (Pages 57 - 68)

## GENERAL BUSINESS

4.1 Revised CPA Constitution (Pages 69 - 84)

4.2 CPA Budget (Pages 85 - 88)

## FOR YOUR INFORMATION

5.1 Aberdeen City Health and Social Care Partnership Strategic Plan 2019-22  
(Pages 89 - 148)

5.2 Date of Next Meeting - 1 July 2019 at 2pm

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

**COMMUNITY PLANNING ABERDEEN BOARD  
26 FEBRUARY 2019**

Present:- Councillor Laing, Chair,  
Campbell Thomson, Vice Chair (Police Scotland),  
Councillors Flynn, Greig and Wheeler,  
Councillor Duncan (Integration Joint Board Chair),  
Ally Birkett (as a substitute for Bruce Farquharson) (Scottish Fire and Rescue Service),  
Ruth Christie (as a substitute for Neil Rennick) (Scottish Government),  
Nicola Graham (as a substitute for Gordon MacDougall) (Skills Development Scotland),  
Ken Milroy (North East College),  
Jonathan Smith (Civic Forum),  
Susan Webb (Public Health).

Also Present:- Neil Carnegie, Michelle Cochlan, Elsie Manners, Frank McGhee, Derek McGowan, Matt Reid (for item 11 of the minute) and Susan Thom (for item 6 of the minute) all Aberdeen City Council.

Alison Macleod (Aberdeen City Health and Social Care Partnership) (for item 7 of the minute).

Apologies:- Bruce Farquharson (Scottish Fire and Rescue Service), Gordon MacDougall (Skills Development Scotland), Neil Rennick (Scottish Government) and Angela Scott (Aberdeen City Council).

Also Absent:- Liv Cockburn (ACVO) and Amanda Croft (NHS).

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Topic	Discussion/Decision	Action By
1. Declarations of Interest	Councillor Wheeler declared an interest in item 3.1 (Annual Outcome Improvement Report 2017/2018 and Public Summary) on today's agenda, by virtue of his previous employment with Action for Children. Councillor Wheeler did not consider the nature of his request required him to leave the meeting during consideration of this item.	
2. Agenda Order	The Chair proposed that items 4.1 (Fairer Aberdeen Fund) and 4.3 (Aberdeen Health and Social Care Partnership and Aberdeen City Council Autism Strategy), on today's agenda be considered following item 2.3 (National Update, Scottish Government).  <b><u>The Board resolved:-</u></b> to concur with the Chair's proposal.	

Agenda Item 2.1

Topic	Discussion/Decision	Action By
3. Minute of Previous Meeting of 3 December 2018	<p>The Board had before it the minute of its previous meeting of 3 December 2018, for approval.</p> <p><b><u>The Board resolved:-</u></b> to approve the minute as a correct record.</p>	
4. CPA Board Forward Business Planner	<p>With reference to item 5 of the minute of its meeting of 3 December 2018, the Board had before it the forward business planner for the Community Planning Aberdeen Board.</p> <p><b><u>The Board resolved:-</u></b></p> <ul style="list-style-type: none"> <li>(i) to note the forward business planner and to request all Partners to advise Michelle Cochlan of reports they intended on submitting to future meetings for inclusion on the forward business planner; and</li> <li>(ii) to note that the forward business planner had been updated to reflect the refreshed LOIP.</li> </ul>	All Partners
Page 4 National Update, Scottish Government	<p>With reference to item 6 of the minute of its meeting of 3 December 2018, the Board received a verbal update from Ms Ruth Christie, on behalf of the Location Director for the Partnership, Scottish Government.</p> <p>Ms Christie provided an update on the following areas:</p> <ul style="list-style-type: none"> <li>(1) EU Exit</li> </ul> <p>The Scottish Government continued to prepare for EU Exit, including the possibility of a no deal exit and was engaging with the UK Government and other devolved administrations in this regard.</p> <ul style="list-style-type: none"> <li>(2) Local Governance Review</li> </ul> <p>The consultation on the Local Governance Review: Democracy Matters closed on 30 November 2018. The analysis of the consultation was nearly complete with a report expected to be published in early March 2019.</p>	

Topic	Discussion/Decision	Action By
Page 5	<p>(3) Health and Social Care Budget</p> <p>£160m additional monies for Health and Social Care for the 2019/2020 budget had been agreed of which £148m would be passported through Health and Social Care Partnerships and £12m would be for school counselling services.</p> <p>(4) Social Security Scotland</p> <p>Social Security Scotland was currently recruiting for positions to create client support teams in all localities in Scotland. The aim was to client and support groups in all localities in place by the end of the year.</p> <p>(5) Impact of the Introduction of Universal Credit (UC) (as requested at the previous meeting of the Board)</p> <p>In January 2019 there were 2,142 households on UC in Aberdeen City. There was overwhelming evidence to suggest that UC was pushing people into poverty; causing rent arrears, an increase in food bank usage and anxiety. Ms Christie quoted the following statistics:</p> <ul style="list-style-type: none"> <li>• Research by the Trussell Trust released in October 2018 found food bank use increased by an average of 52% in areas with the full roll out of UC for 12 months or more, compared to 13% in other areas.</li> <li>• CoSLA evidence shows that average rent arrears for those on Universal Credit are more than 2.5 times the average arrears of those on Housing Benefit.</li> <li>• Highland Council experienced a 47% increase in rent arrears in 2017, and East Dunbartonshire Council a 32% increase in the same period.</li> </ul> <p>(6) Scottish Crown Estate Act 2019 (as requested at the previous meeting of the Board)</p> <p>The Scottish Crown Estate Act 2019 (the Act) was approved by Parliament on 21 November 2018 and received Royal Assent on 15 January 2019. The Act reformed the management of the Scottish Crown Estate (SCE) and established a framework to deliver wider benefits and new opportunities for local control of the management of individual SCE assets.</p>	

Topic	Discussion/Decision	Action By
Page 6	<p>The Act contained general powers and duties for a manager of a Scottish Crown Estate asset and the Scottish Ministers were considering the timing for commencement of the individual provisions of the Act. In the meantime, the current manager of the SCE, Crown Estate Scotland (Interim Management) (CES (IM)), continued to operate under the legislative framework contained in the Crown Estate Act 1961. A summary of the main provisions of the Act was provided.</p> <p>In respect of the impact of Universal Credit, Councillor Wheeler advised that a report on the impact of Universal Credit and identifying ways to mitigate any impact was to be considered at a future meeting of the Council's Operational Delivery Committee. Councillor Wheeler proposed that when available this report be circulated to the Board for its information. It was also noted that a report on Council Housing rent management and the impact of Universal Credit on this aspect would be considered by the Operational Delivery Committee on 14 March 2019.</p> <p>In relation to additional mental health funding, Ken Milroy, advised that additional funding had also been provided to universities and colleges and suggested that the allocation of the funding for mental health through health and social care and universities colleges should be aligned to ensure the most effective allocation of resources in the city.</p> <p>The Board sought assurance that the following areas being developed and introduced at a national level were being aligned to the City Region Deals and LOIPs:</p> <ul style="list-style-type: none"> <li>• Charitable Bonds</li> <li>• Infrastructure Commission</li> <li>• Fuel Poverty Funding</li> <li>• National Equalities Outcome Assessment</li> </ul> <p>In respect of the national equalities outcome assessment, Jonathan Smith referred to a meeting with the Equalities Human Rights Commission earlier that week in which they had discussed application of equality outcome assessments to strategic commissioning and procurement. In this regard, he asked how the Partnership could better articulate the economic benefits of improved equalities and whether there was national support available to align and further develop equality outcomes locally.</p>	

Topic	Discussion/Decision	Action By
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 7</p>	<p><b>The Board resolved:-</b></p> <ul style="list-style-type: none"> <li>(i) to agree that the report on the impact of Universal Credit to be considered by the Council's Operational Delivery Committee be circulated to the Board for its information when it was available;</li> <li>(ii) to request Ruth Christie, Scottish Government, to email the verbal update to the Board;</li> <li>(iii) to request Ruth Christie, Scottish Government, to confirm whether the following matters being developed at a national level were being aligned to local City Region Deals and LOIPs: (1) Charitable Bonds; (2) Infrastructure Commission; (3) Fuel Poverty Funding; and (4) National Equalities Outcome Assessment; and to advise whether support was available to the Partnership from the Scottish Government to enable the Partnership to better articulate the economic benefits of improved equalities and to align and further develop equality outcomes locally; and</li> <li>(iv) to otherwise note the verbal update.</li> </ul>	<p>Derek McGowan, ACC</p> <p>Ruth Christie, SG</p> <p>Ruth Christie, SG</p>
<p>Fairer Aberdeen Annual Report</p>	<p>The Board had before it a report which presented the Fairer Aberdeen Fund Annual Report 2017-18 detailing progress and achievements over the year.</p> <p><b>The report recommended –</b> that the Board note the Annual Report for 2017-18, at Appendix 1, and advise the Fairer Aberdeen Board of any comments on the report.</p> <p>The Board emphasised the importance of projects which were provided with funding having a clear understanding that the funding was for that year only and repeat funding was not guaranteed. Partners also noted that the funding allocated at present was not just for start up projects and discussed whether the funding should be for start up projects only, or for both start up and for funding successful projects. They also discussed the process for supporting successful projects following the first year of funding and how projects were identified as being suitable for mainstreaming and scaling up.</p> <p><b>The Board resolved:-</b></p> <ul style="list-style-type: none"> <li>(i) to approve the recommendation; and</li> <li>(ii) to request the Fairer Aberdeen Board to (1) consider whether there needs to be clearer guidelines/ criteria for the types of project (start up or existing) which would be funded by the</li> </ul>	<p>Susan Thom, ACC</p>

Topic	Discussion/Decision	Action By
	Fairer Aberdeen Fund; and (2) consider the process for mainstreaming and scaling up successful projects.	
7. Aberdeen City Autism Strategy	<p>The Board had before it a report which provided an update on update on the Aberdeen City's Autism Strategy and Action Plan as appended to the report.</p> <p><b>The report recommended –</b> that the Board</p> <ul style="list-style-type: none"> <li>(a) note the approval of the revised Strategy and Action for Autism for Aberdeen City; and</li> <li>(b) note the next steps in relation to implementation and linkage with the Local Outcome Improvement Plan.</li> </ul> <p><b><u>The Board resolved:-</u></b> to approve the recommendations.</p>	
8. Refreshed Aberdeen City Local Outcome Improvement Plan 2016-26	<p>With reference to item 7 of the minute of its meeting of 3 December 2018, the Board had before it a report which (1) presented the proposed refreshed Aberdeen City Local Outcome Improvement Plan (LOIP) 2016-26 for approval by the CPA Board as a living document; and (2) provided an update on the CPA Outcome Management and Improvement Framework.</p> <p><b>The report recommended –</b> that the Board</p> <ul style="list-style-type: none"> <li>(a) approve the Refreshed Local Outcome Improvement Plan (LOIP) 2016-26;</li> <li>(b) agree to monitor progress in delivering the LOIP via the quarterly improvement tracking reports and make decisions on whether projects should be supported to continue based on improvement data and evidence provided;</li> <li>(c) approve the Partnership Communications Plan;</li> <li>(d) instruct the Chair of the CPA Management Group and Chair of Aberdeen Prospers to engage the private sector to improve shared understanding of the LOIP and empower the sector to get more involved in its delivery;</li> <li>(e) agree that delivery of the improvement aims within the LOIP was subject to resource availability;</li> </ul>	

Topic	Discussion/Decision	Action By
Page 9	<p>(f) instruct the Chair of Integrated Children’s Services to ensure that the Champions Board Refreshed Action Plan take cognisance of the refreshed LOIP; and</p> <p>(g) note that Locality Plans would be reviewed following the refresh of the LOIP and definition of the localities would also be reviewed to take account the realignment of the Health and Social Care Partnership localities.</p> <p>The Board welcomed the report and commended the Community Planning Team and all Partners for the extensive work undertaken in the development of the refreshed LOIP. During the course of discussion, the Board acknowledged that further development work was still needed to ensure the Partnership took a whole system view of mental health from pre-birth to older life and noted that that this would be developed and reflected in a future iteration of the LOIP.</p> <p><b>The Board resolved:-</b></p> <p>(i) to approve recommendation (a), subject to North East College being added as a Lead Partner for Prosperous People (Children and Young People);</p> <p>(ii) to approve recommendations (b) and (f);</p> <p>(iii) to note that Locality Plans would be reviewed following the refresh of the LOIP and definition of the localities would also be reviewed to take account the realignment of the Health and Social Care Partnership localities if approved by the Integrated Joint Board;</p> <p>(iv) to request the Integrated Children’s Services Group to include a key improvement measure for stretch outcome 5, key driver 5.4 to ensure that physical health was appropriately covered;</p> <p>(v) to request Michelle Cochlan, Community Planning Manager, to write again to the University of Aberdeen and Robert Gordon’s University to invite them to become members of the CPA Board, as well as any of the applicable Outcome Improvement Groups; and</p> <p>(vi) to request Susan Webb, Director of Public Health, to circulate the CAMHS (Child and adolescent mental health services) improvement plan and Aberdeen City CAMHS data to the Board.</p>	<p>Michelle Cochlan, ACC</p> <p>Michelle Cochlan, ACC</p> <p>Graeme Simpson, ICS</p> <p>Michelle Cochlan, ACC</p> <p>Susan Webb, Public Health</p>
9. Update on Leadership of Outcome	The Board had before it a report which provided an update on the Chair and Vice Chair appointments to the Community Planning Management Group and Outcome Improvement Groups.	

Topic	Discussion/Decision	Action By
Improvement Groups	<p><b>The report recommended –</b> that the Board –</p> <p>(a) approve Frank McGhee as new Chair of CPA Management Group; and (b) approve Derek McGowan as new Chair of Community Justice Group.</p> <p><b><u>The Board resolved:-</u></b> to approve the recommendations.</p>	
10. Community Planning Aberdeen Innovate and Improve Programme  Page 10	<p>With reference to item 11 of the minute of its meeting of 3 December 2018, the Board had before it a report which provided an update regarding the Innovate and Improve Programme for Community Planning Aberdeen. The aim of the programme was to ensure a coordinated approach was taken to support colleagues and communities across Community Planning Aberdeen to build knowledge, skills and expertise to use Quality Improvement (QI) methodology and associated improvement frameworks and tools. The support was critical to the delivery of the refreshed Aberdeen City Local Outcome Improvement Plan and Locality Plans.</p> <p><b>The report recommended –</b> that the Board</p> <p>(a) note the current innovate and improve development programme; and (b) note that the programme would be updated on an ongoing basis to reflect emerging development needs and opportunities.</p> <p><b><u>The Board resolved:-</u></b> to approve the recommendations.</p>	
11. Child Friendly Cities	<p>With reference to item 13 of the minute of the meeting of the Board of 3 December 2018, the Board had before it a report which provided an update on the current status with regards to the Unicef Child Friendly City programme and outlined the next steps for progression within the accreditation process.</p> <p><b>The report recommended –</b> that the Board</p> <p>(a) approve the proposed thematic badge selection;</p>	

Topic	Discussion/Decision	Action By
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 11</p>	<p>(b) instruct the CFC Oversight Board and Integrated Children’s Services Board to support self-evaluation activity and submit an Action Plan proposal for agreement at next CPA Board meeting; and</p> <p>(c) note the next steps.</p> <p>Matt Reid, introduced Alison Cameron who had recently been appointed as the Chid Friendly Cities Programme Manager.</p> <p>The Board sought assurance that community engagement regarding the programme was being planned. In response, Matt Reid advised that a communications strategy was currently being developed and that they would be promoting the opportunity of the programme to the whole city.</p> <p>With regards the governance structure and membership of the different groups, Partners emphasised the importance of each group have a clear remit and agreed that structure should be as streamlined as possible and should avoid duplication of members where possible.</p> <p><b><u>The Board resolved:-</u></b></p> <p>(i) to approve the recommendations; and</p> <p>(ii) to request Alison Cameron, Chid Friendly Cities Programme Manager, to review the current governance structure for the programme to ensure that it was robust with clear remits and avoiding duplication of membership where possible and to report back in this regard at the next meeting of the Board on 1 May 2019.</p>	<p>Alison Cameron, ACC</p>
<p>12. Date of Next Meeting</p>	<p>The Board noted that its next meeting would be held on 1 May 2019 at 2pm.</p>	

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## COMMUNITY PLANNING ABERDEEN MANAGEMENT GROUP

**26 March 2019**

Present:- Angela Scott (as a substitute for Frank McGhee) (Aberdeen City Council) (Chair), Graeme Duncan (Police Scotland) (Vice Chair), Gale Beattie (as substitute for Jillian Evans (Sustainable City), Jamie Bell (Scottish Enterprise), Kirsty Chalmers (as a substitute for Derek Murray) (Nestrans), Joyce Duncan (ACVO), Derek McGowan (Community Justice Group), and Rob Polkinghorne (Integrated Children's Services).

Also Present:- Michelle Cochlan, Neil Carnegie, Martin Murchie, Graeme Simpson, James Simpson, Val Vertigans and Sasha Will (all Aberdeen City Council).  
 Steven McNamee (Resilient, Included and Sustainable)  
 Alison Macleod (Aberdeen Health and Social Care Partnership)  
 Maggie Hepburn (ACVO).

Apologies:- Neil Cowie (North East College), Jillian Evans (NHS Grampian and Sustainable City), Keith Gerrard (Active Aberdeen Partnership), Nicola Graham (Skills Development Scotland), Matt Lockley (Aberdeen Prosper), Lavina Massie (Civic Forum), Frank McGhee (Aberdeen City Council) (Chair), Derek Murray (Nestrans), Darren Riddell (Scottish Fire and Rescue Service and Community and Engagement Group), and Sandra Ross (Resilient, Included and Sustainable and Health and Social Care Integration).

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Topic	Discussion/Decision	Action By
1. Chair	In the absence of the Chair, Graeme Duncan, Vice Chair, took the Chair for today's meeting.	
2. Minute of Previous Meeting of 29 October 2018	<p>The Management Group had before it the minute of its meeting of 29 October 2018, for approval.</p> <p>With regards to item 8 (Aberdeen Autism Strategy), of the minute the Management Group noted that the final Strategy had been considered at the CPA Board meeting on 26 February 2019.</p> <p>In relation to item 9 (Fairer Aberdeen and Locality Partnerships), of the minute the Management Group noted that the Communication and Engagement Group was taking the lead on the development of the Participatory Budgeting Policy and a report would</p>	Darren Riddell, C&EG/Neil

Agenda Item 2.2

Topic	Discussion/Decision	Action By
Page 14	<p>be submitted to the next meeting of the Management Group on 27 May 2019 for consideration.</p> <p>With regards to item 10 (Child Friendly Cities), of the minute the Management Group noted that Alison Cameron had recently been appointed as the Child Friendly Cities Programme Manager and reiterated the request that all relevant Partners participate in the Child Friendly Cities Programme.</p> <p>In relation to item 14 (Community Justice Annual Report), of the minute the Management Group noted that resolution (ii) “to agree that as part of the LOIP refresh that the Community Planning Team identify the improvement measures within the LOIP which statutory performance indicators were and identify all of the Partnership’s statutory reporting Requirements” would be reported to the next meeting of the Management Group on 27 May 2019.</p> <p>With regards to item 17 (Consultation and Legislation Tracker), of the minute Jonathan Smith advised that the Scottish National Investment Bank Bill, which was a Bill for an Act of the Scottish Parliament to require the establishment of the Scottish National Investment Bank and to make further provision in connection with that was introduced by the Cabinet Secretary for Finance, Economy and Fair Work, Derek Mackay MSP, on 27 February 2019 and suggested that once calls for representation on the Bill opened that the CPA should put in representation. The Management Group noted that Aberdeen Prospers was tracking this item and this would be added to the legislation tracker once the consultation had commenced.</p> <p><b><u>The Management Group resolved:</u></b></p> <p>(i) to approve the minute as a correct record; and</p> <p>(ii) to note the updates as recorded above.</p>	<p>Carnegie, ACC</p> <p>All Partners</p> <p>Michelle Cochlan, ACC</p> <p>Michelle Cochlan, ACC/Matt Lockley, AP</p>
3. Draft Minute of the CPA Board Meeting of 26	The Management Group had before it the draft minute of the CPA Board meeting of 26 February 2019, for information.	

Topic	Discussion/Decision	Action By
February 2019	<b><u>The Management Group resolved:</u></b> to note the draft minute.	
4. Community Planning Aberdeen Improvement Programme 2019-21  Page 15	<p>The Management Group had before it a report which presented the Community Planning Aberdeen Improvement Programme 2019-21. The programme set out the timescales for initiation of all 125 improvement projects included within the Local Outcome Improvement Plan (LOIP) 2016-26 over three years up until 2021, at the end of which the LOIP would be reviewed.</p> <p><b>The report recommended –</b> that the Management Group</p> <ul style="list-style-type: none"> <li>(i) review the draft CPA Improvement Programme in Appendix 1 for any interdependencies between projects and to ensure that project sequencing was sound;</li> <li>(ii) review timescales for initiation of improvement projects to ensure pace, in particular considering whether projects scheduled to start in 2021 could be brought forward to at least 2020;</li> <li>(iii) confirm project managers where these had not been identified;</li> <li>(iv) confirm timescales for submitting full project charters to CPA Board where these have not been identified;</li> <li>(v) confirm that all project managers identified to lead on improvement projects had received at least basic level quality improvement training;</li> <li>(vi) submit final changes to the Improvement Programme, including rationale for prioritisation of the improvement projects, to the Community Planning Team by 5 April 2019;</li> <li>(vii) note that full project charters were required for all improvement projects starting in 2019 and draft outline project charters were required for all improvement projects starting in 2020 and 2021;</li> <li>(viii) note the revised help sheet and template to be used for full Improvement project charters in Appendix 2; and</li> <li>(ix) note progress of improvement projects continued from 2018 in Appendix 3.</li> </ul>	

Topic	Discussion/Decision	Action By
Page 16	<p>Speaking in furtherance of the report, Michelle Cochlan advised that Community Planning Aberdeen would take a programme management approach to coordinate the delivery of the 125 improvement projects in the refreshed LOIP. It was proposed that a phased approach to the initiation of the projects would help ensure that in the first year the Partnership was channelling its resources to those projects which were least understood, but most likely to have the biggest impact; and/ or set the foundation for further improvement activity over the next two to three years. To this end, the Outcome Improvement Groups had conducted an impact assessment of the improvement projects included in the LOIP and had prioritised the proposed improvement activity. In respect of the prioritisation, Michelle advised that to help the CPA Board understand the rationale for how the projects had been prioritised in the improvement programme, Outcome Improvement Groups would be asked to include a paragraph with the rationale within Appendix 1 before it was submitted to the CPA Board for approval in May 2019.</p> <p>The Management Group then undertook a workshop session wherein Partners were requested to review all of the draft CPA improvement projects contained at Appendix 1 of the report, and in particular consider whether (1) there were any interdependencies between projects and to ensure that project sequencing was correct; (2) the current proposed prioritisation of improvement activity was appropriate; and (3) the proposed timescales for initiation of improvement projects were appropriate to ensure pace and outcomes being achieved, and whether projects scheduled to start in 2021 could be brought forward to at least 2020.</p> <p>Partners discussed the alignment of the LOIP improvement projects with the Locality Partnership Plans and agreed that once the prioritisation of the projects had been agreed there required to be a process for identifying which projects commenced in which localities and the timescales for this.</p> <p>With regards the implementation and monitoring of the projects, Partners emphasised the importance of all projects being agile; having a clear test of change and a timescale for this test to ensure that projects that were not able to evidence change as expected</p>	

Topic	Discussion/Decision	Action By
Page 17	<p>were reported to the Board and stopped. Michelle confirmed that there would be guidance on the project charters regarding how to determine the timescale for the test of change and advised that the improvement tracker had been reviewed and would highlight any changes tested over the reporting period.</p> <p><b>The Management Group resolved:</b></p> <ul style="list-style-type: none"> <li>(i) to approve the recommendations (vi), (vii), (viii) and (ix);</li> <li>(ii) to agree that Michelle Cochlan circulate the feedback on the proposed improvement projects gathered during today's workshop to all Chairs of Outcome Improvement Groups and to request that Outcome Improvement Groups review their respective improvement projects and update accordingly prior to submission to the Community Planning Team by 5 April 2019;</li> <li>(iii) to request the Outcome Improvement Groups to confirm (1) project managers where these had not been identified; (2) timescales for submitting full project charters to CPA Board where these had not been identified; and (3) that all project managers identified to lead on improvement projects had received at least basic level quality improvement training; and</li> <li>(iv) to request the Community Justice Group to liaise with the Claire Duncan regarding the custody suite/link worker being considered by the Integrated Joint Board.</li> </ul>	<p>Michelle Cochlan, ACC Michelle Cochlan, ACC</p> <p>All Outcome Improvement Groups</p> <p>All Outcome Improvement Groups</p> <p>Derek McGowan, Community Justice Group</p>
<p>5. Quarter 4 2018/19 Locality Partnership Improvement Tracking Report</p>	<p>With reference to item 5 of the minute of the meeting of 29 October 2018, the Management Group had before it a report which presented the Improvement Tracking Report on the improvement activity being led by the Locality Partnerships to meet the improvement aims identified within the Locality Plans 2017-27.</p> <p><b>The report recommended –</b> that the Management Group</p> <ul style="list-style-type: none"> <li>(a) approve the following improvement project charters for project initiation: <ul style="list-style-type: none"> <li>1. Wider Community Participation in Locality Planning (Page 16);</li> <li>2. External Funding Initiative Torry (Page 20); and</li> </ul> </li> <li>(b) note progress of all other improvement projects.</li> </ul>	

Topic	Discussion/Decision	Action By
Page 18	<p>The Management Group discussed the proposed project charters and commented as summarised below:</p> <p><u>Wider Community Participation in Locality Planning</u></p> <p>Partners agreed that the charter needed further refinement, in particular the current base data needed to be included and the outcome expected needed to be qualified to evidence what the expected added value of the project was, for example focusing on increasing participation on an area where outcomes in the area could be improved i.e. widening participation in an employability event. It was also suggested that increased community participation was the process for the Locality Partnerships achieving outcomes and therefore would be contained as a delivery method in the other project charters rather than as a standalone charter.</p> <p><u>External Funding Initiative Torry</u></p> <p>Partners noted that there was current services regarding accessing external funding provided by ACVO and that existing services should be utilised and work not duplicated. It was also suggested that there could be a wider Partnership aim of increasing external funding. In this regard, it was agreed that the project charter should not proceed and that the Locality Partnerships liaise with ACVO regarding accessing external funding and also that the funding tracker submitted to the Management Group be updated to include all public sector funding and contact details for support in accessing the funding and circulated to Locality partnerships on a regular basis.</p> <p><b><u>The Management Group resolved:</u></b></p> <ul style="list-style-type: none"> <li>(i) to not approve the Wider Community Participation in Locality Planning (Page 16); and External Funding Initiative Torry project charters for the reasons summarised above;</li> <li>(ii) to request that the funding tracker be updated to include all funding public sector funding opportunities, i.e. the Health Improvement Fund; Fairer Aberdeen</li> </ul>	<p>Neil Carnegie, ACC</p> <p>Stuart Bews, ACC</p>

Topic	Discussion/Decision	Action By
	<p>Funding; Participatory Budgeting, as well as contact details for support in applying for the varying funding opportunities and to circulate the updated funding tracker to Locality Partnerships on a regular basis;</p> <p>(iii) to agree that Neil Carnegie liaise with Gail Woodcock regarding the Health Improvement Fund;</p> <p>(iv) to note the current status of the scale up on the Scoop Watch project and Northfield Gaming and Internet Safety and that further updates on progress of would be included in the next quarter report; and</p> <p>(v) to note the proposed project charter for phase 2 free school meals was under development and would be submitted to the Management Group when ready.</p>	<p>Neil Carnegie, ACC</p> <p>Neil Carnegie, ACC</p>
<p>6. Quarter 2 – 2018/19 Budget Monitoring Report</p> <p>Page 19</p>	<p>With reference to item 11 of the minute of the meeting of the Management Group of 29 October 2018, the Management Group had before it a report which provided an update on the 2017/18 Community Planning budget's financial performance for the period 3 October 2018 to 30 December 2018.</p> <p><b>The report recommended –</b> that the Management Group note Community Planning Aberdeen budget's performance during quarter 3 of 2018/19.</p> <p><b><u>The Management Group resolved:</u></b></p> <p>(i) to approve the recommendation; and</p> <p>(ii) to request Joyce Duncan, ACVO, to clarify what the Civic Forum monies spent to date had been allocated to.</p>	<p>Joyce Duncan, ACVO</p>
<p>7. Revised Community Planning Aberdeen Constitution</p>	<p>The Management Group had before it a report which presented the revised Constitution for Community Planning Aberdeen to align with the refreshed Local Outcome Improvement Plan 2016-26 as agreed by the CPA Board in February 2019.</p> <p><b>The report recommended –</b> that the Management Group</p> <p>(a) consider the revised constitution for Community Planning Aberdeen; and</p>	

Topic	Discussion/Decision	Action By
	<p>(b) agree to submit to CPA Board for approval and publication on the Community Planning Aberdeen website.</p> <p><b><u>The Management Group resolved:</u></b> to agree that the following be reflected in the revised constitution prior to its submission to the CPA Board for approval and publication on the Community Planning Aberdeen website:</p> <ul style="list-style-type: none"> <li>• national agendas such as the Public Health Reform;</li> <li>• the Health and Social Care Partnership localities;</li> <li>• City Voice being reported to the Communications and Engagement Group.</li> </ul>	Michelle Cochlan, ACC
<p>8 Page 20</p> <p>Aberdeen City Health and Social Care Partnership Strategic Plan 2019-2022</p>	<p>With reference to item 6 of the minute of the Management Group meeting of 29 October 2018, the Management Group had before it a report which provided an update on the production of the Aberdeen City Health and Social Care Partnership Strategic Plan 2019-22.</p> <p><b><u>The report recommended –</u></b> that the Management Group</p> <p>(a) note the current position with regards to the development of the Aberdeen City Health and Social Care Partnership Strategic Plan 2019-22; and</p> <p>(b) note that the final approved Aberdeen City Health and Social Care Partnership Strategic Plan 2019-22 would be submitted to the next meeting of the CPA Board for information.</p> <p>Speaking in furtherance of the report Alison Macleod advised that the Integrated joint Board had approved the Aberdeen City Health and Social Care Partnership Strategic Plan 2019-22 that morning.</p> <p><b><u>The Management Group resolved:</u></b></p> <p>(i) to approve the recommendations; and</p> <p>(ii) to request Alison Macleod to email the approved Aberdeen City Health and Social Care Partnership Strategic Plan 2019-22 to the Management Group.</p>	Alison Macleod, ACHASCP

Topic	Discussion/Decision	Action By
9. CPA Management Group Forward Business Planner	<p>With reference to item 15 of the minute of the meeting the Management Group of 29 October 2018, the Management Group had before it the Management Group forward business planner.</p> <p><b><u>The Management Group resolved:</u></b> to note the forward business planner</p>	
10. CPA Board Forward Business Planner	<p>With reference to item 16 of the minute of the meeting the Management Group of 29 October 2018, the Management Group had before it the CPA Board forward business planner.</p> <p>Michelle Cochlan highlighted that the presentation from Chairs of Outcome Improvement Groups to the Board had been scheduled in with the first presentation being from the Integrated Children's Services Board to the board in July 2019.</p> <p><b><u>The Management Group resolved:</u></b> to note the forward business planner.</p>	
11. Consultation and Legislation Tracker	<p>With reference to item 17 of the minute of the meeting the Management Group of 29 October 2018, the Management Group had before it the CPA legislation tracker which detailed all current open consultations and pending legislation.</p> <p><b><u>The Management Group resolved:</u></b></p> <ul style="list-style-type: none"> <li>(i) to note the legislation tracker;</li> <li>(ii) to agree that the CPA responses be collated and submitted for the following current consultations by the Outcome Improvement Group as detailed below: <ul style="list-style-type: none"> <li>• Good Food Nation – Sustainable Cities Group</li> <li>• Transforming Parole in Police – Community Justice Group</li> <li>• Pregnancy and Maternity Discrimination: Extending Redundancy Protection for Women and New Parents – Aberdeen Prosperers</li> <li>• Job Grant Consultation – Aberdeen Prosperers</li> <li>• Changing Places Toilets: Building Standards Regulations – Sustainable Cities</li> </ul> </li> </ul>	<p>Elisabeth Manners, ACC</p> <p>Jillian Evans, SCG Derek McGowan, CJG Matt Lockley, AP</p> <p>Matt Lockley, AP Jillian Evans, SCG</p>

Topic	Discussion/Decision	Action By
12. Community Planning Aberdeen Funding Tracker	<p>With reference to item 18 of the minute of the meeting the Management Group 29 October 2018, the Management Group had before it the funding tracker which advised of key funding opportunities available to the Partnership linked to the themes within the LOIP and Locality Plans.</p> <p><b>The Management Group resolved:</b></p> <ul style="list-style-type: none"> <li>(i) to note the funding tracker; and</li> <li>(ii) to encourage all Outcome Improvement Groups to explore available funding opportunities.</li> </ul>	Outcome Improvement Group Chairs
13. Date of Next meeting	The Management Group noted that its next meeting would be held on 27 May 2019 at 2pm.	



## Community Planning Aberdeen

### CPA BOARD FORWARD PLANNER/ BUSINESS STATEMENT

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

<b>Title of report</b> <i>(Hyperlink to minute reference where applicable)</i>	<b>Contact officer</b>
<b>1 May 19</b>	
CPA Improvement Programme 2019-21	Michelle Cochlan, ACC
CPA Budget	Michelle Cochlan, ACC
Revised CPA Constitution	Michelle Cochlan, ACC
Locality Partnership Improvement Tracker	Neil Carnegie, ACC
ACHSCP Final Strategic Plan 2019-2022	Alison Macleod, ACHSCP
<b>1 July 19</b>	
Presentation by Chair and Vice Chair of Integrated Children's Services	Rob Polkinghorne/ Neil Cowie
Outcome Improvement Group Improvement Tracker	Michelle Cochlan, ACC
Locality Partnership Improvement Tracker	Neil Carnegie, ACC
Easy Read LOIP	Michelle Cochlan, ACC
CPA PB strategy	Neil Carnegie/ Public Health
Future of Scotland's Planning System	Gale Beattie, ACC / Public Health
North East College Regional Outcome Agreement	Neil Cowie, NE College
Outcome Improvement Group Improvement Tracker	Michelle Cochlan, ACC
Child Friendly Cities (article 8 of 26/02/19 meeting) *delayed from 1 May 2019 meeting.	Matt Reid, ACC
<b>9 September 19</b>	
Presentation by Chair and Vice Chair of Sustainable City Group	Jillian Evans/ Gale Beattie
Presentation by Chair and Vice Chair of Resilient, Included, Supported Group	Sandra Ross / Derek McGowan
Outcome Improvement Group Improvement Tracker	Michelle Cochlan
Locality Partnership Improvement Tracker	Neil Carnegie

<b>Title of report</b> <i>(Hyperlink to minute reference where applicable)</i>	<b>Contact officer</b>
<b>2 December 19</b>	
Presentation by Community Engagement Group and Locality Partnerships	Darren Riddell, SFRS, Martin Smith, Paul Tytler and Jo Mackie, ACC
Presentation by Chair of CPA Management Group and Chairs of Outcome Improvement Groups	Angela Scott, ACC
Annual Outcome Improvement Report 2018/19	Michelle Cochlan
Locality Annual Reports 2018/19	Neil Carnegie
<b>Timescale TBC</b>	
Aberdeen City Council Strategic Business Plan	Angela Scott, ACC
Regional Alliance Skills Partnership	Neil Cowie, North East College
<b>2020</b>	
Local Fire and Rescue Plan 2019/2020 (article 13 of the CPAB of 3/12/18)	Bruce Farquharson, SFRS
Presentation by Aberdeen Prospers	

Acronyms:

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

***For further information, or to make a change to this document, please contact Allison Swanson, tel. 01224 522822 or email [aswanson@aberdeencity.gov.uk](mailto:aswanson@aberdeencity.gov.uk)***



# Community Planning Aberdeen

<b>Progress Report</b>	Draft CPA Improvement Programme 2019-2021
<b>Lead Officer</b>	Angela Scott, Chair of CPA Management Group and Chief Executive of Aberdeen City Council
<b>Report Author</b>	Michelle Cochlan, Corporate Strategy and Community Planning Manager
<b>Date of Report</b>	24 April 2019
<b>Governance Group</b>	CPA Board – 1 May 2019

<b>Purpose of the Report</b>
This report presents the Community Planning Aberdeen Improvement Programme 2019-21. The programme sets out the timescales for initiation of all 125 improvement projects included within the Local Outcome Improvement Plan (LOIP) 2016-26 over three years up until 2021, at the end of which the LOIP will be reviewed.

<b>Summary of Key Information</b>
<p><b>1 BACKGROUND</b></p> <p>1.1 The refreshed <a href="#">Aberdeen City Local Outcome Improvement Plan</a> (LOIP) was approved by Community Planning Aberdeen Board on 26 Feb 2019. It introduces 15 Stretch Outcomes which break down the overarching vision for Aberdeen as ‘a place where all people can prosper’ into specific, measurable improvement aims for 2026. For each Stretch Outcome, the LOIP details a number of shorter term improvement projects which the Partnership believes will lead to the achievement of the overall stretch outcomes in 2026. Using quality improvement methodology, we will test new ways of working together and with communities to achieve our improvement project aims by 2021; which is when we intend on refreshing the LOIP once again.</p> <p><b>2 CPA IMPROVEMENT PROGRAMME 2019-2021</b></p> <p>2.1 Community Planning Aberdeen will take a programme management approach to coordinate the delivery of the 125 improvement projects in the refreshed LOIP. It is proposed that a phased approach to the initiation of the projects will help ensure that in the first year we are channelling our resources to those projects which are least understood, but most likely to have the biggest impact; and/ or set the foundation for further improvement activity over the next two to three years. To this end, the Outcome Improvement Groups have conducted an impact assessment of the improvement projects included in the LOIP using the impact assessment matrix below.</p>

Level	Project Status
0	Project area not defined or status unknown
1	Informal understanding by some people. No formal description
2	Project processes documented and understood by all (including 'customers' where appropriate)
3	Project area is defined and carried out reliably. Measures to track the quality of the outcomes related to the project are defined
4	Regular monitoring of project outcomes with stakeholders acting on data for further improvement
5	Project outcomes predictable and embedded in the system. Consistently meets the needs of all requiring it

Level	Predicted impact
0	Project has no impact / irrelevant to our 'customers' or staff
1	Project area has minimal impact on outcomes
2	Project will improve services and outcomes but others are more important
3	Project has significant impact on outcomes
4	This project is necessary for delivering services. It has a direct impact on the outcomes for our 'customers'
5	Project is essential for achieving results. Improvement in this project alone would have a direct, immediate impact on outcomes

2.2 The Improvement Programme 2019-21 included in Appendix 1 shows how the LOIP projects against each Stretch Outcome have been scheduled to start over 2019, 2020 and 2021. It is important to note that a delay in project initiation does not mean that work is not already going on which could contribute to improvement in that area, for example single system activity. However, it does mean that the project has not been identified as a partnership priority for immediate initiation and application of robust improvement methodology. See Appendix 1 for rationale for prioritisation provided by Outcome Improvement Groups.

### 3 PROJECT INITIATION AND PROJECT CHARTERS

3.1 Subject to approval of the Improvement Programme by CPA Board, Outcome Improvement Groups are required to initiate their improvement projects without delay. The Improvement project stage assessment tool included in Appendix 2 provides an overview of the 10 stages involved in an improvement project. These are summarised below.

Score	Stage of Project
1	Project area identified and agreed (complete for all LOIP projects)
2	Draft Outline Project Charter and team in place
3	Understanding baseline of current system (Data and practice)
4	Project Charter endorsed by CPA Board
5	Change ideas and project measures developed
6	Testing underway
7	Initial indications of improvement
8	Improvements achieved
9	Sustainable improvement
10	Project complete

3.2 The expectation of the Community Planning Board is that all 125 improvement projects will have reached at least stage 2 by the end of 2019. That is to say that there will be a draft outline project charter, if not a full project charter, in place and reported to CPA Board by December 2019. This will give the CPA Board assurance that plans are in place for the delivery of all the LOIP improvement projects by 2021. See below.

Projects starting in 2019	Proceed with development of full project charters and submit to CPA Board as per the timescales indicated in the programme at Appendix 1.
Projects starting in 2020/2021	Draft outline project charters to be submitted to CPA Board in September and December 2019; and full project charters as per the timescales indicated in the programme at Appendix 1.

3.3 The improvement programme includes the date the full project charter will be reported to CPA Board as well as the project manager responsible for the project, where this has been agreed.

3.4 The CPA Annual Outcome Improvement Report provides an annual opportunity to review overall progress against the improvement projects in the LOIP. The next report will be produced in December 2019 and will enable the CPA Board to assess whether the current prioritisation of improvement activity continues to be appropriate. Collection of baseline data and analysis of improvement will be critical to our understanding of whether our changes are resulting in improvement.

**4 IMPROVEMENT TRACKING REPORT**

4.1 There are a small number of improvement projects which were initiated following the first Local Outcome Improvement Plan 2016 and continue to be relevant for the refreshed LOIP. Progress against these improvement projects is included in Appendix 2 for noting.

4.2 Following approval of the CPA Improvement Programme 2019-21, the Improvement Tracking Report will be updated and reported as usual to CPA Board with information on all live projects.

**5 NEXT STEPS**

2019 Full Project Charters due to be reported	July – Dec 2019
2020/21 Draft Outline Project Charters due	Sep/ Dec 2019

<b>Recommendations for Action</b>
<p data-bbox="188 1473 930 1505">It is recommended that members of the CPA Board:</p> <ul style="list-style-type: none"> <li data-bbox="188 1536 1121 1568">i) Approve the CPA Improvement Programme in Appendix 1;</li> <li data-bbox="188 1572 1433 1644">ii) Note that full project charters will be submitted to the CPA Board for all improvement projects starting in 2019, as per the timescales noted in Appendix 1</li> <li data-bbox="188 1648 1337 1720">iii) Note that outline project charters for all other improvement projects will be submitted to the CPA Board by the end of the year;</li> <li data-bbox="188 1724 1329 1796">iv) Note the revised help sheet and template to be used for full Improvement project charters in Appendix 2;</li> <li data-bbox="188 1800 1353 1832">v) Note progress of improvement projects continued from 2018 in Appendix 3.</li> </ul>

## **Opportunities and Risks**

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

## **Consultation**

The following people were consulted in the preparation of this report:  
Martin Murchie, Chief Officer for Business Intelligence and Performance Management  
Outcome Improvement Groups  
Community Planning Aberdeen Management Group  
Outcome Improvement Groups  
Community Planning Aberdeen Lead Contacts Group

## **Background Papers**

The following papers were used in the preparation of this report.  
[Local Outcome Improvement Plan 2016-2026 \(Refreshed 26 February 2019\)](#)

### Contact details:

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Community Planning Manager  
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COMMUNITY PLANNING ABERDEEN IMPROVEMENT PROGRAMME 2019-2021.

PROSPEROUS ECONOMY

<b>Stretch Outcome 1. 10% increase in employment across priority and volume growth sectors by 2026 (Aberdeen Prospers)</b>		
<b>Projects starting in 2019</b>	<b>Projects starting in 2020</b>	<b>Projects starting in 2021</b>
<p><b>Aim:</b> Increase the number of SVQ level 4 qualifications achieved in ICT and Digital by 10% by 2021.  <b>Project Manager:</b> Allison Carrington, SDS/ Duncan Abernethy, Nescol  <b>Project charter to CPA Board:</b> July 2019</p>	<p><b>Aim:</b> Increase the number of Modern and Graduate Apprenticeships in priority and volume growth sectors by 5% by 2022.  <b>Project Manager:</b> Duncan Abernethy, Nescol  <b>Project charter to CPA Board:</b> TBC</p>	
<p><b>Aim:</b> Stimulate a 5% increase in the number of start-up businesses in growth sectors by 2021.  <b>Project Manager:</b> Roz Taylor (Elevator) / Martin Barry (SE)  <b>Project charter to CPA Board:</b> Sep 2019</p>	<p><b>Aim:</b> Support 2 investments per year in priority growth sectors through Invest Aberdeen by 2022.  <b>Project Manager:</b> Matt Lockley  <b>Project charter to CPA Board:</b> TBC</p>	
<p><b>Aim:</b> Increase the number of people employed in growth sectors by 5% by 2021.  <b>Project Manager:</b> Allison Carrington (SDS) / Martin Barry (SE) / Kirsty Jarman (DWP)  <b>Project charter to CPA Board:</b> Sep 2019</p>	<p><b>Aim:</b> Increase the number of people from priority localities employed by public sector partners and in major capital projects by 2022.  <b>Project Manager:</b> Aberdeen City Council  <b>Project charter to CPA Board:</b> TBC</p>	

**Aberdeen Prospers Outcome Improvement Group rationale for prioritisation:**

Skills Development Scotland is developing a Digital Skills Strategy for the area and this will bring opportunities for improvement projects to support the digital aim. Activity to increase start-ups in growth sectors is ongoing but there will be opportunities to have a local focus on growth sectors during 2019-20, particularly related to the Enterprise Festival that Elevator is planning. Increasing employment in growth sectors will take time and data lags will mean that tracking this aim will be more difficult. It was agreed, therefore, that this aim should be started in 2019 to enable a series of improvement projects to be developed and implemented.

For aims scheduled to start in 2020, this is due to the fact that achievement dates are 2022, therefore allowing more time to consider a range of improvement interventions. The fact that these aims are not prioritised for 2019 does not mean that activity will not be happening and where improvement projects are developed for these aims ahead of 2020, these will be captured and reported on.

<b>Stretch Outcome 2. 90% of working people in Living Wage employment by 2026 (Aberdeen Prospers)</b>		
<b>Projects starting in 2019</b>	<b>Projects starting in 2020</b>	<b>Projects starting in 2021</b>
Increase employer sign up to the Real Living Wage by 2021. and year on year to achieve Real Living Wage City Status by 2026 <b>Project Manager:</b> Martin Barry (SE) / Kirsty Jarman (DWP) <b>Project charter to CPA Board:</b> July 2019	Increase no. of people over 50 in employment in Aberdeen by 10% by 2022. <b>Project Manager:</b> Kirsty Jarman (DWP) <b>Project charter to CPA Board:</b> TBC	80% of young people will successfully complete their Modern Apprenticeship programme by 2022. <b>Project Manager:</b> Allison Carrington (SDS) / Duncan Abernethy (Nescol) <b>Project charter to CPA Board:</b> TBC
Increase the impact and measured value of Partnership wide community benefits programme by 2022. <b>Project Manager:</b> Lori Manson (ACC) / Jonathan Smith (Civic Forum) <b>Project charter to CPA Board:</b> July 2019	90% of employers reporting that they have appropriately skilled people in their workforce by 2026. <b>Project Manager:</b> Kirsty Jarman (DWP) <b>Project charter to CPA Board:</b> TBC	
Increase the % of people in Aberdeen who feel comfortable using digital tools by 2021. <b>Project Manager:</b> Allison Carrington/ Andrew Howe <b>Project charter to CPA Board:</b> July 2019	Increase the number of people entering employment from Stage 4 employability activity to 80% by 2022. <b>Project Manager:</b> Angela Taylor (ACC) / Kirsty Jarman (DWP) <b>Project charter to CPA Board:</b> TBC	
Increase the number of people from priority groups (care experienced young people, people with convictions, people with housing need) employed by public sector partners by 2021. <b>Project Manager:</b> Matt Lockley <b>Project charter to CPA Board:</b> Sep 2019		

**Aberdeen Prospers Outcome Improvement Group rationale for prioritisation:**

For real living wage and public sector employment of priority groups, there was agreement that these should be prioritised for 2019 starts due to the complexity of the challenges involved and the long lead-in time which is likely to be required (i.e. securing baseline data).

For community benefits, the rationale here is that there are annual public sector procurement programmes and significant opportunities to drive community benefits and that it would be inappropriate not to optimise these opportunities from 2019 onwards.

For aims scheduled to start in 2020/21, this is due to the fact that achievement dates are further out, therefore allowing more time to consider a range of improvement interventions. The fact that these aims are not prioritised for 2019 does not mean that activity will not be happening and where improvement projects are developed for these aims ahead of 2020, these will be captured and reported on.

Children & Young People

<b>Stretch Outcome 3. 95% of children (0-5 years) will reach their expected developmental milestones by the time of their child health reviews by 2026 (ICS)</b>		
<b>Projects starting in 2019</b>	<b>Projects starting in 2020</b>	<b>Projects starting in 2021</b>
Reduce the rate of teenage pregnancies [under 16s] by 3%, by 2021. <b>Project Manager:</b> Racheal Thompson <b>Project charter to CPA Board:</b> July 2019	Reduce the number of emergency hospital admissions for unintentional injury to children under 5 years by 3.69%, by 2021. <b>Project Manager:</b> Racheal Thompson <b>Project charter to CPA Board:</b> April 2020	
Increase the number of pregnant young people who are able to remain in education during pregnancy by 50%, by 2022 <b>Project Manager:</b> Lauren Mackie <b>Project charter to CPA Board:</b> July 2019	Reduce number of children who are witness to domestic abuse by 2022 <b>Project Manager:</b> Simon Raynor <b>Project charter to CPA Board:</b> April 2020	
Reduce the rate of teenage pregnancies [under 16s] in the CPP locality areas by 10% by 2021. <b>Project Manager:</b> Racheal Thompson <b>Project charter to CPA Board:</b> July 2019	Reduce child obesity at Primary 1 stage by 10%, by 2022 <b>Project Manager:</b> Lauren Mackie <b>Project charter to CPA Board:</b> April 2020	
Increase the number of early learning and childcare settings providing a tailored needs led family support offer to 90%, by 2022 <b>Project Manager:</b> Louise Beaton <b>Project charter to CPA Board:</b> July 2019	Increase the percentage of babies exclusively breastfed at 6-8 weeks to 41% by 2021. <b>Project Manager:</b> Emma Williams <b>Project charter to CPA Board:</b> April 2020	
Increase the number of families who request additional support and receive an offer of an appropriate service within 30 days of receipt of the Child's Plan, to 80%, by 2021. <b>Project Manager:</b> Eleanor McEwan <b>Project charter to CPA Board:</b> July 19		
Increase in the MMR vaccine uptake for children at 24 months by 3.9%, by 2020 <b>Project Manager:</b> Lisa Lawrie/Nicola Anderson <b>Project charter to CPA Board:</b> July 2019		
Increase the number of 27-30 month reviews completed for eligible children by 5.2%, by 2021. <b>Project Manager:</b> Lisa Lawrie Nicola Anderson <b>Project charter to CPA Board:</b> July 2019		
Reduce the number of pregnant mothers who smoke by 10% by 2022 <b>Project Manager:</b> Emma Williams <b>Project charter to CPA Board:</b> July 2019		

<p>Reduce the number of babies exposed to second-hand smoke (at 6-8 week review) by 10% by 2022  <b>Project Manager:</b> Emma Williams  <b>Project charter to CPA Board:</b> July 2019</p>		
<p>Increase in the uptake of Healthy Start Scheme and Vitamins by 4%, by April 2020  <b>Project Manager:</b> Emma Williams  <b>Project charter to CPA Board:</b> September 2019</p>		
<p>Reduce the number of births affected by drugs by 0.6 %, by 2022  <b>Project Manager:</b> Simon Raynor, ADP  <b>Project charter to CPA Board:</b> September 2019</p>		

**Integrated Children’s Services Outcome Improvement Group rationale for prioritisation:**

The projects prioritised for initiation in 2019 are those which are believed to have the most impact on outcomes for young people. Projects relating to parenthood in young people are currently being established and will take time to complete so these have also been identified for early start. Some projects have also been prioritised to come later if this work is contingent on other project completion. Other projects (such as that relating to a reduction in obesity) are awaiting guidance from the Scottish Government.

<b>Stretch Outcome 4. 90% of children and young people will report that they feel mentally well by 2026 (ICS)</b>		
<b>Projects starting in 2019</b>	<b>Projects starting in 2020</b>	<b>Projects starting in 2021</b>
Increase the confidence of parents and young people to recognise and seek support in response to deteriorating mental wellbeing by 2022. <b>Project Manager:</b> Elsbeth Clark <b>Project charter to CPA Board:</b> Sep 19	Reduce the number of children and young people who are exhibiting self-harming behaviours <b>Project Manager:</b> Alex Pirrie <b>Project charter to CPA Board:</b> Apr 20	
Increase the confidence of school-based staff to recognise and respond to children who require support and directing them to the school Nursing Service to 90%, by 2021. <b>Project Manager:</b> Cliff Mckay/ Bill O'Hara <b>Project charter to CPA Board:</b> Sep 19	Reduce number of requests for specialist support from children's social work in partnership forums by 5% by 2020 <b>Project Manager:</b> Caroline Johnstone <b>Project charter to CPA Board:</b> Apr 20	
Increase the support provided by the school Nursing service to children and young people with escalating mental wellbeing concerns by 50% by 2022 <b>Project Manager:</b> Elaine Allan <b>Project charter to CPA Board:</b> Dec 19		

**Integrated Children's Services Outcome Improvement Group rationale for prioritisation:**

The projects which have been prioritised for initiation during 2019 are those which the group believes will have the biggest impact in terms of prevention and early intervention. These projects aim to ensure that health and wellbeing is everyone's business and not just for mental health specialists. Young people, parents and school based staff all have an important role to play in promoting the health and wellbeing of children and young people. The projects starting in 2019 will take a holistic approach to improving health and wellbeing of children and young people to reduce demand for specialist support further down the line. Our theory is that delivery of these projects in 2019 will also help realise our improvement aims for those projects starting in 2020 and will lay the foundation for any further improvement work required.

***Stretch Outcome 5. 95% of care experienced children and young people will have the same levels of attainment in education, emotional wellbeing, and positive destinations as their peers by 2026 (ICS)***

<b>Projects starting in 2019</b>	<b>Projects starting in 2020</b>	<b>Projects starting in 2021</b>
<p>Increase the number of care experienced young people accessing a positive and sustained destination by 25% by 2022  <b>Project Manager:</b> Larissa Gordon  <b>Project charter to CPA Board:</b> July 2019</p>	<p>Increase the number of staff, including carers who report increased understanding and skills to respond to children who have adverse childhood experiences (ACE) by 20% by 2021.  <b>Project Manager:</b> Isabel McDonnell  <b>Project charter to CPA Board:</b> April 2020</p>	<p>Increase the number of care experienced young people receiving appropriate multiagency throughcare by 2021.  <b>Project Manager:</b> Andrea McGill  <b>Project charter to CPA Board:</b> April 2021.</p>
<p>Increase in the number of inhouse foster and kinship placements by 2021.  <b>Project Manager:</b> Isabel McDonnell/Tam Walker  <b>Project charter to CPA Board:</b> July 2019</p>	<p>Reduce the length of time that care experienced children and young people wait for an initial Child and Adolescent Mental Health Service (CAMHS) appointment to less than 4 weeks by 2021.  <b>Project Manager:</b> Caroline Clark  <b>Project charter to CPA Board:</b> April 2020</p>	
<p>Increase number of staff, including carers working with care experienced children and young people trained in trauma skills and knowledge, to 80% by 2021.  <b>Project Manager:</b> Isabel McDonnell  <b>Project charter to CPA Board:</b> Dec 2019</p>		
<p>Increase the number of children and young people remaining in a placement between 16-18 year by 2021.  <b>Project Manager:</b> Andrea McGill/ Isabel McDonnell  <b>Project charter to CPA Board:</b> Dec 2019</p>		
<p>Reduce the number children who experience more than 1 placement over a year by 2022.  <b>Project Manager:</b> Isabel McDonnell  <b>Project charter to CPA Board:</b> Dec 2019</p>		
<p>Increase the number of care experienced people who receive appropriate support when accessing their records by 2022  <b>Project Manager:</b> Gaynor Clarke  <b>Project charter to CPA Board:</b> Dec 2019</p>		

**Integrated Children’s Services Outcome Improvement Group rationale for prioritisation:**

The projects prioritised for initiation in 2019 are those which are least defined but likely to have most impact on outcomes for young people. Where there is work already underway, then this was given a lower priority in terms of start date. Some projects have also been prioritised to come later if this work is contingent (or may become unnecessary after) the more immediate projects have been completed.

***Stretch Outcome 6. 95% of children living in our priority localities will sustain a positive destination upon leaving school by 2026 (ICS)***

<b>Projects starting in 2019</b>	<b>Projects starting in 2020</b>	<b>Projects starting in 2021</b>
Increase the no. young people who effectively transition from primary school to secondary school by 2021. <b>Project Manager:</b> Gael Ross <b>Project charter to CPA Board:</b> July 2019	Increase the number of young people who leave school with a minimum of SVQ 3 in literacy and numeracy and 4 other qualifications to 98% 2021. <b>Project Manager:</b> Eleanor Sheppard <b>Project charter to CPA Board:</b> April 2020	
Increase the number of young people taking up foundation apprenticeships to 142 by 2021. <b>Project Manager:</b> Nicola Graham <b>Project charter to CPA Board:</b> July 2019	Increase the number of curricular offerings shaped by school communities by 20%, by 2021. <b>Project Manager:</b> Carole Sneddon <b>Project charter to CPA Board:</b> April 2020	
Increase the number of partners supporting delivery of the Senior Phase by 10% by 2021. <b>Project Manager:</b> Nicola Graham <b>Project charter to CPA Board;</b> July 2019	Increase the number of opportunities to discuss and record skills for life, learning and work from S1 by 20%, by 2021. <b>Project Manager:</b> Carole Sneddon <b>Project charter to CPA Board:</b> April 2020	
Increase the number of opportunities for parents and carers to gain an insight into how to meaningfully contribute to the educational progress of their children and young people by 30% by 2021. <b>Project Manager:</b> Allison Horne <b>Project charter to CPA Board:</b> July 2019	Increase children, young people and families' awareness and understanding of future skill requirements by June 2021. <b>Project Manager:</b> Gael Ross <b>Project charter to CPA Board:</b> April 2020	
Increase the number of young people living in Quintiles 1,2 and 3 who achieve a sustained positive destination by working with communities to 90% 2022 <b>Project Manager:</b> James Simpson <b>Project charter to CPA Board:</b> July 2019		
Increase the range and number of accredited courses being provided by schools & partners by 25% by 2021. <b>Project Manager:</b> Eleanor Sheppard <b>Project charter to CPA Board:</b> September 2019		
Reduce the number of winter leavers with no positive destination by 50% by 2021. <b>Project Manager:</b> Leona McDermid <b>Project charter to CPA Board:</b> September 2019		

**Integrated Children’s Services Outcome Improvement Group rationale for prioritisation:**

The projects which have been prioritised for initiation during 2019 are those areas which lay the foundation for whole system improvement. The data shows that ineffective transitions are impacting on outcomes and it is important that we test some whole system approaches to inform our partnership approaches. We need to quickly determine how best to support our most vulnerable (including winter leavers) and our work in this area will benefit from the Early Action System Change project being led by the Foyer. Our young people, families and communities need to be aware of how changes in the senior phase can improve the individuality of learning pathways in order to support the uptake of new opportunities. Increasing the number of foundation apprenticeships will quickly offer more breadth and a valuable link with employers as well as providing significant learning to help us analyse and plan how to collectively improve breadth across the senior phase. As we work on the development of these improvement projects the partnership will collaborate to explore how we could better utilise our whole system to enable us to plan to provide a wider range of learning pathways from August 2020. This prioritisation will enable us to align our work with the timely development of course structures in college and schools and maximise the impact of Skills Development Scotland, the DYW Board and the contribution of the Third Sector.

<b>Stretch Outcome 7. Child Friendly City which supports all children to prosper and engage actively with their communities by 2026 (ICS)</b>		
<b>Projects starting in 2019</b>	<b>Projects starting in 2020</b>	<b>Projects starting in 2021</b>
Achieve badges in: Health Equality and Inclusiveness; Participation; and 3 more to be identified by 2022 <b>Project Manager:</b> Alison Cameron <b>Date:</b> September 2019	Projects TBC	

<b>Stretch Outcome 8. 25% fewer young people (under 18) charged with an offence by 2026 (Community Justice Group/ ICS)</b>		
<b>Projects starting in 2019</b>	<b>Projects starting in 2020</b>	<b>Projects starting in 2021</b>
Reduce the number of young people identified as having indicators of being at risk of being excluded from school by 2021. <b>Project Manager:</b> Graeme Simpson <b>Project charter to CPA Board:</b> Sep 2019	Reduce the number of young people referred to the Children’s Reporter on offence grounds as a result of appropriate and effective interventions by 2021. <b>Project Manager:</b> Derek McGowan <b>Project charter to CPA Board:</b> Jun 2020	
Increase by 20% the number of young people identified as being at risk of becoming involved in offending behaviour who are engaged in targeted community-based activities by 2021. <b>Project Manager:</b> Derek McGowan <b>Project charter to CPA Board:</b> Sep 2019	Increase by 10% the number of young people who are jointly reported to SCRA and COPFS who are offered robust alternatives to entering the statutory system by 2021. <b>Project Manager:</b> David Wilkie-Thorburn <b>Project charter to CPA Board:</b> Sep 2020	
	i) Increase the number of awareness-raising events relating to ‘digital’ offending by 2021, and then ii) reduce the number of ‘digital’ offences from 2021 – 2026. <b>Project Manager:</b> Elaine Logue <b>Project charter to CPA Board:</b> Dec 2020	

**Community Justice Group/ ICS Board rationale for prioritisation:**

The projects prioritised for initiation in 2019 are those which are least defined but likely to have most impact on outcomes for young people were identified for the earliest focus. Where there was some work already underway, e.g. the project relating to ‘digital offending’, this was given a lower priority in terms of start date.

## Adults

<b>Stretch Outcome 9. 25% fewer people receiving a first ever Court conviction each year by 2026 (Community Justice Group)</b>		
<b>Projects starting in 2019</b>	<b>Projects starting in 2020</b>	<b>Projects starting in 2021</b>
<p>Increase the number of cases of people appropriately diverted from prosecution by 2021.  <b>Project Manager:</b> Claire Duncan  <b>Project charter to CPA Board:</b> N/A            Project continued from 2018</p>	<p>Using a whole population approach:            i) Increase awareness of domestic abuse by 2021, and then, as a result of this; and ii) decrease number of reported incidents by 30% by 2026.  <b>Project Manager:</b> Susan Morrison  <b>Project charter to CPA Board:</b> Feb 2020</p>	
<p>Reduce instances of anti-social behaviour as a result of appropriate and effective interventions in targeted areas by 10% by 2021.  <b>Project Manager:</b> Elaine Logue  <b>Project charter to CPA Board:</b> Sep 2019</p>	<p>Reduce the number of wilful fires by 20% by 2021.  <b>Project Manager:</b> Alex Purdie  <b>Project charter to CPA Board:</b> June 2020</p>	
<p>Extend the multi-agency problem solving approach to all 16 and 17 year olds charged with an offence to reduce the likelihood of reoffending which could lead to a conviction by 2021.  <b>Project Manager:</b> Claire Duncan  <b>Project charter to CPA Board:</b> Sep 2019</p>		

### **Community Justice Group rationale for prioritisation:**

The projects prioritised for initiation in 2019 are those which are least defined but likely to have most impact on outcomes for young people were identified for the earliest focus. Where there was some work already underway, e.g. the project relating to domestic abuse, then this was given a lower priority in terms of start date.

<b>Stretch Outcome 10. 2% fewer people reconvicted within one year of receiving a community or custodial sentence by 2026 (Community Justice Group)</b>		
<b>Projects starting in 2019</b>	<b>Projects starting in 2020</b>	<b>Projects starting in 2021</b>
<p>Increase no. of individuals who are on a custodial sentence, CPO Supervision or Diversion from Prosecution are being supported to make progress on the Employability Pipeline by 2021.  <b>Project Manager:</b> Nicola Graham  <b>Project charter to CPA Board:</b> N/A  Project continued from 2018</p>	<p>Increase % of non-statutory prisoners (aged 21+) who are offered relevant voluntary support on release from HMP Grampian by 2021.  Scottish Prison Service  <b>Project Manager:</b> Mike Hebden  <b>Project charter to CPA Board:</b> Feb 2020</p>	
<p>Increase the number of family members of people in HMP Grampian and HMYOI Polmont who received appropriate and timely support from Families Outside, Family Centre &amp; Help Hub (Action for Children), and Alcohol &amp; Drugs Action by 20% by 2021.  <b>Project Manager:</b> Susan Morrison  <b>Project charter to CPA Board:</b> N/A  Project continued from 2018</p>	<p>Increase number referred for appropriate assessment/support/treatment/services By 2021.  <b>Project Manager:</b> John Donaghey  <b>Project charter to CPA Board:</b> Feb 2020</p>	
<p>Increase the number of individuals who are involved in cuckooing* incidents who undertake effective interventions or who are referred to relevant support services in priority localities by 2021.  <b>Project Manager:</b> Neil Carnegie  <b>Project charter to CPA Board:</b> July 2019</p>	<p>Reduce no. of repeat convictions of 16 and 17 year olds, and 18+ year olds, as a result of targeted focus on specific offending behaviour, and use of appropriate and effective interventions, by 2021.  <b>Project Manager:</b> David Wilkie-Thorburn/ Sheriff McLaughlin  <b>Project charter to CPA Board:</b> April 2020</p>	
<p>Increase the uptake and retention of people in the Justice System with drug and alcohol problems in specialist services by 100% by 2021.  <b>Project Manager:</b> Simon Rayner  <b>Project charter to CPA Board:</b> July 2019</p>	<p>Extend the multi-agency problem solving approach to all 16 and 17 year olds charged with an offence to reduce the likelihood of reoffending by 2021.  <b>Project Manager:</b> Graeme Simpson  <b>Project charter to CPA Board:</b> April 2020</p>	
<p>Increase number of young people who need support in relation to trauma and bereavement having access to such support by 2021.  <b>Project Manager:</b> Jane Fletcher  <b>Project charter to CPA Board:</b> Dec 2019</p>	<p>Increase % of individuals indicating an improvement in at least one area* at the end of their Community Payback Order Supervision by 2021.  <b>Project Manager:</b> Val Vertigans  <b>Project charter to CPA Board:</b> June 2020</p>	
<p>Increase in number of calls by Criminal Justice professionals for advice/support to an expert helpline  <b>Project Manager:</b> Claire Duncan  <b>Project charter to CPA Board:</b> Dec 2019</p>	<p>Increase number of people engaged in a person-centred multi-agency problem solving approach as part of a community sentence  <b>Project Manager:</b> Jeff Newman  <b>Project charter to CPA Board:</b> Sep 2020</p>	
	<p>Increase the number of individuals charged with hate crimes who undertake effective interventions by 30% by 2021.  <b>Project Manager:</b> David Scott  <b>Project charter to CPA Board:</b> Sep 2020</p>	

	<p>Increase the uptake and retention of people in the Justice System with a diagnosed mental illness in specialist services by 2021.</p> <p><b>Project Manager:</b> Jane Fletcher</p> <p><b>Project charter to CPA Board:</b> Dec 2020</p>	
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**Community Justice Group rationale for prioritisation:**

The projects prioritised for initiation in 2019 are those which are least defined but likely to have most impact on outcomes for young people were identified for the earliest focus. Where there was some work already underway, e.g. the project relating to ‘digital offending’, then this was given a lower priority in terms of start date. The preparatory work for the ‘cuckooing’ project is progressing and the Charter ready to go to the Board at an early stage.

<b>Stretch Outcome 11. Healthy life expectancy (time lived in good health) is five years longer by 2026 (Resilient, Included, Supported Group)</b>		
<b>Projects starting in 2019</b>	<b>Projects starting in 2020</b>	<b>Projects starting in 2021</b>
Increase uptake of a range of activities that enable people with long term conditions to manage their health and well-being by 2021. <b>Project Manager:</b> Keith Gerrard <b>Project charter to CPA Board:</b> July 2019	Increase the number of unpaid carers participating in support programme reflecting healthy life choices by 25% by 2021. <b>Project Manager:</b> Alison McLeod <b>Project charter to CPA Board:</b> Feb 2020	
Extend link working approach across primary care to support 3,000 people to attain their own identified outcomes by 2021. <b>Project Manager:</b> Jenny McCann <b>Project charter to CPA Board:</b> July 2019	Reduce suicide rates amongst men in Aberdeen to below 2016 levels (16) by 2021. <b>Project Manager:</b> Louise Officer <b>Project charter to CPA Board:</b> Feb 2020	
Reduce % of men and women who are obese to 20% by 2021. <b>Project Manager:</b> Chris Littlejohn <b>Project charter to CPA Board:</b> Sep 2019	Increase the number of community run green spaces that are organised and self-managed, particularly in priority localities where satisfaction and use is low <b>Project Manager:</b> Stephen Shaw <b>Project charter to CPA Board:</b> Feb 2020	
Increase opportunities for people who are retired to continue and increase their contribution to communities by 10% by 2021. <b>Project Manager:</b> Jane Russell <b>Project charter to CPA Board:</b> Sep 2019	Reduce tobacco smoking by 5% overall by 2021. <b>Project Manager:</b> Linda Smith <b>Project charter to CPA Board:</b> Feb 2020	
Increase by 25% year on year, the number of people who have benefited from a Making Every Opportunity Count conversation or intervention <b>Project Manager:</b> Linda Leighton Beck <b>Project charter to CPA Board:</b> Sep 2019	Increase the number of unpaid carers participating in support programme reflecting healthy life choices by 25% by 2021. <b>Project Manager:</b> Alison McLeod <b>Project charter to CPA Board:</b> Feb 2020	
Improve health and wellbeing outcomes for at least 50% of homeless people participating in the Housing First programme by 2021. <b>Project Manager:</b> Julie Somers <b>Project charter to CPA Board:</b> Dec 2019	Increase the number of distress brief intervention opportunities for people with mental health issues by 10% by 2021. <b>Project Manager:</b> Rachel Middleton <b>Project charter to CPA Board:</b> Feb 2020	
Increase the number of people with autism who are supported to be in education, employment or training by 2021. <b>Project Manager:</b> Jenny Rae <b>Project charter to CPA Board:</b> Dec 2019	Increase the number of groups for people with long term conditions which are co-produced with service users by 2021. <b>Project Manager:</b> Gordon Edgar <b>Project charter to CPA Board:</b> Apr 2020	

	Increase number of people in local communities promoting wellbeing and good health choices by 2021. <b>Project Manager:</b> Jayne Boyle <b>Project charter to CPA Board:</b> Apr 2020	
	Increase number of people accessing community based hubs (including digital social hubs) which offer social resources and access to a range of professionals which increase citizens health literacy <b>Project Manager:</b> Neil Carnegie <b>Project charter to CPA Board:</b> Apr 2020	
	Increase the number of people who are engaged with citizens in areas which impact on lifestyle and health that are trained in Teachback techniques by 100% by 2021. <b>Project Manager:</b> Ann Smith <b>Project charter to CPA Board:</b> Apr 2020	

**Resilient Included Supported Group rationale for prioritisation:**

The focus for year one is to look at areas of work which would have the biggest impact against the aim to increase healthy life expectancy. E.g. Long term conditions, obesity, volunteering etc. Projects which have a certain level of structure and momentum were deprioritised in favour of those that needed further scoping work.

**Stretch Outcome 12. Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026 (Alcohol and Drugs Partnership)**

Projects starting in 2019		Projects starting in 2020
<p>Increase the % of Care experienced children and young people receiving educational and support input on alcohol/ drugs issues by 2021.  <b>Project Manager:</b> Tam Walker  <b>Project charter to CPA Board:</b> July 2019</p>	<p>Increase number of people undertaking recovery from drug and alcohol issues who are being supported to maintain drug / alcohol free lives in their community by 2021.  <b>Project Manager:</b> Simon Rayner  <b>Project charter to CPA Board:</b> Sep 2019</p>	<p>Increase the number of Number of alcohol licensed premises awarded Best Bar None status by 2021.  <b>Project Manager:</b> Kenny McGeough  <b>Project charter to CPA Board:</b> Feb 2020</p>
<p>100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021.  <b>Project Manager:</b> Eleanor Shepard / Simon Rayner  <b>Project charter to CPA Board:</b> July 2019</p>	<p>Increase opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment by 2021.  <b>Project Manager:</b> Simon Rayner / Lisa Allerton  <b>Project charter to CPA Board:</b> Dec 2019</p>	
<p>Reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2021.  <b>Project Manager:</b> Simon Rayner / Tara Shivaji  <b>Project charter to CPA Board:</b> July 19</p>	<p>Increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2021.  <b>Project Manager:</b> Martin Smith  <b>Project charter to CPA Board:</b> Dec 2019</p>	
<p>Increase number of alcohol brief interventions delivered by Primary Care providers and other professionals by 100% by 2021.  <b>Project Manager:</b> Tara Shivaji  <b>Project charter to CPA Board:</b> Sep 2019</p>		
<p>Increase the uptake of alcohol treatment by improving access to alcohol services and ensuring they are local, integrated and targets areas of greatest need by 10% year on year by 2021.  <b>Project Manager:</b> Simon Rayner  <b>Project charter to CPA Board:</b> Sep 2019</p>		
<p>Increase % of the population who feel informed about using alcohol responsibly by 2021.  <b>Project Manager:</b> TBC  <b>Project charter to CPA Board:</b> Dec 2019</p>		
<p>Increase by 10% the percentage of adults in Aberdeen City who are non drinkers or drink alcohol in a low risk way by 2021.  <b>Project Manager:</b> TBC  <b>Project charter to CPA Board:</b> Dec 2019</p>		

<b><i>Stretch Outcome 13. No one in Aberdeen will go without food due to poverty by 2026 (Sustainable City Group)</i></b>		
<b>Projects starting in 2019</b>	<b>Projects starting in 2020</b>	<b>Projects starting in 2021</b>
Increase community food growing in schools, communities and workplaces by 2021. <b>Project Manager:</b> Steven Shaw <b>Project charter to CPA Board:</b> Sep 2019	Increase the number of people using community pantries by 2021. <b>Project Manager:</b> Dave Simmers, CFINE <b>Project charter to CPA Board:</b> April 2020	

<b><i>Stretch outcome 14. Addressing climate change by reducing Aberdeen’s carbon emissions by 42.5% by 2026 and adapting to the impacts of our changing climate (Sustainable City Group)</i></b>		
<b>Projects starting in 2019</b>	<b>Projects starting in 2020</b>	<b>Projects starting in 2021</b>
Community led resilience plans in place for areas most vulnerable to flooding by 2021. <b>Project Manager:</b> Derek McGowan <b>Project charter to CPA Board:</b> July 2019	Reduce Aberdeen’s carbon emissions by 30% by 2021. <b>Project Manager:</b> Sinclair Laing <b>Project charter to CPA Board:</b> Feb 2020	
Community led resilience plans in place across all areas by 2026 <b>Project Manager:</b> Derek McGowan <b>Project charter to CPA Board:</b> July 2019	Increase the completeness of data within the ‘at risk database’ to identify those people most vulnerable. <b>Project Manager:</b> Derek McGowan <b>Project charter to CPA Board:</b> Feb 2020	
	Reduce the generation of waste in Aberdeen by 2021. <b>Project Manager:</b> Pam Walker <b>Project charter to CPA Board:</b> July 2020	

<b><i>Stretch outcome 15. 38% of people walking and 5% of people cycling as main mode of travel by 2026 (Sustainable City Group)</i></b>		
<b>Projects starting in 2019</b>	<b>Projects starting in 2020</b>	<b>Projects starting in 2021</b>
Increase % of people who walk as main mode of travel to 31% by 2021. <b>Project Manager:</b> Kelly Wiltshire <b>Project charter to CPA Board:</b> Dec 2019		
Increase % of people who cycle as main mode of travel to 3% by 2021. <b>Project Manager:</b> Kelly Wiltshire <b>Project charter to CPA Board:</b> Dec 2019		

### **Sustainable City Group rationale for prioritisation:**

The community food growing project has already started, with the project group established and broad scope of work agreed. The development of community pantries is being influenced by the learning from the first Pantry established in Woodside (Dec 2018). We hope to link the community growing projects with this too.

The highest priority scoring amongst the group was community resilience in areas vulnerable to severe weather. This Charter is in development and will be proposed to the CPA management group in May 2019. We have brought forward the timelines for spreading resilience planning in other communities as the learning from the initial pilots should put us in a good position to do this. Similarly, the development of the 'at risk' database sits alongside all of this. We expect improvements in this as we go along, in addition to concerted effort to improve data quality and value of the database. We are learning from testing currently taking place by Moray Council, which we would hope to build on.

The walking and cycling projects will be independent but we have aligned the charter timelines and brought them both forward for consideration at the CPA Board in Dec 2019.

## COMMUNITY ENGAGEMENT

Projects starting in 2019	Projects starting in 2020	Projects starting in 2021
Participation and Asset Transfer Requests <b>Project Manager:</b> Jonathan Smith <b>Project charter to CPA Board:</b> N/A Continued from 2018	Participation in Public Decision Making (Possible focus on strengthening links with those of Ethnic Minority background and / or shared identification with other 9 'Protected Characteristics'). <b>Project Manager:</b> Darren Riddell/ Jonathan Smith <b>Project charter to CPA Board:</b> Feb 2020	
	Strengthening Local Democracy: Demonstrating Improvements from National Steering Group and Research <b>Project Manager:</b> Derek McGowan <b>Project charter to CPA Board:</b> Apr 2020	

### **Community Engagement Group rationale for prioritisation:**

The Community Engagement Group is understood as unique in the context of CPA in that while it is fully capable of leading and taking forward specific Improvement Projects, much of its focus is also toward supporting the embedding of cultural and operational change throughout CPA. For example: Guidance, Support and Best Practice around including Community Engagement, Collaboration and Co-Production elements as a framework of working for all of the OIGs and where possible and appropriate, with associated Improvement Projects. This means that we should remain conscious of how future Improvement Projects can be developed with each of the Outcome Improvement Groups and Locality Partnership or be developed as part of existing Improvement Projects, in addition to and complimenting CEG-specific Projects.

The Community Engagement Group will focus on participation requests and asset transfer during 2019 which is a statutory requirement of the Community Empowerment (Scotland) Act 2015. Future focus will be on public decision making and strengthening local democracy.



## Quality Improvement Toolkit

# Improvement Project Charter and Project Stage Assessment Tool

## HELP SHEET 1

### Why would I use these tools?

The development of an **Improvement Project Charter** is a crucial step in the execution of your improvement project. It establishes the purpose, scope, measures and targets necessary to achieve success. It identifies key members of the improvement team as well as the Executive Sponsor of the project. Support from the organisation leadership will help team members maintain their focus and momentum and protect them from being overloaded with other work. The **Improvement Project Charter** is a “live” document to be used throughout the improvement project. It is used initially to answer and clarify the ‘thinking’ questions in the Model for Improvement: “What are we trying to accomplish”; “How will we know that a change is an improvement?”; “What changes can we make that will result in improvement?”

The Charter also includes an outline project plan which helps you to understand the phases of the improvement journey, the actions required within each phase and provides the opportunity to set out the timescale of your project.

The **Improvement Project Stage Assessment tool** should be used throughout the improvement journey to assess and communicate the current stage of your improvement project. It can help individuals, teams, strategic groups (such as the Community Planning Outcome Improvement Groups) and Executive Sponsors understand if the project is progressing at the necessary pace to achieve the improvement project aim.

An Improvement team should use these tools to plan the project, communicate with leadership and keep track of the progress being made.

### What tips and tricks will be useful in facilitating the use of these tools?

- Engage the Improvement team at the start, rather than presenting them with completed documentation for review
- Co-production of the **Improvement Project Plan** and **Improvement Project Charter** will help build momentum and generate consensus and a sense of purpose.
- Ensure that the **Improvement Project Plan, Project Stage Assessment Tool, Improvement Project Charter** is used at every meeting to provide a focus for discussion and ensure that the team regularly reflects upon its aim and progress made.

## Improvement Project Charter Template

<b>Improvement Project Title:</b>
<b>Executive Sponsor (Chair of Outcome Improvement Group):</b>
<b>Project Lead:</b>
<b>Aim statement (What are we trying to accomplish? Over what time? Numerical target for improvement?)</b>
<b>Link to Local Outcome Improvement Plan:</b>
<b>Why is this important (The rationale/business case for the improvement project: Does this support prevention and early intervention? Benefit to clients/ stakeholders/ residents? Are costs reduced now or in the future by addressing this issue? What published research can you draw on as evidence?)</b>
<b>Measures: (How will we know if a change is an improvement?)</b> <ul style="list-style-type: none"><li>• Outcome measures</li><li>• Process measures</li><li>• Balancing measures</li></ul>
<b>Change ideas (What changes can be made that will result in improvement?)</b>
<b>Potential risks and/or barriers to success &amp; actions to address these</b>
<b>Project Team:</b>

<b>Outline Project Plan - Set out your initial plan about the timeline for your project. (This should be reviewed regularly)</b>		
<b>Project Stage</b>	<b>Actions</b>	<b>Timescale</b>
<b>Getting Started</b> (Project Score 1-3)	<b>What initial activities are required to get started?</b> (Forming the improvement team; developing the project charter; gathering and analysing baseline data; understanding the current system)	<b>When do you expect to complete this stage?</b>
<b>Designing and Testing Changes</b> (Project Score 4-7)	<b>What activities are required to start testing changes?</b> (Identifying changes and prioritising; engagement with customers & colleagues; Identifying the people, place to start testing)	<b>When do you expect to complete this stage?</b>
<b>Implementing and sustaining changes that demonstrate improvement</b> (Project Score 7-10)	<b>What actions would be required to implement and sustain the changes that have resulted in improvement?</b> (Training?; Changes to procedures?; changes to resources?)	<b>When do you expect to complete this stage?</b>
<b>Spreading Changes</b> (Project Score 9-10)	<b>What actions are required to reach the full scale of the project?</b> (Engagement of other teams/colleagues; other locations?)	<b>When do you expect to complete this stage?</b>

## Improvement Project Stage Assessment Tool

Score	Stage of Project	Description
1	Project area identified and agreed (complete for all LOIP projects)	Project has been identified as a priority from the Local Outcome Improvement Plan or Locality Plan
2	Draft Outline Project Charter and team in place	Draft Improvement Project Charter has been developed (rationale, initial aims, scope, resources, timescales, measures, expected outcomes) and project team formed.
3	Understanding baseline of current system (Data and practice)	Current system is being analysed- applying tools such as process mapping; cause & effect diagrams etc to understand processes and people, including readiness for change and analysis of baseline data
4	Project Charter endorsed by CPA Board	Knowledge of the system and other evidence of what could work have been brought together into a theory of change. This has been articulated in a final Improvement Project Charter which has been shared with the CPA Board. (A driver diagram may also be developed to support this stage.)
5	Change ideas and project measures developed	Range of specific change ideas developed further, measurement plans established and initial PDSAs are being planned
6	Testing underway	Testing strategy developed and is being deployed. Data being gathered and analysed (e.g. through use of run charts)
7	Initial indications of improvement	Anecdotal evidence or feedback that changes are resulting in improvement can be reported.
8	Improvements achieved	Evidence of improvements shows in project measures and has been reported to Community Planning Aberdeen Management Group. Implementation and Spread plans are being developed and deployed.
9	Sustainable improvement	Implementation plans have been deployed for key changes. Spread plans are developed if appropriate. Data indicates sustainability of impact of changes implemented in system.
10	Project complete	The aim has been met or exceeded and improvement sustained and spread where appropriate. Changes are now part of business as usual.

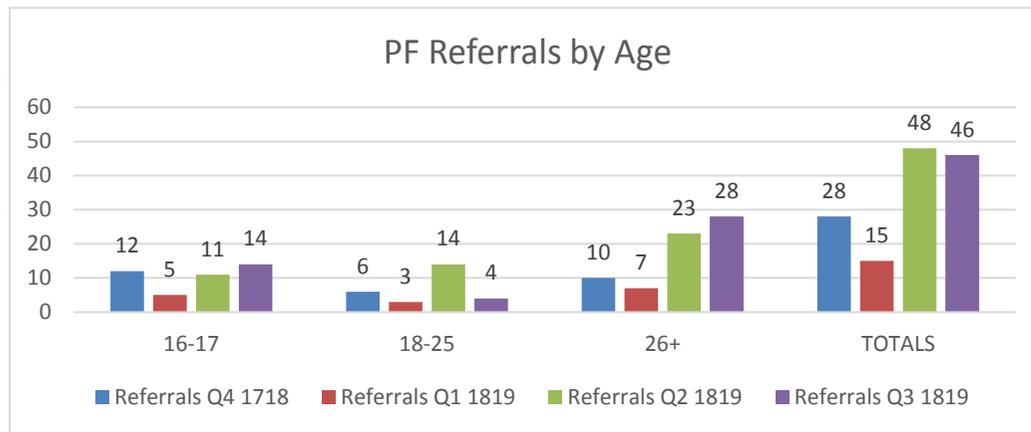
For more information, email: [CommunityPlanning@aberdeencity.gov.uk](mailto:CommunityPlanning@aberdeencity.gov.uk)

APPENDIX 3

CPA IMPROVEMENT PROGRAMME TRACKER MARCH 2019

Project & Aim	Start-End	Progress Scale	Changes being tested	Project Manager	Discussion Points
<b>Stretch Outcome 9. 25% fewer people receiving a first ever Court conviction each year by 2026</b>					
Increase the number of cases of people appropriately diverted from prosecution by 2021.	Apr 18 – Mar 21	6	<ul style="list-style-type: none"> <li>Map of data sharing processes</li> <li>Single point of contact in Police Scotland Aberdeen Division and CJSWS</li> <li>Data recording mechanism by CJSW</li> </ul>	Claire Duncan – Community Justice Group	To note position

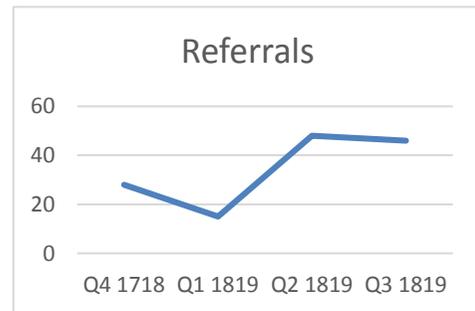
Improvement Data



PF Referrals by Age

This chart shows the split in the number of referrals from the PF per quarter by age. A significant increase can be seen in the number of referrals across all age groups from Q1 to Q2 2018-19, prior to a slight reduction in Q3. This reduction is due primarily to a reduction in the number of appropriate cases for referral of 18 – 25 year olds.

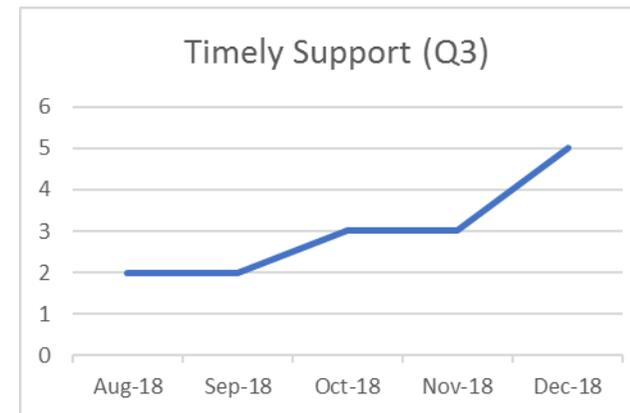
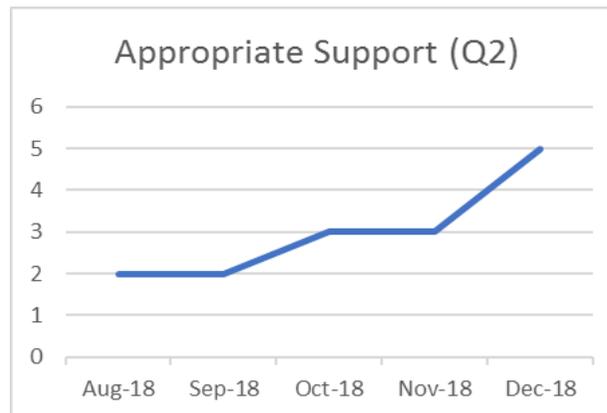
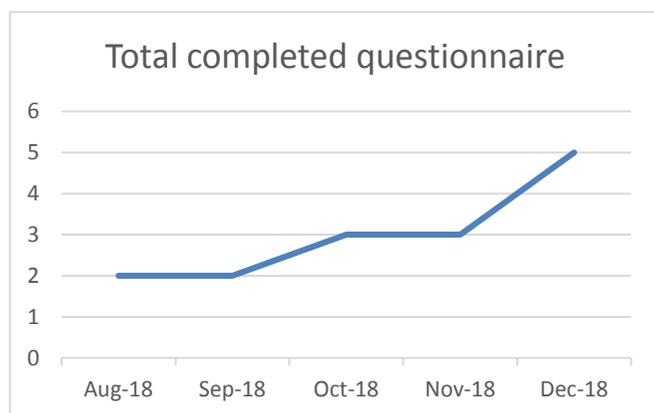
NB CJSWS received 54 referrals between 1<sup>st</sup> January and 25<sup>th</sup> February 2019. This increase is due to a temporary arrangement whereby ‘summary’ cases are being ‘marked’ by the local COPFS in addition to marking taking place at the COPFS National Initial Case Processing Unit. This is aimed at reducing a national back-log in the number of cases to be marked. (All summary cases would normally be marked by the national unit.)



Referrals The chart shows the totals of Diversion Referrals to CJSWS by quarter.

Project & Aim	Start-End	Progress Scale	Changes being tested	Project Manager	Discussion Points
<b>Stretch Outcome 10. 2% fewer people reconvicted within one year of receiving a community or custodial sentence by 2026</b>					
Increase the number of family members of people in HMP Grampian and HMYOI Polmont who received appropriate and timely support from Families Outside, Family Centre & Help Hub (Action for Children), and Alcohol & Drugs Action by 20% by 2021.	May 18 – Mar 21	6	<u>Awareness-raising:</u> <ul style="list-style-type: none"> <li>Regular specific training for prison staff, including Booking Line and peer mentors</li> <li>Leaflets/posters/cards including information about three key agencies (</li> <li>YouTube channel/clips about family issues/support</li> <li>Role of solicitors</li> <li>Role of Police/Referral at point of arrest</li> </ul> <u>Focus on Children and Young People:</u> <ul style="list-style-type: none"> <li>Appropriate pre- and post-visit feedback mechanism for children</li> </ul> <u>Collaborative Working between 3 key agencies:</u> <ul style="list-style-type: none"> <li>Common questionnaire for use across 3 key agencies</li> </ul>	Pam Simpson, Manager, Family Centre & Help Hub, HMP Grampian	To note progress.

### Improvement Data



The data in the above charts was collected via a new Common Questionnaire (Change Idea which has been tested). Alcohol & Drugs Action did not collect data (via the Common Questionnaire) prior to the local launch of the project/co-branded promotional material on 13<sup>th</sup> December 2018. This questionnaire is used as much as possible, although wouldn't be

Project & Aim	Start-End	Progress Scale	Changes being tested	Project Manager	Discussion Points
used with every family member at every contact.					
Increase no. of individuals who are on a custodial sentence, CPO Supervision or Diversion from Prosecution are being supported to make progress on the Employability Pipeline by 2021.	Feb 18 – Mar 21	7	<u>Pathways are in Place</u> <ul style="list-style-type: none"> <li>• Training/awareness-raising events for statutory partners and other employers</li> <li>• Single point of contact identified by employer organisations</li> <li>• My Way to Employment Handbook for partners</li> <li>• Briefing note for employers – with tear-off slip</li> </ul> <u>Individuals are engaged</u> <ul style="list-style-type: none"> <li>• Flyer for individuals</li> <li>• Initial Assessment Form</li> <li>• ‘Lead Professional’ identified for each individual</li> <li>• Personal Mentor identified for each individual</li> <li>• Regular meetings involving Lead Professional, Personal Mentor, individual, and others as appropriate</li> <li>• Spreadsheet to record individual profile data</li> </ul>	Nicola Graham, SDS	To note progress

Project & Aim	Start-End	Progress Scale	Changes being tested	Project Manager	Discussion Points
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**Improvement Data**

Engagement with Employers

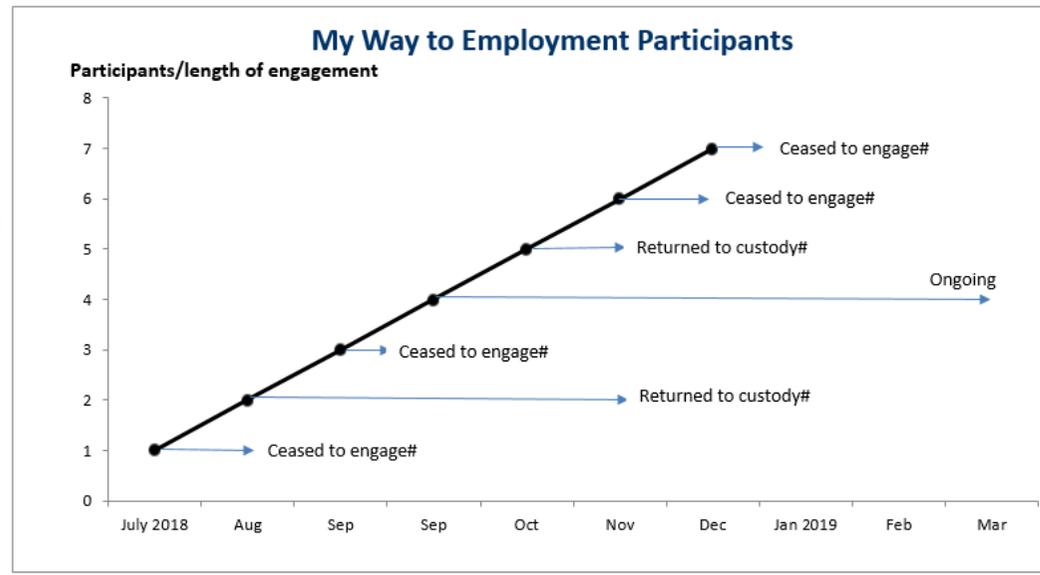
Input at 8 employers' events including two organised specifically by the project team (22/2/18 and 29/9/18)

Event on 29/9 resulted in further meeting arranged with SFRS to discuss specific opportunities

Employers Briefing Note given out at 3 of these events

8 out of 9 statutory partners have identified single points of contact

Additional opportunities for awareness raising being pursued with Chamber of Commerce, Federation of Small Businesses, and other employers



Pathways for individuals

Seven males have agreed to participate in the project so far.

- One individual has continued to engage successfully, and is at Stage 2 of the Employability Pipeline.
- #Two engaged positively initially, but have subsequently returned to custody. Efforts being made to re-engage.
- #Four engaged positively initially but then disengaged. Efforts being made to re-engage.

The individuals involved were experiencing a wide range of issues/barriers, including in relation to housing, mental and other health issues, alcohol and drugs, low confidence due to length of time not in work, etc.

Ways of recording and sharing data relating to the progress of these individuals via the Spreadsheet which is being tested, are still being explored.

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# Community Planning Aberdeen

<b>Progress Report</b>	Q4 2018/19 Locality Partnership Improvement Tracking Report
<b>Lead Officer</b>	Angela Scott, Chair of CPA Management Group and Chief Executive of Aberdeen City Council
<b>Report Author</b>	James Simpson, Performance & Strategy Development Officer
<b>Date of Report</b>	15 April 2019
<b>Governance Group</b>	CPA Board – 1 May 2019

## Purpose of the Report

This report presents the Improvement Tracking Report to the CPA Management Group on the improvement activity being led by the Locality Partnerships to meet the improvement aims identified within the Locality Plans 2017-27.

## Summary of Key Information

### BACKGROUND

On 27 February 2017 the CPA Board approved an Outcome Management and Improvement Framework to strengthen the Partnership's governance and accountability arrangements. Since March 2017 the Improvement Tracking Report has been presented at CPA Management Group and CPA Board Meetings to ensure effective, systematic and collaborative scrutiny of outcome improvement.

## Recommendations for Action

It is recommended that members of the CPA Board:

- i) note progress against the Locality improvement projects.

## Opportunities and Risks

Having an effective outcome management and improvement framework helps Community Planning Aberdeen assess whether the Partnership is delivering on the priorities within the Local Outcome Improvement Plan 2016-26 and Locality Plans.

### **Consultation**

The following people were consulted in the preparation of this report:  
Neil Carnegie, Communities and Housing Area Manager  
Michelle Cochlan, Community Planning Manager  
Community Planning Aberdeen Management Group  
Community Planning Aberdeen Lead Contacts

### **Background Papers**

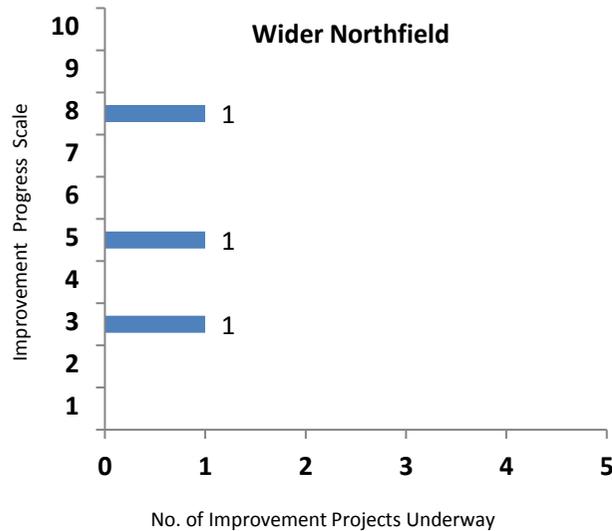
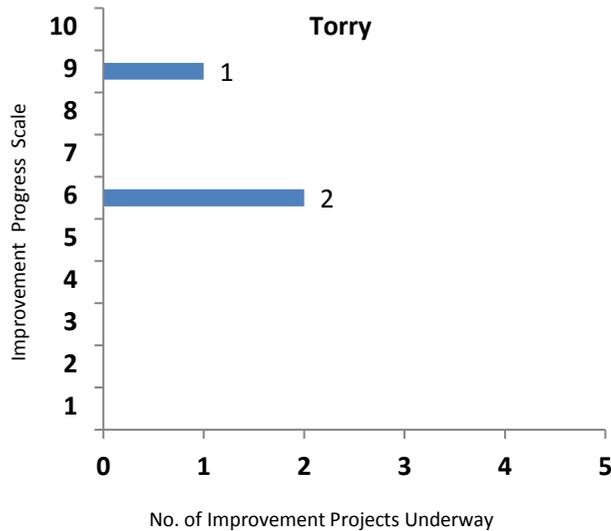
The following papers were used in the preparation of this report.  
[Outcome Management and Improvement Framework](#)

### Contact details

James Simpson  
Performance & Strategy Development Officer  
Community Planning Team  
Tel: 01224 52 2187  
Email: [JamesSimpson@aberdeencity.gov.uk](mailto:JamesSimpson@aberdeencity.gov.uk)

# Improvement Dashboard

## Locality Partnership Projects:



## Project Progress Scale:

1	Project area identified and agreed
2	Draft Outline Project Charter and team in place
3	Understanding baseline of current system
4	Project Charter endorsed by CPA Board
5	Change ideas and project measures developed
6	Testing underway
7	Initial indications of improvement
8	Improvements achieved
9	Sustainable improvement
10	Project complete

## OUR ECONOMY

Project & Aim	Start-End	Progress Scale	Changes being tested	Project Lead	Discussion Points
<b>Locality 3 Employability Support</b> -To increase the number of people seeking employability support weekly in Seaton, Woodside and Tillydrone to 20 by June 2019	Mar 2019 – June 2019	2	<ul style="list-style-type: none"> <li>Weekly employability support</li> <li>Referrals to employment programmes (PPP) and (Momentum).</li> <li>Supporting people in to employment or training</li> <li>Partners delivering employability support across the locality</li> <li>Improving access to Aberdeen Youth</li> <li>Employment Activity Plan opportunities</li> </ul>	Emma McPherson – Woodside, Seaton, Tillydrone Locality	Note position.  Full charter in development.

## OUR PEOPLE

Project & Aim	Start-End	Progress Scale	Changes being tested	Project Lead	Discussion Points
<b>Healthy Start Seaton --</b> To understand the issues affecting the community in Seaton around Early Years Health and to develop support in the community to address those issues.	Feb 2019	2	<ul style="list-style-type: none"> <li>Support provided locally – i.e. financial inclusions sessions</li> <li>Links made to support groups - breast feeding/baby weaning</li> <li>Developing links between local providers to improve signposting</li> <li>Improved engagement with community – ensuring relevance</li> <li>Increase use of the community centre by parents</li> <li>Information distributed about the free services such as school meals, healthy start vitamins, clothing grants, access to sanitary wear.</li> <li>Support sessions to be developed form the focus group discussions and from feedback from the Baby Box session. Topics anticipated are; sleeping, breast feeding, relationships, dental, baby led weaning.</li> </ul>	Emma McPherson – Woodside, Seaton, Tillydrone Locality	Note position.  Full charter in development.

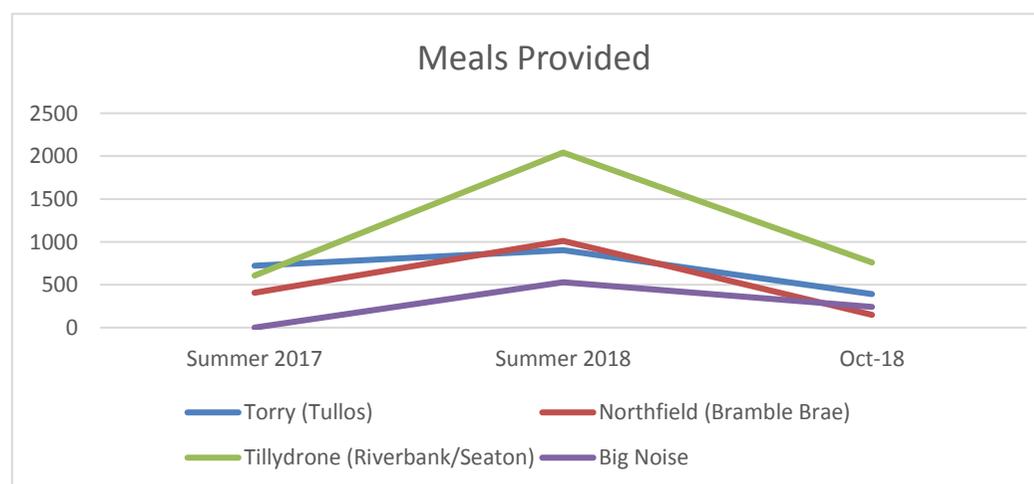
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<p><a href="#">Unpaid Work placement Project</a> - To increase the number of providers of Community Payback Order Unpaid Work individual placements in the Cummings Park, Heathryfold, Northfield, Mastrick and Middlefield wider locality area to five by end December 2018.</p>	<p>May 18 – Dec 18</p>	<p>3</p>	<ul style="list-style-type: none"> <li>Article in community magazine – Cumming North (covers Cummings Park and Northfield) – August 2018</li> <li>Individual engagement with potential providers</li> </ul>	<p>Martin Smith – Wider Northfield Locality</p>	<p>3 new potential providers have been identified by the Localities Team to date.</p>																																				

## OUR PLACE

Project & Aim	Start-End	Progress Scale	Changes being tested	Project Lead	Discussion Points
<a href="#">Food and Fun</a> - Increase provision of free meals during school holidays to children by delivering 10,000 meals during 2018/19.	Jul 18 – Apr 19	8	<ul style="list-style-type: none"> <li>The Council work with CFINE to utilise fair share food in the programme, likewise other organisations and businesses who may provide free or discounted food for the programme.</li> <li>We will organise and deliver Food and Fun programme with partners in priority Localities where there is insufficient delivery by community groups.</li> <li>We will support communities to develop their capability and capacity to deliver programmes in the future.</li> <li>Community groups providing activities shall be invited to take children to schools in priority localities where food will be prepared.</li> <li>Aberdeen City Council has allocated £50,000 in 2018/19 for the provision of free meals. Community groups/social enterprises will be invited and supported to seek grants to deliver free food and activities.</li> <li>Provide welfare advice type services alongside the programme.</li> </ul>	Martin Smith – Wider Northfield Locality	<p>18/19 programme delivered.</p> <p>Several aims and outcomes achieved.</p> <p>New charter required for 19/20 –</p>

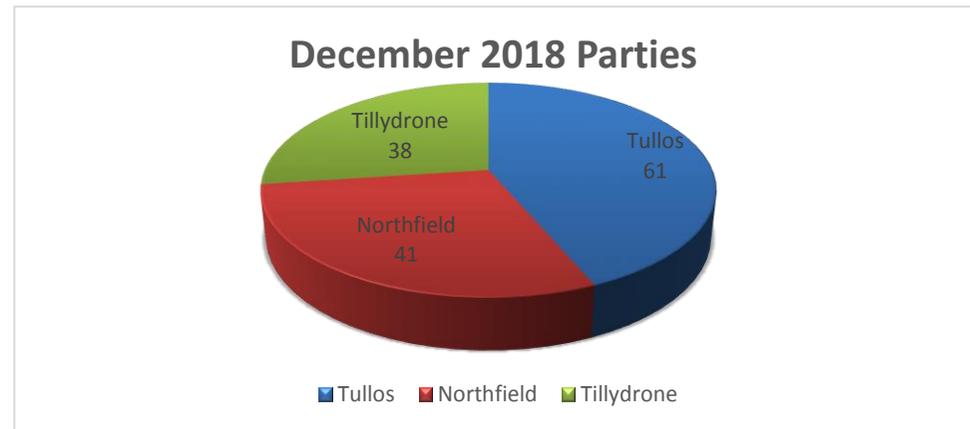
### Improvement Data

Place	Meals Provided		
	Summer 2017	Summer 2018	Oct-18
Torry (Tullos)	720	903	391
Northfield (Bramble Brae)	407	1011	149
Tillydrone (Riverbank/Seaton)	607	2042	760
Big Noise	0	529	243

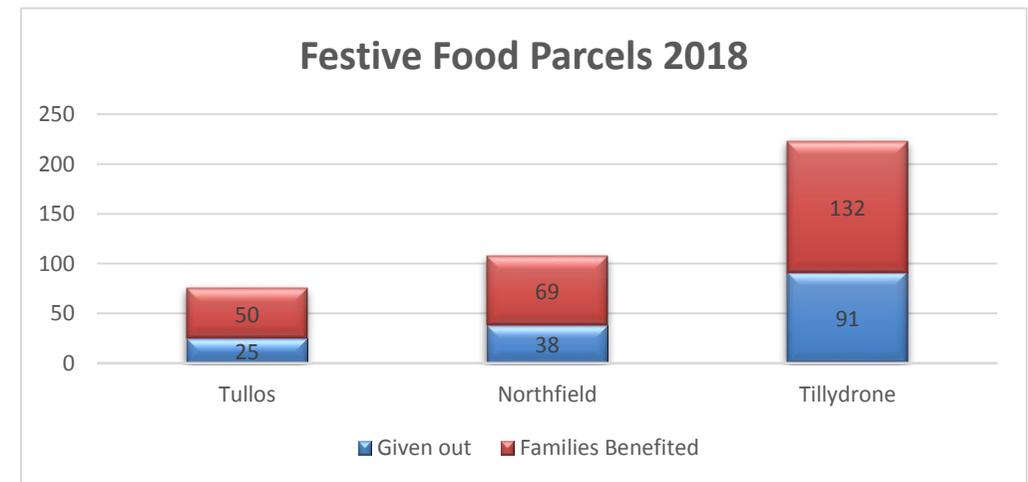


Project & Aim	Start-End	Progress Scale	Changes being tested	Project Lead	Discussion Points
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December 2018 Parties	
Tullos	61
Northfield	41
Tillydrone	38



Festive Food parcels	Given out	Children Benefited
Tullos	25	50
Northfield	38	69
Tillydrone	91	132



During the 6 week school summer holidays the programme saw meals provided at:

- Northfield Academy, Northfield
- Riverbank Primary, Tillydrone
- Tullos Primary, Torry

supported by ACC Communities Team staff along with partner agencies Sport Aberdeen through their Active Schools Co-ordinators, coaches, volunteers and senior pupil leaders; Aberdeen Football Club Community Trust coaches and volunteers and also ACC Youth Work and Family Learning workers.

All food was provided through CFINE with as much as possible provided through FareShare. Hot meals were provided Monday/Wednesday/ Friday with 'Build your own Sandwich' – where all the ingredients to make a sandwich are put on tables for children to make their own sandwich – on Tuesday and Thursdays. ACC catering cooks provided the hot meal days and kitchen assistants on sandwich days. Roughly 25% of hot meal costs and 50% of packed lunch costs were provided through FareShare and therefore technically free

Project & Aim	Start-End	Progress Scale	Changes being tested	Project Lead	Discussion Points
<a href="#">Scoop Watch - scale up and spread of Living Streets Dog Fouling Initiative</a> - Increase the number of schools / local groups actively using the dog fouling reduction model by 12 by May 2019.	Jan 2019 – Dec 2019	6	<ul style="list-style-type: none"> <li>Workshops with local school children to educate them on dog fouling.</li> <li>Making dispensers with local school children to contain dog mess bags to be erected.</li> <li>Creating awareness raising posters about the issue with school children and distributing them around community centres in the area.</li> <li>Presentations to community groups- community groups leading project delivery.</li> <li>Testing a collaborative approach working alongside the City Warden team so that there is one effective and widely recognised dog fouling initiative in Aberdeen City.</li> <li>Working alongside the environmental team all the schools participating in the Clean-Up Aberdeen programme will have dog fouling as their theme for the 2019/2020 school year, initially using our model as a starting point</li> </ul>	Jade Leyden - Torry Locality	This project is a continuation of the initial 12 week project which saw a 33% reduction in the levels of dog fouling on two streets significantly affected by dog fouling.
<a href="#">Free School Meals Initiative</a> - We aim to increase the number of free school meals taken by those pupils registered for free school meals at Lochside Academy, Tullos Primary and Walker Road Primary by 10% at each school by 31st of September 2019.	Nov 18 April 2020	6	<ul style="list-style-type: none"> <li>Menu written in most prevalent languages spoken by parents of children in schools.</li> <li>Local advertising campaign linked to promotion of health and educational benefits of school meals</li> <li>Use of rewards on the accord card to incentivise uptake of school meals at Lochside Academy.</li> <li>Taster sessions for children/parents/families and develop nutritional educational opportunities for families.</li> <li>Recipe book being developed with Pupils to encourage healthy meal options at home and family cooking</li> <li>Collaborative menu development –introducing more pupil/parent involvement using Torry as a pilot.</li> <li>Pilot a reward scheme for pupils in the primary schools (Walker Road and Tullos)</li> <li>Supersize meals with additional veg, fruit, water presented more prominently as an option</li> <li>Engage pupils in serving each other (enterprise restaurant type idea) and ‘redesigning’ the layout of canteen</li> </ul>	Tanita Addario, Anne-Marie Steehouder-Ross – Torry Locality	Note position.
<p><b>Improvement Data</b></p> <p>Phase 1 of the Free school Meals Project Focused on registration of free school meals. A particularly positive outcome of this phase was identifying, the barrier to significant increases in registrations for families was the opt in method rather than automatic registration. This barrier was addressed through process changes within ACC, which now automatically registers those children that have an entitlement. The change was initiated on 14<sup>th</sup> January 2019 and by 21<sup>st</sup> January registrations had increased significantly for all three Torry schools – Lochside Academy from 136 to 180; Tullos Primary from 34 to 65 for primary 4 - 7; Walker Road Primary from 34 to 49 for primary 4 – 7. This is reflective across the City (circa 700 registrations). A new charter (phase 2) has been developed to look at the uptake of free school meals - implemented November 2018: Whilst there has been a slight increase in uptake across all three schools it is too early in the process to attribute this to the implementation of change ideas</p>					

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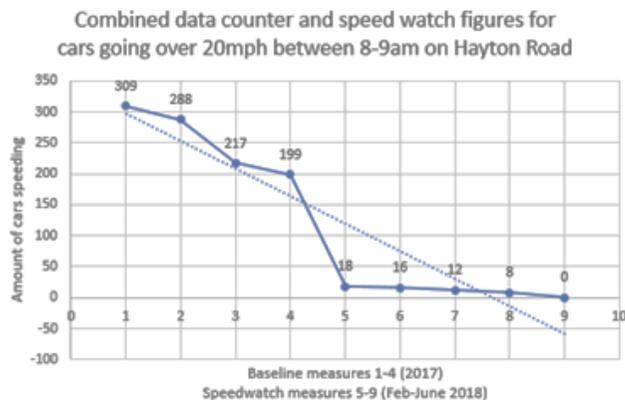
Project & Aim	Start-End	Progress Scale	Changes being tested	Project Lead	Discussion Points
Victoria Road Project - Increase the overall score assigned to the way people think and feel about Victoria Road by 10% by January 2019.	Oct 17 – Oct 19	9	<ul style="list-style-type: none"> <li>VictoriArt Road is one of three community projects local people can vote for at the Bags for Help at TESCO stores across Aberdeen.</li> <li>VictoriArt was successful at the recent UDECIDE participatory budgeting event in Torry receiving funds to run a pebble painting workshop. This workshop will be for children and adults and will take place on the 18th of May in the Tullos Community Wildlife Garden.</li> </ul>	Tanita Addario, Anne-Marie Steehouder-Ross – Torry Locality	

### Improvement Data

- Deadline for proposals was - 1st of March
- Shortlisted artists will be invited to an informal conversation on Saturday 23rd of March between 9:30 and 1pm.
- Projects are to be carried out between April and mid-August 2019.
- End of August – Launch of health walk and workshop at Torry Youth and Leisure Centre

<a href="#">The Hayton Road Improvement Project</a> (Phase 1: Traffic Safety) will aim to reduce the actual incidents of speeding and related traffic safety issues on Hayton Road by 40%.	Feb 18 – Aug 18	9	<ul style="list-style-type: none"> <li>• The traffic Safety sessions will take place with Riverbank Primary School, Police Scotland over 5 morning sessions in February, March, April, May and June 2018.</li> <li>• Speed surveys carried out with speed guns by Police Scotland and pupils from Riverbank Primary School.</li> <li>• Driver Interventions with pupils and police asking drivers about their awareness of the speed limit and proximity to the school along with other questions.</li> <li>• Produce a speed awareness campaign video with pupils (SHMU.)]</li> </ul>	Hamish Cattanach – Woodside, Seaton, Tillydrone Locality	Charter for Phase 2 of the project under development
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### Improvement Data



Phase 1 of the project, called Speedwatch resulted in data counter and speedwatch figures demonstrating a reduction in speeding on Hayton Road by significantly more than the aim of 40%. The run chart demonstrates the actual data counter figures. The percentage of reduction for each month is based on an average data counter figure of 254 speeding cars between 8-9am on Hayton Road.

Month	% Reduction
February	92.9%
March	93.7%
April	95.3%
May	97%
June	100% (due to road works)

The project team have agreed to deliver phase 2 Speedwatch Project charter between February – June 2019 which will consider City wide upscaling.

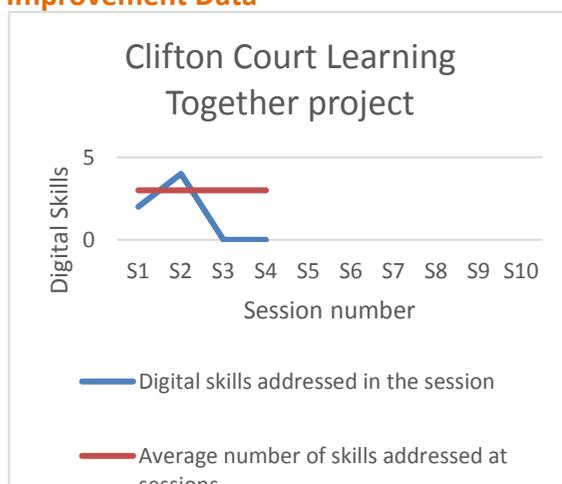
The group presented their findings and a [video](#) at Riverbank School in July 2018.

## OUR TECHNOLOGY

Project & Aim	Start-End	Progress Scale	Changes being tested	Project Lead	Discussion Points
<a href="#">Northfield Gaming and Internet Safety</a> - Reduce the age inappropriate gaming time for children in the Middlefield area by 30% by Summer 2018.	Apr 18 – Oct 18	5	<ul style="list-style-type: none"> <li>Inviting parents to an awareness raising session.</li> <li>Testing booklet as a resource for teaching parents how to implement parental controls on devices.</li> <li>Parent led data collected on children’s amount of gaming time/gaming habits to promote buy in and involvement in project aims.</li> <li>Survey to establish baselines.</li> <li>Awareness workshop for parents now set up and scheduled for 20 March 2019 for 20 parents (poster to the right)</li> </ul>	Helen Graham – Wider Northfield Locality	
<b>Learning Together – Clifton Court Intergenerational Project</b>  To increase participation in digital learning and technology among tenants through intergenerational work by 15/%	Oct 18 - TBC	2	<ul style="list-style-type: none"> <li>The Learning Together sessions will take place with Clifton Court tenants and Kittybrewster Primary School pupils over 10 sessions between January and April 2019</li> <li>Intergenerational learning will take place in an informal setting to enhance digital skills amongst tenants and Pupils</li> <li>Tenants will also progress their digital skills through supported Silver Surfer open sessions held at Clifton Court</li> <li>At the outset of the project, 28/58 tenancies are registered with Rent Online account services at Aberdeen City Council. This will be measured at the end of the project to view increase.</li> </ul>	Hamish Cattanach/Zuzana Jatelova – Woodside, Seaton, Tillydrone Locality	Full charter in development.

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### Improvement Data



38 Digital skills needs were identified by residents and School children. The aim is to address 60% of these in the 10 sessions

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# Community Planning Aberdeen

<b>Progress Report</b>	Revised Community Planning Aberdeen Constitution
<b>Lead Officer</b>	Angela Scott, Chair of CPA Management Group and Chief Executive of Aberdeen City Council
<b>Report Author</b>	Elsie Manners, Community Planning Development Officer
<b>Date of Report</b>	15 April 2019
<b>Governance Group</b>	CPA Board – 1 May 2019

<b>Purpose of the Report</b>
This report presents the revised Constitution for Community Planning Aberdeen to align with the refreshed Local Outcome Improvement Plan 2016-26 as agreed by the CPA Board in February 2019.

<b>Summary of Key Information</b>
<p><b>1 BACKGROUND</b></p> <p>1.1 The <a href="#">Local Outcome Improvement Plan (LOIP) 2016-26</a> was refreshed in February 2019. As part of the refresh, the CPA structure was also reviewed which has necessitated an update to Community Planning Aberdeen’s Constitution, last updated in <a href="#">December 2017</a>.</p> <p>1.2 The revised constitution included in Appendix 1 recognises the Community Justice Group and the Alcohol and Drugs Partnership as Outcome Improvement Groups, equally responsible for the delivery of the LOIP outcomes as the other four Outcome Improvement Groups in the structure: Aberdeen Prospers; Integrated Children’s Services; Resilient, Included, Supported; and Sustainable City.</p> <p>1.3 The Community Engagement Group continues to support all Outcome Improvement Groups to better engage local communities in community planning and improvement activity. The Locality Partnerships continue to work with Outcome Improvement Groups to deliver improved outcomes for priority localities in partnership with local communities.</p> <p>1.4 The revised constitution sets out the terms of reference for each of the groups within the CPA structure. This includes the group role, membership, chairmanship, responsibilities, code of conduct and governance and reporting arrangements.</p>

## 2 NEXT STEPS

- 2.1 Following approval of this report by the CPA Board, the revised constitution for Community Planning Aberdeen will be published on the Community Planning Aberdeen website.

### Recommendations for Action

It is recommended that members of the CPA Board:

- i) Approve the revised constitution for Community Planning Aberdeen.

### Opportunities and Risks

Successful implementation of the Local Outcome Improvement Plan 2016-26 is reliant on strong partnership governance arrangements. The proposals within this report ensure that partners and Groups are aware of their role and remit

### Consultation

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

Michelle Cochlan, Community Planning Manager  
Allison Swanson, Committee Clerk, Aberdeen City Council  
CPA Management Group

### Background Papers

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

[Revised Community Planning Aberdeen Constitution - CPA Board, 4 December 2017](#)

#### Contact details:

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Community Planning Development Officer  
Aberdeen City Council  
Tel: (01224) 583969  
Email: emanners@aberdeencity.gov.uk



Community Planning  
Aberdeen

Community Planning Aberdeen  
Constitution  
May 2019

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## 1. Introduction

- 1.1** The Community Empowerment (Scotland) Act 2015 places Community Planning Partnerships (CPPs) on a statutory footing and imposes duties on them around the planning and delivery of local outcomes with a view to reducing inequalities which result from socio-economic disadvantage. It requires CPPs to produce a Local Outcome Improvement Plan (LOIP) which is underpinned by Locality Plans; reporting on these annually.
- 1.2** The Community Empowerment Scotland Act 2015 stipulates the following statutory community planning partners.

Local Authority
The Board of Management of a Regional College designated
The Chief Constable of the Police Service of Scotland
The Health Board
Highlands and Islands Enterprise
Historic Environment Scotland
Integration Joint Board
A National Park authority whose area includes the whole or part of the area of the local authority
A regional strategic body specified in schedule 2A to the Further and Higher Education (Scotland) Act 2005 which is situated in the area
Scottish Enterprise
The Scottish Environment Protection Agency
The Scottish Fire and Rescue Service
Scottish Natural Heritage
The Scottish Sports Council
The Skills Development Scotland
A Regional Transport Partnership
Visit Scotland

- 1.3** These partners are equally responsible for ensuring the CPA delivers on the commitments within the Local Outcome Improvement Plan and Locality Plan. This includes deploying resources in support of agreed outcomes in a way which promotes prevention. Partners are also individually responsible for how they act as partners to help ensure that these commitments are fulfilled.
- 1.4** In delivering the LOIP and locality plans, the Partnership will take cognisance of emerging local data, business intelligence and national agendas to ensure that improving outcomes continues to be the core business of the Partnership. Developments in the national public health reform agenda will continue to inform our improvement work to ensure the Partnership contributes to a healthier Scotland.

## 2. Community Planning Aberdeen

2.1 Community Planning Aberdeen is the name of Aberdeen City's Community Planning Partnership. The accountability structure of the Partnership is detailed below. It comprises of 12 groups established to ensure the Partnership is effectively organised to deliver on the LOIP and locality planning.



2.2 Note that the boundaries of the CPA Localities are being reviewed to take account of the realignment of the Health and Social Care Partnership localities.

### **3. Board**

#### **3.1 Role**

3.1.1 The CPA Board provides strategic leadership and direction for Community Planning across Aberdeen. This includes scrutinising the overall delivery of progress against the Local Outcome Improvement Plan (LOIP) and the Locality Plans.

#### **3.2 Membership**

3.2.1 The membership of the CPA Board consists of:

- Council Leader
- 3 Aberdeen City Council Councillors
- Chair of the Aberdeen Health and Social Care Partnership
- Chair of ACVO
- Chair of Aberdeen Civic Forum
- Regional Chair of North East College
- Chief Executive of ACC
- Chief Executive of NHS Grampian
- Director of Public Health – NHS Grampian
- Senior Police Scotland representative – Chief Superintendent
- Senior Scottish Fire and Rescue Service representative
- Senior Skills Development Scotland representative
- Representative from the Active Aberdeen Partnership
- Scottish Government Location Director (non-voting)

3.2.2 Statutory Community Planning Partners, as listed at para 1.2 are invited to have representation on the CPA Board and will be added to the membership as and when approved by the CPA Board.

3.2.3 Other organisations can be co-opted onto the Board when appropriate. Any additions to or removals from the current membership will be determined by the CPA Board.

3.2.4 Partners can arrange a substitute member with appropriate authority to represent and take decisions on behalf of their organisation.

#### **3.3 Chair/Vice Chair**

3.3.1 The Chair of the CPA Board will be the Leader of Aberdeen City Council.

3.3.2 In the event Aberdeen City Council appoints Co-leaders, the Co-Leaders will determine who will undertake this role, and will notify the Chief Executive of Aberdeen City Council.

3.3.3 The Vice Chair will be appointed by the CPA Board.

### **3.4 Remit and Responsibilities**

- Set the strategic vision for Community Planning Aberdeen to improve outcomes for individuals, families and communities with a view to reducing inequalities of outcome which result from socio-economic disadvantage and taking consideration the national outcomes established by the Scottish Government.
- Prepare and publish a LOIP which sets out how the Partnership will achieve its vision by working together with partners and communities citywide.
- Prepare and publish Locality Plans, in partnership with communities, for those areas where people experience significantly poorer outcomes than other people across the City as a result of socio-economic disadvantage.
- Ensure delivery of the LOIP and Locality Plans via the CPA Management Group and Locality Partnerships.
- Ensure the delivery of the Outcome Management and Improvement Framework through the Management Group and Locality Partnerships.
- Prepare and publish an Annual Report.
- Scrutinise the delivery of the LOIP and Locality Plans through consideration of the Annual Report and other performance reporting mechanisms throughout the year.
- Ensure people and communities are effectively engaged in the decisions made on public services that affect them in Aberdeen through the implementation of the CPA Engagement, Participation and Empowerment Strategy.
- Set and approve an annual budget, deploying resources in support of the outcomes within the LOIP and Locality Plans.
- Delegate authority to the CPA Management Group to take decisions pertaining to its remit and responsibilities.
- Ensure that appropriate consultation has been followed.

### **3.5 Code of Conduct**

- 3.5.1 In utilising their authority and carrying out the responsibilities delegated to them, Partners must comply with the terms of Code of Conduct for their respective organisation and where a Partner organisation does not have a Code of Conduct the Partner must adhere to the principles set out in the Councillor's Code of Conduct.

### **3.6 Governance and Reporting Arrangements**

- 3.6.1 The Board must have at least 3 voting members to be quorate.
- 3.6.2 Should a vote be required, a ballot will be held and a simple majority of the votes cast will decide. Every voting partner will have one vote. If there are an equal number of votes, the Chair will have the casting vote.
- 3.6.3 The Board will aim to meet at least four times per year.
- 3.6.4 Board meetings will be open to the public, unless items of a confidential or exempt nature are to be discussed. In cases of exempt business the Board will take a decision to hold such items in private.

- 3.6.5 Where appropriate, decisions taken by the Board should be followed through by Partners reporting through their relevant decision making systems.
- 3.6.6 Copies of the agenda, minutes and reports will be available on the Community Planning Aberdeen website.

## **4. Management Group**

### **4.1 Role**

- 4.1.1 The Community Planning Aberdeen Management Group facilitates effective joint working across the CPA partners, to ensure delivery of the LOIP and Locality Plans remains on track and to advise the CPA Board of any additional action required to overcome barriers.
- 4.1.2 The Management Group is accountable to the CPA Board. It oversees the progress delivery by the five Outcome Improvement Groups, Community Justice Group, Alcohol and Drugs Partnership, Community Engagement Group and Locality Partnerships.

### **4.2 Membership**

4.2.1 The membership of the CPA Management Group consists of:

- Chief Executive ACC
- Chief Executive of ACVO
- Chief Officer of Aberdeen Health and Social Care Partnership
- Senior executive NHS Grampian
- Senior local representative from Police Scotland
- Senior local representative from Scottish Fire and Rescue Service
- Vice Principal from North East College
- Senior executive Scottish Enterprise
- Senior Executive from Skills Development Scotland
- Vice Chair of the Civic Forum
- Representative from Active Aberdeen Partnership
- Representative from NESTRANS
- Chairs of Outcome Improvement Groups (non-voting)

4.2.2 Statutory Community Planning Partners, as listed at para 1.2 are invited to have representation on the CPA Management Group and will be added to the membership as and when approved by the CPA Board.

4.2.3 Community Planning Partners represented at CPA Board level are expected to also have representation on the CPA Management Group.

4.2.4 Other organisations can be co-opted onto the Management Group when appropriate. Any additions to or removals from the current membership will be determined by the CPA Management Group.

4.2.5 Partners can arrange a substitute member with appropriate authority to represent and take decisions on behalf of their organisation.

### **4.3 Chair/Vice Chair**

4.3.1 The Chair of the CPA Management Group will be appointed by the Community Planning Aberdeen Board.

4.3.2 The Vice Chair will be appointed by the CPA Management Group.

### **4.4 Remit and Responsibilities**

- Plan, oversee and be accountable for the timely and effective delivery and implementation of the LOIP and Locality Plans via the CPA structure.
- Oversee the delivery of the Outcome Management and Improvement Framework, including embedding the use of improvement methodology across the Partnership, via the CPA structure.
- Monitor and evaluate progress against the improvement aims within the LOIP and Locality Plans and take appropriate action to ensure delivery through the CPA structure.
- Ensure communities are engaged in the planning and delivery of CPA's priorities through implementation of the Engagement, Participation and Empowerment Strategy through the CPA.
- Identify and respond to proposed new legislation which impacts on the Partnership.
- Ensure that Community Planning is promoted within all partner organisations, including ensuring partner plans clearly articulate how they link to the Aberdeen City Local Outcome Improvement Plan and Locality Plans.
- Identify risks and barriers to effective delivery, and advise the CPA Board on mitigating action required at CPA Board level.
- Support effective links between all the groups and wider community planning discussions taking place at both a strategic and operational level.
- Scrutinise the use of resources throughout the financial period and determine any in year virements required.
- Take decisions on matters pertaining to their remit.

### **4.5 Code of Conduct**

4.5.1 In utilising their authority and carrying out the responsibilities delegated to them, Partners must comply with the terms of Code of Conduct for their respective organisation and where a Partner organisation does not have a Code of Conduct the Partner must adhere to the principles set out in the Councillor's Code of Conduct.

## **4.6 Governance and Reporting Arrangements**

- 4.6.1 The Management Group must have at least 3 voting members to be quorate.
- 4.6.2 The Management Group will aim to meet at least four times per year.
- 4.6.3 Where appropriate, decisions taken by the Management Group should be followed through by Partners reporting through their relevant decision making systems.
- 4.6.4 The Management Group will report to the CPA Board in line with the requirements of the CPA Outcome Management and Improvement Framework.
- 4.6.5 Copies of the agenda and minutes will be available on the Community Planning Aberdeen website.

## **5. Outcome Improvement Groups**

### **5.1 Role**

- 5.1.1 There are six Outcome Improvement Groups (OIGs) within the CPA structure. Each are responsible for delivering on relevant sections of the LOIP. The Outcome Improvement Groups are:
  - Aberdeen Prospers
  - Integrated Children Services
  - Resilient, Included and Sustainable
  - Alcohol and Drugs Partnership
  - Community Justice Group
  - Sustainable City
- 5.1.2 Each group leads and is responsible for actions which support delivery of the Local Outcome Improvement Plan and underpinning locality plans. They are responsible for ensuring progress against the stretch outcomes and improvement projects set for the priority area they lead on.

### **5.2 Membership**

- 5.2.1 Statutory Community Planning Partners, as listed at para 1.2 are invited to have representation on the CPA Outcome Improvement Groups.
- 5.2.2 Community Planning Partners represented at CPA Board level are expected to also have representation on the appropriate Outcome Improvement Groups.
- 5.2.3 Other organisations can be co-opted onto the Outcome Improvement Groups when appropriate. Any additions to or removals from the current membership will be determined by the Outcome Improvement Group.

### **5.3 Chair/Vice Chair**

- 5.3.1 The Chair of the Outcome Improvement Group will be appointed by the Management Group.
- 5.3.2 The Vice Chair, where considered appropriate, will be appointed by the Outcome Improvement Group.

### **5.4 Remit of Outcome Improvement Groups**

- Plan, oversee and be accountable for delivery of outcome improvement by Community Planning partners for the relevant stretch outcomes within the Local Outcome Improvement Plan and Locality Plans.
- Deliver the stretch outcomes within the LOIP through the delivery of the LOIP improvement project aims.
- Advise on, and be accountable for, how resources are aligned and allocated across Community Planning partners to support delivery of key actions.
- Ensure communities are engaged in the planning and delivery of CPA's priorities through implementation of the Engagement, Participation and Empowerment Strategy and by liaising effectively with the Community Engagement Group and Locality Partnership.
- Ensure the effective management of performance and risk in relation to delivery of the priorities and improvement outcomes for which the Outcome Improvement Group has oversight and report progress to the CPA Board on a six monthly basis via the Management Group.
- Identify risks and barriers to effective delivery, and advise the CPA Management Group on mitigating action required at CPA Board level.

### **5.5 Code of Conduct**

- 5.5.1 In utilising their authority and carrying out the responsibilities delegated to them, Partners must comply with the terms of Code of Conduct for their respective organisation and where a Partner's organisation does not have a Code of Conduct the Partner must adhere to the principles in the Councillor's Code of Conduct.

### **5.6 Governance and Reporting Arrangements**

- 5.6.1 The Outcome Improvement Groups will report to the CPA Board, via the Management Group, in line with the requirements of the CPA Outcome Management and Improvement Framework which include, but not limited to, the following:  
Quarterly Improvement Tracking Report  
Annual Outcome Improvement Report
- 5.6.2 Copies of the agenda and minutes will be available on the Community Planning Aberdeen website.

## **6. Community Engagement Group**

### **6.1 Role**

6.1.1 The Community Engagement Group oversees the delivery of the Engagement, Participation and Empowerment Strategy, participation requests and advises and supports CPA Board, Management Group and Outcome Improvement Groups on effective approaches to engage and involve communities in public service planning, delivery, monitoring and reporting. It is an important link between the strategic perspective of the CPA Board and the priorities and perspectives of communities across Aberdeen.

### **6.2 Membership**

6.2.1 Community Planning Partners, as listed at para 1.2 are invited to have representation on the CPA Community Engagement Group.

6.2.2 Other organisations can be co-opted onto the Community Engagement Group when appropriate. Any additions to or removals from the current membership will be determined by the Community Engagement Group.

### **6.3 Chair/Vice Chair**

6.3.1 The Chair of the Community Engagement Group will be appointed by the Management Group.

6.3.2 The Vice Chair, where considered appropriate, will be appointed by the Community Engagement Group.

### **6.4 Remit**

- Plan, oversee and be accountable for the development and delivery by Community Planning partners of the Engagement, Participation and Empowerment Strategy and community aspects of the Locality Plans.
- Agree and implement an implementation plan which details the actions required to deliver the Engagement, Participation and Empowerment Strategy.
- Ensure Community Planning Aberdeen is meeting its statutory duties in relation to community engagement and participation, as prescribed by the Community Empowerment Scotland Act 2015.
- Advise on effective practice on how to involve and engage with communities and promote consistency and cohesion of approach across Outcome Improvement Groups.
- Oversee, understand and share best practice in terms of community development and engagement initiatives, for example volunteering, recruitment and training.
- Oversee delivery of the Community Learning and Development Plan.
- Oversee delivery of City Voice, including approval of questionnaires on behalf of Community Planning Aberdeen prior to issue to the city voice citizens panel.

## **6.5 Code of Conduct**

- 6.5.1 In utilising their authority and carrying out the responsibilities delegated to them, Partners must comply with the terms of Code of Conduct for their respective organisation and where a Partner's organisation does not have a Code of Conduct the Partner must adhere to principles in the Councillor's Code of Conduct.

## **6.6 Governance and Reporting Arrangements**

- 6.6.1 The Community Engagement Group will report to the CPA Board, via the Management Group, in line with the requirements of the CPA Outcome Management and Improvement Framework.
- 6.6.2 Copies of the agenda and minutes will be available on the Community Planning Aberdeen website.

## **7. Locality Partnerships**

### **7.1 Role**

- 7.1.1 Provide leadership to locality planning activity to achieve improved short, medium and long term socio-economic and environmental outcomes for the locality.

### **7.2 Membership**

- 7.2.1 Membership of the Locality Partnerships will be determined at a local level based on local needs and priorities.
- 7.2.2 The Locality Partnership will aim to ensure that at least 50% of representation will be community representatives.
- 7.2.3 Public service representation will be capped to ensure the balance remains with communities. Representation may include the Locality Manager, Local Police, Local Head Teacher and Local Health rep/ G.P.
- 7.2.4 All ward elected members in the locality are invited to join the Locality Partnerships.

### **7.3 Chair/Vice Chair**

- 7.3.1 The Chair of the Locality Partnership will be appointed by the Locality Partnership.
- 7.3.2 The Vice Chair, where considered appropriate, will be appointed by the Locality Partnership

***Note that the boundaries of the CPA Localities are being reviewed to take account of the realignment of the Health and Social Care Partnership localities.***

## 7.4 Remit

- Collective ownership, leadership and strategic direction for their locality.
- Set an ambitious vision for the locality and involve all stakeholders and resources that can deliver this vision.
- Develop, publish and keep under review a Locality Plan to deliver the locality vision and achieve priority outcomes.
- Establish and maintain effective relationships with other relevant bodies and partnerships including single systems and health and social care partnerships.
- Apply effective scrutiny to the achievement of set outcomes and delivery of the locality plan.
- Effective implementation of CPA participation, consultation and engagement strategy ensuring appropriate involvement of all bodies that can contribute to locality planning.
- Maintain a strong understanding of emerging needs, circumstances and opportunities relevant to the locality, building a robust evidence base drawing data, information and community perspectives to inform decision and actions.
- Ensuring appropriate operational collaboration between respective partners (e.g. local daily, weekly tasking and coordinating groups, neighbourhood networks, etc).
- Embed prevention and early intervention as core business of locality partners; assessing and evaluating to identify opportunities to invest in moderate future service/ resource demand.
- Being accountable to and referring relevant business to CPA Board/ Management Group, Community Engagement Group and Outcome Improvement Groups with the objective of changing policy and strategy, and resourcing to deliver locality priority outcomes.
- Apply test of change and support scale and spread as appropriate.
- Develop detailed terms of reference

## 7.5 Code of Conduct

7.5.1 In utilising their authority and carrying out the responsibilities delegated to them, Partners must comply with the terms of Code of Conduct for their respective organisation and where a Partner's organisation does not have a Code of Conduct the Partner must adhere to the principles in the Councillor's Code of Conduct.

## 7.6 Governance and Reporting Arrangements

7.6.1 The Locality Partnerships will report to the CPA Board, via the Management Group, in line with the requirements of the CPA Outcome Management and Improvement Framework.

7.6.2 Copies of the agenda and minutes will be available on the Community Planning Aberdeen website.

### Contacts

For further information about this constitution, please email [communityplanning@aberdeencity.gov.uk](mailto:communityplanning@aberdeencity.gov.uk) if you have any queries, or visit our website <http://communityplanningaberdeen.org.uk/>.

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# Community Planning Aberdeen

<b>Progress Report</b>	Draft Community Planning Budget 2019/20
<b>Lead Officer</b>	Angela Scott, Chair of CPA Management Group and Chief Executive of Aberdeen City Council
<b>Report Author</b>	Michelle Cochlan, Community Planning Manager
<b>Date of Report</b>	15 April 2019
<b>Governance Group</b>	CPA Board, 1 May 2019

<b>Purpose of the Report</b>
This report sets out the proposed contributions from Community Planning Aberdeen Partners to the Community Planning Budget 2019/20 and details proposals for how this money will be spent.

<b>Summary of Key Information</b>																	
<b>1 BACKGROUND</b>																	
1.1	On 27 February 2018, Community Planning Aberdeen Board agreed the Community Planning Budget for 2018/19 was £1,712,734. Contributions to the 2018/19 budget were made by Aberdeen City Council, NHS Grampian, Police Scotland and Nestrans.																
<b>2 COMMUNITY PLANNING BUDGET 2019/20</b>																	
3.1	Proposed contributions to the 2019/20 Community Planning Budget are below.																
	<table border="1"> <thead> <tr> <th></th> <th><b>2019/20 Budget £</b></th> </tr> </thead> <tbody> <tr> <td>Aberdeen City Council</td> <td>1,711,275</td> </tr> <tr> <td>NHS Grampian</td> <td>18,032</td> </tr> <tr> <td>Police Scotland</td> <td>5,000</td> </tr> <tr> <td>NESTRANS</td> <td>5,000</td> </tr> <tr> <td>Sub Total</td> <td>£1739,307</td> </tr> <tr> <td>2018/19 underspend for Civic Forum</td> <td>£4,074</td> </tr> <tr> <td><b>Total</b></td> <td><b>1,743,381</b></td> </tr> </tbody> </table>		<b>2019/20 Budget £</b>	Aberdeen City Council	1,711,275	NHS Grampian	18,032	Police Scotland	5,000	NESTRANS	5,000	Sub Total	£1739,307	2018/19 underspend for Civic Forum	£4,074	<b>Total</b>	<b>1,743,381</b>
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3.2	Contributions from Partner organisations are the same as 2018/19, except for Aberdeen City Council. This year the figure also includes the financial contribution the Council makes on behalf of Community Planning Aberdeen by way of payment to ACVO for third sector interface and engagement on community planning issues, including support to Integrated Children's Services – see table at para 4.1. An underspend of £4,074 by ACVO for support to the Civic Forum has also been carried forward into 2019/20.																

#### 4 BUDGET COMMITMENTS 2019/20

4.1 Proposed budget commitments for 2019/20 are detailed below.

	<b>2019/20 Commitments £</b>
Fairer Aberdeen Fund	1,639,986
ACVO Third Sector Interface/ engagement: Community Planning	£62,321
City Voice	37,000
Civic Forum	£4,074
<b>Total</b>	<b>1,743,381</b>

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

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

4.4 Aberdeen City Voice is a panel of Aberdeen City residents who give their views on a range of issues affecting their community through completion of regular questionnaires. It is funded by the Community Planning Partnership to inform the development and delivery of the Local Outcome Improvement Plan and Locality Plans.

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

## 5 GRANT FUNDING 2019/20

- 5.1 The Partnership also receives income from a number of external funding sources. To date, the CPA has been awarded a total of £50,000 funding for 2019/20.

	<b>Funding (secured to date) 2018/19</b>
Community Justice Transition Fund	£50,000
Underspend from previous years	£12,000
<b>Total</b>	<b>£62,000</b>

- 5.2 The Scottish Government has confirmed that Community Justice Transition funding of £50k will be made available for 2019/20 and it is proposed that this will fund the continuation of the Community Justice Officer post for another year. The underspend of £12,000 accrued since funding started in 2015/16 will cover the full costs of the Community Justice Officer post for 2019/20.

## 6 NEXT STEPS

- 6.1 CPA Management Group receives quarterly reports on the community planning budget to monitor current and projected expenditure to ensure early identification of possible shortfalls.

### Recommendations for Action

It is recommended that the CPA Board:

- i) Agree the proposed Community Planning Budget 2019/20;
- iii) Agree the proposed spend on budget commitments 2019/20;
- iv) Note the grant funding secured for 2019/20 to date; and
- v) Agree that the Community Justice Transition Fund is used to fund the continuation of the fixed term Community Justice Officer post for 2019/20.

### Consultation

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

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

### **Opportunities and Risks**

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

### **Background Papers**

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

[2018/2019 Community Planning Budget Proposal to CPA Board on 27 February 2018](#)

#### Contact details:

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Community Planning Manager  
Aberdeen City Council  
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Email: [mcochlan@aberdeencity.gov.uk](mailto:mcochlan@aberdeencity.gov.uk)



# Community Planning Aberdeen

<b>Progress Report</b>	Aberdeen City Health & Social Care Partnership Strategic Plan 2019-22
<b>Lead Officer</b>	Sandra Ross, Chief Officer – Health and Social Care Partnership
<b>Report Author</b>	Alison Macleod
<b>Date of Report</b>	4 April 2019
<b>Governance Group</b>	CPA Board – 1 May 2019

<b>Purpose of the Report</b>
The report provides an update on the production of the Aberdeen City Health & Social Care Partnership Strategic Plan 2019-22 and on progress towards introducing new health and social care localities.

## Summary of Key Information

### 1 BACKGROUND

1.1 At the October meeting of the CPAMG considered an initial draft of the Aberdeen City Health & Social Care Partnership Strategic Plan 2019-22 and requested to be kept apprised of progress with the consultation, including new localities areas, through matters arising and that the final plan be presented to a future meeting of the Management Group and Board for consideration. The Management Group were updated at their meeting on 26<sup>th</sup> March 2019.

### 2 KEY FINDINGS/ PROPOSALS

#### Strategic Plan

2.1 Since the draft was considered by CPAMG, further engagement sessions were held with various stakeholders. The IJB approved a draft of the strategic plan for consultation at their meeting in December although they were advised that a design company would be engaged to make the plan more visually engaging.

2.2 The graphically designed version of the strategic plan went out for consultation mid-January with a closing date for comments set as 28<sup>th</sup> February. Further engagement sessions continued including Aberdeen City Council holding a workshop to determine their formal response on 28<sup>th</sup> January and ACHSCP staff

having the opportunity to have their say at an Integration Workshop on 14<sup>th</sup> February.

2.3 During the consultation period, work was also undertaken on determining a Strategic Planning Framework for ACHSCP. The basic premise of this was that we are 3 years along our integration journey, more mature as a Partnership and there already exist, or are in development, a number of strategic planning documents that articulate our strategic intentions in relation to various areas of service delivery. In addition, we have commitments and contributions in various partner strategic documents to deliver, most notably NHS Grampian's Clinical Strategy and the Local Outcome Improvement Plan but there are a number of others.

2.4 It was established that ACHSCP plans fall into two categories. The first category is those plans which are service, service area or condition specific. Under the Strategic Planning Framework these will be known as **Delivery Plans**, examples of these are the Carers, Learning Disabilities, and Autism strategies. The second category is those plans that are cross partnership and which support service delivery, such as the Strategic Commissioning Implementation Plan, the Medium-Term Financial Framework, and the Workforce Plan. These will be known as **Enabling Plans**. A third category is those plans which are owned and developed by our partner organisations but within which we have a commitment or a contribution to make. These will be known as **Partner Plans**.

2.5 Each of these plans will have a lead or senior manager nominated as having overall responsibility for ensuring that the commitments or contributions are delivered. Some of the plans which are already developed will be refreshed to align with the revised Strategic Plan. A Strategic Planning Framework guide and templates will be developed along with a timeline for developing those delivery and enabling plans not yet in place. The requirement for some plans will be identified as a result of a gap being acknowledged, for example, the Social Work Criminal Justice service is already developing their delivery plan. Others will be developed as a local response to national strategies e.g. Mental Health and Dementia.

2.6 The Strategic Plan is the high-level, overarching plan that sits above the delivery and enabling plans and alongside the partner plans. It sets out our overall strategic direction which references the strategic intent of all of the other plans but does not duplicate the detailed information contained in them. The format and layout of the revised strategic plan reflects this new approach. The final Strategic Plan is attached at Appendix 1.

2.7 All activity within ACHSCP, whether it is operational service delivery or decision making in relation to committing expenditure, should be aligned to the Strategic Plan. Our own managers and staff and those working with our partners should be able to recognise their contribution to the Strategic Plan. The Interim Leadership Team are currently in the process of setting their individual objectives for 2019/20. These are all based on the Strategic Plan. Objectives for staff will also be framed within the Strategic Plan.

2.8 It is recognised that the Strategic Planning Framework is new and not yet widely understood. It is also accepted that the links between the Strategic Plan and the various other plans are not always immediately obvious. A Strategic Implementation Dashboard has been compiled this is attached as Appendix 2. The dashboard lists the deliverables in the various plans, notes the lead manager, the measure, the timescale and the progress status and links the deliverable to a relevant aim and commitment in the Strategic Plan. The dashboard is in excel format so the information can be sorted using any of the fields and there is a separate sheet relevant to each of the 3 years of the strategic plan.

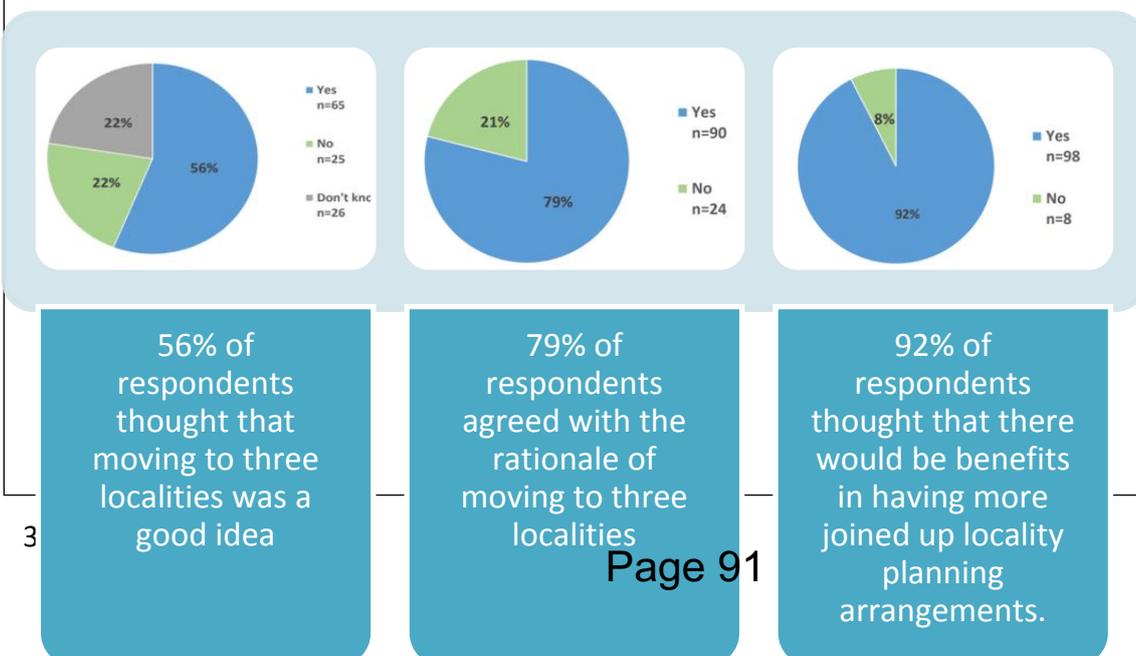
2.9 Not all the existing plans have timescales and measures noted so there is still some work to be done in completing the dashboard. It is hoped that the progress status from this dashboard can be used to produce performance dashboards. It is intended that the dashboard, once finalised, will be published alongside the strategic plan to provide the link to the finer detail in relation to specific service delivery areas. It will also be used as a management tool to monitor progress on delivery.

2.10 The work in developing the dashboard helped to cross reference the information contained in the strategic plan and to refine the commitments and priorities identified. It also helped to refine and align relevant performance indicators. The finalised version of the strategic plan for 2019-22 has been updated using the consultation feedback and the work undertaken in developing the strategic implementation dashboard.

2.11 The ACHSCP Strategic was approved by the IJB at their meeting on 26th March 2019 and is now published on the ACHSCP website.

Localities

2.12 During December 2018, a consultation on the proposal to move from four to three localities took place. This consultation included an online survey, a number of drop-in sessions and discussions at each of the existing Locality Leadership Groups. The following table displays the results of the survey: -



- 2.13 Following the initial consultation, members of locality leadership groups, locality partnership groups, staff, partners and community members were invited to a locality event on 25 February 2019, with the title “Our Localities Journey”. Over 80 people attended this event, including a mix of staff (Aberdeen City Health and Social Care Partnership, Aberdeen City Council & NHS Grampian), third sector organisations, and community members.
- 2.14 The event consisted of presentations and workshops, considering our journey so far and seeking input about how we build on the work to date in the next stages of our localities journey.
- 2.15 These discussions identified benefits of working towards dovetailing the geographies of our citywide localities. These include:
- Opportunities for greater efficiencies in terms of data sharing and delivery planning etc.
  - Greater opportunities for collaboration and realising benefits for people in communities as a result of increased collaborative working.
  - Opportunities to ensure greater alignment between wider locality plans and smaller area plans.
  - Opportunities to enable and empower multi-agency teams of people, to look at what’s important to people in our communities as part of their journey through life – on a cross-system basis.
  - Opportunities to support a cross-system response to “wicked” issues such as obesity and whole population wide public health priorities.
  - Opportunities for teams to be based together, guiding what is planned and progressing from a cross sectoral perspective.
- 2.16 Discussions have taken place with officers responsible for health and social care services in ACHSCP and with those responsible for children’s services, and communities and early intervention services in Aberdeen City Council. There is agreement across all of these services to explore further opportunities for integrated working and delivery.
- 2.17 It is highlighted that there is an Aberdeen City Council priority to have three locality plans covering the whole of the city. While these may have different areas of focus to the HSCP locality plans, there will be some areas of overlap, and it is therefore logical to align the locality areas for both of these.
- 2.18 Discussions are ongoing with colleagues in Communities and Integrated Children’s Services in relation to the final boundaries for the three localities. In addition, an implementation plan is being developed (see Appendix 3).

- 2.19 Proposals for where the boundaries of localities are, have been guided by the boundaries of our natural citizen-identified communities (neighbourhoods), and solid and tangible boundaries that exist in the city (for example the two rivers and major roads.) Proposed boundaries have also taken into consideration existing and potential service delivery boundaries, for example associated school group (ASG) areas and service delivery boundaries. (Note that in some instances it has not been possible to adhere to both neighbourhood and ASG boundaries, and in such instances, neighbourhood boundaries (as person led boundaries) have taken precedence. The proposed boundaries are contained in Appendix 4.
- 2.20 A repeating concern that has been highlighted during all of the consultation and engagement activity around localities has been the confusion in relation to the terminology used around localities: The Community Empowerment (Scotland) Act 2015 and the Public Bodies (Joint Working) (Scotland) Act 2014 both identify the need for “localities” to be identified. This has led to the position, whereby the Health and Social Care Partnership, identify localities covering the whole of the city, and the Community Planning Aberdeen Partnership identifies three smaller localities. It is suggested that it would be helpful to resolve this confusion by referring to these different geographical areas by different titles.
- 2.21 There has also been discussion about what the Health and Social Care Partnership localities should individually be called. Working titles for the three localities are “North”, “Central” and “South”. It is suggested that Locality Leadership Groups be tasked to identify proposed titles for these localities with a final decision being made by IJB (to ensure an element of consistency across the localities.)
- 2.22. In order to move from four to three localities, taking cognisance of feedback from the consultation and engagement events, and learning from elsewhere, a number of key steps have been identified and these are noted in Appendix 3 along with indicative timescales.
- 2.23 It is stressed that the approach to achieving effective locality working will be one based on a co-production approach and doing things with our stakeholders and partners.
- 2.24 At its meeting on 26<sup>th</sup> March 2019 the IJB resolved to: -
- (i) Agree to recognise three localities in the city (as per Appendix 4).
  - (ii) Note the planned approach to strengthen and maximise benefits available through locality working.
  - (iii) Instruct the Chief Officer to report back to the November 2019 meeting of the IJB with a further update on the implementation of the revised localities.
  - (iv) Instruct the Chief Officer to discuss opportunities for developing clear, distinct terminology for Health and Social Care Partnership localities and Community Planning Partnership localities and report back with a recommendation to the IJB.

### 3 NEXT STEPS

#### 3.1

Key Milestone	Timescale
Deliver implementation plan for localities	Summer 2019
Report back to IJB	Nov 2019

#### Recommendations for Action

It is recommended that members of the Board:

- i) note the current position with regards to the development of the Aberdeen City Health & Social Care Partnership Strategic Plan 2019-22; and
- ii) note the progress on localities.

#### Opportunities and Risks

Both the Strategic Plan and the review of localities offer enhanced opportunities for collaborative working with CPA colleagues.

The Strategic Plan is a statutory requirement under the Integration Scheme. There is a risk that if ACHSCP do not develop and publish a refreshed Strategic Plan they will not meet their statutory obligation.

#### Consultation

N/A

#### Background Papers

None

#### Contact details:

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## **Appendices**

Appendix 1: ACHSCP Strategic Plan

Appendix 2: Strategic Implementation Dashboard

Appendix 3: ACHSCP Localities Implementation Timetable

Appendix 4: ACHSCP Proposed Localities Map

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Aberdeen City  
Health & Social Care  
Partnership

*A caring partnership*

Strategic Plan  
2019-2022



If you require further information about any aspect of this document, please contact:

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Business Hub 8, 1st Floor North  
Marischal College  
Broad Street  
Aberdeen  
AB10 1AB



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- 2** Vision, Values and Strategic Intent
- 3** Strategic Planning Framework
- 4** Partnership Working
- 5** Our Services
- 6** Our Strategic Aims, Commitments and Priorities
- 7** Our Enablers
- 8** How will we know we are making a difference?



Aberdeen City  
Health & Social Care  
Partnership

*A caring partnership*

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This document is also available in large print, other formats and other languages on request.

Please contact Aberdeen City Health and Social Care Partnership on 01224 523237 or [ACHSCPEnquiries@aberdeencity.gov.uk](mailto:ACHSCPEnquiries@aberdeencity.gov.uk)

For help with language / interpreting and other formats of communication support, please contact 01224 522856 / 522047

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و وسائل الاتصال الأخرى، الرجاء الاتصال  
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# Strategic Plan on a Page

## OUR VISION:

"We are a caring partnership, working in and with our communities to enable people to achieve fulfilling, healthier lives"

## OUR VALUES:

- Caring
- Person Centred
- Enabling

### Prevention

Working with our partners to achieve positive health outcomes for people and address the preventable causes of ill-health in our population

### Resilience

Working with our partners to support people so that they can cope with, and where possible, overcome the health and wellbeing challenges they may face

### Personalisation

Ensuring that the right care is provided in the right place and at the right time when people are in need. Ensuring that our systems are as simple and efficient as possible.

### Connections

Develop meaningful community connections and relationships with people to promote better inclusion, health and wellbeing and reduce social isolation.

### Communities

Working with our communities, recognising the valuable role that people have in supporting themselves to stay well and supporting each other when care is needed

OUR AIMS

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Mental Health

Action 15

Suicide Prevention

Learning Disabilities

Autism

Tobacco

Oral Health

Carers

Primary Care Improvement Plan

Locality Plans

Alcohol

Drugs

Criminal Justice

OUR DELIVERY PLANS

Medium Term Financial Strategy



Workforce



Commissioning



Infrastructure



OUR ENABLING PLANS

Reduced Attendances at A&E

Reduction in emergency admission rate

Improved Health Literacy

Improved Healthy Life Expectancy

Improved Vaccination Uptake

Reduced levels of social isolation reported

Increase in % of adults who report they are in housing most suitable for their needs

Increase in % of carers who report they are supported to have a life alongside caring

Increase in % of adults able to look after their health very well or quite well

Increase in physical activity and healthy weight

Increase in % of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life

Increase in % of adults supported at home who agreed that their health and social care services seemed to be well coordinated

Increase in % of adults receiving any care or support who rated it as excellent or good

Increase in number of people with positive experience of care provided by their GP practice,

HOW WILL WE KNOW WE HAVE BEEN SUCCESSFUL

## Foreword

Aberdeen City Health & Social Care Partnership and its governance body, the Integration Joint Board, have now been operating for almost three years – and during this time, real progress has been made to integrate the health and social care services delegated from our partners, Aberdeen City Council and NHS Grampian.

This vital work will now continue over the period of our new Strategic Plan 2019–22.

This is a time of challenge and change. Demand for our services is rising as people live longer but often with complex needs. We also face rising costs, reduced finances, and recruitment challenges.

But we must not diminish the quality of service we provide. To rise to the challenges ahead, we must transform the landscape of this complex and sensitive sector of public service to bring about an ever-deeper integration of our health and social care services.

Our new Strategic Plan sets out the aims, commitments and priorities, which underpin this process of change – importantly, in alignment with Community Planning Aberdeen’s Local Outcome Improvement Plan, NHS Grampian’s Clinical Strategy and Aberdeen City Council’s Local Housing Strategy.

We must change at pace and we must transform in step with all of our partners because none of us alone can deliver improvement.

Our Strategic Plan shows how we will help to build more resilient and better-connected communities. It demonstrates how we will encourage and enable supported self-management and our prevention agenda to help manage future demand for services. And it sets out how must modernise how we do things, building in collaboration and co-operation within our own workforce and the public – to support our citizens to take more control over and responsibility for their own health and wellbeing.

We must do things better and smarter so that our funding delivers ever-more joined-up, locality-based models of health and social care – models which fully involve our citizens in planning and delivery, in a culture of transparency and trust.

Our new Strategic Plan maps out what we will do to achieve all this and how we will measure our success. This is our plan – but it is also your plan. Because only by working as partners can we transform to thrive.



Sarah Duncan  
IJB Chair Councillor



Sandra Ross  
ACHSCP Chief Officer

# 1. Introduction

Aberdeen City Council (ACC) and NHS Grampian (NHSG) delegate a wide range of adult health and social care services to Aberdeen City Health & Social Care Partnership (ACHSCP). The Partnership's first Strategic Plan was published in April 2016 and had a lifespan of 3 years. This latest version of the Strategic Plan covers the next 3 years.

Our Strategic Plan outlines how we plan to deliver improvements to our existing services which will have a positive impact on the health and wellbeing outcomes for people living and working in Aberdeen City. This plan is mainly for them, but it is also for our staff and partners without whom we could not deliver. The services we deliver aim to meet a wide variety of needs. In developing the Strategic Plan, we reviewed our performance against our existing priorities, considered the emerging risks (mainly in terms of increasing demographics, reduced finances, and difficulties in recruiting and retaining staff) and consulted with our customers, our partners and our staff. This helped us to clarify our strategic aims, commitments and priority areas that are detailed in this plan.

The overarching aim of ACHSCP is to provide integrated services which improve people's health and wellbeing. In considering our strategic direction for the next 3 years, we have taken into account the national integration principles so we will ensure our services will be provided in ways which:

- ✔ Are joined up and easy for people to access
- ✔ Take account of people's individual needs
- ✔ Take account of the particular characteristics and circumstances of different service users in different parts of the city
- ✔ Respect the rights and dignity of service users
- ✔ Take account of the participation by service users in the community in which service users live
- ✔ Protect and improve the safety of service users
- ✔ Improves the quality of the service
- ✔ Are planned and led locally for the benefit of service users, people who look after service users and the people who provide health or social care services
- ✔ Anticipate people's needs and prevent them arising
- ✔ Make the best use of facilities, people and resources

A key challenge is for these principles to be part and parcel of our day-to-day practice.

It is important to us as a partnership that our actions meet the expectations that are placed on us.

## Our Vision

*“We are a caring partnership working in and with our communities to enable people to achieve fulfilling, healthier lives.”*



## Our Values

- ✓ Caring
- ✓ Person centred
- ✓ Enabling

“ Our vision and values underpin all of our activities and define who we are and what is important to us. ”

## Our Strategic Intent

We face demographic and financial challenges now and in the future. Doing more of the same is not a sustainable option for us. We need to have honest conversations with our customers, our staff and our partners about their expectations and their contributions. We will work together to enable people to keep as well as they can in a way that suits them. We accept that we will have to reshape and transform how and where we deliver services as well as focus our effort on addressing preventable factors. We remain ambitious to be recognised as an innovative and high performing partnership.

With the support of the people of Aberdeen and our many valued partners we are confident we will achieve this.

# IN 2030 ABERDEEN WILL BE ONE OF THE HEALTHIEST PLACES TO LIVE IN EUROPE BECAUSE .....

Everyone is as healthy as can be, has the knowledge, understanding and skills to look after themselves, their families and their communities

Businesses work closely with communities and volunteers

Positive mental health and wellbeing is shared by all

The healthiest choice is the easiest and preferred option

People know who to turn to by being able to easily access health information

Health status is shared across the City - health inequalities are uncommon

People are safe, healthy, wealthy and happy

People of Aberdeen are socially and digitally connected

The City is safe to live, work and play

Citizens of Aberdeen are physically connected - it is easy to get in, out and around the City

People take responsibility for their own health and participate in preventative and anticipatory care

There is a strong sense of independence, resilience, confidence, self-esteem and aspiration within our communities

Equal opportunities are enjoyed by all

There is a sense of pride and passion in Aberdeen



We will deliver on our Strategic Plan under five broad strategic aims:

	Strategic aim	What does this mean?
1.	Prevention	Working with our partners to achieve positive health outcomes for people and address the preventable causes of ill-health in our population.
2.	Resilience	Supporting people and organisations so they can cope with, and where possible overcome, the health and wellbeing challenges they might face.
3.	Personalisation	Ensuring that the right care is provided in the right place and at the right time when people are in need.
4.	Connections	Develop meaningful community connections and relationships with people to promote better inclusion, health and wellbeing and to reduce social isolation.
5.	Communities	Working with our communities, recognising the valuable role that people have in supporting themselves to stay well and supporting each other when care is needed.

We will make specific commitments against each of these aims and identify priorities.

As a Partnership we already have a number of delivery plans in place and in development for example for Carers, people with Learning Disabilities, Autism and Mental Health. In addition, we have a role to play in helping our partners deliver on their plans and as such, where relevant, we have identified a commitment we have made in particular partner plans for example the Local Outcome Improvement Plan and NHS Grampian's Clinical Strategy.

Not all delivery plans are service or condition specific. Some are "enabling" plans i.e. they support us to deliver our services. Examples of enabling plans are our Medium-Term Financial Strategy and our Workforce Plan.

Our Strategic Plan is the high level, overarching plan that sits above all of these plans and we do not intend to duplicate the detail that is contained in these plans here. The aims, commitments and priorities are all pitched at a strategic level. Whilst some of our existing plans will need to be refreshed in light of the new aims, commitments and priorities in this new Strategic Plan, we hope our staff and our partners recognise their contributions to our Strategic Plan and likewise the role we have to play in helping them deliver on their plans.

We have also identified the performance measures that will help us identify whether we are achieving what we set out to do. Our Performance Framework is mapped to the aims, commitments and priorities and we will collect and share data that helps us to have the conversations around what is working well and what needs to change.



Our strategy will play an important role in ensuring that people's experiences match or exceed their expectations when they use our services. When designing and delivering our services it is fundamental that local community voices are heard.

The scope of our partnership's activities has been formally outlined in our Integration Scheme and consists of services from the health, social care, third, independent and housing sectors. Together, as partners we are all committed to providing high-quality integrated services to our citizens.

We recognise that working with our partners is a positive and productive thing to do and we will seek to co-ordinate our activities so that we work seamlessly together.

Scotland's **Public Health Priorities** have strongly influenced the development of this plan.

These are: -

- a Scotland where we live in vibrant, healthy and safe places and communities
- a Scotland where we flourish in our early years
- a Scotland where we have good mental wellbeing
- a Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs
- a Scotland where we have a sustainable, inclusive economy with equality of outcomes for all
- a Scotland where we eat well, have a healthy weight and are physically active

Their stated aim is for people to be as healthy as they can be, and this is set within a broader desire to reshape our attitudes towards health and wellbeing.

In its **Health and Social Care Delivery Plan 2016<sup>3</sup>**, the Scottish Government encourages us to focus on:

- better care
- better health
- better value

Effective **community planning** arrangements will help us to deliver better services and achieve better outcomes for our citizens and communities. The Community Planning Aberdeen (CPA) **Local Outcome Improvement Plan (LOIP)<sup>4</sup>** sets out a multi-agency approach to make Aberdeen a better place to live and work in. ACHSCP is a member of the CPA and recognises the value of all partners working together to address our common challenges. The actions set out in this Strategic Plan will make a significant contribution towards fulfilling the LOIP's 'Place' and 'People' objectives.

The **Community Empowerment (Scotland) Act 2015** empowered community organisations by strengthening their voices in decisions about public services. Community Planning Aberdeen's **Engagement, Participation and Empowerment Strategy** sets out a vision of collaboration & empowerment and offers a positive way of working with communities. Its objectives are ones which ACHSCP has adopted i.e.

- **communities' inherent strengths and assets – their people, their energy, their connections, sense of purpose and resources, and their abilities to self-organise and exercise autonomy – will be valued as a fundamental building block of a healthy society**
- **every community will be equally heard and listened to**
- **participation will be the norm rather than the exception**
- **staff will be empowered to work in collaborative and empowering ways**
- **people will be able to see the difference that involvement has made**

A close alignment with the priorities (Prevention, Self-Management, Planned Care, Unscheduled Care) set out in **NHS Grampian's Clinical Strategy (2016-2021)** will ensure improved experiences and outcomes for the people who use our services and their carers. This is related to the NHS Scotland Clinical Strategy and the principles of realistic medicine in the related reports from the Chief Medical officer (*Realistic Medicine and Realising Realistic medicine*). People often want to be more involved in decisions about their care, but they may not know what questions to ask. We need to support shared decision making and empower people to be confident to ask questions about their care and to help us manage demand in the most appropriate way, including supporting self-management.

The Aberdeen City Council **Local Housing Strategy (LHS) 2018-2023** sets out how local housing need and demand will be addressed and how this contributes to the national housing priorities. The LHS aims to deliver six strategic outcomes:

1. **There is an adequate supply of housing across all tenures and homes are the right size, type and location that people want to live in with access to suitable services and facilities.**
2. **Homelessness is prevented and alleviated.**
3. **People are supported to live, as far as is reasonably practicable, independently at home or in a homely setting in their community.**
4. **Consumer knowledge, management standards and property condition are improved in the private rented sector.**
5. **Fuel poverty is reduced which contributes to meeting climate change targets.**
6. **The quality of housing of all tenures is improved across the city.**



ACHSCP will work closely with ACC Housing colleagues to deliver the positive outcomes identified in the LHS Joint Delivery Action Plan.

**Local Development Plan - Future Demand and Growth** - the Aberdeen City and Aberdeenshire Strategic Development Plan (SDP) 2014 sets out a target of building 31,500 new houses by 2035, achieving an annual house building rate of 3,000 per year by 2020. Over 50% of these will be built in Aberdeen City. The greatest demand for services over the next seven years will be in the North and South Localities. There are additional housing units being developed which will require a 'rebalance' of existing General Medical Services (GMS) and the delivery of new ways of working and new professional roles to ensure patients get access to the right person, at the right place at the right time. ACHSCP will continue to work with ACC and NHSG to ensure priorities are identified for the investment in infrastructure to modernise primary and community care services. The Strategic Housing Investment Plan (SHIP) sets out the local priorities for the delivery of affordable housing, this includes a 15% target for wheelchair accessible housing.

One of the key drivers for **Aberdeen City Integrated Children's Services Plan "Children Are Our Future" 2017/20** is that children have the best start in life. We acknowledge the need to build stronger connections between children and adult services. Investment in early years/family support will enable current and future generations to enjoy improved health and wellbeing and have better life outcomes. In particular children and young people who are looked after or care experienced are at greater risk of having poorer life chances and we need to ensure we deliver on our corporate parenting responsibilities. Better outcomes for the children and young people in Aberdeen will be achieved by working more collaboratively with children's services and aligning our respective activities more fully. Working together with our wider partners, we aim to ensure that transitions between children's and adult services are as smooth as possible for those who require care and their carers.

Not least because Aberdeen City commissions almost all of its adult social care services from external organisations, these **third and independent sector providers** and their representative bodies – Aberdeen Council for Voluntary Organisations (ACVO) and Scottish Care - are key partners in our service delivery. Bon Accord Care (BAC), the Arm's Length External Organisation (ALEO) wholly owned by Aberdeen City Council and the delivery arm for older people's social care services, is also a key partner. ACHSCP will work with these partners to deliver on its strategic commissioning intentions as detailed in the Strategic Commissioning Implementation Plan. We need to foster and build good working relationships with these service providers as we cannot deliver our services without them. They are the experts in their field and we value that expertise and will work with them to co-design and co-produce the highest quality, efficient and effective services that we can within the finances available, ensuring that we deliver the best possible outcomes for the people in Aberdeen who use these services.



In addition to universal health services which are available to the general public, the services provided by ACHSCP include adult social care and health services for older people and people with learning disabilities and mental health and substance misuse problems, as well as Disabled Adaptations and support for those in the criminal justice system. They also include primary and community healthcare services including Allied Health Professionals (AHPs), General Practitioners (GPs), District Nurses, community dental, ophthalmic and pharmacy services, Public Health, Health Visiting and School Nursing.

In addition to our core services, the Partnership also has a strategic planning responsibility for some specific services which cover the whole Grampian area and some services which are delivered in acute hospital settings.

Our Strategic Plan applies to these services too, as we need to make sure that the ways in which they are delivered, match our aims, commitments and priorities.

Grampian-wide service we are responsible for	Hospital services we have strategic planning responsibility for
<ul style="list-style-type: none"> <li>• Intermediate Care of the Elderly and Specialist Rehabilitation</li> <li>• Sexual Health</li> <li>• Acute Mental Health and Learning Disability (decision pending)</li> </ul>	<ul style="list-style-type: none"> <li>• Accident and Emergency</li> <li>• Inpatient hospital services               <ul style="list-style-type: none"> <li>• General medicine</li> <li>• Geriatric medicine</li> <li>• Rehabilitation medicine</li> <li>• Respiratory medicine</li> <li>• Palliative care</li> <li>• Mental health</li> <li>• Learning disability</li> </ul> </li> </ul>

Table 2 ACHSCP Strategic Planning (Hosted/Acute) Responsibilities.

Aims Commitments

Priorities

(timescale across the lifetime of the plan unless otherwise identified)

**Prevention**

- Promote positive health and wellbeing
- Reduce harmful impact of alcohol, drugs, tobacco, obesity and poor oral health
- Address the factors that cause inequality in outcomes in and across our communities

- Develop Mental Health Strategy (Year 1) and deliver on this in future years
- Deliver Action 15 Plan
- Refresh our local Suicide Prevention Plan
- Develop a local Dementia Plan (Year 1)
- Deliver on Scotland's Public Health Priorities
- Work with the Active Aberdeen Partnership to improve levels of physical activity
- Deliver health improvement actions for early years, children and young people
- Work with partners to address environmental factors – place planning and Aberdeen Adapts (in relation to climate change)
- Work with Alcohol and Drug Partnership (ADP) to deliver Drug Strategy
- Work with Alcohol and Drug Partnership (ADP) to refresh Alcohol Strategy (Year 1)
- Refresh Tobacco Strategy (Year 1),
- Develop local action plans on healthy diet and weight and Type 2 diabetes (Year 1)
- Develop local plan for delivery of dental services (Year 1)
- Develop a framework for addressing health inequality (year1)
- Work with the Integrated Children's Services to identify ways to give children the best start on life
- Work with the Grampian Independent Advocacy Group to review advocacy provision
- Work with NESS to review delivery of the national SeeHear Strategy and with ACC to implement the British Sign Language Plan
- Deliver the Action Plan for Learning Disabilities
- Deliver the Action Plan for Autism
- Improve levels of Health Literacy

**Resilience**

- Promote and support self-management and independent living for individuals
- Value and Support Unpaid Carers
- Develop coordinated arrangements which enable people of

- Deliver self-management transformation projects
- Work closely with Housing colleagues to deliver the positive outcomes identified in the LHS Joint Delivery Action Plan.
- Deliver disabled adaptations where appropriate
- Develop a local plan for the delivery of rehabilitation services (Year 1)
- Deliver on our Action Plan for Carers

# Aims

# Commitments

# Priorities

(timescale across the lifetime of the plan unless otherwise identified)

## Resilience

all ages with complex physical disabilities to maintain their health and avoid unnecessary complications

## Personalisation

- Provide the right care, in the right place, at the right time
- Reshape our community and primary care Sectors
- Develop our palliative and end of life care provision

- Deliver on the Unscheduled Care 6 Essential Actions
- Continue to improve delayed discharge experience
- Develop a plan for transitions at all stages starting with children with disabilities transitioning to Adult Learning Disability Services in Year 1
- Deliver on our Primary Care Improvement Plan
- Modernise infrastructure to support the delivery of primary and community care services
- Continue to deliver initiatives related to Shifting the Balance of Care to the community
- Continue to deliver initiatives related to preventing admission to hospital
- Work with regional colleagues to develop strategies related to cancer and palliative care

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## Connections

- Enable our citizens to have opportunities to maintain their well-being and take a full and active role in their local community
- Reduce the level to which people of all ages feel lonely and isolated

- Continue to deliver the Link Worker Project
- Develop the Silver City Surfers project
- Develop a local Dementia Plan (Year 1)
- Deliver on our Action Plan for Carers
- Develop a plan to reduce social isolation (Year 2)

## Communities

- Enable our communities to utilise their energy, strengths, people and assets to self-organise and exercise autonomy
- Develop a diverse and sustainable care provision

- Promote community engagement, participation and empowerment
- Implement the new locality model
- Promote an asset-based approach
- Encourage co-design and co-production of services
- Work with our partners in Community Planning to deliver on the LOIP
- Work on delivering our Medium-Term Financial Framework
- Review our Commissioning Plan (Year 1)
- Develop a Market Facilitation Plan (Year 2)
- Develop a Risk Management and Business Continuity Plan
- Work with the Sustainable Food City Partnership Aberdeen to deliver the Sustainable Food Charter



The number of **drug-related deaths** has increased dramatically in the last few years, from **26 deaths** in 2014 to **54 deaths** in 2017.

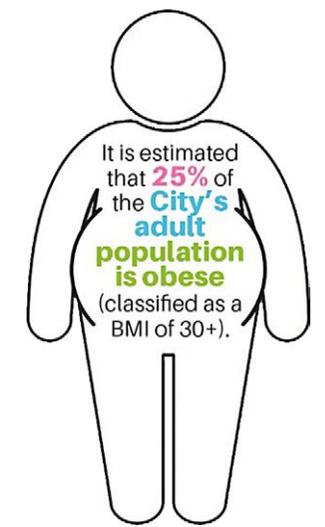
In the last **10 years** the number of **female drug-related deaths** has **increased** more than **male drug-related deaths**, with **17.4%** of **drug related deaths** in 2007 being **female** compared to **33.3%** in 2017.

## 6.1 Prevention

We recognise that if we want to improve the health and wellbeing of our citizens, we must identify and overcome any barriers to change. We strongly believe that compassionate and inclusive leadership can help to unlock the potential to transform services and we will work with citizens, communities and partners to promote change. We want to strengthen our early, preventative interventions and focus on the promotion of good, positive physical and mental health and wellbeing for all people across all age-groups and client groups.

This includes working with our partners in Children’s Services to ensure current and future generations live well. If we can keep people as healthy and as well as possible, we can keep them out of hospital and away from GP practices unless and until it is appropriate for them to be there. We will work with our partners to ensure we “make every opportunity count”. Colleagues who are already visiting clients’ homes for other reasons (fire safety, crime detection or prevention) can alert us to health and social care needs that could benefit from early intervention.

There is no shortage of health improvement messages, including keeping physically active, eating healthily, minimising our alcohol intake, avoiding non-prescription drugs, quitting smoking and good oral health. What is also needed is an approach that recognises our experiences of the complexity and cumulative impact of health conditions, and an understanding of what may work for each individual and their desired personal outcomes. We need to make healthy choices the easy choices. Most people remain relatively healthy and active without the need for formal supports and services. Although health problems generally increase with age, ill health and disability should not be seen as a predictable consequence of growing older in Aberdeen.



It is estimated that **25%** of the **City’s adult population is obese** (classified as a BMI of 30+).

Tobacco use, obesity and oral ill-health can all have harmful impacts on health. Obesity is one of the contributing factors to the development of type 2 diabetes which can lead to other negative impacts on a person’s health. Promoting a healthy diet and weight and increasing opportunities for physical activity will go some way to offsetting these effects. We also need to understand the impact food poverty and household food insecurity have on families’ ability to make healthy food choices. The right kind of support that can help address this. As well as raising the awareness of the effects, we need to provide information and opportunities so people can understand the impact of the choices they make on their health and wellbeing.

If people are to become more active, then they need access to open/green space. We will work with our partners to influence the provision of these. We also need to better understand the impact climate change will have on the future health of the population and include this within our awareness-raising and education.



In 2013-2016, **27%** of **adults** in Aberdeen City were **drinking above** the guideline recommendations of **14 units** per week.

In **2016/17** there were **45** alcohol-related **deaths** in the City.

The **alcohol-related mortality rate** is now at its **highest level** since 2005-2009 and **higher** than the **average rate** for **Scotland**.

The **alcohol-related mortality rate** varies across the city ranging from **0.0** to **91.2** per **100,000 population**.

Poor mental health is a significant public health challenge which many of us, our friends and our families will experience. Such issues can have an impact on a person's ability to function and live independently. We want our citizens to enjoy the best possible mental health and wellbeing. When anyone begins to experience poor mental health, appropriate supports should be available in their communities for them to access. The national Mental Health Strategy 2017-2027 has prevention and early intervention as one of its five themes and outlines key action points associated with this. This national strategy will inform and influence the development of the Partnership's own mental health strategy.

No death by suicide should be regarded as either acceptable or inevitable. Suicide is preventable. We want to ensure that help and support is available to anyone contemplating suicide and to those who have lost loved ones to suicide.

Health inequalities across the city are unfair and avoidable. Reducing and overcoming such inequalities are part of our Fairer Scotland Duty and will be our focus. Alcohol and drug use significantly contribute to poorer health and wellbeing across all parts of our city. There can be many personal challenges to overcome but we need to make a person's recovery journey easier by removing the stigma associated with seeking help. We will seek innovative ways of tackling substance use in all its forms and we will provide accessible, high-quality services for people who need more intensive support and treatment. We will support our local Alcohol and Drugs Partnership to deliver the national strategy "Rights, respect and recovery: alcohol and drug treatment strategy".

We want all members of our communities to have the same opportunities and experiences. Our citizens with learning difficulties, autism, a sensory impairment or those that have been through the criminal justice system, can all experience inequality in outcomes. We have developed plans to try to redress the balance and delivery of these will be an area of focus over the next three years. We will identify and work closely with those undertaking caring roles who can speak on behalf of cared-for people and ensure that appropriate advocacy services are in place for those who have difficulty making their own voice heard.

Health literacy, i.e. the degree to which people have the capacity to understand the information they need to make appropriate health decisions is not equal across all of our communities. We will ensure that health information is provided in an easy-read format and that the use of techniques such as "Teachback" are used as widely as possible to improve the levels of health literacy.

Between **2012** and **2016** there were an average of **31 deaths** a year which were classified as probable **suicide**. The rate of **13.9 per 100,000 population** is the same as that for **Scotland**.



In **2016/17** there were **1,520 alcohol-related hospital stays** in Aberdeen City. While the rate of stays has **decreased** over the past 10 years, it is still higher than that for Scotland (**705.4 compared to 680.8 per 100,000 population**).



## 6.2 Resilience

Resilience can be understood to be the ways in which people and organisations adapt to circumstances that may be less than stable or positive. It is not a new concept, but it is one that can significantly influence our attitudes and behaviours in response to life's day-to-day challenges.

Supported self-management means moving away from a model where people are passive recipients of care and treatment towards a more collaborative relationship where they are active partners, taking greater ownership of their own health and wellbeing. Many people with long-term conditions already make appropriate decisions and manage many factors that contribute to their health and wellbeing on a day-to-day basis. For this shift to be effective, people need to have opportunities to develop their knowledge, skills and confidence to make informed decisions and adapt their health-related behaviours. They also need to have access to the necessary expertise to support them in overcoming barriers and achieving their goals. We have implemented a number of transformation projects such as the introduction of Community Link Practitioners in all GP practices, the implementation of a "House of Care" model which involves the individual in planning conversations with their healthcare professional(s), and the development of a services directory which people can use to find support that best suits their needs. We will continue to embed these initiatives over the lifetime of the Strategic Plan to build resilience in the community.

Good quality housing and related services such as the use of the community alarm or telecare equipment play a key role in enabling people to live independently and safely at home for as long as is reasonably practicable. We will work with our colleagues in Aberdeen City Council Housing and Registered Social Landlords to ensure that people have housing that is right for their needs including arranging adaptations to their existing homes, if relevant, rather than compounding a disabling condition by having to move to a new house. The approach to adaptations should be tenure-neutral i.e. there should be equivalency regardless of the type of property an individual lives in. In addition to this we plan to map review specialist housing provision across all client groups, mapping the existing stock and developing a strategic approach to delivery of new accommodation models.

Stable, sustainable employment is an important foundation for people's health and wellbeing. Employers play a critical role in supporting positive health and wellbeing outcomes by promoting active physical and mental health initiatives and sustaining people with health conditions in work. ACHSCP will look to be a public health partner with the city's employers.

Many people of all ages live with complex physical disabilities that can often bring unnecessary complications such as additional injuries as a result of falling in the home. We will develop coordinated arrangements through rehabilitation and reablement which enable them to better manage their conditions and maintain their best health.

Unpaid carers are significant partners and our health and social care services could not function as well as they do were it not for their contribution. We will ensure that the support offered to all carers is targeted both at their individual outcomes and the personal outcomes of those being cared for. Our Carers Strategy 2018-2021 Action Plan sets out key actions that will support unpaid carers in Aberdeen to overcome the impact their caring role may have on their life and enable them to have a life alongside caring if they so choose.

## 6.3 Personalisation

This approach is where services are tailored to the needs of individual people, so that they have access to the right care, in the right place at the right time. It means that there are no in-built assumptions of what someone needs or a uniform 'one size fits all' provision but instead there is appropriate signposting to other resources and services as and when appropriate for each individual. This identification of the right care needs to start early and follow through with the individual as they transition through the various stages in their life. We are developing a Transitions Plan that will identify actions to help ensure this happens.

We aim to provide help from the right person, in the right place and at the right time. This means developing appropriate services which are more quickly accessible and available locally for all types of care. We continue to shift the balance of care away from residential and hospital settings into the community and are actively seeking to prevent hospital attendance and admission so that conditions can be treated and supported in the community. Our service provision has a significant emphasis on prevention and supported self-management.

Primary care is a crucial area of operation, providing appropriate advice and treatment for physical and mental health illnesses and conditions across all ages. It is the first point of healthcare contact for many people and the gateway to many other health services. Our Primary Care Improvement Plan outlines our proposed initiatives to address this sector's significant operating challenges. Our community care services can also benefit from review.

We are embarking on a programme of improvement projects that will support the reshaping of both the primary and community care sectors. This includes a modernisation programme of the infrastructure that supports the service delivery. Most of our social care services are provided by our partners in the third and independent sectors. We know that we all have workforce recruitment challenges to overcome but even so, all partners have shown a continuing ability to introduce new ways of delivering health and social care.

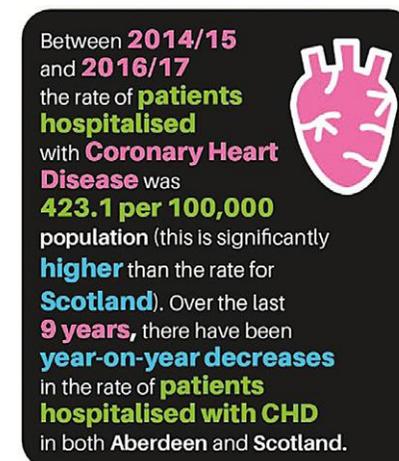
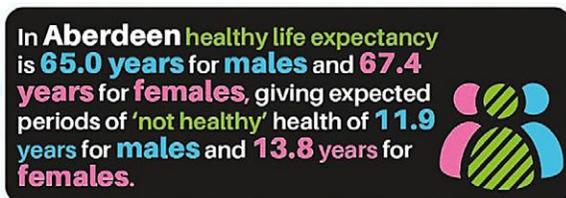
Palliative care seeks to improve the quality of life of people who have a terminal illness or life-limiting conditions including cancer. End-of-life care is that part of palliative care which seeks to ensure that a person dies as peacefully and with as much dignity as possible. We recognise the need to be responsive to the changing preferences and priorities of people with advanced illness and those of their carers. Although the choices that are expressed after diagnosis may well change later, sensitive anticipatory planning will help ensure that care meets the needs and wishes of the individual and, where appropriate, their carer.

People are healthier when they feel connected to things that matter to them. We want our citizens to feel connected to their community and have opportunities to make connections across their community, depending on their need. Some may be living with dementia or undertaking a caring role and may wish to seek support from individuals or groups of people in a similar situation. Others may need help getting to grips with technology and could benefit from others with expertise in that area.

There is a wealth of knowledge, expertise, and willingness in the community and we want to help connect those who need with those who can support. Some people may not even realise they can help or believe that they have anything to offer. We want to foster the environment which creates the ability for everyone to make the connection they need.

ACHSCP does not have a formal responsibility for transport connections and resources, but we recognise that for many people an ambition of feeling 'better connected' will not be realised if transport challenges are not addressed. ACSHSCP has a specific transformation project around community transport and will work with partners to ensure this is delivered with improved transport outcomes for our communities.

Perceptions of loneliness and isolation can differ across client groups and age groups. People's perception of how lonely they are and the impact of this can be associated with an increased risk of poor health, increased attendance at GP surgeries and A&E and in some instances, early death. Offering different opportunities, depending on who we are and where we are, can help address these challenges. We will develop a plan to address social isolation and help promote the positive power of connections.



## 6.4 Connections

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**113 (40%)** of the city's data zones are in the **20% least deprived** areas of Scotland. However, there are **22 (8%)** data zones in the **20% most deprived** areas of Scotland.

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It is estimated that over a fifth (**21.1%**) of adults in **Aberdeen City smoke** - lower than Scotland at **24.3%**. Those in the **most deprived areas** are **more likely** than those in the **least deprived areas to smoke** (**32%** compared to **12%**).

## 6.5 Communities

We strongly believe that those living, working and volunteering locally are best placed to identify local issues and needs; to suggest how these needs might be addressed; to prioritise the needs based on what is most important to the local community; and reflect all of these within an agreed action plan for the community. We will ensure communities are involve in the planning, design and delivery of our services.

Localities are intended to be the engine room of integration, bringing together our citizens, unpaid carers and professionals from the public, third, independent and housing sectors to reshape our services based on informed practice and local insights. The decision to implement a four-locality model in Aberdeen was taken in the pre-integration shadow year. Our proposed three-locality model (Figure 3.1) will result in a closer alignment with community planning structures and activities, better partner collaborations, more public clarity and a better focus on areas where people experience poorer outcomes. These three localities (North, Central, and South) again cover the whole city as the legislation obliges and, crucially, the three community planning localities would be wholly within their respective ACHSCP localities.

We will seek to make open and ongoing engagement with our local population a defining feature of who we are as a Partnership. We will continue to engage with our localities, develop better relationships with their residents and work together to support a quality of life that is as good, positive and active as possible. This is why the IJB has previously endorsed Community Planning Aberdeen's 'Engagement, Participation and Empowerment' Strategy. Working with our citizens to co-produce the outcomes that matter to them is an important principle for us.

We want to promote and develop the wellbeing of our communities by increasing opportunities for the people who live in these areas to shape their own lives and take part in local decision-making. This means that we:

- start with the assets and resources in our communities and identify opportunities and strengths;
- see people as having something valuable to contribute and support them to develop their potential in adding social value to their communities;
- focus on community organisations, encouraging and adding social value and social cohesion at every opportunity.

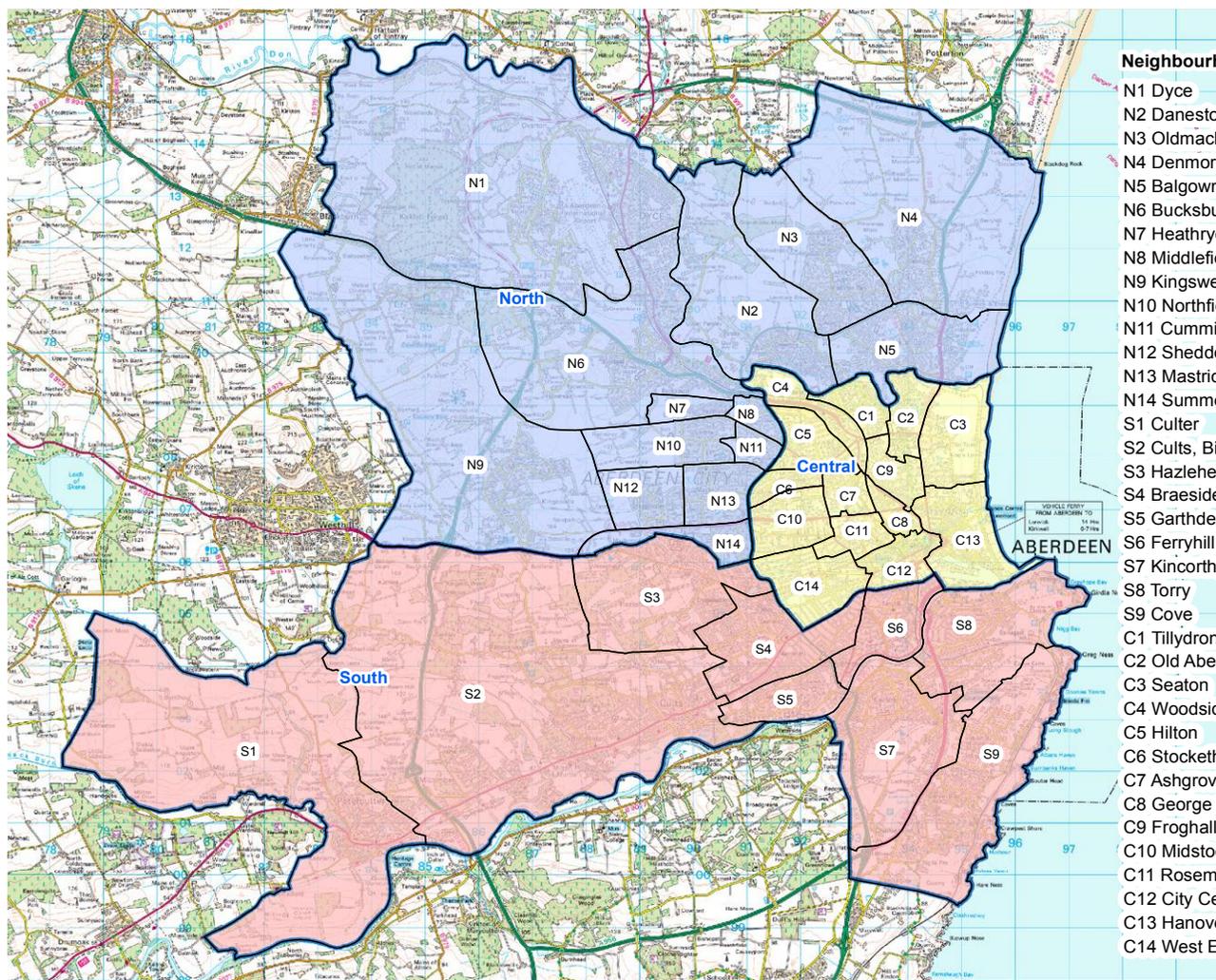
Our service delivery can only be successful if we have sufficient finances and workforce both in-house and with our partners. There are many challenges to our service delivery, and we need to ensure we are aware of the risks and have mitigations and contingencies in place to enable us to develop a diverse and sustainable care provision. This includes a commitment to sustainable food provision. We will refresh our commissioning plan and develop a market facilitation plan which puts our partners at the centre of designing and delivering services both now and in the future.

The **population** of **Aberdeen** on 30th June 2017 was estimated to be **228,800** (4.2% of the total population of Scotland).



**Aberdeen** has a **higher proportion** of **working age people** and a **lower proportion** of **under 16 year-olds** and **people** of **pensionable age** than does **Scotland**.

By **2026** the **population** of **Aberdeen** is projected to **increase** by **3.2%** to **237,169**, with the largest projected increase in the **75+** years age group (**15.5%**).



**Neighbourhood**

- N1 Dyce
- N2 Danestone
- N3 Oldmachar
- N4 Denmore
- N5 Balgownie & Donmouth
- N6 Bucksburn
- N7 Heathryold
- N8 Middlefield
- N9 Kingswells
- N10 Northfield
- N11 Cummings Park
- N12 Sheddocksley
- N13 Mastrick
- N14 Summerhill
- S1 Culter
- S2 Cults, Bieldside & Milltimber
- S3 Hazlehead
- S4 Braeside, Mannofield, Broomhill & Seafield
- S5 Garthdee
- S6 Ferryhill
- S7 Kincorth, Leggart & Nigg
- S8 Torry
- S9 Cove
- C1 Tillydrone
- C2 Old Aberdeen
- C3 Seaton
- C4 Woodside
- C5 Hilton
- C6 Stockethill
- C7 Ashgrove
- C8 George Street
- C9 Frogghall, Powis & Sunnybank
- C10 Midstocket
- C11 Rosemount
- C12 City Centre
- C13 Hanover
- C14 West End

**24%** of the city's **population** was **born outside the UK** (compared to **9.0%** for **Scotland**). Of those, it is estimated that **60%** are from **EU countries** and **40%** from **non-EU countries**.

The **Aberdeen median** age is **36 years** compared to **42** across **Scotland**.

Our enablers are those fundamental elements which we need to develop further in order to meet our strategic objectives:

- empowered staff
- principled commissioning
- digital transformation
- sustainable finance
- modern and adaptable infrastructure

It is a good and positive thing to develop these in their own right as well as because of the positive contribution that they make to our activities.

## 7.1 Empowered staff

Our staff groups across the public, third, independent and housing sectors are pivotal to our aspirations – and there is a strong relationship between the morale of staff and people's experiences of using our health and social care services. Our staff are key to delivering positive outcomes to our patients and clients. Taking care of our staff will maximise the impact of these outcomes.

Valuing our staff and empowering them all to work as positively and collaboratively as possible is crucial to delivering safe, caring, responsive and effective health and social care services. Collaborative leadership will provide the supports that our staff need to flourish but for this to be evident we need to increase opportunities for integrated leadership development to help our leaders work more collaboratively.

Recruitment and retention of staff is a real challenge in different parts of the Partnership, and it is likely that new roles and new working practices will be needed as we move towards more anticipatory and preventative approaches. We have significant opportunities to work with our local and regional college and universities to be truly innovative in how we recruit, develop and retain our staff across all sectors and job roles.

We are mindful that organisational cultures can be a barrier to change and are keen to reconcile these so that different professions and staff groups understand each other's roles, responsibilities and perspectives more fully. We have many partner organisations in the city who are very effective in training and developing their workforce. We will consider how best to support those activities and apply the learning to other sectors and care settings. Positive engagement with professional and regulatory bodies and trade union representatives is essential to our workforce ambitions. We strongly believe that fair work is work that offers our staff an effective voice, opportunities, security, fulfilment and respect. Balancing the rights and responsibilities of our employer organisations and workers will generate benefits at an individual and organisational level and also more widely across our communities.

The Partnership has endorsed the Ethical Care Charter and incorporating this charter in the commissioning of our care at home services will make a significant contribution to addressing particular challenges in the delivery of care experienced by that workforce.

Our Carers Strategy identifies an action for businesses to achieve the Carer Positive Award and we will seek to achieve that and encourage others in Aberdeen to do likewise to help meet the Scottish Government's target of 30% of all businesses with this award. We need to offer similar supports to other elements of our workforce.

### Commitment

- Value and empower all staff, both our own and our partners to work as positively and collaboratively as possible in the delivery of health and social care services
- Positively engage with professional and regulatory bodies and trade union representatives

### Priorities

- Develop our Workforce Plan (Year 1)
- Work towards adopting the principles of Unison's Ethical Care Charter
- Work towards ACC and NHSG achieving the Carer Positive Award

## 7.2 Principled Commissioning

Our approach to commissioning is collaborative and generates an innovative range of options to achieve shared outcomes, social value and social cohesion.

The commissioning of services will be one of the Partnership's most important functions as it seeks to ensure that all services enhance the quality of life for the people and their carers now and in the future. We recognise that it will be most effective if it is done in partnership with individuals, families, groups, communities and other agencies that have an interest in the continued wellbeing of the people of Aberdeen.

Self-directed support (SDS) options will continue to be a key element of our personalised approach, given that it enables people to have more informed choice and flexibility over their care and support. We are very aware that having more people commissioning and controlling their own care through individual budgets or direct payments will need consistent and accurate information that clearly explains the options and opportunities available.

All our commissioning will be respectful of the appropriate legislation, mindful of best practice such as the Ethical Care Charter, and sensitive to the needs of our local care provision. We will not adopt a uniform one-size-fits-all commissioning approach but instead we will be sensitive to age, wellbeing and complexity of need.

### Commitment

- Ensure that all commissioned services enhance the quality of life for people and their carers now and in the future
- We will give people more informed choice and flexibility over their care and support

### Priorities

- Review Commissioning Plan (Year 1)
- Develop a Market Facilitation Plan (Year 2)
- Embed Self Directed Support into social care delivery. (Year 1)

- ✓ Commissioning is undertaken for outcomes (rather than for services)
- ✓ Commissioning decisions are based on evidence and insight and consider sustainability from the outset
- ✓ Commissioning adopts a whole-system approach
- ✓ Commissioning actively promotes solutions that enable prevention and early intervention
- ✓ Commissioning activities balance innovation and risk
- ✓ Commissioning decisions are based on a sound methodology and appraisal of options
- ✓ Commissioning practice includes solutions co-designed and co-produced with partners and communities

## Commitment

• Aspire to reach a point when digital services are an integral part of everything we do and have become not only the first point of contact with health and care services for many people but also how they will choose to continue to engage with us.

## Priorities

• Develop and deliver our Digital Transformation Plan in conjunction with our partners.

## 7.3 Digital Transformation

Digital technology is key to transforming our health and social care services across ACHSCP so that we can be truly person-centred, enabling and effective. We appreciate that it is easy to get frustrated at what appears to be a lack of progress in introducing digital solutions, especially when technology plays such a central part in our lives in so many other ways. There are significant opportunities to introduce digital solutions across all sectors and services. We aspire to reach a point when digital services are an integral part of everything we do and have become not only the first point of contact with health and care services for many people but also how they will choose to continue to engage with us. In developing our digital transformation, we are linking closely with the work that both NHS Grampian and Aberdeen City Council are undertaking to reduce duplication of effort, achieve better value for money and join up systems where appropriate.

## 7.4 Sustainable Finance

Over the next few years we will have to address the significant challenge of health and social care budgets reducing in real terms while demand for services increases. To achieve our objective of improving the health, wellbeing and independence of people to live at home for as long as is reasonably practicable, we need to look at how we manage our resources to deliver the best value for the people who use our services, their carers and their communities.

A Medium-Term Financial Framework (MTFF) has been developed to pull together into one document all the known factors affecting the financial sustainability of the partnership over the medium term. This strategy establishes the estimated level of resources required by the partnership to operate its services over the next five financial years, given the demand pressures and funding constraints that we are likely to experience.

Table 3 below shows the level of budget pressure the Partnership will face after assumptions have been made about the level of income likely to be received from partners. The budget pressures include provision for pay awards, Scottish Living Wage uplifts, demographic projections and prescribing inflation and represent just over 2% of the total budget. To offset these anticipated pressures, key 'financial saving' workstreams have been identified and provisional targets (in brackets) have been set to be delivered from these. The total savings are equivalent to approximately 1.5% of the overall budget.

	2019-20 £'000	2020-21 £'000	2021-22 £'000	2022-23 £'000
Budget Pressures (year on year)	6,452	6,749	6,304	6,623
Workstreams to reduce financial pressure:				
Efficiency Savings	(1,150)	(1,650)	(1,650)	(1,650)
Transformation	(1,458)	(1,487)	(1,517)	(1,547)
Medicines Management	(1,000)	(1,000)	(1,000)	(1,000)
Service Redesign	(2,844)	(2,612)	(2,137)	(2,426)
Shortfall	0	0	0	0

We are committed to making the best use of our resources to deliver best value in improving outcomes for people. Careful consideration is given to the allocation of financial resources to our many partner agencies who deliver commissioned services.

We will always seek to invest in those functions and services which can demonstrate a positive impact on people's health and wellbeing, and are aligned with the aims, commitments and priorities of our Strategic Plan. There will be times, however, when disinvestment options will be considered, particularly when the impact, alignment or value for money delivered by a service is not as strong as it could be.

Our investment/disinvestment decisions will always be rooted in the sustainability of our local market and the delivery of our Strategic Plan. We hope that any changes can be as a result of planned service reviews or known commissioning cycles, but we accept that there will be times when circumstances arise that present us with an opportunity to reconsider the allocation of resources.

Our focus on transformation will continue. We recognise the very real challenge of asking our staff to contribute to the transformation of our services whilst at the same time asking them to ensure an ongoing consistency of the day-to-day operation. There is a national and a local desire to see the evidence of the impact of our transformation and our evaluation framework will provide that assurance.

### Commitment

- Address the significant challenge of health and social care budgets reducing in real terms while demand for services increases

### Priorities

- Deliver our Medium-Term Financial Framework

## Commitment

Support service redesign and provide modern buildings, equipment, new technologies and effective transport links essential to delivering successful integrated, community-based health and social care services fit for the future

## Priorities

Develop and deliver an Infrastructure Plan

## 7.5 Modern and Adaptable Infrastructure

In these times of changing needs and service redesign, modern buildings, equipment, new technologies and effective transport links are essential to delivering successful integrated, community-based health and social care services fit for the future. The Capital and Services team support both the redesign of services and the development of robust business cases to secure the necessary investment for the related infrastructure required to support the delivery of identified new service models.

This requires collaborative working across primary and community care services to identify the priorities for ACHSCP and to feed these into the planning of our partners (ACC and NHSG) who retain ownership of buildings and lead all funding submissions to the Scottish Government Capital Programmes.

This work is undertaken in line with the NHS Grampian Asset Management Plan, the General Medical Services (GMS) Premises Plan, and the ACC Asset Management Plan. Work has recently commenced to develop an Infrastructure Plan which will support this activity.



We remain committed to our ambition of being recognised as one of the highest performing partnerships in Scotland for our effective performance across all sectors and services. Our service delivery will, without exception, be safe, effective, responsive, caring and well-led.

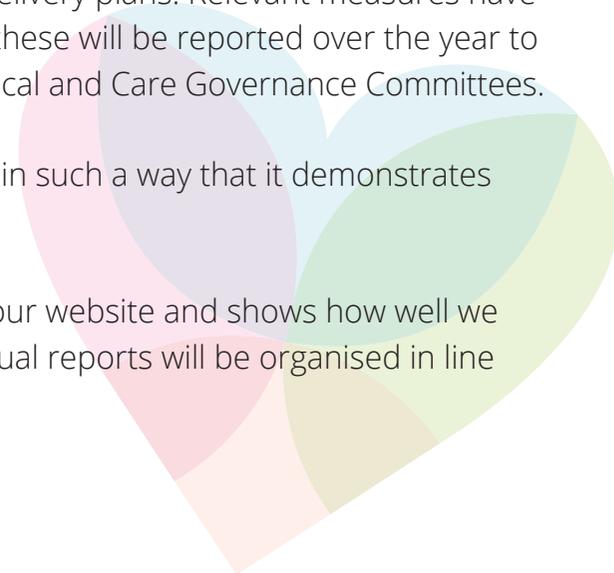
Our emphasis will always be on fulfilling outcomes. Ensuring that personal, organisational and national outcomes are linked in a coherent manner will be central to the successful implementation of a Partnership-wide, outcomes-focused approach.

The National Performance Framework is a single framework to which all public services are aligned. It sets out a vision of national wellbeing across a range of economic, health, social and environmental factors. The nine National Health and Wellbeing Outcomes are high-level statements of what we are trying to achieve as a Partnership. A core set of indicators are aligned with the different outcomes to show us the progress we are making in delivering person-centred, high-quality, integrated services and fulfilling the ambitions and priorities set out in our Strategic Plan.

There are six Ministerial Steering Group (MSG) indicators which are reported on a quarterly basis. These are a subset of the national indicators and have been identified as being the key ones that demonstrate progress on integration. In addition, we have a number of measures that are collecting and reporting for partner plans such as the Local Outcome Improvement Plan and a number of measures which are identified in our own delivery plans. Relevant measures have been aligned to the aims, commitments and priorities in this Strategic Plan and these will be reported over the year to relevant operational forums and to our Audit and Performance Systems and Clinical and Care Governance Committees.

Our aim is not to duplicate effort but to arrange existing performance reporting in such a way that it demonstrates achievement of our Strategic Plan.

Our Annual Performance Report is a statutory requirement. It is published on our website and shows how well we have performed as a Partnership in achieving what we set out to do. Future annual reports will be organised in line with the aims, commitments and priorities of this Strategic Plan.





PREVENTION	RESILIENCE	PERSONALISATION	CONNECTIONS	COMMUNITY
Reduction in number of A&E attendances	Reduction in Emergency Admission Rate (per 100,000 population)	Increase in % of population aged 75+ living in a community setting (including a care home)	Increase % of Community Links Practitioners in post	Increase in total of home care hours delivered
Reduction in number of alcohol-related hospital admissions	Reduction in readmission to hospital within 28 days (per 100,000 population)	Reduction in total number of delayed discharges	Increase number of clients supported by Community Links Practitioners	Reduction in social care unmet need
Reduction in number of alcohol-related deaths	Decrease in falls rate (per 100,000 population)	Increase in the proportion of the last six months on life spent at home or in a community setting	Reduce level of social isolation reported	Increase in residential care occupancy rate
Reduction in number of drug-related hospital admissions	Decrease in premature mortality rate for people aged under 75 (per 100,000 population)	Reduction in number of adverse events	Increased uptake of Silver City project	Increase in proportion of care services graded "Good" (4) or better in Care Inspectorate inspection
Reduction in number of drug-related deaths	Increase in % adults supported at home who agree they felt safe	Increase in % of population registered with a GP	Increase use of Chaplaincy listening service	Decrease in proportion of care service contractually non-compliant
Reduce % of men and women who are obese to 20% by 2021	Increase in % of adults supported at home who agree that they are supported to live as independently as possible	75% of adults should be registered with an NHS dentist by the end of 2020, 78% by the end of 2022  NB: include % participation (i.e. visited within last 2 years)	Increased uptake of Dementia Scholarship	Increase in % of adults supported at home who agreed that their health and social care services seemed to be well coordinated
Reduce suicide rates amongst men in Aberdeen to below 2016 levels (20) by 2021.	Increase in % of adults who report they are in housing most suitable for their needs	Increase in number and percentage of new-build properties developed and fully accessible for people with particular needs	Achievement of Dementia Friendly City status	Increase in total % of adults receiving any care or support who rated it as excellent or good
Reduce tobacco smoking by 5% overall by 2021.	Increase in % of home care where two or more members of staff are required	Increase in number of older people or people with a disability given housing options prior to hospital discharge or whilst in interim accommodation		Decrease in number of complaints received
Increase the number of successful 12 week quits	Increase in % of adults with intensive care needs receiving care at home	Increase in % uptake of Self-Directed Support Options		Increase in number of complaints responded to within 20 working days
Increased physical activity	Increase in number of people using a community alarm service	% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life		Increase in number of community groups convened and meeting regularly

PREVENTION	RESILIENCE	PERSONALISATION	CONNECTIONS	COMMUNITY
Increase levels of Health Literacy	Increase in number of people using telecare	Reduce offender re-conviction rate		Increase in number of community training sessions delivered
Increased uptake in vaccinations offered	Increase in number of adaptations delivered per tenure	Number of new referrals to initial investigation under Adult Support and Protection		Increase in % of staff who say they would recommend their workplace as a good place to work
Improved breastfeeding targets	Reduction in number of adaptation reinstatements agreed	Increase in % of people with positive experience of care provided by their GP practice		Decrease in total FTE posts vacant
Reduce number of deaths related to cancer	Increase in number of people provided with 12 months post-diagnostic support			Decrease in total FTE agency staff employed
Reduce number of deaths related to circulatory disease	Increase in % of adults able to look after their health very well or quite well			Decrease in sickness absence rate
Improved child dental health	Increase in number of unpaid carers supported			Decrease in staff turnover rate
Less than 5% of adults in Grampian should have no teeth remaining by 2022	Increase in % of carers who report they are supported to have a life alongside caring			
Reverse the rising incidence of oral cancer in Grampian by 2022	Increase in % of adults able to look after their health very well or quite well			
Reduce the life expectancy gap between most and least deprived areas				
Reduction in drug prescriptions for type 2 diabetes care				
Incidence of type 2 diabetes				
Reduce heart attack admission rate gap between most and least deprived areas				
Reduce cancer rate gap between most and least deprived areas				



If you require further information about any aspect of this document, please contact:

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	Aim	Commitment	Deliverable	From Delivery Plan	Lead Officer	Measure of Success	Timescale	RAG Status
1	Prevention	Address the factors that cause inequality in outcomes in and across our communities	increase the availability of accurate and relevant health and social care information and work with BSL users to identify this;	British Sign Language	Alison MacLeod	a survey to assess how well all health and social care information has been accessible to BSL users in the format they require (first survey 2021, to be repeated 2024);		
1	Prevention	Address the factors that cause inequality in outcomes in and across our communities	increase the availability of accurate and relevant health and social care information and work with BSL users to identify this;	British Sign Language	Alison MacLeod	use of local BSL / English Interpreters and BSL users to provide information in BSL on the Partnership website		
1	Prevention	Address the factors that cause inequality in outcomes in and across our communities	raise employees' awareness across the partnership of BSL and Deaf culture by rolling out the national learning resource when this becomes available;	British Sign Language	Alison MacLeod	increased percentage of employees who have made use of the national resource;		
1	Prevention	Address the factors that cause inequality in outcomes in and across our communities	raise employees' awareness across the partnership of BSL and Deaf culture by rolling out the national learning resource when this becomes available;	British Sign Language	Alison MacLeod	work with BSL users to increase employee skills in basic BSL.		
1	Prevention	Address the factors that cause inequality in outcomes in and across our communities	ensure that BSL users are offered psychological therapies on a fair and equal basis	British Sign Language	Alison MacLeod			
1	Prevention	Address the factors that cause inequality in outcomes in and across our communities	consult with NESS and BSL users on our Draft Mental Health Strategy	British Sign Language	Alison MacLeod	involvement of BSL users in consultation around the following strategies: Mental Health Strategy – September/October 2018; Strategic Plan – January/February 2019; Dementia Strategy - Autumn 2019; Carers Strategy – January/February 2021; Learning and Development Strategy – January/February 2021; Others – as required.		
1	Prevention	Address the factors that cause inequality in outcomes in and across our communities	Ease the additional financial burden that disability can bring	Disabled Adaptations	Alison MacLeod	Number of Private Sector Grant Applications agreed.		
1	Prevention	Address the factors that cause inequality in outcomes in and across our communities	Independent advocacy in Grampian continues to be need and user led and is based on stakeholder involvement through direct involvement;	Grampian Independent Advocacy	Alison MacLeod	Satisfaction rates of Advocacy services provided		
1	Prevention	Address the factors that cause inequality in outcomes in and across our communities	Individuals, who need it, have fair and equitable access for the long term;	Grampian Independent Advocacy	Alison MacLeod	Level of Advocacy provided		
1	Prevention	Address the factors that cause inequality in outcomes in and across our communities	There is a proper balance between individual and collective advocacy;	Grampian Independent Advocacy	Alison MacLeod	Balance between individual and collective Advocacy		
1	Prevention	Address the factors that cause inequality in outcomes in and across our communities	Independent advocacy in Grampian is evaluated and reported, through monitoring tools and service level agreements;	Grampian Independent Advocacy	Alison MacLeod			
1	Prevention	Address the factors that cause inequality in outcomes in and across our communities	An effective planning tool is developed to ensure that advocacy is considered by all planning groups in Grampian;	Grampian Independent Advocacy	Alison MacLeod			
1	Prevention	Address the factors that cause inequality in outcomes in and across our communities	All strategic planning documents and change projects address advocacy need;	Grampian Independent Advocacy	Alison MacLeod			
1	Prevention	Address the factors that cause inequality in outcomes in and across our communities	A three year rolling action plan is developed and implemented that defines collective themes at Grampian level, which are converted into detailed plans by each IAO at local authority level.	Grampian Independent Advocacy	Alison MacLeod	Refreshed Advocacy Plan		
1	Prevention	Address the factors that cause inequality in outcomes in and across our communities	Undertake a review of specialist housing requirements for people with mental health, learning disabilities and substance misuse.	Local Housing Strategy	Alison MacLeod	Review completed		

1	Prevention	Address the factors that cause inequality in outcomes in and across our communities	Local partnerships should consider options for the introduction of basic sensory checks for example for people of a certain age, and at agreed times in their care pathway.	SeeHear	Alison MacLeod			
1	Prevention	Address the factors that cause inequality in outcomes in and across our communities	Local partnerships should audit their skills base in relation to awareness of sensory impairment in the workforce and take steps to address any deficits identified, targeted in the first instance at older people's services.	SeeHear	Alison MacLeod	Training on sensory impairment for staff		
1	Prevention	Address the factors that cause inequality in outcomes in and across our communities	Local partnerships (in this instance local statutory and third sector agencies) should be able to evidence that their service planning reflects the need in their area, and reflects appropriate responses to the hierarchy of need outlined earlier.	SeeHear	Alison MacLeod	Service planning identifies need in relation to sensory impairment and reflects response to this		
1	Prevention	Address the factors that cause inequality in outcomes in and across our communities	They should audit current spend and service patterns on sensory impairment, including for carers, in relation to specialist provision and also to those elements of other service provision that impact on people with a sensory impairment. In the light of the findings, consideration should be given to options for service redesign as appropriate;	SeeHear	Alison MacLeod	Spend and usage of NESS service		
1	Prevention	Address the factors that cause inequality in outcomes in and across our communities	They should develop care pathways for people with a sensory impairment, which confirm the component parts of the individual's journey. In so doing they should assess performance against the care pathway and the key factors for effective pathways outlined earlier, and use this as the basis for service improvement, and identify the relevant responsibilities across agencies for the delivery of this;	SeeHear	Alison MacLeod	Sensory Impairment pathway developed with individual agency's responsibilities identified. Service improvement identified and Pathway performed managed.		
1	Prevention	Address the factors that cause inequality in outcomes in and across our communities	Accessible local information strategies should be developed to include preventative measures and good self-care in retaining sensory health, but also providing information on how to access services.	SeeHear	Alison MacLeod			
1	Prevention	Address the factors that cause inequality in outcomes in and across our communities	There should be robust systems for maintaining information locally, and sharing this between agencies, in relation to people who have received a diagnosis of a sensory impairment at any time from birth onwards.	SeeHear	Alison MacLeod	Robust Information systems in place		
1	Prevention	Address the factors that cause inequality in outcomes in and across our communities	Agencies should review their compliance with the Equalities Act 2010 and the UNCRPD Article 9 in relation to sensory impairment, particularly in relation to communication, and give consideration to whether any future action may be required.	SeeHear	Alison MacLeod	Compliance reviewed		
1	Prevention	Promote positive health and wellbeing	Healthy life expectancy (time lived in good health) is five years longer by 2026.	LOIP	Gail Woodcock	Increase the number of distress brief intervention opportunities for people with mental health issues by 10% by 2021		
1	Prevention	Promote positive health and wellbeing	Healthy life expectancy (time lived in good health) is five years longer by 2026.	LOIP	Gail Woodcock	Reduce suicide rates amongst men in Aberdeen to below 2016 levels (20) by 2021.		
1	Prevention	Promote positive health and wellbeing	Healthy life expectancy (time lived in good health) is five years longer by 2026.	LOIP	Gail Woodcock	Reduce % of men and women who are obese to 20% by 2021.		
1	Prevention	Promote positive health and wellbeing	Healthy life expectancy (time lived in good health) is five years longer by 2026.	LOIP	Gail Woodcock	Reduce tobacco smoking by 5% overall by 2021.		
1	Prevention	Promote positive health and wellbeing	Healthy life expectancy (time lived in good health) is five years longer by 2026.	LOIP	Gail Woodcock	Increase health literacy		

1	Prevention	Reduce harmful impact of alcohol, drugs, tobacco, obesity and poor oral health	Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026.	LOIP	Gail Woodcock	Increase by 10% the percentage of adults in Aberdeen City who are non drinkers or		
1	Prevention	Reduce harmful impact of alcohol, drugs, tobacco, obesity and poor oral health	Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026.	LOIP	Gail Woodcock	Increase % of the population who feel informed about using alcohol responsibly by 2021.		
1	Prevention	Reduce harmful impact of alcohol, drugs, tobacco, obesity and poor oral health	Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026.	LOIP	Gail Woodcock	Increase number of alcohol brief interventions delivered by Primary Care providers and other professionals by 100% by 2021.		
1	Prevention	Reduce harmful impact of alcohol, drugs, tobacco, obesity and poor oral health	Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026.	LOIP	Gail Woodcock	Increase the uptake of alcohol treatment by improving access to alcohol services and ensuring they are local, integrated and targets areas of greatest need by 10% year on year by 2021.		
1	Prevention	Reduce harmful impact of alcohol, drugs, tobacco, obesity and poor oral health	Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026.	LOIP	Gail Woodcock	Reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2021.		
1	Prevention	Reduce harmful impact of alcohol, drugs, tobacco, obesity and poor oral health	Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026.	LOIP	Gail Woodcock	Increase opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment by 2021.		
1	Prevention	Reduce harmful impact of alcohol, drugs, tobacco, obesity and poor oral health	Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026.	LOIP	Gail Woodcock	Increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2021.		
1	Prevention	Reduce harmful impact of alcohol, drugs, tobacco, obesity and poor oral health	Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026.	LOIP	Gail Woodcock	Increase number of people undertaking recovery from drug and alcohol issues who are being supported to maintain drug / alcohol free lives in their community by 2021.		
1	Prevention	Promote positive health and wellbeing	Deliver the Vaccination Transformation Programme	PCIP	Gail Woodcock	Increase vaccination uptake		
1	Prevention	Promote positive health and wellbeing	Promoting health and wellbeing and tackling inequalities	Nursing	Heather MacRae			
1	Prevention	Address the factors that cause inequality in outcomes in and across our communities	Promoting health and wellbeing and tackling inequalities	Nursing	Heather MacRae			
1	Prevention	Promote positive mental health and wellbeing	Scale up the Beating the Blues project	Action 15	Karen Gunn			
1	Prevention	Reduce the harmful health impact of alcohol, drugs, tobacco, obesity and poor oral health	More young people and families at risk are supported to stay together	Alcohol	Karen Gunn			
1	Prevention	Reduce the harmful health impact of alcohol, drugs, tobacco, obesity and poor oral health	More children and young people at risk as a result of parental alcohol misuse are safer	Alcohol	Karen Gunn			
1	Prevention	Reduce the harmful health impact of alcohol, drugs, tobacco, obesity and poor oral health	Reduce alcohol related crime, antisocial behaviour, preventable accidents and harms	Alcohol	Karen Gunn	Alcohol related crime is reduced		

Year 2

	Aim	Commitment	Deliverable	From Delivery Plan	Lead Officer	Measure of Success	Timescale	RAG Status
1	Prevention	Address the factors that cause inequality in outcomes in and across our communities	Provide training on creation of accessible information & effective communication methods such as talking mats, social stories, videos	Learning Disability	Kevin Dawson	Training will be available	Mar-21	Green
1	Prevention	Address the factors that cause inequality in outcomes in and across our communities	Work with Universities and Colleges to explore learning opportunities to increase knowledge and understanding of Autism for a range of stakeholders	Autism	Kevin Dawson	Learning opportunities will be mapped and attendance statistics will be used to create baselines for improvement	Mar-21	Green
1	Prevention	Address the factors that cause inequality in outcomes in and across our communities	Develop and launch good practice checklists for 'autism appropriate' environments	Autism	Kevin Dawson	Checklist will be developed and launched; evaluation of its use; anecdotal evidence of improvements	Mar-21	Green
1	Prevention	Address the factors that cause inequality in outcomes in and across our communities	Raise awareness of the Appropriate Adult (AA) Scheme	Autism	Kevin Dawson	Analysis of data regarding requests and usage of AAs	Mar-21	Green
1	Prevention	Promote positive health and wellbeing	Provide information on suitable counselling type supports with knowledge of Autism interlinked to Mental Health	Autism	Kevin Dawson	Information will be available; services will be listed on relevant databases	Mar-21	Green
2	Resilience	Promote and support self management and independent living for individuals	Promotion of events & networks that have people with Learning Disabilities at the centre	Learning Disability	Kevin Dawson	People being actively involved	Mar-21	Green
2	Resilience	Value and Support unpaid Carers	Promote awareness of anticipatory/life planning, including Carers Support Plans	Learning Disability	Kevin Dawson	Awareness is raised	Mar-21	Green
2	Resilience	Promote and support self management and independent living for individuals	Review internal assessment & review documents to ensure they capture information on how services are promoting/utilising people's skills & abilities	Learning Disability	Kevin Dawson	Review will be completed & documentation amended to best capture information	Mar-21	Green
2	Resilience	Promote and support self management and independent living for individuals	Promote use of the 'Healthy Hoose' Model for people with Learning Disabilities	Learning Disability	Kevin Dawson	Awareness will be raised	Mar-21	Green
2	Resilience	Promote and support self management and independent living for individuals	Promote Health Passports as model of best practice	Learning Disability	Kevin Dawson	Increasing numbers of Health Passports in place	Mar-21	Green
2	Resilience	Promote and support self management and independent living for individuals	Commence dialogue with staff in General Practice, including Community Link Workers regarding the needs of people with a Learning Disability, resource/supports available & discuss how data can be best captured	Learning Disability	Kevin Dawson	Awareness will be enhanced	Mar-21	Green
2	Resilience	Promote and support self management and independent living for individuals	Promotion of Annual Health Checks & preventative screening to individuals, families and providers	Learning Disability	Kevin Dawson	Numbers of health checks/screenings will increase	Mar-21	Green
2	Resilience	Promote and support self management and independent living for individuals	Raise awareness of the 'Keep Safe' approach	Learning Disability	Kevin Dawson	'Keep Safe' approach will be in operation & supporting people with Learning Disabilities	Mar-21	Green
2	Resilience	Promote and support self management and independent living for individuals	Explore the 'Quality Checkers' model	LD	Kevin Dawson	Scoping will be complete	Mar-21	Green

2	Resilience	Promote and support self management and independent living for individuals	Scope information available regarding Long Term Conditions and promote use of such information to people with Learning Disabilities (considering accessibility)	LD	Kevin Dawson	Information will be widely available to people and accessible versions provided as required	Mar-21	Green
2	Resilience	Promote and support self management and independent living for individuals	Promote the 'Making Every Opportunity Count' model for people with Learning Disabilities	LD	Kevin Dawson	Model will be explored and in use	Mar-21	Green
2	Resilience	Promote and support self management and independent living for individuals	Provide enhanced clarity on the assessment pathway for Children and Young People (as informed by national development work)	Autism	Kevin Dawson	Information on the Pathway will be readily available; reduction in complaints; linkage to children's plan; assessment and diagnosis trends will be measurable	Mar-21	Green
3	Personalisation	Right Care, Right Place, Right Time	Integrated working practices in the Adult Learning Disability Service will be enhanced	Learning Disability	Kevin Dawson	Health & Social Work practices, where possible, will have greater alignment	Mar-21	Green
3	Personalisation	Right Care, Right Place, Right Time	Explore & expand use of Technology Enabled Care (TEC)	Learning Disability	Kevin Dawson	Awareness will be raised, and TEC will have greater usage	Mar-21	Green
3	Personalisation	Right Care, Right Place, Right Time	Develop a 'Transitions Pathway' where changes in practice will be trialled	Learning Disability	Kevin Dawson	Pathway will be developed & in operation/changes will be trialled	Mar-21	Green
3	Personalisation	Right Care, Right Place, Right Time	Raise awareness of the Liaison Nurse Service	Learning Disability	Kevin Dawson	Use of Service will be extended where possible/Awareness will be enhanced	Mar-21	Green
3	Personalisation	? -support to staff	Develop/Cascade Training focussed on what is a Learning Disability, including specific information on the interaction with Mental Health & Communication methods	LD	Kevin Dawson	Training will be developed and launched	Mar-21	Green
3	Personalisation	Right Care, Right Place, Right Time	Provision of flexible and appropriate learning pathways and environments which meet the needs of autistic children	Autism	Kevin Dawson	Analysis of local and national statistics detailing attendance, exclusion and positive educational and wellbeing outcomes; anecdotal evidence of improvements from children and families	Mar-21	Green
3	Personalisation	Right Care, Right Place, Right Time	Develop mechanisms to track unmet need and analyse gaps in provision (from signposting to direct support), to inform future development	Autism	Kevin Dawson	Tracking mechanisms will be identified and in operation; gaps will be mapped; areas for service developments will be identified; reduction in unmet need and complaints	Mar-22	Green
4	Connections	Enable our citizens to have opportunities to maintain their wellbeing and take a full and active role in their local community	Promote Peer Support	Learning Disability	Kevin Dawson	People are aware of & actively involved in peer support	Mar-21	Green
4	Connections	Enable our citizens to have opportunities to maintain their wellbeing and take a full and active role in their local community	Explore ACHSCP signing up to the 'Charter for Involvement' & promotion of the charter to other organisations (wider than Learning Disability Services/Organisations)	Learning Disability	Kevin Dawson	ACHSCP/National Involvement Network/Local Organisations already signed up to the Charter	Mar-21	Green





Year 3

	Aim	Commitment	Deliverable	From Delivery Plan	Lead Officer	Measure of Success	Timescale	RAG Status
1	Prevention	Reduce harmful impact of alcohol, drugs, tobacco, obesity and poor oral health	Ensure access to alcohol services is local, integrated and targets areas of greatest need	ADP Transformation & Delivery Plan	Karen Gunn	Continue the development of Community Alcohol Hubs targeting communities where deprivation is greatest as a whole system / whole population approach to alcohol	Aug-21	Amber
1	Prevention	Reduce harmful impact of alcohol, drugs, tobacco, obesity and poor oral health	Continue to implement improvement activity and further develop our programme of quality assurance within our specialist services that will seek and involve service users views	SMS Transformation & Delivery Plan	Karen Gunn	Measurable and reportable quality assurance measures	Aug-21	Amber
1	Prevention	Reduce harmful impact of alcohol, drugs, tobacco, obesity and poor oral health	Ensure substance misuse treatment programme is in place for those within the criminal justice system and provide opportunities for those not engaged in specialist treatment to engage	LOIP / Community Justice Partnership / ADP	Karen Gunn	Increase the uptake and retention of people in the Justice System with drug and alcohol problems in specialist services by 100% by 2021	Aug-21	Amber
1	Prevention	Reduce harmful impact of alcohol, drugs, tobacco, obesity and poor oral health	Effective joint working arrangements are in place between treatment services and children and family services (including statutory child protection services) which ensure that services work together in the best interest of the child and their family;	ADP Transformation & Delivery Plan	Simon Rayner / Tam Walker	Ensure joint working and robust quality assurance processes are in place that meet best interests of the child and their family are met.	Aug-21	Amber
1	Prevention	Reduce harmful impact of alcohol, drugs, tobacco, obesity and poor oral health	Reduce the adverse and harmful impact of parental drug / alcohol use on children	ADP Transformation & Delivery Plan	Simon Rayner	Ensure family members, partners and carers receive a proactive offer of support and advice in relation to drug and alcohol misuse	Aug-21	Amber
1	Prevention	Reduce harmful impact of alcohol, drugs, tobacco, obesity and poor oral health	Reduce the adverse and harmful impact of parental drug / alcohol use on children	ADP Transformation & Delivery Plan	Karen Gunn	Reduction in number of live births experiencing neonatal abstinence syndrome	Aug-21	Amber
1	Prevention	Address the factors that cause inequality in outcomes in and across our communities	Develop innovative ways to engage those most at risk to drug or alcohol related problems	SMS Transformation & Delivery Plan	Karen Gunn	Increase number of service users from target cohorts engaging services	Aug-21	Amber
1	Prevention	Reduce harmful impact of alcohol, drugs, tobacco, obesity and poor oral health	Take forward recommendations in relation to "The Delivery of Psychological Interventions in Substance Misuse Services in Scotland Report"	SMS Transformation & Delivery Plan	Karen Gunn	Services are trauma informed	Aug-21	Amber
1	Prevention	Reduce harmful impact of alcohol, drugs, tobacco, obesity and poor oral health	Maintain links with local recovery groups, support groups and mutual aid fellowships	ADP Transformation & Delivery Plan	Karen Gunn	Ensure that a range of support mechanisms in place and available to groups who support those in recovery	Aug-21	Amber
2	Resilience	Value and Support Unpaid Carers	Review Eligibility Criteria for Adult Carers after three years.	Carers	Alison MacLeod	Revised Eligibility Criteria approved, published and utilised	Jun-21	Green
2	Resilience	Value and Support Unpaid Carers	Review the Integrated Children's Services Operational Guidance.	Carers	Alison MacLeod	Revised Operational Guidance approved, published and utilised	Jun-21	Green

2	Resilience	Value and Support Unpaid Carers	Review strategy after 3 years	Carers	Alison MacLeod	Strategy revised, approved, published and implemented	Mar-21	Green
2	Resilience	Promote and support self management and independent living for individuals	Promotion of 'Transitions across the Lifespan' national toolkit	Autism	Kevin Dawson	Awareness and use of toolkit will be raised; reduction in unsuccessful transitions; anecdotal evidence of improvements in relation to life transitions	Mar-22	Green
2	Resilience	Promote and support self management and independent living for individuals	Increased use of Care Opinion by Autistic People and their families	Autism	Kevin Dawson	Increased usage evidence through available data	Mar-22	Green
2	Resilience	Value and Support unpaid Carers	Promote the rights of Carers within the Carers Act and local Carers Strategy, including the rights to receive a Carers Support Plan and availability of local support	Autism	Kevin Dawson	Increased awareness of rights will exist; data of carers support plans completed	Mar-22	Green
3	Personalisation	Right Care, Right Place, Right Time	Provision (and revision where necessary) of support at pre-assessment and post-diagnosis stages, including review of supports such as the Cygnet (parent support) programme	Autism	Kevin Dawson	Working group will review supports and analyse gaps and put necessary	Mar-22	Green
3	Personalisation	Right Care, Right Place, Right Time	Creation of 'autism appropriate' integrated assessment pathway for Adults	Autism	Kevin Dawson	Assessment data will be recorded and analysed	Mar-22	Amber
3	Personalisation	Right Care, Right Place, Right Time	Development and implementation of a Transitions Pathway (children to adults)	Autism	Kevin Dawson	Pathway will be developed and in operation; Transitions Planning Documents will be recorded and baselines created to measure improvement; relevant data will be analysed to monitor and evaluate; anecdotal evidence of improvements from young people and families	Mar-22	Amber
3	Personalisation	Right Care, Right Place, Right Time	Ensure that our workforce is appropriately supported and valued in our quality processes to ensure best possible care, recruitment and retention	SMS Transformation & Delivery Plan	Simon Rayner	Staff service feedback and job satisfaction	Aug-21	Amber
3	Personalisation	Right Care, Right Place, Right Time	Build capacity of our specialist services to improve access, waiting times and retention in treatment	SMS Transformation & Delivery Plan	Simon Rayner	We exceed waiting times standard	Aug-21	Amber
3	Personalisation	Right Care, Right Place, Right Time	Ensure access to alcohol services is local, integrated and targets areas of greatest need	SMS Transformation & Delivery Plan	Simon Rayner	Continue the development of Community Alcohol Hubs targeted to communities where deprivation is greatest as a whole system / whole population approach to alcohol	Aug-21	Amber



**APPENDIX 3: ACHSCP LOCALITIES IMPLEMENTATION TIMETABLE**

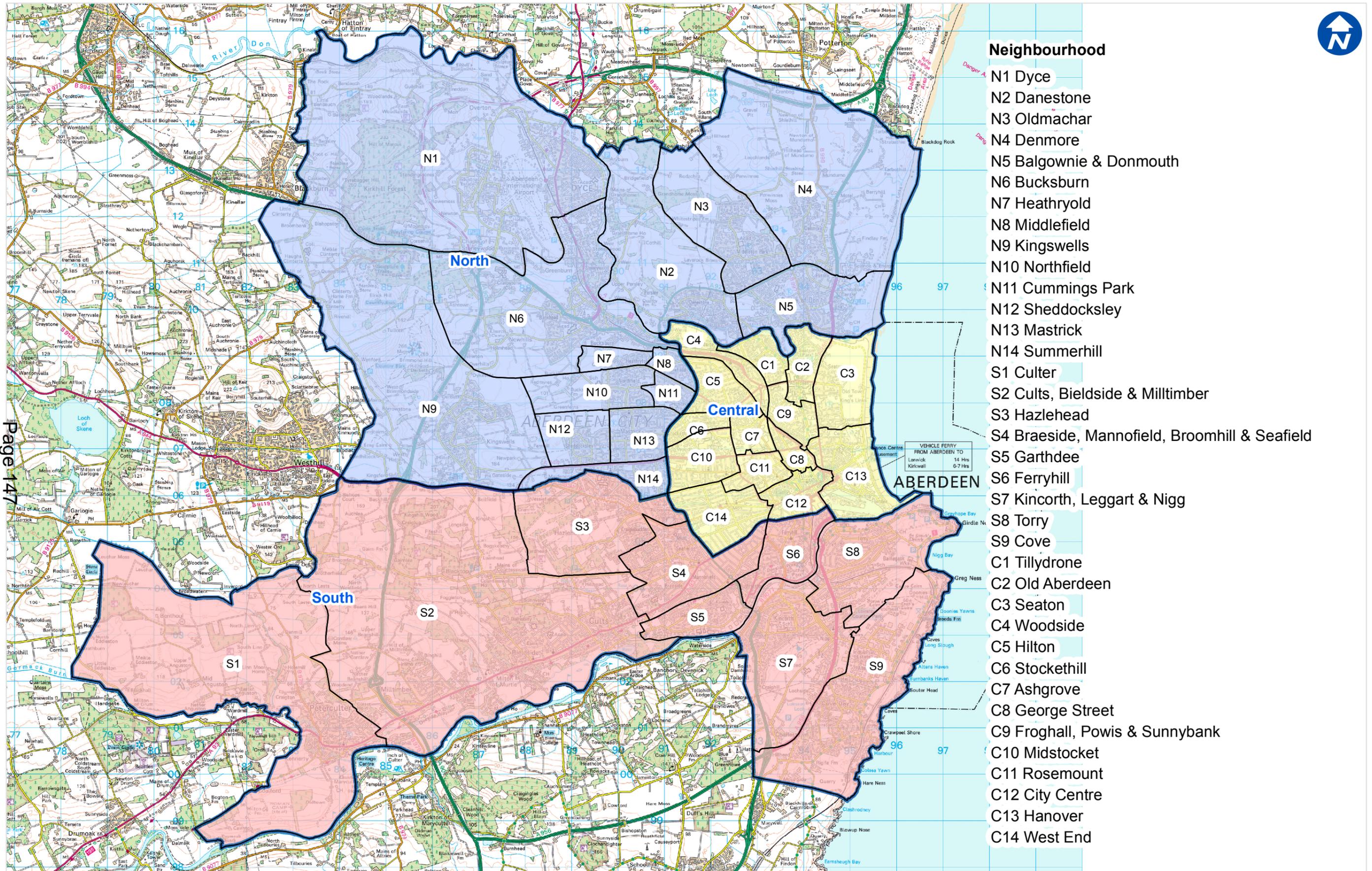
<b>What</b>	<b>Why</b>	<b>When</b>
<b>Develop standard (easy read) locality profile framework &amp; action plan format</b>	To ensure consistency across city and minimise opportunity for confusion.	May 2019
<b>Populate locality framework &amp; action plan with information from existing 4 localities</b>	To ensure that the good work already carried out is not lost – the importance of this was relayed in the consultation.	May 2019
<b>Align each locality framework &amp; action plan with relevant CPA locality plans.</b>	Consultation identified a potential benefit of improving alignment and reducing confusion.	Summer 2019
<b>Form revised locality leadership groups (LLGs). Forming workshop with each LLG.</b>	To minimise any potential gap in locality leadership during transition period.	May 2019
<b>LLGs to review and finalise populated locality framework and action plans, and Terms of Reference</b>	To ensure continuation of good partnership working, engagement and communication. To ensure that LLGs are supported in the best possible way to be as effective as possible in delivering their purpose.	As part of forming workshops.

<p><b>Leadership Team to be aligned to support LLGs</b></p>	<p>Strong leadership and support will help empower and enable the success of locality working. Alignment will also ensure regular, direct reporting on progress and barriers in localities to IJB, raising the profile and providing greater weight to what is happening in localities.</p>	<p>ongoing</p>
<p><b>LLGs to develop community engagement plans aligned with Participation, Engagement &amp; Empowerment Strategy</b></p>	<p>This was identified in the consultation as an area of good practice and also something that could be improved on</p>	<p>Summer 2019</p>
<p><b>Opportunities to be identified for colocation for housing; health &amp; social care; and children's services (and any other services as required.)</b></p>	<p>Recent evaluation of transformation projects has identified key benefits of colocation to support integrated working.</p>	<p>Summer 2019 and ongoing</p>
<p><b>Process to be implemented whereby LLGs can identify proposed titles for each locality (to be determined by IJB)</b></p>	<p>To ensure that titles for localities are meaningful to those in localities. Consultation identified that coherence across all LLGs with a shared Terms of Reference is important.</p>	<p>Summer 2019</p>
<p><b>Develop and implement strong governance structure to support the right culture to ensure the success of locality working.</b></p>	<p>To ensure locality leadership groups are empowered and effective at achieving their objectives and driving improvement. Consultation identified that it was important that LLGs be empowered to take decisions within an agreed framework.</p>	<p>Summer 2019</p>

<b>Continue to engage with key stakeholders including communities to maximise the buy in and likelihood of benefits being delivered.</b>	Consultation identified that a coproduction approach and effective engagement was important to continue.	ongoing
<b>Discuss with Community Planning Partnership opportunities to develop clear, distinct terms to describe localities (CPP and HSCP localities.)</b>	Confusion over terminology has consistently been identified as something that could be improved.	May 2019

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# Proposed HSCP Localities (NSC) and Neighbourhoods



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