



# Community Planning Aberdeen Board

Meeting on **MONDAY, 9 SEPTEMBER 2019** at 2.00 pm

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

## **B U S I N E S S**

### APOLOGIES AND INTRODUCTIONS

### DECLARATIONS OF INTEREST

- 1.1 Partners are requested to intimate any declarations of interest

### MINUTES AND FORWARD BUSINESS PLANNER

- 2.1 Minute of Previous Meeting of 1 July 2019 - for approval (Pages 3 - 14)
- 2.2 Draft Minute of the Meeting of the CPA Management Group Meeting of 5 August 2019 - for information (Pages 15 - 28)
- 2.3 CPA Forward Business Planner (Pages 29 - 34)
- 2.4 National Update, Scottish Government (Pages 35 - 40)

### CPA IMPROVEMENT PROGRAMME 2019-21

- 3.1 CPA Improvement Programme 2019-21 Quarterly Update Report (Pages 41 - 142)
- I) Economy
  - II) People (Children & Young People)
  - III) People (Vulnerable Adults)
  - IV) Place
  - V) Community Engagement
  - VI) New Charters

### FOR YOUR INFORMATION

- 4.1 Date of Next Meeting - 2 December 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  
1 JULY 2019**

Present:- Councillor Laing, Chair,  
Campbell Thomson, Vice Chair (Police Scotland),  
Councillors Flynn and Greig (Aberdeen City Council),  
Councillor Duncan (Integrated Joint Board Chair),  
Liv Cockburn (ACVO),  
Gordon MacDougall (Skills Development Scotland),  
Ken Milroy (North East College),  
Neil Rennick (Scottish Government) via teleconference,  
Alastair Robertson (Aberdeen Active Partnership),  
Angela Scott (Aberdeen City Council),  
Jonathan Smith (Civic Forum),  
Susan Webb (Public Health).

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Also Present:- Neil Carnegie, Alison Cameron (for item 11 of the minute) and Michelle Cochlan (all Aberdeen City Council).  
Dave Black (ACVO).

Apologies:- Councillor Wheeler (Aberdeen City Council), Amanda Croft (NHS), and Bruce Farquharson (Scottish Fire and Rescue Service).

Topic	Discussion/Decision	Action By
1. Welcome and Introductions	The Chair welcomed all to today's meeting of the CPA Board, in particular Liv Cockburn and Karl Leydecker who were in attendance for their first meeting as the representative from ACVO and the University of Aberdeen respectively.	
2. Declarations of Interest	There were no declarations of interest.	
3. Minute of Previous Meeting of 1 May 2019	The Board had before it the minute of its previous meeting of 1 May 2019, for approval.  <b><u>The Board resolved:-</u></b> to approve the minute as a correct record.	

Agenda Item 2.1

Topic	Discussion/Decision	Action By
4. Draft Minute of the CPA Management Group of 27 May 2019	<p>The Board had before it the draft minute of the CPA Management Group meeting of 27 May 2019, for information.</p> <p><b><u>The Board resolved:-</u></b></p> <p>(i) to note the draft minute; and</p> <p>(ii) to agree that Angela Scott (Aberdeen City Council), be appointed as Chair of the CPA Management Group.</p>	
5. Draft Minute of the CPA Management Group Special Meeting of 12 June 2019	<p>The Board had before it the draft minute of the CPA Management Group special meeting of 12 June 2019, for information.</p> <p><b><u>The Board resolved:-</u></b></p> <p>to note the draft minute.</p>	
CPA Board Forward Business Planner	<p>With reference to item 4 of the minute of its meeting of 1 May 2019, 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> <p>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.</p>	All Partners
7. National Update, Scottish Government	<p><b>MATTER OF URGENCY</b></p> <p><b>The Chair intimated that she had directed in terms of Section 50(B)(4)(b) of the Local Government (Scotland) Act 1973, that the following item be considered as a matter of urgency to ensure that the Board received an update on national matters being progressed by the Scottish Government.</b></p> <p>With reference to item 5 of the minute of its meeting of 1 May 2019, the Board had before it a written update from Mr Neil Rennick, Location Director for the Partnership, Scottish Government.</p> <p>An update on the following areas was provided:</p> <ul style="list-style-type: none"> <li>Public Health Scotland</li> </ul>	

Topic	Discussion/Decision	Action By
Page 5	<ul style="list-style-type: none"> <li>• Planning (Scotland) Bill</li> <li>• Community Planning Review</li> <li>• Citizens' Assembly of Scotland</li> <li>• Reform to Children's Services Planning</li> </ul> <p>Thereafter, Jonathan Smith highlighted the recent publication of a number of reports from the Scottish Government and sought assurance that matters being developed at a national level were (1) taking cognisance of local circumstances and being aligned to Community Planning Partnership's respective LOIPs and local City Region Deals etc; and (2) had a framework in place to ensure that local communities could benefit from national prosperity. In response, Mr Rennick advised that he would email a response to these points.</p> <p>In respect of the Citizens' Assembly of Scotland, Mr Rennick advised that the intention was that Members from a cross section of the population would be identified by early September 2019, with the Assembly meeting on six weekends between the autumn and Spring 2020.</p> <p>With regards to the Community Planning Review, Mr Rennick advised that the proposal on how to take forward the review were currently with Ministers and COSLA leaders. At this time, it was being proposed that the review be undertaken through the Community Planning Improvement Board and that Partnerships would be involved, however it was not expected that the requirement from Partnerships would be onerous. He advised that Community Planning Partnerships were supportive of the proposal submitted to Ministers and COSLA leaders.</p> <p><b><u>The Board resolved:-</u></b></p> <ul style="list-style-type: none"> <li>(i) to note the update and that written updates from the Scottish Government would be provided for future meetings of the Board; and</li> <li>(ii) to note that Mr Rennick would provide an update, by way of email, on (1) how the Aberdeen City local position was being considered and aligned with national plans such as the local governance review and strengthening democracy; and (2) whether there was an explicit framework to ensure that local communities could benefit from national prosperity, and if not what steps could be taken to deliver produce this.</li> </ul>	<p>Neil Rennick, SG</p> <p>Neil Rennick, SG</p>

Topic	Discussion/Decision	Action By
<p>8. CPA Improvement Programme 2019-21 Quarterly Update Report</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 6</p>	<p>With reference to item 6 of the minute of its meeting of 1 May 2019, the Board had before it a report which (1) provided an update on the projects within the Local Outcome Improvement Plan (LOIP) 2016-26 which had started, or were due to start, to deliver the Partnership's 15 Stretch Outcomes by 2026; and (2) presented new charters for approval for project initiation.</p> <p><b>The report recommended –</b> that the Board</p> <ul style="list-style-type: none"> <li>(a) consider the updates provided on live improvement projects (community justice projects;</li> <li>(b) approve the new charters included in section vi of the report for project initiation; and</li> <li>(c) approve the rescheduling of all other charters which were due to be submitted to the CPA Board in July 2019.</li> </ul> <p>The Board received a presentation from Michelle Cochlan wherein she reminded Partners of the role of the Board in overseeing the portfolio of improvement projects and of the challenge questions the Board should be asking when considering each of the proposed new charters.</p> <p>The Board discussed the new charters as contained at section vi of the report.</p> <p>Partners also discussed the importance of measuring the accumulative impact of projects, as well as the multiple impact on specific cohorts, to enable the Partnership to evaluate the overall impact of improvement work in future. During this discussion, it was advised that an outcome framework to evaluate the accumulative impact of improvement projects in achieving our stretch outcomes was being developed.</p> <p>The Board also discussed the governance of project charters, during which Michelle Cochlan advised that the Board would receive a quarterly update on progress of all approved project charters and that the annual evaluation report would show the traction made across all projects. For any project not supported by the Board, the feedback from the Board would be provided to the Project Lead and a revised project charter would be presented to the next Board meeting if appropriate.</p> <p><b><u>The Board resolved:-</u></b></p> <ul style="list-style-type: none"> <li>(i) to approve recommendations (a) and (c);</li> <li>(ii) to approve the following new charters for project initiation:</li> </ul>	

Topic	Discussion/Decision	Action By			
Page 7	<table border="1" style="width: 100%;"> <tr> <td data-bbox="443 323 1796 363">Charter 5.2 - Increase in the number of inhouse foster and kinship placements by 2021</td> </tr> </table>	Charter 5.2 - Increase in the number of inhouse foster and kinship placements by 2021	Isabel McDonnell, ICS		
	Charter 5.2 - Increase in the number of inhouse foster and kinship placements by 2021				
	<table border="1" style="width: 100%;"> <tr> <td data-bbox="443 323 1796 435">Charter 6.1 - Increase the no. young people who effectively transition from primary school to secondary school by 2021</td> </tr> </table>	Charter 6.1 - Increase the no. young people who effectively transition from primary school to secondary school by 2021	Gael Ross, ICS DI Fionnuala		
	Charter 6.1 - Increase the no. young people who effectively transition from primary school to secondary school by 2021				
	<table border="1" style="width: 100%;"> <tr> <td data-bbox="443 435 1796 547">Charter 10.3 - 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</td> </tr> </table>	Charter 10.3 - 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	McPhail, CJG		
	Charter 10.3 - 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				
	<table border="1" style="width: 100%;"> <tr> <td data-bbox="443 547 1796 627">Charter 10.4 - Increase the uptake and retention of people in the Justice System with drug and alcohol problems in specialist services by 100% by 2021.</td> </tr> </table>	Charter 10.4 - Increase the uptake and retention of people in the Justice System with drug and alcohol problems in specialist services by 100% by 2021.	Simon Rayner, ADP		
	Charter 10.4 - Increase the uptake and retention of people in the Justice System with drug and alcohol problems in specialist services by 100% by 2021.				
	<table border="1" style="width: 100%;"> <tr> <td data-bbox="443 627 1796 699">Charter 11.1 - Increase uptake of a range of activities that enable people with long term conditions to manage their health and well-being by 2021</td> </tr> </table>	Charter 11.1 - Increase uptake of a range of activities that enable people with long term conditions to manage their health and well-being by 2021	Keith Gerrard, RISG		
	Charter 11.1 - Increase uptake of a range of activities that enable people with long term conditions to manage their health and well-being by 2021				
<table border="1" style="width: 100%;"> <tr> <td data-bbox="443 699 1796 770">Charter 13.1 - Increase community food growing in schools, communities and workplaces by 2021</td> </tr> </table>	Charter 13.1 - Increase community food growing in schools, communities and workplaces by 2021	Steven Shaw, SCG			
Charter 13.1 - Increase community food growing in schools, communities and workplaces by 2021					
<table border="1" style="width: 100%;"> <tr> <td data-bbox="443 770 1796 850">Charter 14.1 - Community led resilience plans in place for areas most vulnerable to flooding by 2021; and Community led resilience plans in place across all areas by 2026</td> </tr> </table>	Charter 14.1 - Community led resilience plans in place for areas most vulnerable to flooding by 2021; and Community led resilience plans in place across all areas by 2026	Dawn Schultz/Andy Buchan, SCG			
Charter 14.1 - Community led resilience plans in place for areas most vulnerable to flooding by 2021; and Community led resilience plans in place across all areas by 2026					
(iii) to approve the following charters for project initiation subject to the feedback as reflected below being addressed and the charter updated as appropriate:					
<table border="1" style="width: 100%;"> <thead> <tr> <th data-bbox="443 962 1182 1002">New Charter Presented</th> <th data-bbox="1182 962 1796 1002">CPA Board Comments</th> </tr> </thead> <tbody> <tr> <td data-bbox="443 1002 1182 1501">Charter 2.1 – Stretch outcome 2 - Increase the impact and measured value of Partnership wide community benefits programme by 2022</td> <td data-bbox="1182 1002 1796 1501">           Charter approved subject to the following comments being considered by the Project Team and the charter being updated as appropriate:            (1) the Charter referred to promoting equalities/ reducing under the ‘Why is this important section’ and it was noted that the project would start small scale as per the improvement methodology, however the Project Team should consider whether this could be expanded upon with the targeted groups of population who         </td> </tr> </tbody> </table>	New Charter Presented	CPA Board Comments	Charter 2.1 – Stretch outcome 2 - Increase the impact and measured value of Partnership wide community benefits programme by 2022	Charter approved subject to the following comments being considered by the Project Team and the charter being updated as appropriate: (1) the Charter referred to promoting equalities/ reducing under the ‘Why is this important section’ and it was noted that the project would start small scale as per the improvement methodology, however the Project Team should consider whether this could be expanded upon with the targeted groups of population who	Lori Manson, Aberdeen Prospers
New Charter Presented	CPA Board Comments				
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Topic	Discussion/Decision		Action By
Page 8		<p>would benefit from community benefit clauses detailed in the charter i.e. care experienced young people, ex offenders etc; and</p> <p>(2) the charter should include correlating measures of impact on these groups in the measures section.</p>	<p>Larissa Gordon, ICS</p> <p>James Simpson, ICS</p> <p>Nicola Graham, ICS</p>
	<p>Charter 5.1 - Increase the number of care experienced young people accessing a positive and sustained destination by 25% by 2022</p>	<p>Charter approved, however the Project Lead should make contact with Gordon MacDougall, Skills Development Scotland (SDS), to explore what contribution SDS could make to the project.</p>	
	<p>Charter 6.2 - Increase the number of young people living in Quintiles 1,2 and 3 engaged in a family approach who achieve a sustained positive destination to 90% 2022</p>	<p>Charter approved subject to the following comment being considered by the Project Team and the charter being updated as appropriate:</p> <p>(1) whether the charter should adopt a more preventative approach and therefore consider interventions at S1/S2 as well as S3/ S4.</p>	
	<p>Charter 6.3 - Increase the number of young people taking up foundation apprenticeships to 142 by 2021</p>	<p>Charter approved subject to the following comments being considered by the Project Team and the charter being updated as appropriate:</p> <p>(1) the baseline data appeared to be low and therefore should be reviewed to ensure it was accurate, in particular the data for cohort 3 (2018-2020), and should the data be inaccurate the Project</p>	

Topic	Discussion/Decision		Action By
Page 9	<p>(iv) to agree not to approve Charter 3.1 – Stretch Outcome 3 - 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, and to request the Project Team to (1) review the charter to ensure that the change ideas address the reasons for variation provided in the charter; and (2) submit an updated charter to Michelle Cochlan which would then be emailed to the Board for comments, and thereafter approved by Michelle Cochlan in consultation with the Chair and Vice Chair for project initiation if appropriate;</p> <p>(v) to agree that the contact details for the Project Leads be added to each charter; and</p> <p>(vi) to note that an update on the project status of all approved project charters would be submitted at the next meeting of the Board.</p>	<p>Team should review whether the aim of 142 Foundation Apprenticeships was ambitious enough; and</p> <p>(2) the charter stated that the benefits of Foundation Apprenticeships included the creation of a pathway journey from Foundation Apprenticeships to next steps i.e. Modern Apprenticeships, Further Education and Higher Education, therefore in order to measure this, the charter should include some correlating measures of young people who go on to those aforementioned pathways after completing a Foundation Apprenticeship.</p>	<p>Eleanor McEwan, ICS</p> <p>Michelle Cochlan, ACC Michelle Cochlan, ACC</p>
9. Q1 2019/20 Locality Partnership	With reference to item 7 of the minute of the meeting of the Board of 1 May 2019, the Board 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.		

Topic	Discussion/Decision	Action By
<p>Improvement Tracking Report</p> <p>Page 10</p>	<p><b>The report recommended –</b> that the Board note progress against the locality improvement projects.</p> <p><b><u>The Board resolved:-</u></b> to approve the recommendation.</p> <p>At this point the Board was shown the Sport Aberdeen Elevator Awards Presentation Video and the Chair advised that Sport Aberdeen had won the Enterprising Communities category. Partners commended Sport Aberdeen on this achievement and highlighted that the project demonstrated Partnership working in action and the benefits that were achieved for local communities and Partner organisations from such a project. The Board congratulated all involved.</p>	<p>Neil Carnegie, ACC</p> <p>Alastair Robertson, AAP</p>
<p>10. Summary Local Outcome Improvement Plan 2016-26</p>	<p>The Board had before it a report which presented the first public facing summary of the Aberdeen City Local Outcome Improvement Plan 2016-26.</p> <p><b>The report recommended –</b> that the Board approve the summary Local Outcome Improvement Plan for publication and dissemination.</p> <p>The Board heard from Stella Evans, Communications Team, Aberdeen City Council, who advised of the process in place for the dissemination of such information to the public and across all Partner organisations.</p> <p><b><u>The Board resolved:-</u></b> to approve the recommendation subject to amending the second sentence on Page 122 (Place) to read “The quality of the place we live in can impact on people’s health and wellbeing.”</p>	<p>Michelle Cochlan, ACC</p>

Topic	Discussion/Decision	Action By
11. UNICEF Child Friendly Cities  Page 11	<p>With reference to item 11 of the minute of its meeting of 26 February 2019, the Board had before it a report which (1) provided an update on the current status was with regards to the UNICEF Child Friendly City programme; (2) outline the next steps for progression within the accreditation process; and (3) sought approval of the revised governance arrangements.</p> <p><b>The report recommended –</b> that the Board</p> <ul style="list-style-type: none"> <li>(a) note the update activity;</li> <li>(b) approve the revised governance arrangements;</li> <li>(c) support training opportunities across Partnership; and</li> <li>(d) instruct the Integrated Children’s Services Board to support Action Plan for submission to September CPA Board.</li> </ul> <p><b><u>The Board resolved:-</u></b></p> <ul style="list-style-type: none"> <li>(i) to approve the recommendations; and</li> <li>(ii) to request that Partners be notified of the training dates as soon as possible.</li> </ul>	Alison Cameron, ACC
12. Public Health Scotland – Consultation	<p>The Board had before it a report which presented the proposed Partnership response relation to the national consultation on the creation of Public Health Scotland for approval.</p> <p><b>The report recommended –</b> that the Board approve the draft consultation response in the appendix and arrange for its electronic submission to the consultation process.</p> <p><b><u>The Board resolved:-</u></b> to approve the draft consultation response in the appendix, subject to the addition of the following aspects to the consultation response prior to its electronic submission to the consultation process:</p> <ul style="list-style-type: none"> <li>(1) Question 4 – to seek clarification on what level of plan Public Health Scotland would be aiming to support communities to participate in decisions which affected their health and wellbeing and to emphasise whatever level it was to ensure that they linked up with the appropriate group related to the level;</li> </ul>	Susan Webb, Public Health

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	<p>(2) Question 8 – benchmarking should be focused on shared learning across Scotland and the achievement of outcomes and be a supportive process and not solely for audit and scrutiny;</p> <p>(3) Question 13 – clarification of the definition of the third sector representative listed on the Board structure required and emphasis that the Board should include a community representative with “lived experience” as well as a third sector representative; and</p> <p>(4) Question 18 – welcome support from national level to local authority areas and localities in them, but also useful for local authority areas and localities to be able to feed up to national conversation.</p>																																																	
<p>13. Meeting Dates</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 12</p>	<p>The Board had before it the proposed meeting dated for the CPA Board and Management Group in 2020 as set out below.</p> <table border="1" data-bbox="539 724 1700 1476"> <thead> <tr> <th data-bbox="539 724 853 874">Draft Report Deadline (10am unless otherwise stated)</th> <th data-bbox="853 724 1093 874">Pre Meetings (all meetings commence at 2pm)</th> <th data-bbox="1093 724 1391 874">Report Deadline (10am unless otherwise stated)</th> <th data-bbox="1391 724 1700 874">Meeting Dates (all meetings commence at 2pm)</th> </tr> </thead> <tbody> <tr> <td colspan="4" data-bbox="539 874 1700 911"><b>Community Planning Aberdeen Board (All meetings commence at 2pm)</b></td> </tr> <tr> <td data-bbox="539 911 853 986">4 February 2020</td> <td data-bbox="853 911 1093 986">12 February 2020</td> <td data-bbox="1093 911 1391 986">17 February 2020</td> <td data-bbox="1391 911 1700 986">26 February 2020</td> </tr> <tr> <td data-bbox="539 986 853 1027">8 April 2020</td> <td data-bbox="853 986 1093 1027">15 April 2020</td> <td data-bbox="1093 986 1391 1027">20 April 2020</td> <td data-bbox="1391 986 1700 1027">29 April 2020</td> </tr> <tr> <td data-bbox="539 1027 853 1066">10 June 2020</td> <td data-bbox="853 1027 1093 1066">17 June 2020</td> <td data-bbox="1093 1027 1391 1066">22 June 2020</td> <td data-bbox="1391 1027 1700 1066">1 July 2020</td> </tr> <tr> <td data-bbox="539 1066 853 1141">26 August 2020</td> <td data-bbox="853 1066 1093 1141">2 September 2020</td> <td data-bbox="1093 1066 1391 1141">7 September 2020</td> <td data-bbox="1391 1066 1700 1141">16 September 2020</td> </tr> <tr> <td data-bbox="539 1141 853 1216">11 November 2020</td> <td data-bbox="853 1141 1093 1216">18 November 2020</td> <td data-bbox="1093 1141 1391 1216">24 November 2020</td> <td data-bbox="1391 1141 1700 1216">3 December 2020</td> </tr> <tr> <td colspan="4" data-bbox="539 1216 1700 1291"><b>Community Planning Aberdeen Management Group (All meetings commence at 2pm unless otherwise stated)</b></td> </tr> <tr> <td data-bbox="539 1291 853 1366">8 January 2020</td> <td data-bbox="853 1291 1093 1366">15 January 2020</td> <td data-bbox="1093 1291 1391 1366">20 January 2020</td> <td data-bbox="1391 1291 1700 1366">29 January 2020</td> </tr> <tr> <td data-bbox="539 1366 853 1407">4 March 2020</td> <td data-bbox="853 1366 1093 1407">11 March 2020</td> <td data-bbox="1093 1366 1391 1407">13 March 2020</td> <td data-bbox="1391 1366 1700 1407">24 March 2020</td> </tr> <tr> <td data-bbox="539 1407 853 1449">6 May 2020</td> <td data-bbox="853 1407 1093 1449">13 May 2020</td> <td data-bbox="1093 1407 1391 1449">18 May 2020</td> <td data-bbox="1391 1407 1700 1449">27 May 2020</td> </tr> <tr> <td data-bbox="539 1449 853 1476">22 July 2020</td> <td data-bbox="853 1449 1093 1476">29 July 2020</td> <td data-bbox="1093 1449 1391 1476">3 August 2020</td> <td data-bbox="1391 1449 1700 1476">12 August 2020</td> </tr> </tbody> </table>	Draft Report Deadline (10am unless otherwise stated)	Pre Meetings (all meetings commence at 2pm)	Report Deadline (10am unless otherwise stated)	Meeting Dates (all meetings commence at 2pm)	<b>Community Planning Aberdeen Board (All meetings commence at 2pm)</b>				4 February 2020	12 February 2020	17 February 2020	26 February 2020	8 April 2020	15 April 2020	20 April 2020	29 April 2020	10 June 2020	17 June 2020	22 June 2020	1 July 2020	26 August 2020	2 September 2020	7 September 2020	16 September 2020	11 November 2020	18 November 2020	24 November 2020	3 December 2020	<b>Community Planning Aberdeen Management Group (All meetings commence at 2pm unless otherwise stated)</b>				8 January 2020	15 January 2020	20 January 2020	29 January 2020	4 March 2020	11 March 2020	13 March 2020	24 March 2020	6 May 2020	13 May 2020	18 May 2020	27 May 2020	22 July 2020	29 July 2020	3 August 2020	12 August 2020	
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Topic	Discussion/Decision				Action By
Page 13	7 October	14 October 2020	20 October 2020	29 October 2020	
14. Date of Next Meeting	The Board noted that its next meeting would be held on 9 September 2019 at 2pm.				

**The Board resolved:-**  
to approve the meeting dates for 2020 as detailed above.

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## COMMUNITY PLANNING ABERDEEN MANAGEMENT GROUP

5 AUGUST 2019

Present:- Graeme Duncan (Police Scotland) (Vice Chair), Mervyn Bain (University of Aberdeen), Gale Beattie (Place, Aberdeen City Council), Jamie Bell (Scottish Enterprise), Neil Cowie (North East College), Jillian Evans (NHS Grampian and Sustainable City), Keith Gerrard (Active Aberdeen Partnership), Nicola Graham (Skills Development Scotland), Maggie Hepburn (ACVO), Alison Carrington (Aberdeen Prospers), Lavina Massie (Civic Forum), Martin Murchie (as a substitute for Angela Scott) (Aberdeen City Council), Rob Polkinghorne (Integrated Children's Services), Simon Rayner (as a substitute for Richard Craig) (Alcohol and Drugs Partnership), Symon Scott (Scottish Fire and Rescue Service) and Alex Stephen (as a substitute for Sandra Ross) (Resilient, Included and Sustainable and Health and Social Care Integration).

Also Present:- Neil Carnegie, James Simpson and Sacha Will (all Aberdeen City Council).

Apologies:- Angela Scott (Aberdeen City Council) (Chair), Richard Craig (Alcohol and Drugs Partnership), Rab Dickson (Nestrans), Derek McGowan (Community Justice Group), 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, the Vice Chair, Graeme Duncan, took the Chair for today's meeting.	
2. Welcome	The Chair welcomed Mervyn Bain (University of Aberdeen), Keith Gerrard (Aberdeen Active Partnership and Symon Scott (Scottish Fire and Rescue Service) to their first meeting of the Management Group.  <b><u>The Management Group resolved:</u></b> to concur with the Chair's remarks.	
3. Minute of Previous Meeting of 27 May 2019	The Management Group had before it the minute of its meeting of 27 May 2019, for approval.  In respect of item 5 (2019 LOIP Improvement Projects and Creating the Conditions for Success), of the minute, the Management Group noted note that a report providing an update on the Shared Intelligence Unit would be submitted to the next meeting for consideration.	Jillian Evans/Martin Murchie

Agenda Item 2.2

Topic	Discussion/Decision	Action By
Page 16	<p>With regards to item 7 (Locality Partnership Improvement Tracking Report - gaming), the Management Group noted that Jillian Evans was exploring options for facilitating a session on gaming solutions and how gaming could be used as a public health technique. Jillian explained that she would require assistance from other Partners in the development and delivery of the session. It was agreed that Jillian would liaise with the University of Aberdeen, North East Colleges, Locality Managers (taking cognisance of existing improvement work and LOIP improvement projects gaming charters) and the Aberdeen Active Partnership to develop a proposal for the session and that this be submitted to the next meeting of the Management Group for consideration.</p> <p>In respect of item 8 (Achieving Pace through Rapid Cycle Testing – Training of Project Leads), of the minute, the Management Group noted the current position in respect of the training of Project Leads and agreed to reiterate the requirement for project Leads to undertake the Improvement Methodology training, however also agreed that as long as a member of the project team had completed the training any improvement projects approved by CPA Board could commence. The Group discussed the importance of the Outcome Improvement Groups ensuring that all Project Leads had the capacity to undertake the role. The Management Group agreed that the data on the completion of training be circulated to all Outcome Improvement Groups and that a further update on this be provided at the next meeting of the Management Group.</p> <p>With regards to item 11 (CPA Planning and Performance Reporting Requirements), the Management Group noted that the Violence Against Women Strategy would be reported through the Chief Officers Group and shared with the Management Group and Board as appropriate.</p> <p><b><u>The Management Group resolved:</u></b></p> <ul style="list-style-type: none"> <li>(i) to approve the minute as a correct record;</li> <li>(ii) to note the updates as recorded above and the further action to be taken;</li> <li>(iii) to note that all other actions from the previous meeting as recorded had been undertaken or were ongoing; and</li> <li>(iv) to note that the Public Health Network was currently organising a public health event and all Partners would be invited.</li> </ul>	<p>Jillian Evans/Mervyn Bain/Neil Cowie, Neil Carnegie</p> <p>Outcome Improvement Group Chairs</p> <p>James Simpson</p>

Topic	Discussion/Decision	Action By
4. Minute of Special Meeting of 12 June 2019	<p>The Management Group had before it the minute of the special meeting of the CPA Management Group of 12 June 2019, for approval.</p> <p><b><u>The Management Group resolved:</u></b> to approve the minute as a correct record.</p>	
5. Draft Minute of the CPA Board Meeting of 1 July 2019	<p>The Management Group had before it the draft minute of the CPA Board meeting of 1 July 2019, for information.</p> <p><b><u>The Management Group resolved:</u></b> to note the draft minute.</p>	
<p>CPA Improvement Programme 2019-21 Quarterly Update Report</p> <p>Page 17</p>	<p>With reference to item 5 of the minute of the meeting of the Management Group of 27 May 2019, the Management Group had before it a report which (1) provided an update on the projects within the Local Outcome Improvement Plan 2016-26 which had started, or were due to start, to deliver the Partnership's 15 Stretch Outcomes by 2026; and (2) presented new charters for approval for project initiation.</p> <p><b>The report recommended –</b> that the Management Group</p> <ul style="list-style-type: none"> <li>(a) consider the updates provided on live improvement projects;</li> <li>(b) approve the new charters included in the report for project initiation;</li> <li>(c) approve the rescheduling of all other charters which were due to be submitted to CPA Board on 9 September 2019, but had been postponed;</li> <li>(d) request the chairs of the Outcome Improvement Groups to follow up on charters due to be submitted to this meeting which had not yet been received and no status update had been provided.</li> </ul> <p>The Management Group discussed the current status of all project charters, as well as the new project charters before them for consideration today.</p> <p>Partners expressed disappointment at the number of charters which were scheduled to be presented today, however had been postponed. The Management Group, although</p>	

Topic	Discussion/Decision	Action By								
Page 18	<p>understanding pressures, emphasised the importance of these being completed and submitted to the next meeting for consideration. They also discussed the implications for the delivery of the LOIP should charters continue to be postponed. An update from the Chair, or representative, from the Outcome Improvement Groups on the current status of their projects was received.</p> <p>During the course of the discussion, the Management Group noted the further updates on status for the following charters since the report had been issued.</p>	Rob Polkinghorne, ICSB								
	<table border="1"> <thead> <tr> <th data-bbox="427 611 1037 675">Project Charter Due</th> <th data-bbox="1048 611 1666 675">Current Status and CPA Management Group Comment</th> </tr> </thead> <tbody> <tr> <td data-bbox="427 683 1037 834">Stretch Outcome 3 - Reduce the number of babies exposed to second-hand smoke (at 6-8 week review) by 10% by 2022</td> <td data-bbox="1048 683 1666 1313" rowspan="2">The Management Group noted that both outcomes would be covered by one charter and the charter would be submitted in the first instance to the next meeting of the Management Group in October and thereafter the Board. Work was progressing on the development of charter and assurance of this had been requested to be presented at the next Integrated Children Services Board meeting. It was noted that a Project Lead for this charter was still to be confirmed. The importance of having a Project Lead and for the charter to be progressed was emphasised. Chair of the Integrated and Children Services Board to confirm the Project Lead.</td> </tr> <tr> <td data-bbox="427 834 1037 1313">Stretch Outcome 3 - Reduce the number of pregnant mothers who smoke by 10% by 2022</td> </tr> <tr> <td data-bbox="427 1313 1037 1493">Stretch Outcome 3 - Increase the number of pregnant young people who are able to remain in education during pregnancy by 50%, by 2022</td> <td data-bbox="1048 1313 1666 1493">The Management Group noted that work on this charter was progressing and would be reported in the first instance to the next meeting of the Management Group in October and thereafter the</td> <td data-bbox="1677 1425 2145 1493">Rob Polkinghorne, ICSB/James Simpson</td> </tr> </tbody> </table>		Project Charter Due	Current Status and CPA Management Group Comment	Stretch Outcome 3 - Reduce the number of babies exposed to second-hand smoke (at 6-8 week review) by 10% by 2022	The Management Group noted that both outcomes would be covered by one charter and the charter would be submitted in the first instance to the next meeting of the Management Group in October and thereafter the Board. Work was progressing on the development of charter and assurance of this had been requested to be presented at the next Integrated Children Services Board meeting. It was noted that a Project Lead for this charter was still to be confirmed. The importance of having a Project Lead and for the charter to be progressed was emphasised. Chair of the Integrated and Children Services Board to confirm the Project Lead.	Stretch Outcome 3 - Reduce the number of pregnant mothers who smoke by 10% by 2022	Stretch Outcome 3 - Increase the number of pregnant young people who are able to remain in education during pregnancy by 50%, by 2022	The Management Group noted that work on this charter was progressing and would be reported in the first instance to the next meeting of the Management Group in October and thereafter the	Rob Polkinghorne, ICSB/James Simpson
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Topic	Discussion/Decision		Action By
Page 19		Board. It was also noted that there was no Project Lead identified for this charter. The importance of having a Project Lead and for the charter to be progressed was emphasised. Chair of the Integrated and Children Services Board to confirm the Project Lead.	Rob Polkinghorne, ICSB
	Stretch Outcome 3 - Increase the number of 27-30 month reviews completed for eligible children by 5.2%, by 2021	The Management Group discussed whether this was a single agency project; whether it should be retained in the LOIP and if what methodology for delivery of the project should be used. It was agreed that it was important to meet this outcome, and therefore it was agreed to recommend to the CPA Board that the outcome remained in the LOIP to ensure progress, however to review which methodology should be used to monitor progress and that a project charter was not required and that this was monitored via the quarterly progress reports.	
	Stretch Outcome 3 - Increase in the uptake of Healthy Start Scheme and Vitamins by 4% by April 2020.	The Management Group suggested that this Charter be developed taking cognisance of the community pantry in Torry project.	
	Stretch Outcome 11 - Increase opportunities for people who are retired to continue and increase their contribution to communities by 10% by 2021.	The Management Group noted that this charter had been postponed until the next meeting of the Management Group.	Sandra Ross, RISG
	The Management Group discussed the proposed new project charters and commented on each as detailed below.		

Topic	Discussion/Decision	Action By				
Page 20	<p><b><u>The Management Group resolved:</u></b></p> <p>(i) to note the updates provided on live improvement projects and to request that further narrative on the status of the projects, including detail on the tests that had been initiated and progress achieved, be provided to the Community Planning Team by 16 August 2019, to enable this to be reported to the CPA Board on 9 September 2019;</p> <p>(ii) to approve the following new charters for submission to the CPA Board on 9 September 2019 for consideration subject to the amendments as detailed in the table being undertaken for the respective charters;</p>	<p>Outcome Improvement Groups/Project Leads</p> <p>Michelle Cochlan, ACC/ Outcome Improvement Groups/Project Leads</p>				
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Page 21	respond to children who require support and directing them to the school Nursing Service to 90%, by 2021	environment and not solely directing to the school nursing service. Subject to the aforementioned amendment being actioned, the charter would be submitted to the CPA Board on 9 September 2019.	Rob Polkinghorne/Alex Duncan, ICSB  Rob Polkinghorne/Leona McDermid, ICSB  Rob Polkinghorne, ICSB/Derek McGowan, CJG  Derek McGowan/Claire Duncan, CJG
	Charter 6.4 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	New charter 6.4 appended to the report. The Management Group agreed that the charter be submitted to the CPA Board on 9 September 2019.	
	Charter 6.5 Reduce the number of winter leavers with no positive destination by 50% by 2021.	New charter 6.5 appended to the report. The Management Group agreed that the charter be submitted to the CPA Board on 9 September 2019.	
	Charter 8.1 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; and Reduce instances of anti-social behaviour as a result of appropriate and effective interventions in targeted areas by 10% by 2021	New charter 8.1 appended to the report. The Management Group agreed that the charter be updated to reflect the feedback from the Community Planning Team as detailed on the charter. Subject to the aforementioned amendment being actioned, the charter would be submitted to the CPA Board on 9 September 2019.	
	Charter 9.1 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; and Increase the number of cases of people appropriately diverted from prosecution by 2021.	New charter 9.1 appended to the report. The Management Group agreed that the charter be updated to reflect the feedback from the Community Planning Team as detailed on the charter and that an outline project plan be added. Subject to the aforementioned amendments being actioned, the charter would be submitted to the CPA Board on 9 September 2019.	

Topic	Discussion/Decision		Action By
Page 22	Charter 11.2 Extend link working approach across primary care to support 3,000 people to attain their own identified outcomes by 2021.	New charter 11.2 appended to the report. The Management Group agreed that the charter be submitted to the CPA Board on 9 September 2019.	Sandra Ross/Jenny McCann, RISG
	Charter 11.3 Reduce the percentage of men and women who are obese in Aberdeen City by 20% by 2021.	New charter 11.3 appended to the report. The Management Group agreed that the charter be submitted to the CPA Board on 9 September 2019.	Sandra Ross/Jillian Evans/Chris Littlejohn, RISG
	Charter 12.1 Increase the % of Care experienced children and young people receiving educational and support input on alcohol/ drugs issues by 2021.	New charter 12.1 appended to the report. The Management Group agreed that the charter be updated to reflect the feedback from the Community Planning Team as detailed on the charter. Subject to the aforementioned amendment being actioned, the charter would be submitted to the CPA Board on 9 September 2019.	Richard Craig/Simon Rayner, ADP
	Charter 12.2 100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021.	New charter 12.2 appended to the report. The Management Group agreed that the charter be submitted to the CPA Board on 9 September 2019.	Richard Craig/Simon Rayner/Lesley Stopani, ADP
	Charter 12.3 Reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2021.	New charter 12.3 appended to the report. The Management Group agreed that the charter be submitted to the CPA Board on 9 September 2019.	Richard Craig/Simon Rayner/Tara Shivaji, ADP
	(iii) to approve the rescheduling of all other charters which were due to be submitted to CPA Board on 9 September 2019 as detailed in the report and the updates recorded above;		Michelle Cochlan, ACC/Outcome Improvement Groups/Project Leads
	(iv) to agree that charter Stretch Outcome 11 - Increase opportunities for people who are retired to continue and increase their contribution to communities by 10% by 2021 be postponed and submitted to the next meeting of the Management Group;		Sandra Ross, RISG
	(v) in respect of the increase the number of 27-30 month reviews completed for		Michelle Cochlan, ACC/Rob Polkinghorne, ICSB

Topic	Discussion/Decision	Action By
	<p>eligible children by 5.2%, by 2021, to recommend to the CPA Board that the outcome should remain in the LOIP to ensure progress, however (1) the methodology adopted to monitor progress be reviewed; (2) a project charter was not required and (3) in the meantime progress was monitored via the quarterly progress reports;</p> <p>(vi) to request the chairs of the Outcome Improvement Groups to follow up on charters due to be submitted to this meeting which had not yet been received and no status update had been provided;</p> <p>(vii) to agree that future reports should detail which projects underway were testing in localities; and</p> <p>(viii) to otherwise note the current status of the charters as detailed above.</p>	<p>Outcome Improvement Group Chairs</p> <p>Michelle Cochlan, ACC</p>
<p>7 Page 23</p> <p>Quarter 1 2019/2020 Locality Partnership Improvement Tracking Report</p>	<p>With reference to item 7 of the minute of the meeting of 27 May 2019, 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 note progress against the Locality improvement projects.</p> <p>The Management Group heard from Neil Carnegie who advised that he was reviewing the current improvement tracker to ensure that the status of the projects currently detailed therein was accurate and that the required information was being captured.</p> <p>Partners welcomed the update and agreed that it was important that the Locality Partnership tracker captured the captured the learning from the current changes being tested and how the projects were progressing.</p> <p><b><u>The Management Group resolved:</u></b></p> <p>(i) to approve the recommendation; and</p> <p>(ii) to agree that Neil Carnegie review the current Locality Partnership Improvement Tracking report to ensure that it demonstrated progress towards the delivery of expected outcomes and that the updated report be submitted to the CPA Board</p>	<p>Neil Carnegie, ACC</p>

Topic	Discussion/Decision	Action By
	on 9 September 2019.	
8. Community Planning Budget 2019/20 – Q1 Budget Monitoring Report	<p>With reference to item 9 of the minute of the meeting of 27 May 2019, the Management Group had before it a report which provided an update on the 2019/20 Community Planning budget's financial performance for the period 1 April 2019 to 30 June 2019.</p> <p><b>The report recommended –</b> that the Management Group note Community Planning Aberdeen budget's performance during 2019/20.</p> <p><b><u>The Management Group resolved:</u></b> to approve the recommendation.</p>	
Page 24 Regional Learning and Skills Partnership (RLSP)	<p>With reference to item 2 of the minute of the meeting of 29 January 2018, the Management Group had before it a report which provided an update on the Regional Learning and Skills Partnership (RLSP); its purpose; activities and plans for future activity.</p> <p><b>The report recommended –</b> that the Management Group note the content of the report.</p> <p>Partners welcomed the report and discussed whether any learning from the Strategy could be applied at a local level. The current membership of the Group was discussed and it was suggested that this could be expanded on to include to include representation from the Federation for Small Business etc.</p> <p><b><u>The Management Group resolved:</u></b> to approve the recommendation.</p>	
10. Partnership Delivery Framework to Reduce the Use	The Management Group had before it the Scottish Government's Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs. The Partnership Delivery Framework set out a shared ambition across Local Government and Scottish Government that local areas have the following in place:	

Topic	Discussion/Decision	Action By
<p>of and Harm from Alcohol and Drugs</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 25</p>	<ul style="list-style-type: none"> <li>• A strategy and clear plans to achieve local outcomes to reduce the use of</li> <li>• and harms from alcohol and drugs;</li> <li>• Transparent financial arrangements;</li> <li>• Clear arrangements for quality assurance and quality improvement; and</li> <li>• Effective governance and oversight of delivery</li> </ul> <p>The Group heard from Simon Raynor, ADP, who advised that the Framework replaced three previously agreed memoranda of understanding (MoU) between the Scottish Government and CoSLA, namely:</p> <ul style="list-style-type: none"> <li>• A New Framework for Local Partnerships for Alcohol and Drugs (2009)</li> <li>• Supporting the Development of Scotland's Alcohol and Drug Workforce (2010)</li> <li>• Updated Guidance for Alcohol and Drug Partnerships on Planning and Reporting Arrangements 2015-18 (2014)</li> </ul> <p>The Framework set out the partnership arrangements needed to reduce the use of and harms from alcohol and drugs. It aimed to ensure that all bodies involved were clear about the accountability arrangements and their responsibilities when working together in the identification, pursuit and achievement of agreed, shared outcomes.</p> <p>The Scottish Government and CoSLA undertook, and invited community planning partners, to operate within the terms of this framework.</p> <p>Simon Raynor asked Partners to consider the Framework and should they not be represented on the ADP at present but felt in light of the new Framework that they should be could they please contact him to discuss.</p> <p><b><u>The Management Group resolved:</u></b></p> <ul style="list-style-type: none"> <li>(i) to note the Scottish Government's Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs and that the Alcohol and Drugs Partnership was taking this forward; and</li> <li>(ii) to agree that any Partner who felt they should be represented on the Alcohol and Drugs Partnership should contact Simon Rayner in the first instance to discuss.</li> </ul>	<p>All Partners</p>

Topic	Discussion/Decision	Action By
11. CPA Management Group Forward Business Planner	<p>With reference to item 12 of the minute of the meeting the Management Group of 27 May 2019, the Management Group had before it the Management Group and Board forward business planner.</p> <p><b><u>The Management Group resolved:</u></b> to note the forward business planner</p>	
12. CPA Board Forward Business Planner	<p>This item of business was reported under item 9 of this minute (CPA Management Group Forward Business Planner).</p>	
13. Community Planning Aberdeen Funding Tracker Page 26	<p>With reference to item 14 of the minute of the meeting the Management Group of 27 May 2019, 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><u>The Management Group resolved:</u></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
14. Consultation and Legislation Tracker	<p>With reference to item 15 of the minute of the meeting the Management Group of 27 May 2019, 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 James Simpson, Integrated Children Services submit a response to The Welfare Foods (Best Start Foods) (Scotland) Regulations 2019 on behalf of the Partnership; and</li> <li>(iii) to agree that Derek McGowan, Community Justice Group, submit a response to the Strategic Commissioning Framework for Community Justice consultation on behalf of the Partnership.</li> </ul>	James Simpson, ICSB Derek McGowan, CJG

Topic	Discussion/Decision	Action By																																																																	
15. Meeting Dates 2020	<p>The Management Group had before it the proposed meeting dates for the CPA Board and Management Group in 2020 as set out below.</p> <table border="1" data-bbox="427 379 1659 1102"> <thead> <tr> <th data-bbox="427 379 701 564">Draft Report Deadline (10am unless otherwise stated)</th> <th data-bbox="701 379 1010 564">Pre Meetings (all meetings commence at 2pm)</th> <th data-bbox="1010 379 1312 564">Report (10am unless stated)</th> <th data-bbox="1312 379 1659 564">Deadline (10am unless otherwise)</th> <th data-bbox="1659 379 1659 564">Meeting Dates (all meetings commence at 2pm)</th> </tr> </thead> <tbody> <tr> <td colspan="5" data-bbox="427 564 1659 603"><b>Community Planning Aberdeen Board (All meetings commence at 2pm)</b></td> </tr> <tr> <td data-bbox="427 603 701 641">4 February 2020</td> <td data-bbox="701 603 1010 641">12 February 2020</td> <td data-bbox="1010 603 1312 641">17 February 2020</td> <td data-bbox="1312 603 1659 641">26 February 2020</td> <td></td> </tr> <tr> <td data-bbox="427 641 701 679">8 April 2020</td> <td data-bbox="701 641 1010 679">15 April 2020</td> <td data-bbox="1010 641 1312 679">20 April 2020</td> <td data-bbox="1312 641 1659 679">29 April 2020</td> <td></td> </tr> <tr> <td data-bbox="427 679 701 718">10 June 2020</td> <td data-bbox="701 679 1010 718">17 June 2020</td> <td data-bbox="1010 679 1312 718">22 June 2020</td> <td data-bbox="1312 679 1659 718">1 July 2020</td> <td></td> </tr> <tr> <td data-bbox="427 718 701 756">26 August 2020</td> <td data-bbox="701 718 1010 756">2 September 2020</td> <td data-bbox="1010 718 1312 756">7 September 2020</td> <td data-bbox="1312 718 1659 756">16 September 2020</td> <td></td> </tr> <tr> <td data-bbox="427 756 701 826">11 November 2020</td> <td data-bbox="701 756 1010 826">17 November 2020</td> <td data-bbox="1010 756 1312 826">24 November 2020</td> <td data-bbox="1312 756 1659 826">3 December 2020</td> <td></td> </tr> <tr> <td colspan="5" data-bbox="427 826 1659 896"><b>Community Planning Aberdeen Management Group (All meetings commence at 2pm unless otherwise stated)</b></td> </tr> <tr> <td data-bbox="427 896 701 935">8 January 2020</td> <td data-bbox="701 896 1010 935">15 January 2020</td> <td data-bbox="1010 896 1312 935">20 January 2020</td> <td data-bbox="1312 896 1659 935">29 January 2020</td> <td></td> </tr> <tr> <td data-bbox="427 935 701 973">4 March 2020</td> <td data-bbox="701 935 1010 973">11 March 2020</td> <td data-bbox="1010 935 1312 973">13 March 2020</td> <td data-bbox="1312 935 1659 973">24 March 2020</td> <td></td> </tr> <tr> <td data-bbox="427 973 701 1011">6 May 2020</td> <td data-bbox="701 973 1010 1011">13 May 2020</td> <td data-bbox="1010 973 1312 1011">18 May 2020</td> <td data-bbox="1312 973 1659 1011">27 May 2020</td> <td></td> </tr> <tr> <td data-bbox="427 1011 701 1050">22 July 2020</td> <td data-bbox="701 1011 1010 1050">29 July 2020</td> <td data-bbox="1010 1011 1312 1050">3 August 2020</td> <td data-bbox="1312 1011 1659 1050">12 August 2020</td> <td></td> </tr> <tr> <td data-bbox="427 1050 701 1088">7 October</td> <td data-bbox="701 1050 1010 1088">14 October 2020</td> <td data-bbox="1010 1050 1312 1088">20 October 2020</td> <td data-bbox="1312 1050 1659 1088">29 October 2020</td> <td></td> </tr> </tbody> </table> <p data-bbox="427 1142 1189 1212"><b>The Management Group resolved:-</b> to note the meeting dates for 2020 as detailed above.</p>	Draft Report Deadline (10am unless otherwise stated)	Pre Meetings (all meetings commence at 2pm)	Report (10am unless stated)	Deadline (10am unless otherwise)	Meeting Dates (all meetings commence at 2pm)	<b>Community Planning Aberdeen Board (All meetings commence at 2pm)</b>					4 February 2020	12 February 2020	17 February 2020	26 February 2020		8 April 2020	15 April 2020	20 April 2020	29 April 2020		10 June 2020	17 June 2020	22 June 2020	1 July 2020		26 August 2020	2 September 2020	7 September 2020	16 September 2020		11 November 2020	17 November 2020	24 November 2020	3 December 2020		<b>Community Planning Aberdeen Management Group (All meetings commence at 2pm unless otherwise stated)</b>					8 January 2020	15 January 2020	20 January 2020	29 January 2020		4 March 2020	11 March 2020	13 March 2020	24 March 2020		6 May 2020	13 May 2020	18 May 2020	27 May 2020		22 July 2020	29 July 2020	3 August 2020	12 August 2020		7 October	14 October 2020	20 October 2020	29 October 2020		
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16. Date of Next meeting	The Management Group noted that its next meeting would be held on 28 October 2019 at 2pm.																																																																		

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# Community Planning Aberdeen

## FORWARD PLANNER

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

Title of report	Contact Officer
<b>CPA Management Group: 5 August 19/ CPA Board 9 September 19</b>	
CPA Improvement Programme Quarterly Update Report	Michelle Cochlan (ACC)
<b>Economy Project Charters</b>	
Increase the number of SVQ level 4 qualifications achieved in ICT and Digital by 10% by 2021.	Allison Carrington (SDS)
Stimulate a 5% increase in the number of start-up businesses in growth sectors by 2021.	Allison Carrington (SDS)
Increase the number of people employed in growth sectors by 5% by 2021.	Allison Carrington (SDS)
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)	Allison Carrington (SDS)
<b>People (Children &amp; Young People) Project Charters</b>	
Increase in the MMR vaccine uptake for children at 24 months by 3.9%, by 2020	Rob Polkinghorne (ACC)
Reduce the number of pregnant mothers who smoke by 10% by 2022	Rob Polkinghorne (ACC)
Reduce the number of babies exposed to second-hand smoke (at 6-8 week review) by 10% by 2022	Rob Polkinghorne (ACC)
Increase the number of 27-30 month reviews completed for eligible children by 5.2%, by 2021	Rob Polkinghorne (ACC)
Reduce the number of births affected by drugs by 0.6% by 2022	Rob Polkinghorne (ACC)
Increase in the uptake of Healthy Start Scheme and Vitamins by 4% by April 2020	Rob Polkinghorne (ACC)
Reduce the rate of teenage pregnancies [under 16s] by 3%, by 2021; <u>and</u> Reduce the rate of teenage pregnancies [under 16s] in the CPP locality areas by 10% by 2021	Rob Polkinghorne (ACC)
Increase the number of pregnant young people who are able to remain in education during pregnancy by 50%, by 2022	Rob Polkinghorne (ACC)
Increase the confidence of parents and young people to recognise and seek support in response to deteriorating mental wellbeing by 2022; <u>and</u> 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	Rob Polkinghorne (ACC)
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	Rob Polkinghorne (ACC)
Increase the number of partners supporting delivery of the Senior Phase by 10% by 2021	Rob Polkinghorne (ACC)
Increase the range and number of accredited courses being provided by schools and partners by 25% by 2021	Rob Polkinghorne (ACC)

<b>Title of report</b>	<b>Contact Officer</b>
Reduce the number of winter leavers with no positive destination by 50% by 2021	Rob Polkinghorne (ACC)
Reduce the number of young people identified as having indicators of being at risk of being excluded from school by 2021	Derek McGowan/ Rob Polkinghorne (ACC)
<b>People (Vulnerable Adults) Project Charters</b>	
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; and Reduce instances of anti-social behaviour as a result of appropriate and effective interventions in targeted areas by 10% by 2021	Derek McGowan (ACC)
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	Derek McGowan (ACC)
Extend link working approach across primary care to support 3,000 people to attain their own identified outcomes by 2021	Sandra Ross (HSCP)
Reduce % of men and women who are obese to 20% by 2021	Sandra Ross (HSCP)
Increase by 25% year on year, the number of people who have benefited from a Making Every Opportunity Count conversation or intervention	Sandra Ross (HSCP)
Increase opportunities for people who are retired to continue and increase their contribution to communities by 10% by 2021	Sandra Ross (HSCP)
Increase the % of Care experienced children and young people receiving educational and support input on alcohol/ drugs issues by 2021	Richard Craig (PS)
100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021	Richard Craig (PS)
Reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2021	Richard Craig (PS)
<b>Place Project Charters</b>	
N/A	Jillian Evans (NHS)
<b>CPA Management Group: 28 October 19/ CPA Board 2 December 19</b>	
CPA Quarterly Budget Monitoring Report (Management Group only)	Michelle Cochlan (ACC)
Update on Shared Intelligence Unit	Martin Murchie (ACC) Jillian Evans (NHS)
Outcomes Framework	Michelle Cochlan (ACC)
North East College Regional Outcome Agreement	Neil Cowie (NES College)
SISTEMA update	Derek McGowan (ACC)
Presentation by CORRA Foundation, Participatory Scotland	Michelle Cochlan (ACC)
Locality Annual Reports 2018/19	Neil Carnegie (ACC)
CPA Improvement Programme Quarterly Update Report	Michelle Cochlan (ACC)
<b>Economy Project Charters</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	Allison Carrington (SDS)
Increase the % of people in Aberdeen who feel comfortable using digital tools by 2021.	Allison Carrington (SDS)
<b>People (Children &amp; Young People) Project Charters</b>	
Increase the support provided by the school Nursing service to children and young people with escalating mental wellbeing concerns by 50% by 2022	Rob Polkinghorne (ACC)
Increase number of staff, including carers working with care experienced children and young people trained in trauma skills and knowledge, to 80% by 2021.	Rob Polkinghorne (ACC)

<b>Title of report</b>	<b>Contact Officer</b>
Reduce the number children who experience more than 1 placement over a year by 2022	Rob Polkinghorne (ACC)
Increase the number of care experienced people who receive appropriate support when accessing their records by 2022.	Rob Polkinghorne (ACC)
Increase the number of children and young people remaining in a placement between 16-18 year by 2021.	Rob Polkinghorne (ACC)
<b>People (Vulnerable Adults) Project Charters</b>	
Increase number of young people who need support in relation to trauma and bereavement having access to such support by 2021.	Derek McGowan (ACC)
Increase in number of calls by Criminal Justice professionals for advice/support to an expert helpline	Derek McGowan (ACC)
Improve health and wellbeing outcomes for at least 50% of homeless people participating in the Housing First programme by 2021.	Sandra Ross (HSCP)
Increase the number of people with autism who are supported to be in education, employment or training by 2021.	Sandra Ross (HSCP)
Increase number of alcohol brief interventions delivered by Primary Care providers and other professionals by 100% by 2021.	Richard Craig (PS)
Increase the number of Number of alcohol licensed premises awarded Best Bar None status by 2021.	Richard Craig (PS)
Increase opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment by 2021.	Richard Craig (PS)
<b>Place Project Charters</b>	
Increase % of people who walk as main mode of travel to 31% by 2021.	Jillian Evans (NHS)
Increase % of people who cycle as main mode of travel to 3% by 2021.	Jillian Evans (NHS)
<b>CPA Management Group: 29 January 20/ CPA Board 26 February 20</b>	
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').	Jonathan Smith (Civic Forum)
CPA Quarterly Budget Monitoring Report (Management Group only)	Michelle Cochlan (ACC)
Locality Partnership Quarterly Improvement Tracker	Neil Carnegie (ACC)
CPA Improvement Programme Quarterly Update Report	Michelle Cochlan (ACC)
<b>Economy Project Charters</b>	
N/A	Allison Carrington (SDS)
<b>People (Children &amp; Young People) Project Charters</b>	
N/A	Rob Polkinghorne (ACC)
<b>People (Vulnerable Adults) Project Charters</b>	
Increase % of non-statutory prisoners (aged 21+) who are offered relevant voluntary support on release from HMP Grampian by 2021. Scottish Prison Service.	Derek McGowan (ACC)
Increase number referred for appropriate assessment/support/treatment/services By 2021	Derek McGowan (ACC)
Increase the number of distress brief intervention opportunities for people with mental health issues by 10% by 2021.	Sandra Ross (HSCP)
Increase the number of unpaid carers participating in support programme reflecting healthy life choices by 25% by 2021.	Sandra Ross (HSCP)
Reduce suicide rates amongst men in Aberdeen to below 2016 levels (16) by 2021.	Sandra Ross (HSCP)
Increase the number of community run green spaces that are organised and self-managed, particularly in priority localities where satisfaction and use is low	Sandra Ross (HSCP)

<b>Title of report</b>	<b>Contact Officer</b>
Increase % of the population who feel informed about using alcohol responsibly by 2021.	Richard Craig (PS)
Increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2021.	Richard Craig (PS)
<b>Place Project Charters</b>	
Reduce Aberdeen's Carbon emissions by 30% by 2021.	Jillian Evans (NHS)
Increase the completeness of data within the 'at risk database' to identify those people most vulnerable	Jillian Evans (NHS)
<b>CPA Management Group: 24 March/ CPA Board 29 April 20</b>	
Strengthening Local Democracy: Demonstrating Improvements from National Steering Group and Research	Jonathan Smith (Civic Forum)
CPA Quarterly Budget Monitoring Report (Management Group only)	Michelle Cochlan (ACC)
Locality Partnership Quarterly Improvement Tracker	Neil Carnegie (ACC)
CPA Improvement Programme Quarterly Update Report	Michelle Cochlan (ACC)
<b>Economy Project Charters</b>	
N/A	Allison Carrington (SDS)
<b>People (Children &amp; Young People) Project Charters</b>	
Reduce the number of emergency hospital admissions for unintentional injury to children under 5 years by 3.69%, by 2021.	Rob Polkinghorne (ACC)
Reduce number of children who are witness to domestic abuse by 2022	Rob Polkinghorne (ACC)
Reduce child obesity at Primary 1 stage by 10%, by 2022	Rob Polkinghorne (ACC)
Increase the percentage of babies exclusively breastfed at 6-8 weeks to 41% by 2021.	Rob Polkinghorne (ACC)
Reduce the number of children and young people who are exhibiting self-harming behaviours	Rob Polkinghorne (ACC)
Reduce number of requests for specialist support from children's social work in partnership forums by 5% by 2020	Rob Polkinghorne (ACC)
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.	Rob Polkinghorne (ACC)
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.	Rob Polkinghorne (ACC)
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	Rob Polkinghorne (ACC)
Increase the number of curricular offerings shaped by school communities by 20%, by 2021.	Rob Polkinghorne (ACC)
Increase the number of opportunities to discuss and record skills for life, learning and work from S1 by 20%, by 2021.	Rob Polkinghorne (ACC)
Increase children, young people and families' awareness and understanding of future skill requirements by June 2021.	Rob Polkinghorne (ACC)
<b>People (Vulnerable Adults) Project Charters</b>	
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.	Derek McGowan (ACC)
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.	Derek McGowan (ACC)
Increase number of people in local communities promoting well-being and good health choices by 2021.	Sandra Ross (HSCP)

<b>Title of report</b>	<b>Contact Officer</b>
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.	Sandra Ross (HSCP)
Increase the number of groups for people with long term conditions which are co-produced with service users by 2021.	Sandra Ross (HSCP)
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.	Sandra Ross (HSCP)
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.	Richard Craig (PS)
<b>Place Project Charters</b>	
N/A	Jillian Evans (NHS)
<b>CPA Management Group: 27 May/ CPA Board 1 July 20</b>	
CPA Quarterly Budget Monitoring Report (Management Group only)	Michelle Cochlan (ACC)
Locality Partnership Quarterly Improvement Tracker	Neil Carnegie (ACC)
CPA Improvement Programme Quarterly Update Report	Michelle Cochlan (ACC)
<b>Economy Project Charters</b>	
N/A	Allison Carrington (SDS)
<b>People (Children &amp; Young People) Project Charters</b>	
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.	Rob Polkinghorne (ACC)
<b>People (Vulnerable Adults) Project Charters</b>	
Reduce the number of wilful fires by 20% by 2021.	Derek McGowan (ACC)
Increase % of individuals indicating an improvement in at least one area* at the end of their Community Payback Order Supervision by 2021.	Derek McGowan (ACC)
<b>Place Project Charters</b>	
N/A	Jillian Evans (NHS)
<b>CPA Management Group: 12 August/ CPA Board 16 September 20</b>	
CPA Quarterly Budget Monitoring Report (Management Group only)	Michelle Cochlan (ACC)
Locality Partnership Quarterly Improvement Tracker	Neil Carnegie (ACC)
CPA Improvement Programme Quarterly Update Report	Michelle Cochlan (ACC)
<b>Economy Project Charters</b>	
N/A	Allison Carrington (SDS)
<b>People (Children &amp; Young People) Project Charters</b>	
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.	Rob Polkinghorne (ACC)
<b>People (Vulnerable Adults) Project Charters</b>	
Increase number of people engaged in a person-centred multi-agency problem solving approach as part of a community sentence	Derek McGowan (ACC)
Increase the number of individuals charged with hate crimes who undertake effective interventions by 30% by 2021.	Derek McGowan (ACC)
<b>Place Project Charters</b>	
N/A	Jillian Evans (NHS)
<b>CPA Management Group: 29 October/ CPA Board 3 December</b>	
CPA Quarterly Budget Monitoring Report (Management Group only)	Michelle Cochlan (ACC)
Locality Partnership Quarterly Improvement Tracker	Neil Carnegie (ACC)
CPA Improvement Programme Quarterly Update Report	Michelle Cochlan (ACC)

<b>Title of report</b>	<b>Contact Officer</b>
<b>Economy Project Charters</b>	
N/A	Allison Carrington (SDS)
<b>People (Children &amp; Young People) Project Charters</b>	
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.	Rob Polkinghorne (ACC)
<b>People (Vulnerable Adults) Project Charters</b>	
Increase the uptake and retention of people in the Justice System with a diagnosed mental illness in specialist services by 2021.	Derek McGowan (ACC)
<b>Place Project Charters</b>	
Increase % of people who walk as main mode of travel to 31% by 2021.	Jillian Evans (NHS)
Increase % of people who cycle as main mode of travel to 3% by 2021.	Jillian Evans (NHS)
<b>Timescale TBC 2019-2020</b>	
Local Fire and Rescue Plan 19/20	Michelle Cochlan (ACC)
Future of Scotland's Planning System – dependent on the outcome of secondary legislation after the Bill	Michelle Cochlan (ACC)
Increase the number of Modern and Graduate Apprenticeships in priority and volume growth sectors by 5% by 2022.	Allison Carrington (SDS)
Support 2 investments per year in priority growth sectors through Invest Aberdeen by 2022.	Allison Carrington (SDS)
Increase the number of people from priority localities employed by public sector partners and in major capital projects by 2022.	Allison Carrington (SDS)
Increase no. of people over 50 in employment in Aberdeen by 10% by 2022.	Allison Carrington (SDS)
90% of employers reporting that they have appropriately skilled people in their workforce by 2026.	Allison Carrington (SDS)
Increase the number of people entering employment from Stage 4 employability activity to 80% by 2022.	Allison Carrington (SDS)
Increase no. of people over 50 in employment in Aberdeen by 10% by 2022.	Allison Carrington (SDS)

**Acronyms:**

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

***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).***

## **Aberdeen CPA – Scottish Government Update – August 2019**

### **Spending Review**

The Scottish Government is undertaking a multi-year Spending Review, with work starting in 2019.

The Medium-Term Financial Strategy published on 30 May 2019 sets out the high-level framework for a Spending Review by the Scottish Government which describes our approach to the Review for resource and for capital.

We are undertaking a review of spending beyond 2019-20 irrespective of the UK Government's decisions about its Spending Review. This will ensure we can continue to meet the high standards and deliver the quality public services that people across the Scotland expect. We plan to publish indicative resource budgets beyond 2020-21 in December 2019 alongside the Scottish Budget 2020-21, if we have sufficient clarity from the UK Government on future funding at that stage.

On capital, we will take account of the Infrastructure Commission's findings, to be reported at the end of December 2019, and our next Infrastructure Investment Plan and budgets beyond 2020-21 will be published by June 2020.

We remain committed to bringing forward a three-year settlement for local government for both revenue and capital from 2020-21. This should assist the efforts of local public services individually and collectively in medium to long-term resource planning. As Audit Scotland has pointed out in several recent reports, effective resource planning over the medium to long term is important, as a way of ensuring that public sector bodies plan, and where appropriate reform or transform, service delivery in order to best deliver positive outcomes in the face of expected future pressures.

Contact: Natassja Beaton (x43263/ [Nastassja.Beaton@gov.scot](mailto:Nastassja.Beaton@gov.scot))

### **Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs**

The Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs published on 19 July 2019. It's available at: <https://www.gov.scot/publications/partnership-delivery-framework-reduce-use-harm-alcohol-drugs/>

This Partnership Delivery Framework replaces the previous Joint Framework for Local Partnerships on alcohol and drugs, published in 2009. As you know the local delivery landscape has changed significantly since then, which includes the introduction of Community Justice Partnerships to replace Community Justice Authorities and Integration Authorities have been created.

This Partnership Delivery Framework sets out a shared ambition across Local Government and Scottish Government to reduce the use of and harms from alcohol and drugs. It sets out the partnership arrangements needed to reduce the use of and harms from alcohol and drugs. It aims to ensure that all bodies involved are clear about the accountability arrangements and their responsibilities when working together in the identification, pursuit and achievement of agreed, shared outcomes. The statutory requirements for strategic planning and reporting are included in Appendix 1 (page 9).

Contact: Nick Smith (x45942 / [Nicholas.smith@gov.scot](mailto:Nicholas.smith@gov.scot))

## **Health and Social Care Integration**

We are approaching the six month deadline for a number of the 25 proposals set out in the Ministerial Strategic Group for Health and Community Care's (MSG) review of progress with integration and work is continuing to address each individual proposal. The overview analysis of the self-evaluation responses that was presented to the Integration Review Leadership Group in June highlighted that there are opportunities for local learning and adoption of good practice. Local systems are developing improvement action plans to take this forward in a systematic way and planned improvement support with the first 11 areas will augment this local endeavour.

Contact: Emily Hines (x45208 / [emily.hines@gov.scot](mailto:emily.hines@gov.scot))

## **Transport Bill**

This ambitious legislation aims to improve journeys for people across the country by developing a cleaner, smarter and more accessible network. The Bill contains provisions on: low emission zones; bus services; smart ticketing; pavement and double parking prohibitions (including workplace parking levies and keeper liability); road works; Regional Transport Partnership finance and Scottish Canals governance. We are confident the Bill will empower local authorities and establish consistent standards where required, and also to address local transport needs as appropriate.

Stage 2 of the Transport (Scotland) Bill completed on 26 June 2019. There were 4 committee sessions, during which the Rural Economy and Connectivity Committee (RECC) considered 430 amendments to the Bill. The RECC agreed 144 amendments to the Bill with 83 of these being Government amendments. New sections were added to the Bill to give powers to local authorities to introduce workplace parking levies (Green Party amendment supported by Scottish Government), to enable private car parks to use keeper liability (Conservative amendment), and to allow local authorities to run their own bus services (Labour amendment), amongst others. Stage 3 is likely to take place early October.

Contacts: Brendan Rooney (x41482 / [Brendan.Rooney@transport.gov.scot](mailto:Brendan.Rooney@transport.gov.scot)) & Alice Hunter (x45020 / [Alice.Hunter@transport.gov.scot](mailto:Alice.Hunter@transport.gov.scot))

## **Moray Growth Deal**

A £65 million investment in the Moray Growth Deal was announced on 11 June— a £32.5 contribution from the UK and Scottish Governments. We are now working with Moray Council and the UK Government towards a Heads of Terms agreement which will define the specific projects the deal will support.

<https://www.gov.scot/news/gbp-65-million-investment-in-moray-economy/>

Contact: Louisa Harvey (x46820 / [Louisa.Harvey@gov.scot](mailto:Louisa.Harvey@gov.scot))

## **Brexit: Corporate Update**

A 'No Deal' exit by the UK from the EU on 31 October remains a possibility. Indeed, it is the legal default position. The Scottish Government is continuing to prepare for all outcomes, including that of a 'No Deal' exit.

Contact: Andrew Gunn (x45061 / [Andrew.Gunn@gov.scot](mailto:Andrew.Gunn@gov.scot)) / Stephen Jones (x416662 / [Stephen.Jones@gov.scot](mailto:Stephen.Jones@gov.scot))

## **PLANNING REFORM AND THE PLANNING (SCOTLAND) BILL**

The Planning (Scotland) Bill was passed by the Scottish Parliament on 20 June 2019, and will receive Royal Assent in the next few weeks. The new Act involves some wide-ranging changes across the planning system, including:

- A new Purpose of Planning to be embedded through development plans, for the development and use of land to be in the 'long-term public interest'
- New arrangements for the National Planning Framework, including approval by the Scottish Parliament
- Repeal of strategic development plans for the four largest city regions, replaced by a new duty for all planning authorities to produce more agile Regional Spatial Strategies
- Restructured processes for authorities' local development plans, including taking account of community planning and a requirement to produce an independently scrutinised evidence report
- A new power for community bodies to prepare Local Place Plans
- Requirements for authorities to prepare Open Space Strategies, Forestry and Woodland Strategies and lists of people seeking land for self-build housing
- Arrangements for designating Masterplan Consent Areas, which can grant planning permission and some other development consents in defined areas, removing the need for applications
- Power for authorities to designate Short-Term Let Control Areas, where use of a property for short term lets would always require a planning application
- Allowing more types of application to be delegated to officers for decision, with the appeal route being to authorities' Local Review Bodies
- Enabling charging orders so that authorities can recoup some costs of enforcement activity
- Broadened scope for fees for planning activities, including allowing fees to be waived or reduced
- Mandatory training in planning for elected members of planning authorities
- Statutory annual performance reporting by authorities, and the appointment of a National Planning Improvement Coordinator

- A requirement for each planning authority to have a Chief Planning Officer to advise the authority on their planning (and other relevant) functions
- A regulation-making power to introduce a future infrastructure levy

We are now developing an implementation programme for the Bill's provisions, including the development of detailed changes to the planning system to be brought forward through a suite of regulations, guidance and policy. Each section of the new Act will be brought into force when the relevant supporting material is ready.

Work is also now commencing on the preparation for the fourth National Planning Framework (NPF4), which will incorporate a review of Scottish Planning Policy and will, when approved and adopted, become part of the statutory development plan. We will engage and involve local government and other stakeholders throughout the development of NPF4 and the further legislation to come.

Contact: Andy Kinnaird (x47076 / [Andy.Kinnaird@gov.scot](mailto:Andy.Kinnaird@gov.scot))

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# Community Planning Aberdeen

<b>Progress Report</b>	CPA Improvement Programme 2019-21 Quarterly Update Report
<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>	30 August 2019
<b>Governance Group</b>	CPA Board – 9 September 2019

<b>Purpose of the Report</b>
This report provides an update on the projects within the Local Outcome Improvement Plan 2016-26 which have started, or are due to start, to deliver the Partnership's 15 Stretch Outcomes by 2026. This report also includes new charters for approval for project initiation.

<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 to be delivered by 2026 and 125 shorter term improvement projects which will be initiated over 2019 to 2021.</p> <p>1.2 The Community Planning Aberdeen <a href="#">Outcome Management and Improvement Framework</a> sets out how CPA ensures effective, systematic and collaborative scrutiny of progress towards the achievement of outcomes within the LOIP. These arrangements include quarterly reporting to the CPA Board on progress made in taking forward the LOIP improvement projects. This report includes an update on the LOIP projects which have started or are scheduled to start this quarter. This report also includes new charters for approval before project initiation of testing.</p> <p><b>2 PROJECT UPDATES</b></p> <p>2.1 There are a small number of improvement projects which were initiated following the first Local Outcome Improvement Plan 2016 and have continued into the refreshed LOIP. Progress against these improvement projects is included in Appendix 1 of this report.</p> <p>2.2 Projects approved for initiation by CPA Board on 1 July are now in stage five of their improvement journey - designing changes for testing. A further progress report on these projects will be available for the Board meeting in December.</p>

### **3 NEW PROJECT CHARTERS**

3.1 This report includes 13 of 27 project charters which were due to be submitted to the CPA Board in September, as per the [CPA Improvement Programme 2019-21](#), approved by the Board on 1 May 19. Of the remaining 14 charters originally scheduled to be submitted to the CPA Board in September, 13 have been postponed and 1 is outstanding. See project updates in Appendix 1 for details.

### **4 NEXT STEPS**

4.1 Projects which have charters approved by CPA Board on 9 September will proceed to the designing and testing stage.

#### **Recommendations for Action**

It is recommended that members of the CPA Board:

- i) consider the updates provided on live improvement projects;
- ii) approve the new charters included in this report for initiation of testing;
- iii) approve the rescheduling of all other charters which were due to be submitted to CPA Board in September, but have been postponed; and
- iv) request an update from the Director of Public Health on the project to 'Increase the number of 27-30 month reviews completed for eligible children by 5.2% by 2021'.

#### **Opportunities and Risks**

Successful delivery of the Local Outcome Improvement Plan 2016-26 requires a robust programme management approach to the delivery of the 120 improvement projects in the refreshed LOIP. It has been agreed that we will take a phased approach to the initiation of the projects in the LOIP to help ensure we are channelling our resources to those projects which are most likely to have the biggest impact; and/ or set the foundation for further improvement activity over the next two to three years. However, there will be no compromise on pace and therefore the timely initiation of planned projects is essential.

#### **Consultation**

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

Susan Webb, Director of Public Health

Johnathan Smith, Chair of Aberdeen Civic Forum

Members of CPA Management Group

Chairs of CPA Outcome Improvement Groups

LOIP Project Managers

Sacha Will, Improvement Programme Manager

James Simpson, Performance & Strategy Development Officer

## **Background Papers**

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

[Local Outcome Improvement Plan 2016-2026 \(Refreshed 26 February 2019\)](#)

[CPA Improvement Programme 2019-21](#)

### Contact details:

Michelle Cochlan

Community Planning Manager

01224 522791

[MCochlan@aberdeencity.gov.uk](mailto:MCochlan@aberdeencity.gov.uk)

## APPENDIX 1

### 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

Charter Status	Ready	Partly Ready	Postponed	Not Ready
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## (I) ECONOMY

SEPTEMBER UPDATE

### Lead Outcome Improvement Group: **Aberdeen Prospers**

- No. project charters due: 4
- No. project charters received: 1
- No. project charters postponed: 3
- No. project charters outstanding: 0
- No. projects live: 1
- Total No. of LOIP projects: 14

### **Stretch Outcome 1**

#### **10% increase in employment across priority and volume growth sectors by 2026**

Projects Starting	Charter Due Date(s)	Charter Status
Increase the number of SVQ level 4 qualifications achieved in ICT and Digital by 10% by 2021	Original: Jul 19 Rescheduled: Sep 19	Postponed to December. Charter delayed due to project being at stage 3. Work is being done to gather baseline data and understand current issues in order to identify change ideas.
Stimulate a 5% increase in the number of start-up businesses in growth sectors by 2021.	Sep 19	Charter ready (See charter 1.1)
Increase the number of people employed in growth sectors by 5% by 2021.	Sep 19	Postponed to December. Charter delayed due to project being at stage 1. Improvement team being developed. Work is being done to gather baseline data and understand current issues in order

		to identify change ideas. Initial work to focus on the Early Learning and Child Sector.
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## **Stretch Outcome 2**

### **90% of working people in Living Wage employment by 2026**

<b>Projects Starting</b>	<b>Charter Due Date(s)</b>	<b>Charter Status</b>
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)	Sep 19	Postponed to December. Charter delayed due to project being at stage 1. There has been a change to project manager and improvement team is now being established.

<b>Live Projects</b>	<b>Start-End</b>	<b>Progress Scale</b>	<b>Changes tested so far</b>
2.1 Increase the impact and measured value of Partnership wide community benefits programme by 2022. <b>Project Manager:</b> Lori Manson, ACC <a href="#">Project Charter approved 1 July 19</a> (Subject to feedback which has been addressed in this latest version).	Jul 19 – Dec 20	5	Currently designing and developing change ideas for initial testing.

**Lead Outcome Improvement Group: Integrated Children's Services**

- No. project charters due: 13
- No. project charters received: 5
- No. project charters postponed: 7
- No. project charters outstanding: 1
- No. projects live: 6
- Total No. of LOIP projects: 41

**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**

Projects Starting	Charter Due Date(s)	Charter Status
Reduce the number of babies exposed to second-hand smoke (at 6-8 week review) by 10% by 2022	Original: Jul 19 Rescheduled: Sep 19	Postponed to December. Charter delayed due to project being at stage 1. There has been a change to project manager and improvement team is now being established.
Reduce the number of pregnant mothers who smoke by 10% by 2022	Original: Jul 19 Rescheduled: Sep 19	Postponed to December. Charter delayed due to project being at stage 1. There has been a change to project manager and improvement team is now being established.
Increase the number of pregnant young people who are able to remain in education during pregnancy by 50%, by 2022	Original: Jul 19 Rescheduled: Sep 19	Postponed to December. Charter delayed due to project being at stage 1. Project manager not yet identified.
Increase in the MMR vaccine uptake for children at 24 months by 3.9%, by 2020	Original: Jul 19 Rescheduled: Sep 19	Postponed to December. Charter delayed due to project being at stage 2. Feedback has been provided on the charter, detailed revision of the change ideas is required
Increase the number of 27-30 month reviews completed for eligible children by 5.2%, by 2021	Original: Jul 19 Rescheduled: Sep 19	NHS Grampian are currently reviewing this project.
Reduce the number of births affected by drugs by 0.6% by 2022.	Sep 19	Charter ready (See charter 3.2)
Reduce the rate of teenage pregnancies [under 16s] by 3%, by 2021; and Reduce the rate of teenage pregnancies [under 16s] in the CPP locality areas by 10% by 2021	Original: Jul 19 Rescheduled: Sep 19	Charter ready (See charter 3.3)

Increase in the uptake of Healthy Start Scheme and Vitamins by 4% by April 2020.	Sep 19	Postponed to December. Charter delayed due to project being at stage 2. Feedback has been provided on the charter, detailed revision of the change ideas is required
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Live Projects	Start-End	Progress Scale	Changes being tested
3.1 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, Home Start <a href="#">Project charter approved on 16 August</a> (Following feedback from CPA Board on 1 July, the revised charter was approved by Chair and Vice Chair of CPA Board)	Jul 19 – Dec 19	5	Currently designing and developing change ideas for initial testing.

### **Stretch Outcome 4**

**90% of children and young people will report that they feel mentally well by 2026**

Projects Starting	Charter Due Date(s)	Charter Status
Increase the confidence of parents and young people to recognise and seek support in response to deteriorating mental wellbeing by 2022; <u>and</u> 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	Sep 19	Charter ready (See charter 4.1)

### **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**

No charters due

Live Projects	Start-End	Progress Scale	Changes being tested
5.1 Increase the number of care experienced young people accessing a positive and sustained destination by 25% by 2022 <b>Project Manager:</b> Larissa Gordon, ACC <a href="#">Project Charter approved 1 July 19</a>	Jul 19- Aug 21	5	Currently designing and developing change ideas for initial testing.

Live Projects	Start-End	Progress Scale	Changes being tested
5.2 Increase in the number of inhouse foster and kinship placements by 2021 <b>Project Manager:</b> Isabel McDonnel, ACC <a href="#">Project Charter approved 1 July 19</a>	Jul 19 – Jan 20	5	Currently designing and developing change ideas for initial testing.

## **Stretch Outcome 6**

### **95% of children living in our priority localities will sustain a positive destination upon leaving school by 2026**

Projects Starting	Charter Due Date(s)	Charter Status
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	Original: Jul 19 Rescheduled: Sep 19	Charter ready (See charter 6.4)
Reduce the number of winter leavers with no positive destination by 50% by 2021.	Sep 19	Charter ready (See charter 6.5)
Increase the number of partners supporting delivery of the Senior Phase by 10% by 2021	Sep 19	Postponed to December. Charter delayed due to project being at stage 2. Feedback has been provided on the charter, detailed revision of the change ideas is required
Increase the range and number of accredited courses being provided by schools and partners by 25% by 2021.	Sep 19	Postponed to December. Charter delayed due to project being at stage 1. There has been a delay in establishing a project lead, now address

Live Projects	Start-End	Progress Scale	Changes being tested
6.1 Increase the no. young people who effectively transition from primary school to secondary school by 2021 <b>Project Manager:</b> Gael Ross, ACC <a href="#">Project Charter approved 1 July 19</a>	Jul 19 – Jul 21	5	Currently designing and developing change ideas for initial testing.
6.2 Increase the number of young people living in Quintiles 1,2 and 3 engaged in a family approach who achieve a sustained positive destination to 90% 2022 <b>Project Manager:</b> James Simpson, ACC <a href="#">Project Charter approved 1 July 19</a> (Subject to feedback which has been addressed in this latest version).	Jul 19 – Jun 20	5	Currently designing and developing change ideas for initial testing.

Live Projects	Start-End	Progress Scale	Changes being tested
6.3 Increase the number of young people taking up foundation apprenticeships to 142 by 2021 <b>Project Manager:</b> Nicola Graham, SDS <a href="#">Project Charter approved 1 July 19</a> (Subject to feedback which has been addressed in this latest version).	Jul 19 – Aug 20	5	Currently designing and developing change ideas for initial testing.

**Stretch Outcome 7 Child Friendly City which supports all children to prosper and engage actively with their communities by 2026** No charters due

**Lead Outcome Improvement Group: Community Justice Group**

No. project charters due: 3

No. project charters received: 2

No. project charters postponed: 1

No. project charters outstanding: 0

No. projects live: 5

Total No. of LOIP projects: 24

**Stretch Outcome 8****Stretch Outcome 8. 25% fewer young people (under 18) charged with an offence by 2026 (Community Justice Group/ ICS)**

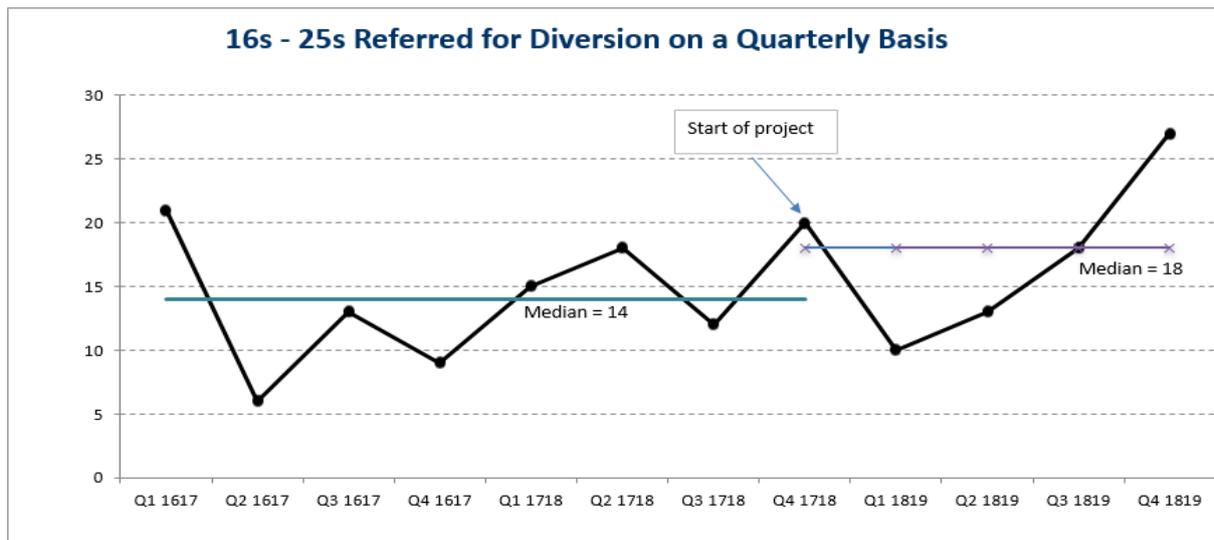
Projects Starting	Charter Due Date(s)	Charter Status
Reduce the number of young people identified as having indicators of being at risk of being excluded from school by 2021.	Sep 19	Postponed to December. Charter delayed due to project being at stage 1.
Increase by 20% the number of young people identified as being at risk of becoming involved in offending behaviour who are engaged in targeted community-based activities by 2021; <u>and</u> Reduce instances of anti-social behaviour as a result of appropriate and effective interventions in targeted areas by 10% by 2021	Sep 19	Charter ready (See charter 8.1)

**Stretch Outcome 9****25% fewer people receiving a first ever Court conviction each year by 2026**

Projects Starting	Charter Due Date(s)	Charter Status
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; <u>and</u> Increase the number of cases of people appropriately diverted from prosecution by 2021.	Sep 19	Charter ready (See charter 9.1) <b>Note:</b> Project team propose to merge this project with project 9.1 below.

Live Projects	Start-End	Progress Scale	Changes being tested
<p>9.1 Increase the number of cases of people appropriately diverted from prosecution by 2021.</p> <p><b>Project Manager:</b> Claire Duncan, HSCP</p> <p><a href="#">Project Charter Approved Feb 2019</a></p>	Apr 18 – Mar 21	8	<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> <li>• Training/awareness-raising input on Diversion from Prosecution</li> </ul>

#### Improvement Data



The run chart shows the number of people aged 16-25 who were diverted from prosecution by the Procurator Fiscal on a quarterly basis during the period of the project and the two preceding years. A total of 78 were referred for diversion during the period of the project, with the median figure for these quarterly data points being 18. This compares with a median of 14 for the data points covering the quarters prior to that.

The median for the period of the project is below our target aim of 85 referrals in total per year, an average of 21 per quarter (from the baseline year of 2015-16). However, there can be seen a quarter on quarter increase in the number of referrals during 2018-19.

It is proposed that going forward his project aim will be achieved as part of the project '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'. See charter 9.1.

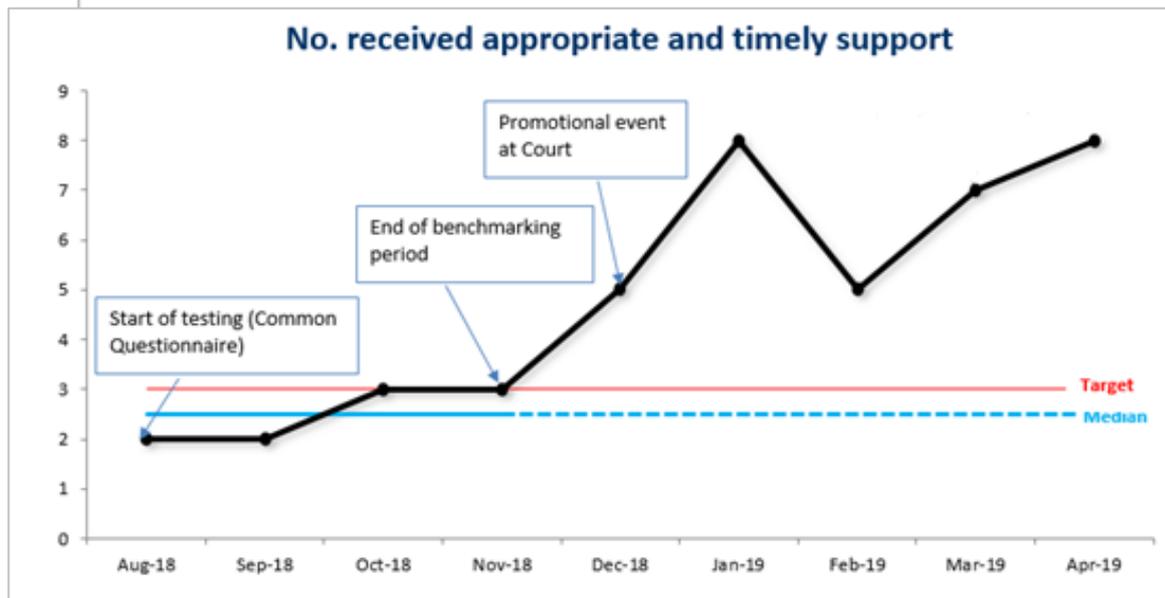
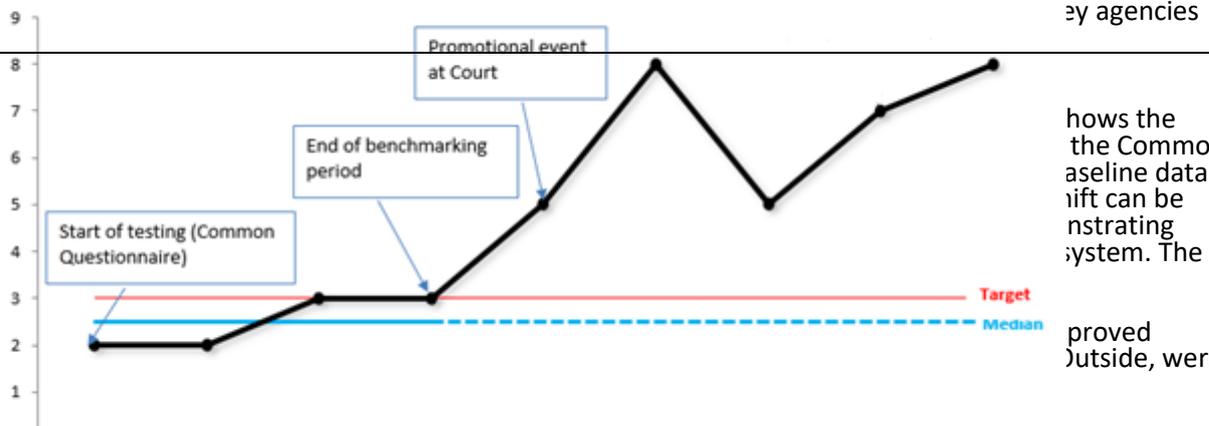
### **Stretch Outcome 10**

**2% fewer people reconvicted within one year of receiving a community or custodial sentence by 2026**

No charters due.

Live Projects	Start-End	Progress Scale	Changes being tested
<p>10.1 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.</p> <p><b>Project Manager:</b> Susan Morrison, ACVO/ Pam Simpson.</p>	May 18 – Mar 21	8	<p><u>Awareness-raising</u></p> <ul style="list-style-type: none"> <li>Regular multi agency training sessions provided by three key services (including focus on Police, Health Visitors, Education and Community Development staff, Aberdeen Bar Association, &amp; G4S)</li> <li>Regular specific training for prison staff, including Booking Line and peer mentors, with particular focus on giving info to family members with children</li> <li>Leaflets/posters/cards including information about three key agencies (including QR Code on leaflet (can be scanned by smart phones))</li> <li>Poster at bus stop outside Court &amp; on back of Court toilet doors</li> <li>YouTube channel/clips about family issues/support</li> <li>Role of solicitors</li> </ul> <p><u>Focus on Children and Young People</u></p> <ul style="list-style-type: none"> <li>Appropriate pre- and post-visit feedback mechanism</li> </ul>

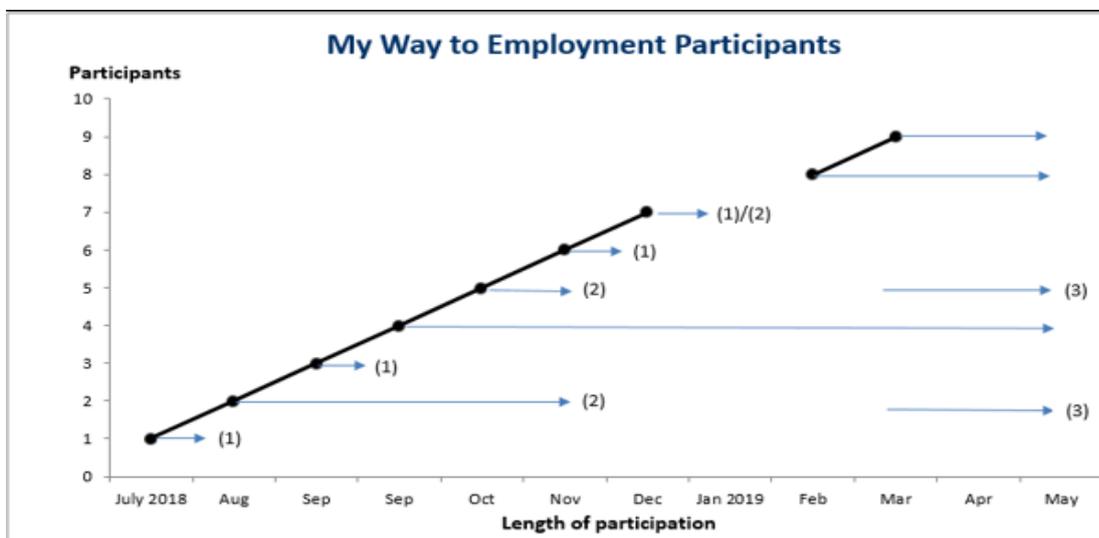
**No. received appropriate and timely support**



Live Projects	Start-End	Progress Scale	Changes being tested
10.2 Increase no. of individuals who are on a custodial sentence, CPO Supervision or Diversion form Prosecution are being supported to make progress on the Employability Pipeline by 2021.  <b>Project Manager:</b> Nicola Graham, SDS  <a href="#">Project Charter</a> <a href="#">Approved Feb 2018</a>	Feb 18 – Mar 21	8	<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>

### Improvement Data

This project started in Feb 2018 and has continued into the refreshed LOIP.



Notes: (1) Ceased to engage (2) Returned to custody (3) Re-engaged

### Individuals are engaged

The chart shows the individuals who agreed to participate in MWTE, and the duration of their engagement. In total nine individuals participated/continue to participate (the target was for 10):

- Five individuals are currently continuing to engage. Of these, two have returned to prison but were re-engaged with there.
- Three individuals had started off positively but then ceased to engage. Efforts are being made to re-engage with these individuals.
- One individual ceased to engage and returned to custody. The project is endeavouring to re-engage this individual while in custody.

The reasons for individuals ceasing to engage are varied. Common issues included people returning to custody, health issues (eg drug and alcohol-related, and mental health), lack of confidence/motivation, struggling to break the cycle of not being in work etc The table at Appendix 5 of the Final Report shows the complexity of issues and challenges facing individuals, and some of the ‘small steps’ made during the course of their engagement with the project.

### 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

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

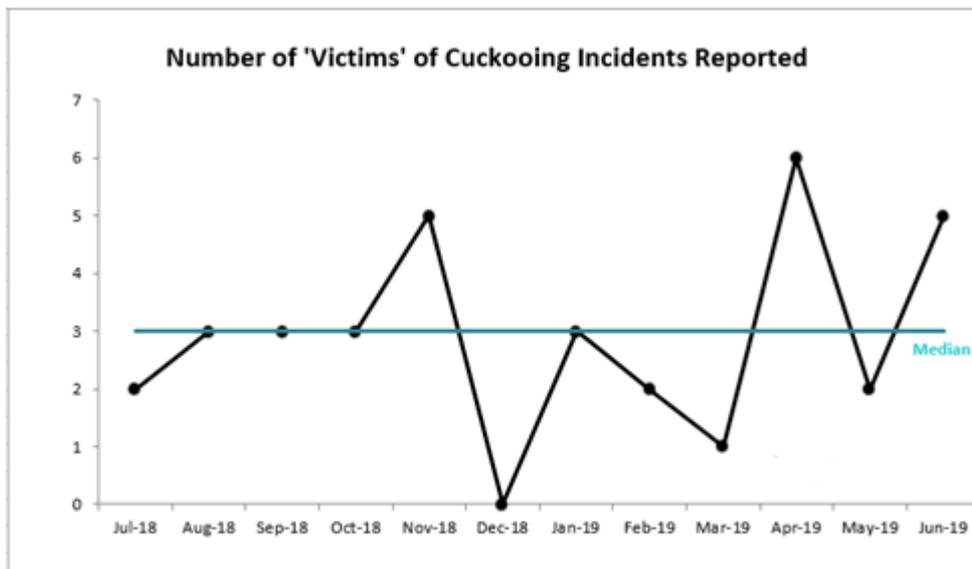
Additional opportunities for awareness raising being pursued with Chamber of Commerce, Federation of Small Businesses, and other employers.

Live Projects	Start-End	Progress Scale	Changes being tested
<p>10.3 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.</p> <p><b>Project Manager:</b> George Nixon, Police Scotland</p> <p><a href="#">Project Charter approved 1 July 19</a></p>	Jul 19 – May 20	7	<ul style="list-style-type: none"> <li>• ‘Core Contacts’ (single points of contact from partner organisations)</li> <li>• Awareness-raising sessions for professionals/partners.</li> <li>• Mechanisms for raising awareness with public/local communities (eg leaflet drops, SHMU radio/newsletters)</li> <li>• Process for Police to coordinate joint visits to individuals</li> <li>• Joint partner visits aimed at engaging with individuals identified as potentially being ‘victims’</li> <li>• Process for partners to refer individuals on to relevant support as appropriate</li> <li>• ‘Lead professional’ approach for individuals involved</li> <li>• Steps to protect individuals as relevant to individual circumstances, to increase chances of individual engaging</li> <li>• Police document to record data/information about individuals (victims) identified as being involved</li> <li>• Regular ‘operational’ cuckooing meetings involving partners (Cuckooing Initiative Operational Group) to review incidents</li> </ul>

**Improvement Data**

Baseline data July 18 – Jun 19

The run chart shows the number of ‘victims’ of potential cuckooing incidents reported to the Police each month prior to and in the initial stages of the project.



Live Projects	Start-End	Progress Scale	Changes being tested
Number of individuals who are involved in cuckooing* incidents who undertake effective interventions or who are referred to relevant support services (eg SMS/Housing/GP) -			7
Number of victims of cuckooing incidents reported to Police - see run chart			35
Number of partner awareness sessions: inputs have been provided to Council and Housing Association Housing Managers and Officers, Social Work teams, Mental Health charities, Council Management and support agencies.			10
Number referred to alcohol/drug services			3
Number of vulnerable adults (eg elderly, having mental health issues) assisted by relevant services			2

Live Projects	Start-End	Progress Scale	Changes being tested
10.4 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, PS <a href="#">Project Charter approved 1 July 19</a>	Jul 19 – May 20	5	Currently designing and developing change ideas for initial testing.

## Lead Outcome Improvement Group: Resilient, Included, Supported Group

No. project charters due: 4  
 No. project charters received: 2  
 No. project charters postponed: 2  
 No. project charters outstanding:  
 No. projects live: 1  
 Total No. of LOIP projects: 17

### Stretch Outcome 11

**Healthy life expectancy (time lived in good health) is five years longer by 2026**

Projects Starting	Charter Due Date(s)	Charter Status
Extend link working approach across primary care to support 3,000 people to attain their own identified outcomes by 2021.	Original: Jul 19 Rescheduled: Sep 19	Charter ready (See charter 11.2)
Reduce % of men and women who are obese to 20% by 2021.	Original: Jul 19 Rescheduled: Sep 19	Charter ready (See charter 11.3)
Increase by 25% year on year, the number of people who have benefited from a Making Every Opportunity Count conversation or intervention.	Sep 19	Postponed to December. Charter delayed due to project being at stage 3. Project team is examining the current MEOC system to identify changes which will achieve this aim.
Increase opportunities for people who are retired to continue and increase their contribution to communities by 10% by 2021.	Sep 19	Postponed to December. Charter delayed due to project being at stage 3.

Live Projects	Start-End	Progress Scale	Changes being tested
11.1 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 <a href="#">Project Charter approved 1 July 19</a>	Jul 19 – Dec 20	5	Currently designing and developing change ideas for initial testing.

## Lead Outcome Improvement Group: Alcohol and Drugs Partnership

No. project charters due: 3

No. project charters received: 3

No. project charters postponed: 0

No. project charters outstanding: 0

No. projects live: 0

Total No. of LOIP projects: 11

### Stretch Outcome 12

**Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026**

Projects Starting	Charter Due Date(s)	Charter Status
Increase the % of Care experienced children and young people receiving educational and support input on alcohol/ drugs issues by 2021.	Sep 19	Charter ready (See charter 12.1)
100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021.	Sep 19	Charter ready (See charter 12.2)
Reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2021.	Sep 19	Charter ready (See charter 12.3)

**Lead Outcome Improvement Group: Sustainable City Group**

No. project charters due: 0  
 No. project charters received: N/A  
 No. project charters postponed: 0  
 No. project charters outstanding: 0  
 No. projects live: 2  
 Total No. of LOIP projects: 9

**Stretch Outcome 13****No one in Aberdeen will go without food due to poverty by 2026**

Live Projects	Start-End	Progress Scale	Changes being tested
13.1 Increase community food growing in schools, communities and workplaces by 2021 <b>Project Manager:</b> Stephen Shaw, ACC <a href="#">Project Charter approved 1 July 19</a>	Jul 19 – Dec 20	5	Currently designing and developing change ideas for initial testing.

**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**

Live Projects	Start-End	Progress Scale	Changes being tested
14.1 Increase community food growing in schools, communities and workplaces by 2021 <b>Project Manager:</b> Dawn Shultz, ACC <a href="#">Project Charter approved 1 July 19</a>	Jul 19 – Dec 20	5	Currently designing and developing change ideas for initial testing.

**Stretch Outcome 15****38% of people walking and 5% of people cycling as main mode of travel by 2026**

No charters due

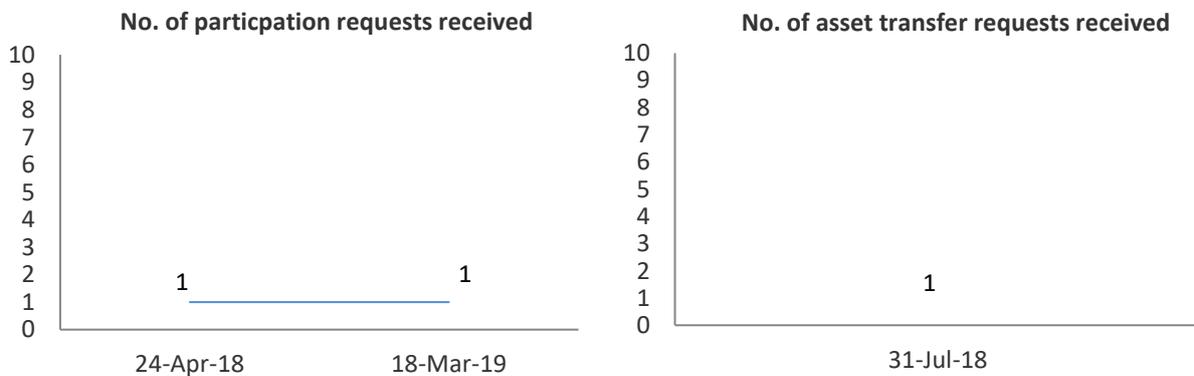
Lead Outcome Improvement Group: Community Engagement Group

No. project charters due: 0
No. project charters received: N/A
No. projects live: 1
Total no. of projects planned: 3

Table with 4 columns: Live Projects, Start-End, Progress Scale, Changes being tested. Row 1: 100% of all Asset Transfer Requests and Participation Requests are seen through to a satisfactory conclusion by December 2020. Project Manager: Jonathan Smith, Civic Forum. Project Charter approved Feb 2018. Progress Scale: 5. Changes being tested: Currently designing and developing change ideas for initial testing from September. Includes bullet points for new request forms, request packs, website pages, email addresses, staff training, and awareness raising.

Improvement Data

Baseline data:



The baseline data currently available relates to formal requests made to Aberdeen City Council since the enactment of the Community Empowerment (Scotland) Act 2015. Further information on these requests can be found in the links below.

https://www.aberdeencity.gov.uk/participation-requests-received

https://www.aberdeencity.gov.uk/services/people-and-communities/community-asset-transfer

In addition to the formal requests, we are aware that a significant number of enquires and expressions of interest are being positively resolved outwith the formal legislative process. It is our intention that this data will be collected on a clearly defined schedule, with planned updates on volume and experiences of requests across the Partnership as we commence testing our change ideas.

1	Stimulate a 5% increase in the number of start-up businesses in growth sectors by 2021.	See charter 1.1
2	Reduce the number of births affected by drugs by 0.6% by 2022.	See charter 3.2
3	Reduce the rate of teenage pregnancies [under 16s] by 3%, by 2021; and Reduce the rate of teenage pregnancies [under 16s] in the CPP locality areas by 10% by 2021	See charter 3.3
4	Increase the confidence of parents and young people to recognise and seek support in response to deteriorating mental wellbeing by 2022; <u>and</u> 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	See charter 4.1
5	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	See charter 6.4
6	Reduce the number of winter leavers with no positive destination by 50% by 2021.	See charter 6.5
7	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; <u>and</u> Reduce instances of anti-social behaviour as a result of appropriate and effective interventions in targeted areas by 10% by 2021	See charter 8.1
8	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; <u>and</u> Increase the number of cases of people appropriately diverted from prosecution by 2021.	See charter 9.1
9	Extend link working approach across primary care to support 3,000 people to attain their own identified outcomes by 2021.	See charter 11.2
10	Reduce % of men and women who are obese to 20% by 2021.	See charter 11.3
11	Increase the % of Care experienced children and young people receiving educational and support input on alcohol/ drugs issues by 2021.	See charter 12.1
12	100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021.	See charter 12.2
13	Reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2021.	See charter 12.3

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## Charter 1.1 Businesses Start Ups

<b>Improvement Project Title:</b> Start-up businesses
<b>Executive Sponsor:</b> Allison Carrington, Acting Chair of Aberdeen Prospers, Skills Development Scotland.
<b>Project Lead:</b> Roz Taylor (Elevator) ( <a href="mailto:Roz@elevatoruk.com">Roz@elevatoruk.com</a> );  Martin Barry (SE), ( <a href="mailto:Martin.Barry@scotent.co.uk">Martin.Barry@scotent.co.uk</a> )
<b>Aim statement</b>  Stimulate a 5% increase in the number of start-up businesses in growth sectors (digital/ creative; food and drink; life sciences; tourism; energy) by 2021.
<b>Link to Local Outcome Improvement Plan:</b> The refreshed LOIP published in 2019 identifies 15 stretch outcomes to break down the overall vision and ambitions to reduce poverty into manageable, thematic programmes of work. This Improvement Project sits under stretch outcome 1 within the Economy theme:  <b><i>Stretch Outcome 1. 10% increase in employment across priority and volume growth sectors by 2026</i></b>  This project will contribute to another Aberdeen Prospers aim to: Increase the number of people employed in growth sectors (digital/ creative; food and drink; life sciences; tourism; social care and health and construction) by 5% by 2021.
<b>Why is this important</b>  Without new firms, there is less competition and the pool of companies who could grow and provide employment is smaller. New firms can also be the primary creators of new jobs in economies, and in Scotland they have an important role in sustaining jobs in both rural and urban areas.  Stimulating growth in start up business numbers across the priority and volume growth sectors (food and drink; life sciences; construction; digital / creative; health and social care; tourism; energy) and ensuring that these start up businesses are supported to develop and grow will be a key contributor to the overall aim of increasing employment numbers in these sectors (and therefore supporting wider Regional Economic Strategy aspirations for diversification and broadening of the economy).  Aberdeen has a strong tradition as a hub for entrepreneurship and a high rate of private sector businesses and jobs compared to the public sector. The Business Gateway contract in Aberdeen and Aberdeenshire is one of the highest performing in Scotland, with start-up rates consistently exceeding contracted levels. Partners are currently gathering the relevant baseline information from a range of sources. This information will be collated and reported as this project progresses.

### **Number of Business Gateway Start up Figures**

2016 – 2017	567
2017 – 2018	515
2018 – 2019	528

Over the past 4 years the economy in Aberdeen has been very unusual with increases in redundancies, resulting in increased start up figures and changes in TAX rates in relation to limited companies resulting in many smaller businesses choosing to be sole traders or partnerships rather than limited companies.

### **Number of Business Gateway enquiries**

2016 – 2017	1261
2017 – 2018	1370
2018 – 2019	989

As noted in the above figures there was a spike in enquiries as individuals were made redundant, however not all of these were enquiries which ended up resulting in start-ups. It is noted that there is a higher conversion rate in the last year and so while there were less enquiries, perhaps as a result of a more stable economy, there is a slightly higher number of actual start-ups in the Aberdeen area.

The Scottish Enterprise Strategic Framework is focused on driving the changes in the economy that will have a long term positive impact, ensuring economic success is distributed more evenly across communities – notably democratising entrepreneurship so that anyone feels able to start their own business regardless of where they grew up or where they were educated.

Other parts of the innovation and incubation ecosystem are also being developed, with significant sector-based innovation hubs due to launch in the coming months and years (starting with the ONE Codebase techhub in summer 2019). These new hubs will provide a platform for increased start up activity in key sectors.

Work is being undertaken to explore the potential for community business on a co-operative model in localities, which if successful will link in with this project.

Start up opportunities in sectors such as health and social care and construction will also be prioritised, recognising that these may offer a more accessible route to self-employment for people from priority localities. The opportunity to enable people to build on skills through self-employment is often not an option considered as accessible to people in localities – work will be undertaken overcome such barriers in aspiration both with schools and people in the community. Previous events held within localities to support potential business creators have not been well attended. The project team will focus on developing more effective links between organisations and test approaches to improve engagement with these communities.

	Business Count (Units)	New Businesses (March 2016-2017)
Torry East & Torry West	248	30
Tillydrone, Seaton & Woodside	249	37
Northfield, Mastrick, Cummings Park & Heathryfold and Middlefield	245	41

As detailed above, Aberdeen City and Shire has faced an unusual economic period since the downturn in the oil and gas industry, which resulted in a high number of business deaths but also an increased volume of start ups through individuals who had been made redundant from the oil and gas industry. Many of these organisations were set up as sole traders and partnerships. When developing the change ideas and measures it will be important to identify the best measures which fit the local region and the recently fluctuating economy to ensure we understand the impact of the changes we are testing whilst taking account of the recent economic history.

#### Measures:

It is essential that the measures which we use are relevant both to the area and the changing environment for setting up a business in terms of the reduced benefits to individuals being a limited company. The figures which have been presented through the Office of National Statistics show the number of births in the region based upon organisations being limited companies and or VAT registered. This in our minds is a challenging measure to use alone as it does not take into account the increasing number of businesses which start up as either a sole trader, partnership, CIC or social enterprise. It is suggested that we use a number of measures in relation to business start ups:

- **Outcome measures**
  - Number of start up businesses created per year in growth sectors  
*[agreeing definition of this and an appropriate baseline is an early priority for the project team]*
  - Number of enterprise registrations (provided through the ONS as noted above)
  - Number of Business Gateway Start up Figures
  - Number of Scottish Enterprise Start up Figures
  - Number of ACVO Start up Figures
- **Process measures**
  - Number of people attending start up focussed business start up events and festivals in the city
  - Number of people from localities attending focussed business start up events and festivals in the city
  - % of people from localities pursuing further support following attendance at business start up events and festivals in the city.
- **Balancing measures:** Number of start up businesses surviving >12 months in growth sectors

### **Change ideas**

- Test how an enterprise festival incorporating sector specific advice and promotional activity engages potential new business creators (including those from priority localities)
- Test how to actively promote and increase opportunities to attend events to those living in priority localities and reduce any barriers to attendance. (including locality managers, Chamber of Commerce, Scottish Enterprise, Opportunities North East, Business Gateway, Skills Development Scotland)
- Collaboration development – test the extent to which a 6 monthly ‘Supporting Business Start Up’ meeting between the main 6 organisations supporting businesses in the region – Business Gateway , Scottish Enterprise, Chamber of Commerce, Federation of Small Businesses, Opportunity North East, Skills Development Scotland and Aberdeen City Council would enable greater collaboration to improve opportunities provided to potential new business creators, and reduce any duplication of effort.
- Test the development of sector specific innovation and incubation hubs to provide an inclusive space which promotes the widest possible access, including for people from priority localities.
- Test how to engage with schools in localities to encourage participation in and development of entrepreneurship activities and events, within schools and the wider community.
- Test the extent to which a local ‘business champion’ can be supported to mentor other potential business creators (particularly within priority localities)

### **Potential risks and/or barriers to success & actions to address these**

#### **Potential risks**

##### **Risks**

Resources to effectively promote opportunities at locality level;  
Lack of engagement  
Perceived barriers to starting a business  
Risks in starting a business for people on benefits

##### **Mitigation**

Ensure DWP business start up adviser engaged (through Elevator)  
Potential local business ‘mentors’ in localities;

#### **Project Team:**

Roz Taylor, Operations Manager Elevator & Business Gateway Aberdeen City and Shire  
Martin Barry, Engagement Partner, Scottish Enterprise  
Paul Tytler, Locality Manager, Aberdeen City Council  
Shane Taylor, Research & Policy Manager, Aberdeen & Grampian Chamber of Commerce  
Jamie Coventry, Aberdeen City Council (Statistics & Analysis)  
Sacha Will, Improvement Programme Manager, Aberdeen City Council (Role on project team: Improvement Advisor)

<b>Outline Project Plan</b>		
<b>Project Stage</b>	<b>Actions</b>	<b>Timescale</b>
<b>Getting Started</b> (Project Score 1-3)	Engage with Federation of Small Businesses; Aberdeenshire Council; ACVO; Opportunity North East and clarify their role in specific change ideas.	August 2019
	Establish communication method between the improvement team and wider Aberdeen Prospers Group	August 2019
	Establish links between this project and the Attainment and Transition Group within Integrated Children's Services.	August 2019
	Gathering and analysing baseline data (including how to understand the current situation in localities) – including making links with data holder(s); develop data sharing agreements where appropriate; Get advice re GDPR	September 2019
<b>Designing and Testing Changes</b> (Project Score 4-7)	Elevator & Business Gateway to develop 'The Brave' Festival including identifying PDSA measures to help understand impact.	September 2019
	Locality managers to identify specific changes to actively promote and increase opportunities to those living in priority localities to attend 'The Brave Festival' and reduce any barriers to attendance.	August 2019
	Link in with Integrated Children's Services Board (Attainment and Transitions) to progress partnerships with schools	September 2019 November 2019

	<p>Identify key stakeholders (who, what role in their organisation) to form part of future collaboration meetings</p> <p>Identify key personnel to engage with in relation to Innovation and Incubation Hubs</p> <p>Early engagement to identify potential businesses and 'Business Champions' in localities</p>	<p>December 2019</p> <p>February 2020</p>
<p><b>Implementing and sustaining changes that demonstrate improvement</b> (Project Score 7-10)</p>	<p>Establish minimum requirements/key elements of success for continuing with key changes</p> <p>Analyse the extent to which changes can be sustained within resources available. Establish the return on investment.</p> <p>Establish routes to share learning (including commitment to attending strategic groups etc)</p>	<p>December 2020</p> <p>December 2020</p> <p>December 2020</p>
<p><b>Spreading Changes</b> (Project Score 9-10)</p>	<p>Identify key stakeholder to spread those changes which can be sustained within resources available and/or provide the greatest return on investment.</p>	<p>December 2021</p>

## 3.2 Births affected by drugs

<b>Improvement Project Title:</b> Births affected by drugs																		
<b>Executive Sponsor (Chair of Outcome Improvement Group or Locality Partnership):</b> Rob Polkinghorne																		
<b>Project Lead:</b> Simon Rayner, Alcohol and Drugs Partnership Lead																		
<b>Aim statement</b> Reduce the number of births affected by drugs by 0.6 %, by 2022.																		
<b>Link to Local Outcome Improvement Plan:</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  Driver 3.2 Keeping young children safe.  Stretch Outcome- 12: Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026  12.3 Enhance early intervention and preventative treatment for those at greatest risk of harm from drugs and alcohol																		
<b>Why is this important</b>  Aberdeen is an outlier compared to other urban areas of Scotland in relation to the number of babies born to substance using mothers.  <div data-bbox="204 1288 1117 1742" data-label="Figure"> <table border="1"> <caption>% births affected by mother's drug use during pregnancy</caption> <thead> <tr> <th>Year Range</th> <th>Aberdeen (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr> <td>2011-2013</td> <td>1.40%</td> <td>0.60%</td> </tr> <tr> <td>2012-2014</td> <td>1.50%</td> <td>0.60%</td> </tr> <tr> <td>2013-2015</td> <td>1.40%</td> <td>0.60%</td> </tr> <tr> <td>2014-2016</td> <td>1.35%</td> <td>0.50%</td> </tr> <tr> <td>2015-2017</td> <td>1.30%</td> <td>0.45%</td> </tr> </tbody> </table> </div> <p><b>Figure 1: Source ISD</b></p>	Year Range	Aberdeen (%)	Scotland (%)	2011-2013	1.40%	0.60%	2012-2014	1.50%	0.60%	2013-2015	1.40%	0.60%	2014-2016	1.35%	0.50%	2015-2017	1.30%	0.45%
Year Range	Aberdeen (%)	Scotland (%)																
2011-2013	1.40%	0.60%																
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2014-2016	1.35%	0.50%																
2015-2017	1.30%	0.45%																
There is no definitive understanding as to why Aberdeen is an outlier compared to other areas and the reason is likely to be multi-faceted, for example it could be links to deprivation, the way services operate, general views about contraception, prevalence of drug use etc  Across Scotland deprivation can be seen as a significant factor in rates of harmful substance use and corresponding rates of babies born affected by maternal drug use. There are more births affected in																		

areas of higher deprivation as seen in Figure 2 Percentage of babies born affected by substance misuse per quintile.

Financial Years	Area / Deprivation Quintile									
	Aberdeen City					Scotland				
	1	2	3	4	5	1	2	3	4	5
2011-2013	2.81%	2.34%	1.86%	*	*	1.19%	0.74%	0.43%	0.21%	0.16%
2012-2014	3.09%	2.15%	2.11%	0.54%	0.35%	1.19%	0.70%	0.48%	0.29%	0.19%
2013-2015	2.60%	1.89%	2.33%	0.75%	0.43%	1.05%	0.69%	0.47%	0.30%	0.17%
2014-2016	2.94%	1.96%	1.36%	1.03%	0.37%	0.93%	0.63%	0.40%	0.30%	0.14%
2015-2017	3.03%	2.03%	1.36%	0.92%	0.23%	0.78%	0.62%	0.35%	0.24%	0.11%

Figure 2: Source ISD

Substance use whilst pregnant can cause a number of harms to the unborn child including physical and neurological impairments which can go onto to be disadvantages in later life. Depending on the substances used, babies can experience neonatal abstinence syndrome (NAS). This is primarily associated with use of opioid substances and can result in the child experiencing withdrawal symptoms at birth requiring support within the neo-natal unit.

At the ante-natal care / post-birth stage there is a lot of support provided to ensure that both baby and mother are safe and cared for.

We do not, however, have a comprehensive strategy to provide contraception and family planning support across this vulnerable population on a multi-agency / multi-disciplinary preventative basis to both men and women. Not every opportunity is made to count in relation to minimising the potential impact of substance use on pregnancy or ensure that women have the opportunity to make informed choices about contraception.

The NHS Grampian MCN for Sexual Health and Blood Borne Viruses Strategic Plan 2018 sets out the following requirements in relation to improving sexual health:

- Working alongside Community Planning Partnerships, who are expected to take an overall leadership role in implementing the Pregnancy and Parenthood in Young People Strategy (2016-2026)
- Timely access to information and counselling on contraception as well as contraceptive services, including within primary care will be a focus.
- An increase in LARC (Long Acting Reversible Contraception) uptake across Grampian in line with Health Improvement Scotland Standards, working specifically in areas or communities where uptake or provision is low and unplanned pregnancy rates are disproportionately high.
- We aim to engage key partners, who come into contact with individuals who are at risk of rapid repeat pregnancy to prioritise and pilot innovative solutions to improve access to services without delay. For example, in substance misuse services, maternity, abortion services, prison, community pharmacy, primary care and third sector partner organisations.

To “make every opportunity count” we need to ensure that reducing unplanned pregnancy for the most vulnerable people is part of all our work. What is required is a whole system, multidisciplinary approach to engaging on the issue.

#### Targeting opportunities for engagement

If we segment the target population as per figure 3 we can identify different opportunities for improvement (albeit figures are based on opiate / benzodiazepine use only)

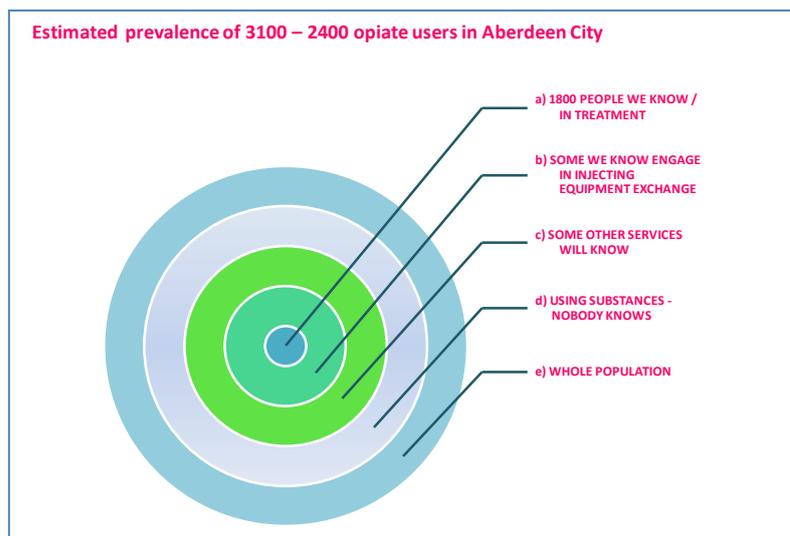


Figure 3

- Population A: People currently engaged in substance misuse treatment
- Population B: People with substance misuse issue engaging with low threshold / harm reduction services
- Population C: People not engaged in substance misuse treatment but accessing public services where the substance misuse issue is apparent
- Population D: People actively using substances where no one is aware
- Population E: The “whole population” may occasionally use substances but not aware of the impact on pregnancy e.g. alcohol, cannabis etc

### Defining the opportunities

#### Population A: People currently engaged in substance misuse treatment

Substance use treatment may provide an opportunity to address the possibility of future pregnancies.

As access to treatment for drug issues increases, so does fertility for the most chaotic users and these opportunities are not being grasped. There are opportunities for increasing routine preventative work with people accessing substance misuse treatment.

For people within the specialist substance misuse service 35% are women and 65% male. The age distribution suggests 98% of the women are with an age where contraception is indicated: Figure 4

Age	Females	% of All Females
15-19	2	0.5%
20-24	18	4.2%
25-29	41	9.6%
30-34	88	20.7%
35-39	108	25.4%
40-44	94	22.1%
45-49	46	10.8%
50-54	21	4.9%
55-59	5	1.2%
60-64	2	0.5%
65+	0	0.0%
<b>Total</b>	<b>425</b>	<b>1.00%</b>

Figure 4

As an example examining data of patients seen within a single GP practice indicated that of 31 female patients 23 (74%) didn't have effective contraception.

**Population C: People not engaged in substance misuse treatment but accessing public services where the substance misuse issue is apparent**

Substance use is often a symptom of other underlying challenges, including, not exclusively domestic abuse, traumatic childhood experiences, homelessness, problematic mental health. It is very difficult to maintain heavy substance use without encountering other problems such as employment issues, benefits, housing, other health issues, family and child related issues and people will often pass through or engage with these wider services. Within this cohort there will be people where the substance use will be known or a factor in other support services being provided by other professionals in primary health care, secondary health care, housing and social care services and therefore opportunities to engage in preventive activity.

**Population D: People actively using substances where no one is aware**

There will be an unknown number of people using substances who are not known to any public services and we have an opportunity to raise awareness the impact of ante/post natal substances use across the whole population. This is especially true in relation to in particular alcohol use, smoking, cannabis use, cocaine and ecstasy type substances as well as benzodiazepine type substances non-benzodiazepine hypnotics and sedatives such as zopiclone.

The number of women engaging in substance misuse treatment continues to be lower than estimates would indicate should be the case. Some of this is due to stigma and potential fear and concern if there are already children in the house hold as well as other factors.

**Population E: The "whole population" may occasionally use substances but not aware of the impact on pregnancy e.g. alcohol, cannabis etc**

There continues to be a number of children born with foetal alcohol syndrome and anecdotal feedback about the lack of clarity on the impact of alcohol on pregnancy and a requirement to reinforce the Chief Medical Officer guidance. Other data is not currently available and improvement is required to identify and report this information.

**Highly vulnerable women**

Within all of the cohorts above there also continues to be a number of women who have multiple pregnancies that result in the child being removed due to the ongoing risks of having the child remain in the parental environment. It is thought that the trauma experienced of removal of a new born for protection reasons can also manifest itself through a number of rapid, subsequent repeat pregnancies in the number of subsequent repeat pregnancies. Adverse childhood events and trauma are one of the root causes of problematic substance use.

A potential improvement project is the PAUSE Programme, an intensive support and intervention programme delivered to a small cohort of women who are willing to commit to having a break in pregnancy for an 18month period, who have lost two or more children to local authority or kinship care. Currently Aberdeen City Council is working alongside PAUSE in a scoping exercise to determine Aberdeen's data in order to understand if this programme would be appropriate to initiate in the city. Scoping will aid scrutiny of data to evidence potential impact of such a programme not only for Integrated Children and Family Services, but also for ADP, NHS, Housing, Police Scotland etc and will offer a richer data set in relation to the charter.

There have been discussions through the Best Start In Life working group of the Integrated Children's Services Board.

Based on the driver diagram at Appendix 1 the five broad areas are identified for improvement.

**1 Can increase the number of contraception reviews undertaken within substance misuse treatment services?**

**2 Can we increase number of women accessing IEP / Harm Reduction support and the number of contraception reviews for men and women?**

**3 Can we increase opportunities for a whole system approach where people are known to other services but not in addiction treatment?**

**4 Can we raise awareness of the impact of substance use and pregnancy across the whole population?**

**5 Can we reduce the incidence of repeat pregnancies with the most vulnerable women?**

**Measures: (How will we know if a change is an improvement?)**

**Outcome measures**

- Reduce the number of maternities recording / affected by maternal substance / alcohol use
- Reduce the number of women with SMS issues with a repeat pregnancy / repeat removals identified

**Process Measures**

**Increase the number of contraception reviews undertaken within substance misuse treatment services**

- Number of women accessing substance misuse treatment services
- Number of contraception reviews in SMS / Primary Care / Prison HC

**Increase number of women accessing IEP / Harm Reduction support and the number of contraception reviews for men and women**

- Number of contraception reviews for men and women

**Increase opportunities for a whole system approach where people are known to other services but not in addiction treatment**

- Number of women presenting at maternity services not known to substance misuse services
- Number of staff signed up to contraception MEOC programme
- Number of people supported to sexual health
- Number of staff reporting feeling confident on knowledge of contraception / sexual health

**Raise awareness of the impact of substance use and pregnancy across the whole population**

- Number of people seeking further information
- Rate of campaign recognition

**Reduce the incidence of repeat pregnancies with the most vulnerable women**

- Number of pregnancies
- Number of removals

**Balancing measures**

There is no reduction in the number of women engaging in the services

There is no increase in late presentations of pregnancy where substance use is an issue

## Change ideas

### **1 Can we increase the number of contraception reviews undertaken within substance misuse treatment services?**

- Create fast track pathway for women for contraception to SHS/GP
- Use VISION to recall and review - increase the number of contraception review undertaken in primary care / Develop a sexual health checklist standard
- Training in contraceptive provision regarding FAST track training for PGD use including implant insertion
- Use Non Medical Prescribing for mini pill and contraception
- Make Modules 3, 4,10, ,8 Faculty of Sexual and Reproductive Health (FSRH) core for substance misuse staff /

### **2 Can we increase number of women accessing IEP / Harm Reduction support and the number of contraception reviews for men and women?**

- Women's IEP / Harm Reduction drop-in service in priority locality

### **3 Can we increase opportunities where people known to other services but not in addiction treatment?**

- Increase staff knowledge and confidence
  - Promote the "Ins and Outs" website and other resources
  - Improve use / distribution of promotional materials
  - Ensure staff are aware of the impacts of different substances on pregnancy
  - Make on line modules available to non-clinical staff to increase confidence / awareness
  - Promote Modules 3, 4, 10, 8 Faculty of Sexual and Reproductive Health (FSRH) for non-clinical staff?
- Make every opportunity count approach
  - Consider the population characteristics of people who are NOT routinely accessing services
  - Use case studies to share missed opportunities
  - Have condoms available at access points

### **d Can we raise awareness of the impact of substance use and pregnancy across the whole population?**

- Support all public health staff to promote messages
- Support all public sector staff to promote message
- Promote APPA (Alcohol Pre-pregnancy and Pregnancy Advice) project adopted the Scottish Government'
- Run a promotion in locality areas

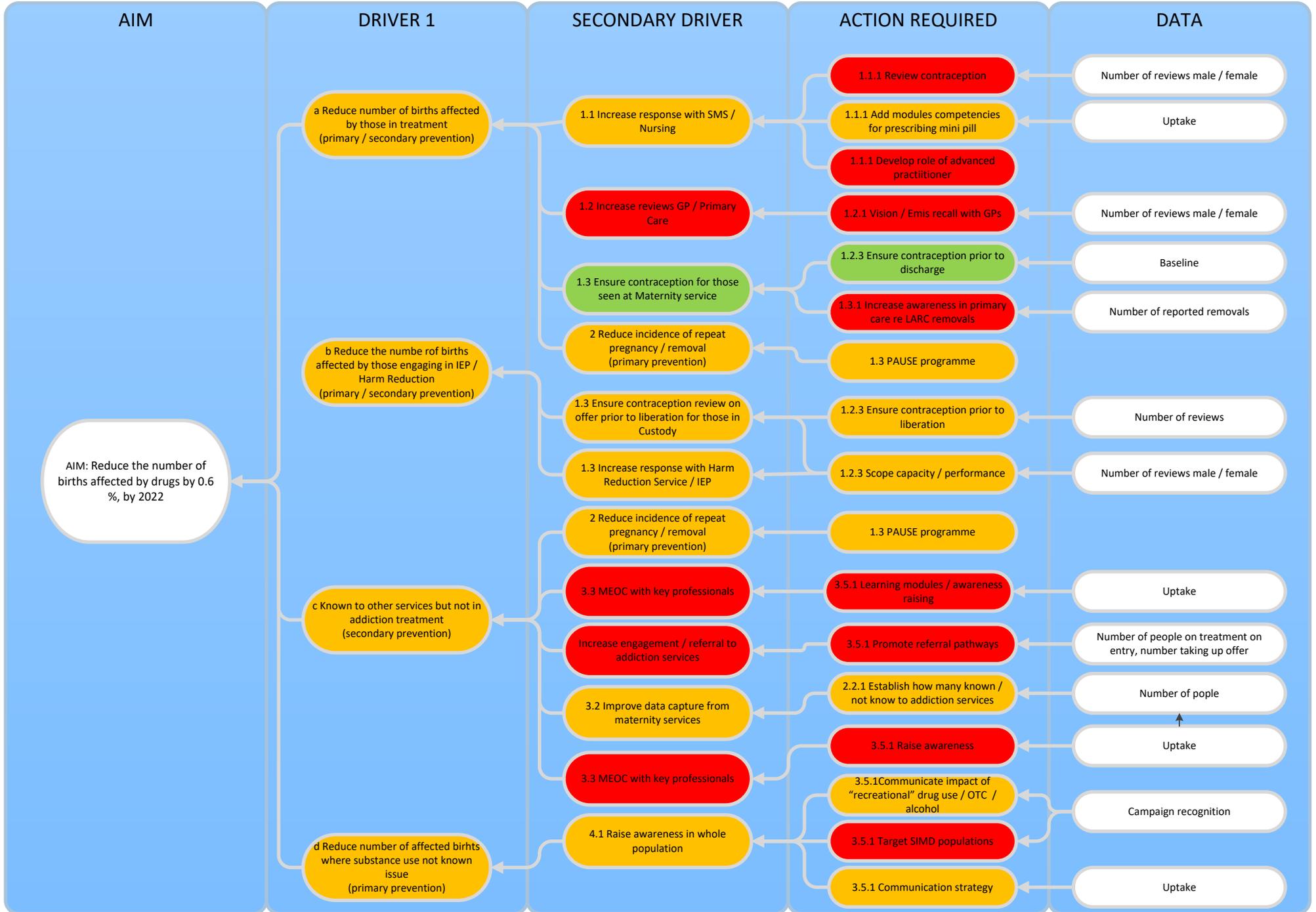
### **5 Can we reduce the incidence of repeat pregnancies with the most vulnerable women?**

- Develop PAUSE programme
- Make every opportunity count approach across system

### **Potential risks and/or barriers to success & actions to address these**

- Cost
- Staff time for training
- Culture of staff not taking a role regarding sexual health / pregnancy
- Risk of continued focus across the partnership when there is acknowledged to be a vulnerable unborn baby, rather than preventative, earlier stage.





### 3.3 Teenage Pregnancy

<b>Improvement Project Title:</b> Reducing Teenage Pregnancies
Executive Sponsor: Rob Polkinghorne (ICS Board Chair)
<b>Project Lead:</b> Rachel Thompson, Health Improvement Officer, Children & Young People
<b>Aim statements:</b> <ul style="list-style-type: none"><li>• Reduce the rate of teenage pregnancies [under 16s) by 3% by 2021</li><li>• Reduce the rate of teenage pregnancies [under 16s] in the CPP locality areas by 10% by 2021</li></ul> <p>This work will aim to identify and challenge issues which lead to pregnancy in young people, supporting choices and providing opportunities to improve their relationships and sexual health. This work will ensure young people will be at the heart of any Improvement activity identified to improve choice and opportunities.</p>
<b>Link to Local Outcome Improvement Plan:</b>  <b>Stretch Outcome 3:</b>  95% of children(0-5 years) will reach their expected developmental milestones by the time of their child health reviews by 2016
<b>Why is this important:</b>  Evidence indicates that teenage pregnancy is reducing. In Aberdeen City the most recent figure indicates 33.2 per 1000 (Pregnancies in under 20s; 3-year rolling average number and crude rate per 1,000 females aged 15-19 years) which is currently higher than the Scottish average of 32.7 per 1000.  Within areas of deprivation teenage pregnancy rates remain much higher than the national average with South locality recording 47 per 1000 and Central locality with 44.4 per 1000. Deprivation also a factors in regards to the outcome (delivery or termination) of a pregnancy. Evidence indicates that once pregnant, those aged under 20 and living in the most deprived areas are more likely to deliver than to terminate their pregnancy. In contrast, those living in the least deprived areas are more likely to terminate their pregnancy than to go on to deliver.  Whilst it is recognised that teenage pregnancy may be a choice and a positive experience, in many situations teenage pregnancy can: <ul style="list-style-type: none"><li>• Link to child poverty - Teenage parents being more likely to be in receipt of income-based benefits or be in low paid work.</li><li>• Impact on Health and wellbeing – Being a teenage parent may lead to negative short, medium and long-term health and mental health outcomes for young mums.</li></ul>

- Isolation and disconnect from support networks - Teenage mums being more likely to be lone parents, and are more likely to experience family conflict
- Lead to non completion of education - Young mums are less likely to complete their education, pursue positive post-school destinations (in employment or education), or to attain qualifications in adulthood.

The pregnancy and parenthood in young people (PPYP) 10 year strategy(2016) aims to further reduce teenage pregnancy by ensuring young people are supported to achieve, have increase aspirations and opportunities to flourish into adulthood. There is an expectation that young people are placed at the centre of any change or improvements and that community planning partnerships (CPPs) are ideally placed with their role to ensure young people stay connected with education, training and employment.

This work will aim to identify and challenge issues which lead to pregnancy in young people, supporting choices and providing opportunities to improve their relationships and sexual health. This work will ensure young people will be at the heart of any Improvement activity identified to improve choice and opportunities.

#### **Measures:**

##### **Outcome measures**

- Reduced rates of teenage pregnancies in CPP area.

##### **Process measures**

- % young people reporting a clear understanding of 'consent'
- % young people accessing school nurse for support
- % staff confidence for responsible signposting to services
- % Increase young people accessing sexual health services
- Number of young people accessing local pharmacies for free condoms
- Number of young people accessing local pharmacies for Emergency contraception
- Number of young people reporting positive experiences when accessing pharmacy services
- Partners providing condoms: % of registrations / orders of free condoms from HPAC (resources online) from partners working with young people

##### **Balancing measures**

- Increased pupil and parental engagement in secondary school

## Feedback from staff and YP

Staff are unclear and lack confidence in knowing if they are doing the right thing in providing condoms to young people under the age of 16 years old – There gray areas surrounding the disclosure of sexual activity/ child protection procedures and safety (the means to reduce the likelihood of pregnancy)

Consideration needs to be made around what is relevant to young people and what works for them –  
5<sup>th</sup> year pupil

Most of the girls I work with that have been pregnant have been sexually exploited – 3<sup>rd</sup> sector support worker

As a pregnant teenager, I felt judged and was made to feel that I wasn't able to be a good parent because of my background- Young Parent who was care experienced

Practitioners have been questioned by peers on the appropriateness of being prepared to provide pregnancy tests, condoms etc

There needs to be more teaching on consent and relationships – 4<sup>th</sup> year pupil

## **Change ideas**

- Sexual Health and Relationships Education resources (RSHP.scot) are promoted. Staff development needs to support use of resource are identified – current SHARE and SRE training packages are adapted according to need.
- Promotion and testing of the opportunities to incorporate the Key Messages on Healthy relationships and Consent
- Development of localised information pack to support use of RSHP resource to support with:
  - Awareness raising and myth busting opportunities for staff and young people – developing accessible tools which hold key messages and F&Q's, training /learning opportunities created according to need
  - Improvements on sign posting and accessing services
- Working with young people - Joint objective setting with YP to understand what their learning/ development needs are
- School nurse profile and referral process is tested as part of a pathway development for support
- Development of a mechanism for young people to assess/ rating local services – possible links to Child friendly cities
- Delivery of MVP (mentors in violence prevention) – test to look at impact on relationships between males/females (power imbalances and toxic masculinity)

- Multi agency inputs (Relationships/ CSE / body image etc) - Develop an understanding on what is available and what is being delivered – improvements in approaches/ delivery / training needs
- Condom pathway – testing current pathway and further development according to the needs of partners using it - Staff development and confidence building in being able to offer condoms to YP under the age of 16

**Potential risks and/or barriers to success & actions to address these**

- No budget has been made available to support implementation of the PPYP strategy
- Attitudes and values of parents/staff – perceptions i.e. offering condoms might promote young people engaging in sex – Relationships and sexual health has always triggered polarised opinions.
- Aberdeen is a city of many cultures and varying religious beliefs which need to be respected but may conflict with the needs of young people.
- Young people, staff, parents don't engage in developments.
- Fear of doing the wrong thing (issues with child protection processes with young people under the age of 16 disclosing that they are sexually active)
- Negative Media attention due to 'hot topic' sex and relationships
- Managers may not 'buy into' project – capacity issues and other priorities
- Poor buy-in across agencies – possibly seeing PPYP as a 'health' issue and not being able to recognise the part they play in the agenda
- Agencies/ departments 'fire fighting' with current services and lacking capacity to support with change ideas
- Time constraints for staff / Capacity to deliver tests/ reflect and review practice
- Organisational Change/ financial cut backs – low staff morale

**Project Team:**

**Chair of Informed Choices, Positive futures multi agency group:**

- Rachel Thompson – Health Improvement Officer Children and Young people
- Still to connect with CPP manager (Paul Tytler and Jo Mackie)

**Social work representation:**

- Mim Smith – Principle planning and development officer CSW
- Vickie Doherty – Westburn Youth Team

**Youth Development Team:**

- Craig singer – Youth work manager

**3rd Sector Liaison:**

- C&YP 3rd Sector Liaison Officer
- Cammy Preston – Barnardos CSE Advisor
- Hannah Bennett – Green light project

**Education:**

- Lauren Mackie – Health Improvement Officer schools
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**Police Scotland:**

- Derek Bain- Partnership Development Officer

**Health representatives:**

- Sexual health lead nurse
- School Nursing
- Hilary Young - Family Nursing Partnership(FNP)
- Penny Gillies – Public Health Specialist
- Linda Gray – LAAC nurse

**Data Management:**

- Jacqueline Bell – MCN SH & BBV Researcher

**Local area team for Torry locality (TBC)**

Sharon Deboix – Senior Youth worker

Suzanne Thomson - Community health worker

Local Pharmacy link

Sexual health services link

Education link

Local Social work link

Deeside family centre link

School Nurse link

FNP

**Outline Project Plan - Set out your initial plan about the timeline for your project.  
(This should be reviewed regularly)**

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<p>What initial activities are required to get started? (Forming the improvement team; developing the project charter; gathering and analysing baseline data; understanding the current system)</p> <p>Looking at Identifying The charter group – this has started.</p> <p>Base line data – Figures for TP too small to use in intermediate zones – Can use Scotpho (children and young peoples H&amp;WB profile data, however this would be for the South Locality (not just Torry specific)</p> <p>Work on collating data -Base lines could be gathered to capture awareness ( Key messages and resources, Local support) ? Effective signposting information and knowledge of local support?</p> <p>Support provided - Condoms being discussed and distributed buy services and staff?</p> <p>Recording mechanisms when there is disclosure of someone being sexual active – what happens next -advice and signposting/ CP reporting? ?</p>	<p>When do you expect to complete this stage?</p> <p>First Charter group discussion August 2019</p> <p>Data sources and collation opportunities clarified and agreed by End November 2019</p>

	<p>Pregnancy tests requested?  Emergency contraception discussion and dispensing?  MVP data on relationships?  Child protection reports on underage Sexual Activity?  Any local data on body image?  SN referral data(green forms)?</p>	
<p>Designing and Testing Changes  (Project Score 4-7)</p>	<p>What activities are required to start testing changes? (Identifying changes and prioritising; engagement with customers &amp; colleagues; Identifying the people, place to start testing)</p> <ul style="list-style-type: none"> <li>• Use of Newly developed national resource on key messages for healthy relationships and consent and RSHP.scot national website – the go to resource for providing education (school and wider partners) launching in September 2019</li> <li>• Discovering what needs to be pulled together to support use of the RSHP.scot resource (pack to be created for local information on services and information– where can it be sourced)</li> <li>• Signposting materials / tools developed to support timely and needs led support</li> <li>• Testing out pathways for condom distribution</li> <li>• Learning needs analysis to further develop training for staff</li> </ul>	<p>When do you expect to complete this stage?</p> <p>April/ May 2020</p>
<p>Implementing and sustaining changes that demonstrate improvement  (Project Score 7-10)</p>	<p>What actions would be required to implement and sustain the changes that have resulted in improvement? (Training?; Changes to procedures?; changes to resources?)</p> <p>Training</p> <ul style="list-style-type: none"> <li>• 2 way Process to ensure training is accessible and needs led</li> <li>• Network created to allow for communication and staying up to date with information</li> </ul>	<p>When do you expect to complete this stage?</p> <p>July 2020</p>

	<ul style="list-style-type: none"> <li>• Connecting training providers and making links to teenage pregnancy outcome i.e. Mental health, Substance use, Domestic abuse, Child sex exploitation, online accessibility and influences etc</li> <li>• Parental influences – training needs</li> <li>• Peer influences</li> </ul> <p>Pathways / procedures are reviewed and scrutinised for appropriateness/ effectiveness</p> <p>Resources – new national resources are endorsed and used by all staff working with Children and young people to ensure consistent messages are provided.</p> <p>Partnership working to ensure messages are consistent and progressive or consolidate/ are not duplicated (to an extent that it has a detrimental effect on learning) and there are no gaps in learning</p>	
<p>Spreading Changes (Project Score 9-10)</p>	<p>What actions are required to reach the full scale of the project? (Engagement of other teams/colleagues; other locations?)</p> <p>Ensuring young people are kept involved as part of the learning and implementation process -</p> <p>Engaging with wider partners/ services across localities</p> <p>Wider engagement through the ICS outcome groups</p> <p>Data sharing processes to be agreed</p> <p>Communication plan to be developed: Identifying opportunities for partners to promote the work across the city – team meetings/ conferences/ newsletters</p>	<p>When do you expect to complete this stage?</p> <p>April / May 2021</p>

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## 4.1 Childrens Mental Wellbeing

<b>Improvement Project Title:</b> Improving Children and Young People’s Mental Health
<b>Executive Sponsor:</b> Rob Polkinghorne (ICS Board Chair)
<b>Project Leads:</b> Bill O’Hara, Principal Education Psychologist, ACC ( <a href="mailto:bohara@aberdeencity.gov.uk">bohara@aberdeencity.gov.uk</a> ); Lauren Mackie, Health Improvement Officer (Schools), ACHSCP ( <a href="mailto:lamackie@aberdeencity.gov.uk">lamackie@aberdeencity.gov.uk</a> )
<b>Aim statement:</b>  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.  Increase the confidence of parents and young people to recognise and seek support in response to deteriorating mental wellbeing by 2022.
<b>Link to Local Outcome Improvement Plan:</b>  <b>Strech Aim 4:</b>  90% of children and young people will report that they feel mentally well by 2026  <b>This project also links with the following projects:</b>  Increase the number of young people who effectively transition from primary school to secondary school by 2021.  100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021.  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.  Reduce the rate of teenage pregnancies [under 16s] across the city by 3%, by 2021.  Increase the support provided by the school Nursing service to children and young people with escalating mental wellbeing concerns by 50% by 2022.  Reduce the number of children and young people who are exhibiting self-harming behaviours by 2022.  Reduce the number of young people identified as having indicators of being at risk of being excluded from school by 2021.  Also links to Aberdeen City achieving Child Friendly City status.
<b>Why is this important:</b>  <b>Background</b> In the context of partnership working and in the spirit of Getting it Right for Every Child these two projects have been amalgamated to ensure that roles, responsibilities and participation are in equal measure for school staff, parent/carers, children and young people. This is also reflected in the composition of the project team where time efficiencies have been created to make best use of resource.

## **National Context**

The overall vision of Scotland's Mental Health Strategy (2017) is that people get the right help at the right time, with an emphasis on preventing mental health problems from developing or intervening early if they do. This is key to minimising the prevalence and incidence of poor mental health and the impact of poor mental health in the longer term. The majority of mental health problems in adults start before the age of 18. Longitudinal studies evidence early intervention and prevention are the most cost-efficient vehicles to promote and maintain good mental health.

Good Mental Health for All (NHS Health Scotland 2016), encourages schools and local authorities to ensure teachers and other staff are trained to identify when children show signs of emotional, social and mental health problems and offer appropriate interventions as part of a whole school response.

The Scottish Government publication Chief Executive Letter (CEL) 13 (NHS) aims to refine the school nursing role with a continued focus on early intervention and prevention, whilst covering 10 priority areas, including mental health and wellbeing, with associated intervention pathways. The need to make best use of the wider school health team is also highlighted.

Research undertaken in Scotland by the Mental Health Foundation (2018) revealed that 49% of young people would talk to a friend at school if they were feeling worried or sad, as compared to 36% who would talk to a teacher. They recommend that every school should adopt a peer-led mental health programme and that all teachers be trained in mental health and adolescent brain development by 2020.

The Education (Additional Support for Learning) (Scotland) Act 2004 in its Code of Practice, the most recent revision December 2017, emphasises the need to engage with children, young people and their parents in planning for any additional supports.

## **Local Context**

The Pan-Grampian Child and Adolescent Mental Wellbeing group was established in 2018 to highlight areas where a collaborative approach is required. The group undertook a mapping of existing mental health and wellbeing activity. The findings of the mapping exercise and ongoing work of the group will continue to inform this improvement project.

All schools across the city are identifying mental health and wellbeing as a priority area; evident in School Quality Improvement Plans and Pupil Equity Fund spending. Many schools have already been delivering interventions to support the mental health and wellbeing of pupils and as such there are good practice examples across the city. Secondary schools are reporting that there are challenges in supporting the mental health and wellbeing of pupils and acknowledge this is not about doing more but doing things differently, using capacity already within schools and being innovative in developing new approaches.

The rationale for the project is to adopt and extend existing good practice being demonstrated by schools whilst at the same time assisting schools to generate their own evaluative evidence. A second aspiration is to share good practice to avoid duplication and to be effective and efficient with finite resources.

## **Rationale for the Project**

Four schools have been identified to take part in the project: Bridge of Don Academy, Bucksburn Academy, Hazlehead Academy and Aberdeen Grammar School. They were chosen on a range of criteria which included:

- prior experience of mental health projects
- NHS engagement to support learning
- partnership working across staff, parents and pupils
- geographical and demographic spread
- Additional Support for Learning facilities on site.

Other secondary schools will be included in future phases of the project. The Project Leads are aware of capturing St Machar and Lochside in due course when upscaling of activities can be confidently undertaken.

The 4 schools identified have a range of demographics and the project team is conscious that there will likely be variations within and across the individual schools. This will help assess the robustness of any hypotheses posed during the project for internal and external consistencies of data gathering. Whilst school nurses have a role to play, the focus of this project is to improve early intervention approaches by making use of our collective community planning resources. Each school has existing mental health projects/activities running at present for pupils. The team plan to extend the focus to include staff and parent/carer requirements to aid pupils in direct support and to facilitate their self-efficacy in identifying need and seeking support in due course, from appropriate staff and agencies. Some staff have Mental Health First Aid (MHFA) training. There are schools which will need to build capacity to manage staff turnover and succession planning for skills-based training. Other schools would benefit from staff training, to know when to direct information to those with MHFA training and/or, School Management Team.

The intention is to facilitate existing programmes and scaffold evaluations of the projects. Another activity is to consider the information pathways and reporting mechanisms in place through SEEMiS and "On the Button". In particular, identify if there are consistent processes in place and whether these are adhered to by all staff. Ensuring consistency of information which is transferable across establishments, should pupils transfer to another school.

### **Measures:**

#### **Outcome**

- Number of school-based staff who self-report increased confidence to recognise and respond to children who require support in relation to mental health.
- Number of children and young people who self-report increased confidence to recognise and respond to deteriorating mental health.
- Number of parents who self-report increased confidence to recognise and respond to children who require support in relation to mental health.

#### **Process**

- Number of schools who have written processes for responding to concerns about mental health.
- Number of school-based staff attending Mental Health First Aid training.
- Number of parents attending Mental Health sessions.
- Number of children & young people attending Mental Health sessions.

**Balancing**

- Number of children & young people getting the right help at the right time in relation to mental health.

**Change ideas**

- Develop a process (or pathways) visual to help increase understanding of what help is available, by whom and when.
- Mental Health First Aid training for key staff within each school.
- Basic level mental health training for all school staff.
- Develop approaches (universal & targeted) to support parents' understanding e.g. Emotion coaching.
- Test a range of tools to support pupils to deal with exam stress.
- Decider skills programme for parents to support their children to cope with stress when choosing subjects.
- Online programmes for parents and staff to support parents to access advice and support outwith a school setting.
- Events in the community (off school premises); library.
- Peer mentoring programmes.
- Accreditation for peer mentoring programme for S5/6 pupils to recognise efforts in supporting younger pupils.
- Enhance Personal and Social Education curriculum to include mental health and wellbeing.
- Use of Education Social Work to deliver parental skills workshops.
- Programme to raise awareness that mental wellbeing involves recognising life stresses as normal life experiences, which do not necessarily need to be medicalised.

**Potential risks and/or barriers to success & actions to address these:**

- Continuity of staff in schools.
- Engagement of parents.
- Duplication of effort – need to value what is already working.
- Competing priorities in schools.
- Sensitivities around mental health and peer pressure for children and young people.
- Impact of mental ill health of adults around children.
- Balance between upholding children's rights and increasing parental involvement.

**Project Team:**

- Bill O'Hara – Principal Educational Psychologist, Aberdeen City Council
- Lauren Mackie – Health Improvement Officer (Schools), Aberdeen Health and Social Care Partnership
- Emma Cameron – Services Development North Region Lead, The Spark (and third sector rep).
- Donna Cuthill – Parental Engagement Development Officer, Aberdeen City Council

- Sacha Will - Improvement Programme Manager, Aberdeen City Council
- Rep from each school (Bucksburn Academy, Aberdeen Grammar School, Hazlehead Academy, Bridge of Don Academy)e.g school nurse, careers advisor, librarian, active schools co-ordinator.
- Parents/carers, children and young people will be consulted with throughout the process.

**Outline Project Plan - Set out your initial plan about the timeline for your project.  
(This should be reviewed regularly)**

<b>Project Stage</b>	<b>Actions</b>	<b>Timescale</b>
Getting Started (Project Score 1-3)	<p>Mapping and comparison of current processes in each school.</p> <p>Gathering information about parent, young people and school staff needs in relation to mental health understanding.</p> <p>Explore Personal and Social Education curriculum – content &amp; variation across schools, including who delivers.</p>	November 2019
Designing and Testing Changes (Project Score 4-7)	<p>Evidence of pathways which identify key points in decision making for staff to enhance support for pupils and parents in order to critique their validity.</p> <p>Gathering data held by school and school nursing service.</p> <p>Identifying which change ideas will be most relevant to each establishment.</p> <p>Consider systemic change which could be piloted across the four test schools.</p>	End January 2020
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	<p>Sustainability of budget and resource for mental health training.</p> <p>Ensuring that school and authority policies and guidelines are robust and adhered to in order to support the project.</p> <p>Recording and consistency of information generated by school, school nursing service etc. e.g. SEEMiS</p> <p>There could be implications arising which might necessitate discussions with SEEMiS</p>	<p>October 2020</p> <p>August 2020</p> <p>August 2020 (each school)</p> <p>TBC following discussions with</p>

	over data fields.	local SEEMiS team
Spreading Changes (Project Score 9-10)	<p>Revised and established policies and procedures are supported by key agencies.</p> <p>Sustainability of budget and resource is supported by Community Planning.</p> <p>Upscaling of project to all 11 secondary schools taking a phased approach.</p> <p>Support and quality improvement measures provided by senior management.</p>	December 2021

## 6.4 Parent Pathway Support

<b>Improvement Project Title:</b> Supporting the development of pathways with Parents and Carers
<b>Executive Sponsor:</b> Rob Polkinghorne (ICS Board Chair)
<b>Project Lead:</b> Alex Duncan (QIM) ( <a href="mailto:AlexDuncan@aberdeencity.gov.uk">AlexDuncan@aberdeencity.gov.uk</a> )
<b>Aim statement:</b> 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>Link to Local Outcome Improvement Plan:</b> Stretch Outcome 6: 95% of children living in our priority localities will sustain a positive destination upon leaving school by 2026;  Driver 6.3: Ensuring children, young people and families understand the pathways available to them and skills required for the future.
<b>Why is this important:</b>  Aberdeen has been below the Scottish average in gaining positive destinations (for their school leavers for several years. This year sustained destinations are at 92.5% (for the 16/17 leaver cohort).  In this context the majority of young people most likely not to end up in a positive destination are those young people in our most deprived communities. Our data shows that only 83.5% of our young people in those communities gained a positive destination at the time of the last School Leaver Destination Report.  A thorough review of local data has helped determine that our current curriculum offering is an overly traditional one. The current model works reasonably well for children who plan to go on to further education but has a limited number of pathways for others and doesn't provide a wide enough range of pathways through the senior phase to support sustained positive destinations. This results in staying on rates being low for some groups as young people do not believe that the curricular offering will support the development of skills for life, learning and work.  It is therefore important to broaden the curriculum offering to ensure adequate provision of learning pathways for all resulting in a wider range of qualifications and approaches being available to young people.  The selection of appropriate learning pathways can be heavily influenced by parent and carers and it is crucial that we invest time to share and co-design curriculum offerings to address current vulnerabilities.  This project will focus on one of our schools serving one of our most deprived communities namely St Machar Academy and will focus in the first instance on engaging with the parents and carers in S3. This initial focus on a year group will help to determine the most impactful means of engaging with families to realise the selection of more bespoke curriculum pathways better able to meet individual needs.  This project will coordinate resource from across the school and wider partnership to support families to help design more appropriate learning pathways for those who are keen to explore routes outwith further education. The project will test a range of approaches to empowering families to select the new pathways most likely to enable each young person to enter their positive destination of choice.

**Measures:****Outcome**

- Increased confidence reported by parents and carers as they support their young person to design a suitable learning pathway
- Number of young people achieving a positive sustained destination of their choosing

**Process**

- Number of parents/pupils using the online resources (website usage)
- Number of attendees at pathway events
- Increased understanding of the virtues of new pathways being offered (how they will support entering a positive and sustained destination) evidenced by individual parental satisfaction evaluation
- Number of Pathways provided by partners

**Change ideas**

- Recruitment of partners to provide alternative learner pathways (e.g. Work Experience/Third Sector/ College)
- Develop Pathway Promotions/Resources:
  - School staff promoting learner pathways in school
  - Learner Pathway events for parent and pupils
  - Online digital website portal/choice sheet
  - Case studies/promotion of pupil experiences
- Young people & families one to one learner pathway discussions
- Develop social media network/forum of learner experiences

**Potential risks and/or barriers to success & actions to address these:**

- Buy in from families – work with school staff and community-based staff to gain support
- Increased range of offerings – work across secondary estate and wider partnership to maximise the offer

**Project Team:**

- Eleanor Sheppard (Aberdeen City Council Chief Education Officer) [Sponsor]
- Alex Duncan (Quality Improvement Manager) [Expertise]
- Nicola Graham (Skills Development Scotland) [Expertise]
- Mary Holland (DYW Board) [Subject matter expert]
- St Machar Head Teacher [Subject Matter Expert/Process Owner]
- Paul Tytler [Community link]
- Guidance teachers [process owners]

**Outline Project Plan - Set out your initial plan about the timeline for your project.  
(This should be reviewed regularly)**

<b>Project Stage</b>	<b>Actions</b>	<b>Timescale</b>
Getting Started (Project Score 1-3)	Initial Discussions with SDS, DYW Board and college have taken place	June 2019
	All secondary schools have mapped their current offer to determine how best to find the commonality required to broaden the city-wide offer.	June 2019
	All schools, including St Machar, are offering a slightly broader curriculum from August 2019 with greater change due in August 2020.	August 2019
	Team to map the uptake of current opportunities for families to co-design pathways	August 2019
Designing and Testing Changes (Project Score 4-7)	What activities are required to start testing changes?	
	Focus group of parents and carers to be convened to consider the most appropriate means of building confidence in families (engagement from P6)	August 2019
	Recruit some young people (ex-pupils?) to share the impact on their decision on long term outcomes	August 2019
	Recruitment of Partner providers (e.g. third sector, college, employers) to establish new pathway opportunities	August/September 2019
	Develop Pathway promotion events	September/October 2019
	Website/social media platform development	October 2019
	Plan programme for parents and carers	October 2019
Implementing and sustaining changes	What actions would be required to implement and sustain the changes that	

<p>that demonstrate improvement (Project Score 7-10)</p>	<p>have resulted in improvement?</p> <p>Test/Implement Changes:</p> <p>Promotional events/ interventions /presentations</p> <p>Case Studies/ Online Forum</p> <p>Guidance/Parent/Family 1 to 1s</p> <p>Online choice sheet/portal</p>	<p>September 2019 – January 2020</p> <p>October 2019 – January 2020</p> <p>January 2020</p> <p>January – March 2020</p>
<p>Spreading Changes (Project Score 9-10)</p>	<p>What actions are required to reach the full scale of the project?</p> <p>Feedback/ Evaluation of programme by staff, pupils and parents</p> <p>Expand to more, either across three secondary's or cover more pupils within the same school(i.e. other year groups)</p>	<p>April-May 2020</p> <p>June- August 2020</p>

## Charter 6.5 Positive Destinations for Winter Leavers

<b>Improvement Project Title:</b> Improving Positive Destinations for Young People who leave school in Winter
<b>Executive Sponsor</b> Rob Polkinghorne
<b>Project Lead:</b> Leona McDermid, Aberdeen Foyer Early Action System Change Initiative ( <a href="mailto:LeonaM@aberdeenfoyer.com">LeonaM@aberdeenfoyer.com</a> )
<b>Aim statement</b> Reduce the number of winter leavers with no positive destination by 50% by 2021
<b>Link to Local Outcome Improvement Plan:</b> This Improvement Project will support Stretch Outcome 6:  <i>95% of children living in our priority localities will sustain a positive destination upon leaving school by 2026</i>  The project sits with the Attainment and Transitions (A&T) Improvement Group which is an Integrated Children's Services (ICS) sub group. The project is also supported through Aberdeen Foyer's Early Action Systems Change initiative which includes a wide range of individuals from across the system and young people using a Collective Impact approach. Learning and fresh insights from the project will be shared with the A&T group and ICS board.
<b>Why is this important</b>  <b>Overview</b>  Winter Leavers are young people whose 16 <sup>th</sup> birthday falls between 1 <sup>st</sup> October and the end of February. These young people join school under 5 years old and rather than leave to go to college or other positive destinations at the end of the summer term in S.4 they are required to return to school until the Christmas holidays of S.5. They are outside the standard cycle of college entrance and do not always fit with or wish to access the school curriculum which is geared towards Highers. There are approximately 250 young people who leave school in winter. On average and according to SDS data, around 50 of these young people do not move on to a positive destination and that after 6 months around 35 are still not in a positive destination. (SDS)  All schools know who is a winter leaver or potential winter leaver in terms of their birthday, and for most of these they will know their intended destination and intended leaving date. By the end of S.2 most schools know who is having a positive transitional experience and who

is not. It is also very common to start to lose young people from Easter in S.4 as there are no external exams sat for Nat 4. Disengagement from Easter could form part of the reason that there is currently no dedicated offer that can work for young people planning on leaving in winter and appropriate activities that are dedicated to this. The numbers are smaller too so there is difficulty in achieving economy of scale to ensure choice.

The Early Action System Change (EASC) initiative supports both prevention and early intervention and intends exploring short, medium and longer-term change ideas that will reduce educational disadvantage and give young people real choice in their futures. The Early Action System Change have formed an improvement team to work together with the aim to reduce the number of winter leavers with no positive destination by 50% by January 2021. This ensures the EASC initiative is supporting a LOIP project and contributing to the LOIP stretch outcome aim to increase positive destinations and raise attainment.

Costs will be reduced in the future due to more young people moving into quality sustained positive destinations. The costs of supporting young people following their departure from school through health, community justice and housing could be reduced.

### **Understanding the Problem Space**

We have broken down the general term Winter Leavers into three cohorts - **current** (leaving in Dec 19, **past** – left in Dec 18 and Dec 17 and **potential** – those who have anticipated leave dates of Dec 19 and Dec 20). What is missing is the voice of young people. We have key data sets for each cohort however little evidence around lived experience. Understanding the transition journey of Winter Leavers will improve understanding of how to identify vulnerable young people who are and will be Winter Leavers and the interventions that could support young people more effectively enabling co-produced solutions.

It has been challenging and time consuming to identify what data is gathered and to drill down to what the data can tell us, bearing in mind that our analysis is only as good as the data on the system. We know for each cohort of Winter Leavers that the following data sets exist:

### **Winter Leavers**

#### **Potential**

Skills Development Scotland (SDS) capture 'Anticipated leave dates' and 'Preferred Occupation' routes from schools for S.4 pupils via the Data Hub with the aim of having this captured by November. Anecdotally, some schools are able to identify who will be seeking to leave school at 16 as early as S.2 which raises the question – Can we capture data at S.2 and what difference would this make in planning?

**Current**

Again the 'Anticipated leave dates' provide an indication as to who is anticipating leaving school as a winter leaver.

Correlation with attendance rates would provide information on those most at risk of leaving with no positive destination.

This raises the questions - How can we plan for a group of young people across the city if there is a little pocket in each school – how do we coalesce around this? Although the data is present it is not known at a city-wide level so solutions at present are only developed at individual school level.

**Left**

Data around this cohort can be found using SDS info that captures 'School leaver destinations'. These are captured when a young person leaves school, in the October following and then published by Scottish Government in the next February resulting in a significant lag. For instance, a pupil leaving in December 19 will have their initial destination captured (SEEMIS), then a snapshot taken of their destination on 1<sup>st</sup> October 2020 before stats are published in February 2021. Due to the time lag it is difficult to use this data to support planning, but it can be used to track impact.

On a practical level SDS report that their post school team work with leavers who may be vulnerable and who have no destination. Work coaches are working with schools to support transition for young people. SDS and partners find that tracking and confirming destinations becomes harder as leavers get older and further away from their school date left. Most, if not all, 16-year olds have known destinations but there are increasing numbers of unconfirmed destinations once they are 18 or 19 years of age (as can be seen in the Participation Measure)

Data from DWP is less effective as a means of tracking outcomes due to Universal Credit as young people can be in work and still on benefits. GDPR has made data sharing more complicated.

Analysis of school leaver destinations by SDS and partners indicate that the majority of Winter Leavers for Dec 19 are male and live in the following school areas: St Machar, Hazelhead, Lochside, Northfield, SIMD areas (where they live as opposed to which schools they attend is recorded by SDS).

Further analysis of school leaver destinations show the following broad characteristics:

- Those most likely to be in a negative destination have left school earlier than the main cohort (winter leaver as opposed to staying on to summer)
- The bulk went to school in a SIMD area
- Males are disproportionately represented in negative destinations as opposed to females

- Characteristics of those who have moved into a negative destination include: motivation/engagement, sporadic attendance, dropping off engagement when opportunities become real (confidence?), homelessness, criminality and influencers (lack of positive and also some negative influencers)

Generally significant numbers who are not moving into positive destinations from SIMD areas are winter leavers. We need to be confident that our assumptions and trends are correct and engaging with young people directly in understanding their own journeys will be essential in future planning of solutions and further change ideas.

In the last year SDS captured experiences and stories with a small number of young people – that surfaced insights into patterns of non-attendance, other issues going on in their lives meant that planning for their future was way over there, all complex. SDS concluded that interventions at S3 or S4 was too late and that earlier intervention might have meant the negative experiences could have potentially been avoided. Foyer have also gathered various case studies over the years that demonstrate earlier interventions that are based on strong relationships can and do make a difference.

We are also aware that there are challenges around young people choosing options – difficulties in gaining access to the learning opportunities as they may not be in school, may have put in forms late. Some young people are nowhere near equipped to choose and express anxiety about choosing. SDS have been in negotiations with schools and advisors have been reviewing ideas. SDS have cross referenced attainment with engagement rates and found outcomes are better, indicating coaching relationships are really important.

This has informed our test of change around SDS working with S.2 and S.3 outlined below.

Offers to winter leavers makes it difficult to provide accredited learning between Aug-December. This can and does lead to young people disengaging. Some young people are being directed to college as exceptional entrants, and further analysis is required around the data captured by NESCOL around early leavers. When a young person leaves school to go to college they are removed from the register to go on to the college register.

We are conscious that we do not want this Improvement project to have unintended consequences in particular any unnecessary duplication that is in our system and to avoid bits of system working against each other by accident. We are therefore aware of other Improvement Projects taking place across the city through being a member of the ATA Outcome Group around improving outcomes for vulnerable learners including e.g.

Increase the number of care experienced young people accessing a positive and sustained destination by 25% by 2022.

Increase the confidence of parents and young people to recognise and seek support in response to deteriorating mental wellbeing by 2022.

Increase the range and number of accredited courses being provided by schools & partners by 25% by 2021.

Increase the number of young people taking up foundation apprenticeships to 142 by 2021

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.

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.

#### **Measures:**

##### **Outcome measures**

- % of Winter Leavers with a positive Destination
- % of Winter Leavers who attain qualification on leaving

##### **Process measures**

- School Attendance Rates for Winter Leavers between March to December each year
- Number of Winter Leavers offered an individualized curriculum between April to December each year
- % of Winter Leavers who report their learning experience on leaving as good or very good

We may identify other process measures when we clarify which change ideas we intend to take forward.

##### **Balancing measures**

- Number of young people recognising improved mental health and wellbeing
- Number of young people reporting hope for their future
- Number of young people reporting increased self-worth

#### **Change ideas**

It is anticipated that we will break the improvement programme down into smaller improvement projects so that we can underpin challenges and barriers – to continually test and learn. We have identified the following change ideas taking into account the three identified cohorts of winter leavers – current (leaving in Dec 19, past – left in Dec 18 and Dec 17 and potential – those who have anticipated leave dates of Dec 19 and Dec 20):

- **To what extent does individual journey mapping with young people increase understanding and planning around improving outcomes for young people who leave school in winter with the aim of gaining understanding from young people's lived experience to be able to share learning?**

- **What solutions can be introduced in relation to accredited Literacy and Numeracy within two schools during 2019/20 through building partnerships that would allow us to trial a Winter Leaver Curriculum?** Aim would be to enhance young people's attainment and that they value and see as worthwhile doing plus employers see value too. Focus on some of the growth areas. E.g. Food sector, Care – where there is employment opportunities.

- **How would a Multi-disciplinary Winter Leaver Programme targeted at a cohort of up to 10 identified Winter leavers improve young people's ability to develop confidence and life skills empowering them to improve their own outcomes during 2019/20?**

Lots of young people who are winter leavers can end up wasting time as there are fewer choices to access an appropriate option for attainment. What are the essential life skills that young people require and how can this drive the options? Food Home Ec, etc. College provision, working with SDS and Foyer Futures to support coaching, college experience to build capacity to do so. Experiencing lifestyle and autonomy

- **What impact can SDS interventions during S.2 and S.3 have on the engagement levels of vulnerable learners and potential winter leavers between 19/20 and 22/23 across two schools?**

As part of the School - SDS partnership agreement in St Machar Academy, and aligned to the school improvement plan, earlier engagement activities will be tested for younger pupils. E.g. S2 pupils being offered an employability option as one of their master classes. (The master classes run three times per year, over 2 periods over 10 weeks)

Similarly, in Northfield Academy, as part of the School-SDS partnership agreement, and aligned to the school improvement plan, we have agreed test an increase in the one to one offer to S3 pupils who have more needs. Also, for pupils who are struggling to attend school, SDS will test the offer of career appointments in a community venue in Northfield.

- **To what extent does an 'early alert' system, in addition to the data hub, to inform careers and other support staff about learners who are at risk of dropping out of college have on college retention rates of winter leavers during 19/20 and 20/21?**

#### **Potential risks and/or barriers to success & actions to address these**

- Resources
- Effective Communication
- Competing improvement projects in the same localities
- Lack of connection with DYW
- Lack of buy in from young people plus their parents and carers

- Climate for change
- We are aware that the national data reporting methods around positive destinations has a time lag of anything up to a year. Therefore, we will attempt where possible to record and monitor outcomes directly using local data.

**Project Team:**

Leona McDermid (Aberdeen Foyer CEO)  
 Nicola Graham (SDS Area Manager)  
 Carole Sneddon (Aberdeen City Council Opportunities for All)  
 Joanne Hesford (ACC Head Teacher St Machar)  
 Gavin Morrison (ACC Head Teacher Northfield)  
 Beth Finnigan (Aberdeen Foyer Team Leader)  
 Martyna Lambon (Aberdeen Foyer Educational Psychologist)  
 Young People/Families  
 Brian Dunn (NESCOL Head of Faculty)  
 Sacha Will (ACC Improvement Programme Manager)

**Outline Project Plan**

Project Stage	Actions	Timescale
<b>Getting Started</b> (Project Score 1-3)	<p>Convene working group</p> <p>Mine data to identify locations where most vulnerable winter leavers go to school and where the yp are who are currently likely to not be in positive destinations when leaving at Winter (Observatory can zone in on postcodes)</p> <p>Map current options for Winter Leavers</p> <p>Engage with young people and their families and carers who are Winter Leavers and potential winter leavers to find out more from them.</p> <p>Understand perspectives from the ‘Influencers’ in yp life really important. Key process measure may be family engagement</p> <p>Map Quality and sustainability of positive destinations achieved Identify and understand the correlation between winter Leavers without a positive destination and those who are not educated in their home community ie those who are accessing their education in another locality. Is there a role around community? Aberdeen City Leavers data indicates a significant number of the non-positive destinations were children who did not attend their local school.</p>	<b>By</b> <b>September 2019</b>

	<p>College course piloted in January 2019 by NESCOL need to capture learning.</p> <p>Coordinate with other Project charters, e.g. Extent to which we can pull together the variety of resources to provide a more coherent pathway. Alec Duncan – DYW lead starting to map out what all the partners involved in DYW and what activity support they are delivering. E.g. Career ready – what do they offer and what do they do? Overview and summary page, directory?</p> <p>Review PEF directory – Caroline HT at Orchardbrae</p> <p>SDS Performance Team session</p>	
<p><b>Designing and Testing Changes</b> (Project Score 4-7)</p>	<p><b>What activities are required to start testing changes?</b></p> <p>Any change ideas must be informed by lived experience as well as data.</p> <p>Prototype change ideas with working group including young people and their parents/carers.</p> <p>Where is the right climate? Go where the energy is where the conditions for change are right.</p> <p>Need to take into account changes as a result of No one Left Behind policy changes to employability, DYW review, FA's</p>	<p><b>By January 2020</b></p>
<p><b>Implementing and sustaining changes that demonstrate improvement</b> (Project Score 7-10)</p>	<p><b>What actions would be required to implement and sustain the changes that have resulted in improvement?</b></p> <p>The successful elements of the change ideas would be tested in other schools. Would need engagement, support and understanding of schools, young people and their families/carers.</p> <p>Changes to data recording and use of data to aid coordination and development of solutions with young people enabling a city wide approach through improved data sharing.</p> <p>Engagements in and with local communities to support and add value to the change ideas</p>	<p><b>By December 2020</b></p>
<p><b>Spreading Changes</b> (Project Score 9-10)</p>	<p><b>What actions are required to reach the full scale of the project?</b></p> <p>Shift resource to earlier interventions</p>	<p><b>By December 2022</b></p>

## 8.1 Reducing Anti-Social Behaviour

<p><b>Improvement Project Title:</b></p> <p>Antisocial Behaviour Reduction and reducing demand on criminal justice services through community based activities</p>
<p><b>Executive Sponsors:</b></p> <p>Rob Polkinghorne - Chief Operating Officer, Aberdeen City Council Derek McGowan - Chief Officer, Early Intervention and Community Empowerment, Aberdeen City Council</p>
<p><b>Project Leads:</b></p> <p>Derek McGowan – Chief Officer, Early Intervention and Community Empowerment, Aberdeen City Council (<a href="mailto:DeMcGowan@aberdeencity.gov.uk">DeMcGowan@aberdeencity.gov.uk</a>) Sergeant Brian Cumming - Police Scotland (<a href="mailto:Brian.Cumming@scotland.pnn.police.uk">Brian.Cumming@scotland.pnn.police.uk</a>)</p>
<p><b>Aim Statement 1</b> - 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</p> <p><b>Aim Statement 2</b> - Reduce instances of anti-social behaviour as a result of appropriate and effective interventions in targeted areas by 10% by 2021</p>
<p>Link to Local Outcome Improvement Plan:</p> <p><b>Link to Aim Statement 1</b> Stretch Outcome 8: 25% fewer young people (under 18) charged with an offence by 2026 (Community Justice Group/ ICS)</p> <p>Key Driver 8.1: Young people receive the right help at the right time through provision of a strong universal offer alongside availability of multi-disciplinary targeted interventions (using a trauma-informed approach) to improve outcomes for young people at risk of becoming involved in the Justice system</p> <p>Key improvement measure: Number of young people involved in three or more Police Crime Files (Baseline data: 16/17 – 100; 17/18 – 71)</p> <p><b>Link to Aim Statement 2</b> Stretch Outcome 9. 25% fewer people receiving a first ever Court conviction each year by 2026</p> <p>Key Driver 9.2: Tackling antisocial behaviour in problem areas with appropriate and effective interventions</p> <p>Key improvement measure: Number of first court convictions (Baseline data: 40 young people aged under 18 in 2016-17; 796 people aged 18+ in 2016-17)</p>
<p><b>Why is this important?</b></p> <p>Antisocial behaviour is defined as 'behaviour by a person which causes, or is likely to cause, harassment, alarm or distress to persons not of the same household as the person' and is a wide-ranging issue which encompasses many aspects of criminal and non-criminal behaviour. The types of behaviour frequently listed range from vandalism and littering to noisy neighbours and youth disorder. These are the type of behaviours that cause distress in communities and</p>

make them feel unsafe. Strategies to tackle antisocial behaviour are underpinned by the principles of prevention and early intervention to provide solutions, reduce the likelihood and opportunity for offending and optimise outcomes for individuals who may otherwise involve themselves in this type of activity

This is particularly important for young people, as the longitudinal survey undertaken by University of Edinburgh in 2011 identified clear evidence that the younger people enter the criminal justice system, the more likely they are to remain there and the lower their overall life outcomes will be. This is a complex narrative involving a host of different markers that lead to the point of entry – educational attainment; adverse childhood experiences, experience of poverty for example. However it is clear that entering the criminal justice system poses a significant milestone in the life of a young person, and that keeping them out of the system would be a benefit for both those individuals and public services due to the combined cost of working with them.

Someone entering the criminal justice system at a young age can expect contact with social work services, Police Scotland, NHS services, and potentially Scottish Prison Service, children’s reporter – often this is the point where a lifelong relationship with these services is set up. The cost to the public sector of this relationship can be enormous.

There is a need to predict the likelihood of an individual entering the criminal justice system, and identify the earliest point to intervene and change the trajectory, therefore improving outcomes and reducing demand on public sector agencies.

The British Crime Survey found that the type of area where people lived to be the strongest underlying predictor of perceptions of high levels of antisocial behaviour. Those living in hard-pressed areas had odds of perceiving high levels that were four times higher than those in wealthier achiever areas. The findings in this survey suggest that efforts to tackle antisocial behaviour should be targeted at a particular type of area in the first instance. Data collected over the last 3 months show that Torry is an appropriate area for this work to be targeted on, with an increase in ASB calls from 54 in April to 102 in June. This corresponds with a decrease in residents feeling safe in their area from 46% in 17/18 to 38% in 18/19.

Any reduction in antisocial behaviour within a defined area will improve the quality of life for people within that area, increase public confidence and enhance a positive sense of community for residents. This will also increase the collective will and ability of a community to tackle problems itself by increasing community resilience.

Evidence of previous success:

In 2017/18, through a successful partnership approach, a multi disciplinary approach to address wilful fire raising and youth disorder in the Oldtown/Marchburn area used targeted campaigns to reassure residents and gathering intel for consideration of necessary intervention. In the Oldtown/Marchburn area, this had a positive impact on ASB, with a 75% reduction in incidents and Crime Reports from the peak of the issues to 12 months later. This included the rapid removal of litter, graffiti and rubbish to maintain the aesthetic appearance of the neighbourhood and demonstrates the improvements that can be achieved.

Building on this approach, in February 2019, a project was instigated in the Northfield area of Aberdeen with the aim of reducing antisocial behaviour following an identified increase in this type of conduct in this area. The following is a description from that project of the impact of antisocial behaviour on businesses and how they can contribute to tackling the issue:

*Retailers, particularly small stores, are often victims of ASB. When businesses suffer from ASB, the community often pays the price in increased costs of goods, higher insurance premiums and potential loss of investment by businesses in the local area. Their views and information can be critical in shaping a campaign against ASB. They will know the issues that affect them most. Businesses can also help by taking a stand in their community, taking action against those who behave anti-socially on or outside their premises and not selling alcohol to underage young people. (HSE – Managing work-related violence in licensed and retail premises).*

*Additional and more visible policing is a priority for local retailers and residents. We have increased flexibility and mobility in targeting officers to where they are most required. For this project, a dedicated Locality Team will address the identified 'hot spots' within the locality and work with partners to address the various issues. We know that by working together and making improvements in the community, helps the community feel more positive and ASB reduces as a result of improved community pride.*

*Overall, embedding a successful, multi-agency approach to dealing with ASB into our locality will lead to improved outcomes for retailers, community members and partners.*

This operation in Northfield has created foundations for an effective strategy to tackle antisocial behaviour. The learning and outcomes from that project will be used to inform this project to build on what has already been achieved and work towards a longer term outcome.

#### **Measures: (How will we know if a change is an improvement?)**

##### **Outcome measures**

- No. of offences committed by 8-15 year olds:
- Group 3 offences - e.g. shoplifting, housebreaking, theft of motor vehicles. (Baseline data:16/17 – 367; 17/18 – 260)
- Group 6 offences - e.g. common assaults and breach of peace (Baseline data:16/17 – 465; 17/18 – 254)
- No. of offences committed by 16 & 17 year olds:
- Group 3 offences - e.g. shoplifting, housebreaking, theft of motor vehicles. (Baseline data: 16/17 – 293; 17/18 – 167)
- Group 6 offences - e.g. common assaults and breach of peace. (Baseline data: 16/17 – 234; 17/18 – 192)
- No. of young people involved in three or more Police Crime Files
- (Baseline data: 16/17 – 100; 17/18 – 71)
- No. of antisocial behaviour / youth annoyance cases reported to the Council:
- Baseline data – 16/17: 3881; 17/18: 4,670
- No. of antisocial behaviour / youth annoyance cases reported to the Police:
- Baseline data – 16/17: 1,869; 17/18: 1,827
- No. of active cases
- No. of repeat complaints:
- Baseline data – 16/17: 55; 17/18: 34
- Recidivist rates
- Overall cost of demand

##### **Process measures**

- Number of youths identified as on a pathway to entering the criminal justice system
- Number of interactions between youth work teams and these individuals (may include starting from scratch to establish a baseline)

- Number of referrals to Early Intervention Worker
- Number of individuals engaging with Early Intervention Worker
- Length of sustained engagement with Early Intervention Worker
- Number of referrals to and interventions by Third Sector organisations
- Intelligence logs, Drug Search Warrant applications, drugs cases raised
- Number of Drug & Alcohol referrals
- Number of individuals engaging with Drug and Alcohol services
- Number of completed actions from multiagency response plans

#### **Balancing measures**

- School attainment rates
- School attendance for those identified
- Number of maintenance jobs carried out, re-housing applications processed (due to demand created by increased enforcement work)
- If ASB is under reported, this could result in figures rising initially instead of the predicted downward trend.

#### **Change ideas (What can we do that will result in improvement?)**

**Aim Statement 1** - 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

**Aim Statement 2** - Reduce instances of anti-social behaviour as a result of appropriate and effective interventions in targeted areas by 10% by 2021

- Multi-disciplinary approach to parental support for young people at risk of becoming involved in the justice system
- System for using data to identify those in need of enhanced support earlier
- Introduce early intervention training for teachers
- Improve community spaces for generational and intergenerational activities
- Volunteer recruitment to support broader range of community youth based activities
- Integrated CPA teams tackling demand in localities
- Introduce campaign to raise awareness / training of ACES in communities and across CPA
- Introduce Restorative justice training
- Create youth flats in communities to support independent living
- Develop workforce to ensure gender balance and positive male role models
- Introduce tolerance campaign to remind adults they were young once to reduce unnecessary complaints. Including sessions with local employers.
- Rework job profiles to improve relationships between staff and communities
- A flagging system of ASB hotspots and individuals identified as likely to be involved, and the development of a mechanism for real time, ongoing information sharing
- Developing existing Community Engagement events to include broader range of organisations
- A restorative justice approach where individuals appreciate the consequences of their actions – specifics to be developed
- Community-based environment improvement solutions, e.g. litter picks, maintenance works

#### **Potential Barriers**

- Different legislative positions and organisational policies / priorities
- Establishing team work most effectively
- Information sharing not working to benefit individuals

- Lack of resources to successfully implement project
- Sustaining short term benefits in the longer term
- Media reporting portraying target area in a negative way

**Project Team pool:**

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- COPFS / SCRA - tbc
- Scottish Fire and Rescue - tbc
- Streetsports - tbc
- AFC Community Trust tbc
- ACVO – tbc
- Representative for relevant Community Council – tbc
- NHS – tbc

**Outline Project Plan**

Project Stage	Actions	Timescale
<b>Getting Started</b> (Project Score 1-3)	Discussion, agreement and workshop.	<b>Complete July 2019</b>
<b>Designing and Testing Changes</b> (Project Score 4-7)	Further workshop to agree driver diagram and identify key changes anticipated to have greatest impact.  Thereafter identify project plan and flow for each change idea and establish team to implement test idea.	<b>September 2019.</b>

<b>Implementing and sustaining changes that demonstrate improvement</b> (Project Score 7-10)	Analyse the tests of change, identify success / failure and use to inform redesign of services.	<b>12 weeks from agreement of design and test phase (mid-end December 2019)</b>
<b>Spreading Changes</b> (Project Score 9-10)	Based on outcomes actions will need to be scaled up through agreement and collaboration with relevant partners. This may affect service design and so a level of engagement will be required with communities and potentially elected members.	<b>March 2020</b>

## 9.1 Diversion from Prosecution

<b>Improvement Project Title:</b> Diverting people from Prosecution			
<b>Executive Sponsor (Chair of Outcome Improvement Group):</b> Derek McGowan, Chief Officer Early Intervention & Community Empowerment, Aberdeen City Council			
<b>Project Lead:</b> Claire Duncan, Lead Social Work Officer, ACHSCP ( <a href="mailto:Claduncan@aberdeencity.gov.uk">Claduncan@aberdeencity.gov.uk</a> )			
<b>Aim statement (What are we trying to accomplish? Over what time? Numerical target for improvement?)</b>  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.  Increase the number of cases of people appropriately diverted from prosecution by 2021.			
<b>Link to Local Outcome Improvement Plan:</b>			
<b>Stretch Outcome</b>	<b>Key Drivers</b>	<b>Improvement Project Aim</b>	<b>Key Improvement Measures</b>
<b>9. 25% fewer people receiving a first ever Court conviction each year by 2026</b>  <i>(Baseline data: 40 young people aged under 18 in 2016-17; 796 people aged 18+ in 2016-17)</i>  <b>Responsible Outcome Improvement Group:</b> Community Justice Group	9.1 Taking an effective, trauma-informed, problem-solving whole system approach to offending by <u>16 and 17 year olds</u>	Extend the multi-agency problem solving approach to all <u>16 and 17 year olds</u> charged with an offence to reduce the likelihood of reoffending which could lead to a conviction by 2021.	% of those charged receiving appropriate police direct measures <i>(Baseline data: 16/17 – 27% 17/18 – 21%)</i>  % of those charged who were appropriately diverted from prosecution by the PF <i>(Baseline data: 16/17 – 2% 17/18 – 4%)</i>  % of young people who go to court who receive a dedicated youth service  No. of offences committed by <u>16 &amp; 17 year olds</u> :  i) Group 3 offences - e.g. shoplifting, <u>housebreaking</u> and theft of motor vehicles. <i>(Baseline data: 16/17 – 293 17/18 – 167)</i>  ii) Group 6 offences - e.g. common assaults and breach of peace. <i>(Baseline data: 16/17 – 234 17/18 – 192)</i>
	9.3 Ensuring a targeted approach to diverting over-18s from prosecution to effective interventions aimed at reducing the likelihood of reoffending, where appropriate	Increase the number of cases of people appropriately diverted from prosecution by 2021.	% (number) of charges for which appropriate police direct measures were given as alternatives to arrest <i>(Baseline data: 16/17 – 4% (747 of 19,671) 17/18 – 7% (1,314 of 19,671)</i>  % (number) of charges for which appropriate Fiscal Direct Measures were given, as alternatives to formal Diversion from Prosecution, and to prosecution: - Warnings <i>(Baseline data: 16/17 – 2% (438 of 19,671)</i> - Fines/Compensation/Penalties <i>(Baseline data: 16/17 – 6% (1,219 of 19,671)</i> - Fiscal Work Orders <i>(Baseline data: 16/17 – 0% (66 of 19,671) 17/18 – 0% (76 of 19,671)</i>  No. of cases of people who were appropriately Diverted from Prosecution by the PF aged: 18-25 <i>(Baseline data: 16/17 – 20; 17/18 – 21)</i> 26+ <i>(Baseline data: 16/17 – 32; 17/18 – 54)</i>
<p>The number of individuals charged by the police will be impacted upon by the LOIP projects being undertaken under Stretch Outcome 8 (Fewer young people charged with an offence). The project will also link to work being undertaken at the Police Custody Suite through projects being progressed under Stretch Outcome 10, e.g. uptake and retention of people in alcohol and drug services, and numbers referred in relation to mental health issues.</p>			

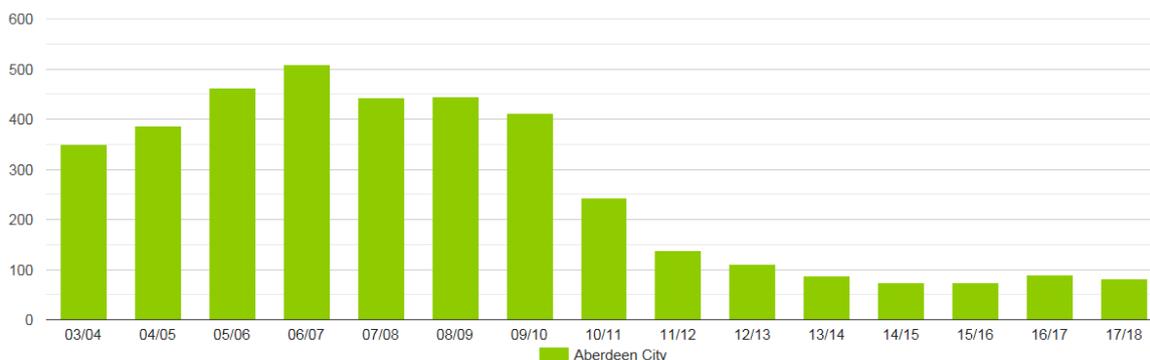
### **Why is this important?**

During the course of the project to-date, systems have been improved through mapping local processes and establishing single points of contact within Police Scotland and Criminal Justice Social Work Services. This has clarified and streamlined processes for the identification and referral of individuals for diversion to Social Work by the Procurator Fiscal. The PF make decisions about cases based on information provided by police. Improved information about individuals' circumstances may help to inform this decision-making, and potentially increase numbers receiving Fiscal Direct Measures as a result of contextual information eg in relation to vulnerabilities. (NB The basis of PF decision-making is what is in the public interest.) Changes identified for testing in this refreshed charter relating to increased awareness of Police and PF staff, and information provided to the PF by the Police, will focus on this, in relation to both young people and over-18s. 'Guidelines' will be developed and tested, aimed at increasing the use of Police Direct Measures, particularly in relation to over-18s. (See further information below about Police Direct Measures for under-18s as part of the Whole System Approach). The use of Exit Questionnaires to seek feedback from 'clients' will be tested across the direct measures where there is interaction with a service, to inform the effectiveness of this as a mechanism for assessment of the value of the Direct Measures for individuals and any implications for service provision, with a view to identifying further potential change ideas to aid continuous improvement. (There has been no such mechanism in place to-date.)

### **Benefits to Individuals, their families, victims and communities:**

- The less contact an individual has with the justice system, the less likely they are to have further involvement in offending. (What works to reduce reoffending: A summary of the evidence (Justice Analytical Services, Scottish Govt, 2015))
- Diversion from prosecution affords an opportunity to explore, and ideally address, the factors underlying the offending behaviour, and not the simply the offence. This reduces the likelihood of reoffending.
- Within the overarching aims of increasing numbers of those diverted from prosecution, and of providing a range of interventions responsive to individual need, the project will take a specific focus on certain groups of individuals and offence types. This is to provide early and effective intervention that is desistance focused, and addresses trends in crime perpetrated, where the factors would benefit from the type of support offered as part of diversion from prosecution.
- A wide range of diversion interventions exist in Aberdeen City across partners in both youth and adult services. The project provides a focus to assess their effectiveness and increase access for those who can benefit from such approaches.
- Increasing the use of diversion means individuals do not receive a conviction which remains on their permanent record, allowing them to move on from the offence.
- The stigma of a criminal conviction impacts on families as well as individuals. Diversion from prosecution reduces the stigma and improves the life chances of people within a community.
- Communities benefit from individuals reducing their involvement in offending from an early stage through diversion opportunities, and investing more positively in economic growth and citizenship.
- Communities benefit from projects undertaken through Fiscal Work Orders.
- Re-establish the positive outcomes created as a result of the Whole Systems Approach

(WSA) for young people (under 18). The Whole Systems Approach saw a dramatic reduction in the numbers of young people charged with an offence or referred to the Reporter on offence grounds. The chart below shows the number of children/young people referred to the Scottish Children’s Reporter Administration (SCRA) on offence grounds in Aberdeen City. The Whole System Approach was introduced in 2011, based on GIRFEC principles. (The chart is set against a context of a reducing trend in crime levels over the period.)



- The WSA multi agency approach focused on key areas for those involved in offending behaviour which included early intervention, diversion, court support, community alternatives to secure care/custody and managing those placed in secure care custody who pose a high risk and reintegration back into the community.
- Aberdeen was one of three Whole System Approach funded pilot areas which was evaluated by the SCCJR (EVALUATION OF THE WHOLE SYSTEM APPROACH TO YOUNG PEOPLE WHO OFFEND IN SCOTLAND June 2015). The funding was not continued, and in Aberdeen, not all elements of the WSA remain in place, hence the need for a re-focusing on police and fiscal direct measures and support for young people at court as envisaged in this charter. (It must be noted that Early and Effective Intervention by Police Scotland via the Youth Justice Management Unit (part of the WSA) continues to play a significant role in diverting young people from prosecution.)
- Other elements of the WSA (community alternatives to secure care/custody, managing those placed in secure care custody who pose a high risk, and reintegration back into the community) have been identified for improvement work under a Stretch Outcome 10 project to be taken forward separately.

**Benefits to stakeholders:**

- Diversion from prosecution reduces unnecessary court time for Police, COPFS, defence agents and additional support services.
- Court time can be used more effectively and focus on more serious and complex cases.
- Addressing the causes of offending at an early stage reduces the likelihood of further offending and time spent in both custody and on community sentences.
- The presumption against short sentences means that more individuals will be supported as part of community sentences. Diversion provides a way of allowing Criminal Justice Social Work to provide an enhanced service, by addressing other, lower level offending at an earlier opportunity.
- Partners will work collaboratively, and share information appropriately, to provide a holistic response to improve outcomes for individuals.

**Impact to cost and resources:**

- While impact to cost and resources will be experienced during the short, medium and

long term, improving the provision of diversion from prosecution towards sustainable outcomes for those involved is a longer-term, preventative aim. The aim would be for resourcing to be re-focused in the longer term to early intervention and prevention to reduce reoffending.

**Measures: (How will we know if a change is an improvement?)**

**Outcome Measures (LOIP Measures)**

- Number of referrals for diversion from prosecution – all ages (including Police and Fiscal Direct Measures)
- Number receiving police direct measures (16s & 17s, and over-18s)
- Number diverted from prosecution by the Procurator Fiscal, e.g. Warnings, Fines, Fiscal Work Orders, Diversion to Social Work (16s & 17s, and over 18s)
- Number of Group 3 (e.g. shoplifting/housebreaking/theft of motor vehicles) and Group 6 (e.g. common assault/breach of peace) offences committed by 16s & 17s
- Number of young people (16s & 17s) who are supported at Court

**Staff within relevant organisations divert individuals from Prosecution.**

- Number of Standard Police Reports which contain relevant information to inform PF's decision-making regarding Direct Measures

**Clear processes for direct measures are in place**

- Number of individuals diverted to social work or on Fiscal Work Orders who are satisfied with the diversion process (from Exit Questionnaires)
- Partner satisfaction regarding clarity of processes

**Appropriate and effective Diversion options are available to meet need**

- Improvement of identified need/s of individuals diverted to Social Work
- Sample of cases tracked to identify improved outcomes over the longer term

**Change ideas (What changes can be made that will result in improvement?)**

**Staff within relevant organisations divert individuals from Prosecution.**

- Improved information in Standard Police Reports - to inform COPFS decision-making
- Guideline for police direct measures – to increase Police knowledge about direct measures
- Establish system between Police and PF relating to police concern reports – to improve information provided to PF to inform decision-making
- Mechanism for referral from custody suite to Court Social Work for early assessment for problem solving Court/Court support for young people
- Regular training/awareness raising for relevant key stakeholders – to increase knowledge about diversion options
- Diversion practitioners' forum – to share good practice, help build relationships, identify areas for improvement

**Clear processes for Direct Measures are in place**

- Map of data sharing processes – to enhance partner understanding of processes

### **Appropriate and effective Diversion options are available to meet need**

- Exit questionnaire for clients diverted from prosecution by the PF – to assess this as a mechanism for obtaining feedback from clients
- Exit questionnaire for clients on Fiscal Work Orders - ditto
- Exit questionnaire for clients diverted to social work by YJMU - ditto
- Outcomes newsletter – to assess this as a way of highlighting the effectiveness of direct measures with stakeholders (eg partners, general public) Diversion Steering Group to be established with responsibility of data reporting – to test this as a way of ensuring sustainability and quality of diversion interventions
- Data-informed interventions in response to offence types – to assess the extent to which these result in reduced offending for the individuals involved
- Mechanism to support young people at Court – to be tested to see if it improves the experience of young people at Court

### **Potential risks and/or barriers and actions to address these:**

- **Changes to crime trends and reporting** – Should crime trends in Aberdeen City change, or any new policy impact on the ability to divert individuals from court, this has the potential to reduce the efficacy of this project. This will be monitored by project group.
- **Data and information sharing** – Current data and information sharing processes between services involved in the diversion of individuals is unclear. To address this, a full review of all processes is on-going with a view to ensuring these are compliant with the General Data Protection Regulation coming into being on 25 May 2018 (see <https://ico.org.uk/media/1624219/preparing-for-the-gdpr-12-steps.pdf>).
- **National and local practice** – Cases marked for diversion in Aberdeen City are completed at both the local Procurator Fiscal Office and the National Initial Case Processing (NICP) Units in Paisley and Glasgow. To ensure the approaches implemented in Aberdeen City are consistently understood at both levels, Community Justice Scotland will engage with the NICP regularly to discuss progress and address any challenges which may present.
- **Up-Tariffing** – When individuals need support which can be identified and provided as part of diversion from prosecution, there is a risk of up-tariffing cases to ensure individuals receive that support, rather than to take no action. To avoid this, data will be continually reviewed, and information passed to the Arrest Referral project group and Early and Effective Intervention process, to support intervention at the earliest opportunity.
- **Increased pressure on resources** – Increasing diversion from prosecution and Police direct measures reduces the burden on Police, COPFS and Courts, but may increase pressure on the pre-disposal team within Aberdeen City CJSW, Children’s social work teams and Barnardo’s. This will be monitored by the all partners and can be discussed within the project group when necessary.
- **Victim perceptions** – Diversion from prosecution is an early intervention approach, and as such can be viewed as ‘soft justice’ or lack the visible approach to justice taken by the courts. To address this Victim Support Scotland attend the project group to provide input and regular media articles will be considered. Promoting the use of Restorative Justice provided by SACRO as a way for victims to retain power and control in the process will also support a positive view of diversion from prosecution.
- **Identification of people with lived experience** – Once data gathering has improved and the provision of interventions can be considered, people involved in diversion from prosecution could be used as an insight group and involved in co-production. Identifying

people who would wish to do this, and to ensure this is ethical, will also require consideration from an early stage in the process.

**Project Team:**

Claire Duncan, Lead Social Work Officer, AHSCP – Project Lead  
 Lesley Simpson, Criminal Justice Social Work Service Manager, Aberdeen Health and Social Care Partnership  
 David Wilkie-Thorburn, Procurator Fiscal, Aberdeen City (COPFS)  
 Lorna Murray, Pre-Disposal Team Lead, Criminal Justice Social Work  
*Clare Hyslop/Nicola Williams, Barnardo's*  
 Elaine Logue, Police Scotland  
 Jason Carrigan, Police Scotland  
 YJMU Police Scotland (tbc)  
*Children's Services (tbc)*  
 Val Vertigans, Community Justice Officer

**Outline Project Plan**

Project Stage	Actions	Timescale
<b>Getting Started</b> (Project Score 1-3)	<ul style="list-style-type: none"> <li>Project team established</li> <li>Initial baseline established</li> <li>Draft charter developed</li> <li>Charter submitted to CPA Board</li> </ul>	Complete Complete Complete Sep 2019
<b>Designing and Testing Changes</b> (Project Score 4-7)	<ul style="list-style-type: none"> <li>Design changes for initial testing</li> <li>Evaluate overall achievement to date and plan further PDSAs or move to implementation</li> </ul>	Oct 2019 xx
Implementing and sustaining changes that demonstrate improvement (Project Score 7-9)	<ul style="list-style-type: none"> <li>Agree which change ideas tested are proven to work that we will seek to embed permanently</li> <li>Continue to gather data</li> <li>Assess whether improvement levels are sustained</li> </ul>	xx xx xx
Spreading Changes (Project Score 9-10)	<ul style="list-style-type: none"> <li>Assess opportunities to spread change</li> </ul>	xx

## 11.2 Aberdeen Links Service

<b>Improvement Project Title: Aberdeen Links Service</b>
<b>Executive Sponsor</b> (Chair of Outcome Improvement Group): Sandra Ross
<b>Project Lead:</b> Jenny McCann
<b>Aim statement (What are we trying to accomplish? Over what time? Numerical target for improvement?)</b> Extend the link working approach across primary care to support 3,000 people to attain their own identified outcomes by 2021
<b>Link to Local Outcome Improvement Plan:</b>  This is a project within the LOIOP under Stretch Outcome 11. Healthy life expectancy (time lived in good health) is five years longer by 2026 and Key Driver 11.2 Building community resilience through a peer supported approach to health literacy distributed amongst social networks.
<b>Why is this important:</b> The concept of Link Working (including embedding Link Practitioners into GP Practices) has been successfully tested across the Deep End Practices in Glasgow <sup>1</sup> . <a href="https://www.alliance-scotland.org.uk/blog/resources/links-worker-programme-record-of-learning-series-2/">https://www.alliance-scotland.org.uk/blog/resources/links-worker-programme-record-of-learning-series-2/</a> . This project seeks to test local application and quickly to scale up and spread the model within an Aberdeen context.  Reduced resources and growing demand across Health and Social Care means that there is a need to shift the focus from managing symptoms to prevention and resolving underlying causes. The development of the Aberdeen Links Service takes a step towards holistic management of individuals by introducing a complimentary non-medical skill set into the practice as well as supporting the existing staff to adopt the links approach. It is anticipated that this resource will help address socioeconomic inequalities and social determinants of health, as well as building capacity in General Practice. The programme is envisaged to reduce pressures on mainstream primary and community care services by meeting a need for joined up support across the Health and Social Care Partnership. This will be achieved by embedding Link Practitioners into GP practices, the local communities and wider ACHSCP and Community Planning Aberdeen locality teams.  The partnership recognises the current (and future) challenges posed by an ageing population with long-term health conditions and the prevalence of health inequalities combined with fiscal challenges. Given these significant challenges across the health and social care systems in Scotland there is a need to shift to alternative and more preventative types of planned care. The ACHSCP is committed to carefully considering approaches to reduce health and social inequalities and in particular, to balance provision of universal or more targeted service delivery with identified needs in and across localities. The Aberdeen Links Service reflects this commitment and will be an important development to achieve this.  This project seeks to use the community link working approach (tested in the Deep End practices in Glasgow) as a framework to facilitate transformational change within primary and community care. The programme will provide an opportunity to add intelligence about ways to prevent and reduce health inequalities and support an improved focus on person

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centre care planning and self-management. The underpinning goal of the Aberdeen Links Service is to assist general practice teams (and the wider health and social care system) to develop new capacities to become more effective in enabling patient self-management and supporting people to live more interconnected lives, which support their general wellbeing and sense of belonging.

The overall expected impact is that the Aberdeen Links service will strengthen connections between community resources, third sector organisations and primary care, therefore enhancing social prescribing activities with the practice population.

Secondary impact will also include improved wellbeing, increased social connectedness for people and satisfaction with the Aberdeen Links Service. Staff benefits will include increase confidence, understanding and confidence.

### **People Benefits**

- Improved wellbeing:
- Increased social connectedness:
- Satisfaction with Aberdeen Links Service:

### **Measures: (How will we know if a change is an improvement?)**

The LOIP states that this project will “support people to attain their own identified outcomes”. The Aberdeen Links Service is about providing PC support to enable an individual to access the appropriate services to help them overcome their identified challenges. These are identified with the person at point of engagement and are highlighted as the persons “priorities”. These are worked through in the order of priority as set by the individual and are achieved at the point they are “linked” with an appropriate resource or service. In this context the identified project measures are:

#### **Outcome measures**

- Number of referrals to Aberdeen Links Service
- % of people with identified outcomes achieved

#### **Process measures**

- Number of Link Practitioners assessed against skills and experience matrix
- Number of training sessions delivered to Link Practitioners
- Number of peer support sessions held
- Number of people attending peer support sessions.
- Number of people taking up a social prescription (number of onward referrals to partners by category, to identify if quality and range of social prescriptions has improved)
- Number of Aberdeen Links information sessions delivered to referrers

#### **Balancing Measures**

- Number of onward referrals to Third Sector Referrals (could potentially destabilise the system)
- Identified gaps for onward referrals to inform future service development and improvement
- Number of people that disengage with the Aberdeen Links Service

### **Change ideas (What can we do that will result in improvement?)**

Develop a skills / experience matrix as a mechanism to ensure range of expertise, experience and abilities exist within the team and to inform recruitment activity.

Develop a mechanism for Link Practitioners to share experience, knowledge, best practice and information to continue to improve quality and range of social prescriptions.

- Testing peer support sessions on a monthly basis
- Link Practitioners to attend value based reflective practice training

Information sessions to develop the knowledge and understanding about the Links Approach and its benefits among of referrers.

### **Potential Barriers**

1. There is a risk that cultural resistance may lead to a lack of “buy in” to the new service/ different ways of working from stakeholders: primary care, practice population, third sector and community organisations.
2. Working across different sectors means there could be risks associated with governance e.g. ensuring appropriate data sharing processes and protocols are in place
3. Development of a digital platform is dependent on the development of a national project, which could hinder Link Practitioners abilities to support signposting
4. There is a risk that the demands for the service outweigh the capacity to provide a service
5. Risk of flooding community with new and additional referrals

### **Project Team:**

**Sponsor** – Sandra Ross (ACHSCP)

**Project Manager** – Jenny McCann (NHSG - ACHSCP)

**Subject Matter Expert** – Dr Raj Gupta (Independent contractor - GP at Scotstown Medical Practice)

**Subject Matter Expert** – Shona Alexander (Independent contractor - Practice Manager at Carden Medical Practice)

**Improvement Advisor/Coach** – Stephen McNamee (ACC - ACHSCP)

**Data Manager** – Dr Calum Leask (NHSG - ACHSCP)

**Senior Link Practitioner** – Jenny Wooley (Third sector – Scottish Association Mental Health, SAMH)

**SAMH Service Manager** – Cat Anderson (Third sector – SAMH)

**ACVO/ Third Sector** – Jane Russell (Third Sector)

**Sport Aberdeen** – Keith Gerrard) (Third Sector)

**Police Scotland** – Shona Stewart

**Service Participant** – To be identified

<b>Outline Project Plan</b>		
<b>Project Stage</b>	<b>Actions</b>	<b>Timescale</b>
<b>Getting Started</b> (Project Score 1-3)	<ul style="list-style-type: none"> <li>• Project team established</li> <li>• Initial baseline established</li> <li>• Draft charter developed</li> <li>• Charter submitted to CPA Board</li> </ul>	Complete Complete Complete Sep 2019
<b>Designing and Testing Changes</b> (Project Score 4-7)	<ul style="list-style-type: none"> <li>• Design changes for initial testing</li> <li>• Test Peer Support sessions with Link Practitioner Team on a monthly basis using PDSA over a 3-month period</li> <li>• Using PDSA test impact of having value based reflective practice trained Link Practitioners</li> <li>• Using PDSA test applicability of skills/ experience matrix</li> <li>• Evaluate overall achievement to date and plan further PDSAs or move to implementation</li> </ul>	Aug 2019 Aug -Sept 2019  Sept – Dec 2019  Sept – Nov 2019  Dec 2019
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	<ul style="list-style-type: none"> <li>• Agree which change ideas tested are proven to work that we will seek to embed permanently</li> <li>• Continue to gather data</li> <li>• Assess whether improvement levels are sustained</li> </ul>	Jan 2020  Jan – Mar 2020 April 2020

## 11.3 Reducing obesity

<p><b>Improvement Project Title</b> Eating well and being active for health and wellbeing</p>
<p><b>Executive Sponsor (Chair of Outcome Improvement Group)</b> Sandra Ross</p>
<p><b>RIS lead</b> Jillian Evans <b>Project Lead</b> Chris Littlejohn</p>
<p><b>Aim statement</b> To reduce the percentage of men and women who are obese in Aberdeen City to 20% by 2021. Currently one in four adults (25%) in Aberdeen City are obese.<sup>1</sup></p>
<p><b>Link to Local Outcome Improvement Plan</b></p> <ul style="list-style-type: none"> <li>• <i>Stretch outcome aim 11</i> Healthy life expectancy (time lived in good health) is five years longer by 2026</li> <li>• <i>Driver 11.4</i> Encouraging adoption of healthier lifestyles</li> <li>• <i>Improvement Project Aim</i> Reduce the percentage of men and women who are obese to 20% by 2021</li> </ul>
<p><b>Why is this important</b></p> <p>Clinical obesity increases the risk of ill-health and premature death,<sup>2</sup> and is therefore an important driver of life expectancy. Obesity is not solely about individual willpower.<sup>3</sup> Obesity is about the food environment (e.g. what's affordable, what's available, what's convenient, what's possible (to buy, to prepare) and the physical exercise environment (e.g. perceived costs (money, time), perceived safety) against the context of modern living. High prices, rising bills, long working hours, exhaustion, stress, mental ill health, isolation, travel distances – a wide range of obstacles exist to eating well and participating in forms of pleasurable physical activity.</p> <p>Our improvement project, working towards the LOIP aim, will start in Torry, as the Torry Locality Plan identifies obesity as a concern. Whilst data on healthy weight and obesity are not collected at small area level, we know that inequalities in levels of obesity exist between the most and least deprived parts of Scotland.<sup>4</sup> In particular, inequalities have widened in recent years among children living in the most deprived areas. Consequently, we will link with the improvement project that is looking specifically at child obesity to ensure our efforts are complementary and have wider impact. Whilst we do not have a baseline for healthy weight and obesity at locality level, we will use other measures to assess the effect of our change efforts which contribute to our stretch aim. We will also link with the Community Pantry project charter in Torry (part of sustainable city work) because of the clear links with food poverty and nutrition.</p> <p>Community activism is at the core of this project, supported by evidence of behaviour change at community level.<sup>5</sup> We aim that our range of change ideas will help to change cultural norms in relation to nutrition, environment, physical activity and stigma – all primary drivers towards reducing obesity. (see driver diagram)</p>

<sup>1</sup> Source: Scottish Health Survey, local authority results 2014-17 inclusive, [published 2017](#)

<sup>2</sup> <https://www.nhs.uk/news/obesity/obesity-could-rob-you-of-20-years-of-health>

<sup>3</sup> <https://doi.org/10.1159/000455960>

<sup>4</sup> Source: Obesity and health inequalities in Scotland. ScotPHO 2017

## Measures

### Outcome Measures

- The amount of weight loss recorded by those with BMI > 30\* both via the weight loss/healthy helpings classes and the app
- % of obesity in Torry – we will collate data from the medical centre as a baseline
- Over time, we will be able to use the Scottish Health Survey to assess changes in healthy weight and obesity in Aberdeen City

### Process Measures

- The number of people who sign up to the website/app
- The number of people using the WOW travel tracker
- The number of people participating in walking football
- The proportion of people who sign up/attend the weight loss group who are BMI > 30\*
- The number of people using the CFINE boxes
- The number of community weight loss programme champions
- The change in uptake of local services/activities related to healthy weight and physical activity
- No. of individuals trained to provide support to community members
- No. of people participating in Dry January to save calories/lose weight.

Public perception survey questions to be identified to track behaviour change in the following areas:

- The change in knowledge about healthy weight and physical activity
- Views about stigma and particular individual and community actions to reduce this

\* The website/app will be open to everyone and will capture all BMIs, and will report the total weight loss, but we will be able to see the BMI>30 data (i.e. obesity related) without this being public on the website/app

## Change ideas

There is significant evidence that working with local communities plays a big part in changing people's attitudes, behaviours and ultimately their health outcomes with regard to healthy weight<sup>5</sup>. We plan for a series of focus groups to shape our thinking with members of the community and for other ideas to emerge. Our ambitions for transformation involve multi-agency support for behaviour change at both individual and community level in the following areas:

- Helping people want to eat healthier food
- Better access towards buying, growing and cooking healthier food
- Physical activity being a happy pursuit and embedded into daily lives
- Access to help when needed to achieve and maintain healthy weight and well-being

The detailed changes we test depend very much on feedback from the local community but our initial plans include:

- Cfine food boxes – Having boxes available in the local community with all the dry goods necessary to make a 'confidence to cook' recipe (healthy recipes that lay out

<sup>5</sup> NICE: Obesity: Working with local communities. June 2017

the calories within the recipe and will be carefully selected to suit people from all demographics) – all that would need to be added is the meat. This would encourage people to make healthier meals and provide them with the convenience and everything they need to do so.

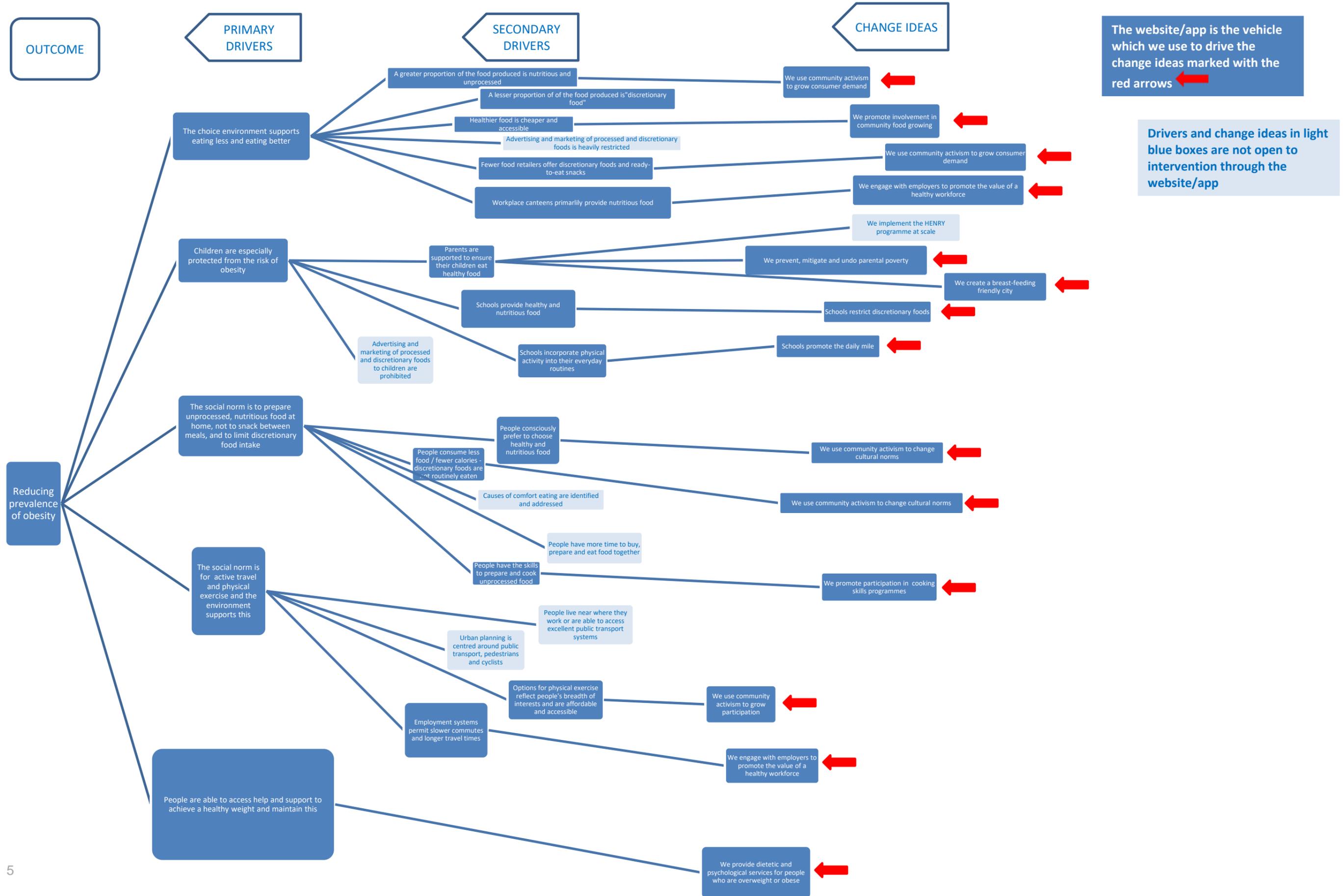
- Develop NHS led weight loss classes/extend healthy helpings locally, weekly with weigh-ins, free of charge in the community – link with existing groups such as Jog Torry to provide taster sessions for members. Eventually testing having community champions as the group ‘leaders’.
- Develop training for key workers who may regularly come into contact with those who are or who are at risk of obesity, so that they can appropriately signpost/accompanying individuals to local services.
- Aberdeen Football Community Trust provides walking football sessions to adults-targeting local pubs/workplaces/streets
- Living Streets WOW (year round walk to school challenge) travel tracker established for both parents and children to increase active travel – potential links with the children’s obesity project.
- Campaign to encourage local people to participate in Dry January- with a focus on how many calories can be saved during this time – therefore having a positive impact on weight loss – working alongside the ‘a sobering thought’ scheme to access their alcohol unit calculator.
- Create a ‘brand’ to get people in Torry to sign up to a website or linked mobile app. This will promote healthy eating and physical activity and link them to relevant service providers in Torry (as above & more). This will increase uptake of those services. The service providers will in turn market the brand, driving sign-up to the website/app. The website/app will offer anonymous sign-up, will calculate BMI on sign-up, and encourage recording of weight loss through the website/app, with an aggregate ‘Torry weight loss’ being publicised. If we do create community momentum, we will then extend the programme to include other providers (e.g. retailers), develop the marketing to address specific issues / reach specific market segments, and build cases for additional investment and service development (e.g. additional community fitness activities, health coaching services).

**Potential risks and/or barriers to success & actions to address these**

- Our project must be asset-based, strengths-focused, and open, collaborative and participative, developed and delivered through coproduction not imposition – **a key risk is that community members and community groups may not engage with our project**
- Our project must be non-stigmatising, non-hectoring, non-shaming; our primary focus is on making positive changes to the food environment and tackling the barriers to healthy eating and being active – **we must be alert to the risk of causing embarrassment, shame or distress amongst the people of Torry** and how to respond in the event of receiving such reports
- Using improvement methodology we will ‘start small and grow’ – a key risk is that website and app development, brand development, and marketing can involve financial costs – in the event of success **we may face restrictions if budget cannot be secured**



Although set out here in a driver diagram, it is very important to remember that obesity is not the result of a linear system  
 See <https://foresightprojects.blog.gov.uk/2017/10/04/dusting-off-foresights-obesity-report>  
 See [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/296290/obesity-map-full-hi-res.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/296290/obesity-map-full-hi-res.pdf)



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## 12.1 Care Experienced Children Substance Misuse

<b>Improvement Project Title: Care Experienced Children Substance Misuse</b>	
<b>Executive Sponsor</b> (Chair of Outcome Improvement Group): Richard Craig, Chair of Alcohol and Drugs Partnership, Police Scotland	
<b>Project Leads:</b> Simon Rayner, ACHSCP ( <a href="mailto:simon.rayner@nhs.net">simon.rayner@nhs.net</a> ) / Tam Walker, ACC ( <a href="mailto:tamwalker@aberdeencity.gov.uk">tamwalker@aberdeencity.gov.uk</a> )	
<b>Aim statement (What are we trying to accomplish? Over what time? Numerical target for improvement?)</b> Increase the % of care experienced children and young people receiving educational support and input on alcohol and drugs issues by 2021	
<b>Link to Local Outcome Improvement Plan:</b> Improvement project under Stretch Outcome 12: Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026	
<b>Why is this important</b> Being an urban authority, Aberdeen City's looked after children population profile at 1.6 per 1000 children is the same as Edinburgh City (a comparative local authority) and slightly above the national figure of 1.4. However, our profile highlights several challenges: <ul style="list-style-type: none"> <li>• 18% of looked after children live at home; national position 25%.</li> <li>• 19% of looked after children live in a kinship arrangement; national position 28%.</li> <li>• 49% of looked after children live in fostering arrangement; national position 35%.</li> <li>• 11.5% of looked after children live in residential arrangement; national position 10%.</li> </ul> <p>The impact of our current profile is that several children are placed in foster and residential placements far away from their families because they could not be maintained safely at home. Rebalancing this profile is a priority for all partners and part of this tasks is ensuring that there are processes and resources in place in Aberdeen City to meet allow children and young people to make healthy choices as they grow and develop and transition to adulthood. This project seeks to increase the % of care experienced children and young people receiving educational support and input on alcohol and drugs issues by 2021.</p> <p>The most recent (2016) Scottish Adolescent Lifestyle and Substance Use Survey (SALSUS) shows, of 305 pupils surveyed, 66% of 15 years olds had tried alcohol at least once; 17% in the past week and 19 % of 15 year olds had tried drugs at least once; 11 % in the past month. The Scottish Government points to an overall decline in these behaviours in the past 2 decades. Declining trends are a positive development, however multiple drug use can be identified in around 2% of 15-year olds. This group is disengaged from school, experience lower levels of supervision at home and in the community (Scottish Government). It likely that young people will be involved with Children's Services or be Care Experienced. These individuals are likely to have experience multiple adverse childhood experiences (ACEs) and use addiction services as adults.</p> <p>ACE can have a striking correlation with the development of substance use problems and other negative health outcomes in later life. Felitti (2003) in his study outlined 8 ACE:</p>	
<ol style="list-style-type: none"> <li>1. Recurrent and severe physical abuse</li> <li>2. Recurrent and severe emotional abuse</li> <li>3. Contract sexual abuse</li> </ol>	<p>Growing up in a house with:</p> <ol style="list-style-type: none"> <li>4. An alcoholic or drug user</li> <li>5. A member being imprisoned</li> <li>6. A mentally ill, chronically depressed or institutionalised member</li> </ol>

- |  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>7. The mother being treated violently</li> <li>8. Both biological parents not being parent</li> </ul> |
|--|--|

Compared to an individual with 0 ACE, findings demonstrate that the experience of 4+ ACEs increases the likelihood of alcoholism by 500% and experience of 6+ ACEs increases the likelihood of cigarette usage by 250% and addiction to injection substances by 4,000 % (Felittie, 2003). Similar findings have been repeated in other studies (E.g. Bellis, et all, 2015 and Dube, 2003).

The Scottish Government has highlighted the need to ensure Children and families affected by alcohol and drug use will be safe, healthy, included and supported. This is contained within the new National Strategy: Rights, Recovery, Respect. Getting it Right for Every Child (GIRFEC), is the national practice model that governs assessment and intervention with children and families in Scotland. GIRFEC places the child and family at the centre of decision making and encourages partners to work collaboratively to promote a child’s wellbeing (Safe, Healthy, Achieving, Nurtured, Active, Responsible and Respected).

Aberdeen City’s Integrated Children’s Services GIRFEC operational Guidance 2019 recommends that the partnership works collaboratively when assessing risks, including alcohol and drugs. The Assessment of the young person’s need involves using the My Work Triangle and SHANARRI indicators (identify a child’s needs, potential and areas of concerns or vulnerability). Young people and parents are encouraged to participate in this process by way of attending multi agency meetings and these are used to access support that is proportionate to their needs from services that are available within Aberdeen City. This universal approach to service provision will be enough to allow most young people to navigate the complex issue of alcohol and drugs and allow them to make healthy life choices.

However, for the small cohort of Care Experienced young people living in Aberdeen City there are on-going barriers that prevent them accessing the services they need. Their difficulties mean that they are unlikely to attend planned appointments or communicate their needs clearly to professionals. Their parents/caregivers’ own difficulties are likely to mean that they don’t recognise their children’s needs until they are at risk. This group usually comes to the attention of professionals through problematic behaviour in the community or because their usage has escalated to the point that it is harmful. These children require immediate responses from professionals to stabilise and contain their behaviour. They also require a rapid response in terms of specialist assessments and services that can work intensively with them through periods of crisis.

The difficulties young people experience accessing drug and alcohol support is linked to the incongruence in national and local policy in this area. GIRFEC is a national approach, guiding much of the wellbeing assessments and multi-agency response around the child with a firm focus on family. The GIRFEC framework does not however have a focus on young people that are using drugs or alcohol in a harmful way and require specialist assessment and intervention. The provision of substance use-specific interventions is a specialist area, bridging different professional disciplines. The responsibility for deciding who commissions and delivers specialist interventions around this cohort falls to the strength of the Alcohol and Drug Partnership and Children’s Services. This project seeks to increase the % of Care Experienced young who have access to this much needed support.

**Measures: (How will we know if a change is an improvement?)**

Outcome measures – we would anticipate the first 2 of these rising before falling:

- % of young people who are care experience and in need of support
- No of referrals to IDS/ ADA/ SPOC
- Length of time on waiting list
- Number of young people being provided with support for alcohol and or drugs use
- Numbers of young people reporting reduction in drug or alcohol use
- Numbers of young people no longer using drugs
- Numbers of young people involved in diversionary/ community/ interest activities

Process measures:

- Number of partners providing alcohol and drug support to young people
- Numbers of referrals closed after Did Not Attend (DNA)
- Numbers of services providing alcohol and drug support for young people
- Numbers of joint interventions with other services and A and D services
- % attendance at appointments
- Numbers of staff shadowing
- Numbers of staff attending training / awareness
- Numbers of young people assessed as Red Amber and Green and % receiving support
- No. agencies with Single point of contact
- No. of referrals from Aberdeen City Hub at Westburn Centre
- % of staff with increased awareness, knowledge and understanding of working with children and young people that use alcohol and drugs

**Change ideas (What changes can be made that will result in improvement?)**

Following a driver diagram exercise, see attached, the following change ideas have been identified:

- A new data collection system which will allow us to identify those children most in need (identified through traffic light system)
- Introduction of a Single Point of Contact across Multi Agency Partnership partner agencies to improve pathways to support. (Work has started by identifying a SPOC within the integrated alcohol and Drugs service.
- Combined Substance Misuse / Mental Health / Sexual Health service at Westburn Centre to reach more children and young people who require support. Co located post within Health and Children’s Services
- Practitioner(s) providing outreach in communities (testing to begin in Tillydrone)
- Multi agency staff development programme (training/ shadowing/ consultation processes) on drug and alcohol risk factors (ACES, mental illness, trauma) and pathways to support

**Potential Barriers**

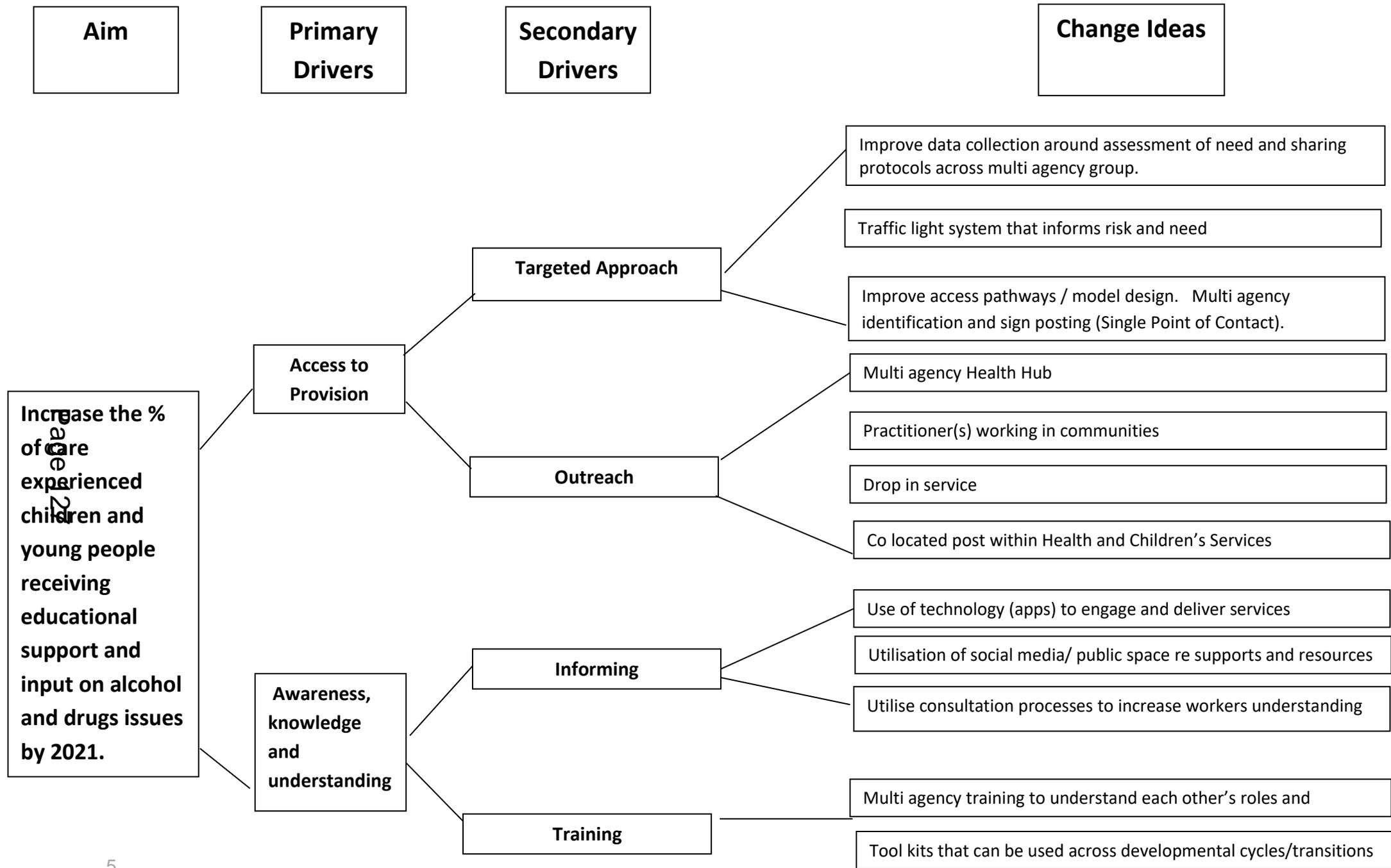
Capacity / Resources  
Reluctance to change  
Lack of innovation  
Poor engagement

**Project Team:**

Tam Walker, Children's SW Manager, ACC  
 TBC, CHAMS Link  
 Steven McConnachie (Residential Practitioner, Children's Services), ACC  
 Lucy Craig, Police Scotland  
 Amy Evans, (Children's Services, Intake), ACC  
 Rhonda Kerr, Team Leader (Women's Service), ACC  
 Seonaid Christie, CPN (Integrated Drugs Service), ACHSCP  
 Simon Rayner, Service Manager (IDS), ACHSCP  
 Gillian Robertson, Development Officer (ADP), ACHSCP  
 TBC, Education link  
 Claire Mitchell, Social Worker (Youth Team), ACC  
 Paul Tytler, Seaton, Woodside, Tillydrone Locality Partnership, ACC  
 Michelle Cochlan, Improvement Adviser

**Outline Project Plan**

<b>Project Stage</b>	<b>Actions</b>	<b>Timescale</b>
<b>Getting Started</b> (Project Score 1-3)	<ul style="list-style-type: none"> <li>• Project team established</li> <li>• Initial baseline established</li> <li>• Draft charter developed</li> <li>• Charter submitted to CPA Board</li> </ul>	Complete Complete Complete Sep 2019
<b>Designing and Testing Changes</b> (Project Score 4-7)	<ul style="list-style-type: none"> <li>• The Single Point of Contact test of change is well into development with a staff member identified</li> <li>• Prioritising initial tests of change</li> <li>• Engaging with customers and colleagues on change design</li> <li>• Development of questions to establish baseline knowledge</li> <li>• Evaluate overall achievement to date and plan further PDSAs or move to implementation</li> </ul>	July 2019  Sep 2019 Sep 2019  Sep 2019 Dec 2019
<b>Implementing and sustaining changes that demonstrate improvement</b> (Project Score 7-10)	<ul style="list-style-type: none"> <li>• Agree which change ideas tested are proven to work that we will seek to embed permanently</li> <li>• Continue to gather data</li> <li>• Assess whether improvement levels are sustained</li> </ul>	Apr 2020  Apr – Sep 2020 Oct 2020
<b>Spreading Changes</b> (Project Score 9-10)	<ul style="list-style-type: none"> <li>• Assess opportunities for spreading change to other areas where applicable</li> </ul>	Dec 2020



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## 12.2 School Curriculum for Substance Misuse

<b>Improvement Project Title:</b> School Curriculum for Substance Misuse
<b>Executive Sponsor</b> Richard Craig, Chair of ADP, Police Scotland
<b>Project Lead:</b> Lesley Stopani ACC ( <a href="mailto:LStopani@aberdeencity.gov.uk">LStopani@aberdeencity.gov.uk</a> ) Simon Rayner ACHSCP ( <a href="mailto:Simon.rayner@nhs.net">Simon.rayner@nhs.net</a> )
<b>Aim statement</b> 100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021
<b>Link to Local Outcome Improvement Plan:</b> Stretch Outcome 12 12.1 Increase support for children and young people at risk of developing drug and alcohol problems by working with Integrated Children Services 12.3 Enhance early intervention and preventative treatment for those at greatest risk of harm from drugs and alcohol Stretch Outcome 4. 90% of children and young people will report that they feel mentally well by 2026
<b>Why is this important?</b>  In line with the requirements of Curriculum for Excellence (CfE) all Aberdeen City schools are required to deliver a Health and Wellbeing Curriculum. One of the six organisers within Health and Wellbeing is Substance Misuse. It is vital that colleagues responsible for the delivery of these programmes have access to high quality, current information and this is delivered consistently across all schools.  The Scottish Government Personal and Social Education Review (2019) in its conclusion highlighted the importance of providing teachers with effective and up-to-date resources. As part of the review, young people said that substance misuse education in PSE classes was outdated and did not focus on the issues that young people were concerned about. There is a need to develop resources to enable all teachers to feel confident in delivering a progressive, cohesive, relevant substance misuse curriculum.  The evidence base, across the world, for effective strategies for preventing future drug and alcohol issues for young people is very weak. There is no evidence to suggest a single solution is effective. <a href="#">The summary of evidence published by the Scottish Government</a> in terms of what does work in education and prevention can be summarised as: programmes that are holistic (ie not drug / alcohol specific), skills and resilience based, multi-sectorial, age appropriate and with suitable intensity are beneficial; stand alone, one off, fear arousal approaches are not effective. For further information see <a href="https://www.gov.scot/publications/rights-respect-recovery/pages/5/">https://www.gov.scot/publications/rights-respect-recovery/pages/5/</a>  Currently, in Aberdeen, we do not have a partnership strategy that demonstrates that we take a “best practice” multi-sector approach to tackling and preventing drug and alcohol issues for young people. We require to have in place assurance that there is a consistent, age appropriate approach to educating all young people regarding drugs, alcohol and associated health and wellbeing issues. This approach requires a partnership approach based on evidence, best practice and measurable outcomes.  There is an existing Curriculum for Excellence (CfE) substance misuse pack developed locally and available for schools. However, it is not consistently used and aspects of it no longer reflect emerging patterns of behaviour.  Most young people will not develop long term drug and alcohol problems. The risk to young people is from experimental use of substances and related accidents, poisonings and behaviour. In

2017 and 2018 on average 4.5 young people under 18 were taken to the Emergency Department per month.

There is evidence to suggest that young people experiencing other adverse life challenges may be at risk of developing longer term substance use issues. Data gathered from adults accessing specialist drug treatment report early teenage years as being the key stage for starting drug use.

Within the adult population of Aberdeen there are an estimated 35,300 hazardous drinkers and 10,000 harmful / dependent drinkers. Aberdeen is an outlier in the number of alcohol related hospital admissions and in relation to alcohol related mortality. Along with a number of lifestyle behaviours alcohol is a significant factor in the long term health and wellbeing of the population and young people require to appropriately educated and skilled to manage these challenges.

It is difficult to know the scale of drug and alcohol use amongst young people. Anecdotally there does seem to be an increasing concern raised by parents, police and schools across the region.

Anecdotally we understand that the process that is used to report substance use incidences in schools could be improved to give a more accurate level of reporting and intelligence. There is a need to ensure that these young people are offered consistent support and appropriate interventions in relation to their substance use.

School is not the only environment where education takes place and as part of an overall plan for supporting young people work needs to take place across a number of different sectors and settings including:

- Support for wider community based groups
- Community based education
- Colleges
- Parents requiring knowledge of alcohol, drugs and wider health and wellbeing issues
- Diversionary activities

We also need to ensure we have appropriate resources, policies and protocols to manage the issues safely and effectively on a partnership basis.

### **Measures: (How will we know if a change is an improvement?)**

#### Outcome Measure

- % of schools delivering a progressive, cohesive and relevant substance misuse curriculum (Baseline still to be determined as part of new guidance teacher's role)
- Number of pupils from pre-school through to S6 complete the relevant Health and Wellbeing Outcomes from the Curriculum for Excellence (As part of the project working with Quality Improvement Officers to ensure this can be measured effectively)

#### Process Measures

- % of teachers and school staff who self-report increased confidence in delivering the substance misuse curriculum
- % of pupils who self-report an improved understanding of the harms of alcohol and drugs and understanding of harm reduction measures
- % of schools who have clear pathways to support young people to address their substance use
- No. of parents attending training
- % of parents and community members who self-report feeling informed and able to support children and young people in their substance misuse curriculum

Balancing Measure		
<ul style="list-style-type: none"> <li>• % of young people participating in diversionary / community activities</li> </ul>		
<b>Change ideas</b> See driver diagram attached. <ul style="list-style-type: none"> <li>• Upskilling parents/carers and wider community to enable them to reinforce messages delivered as part of the substance misuse curriculum <ul style="list-style-type: none"> <li>○ Training for parents/carers</li> <li>○ Information sessions/events on protecting your children</li> <li>○ Develop community led support groups</li> <li>○ Promotion of diversionary activities available</li> <li>○ Addressing stigma</li> </ul> </li> <li>• Amend reporting of school exclusions, near miss reports and police intelligence reporting and establish a partnership group to analyse this information and provide action to support curriculum delivery</li> <li>• Develop a clear pathway to support young people to address their substance misuse. Taking account of young people experiencing adverse life challenges to ensure the correct support is in place.</li> <li>• Employ a guidance teacher to develop a range of substance misuse resources as part of the curriculum with the aim of educating young people on the hazards of alcohol and drug use and addressing stigma. This will include: <ul style="list-style-type: none"> <li>○ Development of teaching material</li> <li>○ Identify appropriate training for school staff</li> </ul> </li> </ul>		
<b>Potential risks and/or barriers to success &amp; actions to address these</b> <ul style="list-style-type: none"> <li>• Staff capacity</li> <li>• Ability to recruit to post to develop the curricular resource</li> <li>• Competing priorities in schools</li> <li>• Engagement of parents</li> <li>• Duplication of effort – need to value what is already working</li> <li>• Sensitivities around substance misuse and peer pressure for children and young people</li> </ul>		
<b>Project Team:</b> Lesley Stopani, - ACC Schools – Lead, ACC Lauren Mackie – Health Improvement Schools, ACHSCP Dr Tara Shivaji – Public Health Consultant, NHS Grampian Sheila McDerment – Police Scotland Donna Cuthill – PTA Lead Martin Smith – Locality Manager Maggie Hepburn – ACVO Claire Bloomfield – ADP Support Data lead Simon Rayner – SMS Manager Gillian Robertson – ADP Support Michelle Cochlan – Improvement Adviser		
<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)	<ul style="list-style-type: none"> <li>• Project team established</li> <li>• Initial baseline established</li> <li>• Draft charter developed</li> <li>• Charter submitted to CPA Board</li> </ul>	Complete Oct 2019  Complete Sep 2019

<b>Designing and Testing Changes</b> (Project Score 4-7)	<ul style="list-style-type: none"> <li>• Identify school(s) for initial testing</li> <li>• Identify wider community for initial testing</li> <li>• Engaging with customers and colleagues on change design</li> <li>• Evaluate overall achievement to date and plan further PDSAs or move to implementation</li> </ul>	Oct 2019  Already identified  Sep 2019  Dec 2019
<b>Implementing and sustaining changes that demonstrate improvement</b> (Project Score 7-10)	<ul style="list-style-type: none"> <li>• Agree which change ideas tested are proven to work that we will seek to embed permanently</li> <li>• Continue to gather data</li> <li>• Assess whether improvement levels are sustained</li> </ul>	Apr 2020  Apr – Sep 2020 Oct 2020
<b>Spreading Changes</b> (Project Score 9-10)	Assess opportunities for spreading change to other areas where applicable	Dec 2020

Key: **In order to achieve this aim..**

**We need to ensure...**

**Which requires...**

**Ideas to ensure this happens**

100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021

Substance misuse curriculum

Holistic Health and Wellbeing/  
Support for families / wider community

Policy Development

Increase staff confidence in delivering

Review and amending of existing information

Understanding pathways for YP

Diversionary Activities

Understand scale of issue and impacts

Parents requiring knowledge of alcohol and drug use in area

Improve use of partner offering

Review of existing policy and reporting required

Improve reporting

Upskilling parents/carers and wider community to enable them to reinforce messages delivered as part of the substance misuse curriculum

Employ a guidance teacher to develop a range of substance misuse resources as part of the curriculum with the aim of educating young people on the hazards of alcohol and drug use and addressing stigma.

Develop a clear pathway to support young people to address their substance misuse. Taking account of young people experiencing adverse life challenges to ensure the correct support is in place

Amend reporting of school exclusions, near miss reports and police intelligence reporting and establish a partnership group to analyse this information and provide action to support curriculum delivery

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## 12.3 Reduce Fatal Drug Overdose

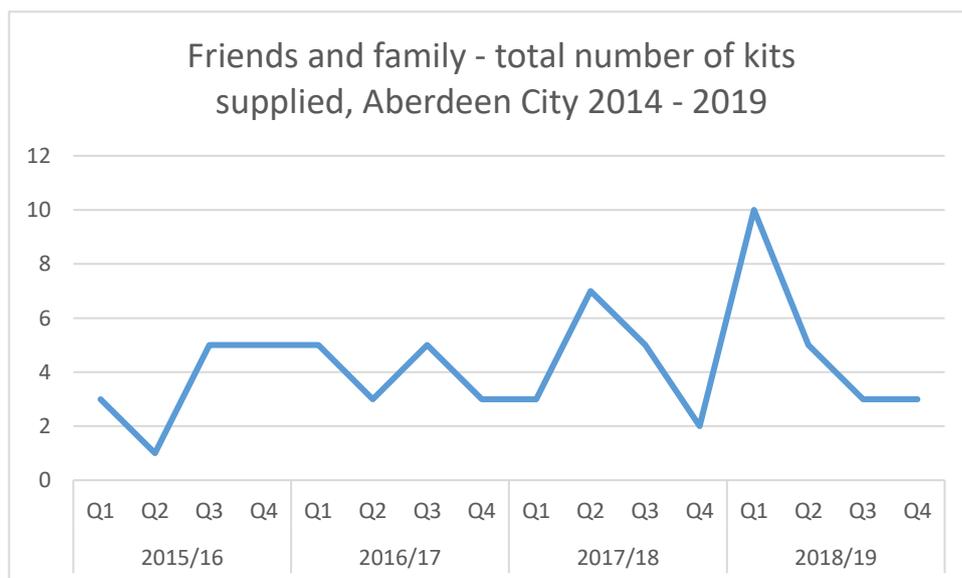
<b>Improvement Project Title:</b> Reduce Fatal Drug Overdose
<b>Executive Sponsor (Chair of Outcome Improvement Group or Locality Partnership):</b> Richard Craig – ADP Chair, Police Scotland
<b>Project Lead:</b> Tara Shivaji, NHS Grampian ( <a href="mailto:tara.shivaji@nhs.net">tara.shivaji@nhs.net</a> ) Simon Rayner, ACHSCP ( <a href="mailto:Simon.rayner@nhs.net">Simon.rayner@nhs.net</a> )
<b>Aim statement</b> Reduce the incidence of fatal drug overdose by innovative developments and increasing the distribution of naloxone by 10% year on year by 2021
<b>Link to Local Outcome Improvement Plan:</b> Stretch Outcome 12: Reduce the incidence of fatal drug overdose by innovative developments and increasing the distribution of naloxone by 10% by 2021
<b>Why is this important</b> <p>During 2017, 54 Aberdeen City residents died as a result of a drug related death during numbers more than doubled in since 2007<sup>1</sup>. This Scottish wide trend is attributed to the increasing age and premature frailty of people who use substances. Over this period there has been a rise in the popularity of and impact of using lots of substances at the same time, poly substance abuse. Another contributory factor includes the role of prescribed medications which interact with illicit drugs and increase the chances of overdose. A drug related death is an avoidable cause of death evidence based effective interventions exist which can save lives.</p> <p>In 2017, 93% of the deaths recorded in Aberdeen city involved an opiate<sup>1</sup>. Opiates are a class of drug that include heroin, methadone, codeine or dihydrocodeine. Overdoses involving opioids are avoidable because there is a safe antidote – naloxone.</p> <p>The 2017 NHS Grampian Drug Related Death audit identified that almost 100% of deaths involved more than one substance. Naloxone is only effective on reversing the effect of any opiate drug taken. Naloxone is still beneficial in a poly drug use scenario because:</p> <ul style="list-style-type: none"><li>• People may have knowingly consumed multiple drugs some of which may have been opiates</li><li>• People may have consumed a drug they thought to be something else which actually contained an opiate.</li></ul> <p>An overdose happens when a toxic amount of drug or a combination of drugs overwhelm the body. Where opiates are involved, people become unresponsive and breathing becomes inadequate, leading to a fall in oxygen levels. Not getting enough oxygen eventually stops the functioning of vital organs leading to coma, brain damage and death. Surviving an overdose depends on maintaining the ability to breathe and sustaining oxygen levels. Death is rarely instantaneous, most people stop breathing minutes to hours after the drug was used, so there is time to intervene before the person dies. Even if a person overdoses immediately after taking drugs prompt recognition and effective action on the part of bystanders can keep the person breathing.</p>

Naloxone is a medication that counters the effects of opioid overdose, specifically it counteracts the impact that opiates exert on the central nervous system and on the respiratory system. Naloxone is available in two forms, an injection that has to be put together and delivered into the muscle as part of a first aid (Airway, Breathing, Circulation, Naloxone) approach. The second form is an intranasal product which can be sprayed up the nose as part of the same first aid approach described above. The intranasal preparation is more expensive, however there are other benefits including greater acceptability.

Naloxone is not a controlled drug, it is not addictive and cannot be abused. Naloxone provision is governed by a legal framework called the Human Medicines Regulations. Naloxone is prescribed to people at risk of opioid overdose, their friends or family once they have undergone training. The legislation also allows naloxone to be supplied, without a prescription, by people who are *employed or engaged in the provision of drug treatment services provided by, on behalf of or under arrangements of an NHS body, a local authority, Public Health England or another Public Health agency*. The legislation further stipulate that supply can only be made in the provision of a lawful drug treatment service<sup>ii</sup>.

### Supply to friends and families

The 2017 audit revealed that in over half (54%) of the cases, someone else was present at the scene during the overdose. In 38% of situations, resuscitation was attempted by bystanders, family members, friends or the ambulance service. But in only 4 instances (5% of all deaths in Grampian) was take home naloxone available at the scene of death. These statistics tell us that there is considerable willingness and lots of potential opportunities to save lives by engaging with people and increasing naloxone availability among people whose family member or friend uses substances. In addition to saving lives, providing naloxone to someone who is experiencing an overdose in a timely way could help reduce some of complications associated with poor health and disability following non-fatal overdoses (brain damage, other vital organ damage).



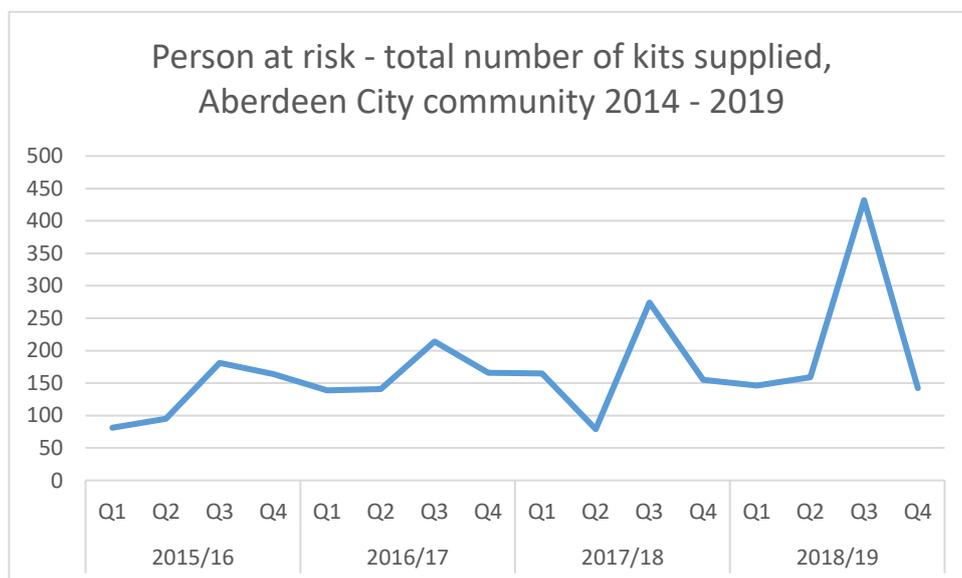
Since 2015, our main source of naloxone delivery to family has been services. There has been a couple of small scale attempts to increase coverage by working with peers. Although this has resulted bursts of increased distribution, the efforts have been difficult to sustain.

The organisation of substance misuse services acts as a barrier to the distribution of naloxone to friends/ family. Concerns about confidentiality and data protection may mean that the patient is not asked about whether there would be friends and family who are willing to be trained. Anecdotal reports from those who have witnessed an overdose reveal that confusion and fear are emotions that need to be recognised and managed. Using recovery groups, support groups and peers is a way of directly engaging with those who may be bystanders during an overdose and providing them with naloxone and the relevant knowledge about what to do.

Feedback from people with lived experience and community members say that there are many who want to help prevent others experiencing a drug related death, but there is no obvious pathway by which they can do this. A very specific barrier that the face relates to the interpretation of the legislation that governs the supply and exemptions to prescriptions for naloxone. Specifically, doubts about what “engagement” means and what a “lawful” drug treatment service is in relation to the context of a recovery group or a support groups mean that opportunities are missed.

### Supply to the person at risk

The focus of the naloxone programme has always been on supply to the person at risk.



The overwhelming majority of these kits are distributed by substance misuse services and the third sector and are therefore delivered to people who are in contact with drug treatment services.

Between 2012 – 2016 In Aberdeen City, 60% of people who died of a drug related death were not in contact with drug treatment services in the six months prior to death. Three quarters of these individuals were known to have long standing drug use problems and

had disengaged or been discharged from treatment services. A quarter of people not in contact with services had a non-fatal overdose in the 12 weeks prior to their death.

Reaching people who are not in contact with established treatment services requires us to work with peers and social networks. It also requires us to mobilise organisations and services which are not drug treatment service but which are in contact with that individual.

The key settings include

Aberdeen Royal Infirmary and Royal Cornhill Hospital

People admitted to hospital are not currently provided with naloxone on discharge. The number of people who could benefit from naloxone distribution within the acute sector is significant and includes

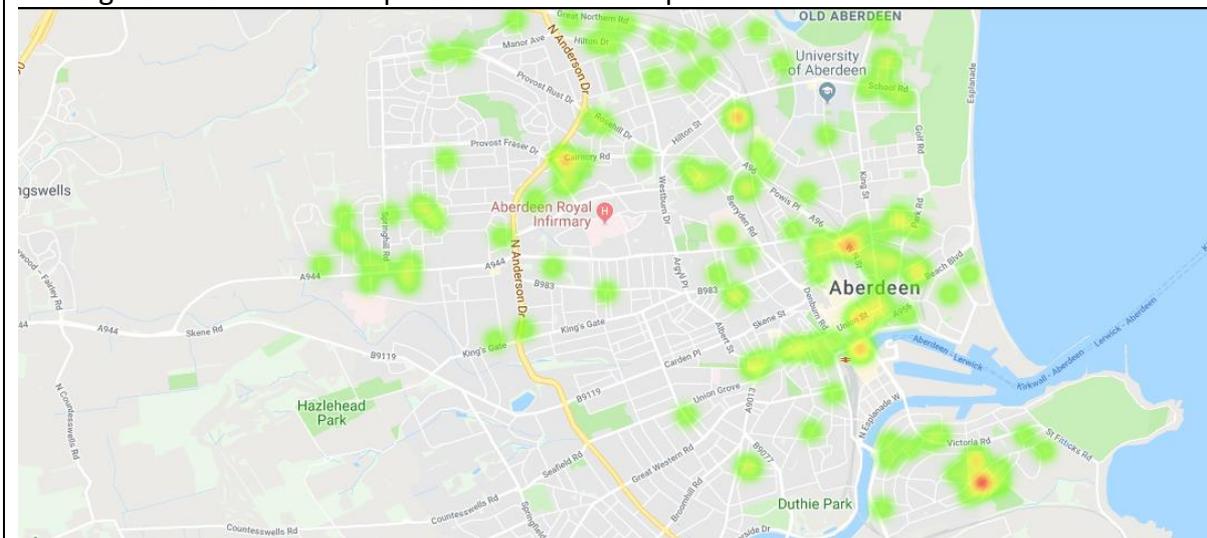
- Individuals experiencing an overdose or other adverse effect of using a substance
- People experiencing an infection as a result of injecting practices
- People whose continuation on methadone or other substitute treatment has been interrupted because of their admission (and so are at higher risk of overdose on discharge)
- People on high doses of opiate medication for the purposes of pain control

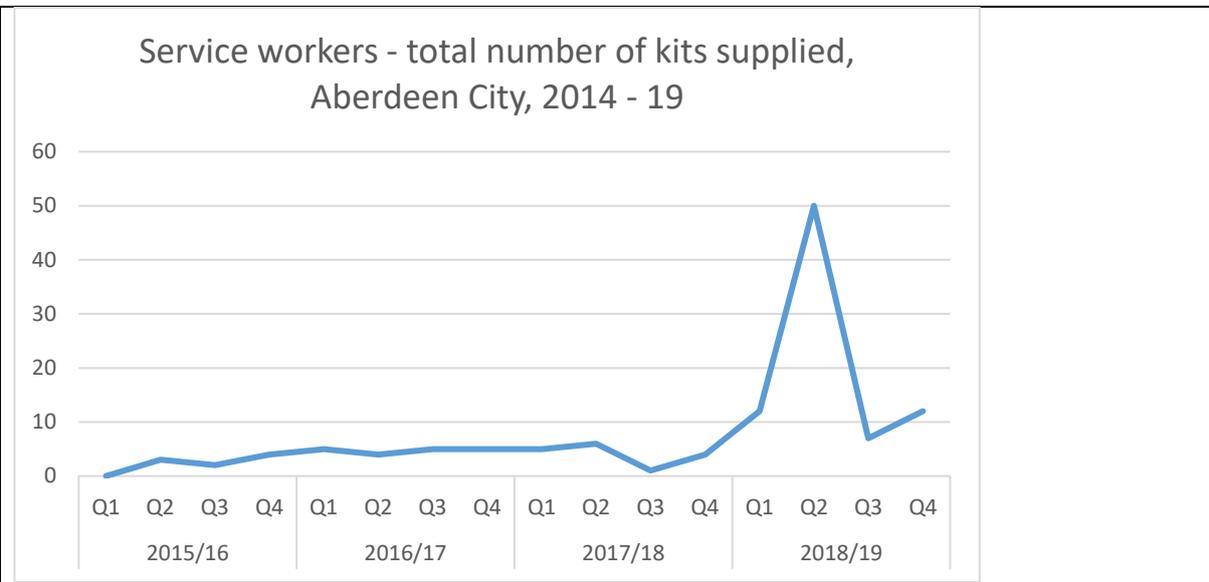
Given the range of settings and potential target groups and need to fit in alongside other priorities, small tests of change to determine how to roll out the programme in different areas is required and necessitates commitment at senior executive management level.

Police Custody: Being detained in police custody is a risk factor in drug related deaths, one in ten of the people who died of a drug related death in 2017 was detained in police custody in the six months prior to their death.

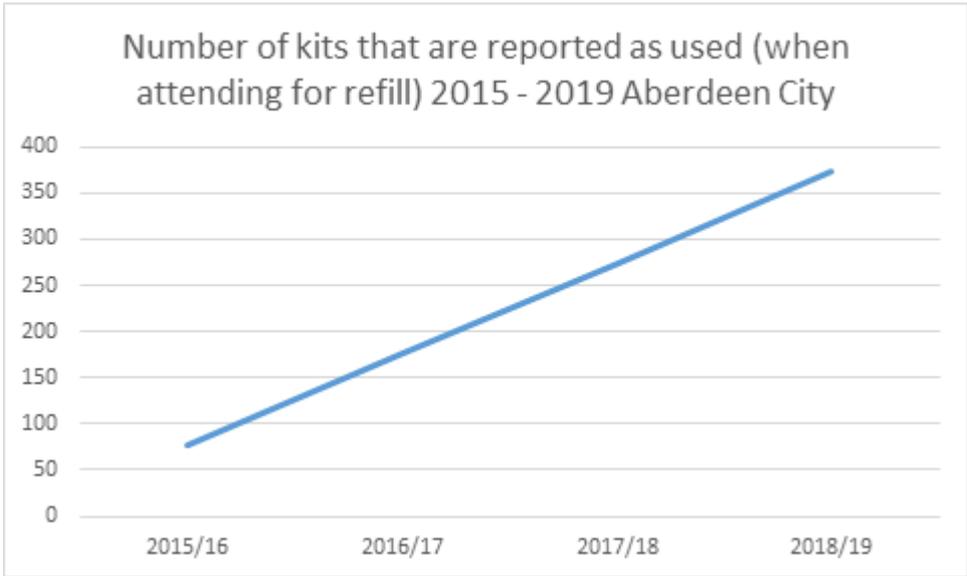
Temporary housing, bed and breakfasts and commercial premises:

Plotting the site of non-fatal overdose call outs to the ambulance service on a map allows us to identify settings where most overdoses occur. This shows that there are settings where overdose is a regular occurrence. Previously we have worked with housing colleagues to train them about naloxone (peak in naloxone distribution to services during 2018/19). However understanding these patterns better also offers an opportunity to redesign environments and processes in order to prevent overdose.





A key measure to ensure that kits are being distributed to those who need them is reported usage. This is an annual measure and can be tracked below. As coverage increases, it would appear that usage increases as well. This could be presented as usage as a proportion of repeat requests as a further measure.



**Measures: (How will we know if a change is an improvement?)**

**Outcome measures:**

- No. of fatal drug overdoses in Aberdeen
- No. of naloxone kits supplied
- Number of kits that are reported as being used
- Number offered overdose awareness (proportion of total) who refuse all naloxone
- Number of people offered overdose awareness (proportion of total) who refuse injectable naloxone but take up intranasal naloxone

**Process measures:**

- % of community members, people in recovery aware that they could become naloxone trainers and providers (view point survey carried out monthly in waiting areas)
- Number of naloxone kits provided by peer volunteers to people who are at risk of an overdose,
- Number of naloxone kits provided by peers to friends and family members
- Number of people attending events / courses to become naloxone trainers
- Number of naloxone kits provided to settings / service workers per quarter
- Number of naloxone kits provided by setting (if setting is going to distribute naloxone to people at risk/families/friends)
- Number of settings / organisations / businesses who are identified and agree to take part in overdose awareness and prevention
- Number of settings where a risk assessment is co-produced
- Number of individuals within a setting trained in naloxone delivery and overdose prevention
- Number of community overdose champions

**Change ideas (What changes can be made that will result in improvement?)**

- Introduce and increase the number of community overdose champions: Develop a pathway for peers and family members to become naloxone trainers. This would be applicable to people with lived experience, family members, and community groups. Part of the pathway would be an affiliation process by which volunteers can be recognised by a substance misuse service / approved third sector agency. This will allow community members and volunteers to become overdose champions and distribute naloxone.
- Media campaign to raise awareness of naloxone to address stigma and provide information on how to become a naloxone trainer. The theory is that increased awareness and ease of making contact will increase the number of people who put themselves forward to be trainers. Campaign to include: a video on what naloxone is, and how to use it along with directions for how to get a supply or get trained. This will be published on already existing website which provides information for people concerned about drug misuse. We will also distribute branded goods like t-shirts, wristbands and keychains with mouth protectors to raise the visibility of champions. We will work with the mainstream media on overdose awareness day to present stories about the opportunities for recovery and reversal of overdose. The messages in this change idea will directly address issues such as the fear of carrying a naloxone kit due to the risk of stigma or other negative consequences.
- Naloxone distribution process to include comprehensive harm reduction advice for people who will use illicit substances alone, based on suggestions from the Harm Reduction Coalition's toolkit on take home naloxone.

- Develop a help pack for places / settings where people who are at high risk of overdose may attend (e.g. police custody, housing, private businesses and NHS Grampian acute sector). Other settings would be identified using qualitative and quantitative intelligence. The pack would include:
  - Contact details of local overdose awareness champions
  - Provision of overdose awareness training to people who are working in setting including naloxone distribution
  - Environmental Risk Assessment
  - Provide information on overdose to be displayed in the service
  - Assist in the development of local standard operating procedures which would be the means by which risks of overdose in the short and medium term would be recognised and reduced for people in contact with that service / setting.

**Potential risks and/or barriers to success & actions to address these**

- Mixture of drugs and predominant use and overdose on substances that are not opiates – address this through the wider work alongside naloxone distribution about raising awareness on overdose, generic harm reduction measures and the importance of calling an ambulance, emphasising that administration of naloxone even if no opiates present is not known to cause harm to the individual.
- Fear of carrying a naloxone kit due to the perceptions about how police would respond – address through training and clear messaging
- Fear of carrying a naloxone kit due to the fact that it contains a needle – address through offering of intranasal naloxone
- Lack of engagement of organisations to get staff trained and publicise that staff are trained due to a concern that it gives people permission to misuse drugs (use of data and intelligence to identify “high risk settings”)
- Financial implications of providing an increased number of naloxone kits are not planned for.

**Project Team:**

- Fiona Raeburn, NHS Grampian
- Simon Pringle, Alcohol and Drugs Action
- Tara Shivaji, NHS Grampian
- Simon Rayner, ACHSCP
- Michelle Cochlan, ACC (Improvement Adviser)

Torry Locality have made a request of testing to start in this locality, they have identified:

- Chris Kerr – Police Scotland, Torry Locality Partnership
- Anne Marie Steedhouder Ross – ACC, Torry Locality Partnership

Police Scotland Kittybrewster Custody Suite

- Shona Stewart – Police Scotland (TBC)

Requests have also been received from frontline staff in health and housing settings, a family member of someone who died from a drug related death and people in recovery who have expressed an interest in becoming naloxone champions. Their names and involvement will be confirmed on approval of the project. Involvement in the project group will be open to anyone who can further shape the development of the project and provide tacit knowledge of the issues, challenges and opportunities at hand.

<b>Outline Project Plan</b>		
<b>Project Stage</b>	<b>Actions</b>	<b>Timescale</b>
<b>Getting Started</b> (Project Score 1-3)	<ul style="list-style-type: none"> <li>• Project team established</li> <li>• Initial baseline established</li> <li>• Draft charter developed</li> <li>• Charter submitted to CPA Board</li> </ul>	Complete Complete Complete Sep 2019
<b>Designing and Testing Changes</b> (Project Score 4-7)	<ul style="list-style-type: none"> <li>• Initial tests of change in Torry and other sites where volunteers have been put forward (Police Custody, Family members)</li> <li>• Engaging with customers and colleagues on change design</li> <li>• Evaluate overall achievement to date and plan further PDSAs or move to implementation</li> </ul>	Sep 2019 Oct 2019  Oct 2019  Dec 2019
<b>Implementing and sustaining changes that demonstrate improvement</b> (Project Score 7-10)	<ul style="list-style-type: none"> <li>• Agree which change ideas tested are proven to work that we will seek to embed permanently</li> <li>• Continue to gather data</li> <li>• Assess whether improvement levels are sustained</li> </ul>	Apr 2020  Apr – Sep 2020 Oct 2020
<b>Spreading Changes</b> (Project Score 9-10)	<ul style="list-style-type: none"> <li>• Assess opportunities for spreading change to other areas where applicable</li> </ul>	Dec 2020

<sup>i</sup> NRS report, Drug related deaths in Scotland 2017 <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland/2017/list-of-tables-and-figures>

<sup>ii</sup> [http://www.legislation.gov.uk/uksi/2015/1503/pdfs/uksi\\_20151503\\_en.pdf](http://www.legislation.gov.uk/uksi/2015/1503/pdfs/uksi_20151503_en.pdf)