



# Community Planning Aberdeen Management Group

**Meeting on MONDAY, 5 AUGUST 2019 at 2.00 pm**

**\*\* Room MC-4-W-01 - Marischal College, Aberdeen \*\***

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

### **APOLOGIES**

### **MINUTES**

- 1.1 Minute of Previous Meeting of 27 May 2019 - for approval (Pages 3 - 18)
- 1.2 Minute of Special Meeting of 12 June 2019 - for approval (Pages 19 - 22)
- 1.3 Draft Minute of the CPA Board Meeting of 1 July 2019 - for information  
(Pages 23 - 34)

## **CPA IMPROVEMENT PROGRAMME 2019-21**

- 2.1 CPA Improvement Programme Quarterly Update Report (Pages 35 - 140)
- 2.2 Locality Partnership Quarterly Improvement Tracker (Pages 141 - 154)

## **GENERAL BUSINESS**

- 3.1 CPA Quarterly Budget Monitoring Report (Pages 155 - 158)
- 3.2 Regional Learning and Skills Partnership (RLSP) (Pages 159 - 164)
- 3.3 Partnership Delivery Framework to Reduce the Use of and Harm From Alcohol and Drugs (Pages 165 - 176)

## **FORWARD BUSINESS PLANNER AND FUNDING AND LEGISLATION TRACKERS**

- 4.1 CPA Management Group Forward Planner - to follow
- 4.2 CPA Board Forward Planner - to follow
- 4.3 Funding Tracker (Pages 177 - 184)
- 4.4 Consultation and Legislation Tracker (Pages 185 - 186)
- 4.5 Meeting Dates 2020 (Pages 187 - 188)
- 4.6 Date of Next Meeting - 28 October 2019

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 MANAGEMENT GROUP

27 MAY 2019

Present:- Angela Scott (Aberdeen City Council) (Chair in the absence of a Chair), Graeme Duncan (Police Scotland) (Vice Chair), Jamie Bell (Scottish Enterprise), Neil Cowie (North East College), Rab Dickson (as a substitute for Derek Murray) (Nestrans), Jillian Evans (NHS Grampian and Sustainable City), Nicola Graham (Skills Development Scotland), Maggie Hepburn (as a substitute for Joyce Duncan) (ACVO), Matt Lockley (Aberdeen Prospers), Derek McGowan (Community Justice Group), Rob Polkinghorne (Integrated Children's Services), Sandra Ross (Resilient, Included and Sustainable and Health and Social Care Integration) and Jonathan Smith (as a substitute for Lavina Massie (Civic Forum)).

Also Present:- Michelle Cochlan, Neil Carnegie, Martin Murchie and James Simpson (all Aberdeen City Council).

Apologies:- Keith Gerrard (Active Aberdeen Partnership), Lavina Massie (Civic Forum), Derek Murray (Nestrans), Darren Riddell (Scottish Fire and Rescue Service and Community and Engagement Group).

Topic	Discussion/Decision	Action By
1. Chair	Angela Scott, took the Chair for today's meeting.	
2. Valedictory and Best Wishes	<p>The Chair advised that this was Matt Lockley, Chair of the Aberdeen Prospers Outcome Improvement Group last meeting prior to leaving Aberdeen City Council.</p> <p>She also advised that Darren Riddell, Scottish Fire and Rescue Service (SFRS) representative and Chair of the Community and Engagement Group who could not be in attendance today would no longer be the SFRS representative as he was taking up a new post within the Service. Therefore, a new representative for a SFRS, as well as a Chair of the Community and Engagement Group would be selected.</p> <p>The Chair thanked both Matt and Darren for their contribution to the Partnership throughout their tenure and wished them both well on their future endeavours.</p> <p>The Chair also advised that Rab Dickson was in attendance for Derrick Murray and passed on her best wishes to Derrick.</p>	

Topic	Discussion/Decision	Action By
	<b><u>The Management Group resolved:</u></b> to concur with the Chair's remarks.	
3. Minute of Previous Meeting of 26 March 2019	<p>The Management Group had before it the minute of its meeting of 26 March 2019, for approval.</p> <p>In respect of item 2 (Minute of Previous Meeting) 10 (Child Friendly Cities), of the minute, the Management Group noted that the Board had agreed that the current governance structure for the programme be reviewed to ensure that it was robust with clear remits and avoiding duplication of membership where possible and this was to be reported to the Board at its meeting on 1 July 2019.</p> <p>With regards to item 2 (Minute of Previous Meeting) 17 (Consultation and Legislation Tracker), the Management Group noted that the consultation on the Scottish National Investment Bank Bill had ended, however there was still an opportunity to make representation to the cross party parliamentary group.</p> <p>In respect of item 2 (Minute of Previous Meeting) 10 (Child Friendly Cities), of the minute, the Management Group noted that Derek McGowan, Chair of the Community Justice Group, and Sandra Ross, Health and Social Care Integration, were to liaise regarding the custody suite/link worker being considered by the Integrated Joint Board and to ensure that this connected with the work Police Scotland was undertaking at a national level.</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; and</li> <li>(iii) to note that all other actions from the previous meeting as recorded had been undertaken.</li> </ul>	<p>Alison Cameron</p> <p>Derek McGowan/Sandra Ross</p>

Topic	Discussion/Decision	Action By
4. Draft Minute of the CPA Board Meeting of 1 May 2019	<p>The Management Group had before it the draft minute of the CPA Board meeting of 1 May 2019, for information.</p> <p><b><u>The Management Group resolved:</u></b> to note the draft minute.</p>	
5. 2019 LOIP Improvement Projects and Creating the Conditions for Success	<p>The Management Group had before it a report which (1) confirmed the Community Planning Aberdeen Improvement Projects which had been prioritised by Outcome Improvement Groups for initiation during 2019; (2) provided information on how the Partnership was helping to create the conditions for the successful delivery of projects through QI capacity building opportunities; the provision of lead level improvement and data adviser support; and improved coordination of support for priority testing in Localities.</p> <p><b>The report recommended –</b> that the Management Group</p> <ul style="list-style-type: none"> <li>(a) note the CPA Improvement Projects scheduled to initiate this year in Appendix 1;</li> <li>(b) agree that all Improvement Project Managers must complete at least basic level one day QI Bootcamp training if they had not already done so;</li> <li>(c) agree to request Project Managers to engage with CPA Locality Managers on those projects where the Locality Partnership had identified the project for priority testing in the locality area;</li> <li>(d) agree to request the Head of Health Intelligence for NHS Grampian to seek an update on NHS Grampian IA capacity to support the CPA Improvement Programme; and</li> <li>(e) note that an update on the Shared Intelligence Unit would be brought forward to a future meeting.</li> </ul> <p>The Group discussed the improvement projects prioritisation, during which it was noted that the three Locality Partnerships had considered the CPA Improvement Programme 2019 to identify projects for priority testing in Localities. The projects had been identified by community members based on their knowledge and understanding of their local area. The appendix detailed the projects which the Locality Partnerships believed to be most</p>	<p>all Improvement Project Managers all Improvement Project Managers</p> <p>Jillian Evans, NHS Grampian</p> <p>Martin Murchie, ACC/ Jillian Evans, NHS Grampian</p>

Topic	Discussion/Decision	Action By
<div data-bbox="100 718 145 826" data-label="Page-Header">Page 6</div>	<p>relevant to addressing local issues and were appealing to the Outcome Improvement Groups to start testing change in their areas. Whilst these were the projects which had been identified by the Locality as most relevant, the Locality Managers and Locality Partnerships would be data led on where the greatest need existed. In addition, it was highlighted that the Locality Partnerships were keen and willing to be involved in the identification of change ideas and contribute to testing in the community. Locality Managers were currently leading discussions with Locality Partnerships to identify representatives to be involved in these improvement projects. Partners welcomed the update and agreed that it was important that localities were not overloaded with improvement projects and that the scheduling of projects was considered.</p> <p><b><u>The Management Group resolved:</u></b> to approve the recommendations.</p>	<p>Michelle Cochlan/Outcome Improvement Group Chairs</p>
<p>CPA Improvement Programme 2019-21 Quarterly Update Report</p>	<p>With reference to item 4 of the minute of the meeting of 26 March 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 consideration before submission to the CPA Board and thereafter project initiation.</p> <p>The report recommended – that the Management Group</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 this report for project initiation;</li> <li>(c) note those charters which are now scheduled to come to the special meeting of</li> <li>(d) the CPA Management Group on 12 June, prior to submission to CPA Board on 1 July; and</li> <li>(e) approve the rescheduling of all other charters which were due to be submitted to CPA Board in July.</li> </ul>	

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Topic	Discussion/Decision	Action By								
	<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>In respect of new charters, the Management Group noted the intention that Public Health and the Council's Business Intelligence and Performance Management cluster would contribute to the process by providing feedback where applicable on the measures and data in each charter.</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> <table><tr><th>Project Charter Due</th><th>Current Status and CPA Management Group Comment</th></tr><tr><td>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>No charter at present. Charter delayed due to change to project manager. Still being completed and scheduled for CPA Board in September 2019. Rob Polkinghorne and Sandra Ross to check on progress.</td></tr><tr><td>Stretch Outcome 3 - Increase in the MMR vaccine uptake for children at 24 months by 3.9%, by 2020</td><td>No project charter at present. Charter delayed due to project manager recently being assigned. Now scheduled for CPA Board in December.</td></tr><tr><td>Stretch Outcome 3 - Increase the number of 27-30 month reviews completed for eligible children by 5.2%, by 2021</td><td>No project charter at present. Charter delayed due to project manager recently being assigned. Now scheduled for CPA Board in December.</td></tr></table>	Project Charter Due	Current Status and CPA Management Group Comment	Stretch Outcome 3 - Increase the number of pregnant young people who are able to remain in education during pregnancy by 50%, by 2022	No charter at present. Charter delayed due to change to project manager. Still being completed and scheduled for CPA Board in September 2019. Rob Polkinghorne and Sandra Ross to check on progress.	Stretch Outcome 3 - Increase in the MMR vaccine uptake for children at 24 months by 3.9%, by 2020	No project charter at present. Charter delayed due to project manager recently being assigned. Now scheduled for CPA Board in December.	Stretch Outcome 3 - Increase the number of 27-30 month reviews completed for eligible children by 5.2%, by 2021	No project charter at present. Charter delayed due to project manager recently being assigned. Now scheduled for CPA Board in December.	<div>Rob Polkinghorne, ICSB and Sandra Ross, RIS</div> <div>Rob Polkinghorne, ICSB</div> <div>Rob Polkinghorne, ICSB</div>
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Topic	Discussion/Decision	Action By						
	<p>The Management Group discussed the proposed new project charters and commented on each as detailed below.</p> <p><u>The Management Group resolved:</u></p> <p>(i) to note the updates provided on live improvement projects (community justice projects) and that a phase end report would be submitted at its next meeting to allow an assessment of the outcome of the project to date and whether it should be recommended to the Board for continuation or to be concluded;</p> <p>(ii) to approve the following new charters for submission to the CPA Board on 1 July 2019 for consideration subject to the amendments as detailed in the table being undertaken for the respective charters;</p> <table><tr><th>New Charters Presented</th><th>CPAMG Comments</th></tr><tr><td>3.1 Increase the impact, levels of community/partner participation and measured value of collaborative, Partnership wide community benefits by 2022</td><td>New charter 2.1 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 1 July 2019.</td></tr><tr><td>3.2 (Teenage Pregnancy) i) Reduce the rate of teenage pregnancies [under 16s] by 3% by 2021; and ii) Reduce the rate of teenage pregnancies [under 16s] in the CPP locality areas by 10% by 2021</td><td>New charter 3.2 appended to the report. The Management Group agreed that the charter needed to be agile to respond to new data and that Jillian Evans, Public Health, share current data and that the aim be reviewed to reflect this. An outline project plan was also required for this charter. Once the aim had been reviewed and the outline plan added, the charter would be submitted to the CPA Board on 1 July 2019.</td></tr></table>	New Charters Presented	CPAMG Comments	3.1 Increase the impact, levels of community/partner participation and measured value of collaborative, Partnership wide community benefits by 2022	New charter 2.1 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 1 July 2019.	3.2 (Teenage Pregnancy) i) Reduce the rate of teenage pregnancies [under 16s] by 3% by 2021; and ii) Reduce the rate of teenage pregnancies [under 16s] in the CPP locality areas by 10% by 2021	New charter 3.2 appended to the report. The Management Group agreed that the charter needed to be agile to respond to new data and that Jillian Evans, Public Health, share current data and that the aim be reviewed to reflect this. An outline project plan was also required for this charter. Once the aim had been reviewed and the outline plan added, the charter would be submitted to the CPA Board on 1 July 2019.	<p>Derek McGowan, CJ</p> <p>Lori Manson/Matt Lockley, Aberdeen Prospers</p> <p>Rachel Thompson, NHS, ICSB/Jillian Evans, NHS</p>
New Charters Presented	CPAMG Comments							
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<div> <div>Page 9</div> <div></div> </div>	<p>3.3 Care Experienced Children Positive Destinations - Increase the number of care experienced young people accessing a positive and sustained destination by 25% by 2022.</p>	<p>New charter 3.3 appended to the report. The Management Group agreed that the charter be updated to (1) reflect the feedback from the Community Planning Team as detailed on the charter; (2) provide a clear definition of positive destinations and how that would be measured; (3) include a baseline; and (4) include an outline project plan. Subject to the aforementioned amendments being actioned, the charter would be submitted to the CPA Board on 1 July 2019.</p>
	<p>3.4 School Transitions - Increase the number of children who effectively transition from primary to secondary school by 2021</p>	<p>New charter 3.4 appended to the report. The Management Group agreed that the Project Team should (1) reflect the feedback from the Community Planning Team as detailed on the charter; (2) review the aim of the charter and consider whether this should be targeted to a specific cohort of children and that this be reflected in the aim; (3) clarify the rationale; and (3) consider inclusion of a member of the Community Learning and Development Team in the Project Team. Subject to the aforementioned amendments being actioned, the charter would be submitted to the CPA Board on 1 July 2019.</p>
	<p>3.5 Sustained Positive Destinations - Increase the number of young people living in Quintiles 1,2 and 3 who achieve a</p>	<p>New charter 3.5 appended to the report. The Management Group agreed that the charter be updated to (1) reflect the feedback from the Community Planning</p>

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Topic	Discussion/Decision		Action By
	sustained positive destination by working with communities to 90% 2022	Team as detailed on the charter; (2) provide a clearer project aim; (3) include a baseline for all under the aim statement where available; (4) include Martin Smith (Locality Inclusion Manager) in the Project Team; and (5) remove Rob Polkinghorne as the Project Sponsor. Subject to the aforementioned amendments being actioned, the charter would be submitted to the CPA Board on 1 July 2019.	James Simpson, ACC
	3.6 Foundation Apprenticeships - Increase the number of young people taking up foundation apprenticeships to 142 by 2021	New charter 3.6 appended to the report. The Management Group agreed that the charter be reviewed and updated By Nicola Graham, with support from James Simpson, to (1) have a clear and specific project aim; (2) streamline the change ideas section; (3) to reflect the feedback from the Community Planning Team as detailed on the Charter; and (4) that an outline project plan be added. Subject to the aforementioned amendments being actioned, the charter would be submitted to the CPA Board on 1 July 2019 if possible. If the amendments were not possible for that date then it would be submitted to the Board in September 2019.	
	10.3 Cuckooing - Increase to 30% the number of individuals who are involved in cuckooing incidents who undertake effective interventions or who are referred to relevant support services (as a % of all	New charter 10.3 appended to the report. The Management Group supported the charter for submission to the CPA Board on 1 July 2019.	Nicola Graham, SDS/James Simpson, ACC



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Topic	Discussion/Decision		Action By
	Increase in the number of inhouse foster and kinship placements by 2021	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.	Rob Polkinghorne, ICSB
	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	Stretch Outcome 6 – 95% of children living in our priority localities will sustain a positive destination upon leaving school by 2026	Rob Polkinghorne, ICSB
	Increase the uptake and retention of people in the Justice System with drug and alcohol problems in specialist services by 100% by 2021.	Stretch Outcome 10 - 2% fewer people reconvicted within one year of receiving a community or custodial sentence by 2026	Derek McGowan, CJG
	Increase uptake of a range of activities that enable people with long term conditions to manage their health and well-being by 2021.	Stretch Outcome 11 - Healthy life expectancy (time lived in good health) is five years longer by 2026	Sandra Ross, RIS
	Extend link working approach across primary care to support 3,000 people to attain their own identified outcomes by 2021.	Stretch Outcome 11 - Healthy life expectancy (time lived in good health) is five years longer by 2026	Sandra Ross, RIS
	(iv) to approve the rescheduling of all other charters which were due to be submitted to CPA Board in July 2019 as detailed above and in the report; and (v) to otherwise note the current status of the charters as detailed above.		Michelle Cochlan, ACC
7. Quarter 2019/2020 Locality	1	With reference to item 5 of the minute of the meeting of 26 March 2019, the Management Group had before it a report which presented the Improvement Tracking Report on the	

Topic	Discussion/Decision	Action By
<div data-bbox="100 730 138 893" data-label="Page-Header">Page 13</div> Partnership Improvement Tracking Report	<p>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 discussed the progress and considered whether any project was at a stage to be scaled up, however at this time it was agreed that most were not at a scale up point.</p> <p>In respect of food and fun, Partners noted that a new charter was required for 19/20 and that teams were currently developing proposals for alternative delivery models for Summer onwards. In this regard, it was suggested that there should be discussion about how communities could support the distribution of food and that the new charter look at gathering data on the wider impact and how people were changing.</p> <p>Partners also discussed gaming solutions and how gaming could be used as a public health technique.</p> <p><b><u>The Management Group resolved:</u></b></p> <ul style="list-style-type: none"> <li>(i) to approve the recommendation; and</li> <li>(ii) to agree to hold a session on online applications and gaming techniques and solutions.</li> </ul>	<p>Neil Carnegie Michelle Cochlan/Jillian Evans</p>
8. Achieving Pace through Rapid Cycle Testing - Presentation by Michelle Cochlan, ACC	<p>The Management Group received a presentation from Michelle Cochlan, ACC, on achieving pace through rapid cycle testing.</p> <p>In the presentation, Michelle reminded Partners of improvement methodology and the cycle of plan, do, study and act.</p> <p>In terms of improvement projects to date, she highlighted the following observations:</p> <ul style="list-style-type: none"> <li>• Some projects got stuck at the charter stage</li> </ul>	

Topic	Discussion/Decision	Action By
<div data-bbox="100 699 138 861" data-label="Page-Footer">Page 14</div>	<ul style="list-style-type: none"> <li>• A set of tasks were completed, but not changes</li> <li>• Activities were stretching out over many weeks or months</li> <li>• Data wasn't being gathered or where data was being gathered, we weren't doing anything different</li> <li>• A feeling of we don't have time to test, we just want to get on with it.</li> </ul> <p>However, in terms of improvement methodology, each improvement project should start with the aim, but for one (unit), not all units. Specifically, she asked Partners when completing or reviewing improvement project charters to consider what changes could we make? i.e. Co-design one contract? Or Increase attendance of one care experienced child at school? etc</p> <p>Michelle then explained the importance of testing, highlighting that all project charters should be tested to build knowledge, gather data to understand impact and learn what works first. Partners should not be worrying about scalability of project until the outcome of the test on small scale. This approach would provide greater chance of success; prevents waste of precious resources and ultimately the Partnership improved quicker.</p> <p>In terms of the period for testing she advised that the quicker we test, the quicker we learn and testing periods beyond 30 days should be questioned. She advised of the difference between the sprints approach and the blitz approach to improvement projects.</p> <p>Partners agreed that in existing charters they had not managed pace of testing, and that moving forward with the new charters it was important that they contained a clear period of testing and that each Project Manager took responsibility for ensuring the pace of testing was met. It was also agreed that an exceptional case would need to be made to go for a testing period beyond 30 days. If there was no improvement after 30 days then the project should stop.</p> <p><b><u>The Management Group resolved:</u></b></p> <p>(i) to thank Michelle Cochlan for the informative presentation and request that Michelle circulate the information, along with the training calendar, by email to the Management Group;</p>	<p>Michelle Cochlan, ACC</p>

Topic	Discussion/Decision	Action By
	<ul style="list-style-type: none"> <li>(ii) to agree that the testing period for improvement projects should not be beyond 30 days unless in exceptional circumstances;</li> <li>(iii) to request Project Managers to review the information presented today and advise Michelle Cochlan of which approach they would take to achieve pace;</li> <li>(iv) to agree that improvement projects should not commence until the Project Manager had completed the required training.</li> </ul>	<ul style="list-style-type: none"> <li>all Improvement Project Managers</li> <li>all Improvement Project Managers</li> <li>all Improvement Project Managers</li> </ul>
9. Quarter 4 – 2018/19 Budget Monitoring Report Page 15	<p>With reference to item 6 of the minute of the meeting of the Management Group of 26 March 2019, the Management Group had before it a report which provided an update on the 2018/19 Community Planning Budget's financial performance for the period 1 April 2018 to 31 March 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>	
10. CPA PB Strategy - Verbal Update	<p>With reference to item 6 of the minute of the meeting of the Management Group of 26 March 2019, the Management Group heard from Neil Carnegie and Jonathan Smith who advised that the development of a CPA PB Strategy remained outstanding. The matter was discussed at the last meeting of the Communication and Engagement Group at which it was noted that the Council had a standalone PB Policy and therefore it was suggested that a Partnership Strategy not be developed at this time and that instead that the Communication and Engagement Group focus on identifying different routes for promoting communication and engagement that would support greater empowerment of communities.</p> <p><b><u>The Management Group resolved:</u></b></p>	

Topic	Discussion/Decision	Action By
	to agree not to proceed with the development of a CPA PB Strategy at this time and to instruct the Community Engagement Group to identify different routes for promoting communication and engagement that would support greater empowerment and involvement of communities.	Communication and Engagement Group
<div data-bbox="100 699 138 863" data-label="Page-Header">Page 16</div> 11. CPA Planning and Performance Reporting Requirements	<p>The Management Group had before it a report which presented a table detailing the planning and reporting requirements to be delivered by the Partnership. The table advised who required the Plan; whether the outcomes were covered in the LOIP; and whether (1) the CPA LOIP had been accepted as the respective Plans and (2) the CPA Annual Report on LOIP had been accepted.</p> <p>Partners welcomed the clarity on the current reporting requirements and agreed that the Partnership should be promoting the submission of the LOIP as the Plan for any statutory reporting and the LOIP annual report as the annual report to avoid duplication of reporting and promotion of the LOIP.</p> <p><b><u>The Management Group resolved:</u></b></p> <ul style="list-style-type: none"> <li>(i) to note the table detailing the planning and reporting requirements to be met by the Partnership and to encourage where possible acceptance of the LOIP and its annual report as the documents submitted in order to avoid duplication of reporting;</li> <li>(ii) to note that Angela Scott and Rob Polkinghorne would raise reporting requirements and acceptance of the LOIP with the Scottish Government's Director for Children;</li> <li>(iii) to note that the document should include that the LOIP serves as the Antisocial Behaviour Strategy; and</li> <li>(iv) to request Michelle Cochlan to clarify whether the Violence Against Women Strategy was an Aberdeen City Council Strategy or a Partnership Strategy.</li> </ul>	<p>All Partners</p> <p>Angela Scott/Rob Polkinghorne, ACC</p> <p>Derek McGowan, CJG</p> <p>Michelle Cochlan, ACC</p>
12. CPA Management Group Forward Business Planner	<p>With reference to item 9 of the minute of the meeting the Management Group of 26 March 2019, the Management Group had before it the Management Group forward business planner.</p> <p><b><u>The Management Group resolved:</u></b></p>	



Topic	Discussion/Decision	Action By
	to note the forward business planner	
13. CPA Board Forward Business Planner	<p>With reference to item 10 of the minute of the meeting the Management Group of 26 March 2019, the Management Group had before it the CPA Board forward business planner.</p> <p><b><u>The Management Group resolved:</u></b> to note the forward business planner.</p>	
14. Community Planning Aberdeen Funding Tracker	<p>With reference to item 12 of the minute of the meeting the Management Group of 26 March 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> (i) to note the funding tracker; and (ii) to encourage all Outcome Improvement Groups to explore available funding opportunities.</p>	Outcome Improvement Group Chairs
15. Consultation and Legislation Tracker	<p>With reference to item 11 of the minute of the meeting the Management Group of 26 March 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> (i) to note the legislation tracker; (ii) to agree that the Alcohol and Drugs Partnership (ADP) submit a response to the Licensing consultation on behalf of the Partnership; and (iii) to agree that James Simpson, Integrated Children Services (ICS), submit a response to the Children's Services Plans consultation on behalf of the Partnership.</p>	<p>Richard Craig, ADP</p> <p>James Simpson, ICS</p>
16. Date of Next meeting	The Management Group noted that its next meeting would be held on 5 August 2019 at 2pm.	

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# COMMUNITY PLANNING ABERDEEN MANAGEMENT GROUP SPECIAL MEETING

12 JUNE 2019

Present:- Angela Scott (Aberdeen City Council) (Acting Chair) and Graeme Duncan (Police Scotland) (Vice Chair).

Also Present:- Michelle Cochlan and Martin Murchie (Aberdeen City Council).

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Topic	Discussion/Decision	Action By		
1. Chair	Angela Scott, took the Chair for today's meeting.			
2. CPA Improvement Programme 2019-21 Quarterly Update Report	<p>With reference to item 6 of the minute of the meeting of 27 May 2019, the Management Group had before it a report which presented new project charters for consideration prior to submission to the CPA Board in July 2019.</p> <p>The report recommended – that the Management Group</p> <p>(a) consider the new charters included in section vi of the report for submission to CPA Board for approval in July; and</p> <p>(b) approve the rescheduling of all other charters which were due to be submitted to CPA Board in July.</p> <p>The Management Group discussed the new project charters before them for consideration today. The comments of the Management Group were as detailed below.</p> <p><u>The Management Group resolved:</u></p> <p>(i) to agree that the following new charter required be reviewed by the respective Project Sponsor and resubmitted to the next meeting of the Management Group and therefore not presented to the CPA Board on 1 July 2019;</p> <table><tr><td>Stretch Outcome 11 - Increase uptake of a range of activities that enable people with long term conditions to manage their health and well-being by 2021.</td><td>New charter 11.1 appended to the report. The Management Group agreed that this charter be discussed with the Project Sponsor to determine whether</td></tr></table>	Stretch Outcome 11 - Increase uptake of a range of activities that enable people with long term conditions to manage their health and well-being by 2021.	New charter 11.1 appended to the report. The Management Group agreed that this charter be discussed with the Project Sponsor to determine whether	Sandra Ross, RIS Group
Stretch Outcome 11 - Increase uptake of a range of activities that enable people with long term conditions to manage their health and well-being by 2021.	New charter 11.1 appended to the report. The Management Group agreed that this charter be discussed with the Project Sponsor to determine whether			



Topic	Discussion/Decision	Action By
<p>Page 21</p>		<p>Alex Duncan, ACC</p> <p>Simon Rayner, ACHSCP</p>
	<p>Stretch Outcome 6 - 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</p>	
	<p>Stretch Outcome 10 - Increase the uptake and retention of people in the Justice System with drug and alcohol problems in specialist services by 100% by 2021.</p>	

been to date; and (5) include an outline project plan. Subject to these amendments, the charter could be submitted to the CPA Board on 1 July 2019, otherwise that the updated charter be considered at the next Management Group meeting.

New charter 6.4 appended to the report. The Management Group agreed that the charter be updated to (1) reflect the feedback from the Community Planning Team as detailed on the Charter; (2) provide more specific and clearer tests of change and measures of improvement; and (3) include an updated project plan. Subject to these amendments, the charter could be submitted to the CPA Board on 1 July 2019, otherwise that the updated charter be considered at the next Management Group meeting.

New charter 10.4 appended to the report. The Management Group agreed that the charter be updated to (1) reflect the feedback from the Community Planning Team as detailed on the Charter; (2) provide more specific and clearer tests of change and measures of improvement; and (3) include an updated project plan. Subject to these amendments, the charter could be submitted to the CPA Board on 1 July

Topic	Discussion/Decision		Action By
Page 22		2019, otherwise that the updated charter be considered at the next Management Group meeting.	Keith Gerrard, Active Aberdeen Partnership
	Stretch Outcome 11 - 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 1 July 2019.	
	Stretch Outcome 13 - Increase community food growing in schools, communities and workplaces by 2021	New Charter 13.1 appended to the report. The Management Group agreed that (1) representation from the private sector and the health and safety executive on the project team be considered; (2) consideration be given to Sir Ebenezer Howard's Garden City Movement and whether there were any aspects of that approach that could be implemented within the project; and (3) that the charter be updated as per the aforementioned points if applicable and thereafter submitted to the CPA Board on 1 July 2019.	
	(iii) to approve recommendation (b) as contained in the report; and		Steven Shaw, ACC
	(iv) to otherwise note the current status of all the charters as detailed in the report.		
			Michelle Cochlan, ACC

**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).

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.	

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> <ul style="list-style-type: none"> <li>(i) to note the draft minute; and</li> <li>(ii) to agree that Angela Scott (Aberdeen City Council), be appointed as Chair of the CPA Management Group.</li> </ul>	
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>	
6. 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
	<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>The Board resolved:-</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
<div data-bbox="91 699 136 858" data-label="Page-Header">Page 26</div> <p data-bbox="91 280 394 507">8. CPA Improvement Programme 2019-21 Quarterly Update Report</p>	<p data-bbox="421 280 1816 432">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 data-bbox="421 472 842 539"><b>The report recommended –</b> that the Board</p> <ul style="list-style-type: none"> <li data-bbox="432 547 1771 579">(a) consider the updates provided on live improvement projects (community justice projects;</li> <li data-bbox="432 584 1715 616">(b) approve the new charters included in section vi of the report for project initiation; and</li> <li data-bbox="432 620 1816 687">(c) approve the rescheduling of all other charters which were due to be submitted to the CPA Board in July 2019.</li> </ul> <p data-bbox="421 727 1816 839">The Board received a presentation from Michelle Cochlan wherein she reminded Partners of the role of the Board in overseeing the portfolio of project charters and of the challenge questions the Board should be asking when considering each of the proposed new charters.</p> <p data-bbox="421 879 1525 911">The Board discussed the new charters as contained at section vi of the report.</p> <p data-bbox="421 951 1816 1094">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 consider linking up projects in future. During this discussion, it was advised that an outcome performance framework for evaluating the outcome of projects both individually and accumulatively was being developed.</p> <p data-bbox="421 1134 1816 1318">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 data-bbox="421 1358 748 1390"><b><u>The Board resolved:-</u></b></p> <ul style="list-style-type: none"> <li data-bbox="432 1398 1099 1430">(i) to approve recommendations (a) and (c);</li> <li data-bbox="432 1434 1335 1466">(ii) to approve the following new charters for project initiation:</li> </ul>	



Topic	Discussion/Decision	Action By
Page 28		(2) benefit clauses detailed in the charter i.e. care experienced young people, ex offenders etc; and the charter should include correlating measures of impact on these groups in the measures section.
	Charter 5.1 - Increase the number of care experienced young people accessing a positive and sustained destination by 25% by 2022	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.
	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	Charter approved subject to the following comment being considered by the Project Team and the charter being updated as appropriate: (1) whether the charter should adopt a more preventative approach and therefore consider interventions at S1/S2 as well as S3/ S4.
	Charter 6.3 - Increase the number of young people taking up foundation apprenticeships to 142 by 2021	Charter approved subject to the following comments being considered by the Project Team and the charter being updated as appropriate: (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 Team should review whether the
	Larissa Gordon, ICS	James Simpson, ICS
	Nicola Graham, ICS	

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Topic	Discussion/Decision		Action By
		<p>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>(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, in particular the project aim and change ideas, ensuring that the aim was ambitious and that the change ideas directly correlated to the aim reasons for variation quoted; 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>Eleanor McEwan, ICS</p> <p>Michelle Cochlan, ACC</p> <p>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
Improvement Tracking Report	<p><b>The report recommended –</b> that the Board note progress against the locality improvement projects.</p> <p>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><b><u>The Board resolved:-</u></b> to approve the recommendation.</p>	Neil Carnegie, ACC
<div>Page 30</div> <p>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>	Michelle Cochlan, ACC
11. UNICEF Child Friendly Cities	<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>	

Topic	Discussion/Decision	Action By
	<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>	<p>Alison Cameron, ACC</p>
<p>12. Public Health Scotland – Consultation</p> <p>Page 31</p>	<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 supporting 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> <li>(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;</li> <li>(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</li> </ul>	<p>Susan Webb, Public Health</p>

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Topic	Discussion/Decision	Action By																																																																	
	(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.																																																																		
13. Meeting Dates	<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><tr><th>Draft Deadline (10am unless otherwise stated)</th><th>Report (10am unless otherwise stated)</th><th>Pre Meetings (all meetings commence at 2pm)</th><th>Report Deadline (10am unless otherwise stated)</th><th>Meeting Dates (all meetings commence at 2pm)</th></tr><tr><td colspan="5"><b>Community Planning Aberdeen Board (All meetings commence at 2pm)</b></td></tr><tr><td>4 February 2020</td><td>12 February 2020</td><td>17 February 2020</td><td>26 February 2020</td><td></td></tr><tr><td>8 April 2020</td><td>15 April 2020</td><td>20 April 2020</td><td>29 April 2020</td><td></td></tr><tr><td>10 June 2020</td><td>17 June 2020</td><td>22 June 2020</td><td>1 July 2020</td><td></td></tr><tr><td>26 August 2020</td><td>2 September 2020</td><td>7 September 2020</td><td>16 September 2020</td><td></td></tr><tr><td>11 November 2020</td><td>18 November 2020</td><td>24 November 2020</td><td>3 December 2020</td><td></td></tr><tr><td colspan="5"><b>Community Planning Aberdeen Management Group (All meetings commence at 2pm unless otherwise stated)</b></td></tr><tr><td>8 January 2020</td><td>15 January 2020</td><td>20 January 2020</td><td>29 January 2020</td><td></td></tr><tr><td>4 March 2020</td><td>11 March 2020</td><td>13 March 2020</td><td>24 March 2020</td><td></td></tr><tr><td>6 May 2020</td><td>13 May 2020</td><td>18 May 2020</td><td>27 May 2020</td><td></td></tr><tr><td>22 July 2020</td><td>29 July 2020</td><td>3 August 2020</td><td>12 August 2020</td><td></td></tr><tr><td>7 October</td><td>14 October 2020</td><td>20 October 2020</td><td>29 October 2020</td><td></td></tr></table> <p><b>The Board resolved:-</b> to approve the meeting dates for 2020 as detailed above.</p>	Draft Deadline (10am unless otherwise stated)	Report (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		7 October	14 October 2020	20 October 2020	29 October 2020		
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Topic	Discussion/Decision	Action By
14. Date of Next Meeting	The Board noted that its next meeting would be held on 9 September 2019 at 2pm.	

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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>	26 July 2019
<b>Governance Group</b>	CPA Board – 5 August 2019

### Purpose of the Report

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.

### Summary of Key Information

#### 1 BACKGROUND

- 1.1 The refreshed [Aberdeen City Local Outcome Improvement Plan](#) (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.
- 1.2 The Community Planning Aberdeen [Outcome Management and Improvement Framework](#) 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.

#### 2 PROJECT UPDATES

- 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 the Appendix 1 of this report.
- 2.2 A further progress update will be provided for all projects approved for initiation by CPA Board on 1 July in advance of the next Board meeting.

### **3 NEW PROJECT CHARTERS**

- 3.1 This report includes 11 of 26 project charters which were due to be submitted to the CPA Management Group in August prior to the Board in September, as per the [CPA Improvement Programme 2019-21](#), approved by the Board on 1 May 19. A further 2 project charters will be submitted to the CPA Management Group for consideration at the August meeting. Of the remaining 19 charters originally scheduled to be submitted to the CPA Board in September, 9 have been postponed and 4 are outstanding. See project updates in Appendix 1 for details.

### **4 NEXT STEPS**

- 4.1 Projects which are approved for initiation 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 Management Group:

- i) consider the updates provided on live improvement projects;
- ii) approve the new charters included in this report for project initiation;
- iii) approve the rescheduling of all other charters which were due to be submitted to CPA Board in September, but have been postponed;
- iv) request the chairs of the Outcome Improvement Groups to follow up on charters due to be submitted to this meeting which have not yet been received and no status update has been provided.

### **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:  
Sacha Will, Improvement Programme Manager  
James Simpson, Performance & Strategy Development Officer  
CPA Management Group  
Chairs of Outcome Improvement Groups  
LOIP Project Managers

<b>Background Papers</b>
The following papers were used in the preparation of this report. <a href="#">Local Outcome Improvement Plan 2016-2026 (Refreshed 26 February 2019)</a> <a href="#">CPA Improvement Programme 2019-21</a>

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 October. 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 received. Feedback from QA to be addressed (See charter 1.1)

Increase the number of people employed in growth sectors by 5% by 2021.	Sep 19		Postponed to October. 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 October. 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 amendments not yet received).	Jul 19 – Dec 20	4	Currently designing initial tests of change. Further update to be provided in time for the CPA Board.

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

- No. project charters due: 12
- No. project charters received: 4
- No. project charters postponed: 4
- No. project charters outstanding: 4
- 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	No charter received
Reduce the number of pregnant mothers who smoke by 10% by 2022	Original: Jul 19 Rescheduled: Sep 19	No charter received
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	No charter received
Increase in the MMR vaccine uptake for children at 24 months by 3.9%, by 2020	Original: Jul 19 Rescheduled: Sep 19	Postponed to October. 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	No charter received
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 CPA Management Group approved this charter on 27 May, subject to feedback being addressed. This will be submitted to CPA Board on 9 September.
Reduce the number of births affected by drugs by 0.6% by 2022.	Sep 19	Charter received Feedback from QA to be addressed (See charter 3.2)
Increase in the uptake of Healthy Start Scheme and Vitamins by 4% by April 2020.	Sep 19	Postponed to October. Charter delayed due to project being at stage 2. Feedback has been provided on the charter, detailed revision of the change ideas is required



Live Projects	Start-End	Progress Scale	Changes being tested
<p>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</p> <p><b>Project Manager:</b> Eleanor McEwan, Home Start</p> <p>Project Charter approved TBC (charter being revised)</p>	Jul 19 – Dec 19	3	Currently designing initial tests of change. Further update to be provided in time for the CPA Board.

#### **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
<p>5.1 Increase the number of care experienced young people accessing a positive and sustained destination by 25% by 2022</p> <p><b>Project Manager:</b> Larissa Gordon, ACC</p> <p><a href="#">Project Charter approved 1 July 19</a></p>	Jul 19- Aug 21	4	Currently designing initial tests of change. Further update to be provided in time for the CPA Board.
<p>5.2 Increase in the number of inhouse foster and kinship placements by 2021</p> <p><b>Project Manager:</b> Isabel McDonnell, ACC</p> <p><a href="#">Project Charter approved 1 July 19</a></p>	Jul 19 – Jan 20	4	Currently designing initial tests of change. Further update to be provided in time for the CPA Board.

## 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 October. 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 October. 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> <a href="#">Project Charter approved 1 July 19</a>	Jul 19 – Jul 21	4	Currently designing initial tests of change. Further update to be provided in time for the CPA Board.
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 amendments not yet received)	Jul 19 – Jun 20	4	Currently designing initial tests of change. Further update to be provided in time for the CPA Board.
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 amendments now made)	Jul 19 – Aug 20	4	Currently designing initial tests of change. Further update to be provided in time for the CPA Board.

**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)**

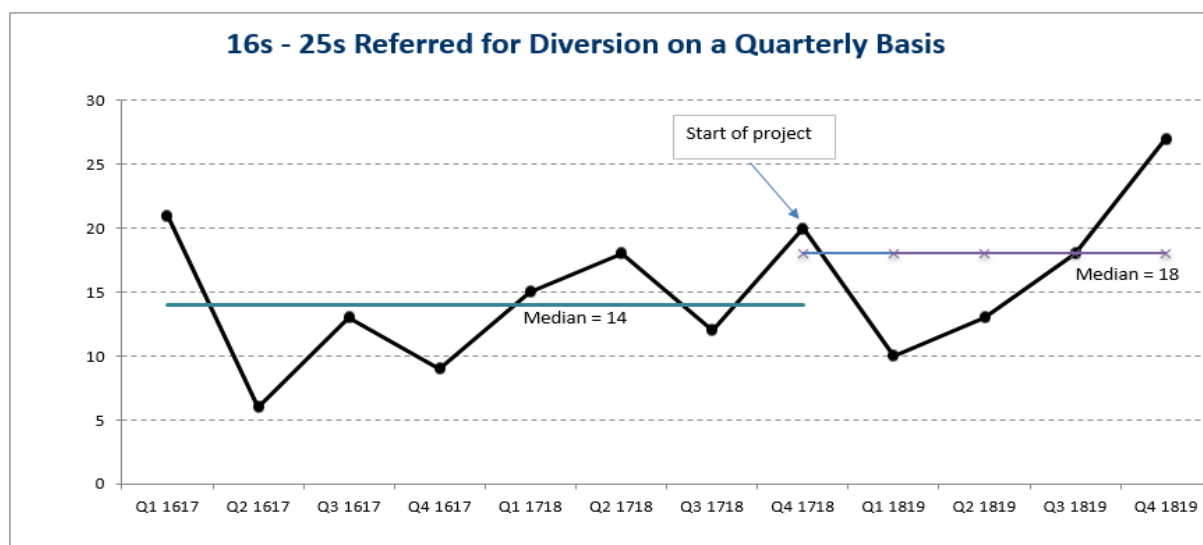
Projects Starting	Charter Due Date(s)	Charter Status
Reduce the number of young people identified as having indicators of being at risk of being excluded from school by 2021.	Sep 19	Postponed to October. Charter delayed due to project being at stage 1.
Increase by 20% the number of young people identified 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 received Feedback from QA to be addressed (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
9.1 Increase the number of cases of people appropriately diverted from prosecution by 2021. <b>Project Manager:</b> Claire Duncan, HSCP  <a href="#">Project Charter</a> <a href="#">Approved Feb 2019</a>	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 this 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.

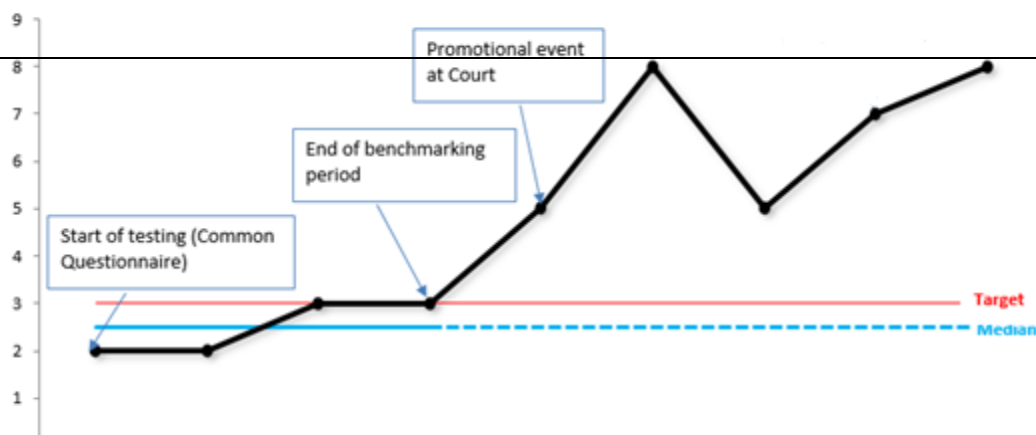
#### **Stretch Outcome 10**

**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**

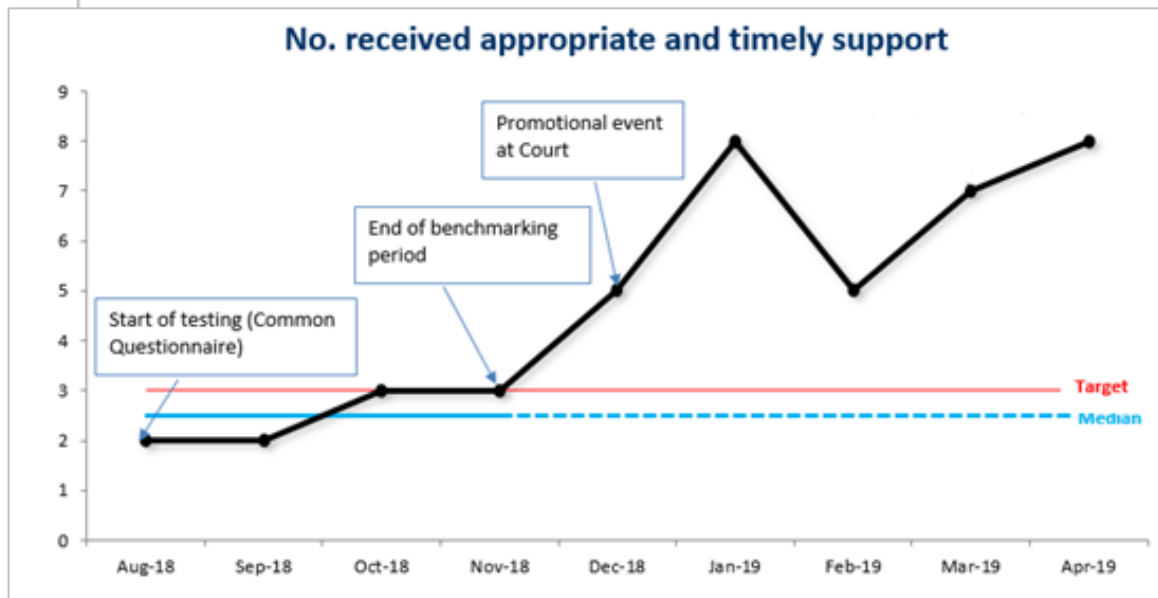


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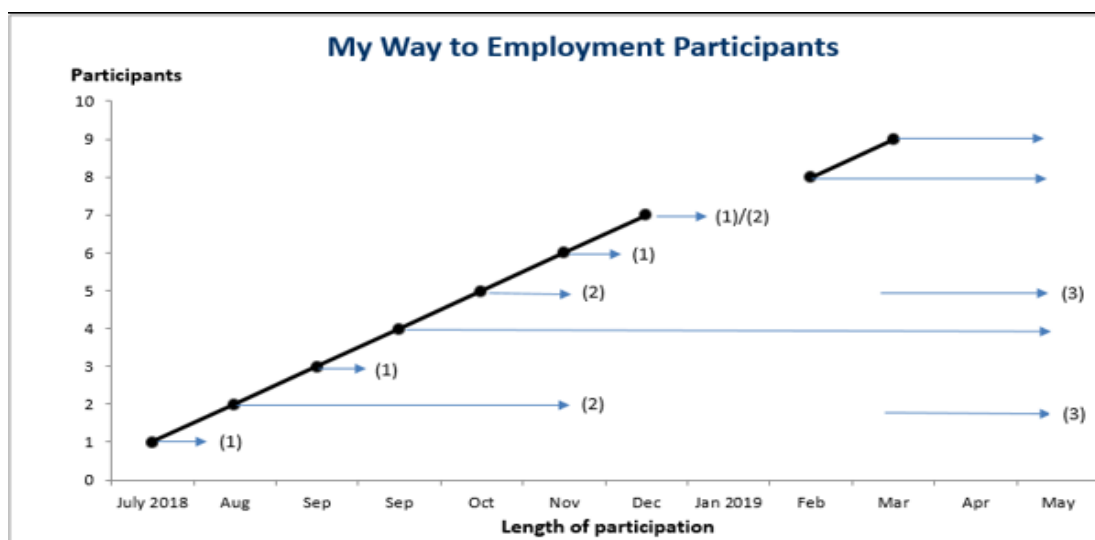
**No. received appropriate and timely support**



Live Projects	Start-End	Progress Scale	Changes being tested
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)

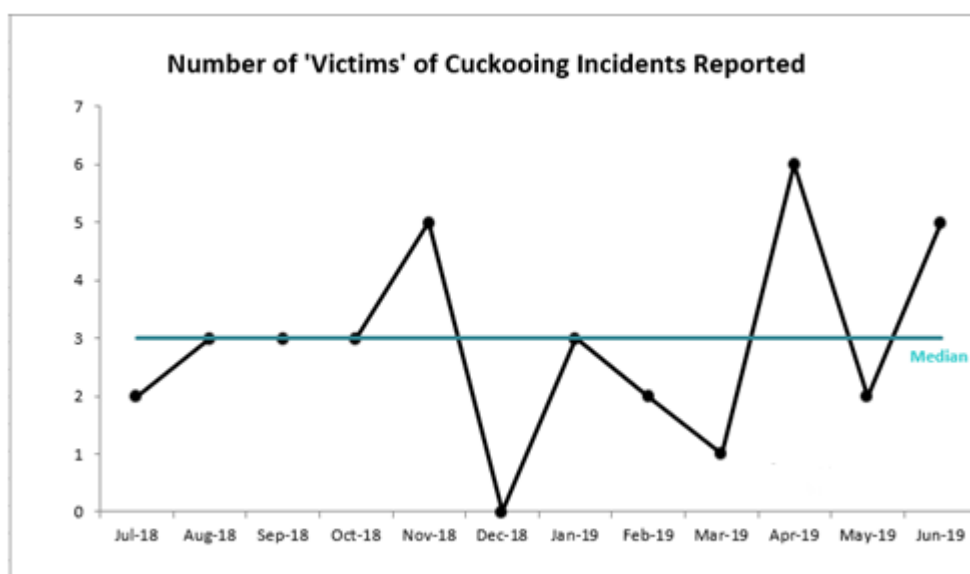
Live Projects	Start-End	Progress Scale	Changes being tested
Event on 29/9 resulted in further meeting arranged with SFRS to discuss specific opportunities Employers Briefing Note given out at 3 of these events 9 out of 9 statutory partners have identified single points of contact Additional opportunities 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
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. <b>Project Manager:</b> Fionnuala McPhail, PS <a href="#">Project Charter approved 1 July 19</a>	Jul 19 – May 20	7	Project Manager and Changes tested so far TBC

### 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	
<b>Measure</b>			<b>No</b>	
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) - <i>(awaiting monthly split, can then convert to a run chart)</i>			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	4	Currently designing initial tests of change. Further update to be provided in time for the CPA Board.



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

No. project charters due: 4  
 No. project charters received: 3  
 No. project charters postponed: 1  
 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 received (See charter 11.2)
Reduce % of men and women who are obese to 20% by 2021.	Original: Jul 19 Rescheduled: Sep 19	Charter to follow.
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 October. 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	Charter to follow.

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	4	Currently designing initial tests of change. Further update to be provided in time for the CPA Board.

## 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	4	Currently designing initial tests of change. Further update to be provided in time for the CPA Board.

**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	4	Currently designing initial tests of change. Further update to be provided in time for the CPA Board.

**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

Live Projects	Start-End	Progress Scale	Changes being tested
Participation and Asset Transfer Requests <b>Project Manager:</b> Jonathan Smith, Civic Forum <a href="#">Project Charter approved Feb 2019</a>	Jul 19 – Dec 20	TBC	TBC. Update to be provided in time for the CPA Board.

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	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
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	See charter 6.4
5	Reduce the number of winter leavers with no positive destination by 50% by 2021.	See charter 6.5
6	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
7	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
8	Extend link working approach across primary care to support 3,000 people to attain their own identified outcomes by 2021.	See charter 11.2
9	Increase the % of Care experienced children and young people receiving educational and support input on alcohol/ drugs issues by 2021.	See charter 12.1
10	100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021.	See charter 12.2
11	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

CPA CHARTER FEEDBACK FORM		
<b>Project Aim:</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>Project Manager</b>	Roz Taylor (Elevator), Martin Barry (SE) Training undertaken: Martin has attended one day MFI bootcamp. Roz is booked to attend in September 2019	
<b>Reviewed by:</b>	Sacha Will	
<b>Date:</b>	09/07/19	
<b>Checklist</b>	<b>Summary of feedback</b>	
1. Is the project aim consistent with aim in the LOIP?	Yes	The aim in the charter is consistent with that in the LOIP.
2. Is there a sound business case explaining why the project is important?	Partly	The charter describes very well the importance of business start up and how this links to national and local policy.  The addition of data to help describe what is currently working well in Aberdeen and where there needs to be improvement would strengthen this section. By stating this clearly and specifically, it will provide the rationale for why you are suggesting the change ideas. There should be a clear link between the issues raised in this section and the changes identified for testing. Any data to back up statements made is helpful to demonstrate that this is not just opinion!
3. Is it likely that the changes being tested will achieve the aim?	Yes	As a lay person, it appears that the change ideas link logically with the aim statement. The addition of local data in the section about 'Why this is important' will make this even clearer. However, there are a couple of changes which need to be further refined before submitting to the Board.
4. Will the measures demonstrate whether a change is an improvement?	Yes	The challenges around data have been articulated and a family of measures identified which should allow the team to track progress towards the aim and the extent to which changes are leading to improvement.
5. Is there a mix of partners involved in this project?	Yes	There is a good mix of Partners in this project. Please also consider how to represent the views of those who are likely to benefit from the changes within the improvement team.
6. Clear outline project plan?	Yes	Project plan has been completed with key milestones and indicative timescales.
<b>CPA Management Group/ Board Ready? PARTLY</b> I think this is a good charter. Please review the feedback above and see if you can strengthen the business case by adding relevant data. The deadline for submitting this paper for Management Group pre-agenda is the 19 July.		

<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@scotnet.co.uk">Martin.Barry@scotnet.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, analysed and included in the draft Charter by 25 July prior to the CPA Management Group meeting.)



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.

Data to be added if possible about levels of business start up 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

It should be noted that 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:**

Developing this area of the charter is proving challenging as 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.

**Commented [MC1]:** There is learning from a former LOIP project on Business Start ups which needs to be acknowledged in this charter. Previous community events received a very low turn out. What change ideas do you currently have about how to get better engagement? Can we define this further for submission to the CPA Board.

- 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)

**Commented [MC2]:** Do you have any specific change ideas at this point that we could include as examples for the reader to demonstrate that you have explored this concept? E.g. Going into schools/ community hubs to hold sessions.

#### 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)

#### Outline Project Plan

Project Stage	Actions	Timescale
<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

	<p>Establish links between this project and the Attainment and Transition Group within Integrated Children's Services.</p> <p>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</p>	<p>August 2019</p> <p>September 2019</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>Elevator &amp; Business Gateway to develop 'The Brave' Festival including identifying PDSA measures to help understand impact.</p> <p>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.</p> <p>Link in with Integrated Children's Services Board (Attainment and Transitions) to progress partnerships with schools</p> <p>Identify key stakeholders (who, what role in their organisation) to form part of future collaboration meetings</p> <p>Identify key personnel to</p>	<p>September 2019</p> <p>August 2019</p> <p>September 2019</p> <p>November 2019</p>

	engage with in relation to Innovation and Incubation Hubs  Early engagement to identify potential businesses and 'Business Champions' in localities	December 2019  February 2020
<b>Implementing and sustaining changes that demonstrate improvement</b> (Project Score 7-10)	<b>What actions would be required to implement and sustain the changes that have resulted in improvement?</b>  Establish minimum requirements/key elements of success for continuing with key changes  Analyse the extent to which changes can be sustained within resources available. Establish the return on investment.  Establish routes to share learning (including commitment to attending strategic groups etc)	December 2020  December 2020  December 2020
<b>Spreading Changes</b> (Project Score 9-10)	<b>What actions are required to reach the full scale of the project?</b>  Identify key stakeholder to spread those changes which can be sustained within resources available and/or provide the greatest return on investment.	December 2021

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## 3.2 Births Affected by Drugs

CPA Feedback Form		
<b>Project Aim:</b>	Reduce the number of births affected by drugs by 0.6 %, by 2022.	
<b>Project Manager:</b>	Simon Rayner, Alcohol and Drugs Partnership Lead	
	Training undertaken: CPA Bootcamp	
<b>Charter Reviewed by:</b>	James Simpson	
<b>Date:</b>	15/07/19	
<b>Checklist</b>	<b>Summary of feedback</b>	
1. Is the project aim consistent with aim in the LOIP?	Yes	The aim matches the one in the LOIP.
2. Is there a sound business case explaining why the project is important?	Partly	<p>The Charter provides considerable detail, based on the data and isolates clearly a cohort and several areas of testing.</p> <p>This section could be considerably more concise the topic areas identified are very broad</p>
3. Is it likely that the changes being tested will achieve the aim? Public health input on proven interventions.	Partly	<p>These change ideas do appear to be testable interventions.</p> <p>However as with the rationale about consideration should be made as to whether it is necessary to have so many change ideas in this section. These should/could be more focused into about 10 core changes</p>
4. Will the measures demonstrate whether a change is an improvement? Comments on data?	Yes	<p>Yes but as above consideration should be taken as to whether there needs to be so many measures.</p> <p>More refined change ideas will help to determine which measures are most important/relevant</p>
5. Is there a mix of partners involved in this project?	Yes	
6. Clear outline project plan?	Partly	Whilst there is a project plan here there needs to be more specific details regarding the milestones
<b>CPA Management Group/ Board Ready? Partly</b> This charter requires further clarification, detail around the measures, change ideas before submission to the CPMG/Board		

**Improvement Project Title:** Reduce the number of births affected by drugs by 0.6 %, by 2022.

**Executive Sponsor (Chair of Outcome Improvement Group or Locality Partnership):**  
Rob Polkinghorn

**Project Lead:**

Simon Rayner, Alcohol and Drugs Partnership Lead ([simon.rayner@nhs.net](mailto:simon.rayner@nhs.net))

**Aim statement**

3.2 Keeping young children safe.

Reduce the number of births affected by drugs by 0.6 %, by 2022.

**Link to Local Outcome Improvement Plan:**

3.2 Keeping young children safe.

12.3 Enhance early intervention and preventative treatment for those at greatest risk of harm from drugs and alcohol

**Why is this important**

Aberdeen is an outlier compared to other urban areas of Scotland in relation to the number of babies born to substance using mothers.

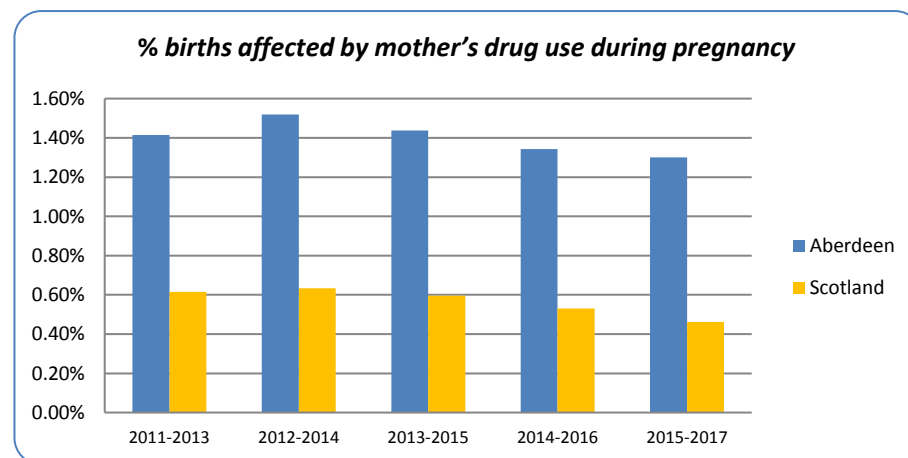


Figure 1: Source ISD

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.

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.



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 on 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 experience withdrawal symptoms at birth requiring support within the neo-natal unit.

There is a specialist substance misuse team that holds twice weekly antenatal clinics specifically for women who have a substance misuse issues. The midwives provide antenatal care and there is input from Substance Misuse Community Mental Health Nurse (CMHN) as necessary. The clinic provides additional antenatal advice, support, health and well-being around lifestyle choices, diet, exercise, smoking, drugs, alcohol and preparation for having a baby. Women can be offered admission to an antenatal ward for an alcohol detox in pregnancy. This can be arranged by the Substance Misuse Service (SMS) midwives, CMHN and ward staff. The roles of the SMS midwives are to engage these women to ensure they attend antenatal care and offer support, advice, care planning around pregnancy and birth and post-natal planning including post-natal contraceptive implants.

Where there are potential child care and protection concerns for the wellbeing of an unborn child, a referral will be made to Aberdeen Maternity Hospital Children's Social Work Service for assessment and intervention where appropriate. Where specialist social work support is required, it is likely that the allocated social worker will be lead professional for the unborn child, and will therefore coordinate the support to the unborn child. At the mid trimester stage of pregnancy, consideration will be given as to whether the unborn child is likely to require ongoing support and intervention post birth. For some vulnerable unborn babies, this may mean that the unborn child is deemed likely to become a Child In Need, may require to be referred to the Reporter to the Children's Hearing, in order that compulsory measures of supervision be considered, or where there is a risk of significant harm, may require to be considered within the forum of a Pre Birth Child Protection Case Conference (PBCPCC). For some cases there may The PBCPCC forum allows consideration of risks and strengths within a family and shares consensus as to whether a child protection plan is required to mitigate against future harm. An Initial Child Protection Case Conference (ICPCC) is held, followed by a review within 3 months.

At the ante-natal care / post-birth stage a lot of support can offered we do not 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.

Substance use treatment may provide an opportunity to address the possibility of future pregnancies and subsequent removals. As access to treatment for drug issues increases, so do 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. It is acknowledged that for this client group, substance use may well be the symptom of underlying challenges, including, not exclusively domestic abuse, traumatic childhood experiences, homelessness, problematic mental health. Support in the ante natal period offers professionals a further opportunity to engage with expectant women who may otherwise have been hard to engage with, and in turn to offer additional

support to combat disadvantage and vulnerability. Every opportunity to link expectant women and their families with appropriate professional support will be taken under the principles of the GIRFEC 5 questions – what is it that this person needs, who else would be appropriate to offer this support etc.

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.

There 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 child events and trauma are one of the root causes of problematic substance use.

Across the city there are also an unknown number of people using substance who are not currently engaged in substance misuse treatment or have never accessed substance misuse support. 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. 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 figure below illustrates this (albeit figures are based on opiate / benzodiazepine use only)

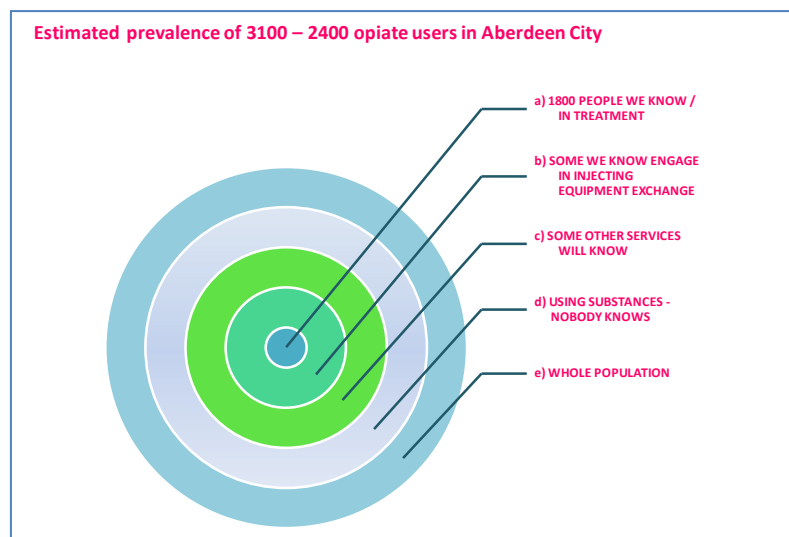


Figure 3

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

Examining data of patients seen within a single GP practice indicated that of 31 female patients 23 didn't have effective contraception.

Other data is not currently available and improvement is required to identify and report this information.

The NHS Grampian MCN for Sexual Health and Blood Borne Viruses Strategic Plan 2018 sets out the following requirements for 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), we will assume a co-ordination role for ensuring that the NHS Board actions are fulfilled locally.
- We will continue to provide accurate and up-to-date data and information on sexual health and contraceptive choices, especially to all young people, including LARC. Information will be made available in a variety of formats, including online, complementing the existing national Sexual Health Scotland website. This will be done in consultation with young people, to suit the needs of our local population.
- Timely access to information and counselling on contraception as well as contraceptive services, including within primary care will be a focus. A consultation appointment for contraception, particularly for LARC, should be available within 5 days; innovative approaches to ensure we meet this criterion will be considered and implemented.
- In addition, we will facilitate an increase in LARC 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.

One such 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 four broad areas are identified for improvement.

**a Reduce number of births affected by those in SMS treatment**

**b Reduce the number of births affected by those engaging in IEP / Harm Reduction**

**c Increase opportunities where people known to other services but not in addiction treatment**

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

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

##### **Outcome measures**

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

##### **Process Measures**

**a Reduce number of births affected by those in treatment**

- Number of contraception reviews in SMS
- Number of contraception reviews in SMS patients in primary care
- Number of contraception reviews prior to liberation from prison
- Increase the number of sites condoms distributed
- Number of sexual health training modules completed

**b Reduce the number of births affected by those engaging in IEP / Harm Reduction**

- Increase number of women accessing IEP / Harm Reduction support
- Increase number of contraception reviews for men and women
- Number of training modules completed
- Number of condoms distributed
- Number of cases supported to sexual health

**c Increase opportunities where people known to other services but not in addiction treatment**

- Number of women with repeat pregnancy / repeat removals identified
- Number of women presenting at maternity services not known to substance misuse services
- Number of condoms distributed
- Number of people supported to sexual health
- Number of staff reporting feeling confident on knowledge of contraception / sexual health

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

- Number of people seeking further information

- Rate of campaign recognition

### **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**

#### **a Reduce number of births affected by those in substance use treatment**

- Increase the number of contraception review undertaken by SMS
- fast track woman for contraception to SHS/GP
- joint working with SHS and SMS? Increase the number of contraception review undertaken in primary care – use VISION to recall and review
- Run a promotion in locality areas
- Increase distribution of condoms
- Develop a sexual health checklist
- Make on line modules available
- Develop PAUSE programme
- SH Nurse also now as homeless practitioner is doing a SH clinic at Timmermarket
- look at training in contraceptive provision regarding FAST track training for PGD use including implant insertion
- Use of 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?

#### **b Reduce the number of births affected by those engaging in IEP / Harm Reduction**

- Improve monitoring of data and seek to make improvements
- Women's IEP / Harm Reduction drop-in service in priority locality

#### **c Increase opportunities where people known to other services but not in addiction treatment**

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

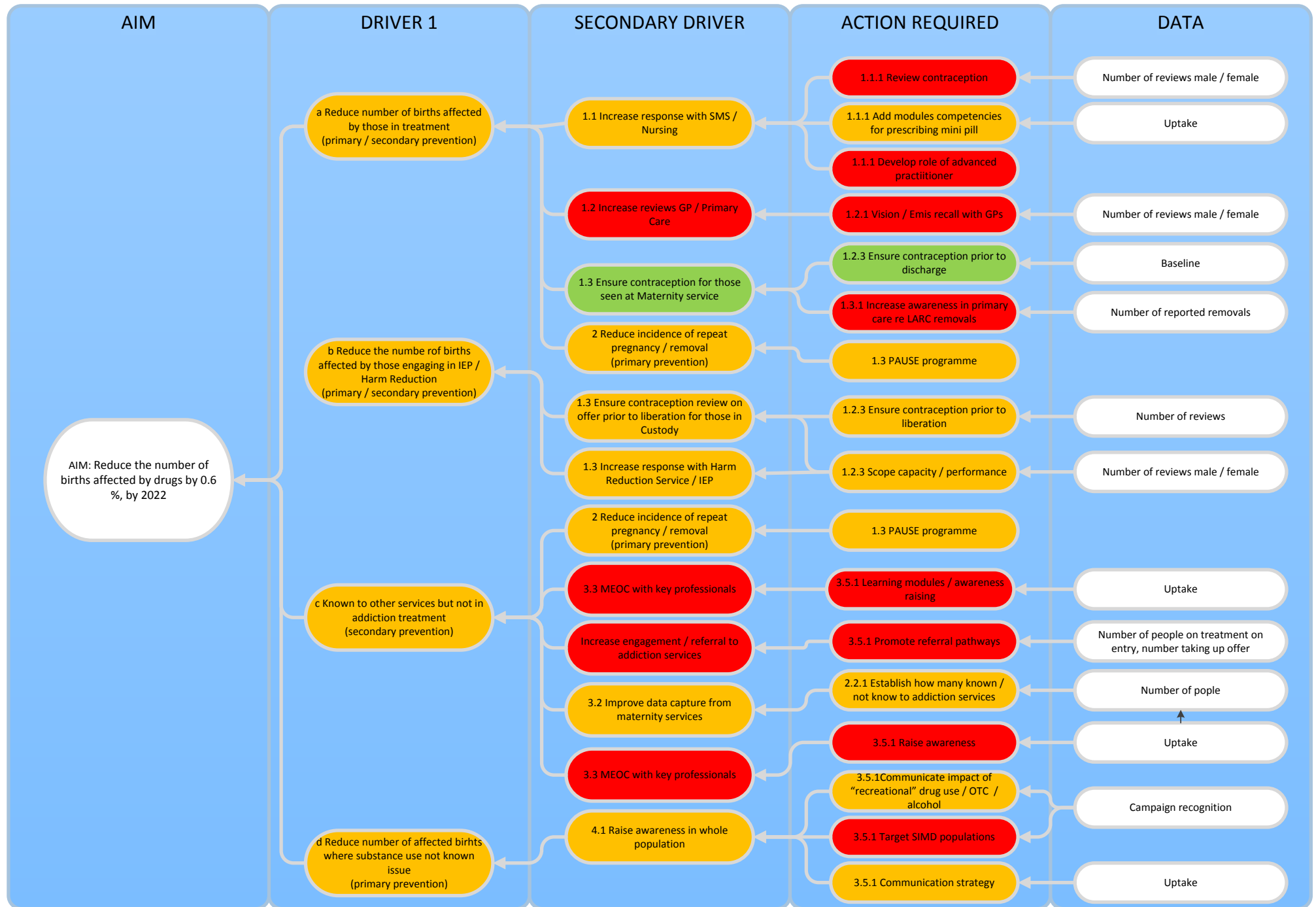
#### **d Raise awareness of the impact of substance use and pregnancy across the whole population**

- Develop promotional materials
- 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'
<p><b>Potential risks and/or barriers to success &amp; actions to address these</b></p> <ul style="list-style-type: none"> <li>• Cost</li> <li>• Staff time for training</li> <li>• Culture of staff not taking a role regarding sexual health / pregnancy</li> <li>• Risk of continued focus across the partnership when there is acknowledged to be a vulnerable unborn baby, rather than preventative, earlier stage.</li> </ul>
<p><b>Project Team:</b></p> <p>A project team hasn't been formed for this improvement but there has been discussion with:</p> <ul style="list-style-type: none"> <li>• Best Start In Life Group</li> <li>• Ali McAlpine Lead Service Manager (Acting) Integrated Children and Family Services</li> <li>• Lisa Allerton, Manager, MCN Sexual Health and BBV</li> <li>• Tracy Gervase, (former) Chair of BSIL and Child Health Champion NHS Grampian</li> <li>• Heather McRae, Chair of BSIL</li> <li>• Emily Dobie, Business Development Co-coordinator</li> <li>• Substance Misuse Service Staff and management team</li> <li>• GPs involved in Vision / Substance misuse service</li> <li>• Enhanced Service Group for GP contracts</li> <li>• GP Clinical Lead for Aberdeen City</li> </ul> <p>A project group will be formed as a side group of BSIL to take forward tests of change and in line with the four broad areas for improvement.</p>

Outline Project Plan		
Project Stage	Actions	Timescale
<b>Getting Started</b> (Project Score 1-3)	<ul style="list-style-type: none"> <li>• Areas for improvement identified</li> <li>• Ideas for improvement generated</li> </ul>	Completed July 19
	Gather baseline data for project measures and put systems in place for any data not currently gathered	July/ August 19
	Charter agreed	September 19

<b>Designing and Testing Changes</b> (Project Score 4-7)	First three improvements designed, staffing aligned and testing to run for 2 months then review	October – February
<b>Implementing and sustaining changes that demonstrate improvement</b> (Project Score 7-10)	Possible funding , resource redesign	June 2020
<b>Spreading Changes</b> (Project Score 9-10)	What actions are required to reach the full scale of the project? Possible funding , resource redesign	Sept 2020





#### 4.1 Childrens Mental Wellbeing

CPA Feedback Form		
<b>Project Aims:</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>Project Managers:</b>	Bill O'Hara & Elsbeth Clark Training undertaken: No CPA Training Undertaken	
<b>Charter Reviewed by:</b>	James Simpson	
<b>Date:</b>	09/07/19	
Checklist	Summary of feedback	
1. Is the project aim consistent with aim in the LOIP?	Yes	The aims match the ones in the LOIP.
2. Is there a sound business case explaining why the project is important?	Yes	The project charter provides significant details on the national and local context as well as justifying why the two aims have been brought together in to this single charter  The rationale sets out clearly why the schools taking part have been chosen, as well as why there is a focus on Secondary schools in the first instance. It also expresses cognisance of the priority localities and that the project will seek to involve these schools in future
3. Is it likely that the changes being tested will achieve the aim? Public health input on proven interventions.	Yes	The change ideas suggested for testing will help to achieve the aim. Some feedback to be addressed before submitting to the CPA Board.
4. Will the measures demonstrate whether a change is an improvement? Comments on data?	Yes	Yes these measures will be able to demonstrate movement towards the aim/s as well as track which interventions are having an impact on which of the cohorts being tested
5. Is there a mix of partners involved in this project?	Yes	There are a range of partners involved and consideration has been made to including stakeholders such as parents and young people
6. Clear outline project plan?	Yes	A project plan is provided for the project
<b>CPA Management Group/ Board Ready? Yes</b>		

<p><b>Improvement Project Title:</b> Improving Children and Young People's Mental Health</p> <p><b>Executive Sponsor:</b> Rob Polkinghorne (ICS Board Chair)</p>
<p><b>Project Leads:</b> Bill O'Hara, Principal Education Psychologist, ACC (<a href="mailto:bohara@aberdeencity.gov.uk">bohara@aberdeencity.gov.uk</a>); Elsbeth Clark, Public Health Co-ordinator, AHSCP (<a href="mailto:elsbeth.clark@nhs.net">elsbeth.clark@nhs.net</a>)</p>
<p><b>Aim statement:</b></p> <p>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.</p> <p>Increase the confidence of parents and young people to recognise and seek support in response to deteriorating mental wellbeing by 2022.</p>
<p><b>Link to Local Outcome Improvement Plan:</b></p> <p><b>Stretch Aim 4:</b></p> <p>90% of children and young people will report that they feel mentally well by 2026</p> <p><b>This project also links with the following projects:</b></p> <p>Increase the number of young people who effectively transition from primary school to secondary school by 2021.</p> <p>100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021.</p> <p>Increase the number of staff, including carers who report increased understanding and skills to respond to children who have adverse childhood experiences (ACE) by 20% by 2021.</p> <p>Reduce the rate of teenage pregnancies [under 16s] across the city by 3%, by 2021.</p> <p>Increase the support provided by the school Nursing service to children and young people with escalating mental wellbeing concerns by 50% by 2022.</p> <p>Reduce the number of children and young people who are exhibiting self-harming behaviours by 2022.</p> <p>Reduce the number of young people identified as having indicators of being at risk of being excluded from school by 2021.</p> <p>Also links to Aberdeen City achieving Child Friendly City status.</p>
<p><b>Why is this important:</b></p> <p><b>Background</b></p> <p>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.</p>

### **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 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% 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. 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

<b>Balancing</b> <ul style="list-style-type: none"> <li>Number of children &amp; young people getting the right help at the right time in relation to mental health.</li> </ul>
<b>Change ideas</b> <ul style="list-style-type: none"> <li>Develop a process (or pathways) visual to help increase understanding of what help is available, by whom and when.</li> <li>Mental Health First Aid training for key staff within each school</li> <li>Basic level mental health training for all school staff</li> <li>Develop approaches (universal &amp; targeted) to support parents' understanding.</li> <li>Coping with exam stress</li> <li>Decider skills programme for parents <u>to support their children to cope with stress when choosing subjects</u></li> <li>Online programmes for parents &amp; staff <u>to support parents to access advice and support outwith a school setting</u></li> <li>Events in the community (off school premises); library</li> <li>Peer mentoring programmes</li> <li>Accreditation for peer mentoring programme for S5/6 pupils <u>to recognise efforts in supporting younger pupils</u></li> <li>Enhance Personal and Social Education curriculum</li> <li>Use of Education Social Work to deliver parental skills workshops</li> <li><u>Bring back worry!</u> <del>Support children to understand, cope and deal with anxiety</del> Programme to raise awareness that mental wellbeing involves recognising life stresses as normal life experiences, which do not necessarily need to be medicalised.</li> </ul>
<b>Potential risks and/or barriers to success &amp; actions to address these:</b> <ul style="list-style-type: none"> <li>Continuity of staff in schools</li> <li>Engagement of parents</li> <li>Duplication of effort – need to value what is already working.</li> <li>Competing priorities in schools.</li> <li>Sensitivities around mental health and peer pressure for children and young people.</li> <li>Impact of mental ill health of adults around children</li> <li>Balance between upholding children's rights and increasing parental involvement.</li> </ul>
<b>Project Team:</b> <ul style="list-style-type: none"> <li>Bill O'Hara – Principal Educational Psychologist, Aberdeen City Council</li> <li>Elsbeth Clark – Public Health Co-ordinator, Aberdeen Health and Social Care Partnership</li> <li>Lauren Mackie – Health Improvement Officer (Schools), Aberdeen Health and Social Care Partnership</li> <li>Emma Cameron – Services Development North Region Lead, The Spark (and third sector rep)</li> </ul>

**Commented [MC1]:** Is this a description of the change ideas below or is this something different?

**Commented [MC2]:** What knowledge is there of current interventions which work which you are going to test across schools? Can we be specific about the intervention(s) here?

**Commented [MC3]:** What are the current issues with the curriculum and what changes will you be testing?

- 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)
- 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)**

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

	might necessitate discussions with SEEMiS over data fields.	discussions with 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

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## 6.4 Parent Pathway Support

CPA Feedback Form		
<b>Project Aims:</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>Project Manager:</b>	Alex Duncan (Quality Improvement Manager)	
	Training undertaken: CPA Bootcamp	
<b>Charter Reviewed by:</b>	James Simpson	
<b>Date:</b>	19/05/19	
Checklist	Summary of feedback	
1. Is the project aim consistent with aim in the LOIP?	Yes	The aim matches the one in the LOIP.
2. Is there a sound business case explaining why the project is important?	Yes	The charter sets out clearly the importance of achieving a positive destination and the impact that this is likely to have on a person's life outcomes. It provides the rationale for focussing on the City's most deprived areas and includes data in support of this.  Further it outlines the need to adapt the curriculum and promote pathways that differ from the current model
3. Is it likely that the changes being tested will achieve the aim? Public health input on proven interventions.	Yes	The change ideas here are all focussed on increasing and improving the quality of learner pathways, in consultation with parents, pupils, staff and partners
4. Will the measures demonstrate whether a change is an improvement? Comments on data?	Yes	These measures link directly to the change ideas
5. Is there a mix of partners involved in this project?	Yes	A range of professions and partners are involved  The project team should consider if a young person could be on the team  Also, if their scope from third sector partners in the locality to get involved directly as part of the team
6. Clear outline project plan?	Yes	A project plan is provided for the project
<b>CPA Management Group/ Board Ready? Yes</b>		

<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
<p><b>Link to Local Outcome Improvement Plan:</b></p> <p>Stretch Outcome 6: 95% of children living in our priority localities will sustain a positive destination upon leaving school by 2026;</p> <p>Driver 6.3: Ensuring children, young people and families understand the pathways available to them and skills required for the future.</p>
<p><b>Why is this important:</b></p> <p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>

**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]

<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>
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

<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?</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>

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## Charter 6.5 Positive Destinations for Winter Leavers

CPA Feedback Form		
<b>Project Aim:</b>	Reduce the number of winter leavers with no positive destination by 50% by 2021	
<b>Project Manager:</b>	Leona McDermid (Aberdeen Foyer Early Action System Change Initiative)	
	Training undertaken: Leona completed the QI Practitioner Programme in 2016	
<b>Charter Reviewed by:</b>	Sacha Will	
<b>Date:</b>	11/07/19	
Checklist	Summary of feedback	
1. Is the project aim consistent with aim in the LOIP?	Yes	The aim is consistent with the LOIP.
2. Is there a sound business case explaining why the project is important?	Yes	The business case explains the importance of positive transitions for winter leavers; describes the current system including challenges and opportunities for improvement.
3. Is it likely that the changes being tested will achieve the aim? Public health input on proven interventions.	Yes	The change ideas presented appear to address the challenges and opportunities outlined in the business case.
4. Will the measures demonstrate whether a change is an improvement? Comments on data?	Yes	The charter includes a good balance of outcome, process and balancing measures.
5. Is there a mix of partners involved in this project?	Yes	All key stakeholders are involved, including young people and families
6. Clear outline project plan?	Yes	
<b>CPA Management Group/ Board Ready? Yes</b>		

## Improvement Project Charter

<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 (NESCOLE Head of Faculty)  
 Sacha Will (ACC Improvement Programme Manager)

Outline Project Plan		
Project Stage	Actions	Timescale
<b>Getting Started</b> (Project Score 1-3)	Convene working group  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)  Map current options for Winter Leavers  Engage with young people and their families and carers who are Winter Leavers and potential winter leavers to find out more from them.  Understand perspectives from the 'Influencers' in yp life really important. Key process measure may be family engagement  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.	<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>	
<b>Designing and Testing Changes</b> (Project Score 4-7)	<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>	<b>By January 2020</b>
<b>Implementing and sustaining changes that demonstrate improvement</b> (Project Score 7-10)	<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>	<b>By December 2020</b>
<b>Spreading Changes</b> (Project Score 9-10)	<p><b>What actions are required to reach the full scale of the project?</b></p> <p>Shift resource to earlier interventions</p>	<b>By December 2022</b>

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## 8.1 Reducing Anti-Social Behaviour

CPA CHARTER FEEDBACK FORM		
<b>Project Aim:</b>	<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>	
<b>Project Managers</b>	<p>Derek McGowan – Chief Officer, Early Intervention and Community Empowerment, Aberdeen City Council</p> <p>Sergeant Brian Cumming - Police Scotland</p> <p>Training undertaken: Derek is currently participating in the Scottish Improvement Leaders Programme. Brian has attended one day MFI bootcamp.</p>	
<b>Reviewed by:</b>	Sacha Will	
<b>Date:</b>	19/07/19	
<b>Checklist</b>	<b>Summary of feedback</b>	
1. Is the project aim consistent with aim in the LOIP?	Yes	The aims in the charter are consistent with that in the LOIP.
2. Is there a sound business case explaining why the project is important?	Yes	<p>The charter describes very well the importance of reducing anti-social behaviour and how this links to improved outcomes for people across age groups and communities.</p> <p>Data has been shared to help describe what is currently working well in Aberdeen which can be developed and further expanded to achieve aims.</p>
3. Is it likely that the changes being tested will achieve the aim?	Yes	As a lay person, it appears that the change ideas link logically with the aim statement. There are a lot of change ideas, and it will be helpful to complete further analysis to determine which are likely to have greatest impact and should be prioritised. The project plan states the intention to do this. There is a query with one of the change ideas to be addressed before this is submitted to the Board.
4. Will the measures demonstrate whether a change is an improvement?	Yes	A range of measures have been identified. It may be helpful to complete further analysis during the project to identify the 'vital few' improvement measures which will be used to understand the system as a whole and the impact of changes made.
5. Is there a mix of partners involved in this project?	Yes	There is a good mix of Partners identified to support this project. It would be helpful to identify those who are going to be the lead reference group and those who may contribute to workstreams.
6. Clear outline project plan?	Yes	There is an outline project plan with high level activities, key milestones and indicative timescales.

**CPA Management Group/ Board Ready? Yes**

Feedback provided is intended to support the next steps for the project team.

**Improvement Project Title:**

Antisocial Behaviour Reduction and reducing demand on criminal justice services through community based activities

**Executive Sponsors:**

Rob Polkinghorne - Chief Operating Officer, Aberdeen City Council

Derek McGowan - Chief Officer, Early Intervention and Community Empowerment, Aberdeen City Council

**Project Leads:**

Derek McGowan – Chief Officer, Early Intervention and Community Empowerment, Aberdeen City Council ([DeMcGowan@aberdeencity.gov.uk](mailto:DeMcGowan@aberdeencity.gov.uk))

Sergeant Brian Cumming - Police Scotland ([Brian.Cumming@scotland.pnn.police.uk](mailto:Brian.Cumming@scotland.pnn.police.uk))

**Aim statements**

**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

Link to Local Outcome Improvement Plan:

**Link to Aim Statement 1**

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

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

Key improvement measure: Number of young people involved in three or more Police Crime Files (Baseline data: 16/17 – 100; 17/18 – 71)

**Link to Aim Statement 2**

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

Key Driver 9.2: Tackling antisocial behaviour in problem areas with appropriate and effective interventions

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)

**Why is this important?**

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 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
- ~~Ensure young people are involved in service design – what's the services~~
- 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:

- Amanda Richardson – [Amanda.richardson@scotland.pnn.police.uk](mailto:Amanda.richardson@scotland.pnn.police.uk)
- Jonathan Aitken Smith – [j.a.smith.08@aberdeen.ac.uk](mailto:j.a.smith.08@aberdeen.ac.uk)
- Craig Singer – [Csinger@aberdeen.gov.uk](mailto:Csinger@aberdeen.gov.uk)
- Jade Leyden – [Jleyden@aberdeencity.gov.uk](mailto:Jleyden@aberdeencity.gov.uk)
- Kirsteen Galdwell – [Kirsteen.caldwell@shmu.org.uk](mailto:Kirsteen.caldwell@shmu.org.uk)
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- Derek McGowan – [demcgowan@aberdeencity.gov.uk](mailto:demcgowan@aberdeencity.gov.uk)
- Sgt Brian Cumming – [Brian.Cumming@scotland.pnn.police.uk](mailto:Brian.Cumming@scotland.pnn.police.uk)
- Andrea McGill - [AMcGill@aberdeencity.gov.uk](mailto:AMcGill@aberdeencity.gov.uk)
- Simon Rayner – [simon.rayner@nhs.net](mailto:simon.rayner@nhs.net)
- Gill Strachan – [gstrachan2@aberdeencity.gov.uk](mailto:gstrachan2@aberdeencity.gov.uk)
- 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	<b>September 2019.</b>

	change idea and establish team to implement test idea.	
<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>

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## CPA CHARTER FEEDBACK FORM

CPA Feedback Form		
<b>Project Aim:</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; and  Increase the number of cases of people appropriately diverted from prosecution by 2021.	
<b>Project Manager:</b>	Claire Duncan, Lead Social Work Officer, ACHSCP  Training attended: Claire has not yet attended training.	
<b>Charter Reviewed by:</b>	Sacha Will	
<b>Date:</b>	12/07/19	
<b>Checklist</b>	<b>Summary of feedback</b>	
1. Is the project aim consistent with aim in the LOIP?	Yes	The aims in the charter reflect those in the LOIP. The charter articulates that these aims will be taken forward as a joint project. The business case and change ideas within the charter explain areas that the team will focus on during the first phases of the improvement work to reach the stretch aims.
2. Is there a sound business case explaining why the project is important?	Yes	The charter describes very well the impact of offending behaviour and how early intervention and diversion from prosecution has a positive impact. It provides the rationale behind the suggested changes and a clear link between the issues raised in this section and the changes identified for testing.
3. Is it likely that the changes being tested will achieve the aim?	Partly	The changes ideas identified link with the issues raised in the business case and the intended impact of these changes is clear.
4. Will the measures demonstrate whether a change is an improvement?	Yes	There are a range of quantitative and qualitative outcome and process measures identified. These differ slightly from those identified in the LOIP (see comment in measures section) and it would be helpful to explain the reason for this.
5. Is there a mix of partners involved in this project?	Yes	There is a good mix of Partners in this project. Please also consider whether specific communities are linked into this project, and how they are represented, along with those who are likely to benefit from the changes.
6. Clear outline project plan?	No	This is still to be completed with key milestones and indicative timescales.
<b>CPA Management Group/ Board Ready? PARTLY</b> I think this is a good charter. The outline project plan will need to be submitted along with the charter to the CPA Management Group and Board.		

<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 <a href="#">16 and 17 year olds</a>	Extend the multi-agency problem solving approach to all <a href="#">16 and 17 year olds</a> 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 <a href="#">16 &amp; 17 year olds</a> :  i) Group 3 offences - e.g. shoplifting, <a href="#">housebreaking</a> 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) 17/18 – 6% (1,219 of 19,671))</i> - Fines/Compensation/Penalties <i>(Baseline data: 16/17 – 0% (56 of 19,671) 17/18 – 0% (76 of 19,671))</i> - Fiscal Work Orders <i>(Baseline data: 16/17 – 0% (56 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>
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.			

**Why is this important? (The rationale/business case for the improvement project: Does this support prevention and early intervention? Benefit to clients/ stakeholders/ residents? Are costs reduced now or in the future by addressing this issue? What published research can you draw on as evidence?)**

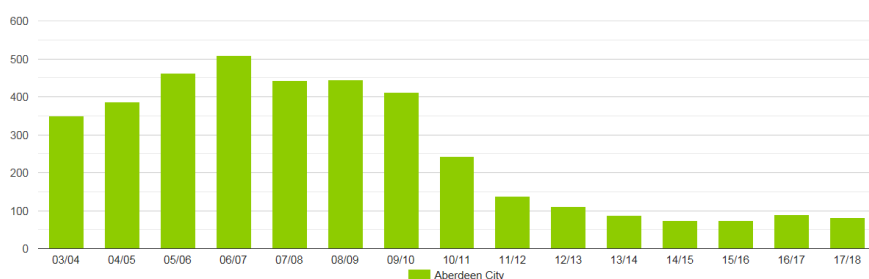
During the course of the project to-date, systems have been improved through mapping local processes and establishing single points of contact within Police Scotland and Criminal Justice Social Work Services. This has clarified and streamlined processes for the identification and referral of individuals 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

<p>holistic response to improve outcomes for individuals.</p> <p><b>Impact to cost and resources:</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul>
<p><b>Measures: (How will we know if a change is an improvement?)</b></p> <p><b>Outcome Measures (LOIP Measures)</b></p> <ul style="list-style-type: none"> <li>Number of referrals for diversion from prosecution – all ages (including Police and Fiscal Direct Measures)</li> <li>Number receiving police direct measures (16s &amp; 17s, and over-18s)</li> <li>Number diverted from prosecution by the Procurator Fiscal, e.g. Warnings, Fines, Fiscal Work Orders, Diversion to Social Work (16s &amp; 17s, and over 18s)</li> <li>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 &amp; 17s</li> <li>Number of young people (16s &amp; 17s) who are supported at Court</li> </ul> <p><b>Staff within relevant organisations divert individuals from Prosecution.</b></p> <ul style="list-style-type: none"> <li>Number of Standard Police Reports which contain relevant information to inform PF's decision-making regarding Direct Measures</li> </ul> <p><b>Clear processes for direct measures are in place</b></p> <ul style="list-style-type: none"> <li>Number of individuals diverted to social work or on Fiscal Work Orders who are satisfied with the diversion process (from Exit Questionnaires)</li> <li>Partner satisfaction regarding clarity of processes</li> </ul> <p><b>Appropriate and effective Diversion options are available to meet need</b></p> <ul style="list-style-type: none"> <li>Improvement of identified need/s of individuals diverted to Social Work</li> <li>Sample of cases tracked to identify improved outcomes over the longer term</li> </ul>
<p><b>Change ideas (What changes can be made that will result in improvement?)</b></p> <p><b>Staff within relevant organisations divert individuals from Prosecution.</b></p> <ul style="list-style-type: none"> <li>Improved information in Standard Police Reports - to inform COPFS decision-making</li> <li>Guideline for police direct measures – to increase Police knowledge about direct measures</li> <li>Establish system between Police and PF relating to police concern reports – to improve information provided to PF to inform decision-making</li> <li>Mechanism for referral from custody suite to Court Social Work for early assessment for problem solving Court/Court support for young people</li> <li>Regular training/awareness raising for relevant key stakeholders – to increase knowledge about diversion options</li> <li>Diversion practitioners' forum – to share good practice, help build relationships, identify areas for improvement</li> </ul>

**Commented [SW1]:** % of those charged receiving appropriate police direct measures  
 % of those charged who were appropriately diverted from prosecution by the PF  
 % of young people who go to court who receive a dedicated youth service  
 No. of offences committed by 16 & 17 year olds:  
 % (number) of charges for which appropriate police direct measures were given as alternatives to arrest  
 % (number) of charges for which appropriate Fiscal Direct Measures were given, as alternatives to formal Diversion from Prosecution, and to prosecution:  
 No. of cases of people who were appropriately Diverted from Prosecution by the PF aged:  
 18-25  
 26+

**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

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## 11.2 Aberdeen Links Service

CPA Feedback Form		
<b>Project Aim:</b>	Extend the link working approach across primary care to support 3,000 people to attain their own identified outcomes by 2021.	
<b>Project Manager:</b>	Jenny McCann, ACHSCP Training undertaken: Jenny has completed CPA one day bootcamp	
<b>Charter Reviewed by:</b>	Michelle Cochlan	
<b>Date:</b>	05/06/19	
Checklist	Summary of feedback	
1. Is the project aim consistent with aim in the LOIP?	Yes	
2. Is there a sound business case explaining why the project is important?	Yes	I think this reads well and explains why this project is important.
3. Is it likely that the changes being tested will achieve the aim? Public health input on proven interventions.	Yes	The change ideas appear to address the current barriers identified to achieve this aim.
4. Will the measures demonstrate whether a change is an improvement? Comments on data?	Yes	The charter includes a good balance of outcome, process and balancing measures.
5. Is there a mix of partners involved in this project?	Yes	The project team includes representatives from NHSG, Health and Social Partnership, Police Scotland, Sport Aberdeen and Third Sector.
6. Clear outline project plan?	Yes	
<b>CPA Management Group/ Board Ready? READY</b>		

<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
<p><b>Aim statement (What are we trying to accomplish? Over what time? Numerical target for improvement?)</b></p> <p>Extend the link working approach across primary care to support 3,000 people to attain their own identified outcomes by 2021</p>
<p><b>Link to Local Outcome Improvement Plan:</b></p> <p>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.</p>
<p><b>Why is this important:</b></p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 centre care planning and self-management. The underpinning goal of the Aberdeen Links</p>

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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

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 July 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

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## 12.1 Care Experienced Children Substance Misuse

CPA Feedback Form		
<b>Project Aim:</b>	Increase the % of care experienced children and young people receiving educational support and input on alcohol and drugs issues by 2021	
<b>Project Managers:</b>	Tam Walker ACC /Simon Rayner ACHSCP Training undertaken: Simon has completed CPA one day bootcamp. Tam training unknown.	
<b>Charter Reviewed by:</b>	Michelle Cochlan	
<b>Date:</b>	10/07/19	
<b>Checklist</b>	<b>Summary of feedback</b>	
1. Is the project aim consistent with aim in the LOIP?	Yes	The aim is consistent with the LOIP. However, it does not specify the % increase that the project aims to achieve. Baseline data on the current % of children receiving support will help the team understand how much they want to improve this by as they work through the project. It is essential that the project team agree a definition of what constitutes 'educational support and input on alcohol and drugs issues' to assess whether improvement is being achieved.
2. Is there a sound business case explaining why the project is important?	Yes	This section sets out very clearly why this project is important. It explains the relationship between care experienced children, alcohol and drug issues and negative outcomes; and explains the need to ensure better support for these children and young people. It provides a good account of the specific challenges we face in Aberdeen with regards to care experienced children receiving or having access to support. Although there is limited data around care experienced children and substance misuse, the changes set out in this charter will also address that.
3. Is it likely that the changes being tested will achieve the aim? Public health input on proven interventions.	Yes	It is clear from the charter and the driver diagram that Simon and Tam have been thoughtful about the specific changes they are going to test to tackle the issues identified for Aberdeen to achieve this aim.
4. Will the measures demonstrate whether a change is an improvement?	Yes	The charter includes a good balance of outcome and process measures which demonstrate whether the change ideas included are resulting in improvement.
5. Is there a mix of partners involved in this project?	Yes	There seems to be a good mix of partners. However, the project team is quite large which might be difficult to manage. Representation from the Locality Partnership on the team to be confirmed. The Community Engagement Group can offer support with engaging communities.
6. Clear outline project plan?	Yes	

<b>CPA Management Group/ Board Ready? READY</b>													
<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> <p>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:</p> <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> <table border="1"> <tr> <td>1. Recurrent and severe physical abuse</td><td>Growing up in a house with:</td></tr> <tr> <td>2. Recurrent and severe emotional abuse</td><td>4. An alcoholic or drug user</td></tr> <tr> <td>3. Contract sexual abuse</td><td>5. A member being imprisoned</td></tr> <tr> <td></td><td>6. A mentally ill, chronically depressed or institutionalised member</td></tr> <tr> <td></td><td>7. The mother being treated violently</td></tr> <tr> <td></td><td>8. Both biological parents not being parent</td></tr> </table>		1. Recurrent and severe physical abuse	Growing up in a house with:	2. Recurrent and severe emotional abuse	4. An alcoholic or drug user	3. Contract sexual abuse	5. A member being imprisoned		6. A mentally ill, chronically depressed or institutionalised member		7. The mother being treated violently		8. Both biological parents not being parent
1. Recurrent and severe physical abuse	Growing up in a house with:												
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3. Contract sexual abuse	5. A member being imprisoned												
	6. A mentally ill, chronically depressed or institutionalised member												
	7. The mother being treated violently												
	8. Both biological parents not being parent												



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 al, 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

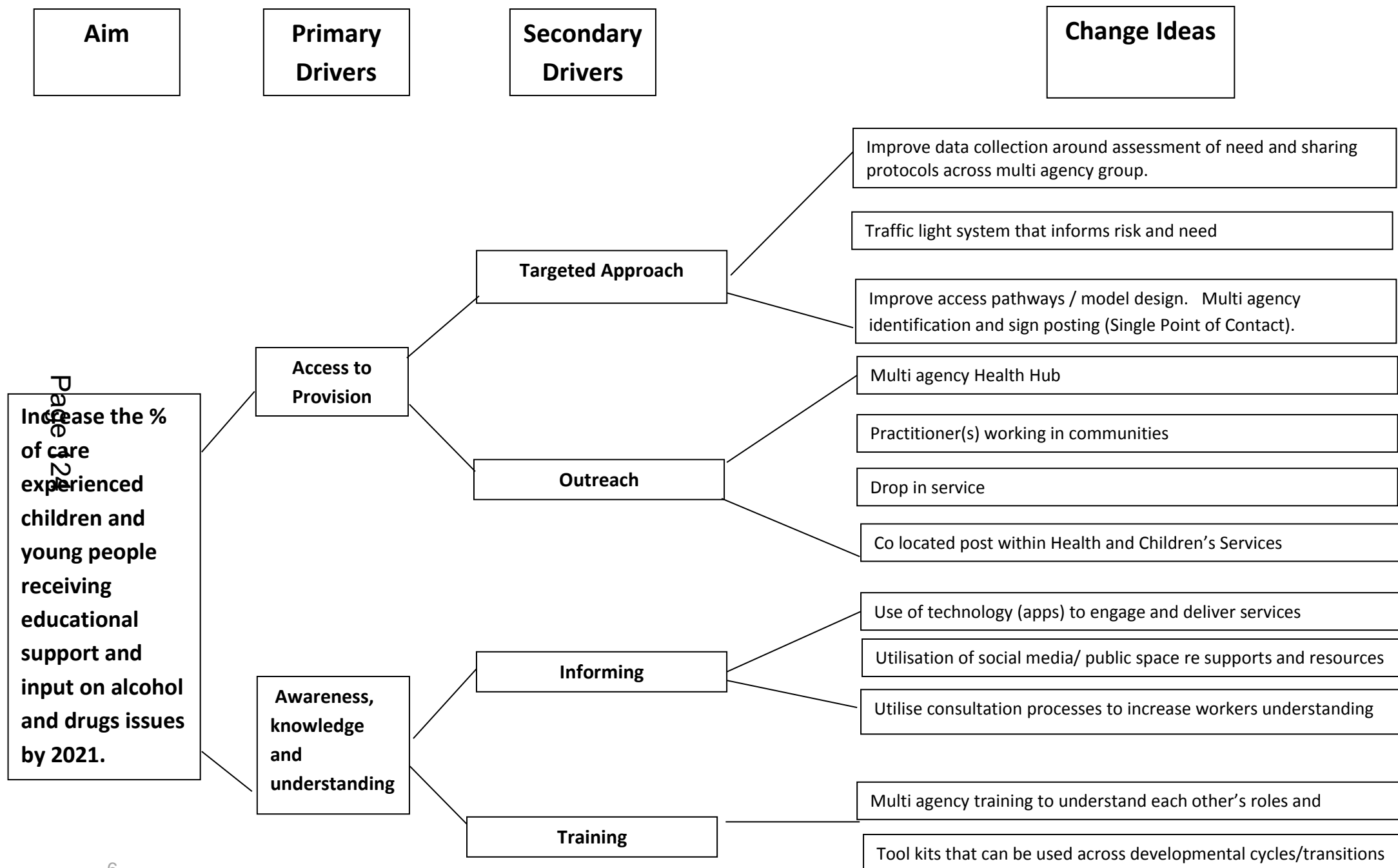
Claire Mitchell, Social Worker (Youth Team), ACC

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 July 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



## 12.2 School Curriculum for Substance Misuse

CPA Feedback Form		
<b>Project Aim:</b>	100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021	
<b>Project Manager:</b>	Lesley Stopani ACC/ Simon Rayner ACHSCP Training undertaken: Simon has completed CPA one day bootcamp. Lesley training unknown.	
<b>Charter Reviewed by:</b>	Michelle Cochlan	
<b>Date:</b>	19/07/19	
Checklist	Summary of feedback	
1. Is the project aim consistent with aim in the LOIP?	Yes	Baseline data on the current % of schools with a progressive, cohesive and relevant substance misuse curriculum will help CPA to understand the scale of ambition for this project. It is essential that the project team agree a definition of what constitutes 'progressive, cohesive, relevant' to assess whether improvement is being achieved.
2. Is there a sound business case explaining why the project is important?	Yes	This section is strong, linking the reader to national evidence for further information.
3. Is it likely that the changes being tested will achieve the aim? Public health input on proven interventions.	Yes	The changes included seem sensible to address the issues you have outlined in the why is this important section. Inclusion of the driver diagram is good practice and helps articulate your theory of change.
4. Will the measures demonstrate whether a change is an improvement? Comments on data?	Yes	I think the measures will demonstrate whether you are achieving your improvement aim. The challenge will be the definition of what constitutes a progressive, cohesive and relevant substance misuse curriculum.
5. Is there a mix of partners involved in this project?	Yes	There is a good mix of partners. Note that the Community Engagement Group offers support with engaging communities activities.
6. Clear outline project plan?	Yes	
<b>CPA Management Group/ Board Ready? READY</b>		

<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**

- % of young people participating in diversionary / community activities

**Change ideas**

See driver diagram attached.

- Upskilling parents/carers and wider community to enable them to reinforce messages delivered as part of the substance misuse curriculum
  - Training for parents/carers
  - Information sessions/events on protecting your children
  - Develop community led support groups
  - Promotion of diversionary activities available
  - Addressing stigma
- 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
- 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.
- 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:
  - Development of teaching material
  - Identify appropriate training for school staff

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

- Staff capacity
- Ability to recruit to post to develop the curricular resource
- Competing priorities in schools
- Engagement of parents
- Duplication of effort – need to value what is already working
- Sensitivities around substance misuse and peer pressure for children and young people

**Project Team:**

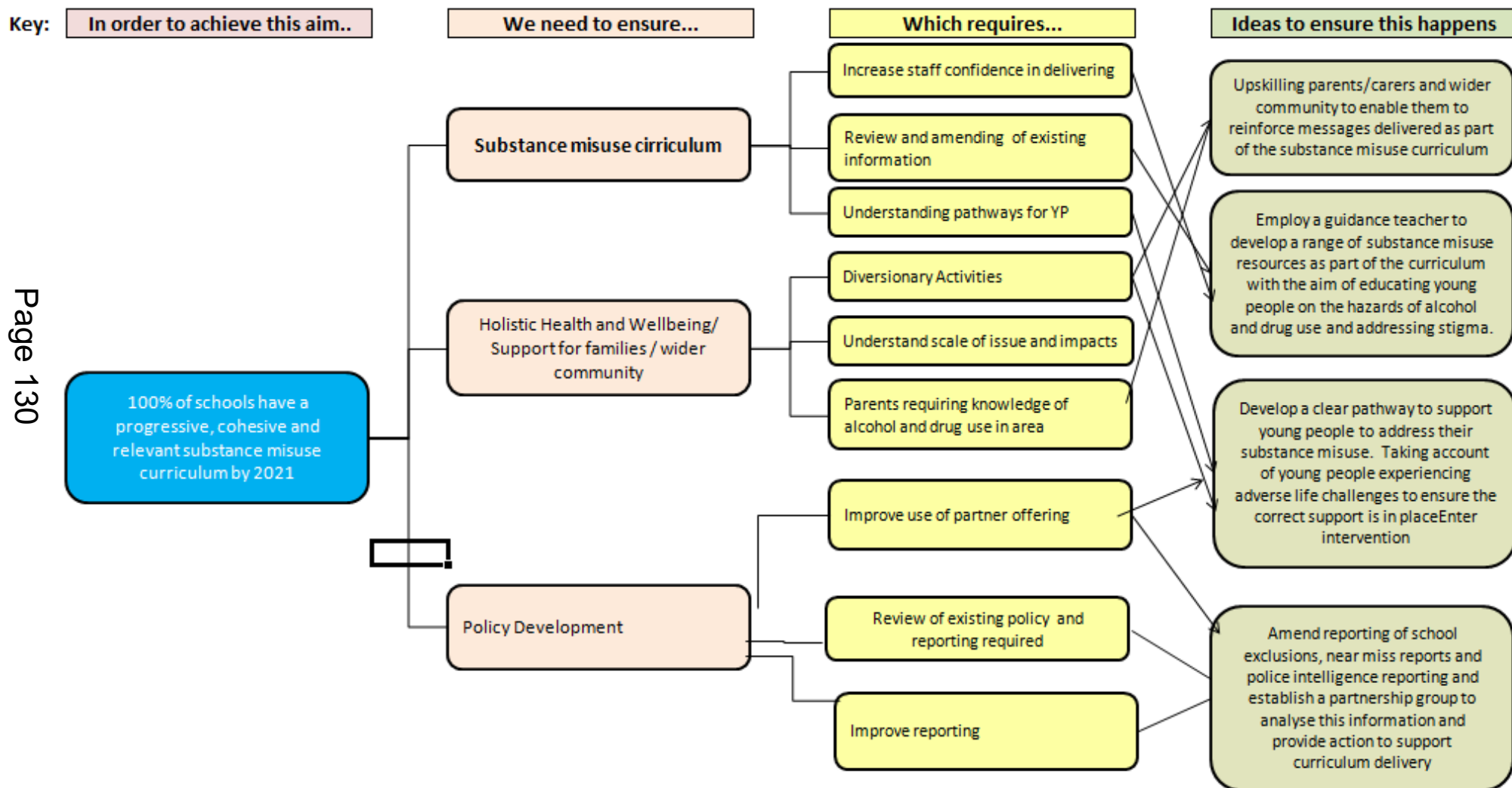
Lesley Stopani, - ACC Schools – Lead, ACC  
 Lauren Mackie – Health Improvement Schools, ACHSCP  
 Dr Tara Shivaji – Public Health Consultant, NHS Grampian  
 Sheila McDerment – Police Scotland  
 Donna Cuthill – PTA Lead  
 Martin Smith – Locality Manager  
 Maggie Hepburn – ACVO  
 Claire Bloomfield – ADP Support Data lead  
 Simon Rayner – SMS Manager  
 Gillian Robertson – ADP Support  
 Michelle Cochlan – Improvement Adviser

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

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> </ul>	Complete Oct 2019
	<ul style="list-style-type: none"> <li>• Draft charter developed</li> <li>• Charter submitted to CPA Board</li> </ul>	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



## 12.3 Reduce Fatal Drug Overdose

CPA Feedback Form		
<b>Project Aim:</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>Project Manager:</b>	Tara Shivaji, NHS Grampian Simon Rayner, ACHSCP	
	Training undertaken: Tara and Simon have completed CPA one day bootcamp.	
<b>Charter Reviewed by:</b>	Michelle Cochlan	
<b>Date:</b>	11/07/19	
Checklist	Summary of feedback	
1. Is the project aim consistent with aim in the LOIP?	Yes	
2. Is there a sound business case explaining why the project is important?	Yes	This is the best example of this section I have seen in a charter yet. It provides a comprehensive explanation of the opportunity to reduce fatal drug overdose through distribution of naloxone. It provides local baseline data. It sets out the known issues to be addressed to increase circulation and the ideas for how to overcome these. I think it is excellent. But I do think you should try to condense it by a couple of pages. We would normally suggest charters are no more than 2/3 pages total. The CPA Board will want information to be concise. But it does set out the project very well.
3. Is it likely that the changes being tested will achieve the aim? Public health input on proven interventions.	Yes	The charter clearly sets out the evidence for these change ideas.
4. Will the measures demonstrate whether a change is an improvement? Comments on data?	Yes	I think these are the measures which will tell you if your changes are resulting in an improvement. I have added a couple more linked to the aim which you will need to include. I have also moved the measures about under the headings a bit to set this section out more clearly. If you are happy to accept these changes then I think this section is good.
5. Is there a mix of partners involved in this project?	Yes	There is a small core team with a good mix of partners to get this project started, including representation from Torry Locality Partnership. Others to be identified as testing begins.
6. Clear outline project plan?	Yes	
<b>CPA Management Group/ Board Ready? READY</b>		

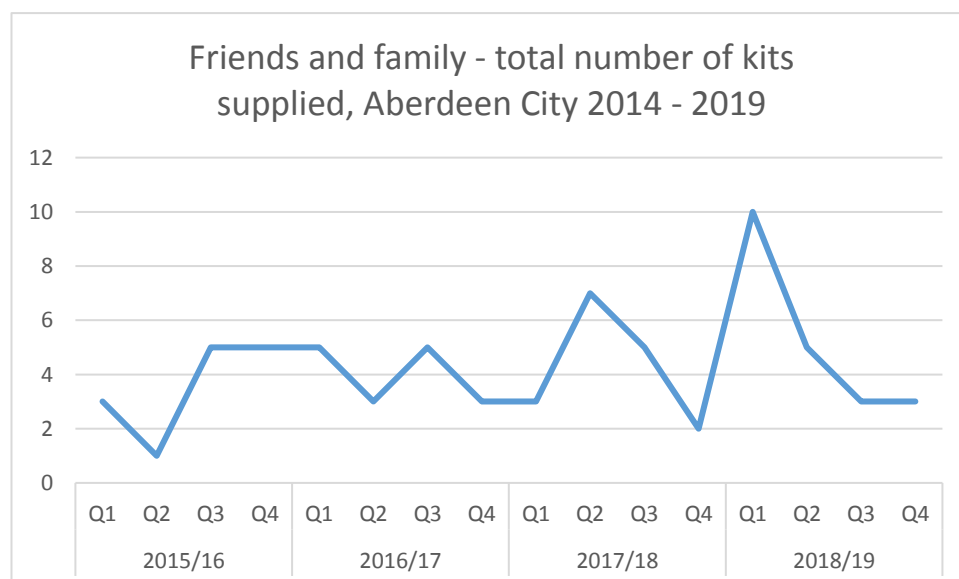
<b>Improvement Project Title:</b> Reduce Fatal Drug Overdose
<b>Executive Sponsor (Chair of Outcome Improvement Group or Locality Partnership):</b> Richard Craig – ADP Chair, Police Scotland
<b>Project Lead:</b> Tara Shivaji, NHS Grampian ( <a href="mailto:tara.shivaji@nhs.net">tara.shivaji@nhs.net</a> ) 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
<p><b>Why is this important</b></p> <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> <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</p>

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).



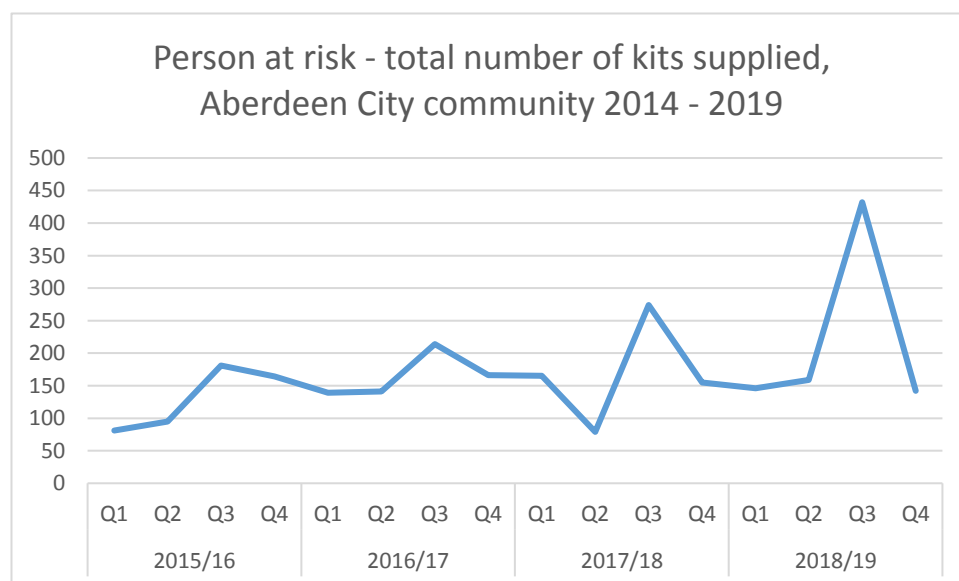
Since 2015, our main source of naloxone delivery to family has been services. There has been a couple of small scale attempts to increase coverage by working with peers. Although this has resulted bursts of increased distribution, the efforts have been difficult to sustain.

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

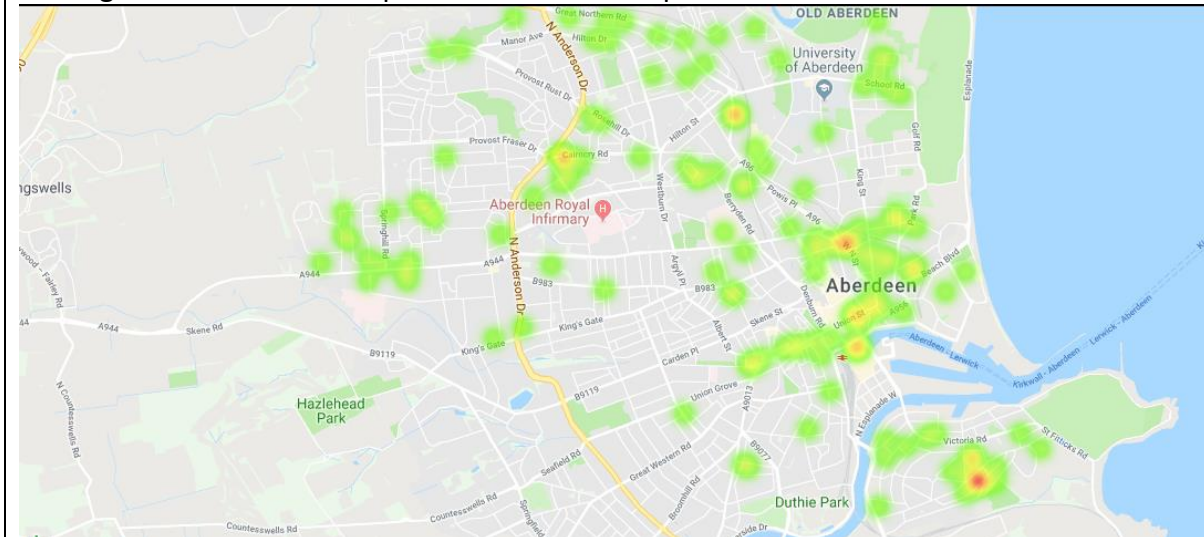
- Individuals experiencing an overdose or other adverse effect of using a substance
- People experiencing an infection as a result of injecting practices
- People whose continuation on methadone or other substitute treatment has been interrupted because of their admission (and so are at higher risk of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

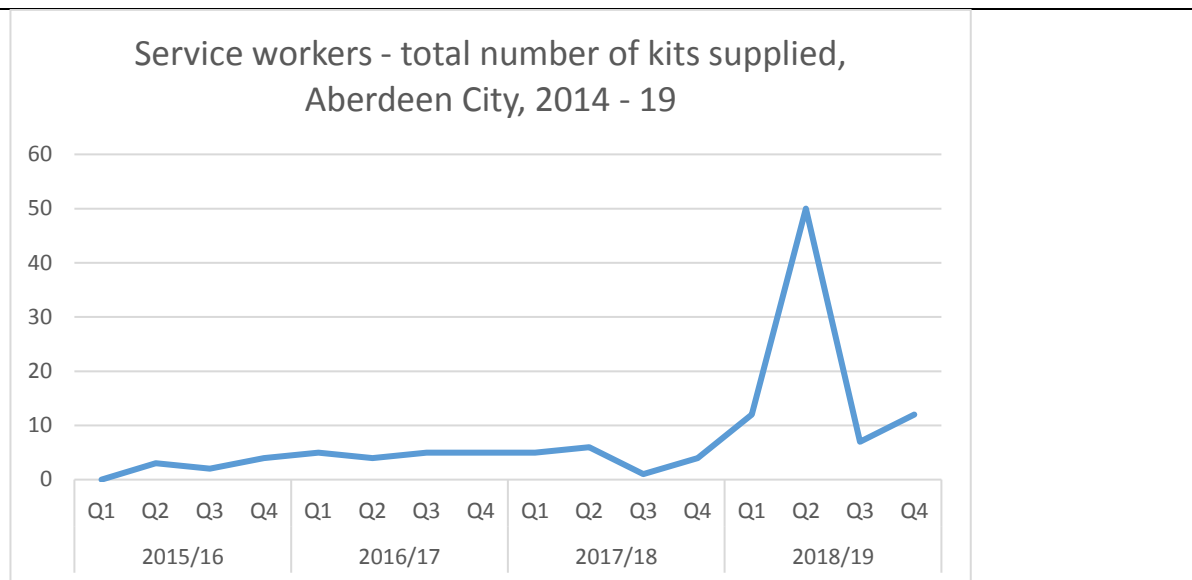
Given the range of settings and potential target groups and need to fit in alongside other priorities, small tests of change to determine how to roll out the programme in different areas is required and necessitates commitment at senior executive management level.

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.

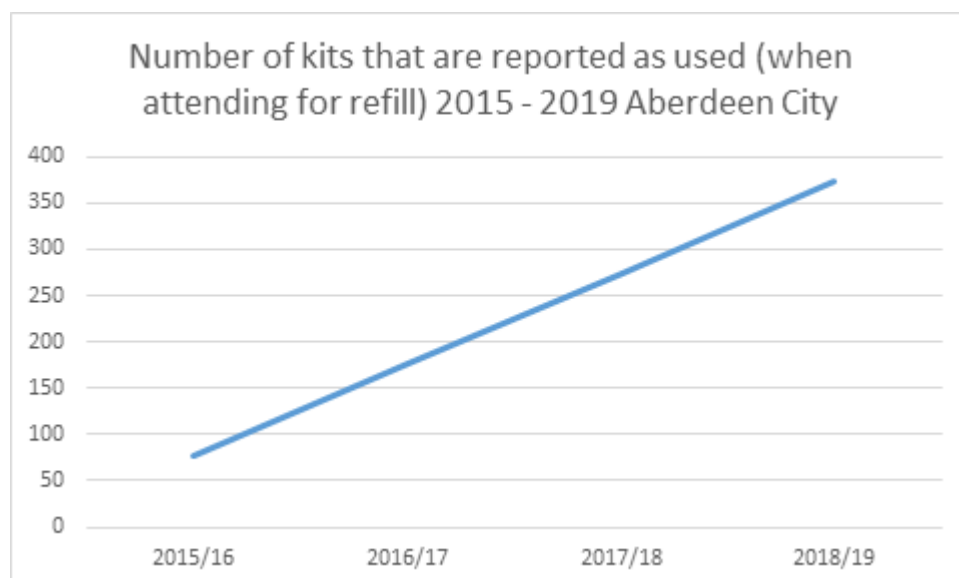
Temporary housing, bed and breakfasts and commercial premises:

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.

<ul style="list-style-type: none"> <li>• 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: <ul style="list-style-type: none"> <li>▪ Contact details of local overdose awareness champions</li> <li>▪ Provision of overdose awareness training to people who are working in setting including naloxone distribution</li> <li>▪ Environmental Risk Assessment</li> <li>▪ Provide information on overdose to be displayed in the service</li> <li>▪ 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.</li> </ul> </li> </ul>
<p><b>Potential risks and/or barriers to success &amp; actions to address these</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Fear of carrying a naloxone kit due to the perceptions about how police would respond – address through training and clear messaging</li> <li>• Fear of carrying a naloxone kit due to the fact that it contains a needle – address through offering of intranasal naloxone</li> <li>• 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”)</li> <li>• Financial implications of providing an increased number of naloxone kits are not planned for.</li> </ul>
<p><b>Project Team:</b></p> <ul style="list-style-type: none"> <li>• Fiona Raeburn, NHS Grampian</li> <li>• Simon Pringle, Alcohol and Drugs Action</li> <li>• Tara Shivaji, NHS Grampian</li> <li>• Simon Rayner, ACHSCP</li> <li>• Michelle Cochlan, ACC (Improvement Adviser)</li> </ul> <p>Torry Locality have made a request of testing to start in this locality, they have identified:</p> <ul style="list-style-type: none"> <li>• Chris Kerr – Police Scotland, Torry Locality Partnership</li> <li>• Anne Marie Steedhouder Ross – ACC, Torry Locality Partnership</li> </ul> <p>Police Scotland Kittybrewster Custody Suite</p> <ul style="list-style-type: none"> <li>• Shona Stewart – Police Scotland (TBC)</li> </ul> <p>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.</p>

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 July 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/ukxi/2015/1503/pdfs/ukxi\\_20151503\\_en.pdf](http://www.legislation.gov.uk/ukxi/2015/1503/pdfs/ukxi_20151503_en.pdf)

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## Community Planning Aberdeen

<b>Progress Report</b>	Locality Partnership Quarterly Improvement Tracking Report
<b>Lead Officer</b>	Derek McGowan, Chief Officer for Early Intervention and Community Empowerment, Aberdeen City Council
<b>Report Author</b>	Neil Carnegie, Communities and Housing Area Manager
<b>Date of Report</b>	
<b>Governance Group</b>	CPA Management Group –

### Purpose of the Report

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

### Summary of Key Information

#### BACKGROUND

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

### Recommendations for Action

It is recommended that members of the CPA Management Group:

- i) note progress against the Locality improvement projects.

### Opportunities and Risks

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

### Consultation

The following people were consulted in the preparation of this report:  
Neil Carnegie, Communities and Housing Area Manager  
Locality Managers Jo Mackie, Paul Tytler and Martin Smith

### Background Papers

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

### Contact details

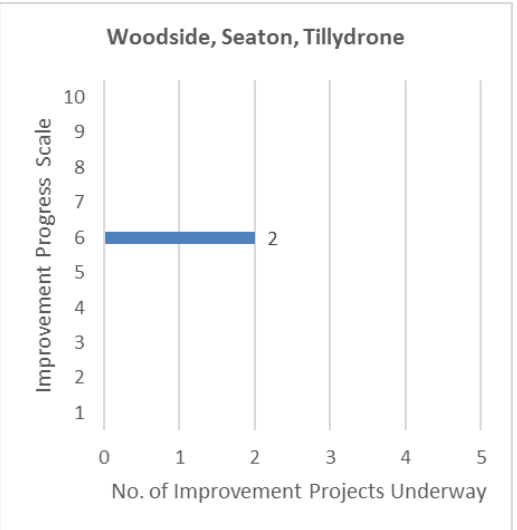
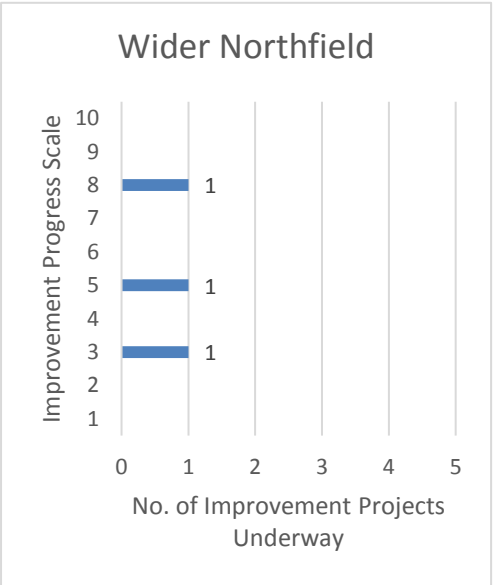
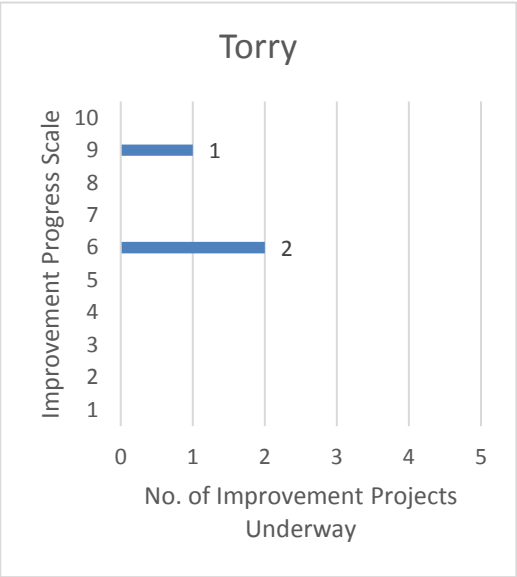
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Improvement Dashboard

Locality Partnership Projects:



Project Progress Scale:

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

## OUR ECONOMY

Project & Aim	Start-End	Progress Scale	Changes being tested	Project Lead	Discussion Points
<b>Locality 3 Employability Support</b> -To increase the number of people seeking employability support weekly in Seaton, Woodside and Tillydrone to 20 by June 2019	Mar 2019 – June 2019	6 – testing underway	<ul style="list-style-type: none"> <li>Weekly employability support</li> <li>Referrals to employment programmes (PPP) and (Momentum).</li> <li>Supporting people in to employment or training</li> <li>Partners delivering employability support across the locality</li> <li>Improving access to Aberdeen Youth</li> <li>Employment Activity Plan opportunities</li> </ul>	Emma McPherson – Woodside, Seaton, Tillydrone Locality	<p>Work ongoing – plans for new course in Tillydrone Community Campus in Aug/Sept and Woodside thereafter.</p> <p>Data collection impacted by staff absence</p>

## OUR PEOPLE

Project & Aim	Start-End	Progress Scale	Changes being tested	Project Lead	Discussion Points
<u>Unpaid Work placement Project</u> – To increase the number of providers of Community Payback Order Unpaid Work individual placements in the Cummings Park, Heathryfold, Northfield, Mastrick and Middlefield wider locality area to five by end December 2019  (refreshed aim)	May 18 – Dec 19	5	<ul style="list-style-type: none"> <li>Increase in number of providers of individual placements.</li> <li>Increase in number of providers for repeat placements.</li> <li>Number of providers providing a job description of potential placement roles</li> <li>Number of clients accessing further education</li> <li>Number of clients accessing job mentoring</li> <li>Number of clients who secure employment</li> </ul>	Fiona Gray, Development Manager	<p>1<sup>st</sup> phase was to achieve 5 placements but this identified 3 new interested parties.</p> <p>Revised Project Charter developed and to be referred to Community Justice Improvement Group.</p> <p>Initial meeting to be organised with all partners.</p>

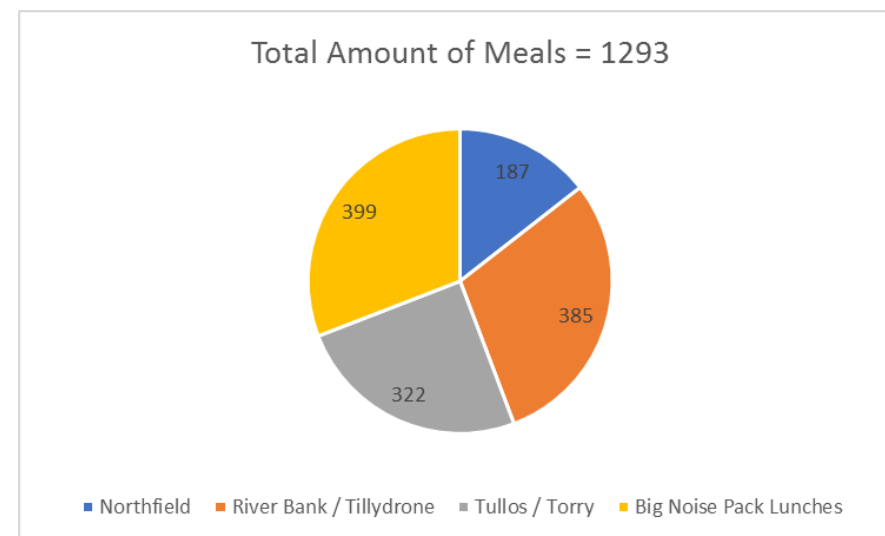


## OUR PLACE

Project & Aim	Start-End	Progress Scale	Changes being tested	Project Lead	Discussion Points
<a href="#">Food and Fun</a> - Increase provision of free meals during school holidays to children by 50% to 15,000 meals during 2019/20.	April 19 –Mar 20	8	<ul style="list-style-type: none"> <li>• Number of free meals providing during school holidays to children.</li> <li>• Number of children participating in the programme living in non priority localities.</li> <li>• Number of meals provided directly by community groups</li> <li>• Percentage of children participating in the programme satisfied/highly satisfied with the meals provided.</li> <li>• Contribution of free/fair share food towards the programme</li> <li>• Number of community volunteers participating in the sessions.</li> <li>• Number of families engaging in food banks etc both during/out with the school holidays.</li> <li>• Number of families engaging with/getting support from services that address wider poverty issues.</li> </ul>	Martin Smith – Wider Northfield Locality	<p>18/19 programme exceeded target by delivering 10,699 meals. Refreshed Project Charter and aim for 19/20.</p> <p>Increased focus on securing volunteers to support programme, engaging families participating in the programme to address their poverty issues and children participating from non priority localities.</p> <p>Summer campaign underway and expecting to deliver 6000 approx meals in Riverbank, Tullos, Cummings Park and Kincorth.</p>

### Improvement Data

The pie chart to the right illustrates the number of meals that were delivered during the Easter programme.



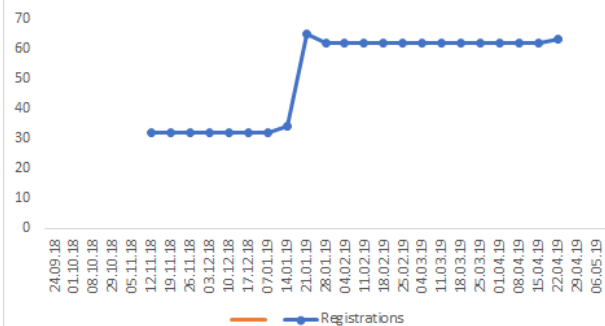
Project & Aim	Start-End	Progress Scale	Changes being tested	Project Lead	Discussion Points
<p>The Speedwatch, Upscaling will aim to reduce the actual incidents of speeding in select locations throughout the city. The deadline for this is August 2019</p> <p>In this instance the current Speedwatch area is Clifton Road and has been carried out by Woodside Primary School and Police Scotland</p>	Dec 18	Aug 19	<p>Woodside School to initiate /rejuvenate the Junior Traffic Officers team</p> <p>Speed watch measures to be calculated by roads using the 85<sup>th</sup> Percentile data counter information for future interventions (Note : after the Riverbank year 2 and Woodside Projects)This is to be discussed between roads and Police Scotland</p> <p>Event to take place at Woodside on August 29<sup>th</sup> (1330 - 1530)  <b>Draft Speedwatch event programme 29<sup>th</sup> August 1330-1530 in the School Main Hall</b>  <b>1330-</b> Welcome and Introduction: Hamish (10 minutes) <ul style="list-style-type: none"> <li>• Electric Car introduction and pupil presentation: Alison (10 minutes)</li> <li>• Police Scotland Presentation on the Survey results: Richard (15 minutes)</li> <li>• Award ceremony: Police Scotland/School Certificates: Richard (15 minutes)</li> <li>• Café Conversation:Approximately 5 tables circulating every (20-30 minutes) Hamish</li> <li>• Feedback from tables (4 main points) Hamish</li> <li>• Next steps: Alison</li> </ul> <b>1530:</b>Close</p> <p>Police Scotland to provide certificates for pupils  Speedwatch starter kit to be launched</p>	Hamish Cattancah	<p>Woodside School rolling out Speedwatch model</p> <p>Police Scotland discussing further upscale- PC Richard Roach leading</p>

Project & Aim	Start-End	Progress Scale	Changes being tested	Project Lead	Discussion Points
<p>IMpact of Speedwatch Programme at Woodside School, Clifton Road:</p> <p>Impact of Speedwatch on children at Woodside School:</p> <ul style="list-style-type: none"> <li>• Raised awareness of road safety</li> <li>• Reminding parents</li> <li>• Self confidence</li> <li>• Wee but scared about approaching the drivers</li> <li>• School and local officers strengthened</li> <li>• Now known to the children</li> <li>• Direct contact</li> <li>• Community resilience</li> <li>• Listening and talking</li> <li>• Literacy skills</li> <li>• Numeracy skills guessing speeds and difference between police stats</li> <li>• Estimating speeds</li> <li>• Literacy and numeracy skills</li> <li>• Health and wellbeing</li> <li>• Talking to unknown adults is a communication challenge they dealt with successfully</li> <li>• Listen and following instructions</li> <li>• Inclusive project due to pupil learning difficulty</li> <li>• Pupils got a letter to discuss authorisation from parents (communication skills)</li> <li>•</li> </ul> <p>How excited and motivated the children were</p>			<p>Clifton Road Speedwatch 2019</p> <p>X Axis shows the amount of cars speeding over 20mph (26/3-18/6) Y Axis shows the amount of intervention sessions;</p> <p>1. 26/3-16/4 shows x4 data counter interventions 2. 23/4-18/6 shows 9 Speedwatch interventions &gt;note the 7th May and the 4th June show zero cars due to no Police availability</p>		

Project & Aim	Start-End	Progress Scale	Changes being tested	Project Lead	Discussion Points
<a href="#">Scoop Watch - scale up and spread of Living Streets Dog Fouling Initiative</a> - Increase the number of schools / local groups actively using the dog fouling reduction model by 12 by May 2019.	Jan 2019 – Dec 2019	6	<ul style="list-style-type: none"> <li>Workshops with local school children to educate them on dog fouling.</li> <li>Making dispensers with local school children to contain dog mess bags to be erected.</li> <li>Creating awareness raising posters about the issue with school children and distributing them around community centres in the area.</li> <li>Presentations to community groups- community groups leading project delivery.</li> <li>Testing a collaborative approach working alongside the City Warden team so that there is one effective and widely recognised dog fouling initiative in Aberdeen City.</li> <li>Working alongside the environmental team all the schools participating in the Clean-Up Aberdeen programme will have dog fouling as their theme for the 2019/2020 school year, initially using our model as a starting point</li> <li>A toolkit for use in schools has been produced and is just about to be sent to print.</li> </ul>	Jade Leyden - Torry Locality	Note progress.
<b>Improvement Data</b>  This project is a continuation of the initial 12 week project which saw a 33% reduction in the levels of dog fouling on two streets significantly affected by dog fouling. There will be 20 toolkits printed for the pilot. Schools and community groups across Aberdeen have been invited to participate. This scale up is running alongside Clean Up Aberdeen. It will run as one of the Clean Up Aberdeen 'tasks' and upon completion of the workshop and data collection, the participating schools will be awarded points for their efforts. At the moment 10 schools have signed up, 7 of these are clean up Aberdeen schools and we have 1 community group signed up too (with interest from others).					

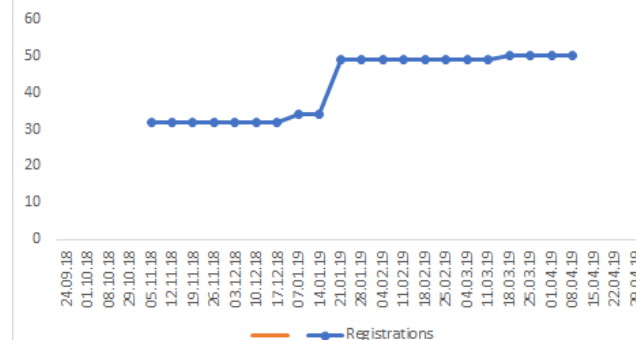
Project & Aim	Start-End	Progress Scale	Changes being tested	Project Lead	Discussion Points
<a href="#">Free School Meals Initiative</a> - We aim to increase the number of free school meals taken by those pupils registered for free school meals at Lochside Academy, Tullos Primary and Walker Road Primary by 10% at each school by April 2020.	Nov 18 April 2020	6	<ul style="list-style-type: none"> <li>Menu written in most prevalent languages spoken by parents of children in schools.</li> <li>Local advertising campaign linked to promotion of health and educational benefits of school meals</li> <li>Use of rewards on the accord card to incentivise uptake of school meals at Lochside Academy.</li> <li>Taster sessions for children/parents/families and develop nutritional educational opportunities for families.</li> <li>Recipe book being developed with Pupils to encourage healthy meal options at home and family cooking</li> <li>Collaborative menu development –introducing more pupil/parent involvement using Torry as a pilot.</li> <li>Pilot a reward scheme for pupils in the primary schools (Walker Road and Tullos)</li> <li>Supersize meals with additional veg, fruit, water presented more prominently as an option</li> <li>Engage pupils in serving each other (enterprise restaurant type idea) and ‘redesigning’ the layout of canteen</li> </ul>	Tanita Addario, Anne-Marie Steehouder-Ross – Torry Locality	Note progress.
<b>Improvement Data</b>  Phase 1 of the Free school Meals Project Focused on registration of free school meals. A particularly positive outcome of this phase was identifying, the barrier to significant increases in registrations for families was the opt in method rather than automatic registration. This barrier was addressed through process changes within ACC. The change was initiated on 14 <sup>th</sup> January 2019 and by 21 <sup>st</sup> January registrations had increased significantly for all three Torry schools – Lochside Academy from 136 to 180; Tullos Primary from 34 to 65 for primary 4 - 7; Walker Road Primary from 34 to 49 for primary 4 – 7. This is reflective across the City (circa 700 registrations).  A new charter (phase 2) has been developed to increase the uptake of free school meals - implemented November 2018. CFINE and Communities Torry received a grant from the Health Improvement Fund to undertake a Torry Tasters cookery project at Walker Road and Tullos Primaries. Whilst there has been a slight increase in uptake across Tullos and Walker Road Primary schools it is too early in the process to attribute this to the implementation of change ideas. Cookery classes have been undertaken with parents and pupils at Walker Road and Tullos Primaries, with positive feedback gathered so far. A cookery booklet based on the school meals has been developed which will be shared with schools, families and the wider community after summer 2019.					

Tullos FSM Registrations - p4-p7

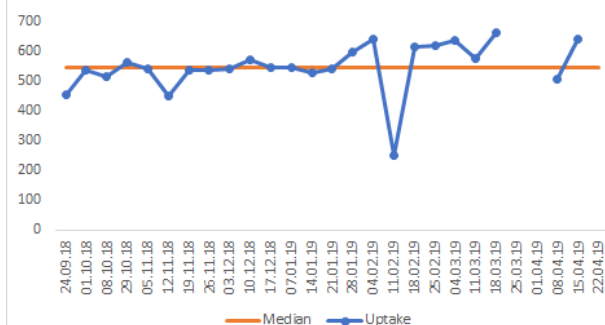


Phase one shows that there was a considerable change in registration of free school meals at Tullos and Walker Road Primaries.

Walker Road FSM Registrations p4-p7

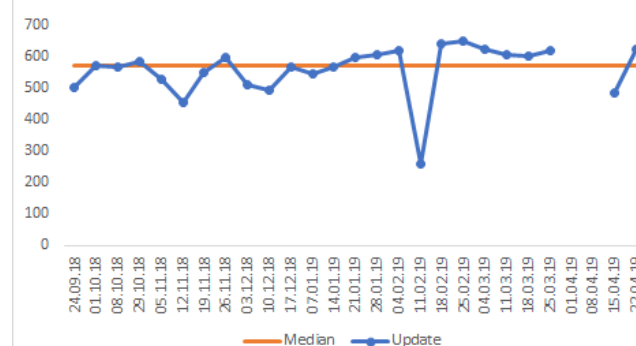


Tullos FSM Uptake



The drop in uptake on 11.2.19 can be attributed to this week having in-service days and therefore less days for uptake. In addition, the gap between 1.4.19 and 08.4.19 is because of the Easter holidays. Overall, we can see a slight increase in the uptake of free school meals at Walker Road and Tullos Primary.

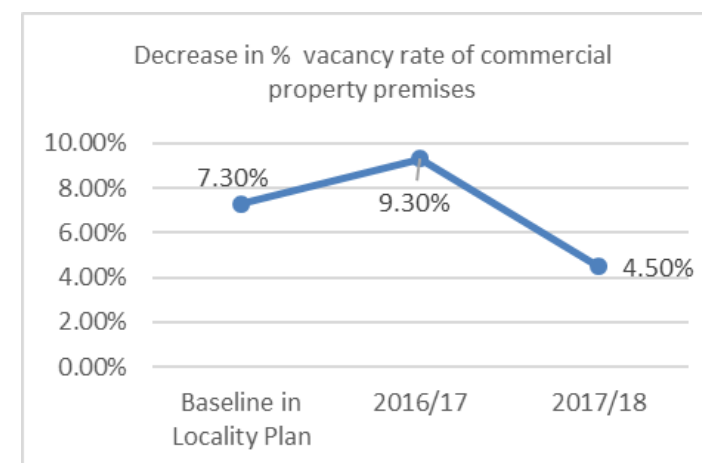
Walker Road FSM Uptake



Project & Aim	Start-End	Progress Scale	Changes being tested	Project Lead	Discussion Points
To increase the percentage of people in Torry that agrees that Victoria Road is an attractive place for the Community from 13% to 40% and to reduce the number of vacant retail units on Victoria Road by 2% by July 2019.	Oct 17 –Oct 19	9	<ul style="list-style-type: none"> <li>to contribute to the regeneration of Victoria Road by using 'creative urban interventions' as a vehicle for social and spatial change.</li> <li>To brighten up one of Torry's main streets, spark people's curiosity, encourage civic engagement and establish a lasting movement in Torry.</li> </ul>	Tanita Addario, Anne-Marie Steehouder-Ross – Torry Locality	<ul style="list-style-type: none"> <li>VictoriArt Road is a recipient of Bags for Help at TESCO stores across Aberdeen, receiving between £1,000 - £4,000 (depending on if first, second or third) place.</li> <li>VictoriArt was successful at the recent UDECIDE participatory budgeting event in Torry receiving funds to run a pebble painting workshop. This workshop will be for children and adults and will take place on the 18th of May in the Tullos Community Wildlife Garden.</li> <li>Recent partnership working between Tullos Primary, VictoriArt and artist Fit Like will result in a mural taking place with pupils on Girdleness Road in September 2019</li> </ul>

### Improvement Data

VictoriArt Road were successful in receiving a grant from the Health Improvement Fund to commission artists to create murals with a mental and physical health theme across Torry, focusing on Victoria Road. This will result in a mural health walk, culminating in a workshop at Torry Youth and Leisure Centre in summer 2019. These murals involve partnership working with the Marine Laboratory, Carpet shop on Victoria Road and Nigg Bay Golf Club. This is a good opportunity to enhance the attractiveness of Victoria Road which will be measured in the Locality Voice survey which comes out once a year and updated data is expected end of July 2019. The group are also in the early stages of developing a painted bins project which will also brighten up the area and create new artworks for the benefit of all.



## OUR TECHNOLOGY

Project & Aim	Start-End	Progress Scale	Changes being tested	Project Lead	Discussion Points
<a href="#">Northfield Gaming and Internet Safety</a> - Reduce the age inappropriate gaming time for children in the Middlefield area by 30% by Summer 2018.	Apr 18 – Mar 19	8	<ul style="list-style-type: none"> <li>Inviting parents to an awareness raising session.</li> <li>Testing booklet as a resource for teaching parents how to implement parental controls on devices.</li> <li>Parent led data collected on children's amount of gaming time/gaming habits to promote buy in and involvement in project aims.</li> <li>Survey to establish baselines.</li> <li>Awareness workshop for parents set up and delivered for interested families.</li> </ul>	Helen Graham – Wider Northfield Locality	Data gathering and to be made available after school holidays.
<p><b>Improvement Data</b></p> <p>A questionnaire and leaflet was completed by 30 households who attended the Middlefield Community Centre. The aim of this was to identify and establish understanding of their children's on-line use.</p> <p>Police Scotland now have a facebook page – <a href="https://www.facebook.com/policescotlandyouthhub">www.facebook.com/policescotlandyouthhub</a>.</p> <p>University of Aberdeen devised and delivered a tailored course. Teaching was split into two sessions. 13 families attended this event.</p> <p>This has now been expanded to the wider ASG schools group and we are currently collecting data which will confirm the impact of this initiative and inform where we should scale up and expand the programme.</p>					



Project & Aim	Start-End	Progress Scale	Changes being tested	Project Lead	Discussion Points
<b>Learning Together – Clifton Court Intergenerational Project</b>  To increase participation in digital learning and technology among tenants through intergenerational work by 15%	Oct 18 - May 19	6	<ul style="list-style-type: none"> <li>The Learning Together sessions will take place with Clifton Court tenants and Kittybrewster Primary School pupils over 10 sessions between January and April 2019</li> <li>Intergenerational learning will take place in an informal setting to enhance digital skills amongst tenants and Pupils</li> <li>Tenants will also progress their digital skills through supported Silver Surfer open sessions held at Clifton Court</li> <li>At the outset of the project, 28/58 tenancies are registered with Rent Online account services at Aberdeen City Council. This will be measured at the end of the project to view increase.</li> </ul>	Hamish Cattanach/Zuzana Jatelova – Woodside, Seaton, Tillydrone Locality	Project complete.  Data shows increase of 2 registrations for Clifton Court residents to use ACC online services. During the session residents were supported to report fly tipping in the area successfully.  Consideration being given how and if the project is delivered elsewhere.
<b>Improvement Data</b>  Hamish providing stats and pics					

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## Community Planning Aberdeen

<b>Progress Report</b>	Community Planning Budget 2019/20 – Q1 Budget Monitoring 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, Community Planning Manager
<b>Date of Report</b>	18 July 2019
<b>Governance Group</b>	CPA Management Group – 5 August 2019

### Purpose of the Report

The purpose of this report is to provide an update on the 2019/20 Community Planning Budget's financial performance for the period 1 April 2019 to 30 June 2019.

### Summary of Key Information

#### 1 BACKGROUND

- 1.1 The community planning budget agreed for 2019/20 on 1 May 2019 was £1,743,381. This included contributions from Aberdeen City Council, Police Scotland, NHS Grampian and NESTRANS.

	<b>2019/20 Budget £</b>
Aberdeen City Council	1,711,275
NHS Grampian	18,032
Police Scotland	5,000
NESTRANS	5,000
<b>Sub Total</b>	<b>£1739,307</b>
2018/19 underspend for Civic Forum	£4,074
<b>Total</b>	<b>1,743,381</b>

## 2 COMMUNITY PLANNING BUDGET 2019/20

- 2.1 This budget monitoring report shows current and projected expenditure for 2019/20 as at the end of quarter 1.

	<b>2018/19 Budget £</b>	<b>Year to date spend £</b>	<b>Full year forecast £</b>	<b>Variance £ (Difference between forecast and budget)</b>
Fairer Aberdeen Fund	1,639,986	453,298	1,639,986	0
ACVO Third Sector Interface/ engagement: Community Planning	62,321	15,580	62,321	0
City Voice	37,000	37,000	37,000	0
Civic Forum	4,074	0	1,000	3,074
<b>Total</b>	<b>1,743,381</b>	<b>505,878</b>	<b>1,740,307</b>	<b>3,074</b>

## 3 GRANT FUNDING 2019/20

- 3.1 As well as the agreed community planning budget, the Partnership receives income from a number of external funding sources. The funding secured to date is below:

	<b>2019/20 Budget £</b>	<b>Year to date spend £</b>	<b>Full year forecast £</b>	<b>Variance £</b>
Community Justice Transition Fund	62,000	16,218	62,000	0
<b>Total</b>	<b>62,000</b>	<b>0</b>	<b>62,000</b>	<b>0</b>

- 3.2 Scottish Government funding of £50k for 2019/20 continues to fund the Community Justice Officer post. The underspend of £12,000 accrued since funding started in 2015/16 will cover the remaining costs of the Community Justice Officer post for 2019/20.

### Recommendations for Action

It is recommended that the CPA Management Group:

- i) Note Community Planning Aberdeen Budget's performance during quarter 1 of 2019/20.

### **Opportunities and Risks**

Regular reporting on the current year's budget gives Community Planning Aberdeen the opportunity to determine whether value for money is being achieved and allows early identification of possible shortfalls.

### **Consultation**

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

Maggie Hepburn, CEO, ACVO  
Jonathan Smith, Chair of Civic Forum  
Gail Anderson, Accountant, ACC  
Susan Thom, Fairer Aberdeen Fund Co-ordinator, ACC

### **Background Papers**

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

[Community Planning Budget 2019/20](#)

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## Community Planning Aberdeen

<b>Progress Report</b>	Regional Learning and Skills Partnership (RLSP)
<b>Lead Officer</b>	Neil Cowie (Vice Principal – North East Scotland College)
<b>Report Author</b>	Neil Cowie: Vice Principal (North East Scotland College) Allison Carrington: Skills Planning Lead – North East (SDS)
<b>Date of Report</b>	10 <sup>th</sup> July 2019
<b>Governance Group</b>	CPA Management Group (5 <sup>th</sup> August 2019)

### Purpose of the Report

To provide information to CPA Management Group on the Regional Learning and Skills Partnership (RLSP); its purpose; activities and plans for future activity.

### Summary of Key Information

#### 1 BACKGROUND

- 1.1 In Spring 2018 the Regional Learning and Skills Partnership (RLSP) was convened for the first time and has met quarterly since then.
- 1.2 The purpose of the RLSP is to ensure, through effective and strong partnership working, that the skills requirements of individuals and employers are fully met, and that the skills system contributes to improved performance and productivity in the North East of Scotland.
- 1.3 Fundamentally, the RLSP provides a strategic forum for partners (Appendix 1) to identify and discuss key issues relating to skills in the North East and provide oversight of the implementation of the Regional Skills Strategy.

#### 2 REMIT

- 2.1 The RLSP aims to identify the key evidence required to ensure that skills investment is informed by employer demand and learner need and takes agreed actions to fill any identified gaps in evidence. In addition, it aims to provide strategic insight and challenge to ensure that skills investment is aligned with the needs of the regional economy and learners.

- 2.2 The Partnership also supports the implementation, progress and evaluation of work specific to the fulfilment of the key priorities in the Aberdeen City and Aberdeenshire Shire Regional Skills Strategy (RSS) and associated action plan; a strategy and plan aligned to the Regional Economic Strategy.
- 2.3 The RLSP is keen to develop strategies which support the advancement of school, college and university partnerships in order to meet individual and employer needs.
- 2.4 Whilst seeking to address gender imbalance within education and employment, the Partnership also aims to support the Region's most vulnerable young people and adults in gaining employment; assist the Region's ambitions in relation to DYW and assist regional employers with workforce planning requirements.

### **3 REPORTING**

- 3.1 The work and progress of the RLSP is reported to Regional Economic Strategy Group (Aberdeen City and Aberdeenshire); Regional Chief Executives Forum (Aberdeen City and Aberdeenshire); appropriate boards, committees or groups within respective member organisations.
- 3.2 The activity of the RSLP may also be reported, on an ad hoc basis, to other groups who may share an interest in the plans and outcomes of the Partnership including Community Planning Partnerships, DYW NES, ONE etc.

### **4 REGIONAL SKILLS STRATEGY**

- 4.1 The Regional Skills Strategy was published in July 2018. It is supported by a detailed action plan which covers a range of themes, namely:
- Responding to the oil and gas downturn;
  - Supporting the economic transition to support a range of sectors across the region;
  - Repositioning the skills system to ensure a strong fit with the needs of the broader sectoral focus across the region;
  - Enhancing school-to-work transitions to ensure young people have a clear understanding of the sectoral opportunities across the region and are in possession of career management skills to enable them to make the most of these opportunities.



- 4.2 The Regional Skills Strategy has an associated action plan which specifies targets which have been agreed by stakeholders across the region. The RLSP supports the implementation, progress and evaluation of these actions to ensure they remain on track and current to regional needs.

## 5 SOME RSLP-RELATED ACTIVITIES

Project charters developed through Aberdeen Prospers incorporate a number of project aims which support the Regional Economic Strategy and also the work being carried out to address the skills needs highlighted in the Regional Skills Strategy and the ambitions, generally, of Regional Community Planning Partnerships.

Since inception various activities have been initiated by the RLSP. Some are listed below:

**Campus 6:** Campus 6 is a Partnership-derived concept which seeks to give school pupils in the North East greater flexibility with their learning, principally, but not exclusively, for those in S6. Campus 6 strongly resonates with the views, recommendations and ambitions documented within the 15-24 Learner Journey Review. The concept and potential senior phase activities continue to be developed through the work of NESCol and its partners schools.

**DYW NE:** Support for the Regional DYW NE Group is incorporated in the RSS Action Plan and the RLSP is working in partnership with DYW NE to support delivery of its ambitions and KPIs. This work includes linkages around CIAG, employer engagement, and enhancing sector attractiveness with reference to regional employment opportunities. RLSP members have been involved in the on-going review of DYW NE and will be involved in implementing the recommendations identified within the recently published review report of its focus and activities.

**Foundation Apprenticeships (FAs):** Regional approaches to the bidding for, and delivery of, FAs have also been central to discussions within the Partnership. Going forward, there would appear to a growing appetite for there to be a single, collaborative bid and regional delivery model for involving NESCol, Aberdeen City and Aberdeenshire Councils. Such an approach would also address on of the recommendations documented within the aforementioned DYW NE review report.

**Towards a new Regional Schools-College Framework:** College managers and representatives of the region's primary and secondary schools are currently discussing, developing and implementing collaborative approaches to address the needs of the young people and school staff in the North East. Projects already underway include STEM delivery and training for primary school teachers; bespoke programmes for those at risk of disengaging from learning and College taster sessions for progression to FE. Other initiatives in the pipeline include shared DYW-related CPD opportunities for teaching staff in both College and schools; shared virtual learning curriculum

development and delivery and the possible delivery of HN courses as part of the senior phase.

**Two Plus Alliance:** Work continues on the development of NESCol's and RGU's Two Plus Alliance. Having successfully embedded the Degree Link initiative across the region, the two educational providers have explored ways in which they can, in partnership, develop other innovative ways to build a shared skills development offer and support the progression of learners between institutions and employment. Currently, discussions are focusing on how best to develop and deliver a 'one-stop shop' regional approach for the institutions' combined Apprenticeship Family offer.

**Digital Skills:** The RLSP has recently facilitated a workshop on Digital Skills within the Region and is also focusing on Digital Skills with the aim of identifying and addressing gaps in digital skills across the Region. The aims of this workshop were to identify employer digital skills needs in the Aberdeen City and Shire region; map these needs to digital skills provision; identify any gaps and agree specific actions that need to be taken to address these gaps. A number of actions have arisen from this workshop and activity is underway to progress these. This work ties-in with the digital literacy and digital upskilling ambitions of CPA.

**Lifelong Learning:** Of key importance, across the whole agenda above, is the aim to embed a mindset of lifelong learning in the citizens of the Region, encouraging them to take ownership of their own career management. This is linked to an aim to offer a skills system which is fluid and versatile, allowing users to move in and out of training as their needs grow and adapt.

## **6 NEXT STEPS**

- 6.1 The next meeting of the RLSP is scheduled for September 2019 and will focus on Early Learning and Child Care across the region. It is anticipated that this meeting will aim to identify gaps in skills provision and seek ways to address these at a regional level.
- 6.2 Beyond this, future Partnership agendas will likely focus on key sectors and the skills requirements within each. These include Tourism, Energy (and the circular economy), Life Sciences and Food and Drink. There will also be a need to focus on the skills requirements for SMEs in order to enhance economic growth across the region.
- 6.3 It is anticipated that further reports will be presented to future CPA Management Group meetings as work of RLSP gains momentum and becomes more embedded regionally.

<b>Recommendations for Action</b>
It is recommended that members of the Group:  i) Note the content of this paper.



<b>Opportunities and Risks</b>
N/A

<b>Consultation</b>
N/A

<b>Background Papers</b>
A copy of the Regional Skills Strategy can be accessed through the following link:  <a href="#">Regional Skills Strategy Link</a>

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## **APPENDIX 1:**

### **Core Membership of the Regional Learning and Skills Partnership**

**Liz McIntyre: Principal and Chief Executive - NESCol (Co-Chair)**

**Dr Allison Carrington: Skills Planning Lead (North East) – SDS (Co-Chair)**

**Neil Cowie: Vice Principal - NESCol**

**Laurence Findlay: Director of Education & Children's Services – Aberdeenshire Council**

**James Dunphy: Head of DELTA - RGU**

**Peter McGeorge: Vice Principal for Learning & Teaching – University of Aberdeen**

**Mary Holland: Aberdeen Grampian Chamber of Commerce (DYW)**

**Belinda Miller: Head of Economic Development and Protective Services – Aberdeenshire Council**

**Richard Sweetnam: Head of Economic Development – Aberdeen City Council**

**Chris Brodie: Lead Head, Skills Planning & Sector Development - SDS**

**Maggie McGinlay: Deputy Chief Executive - ONE**

**Kirsty Jarman: Job Centre Plus/DWP**

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



ADP Chair

Copies to:  
Chief Officer of Integration Joint Board  
NHS Chief Executive  
Chair Community Planning Partnerships  
ADP Co-ordinators

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## **PARTNERSHIP DELIVERY FRAMEWORK TO REDUCE THE USE OF AND HARM FROM ALCOHOL AND DRUGS**

Dear ADP Chair

1. We are pleased to inform you that the Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs has been approved by COSLA Leaders and Scottish Ministers. A copy of the Framework is included with this letter at Annex A.
2. We recognise the importance of Alcohol and Drug Partnerships (ADPs) in taking forward the work to address these harms and that, as ADP Chairs, you play a pivotal role. The Partnership Delivery Framework sets out a shared ambition across Local Government and Scottish Government that local areas have the following in place:
  - A strategy and clear plans to achieve local outcomes to reduce the use of and harms from alcohol and drugs.
  - Transparent financial arrangements
  - Clear arrangements for quality assurance and quality improvement
  - Effective governance and oversight of delivery
3. Some dedicated support for the implementation of this framework will be offered for local areas.

### Strategic planning

4. We are setting the expectation that all local areas should have a strategy and delivery plans in place to achieve local outcomes to reduce the use of harms from alcohol and drugs by 1st April 2020. The following new or existing activity can support this:
  - An initial session with ADP Leads on developing whole systems approaches within local strategies (autumn 2019). Follow up support will

be available. We would also like to highlight the Public Health Reform publication on applying a whole systems approach to reducing alcohol and drug harms<sup>1</sup>.

- Access to the ADP Challenge Fund to support system change administered by Corra.
  - The identification and support for early adopters of whole system approaches to provide learning for Scotland
  - Publication of the Health Scotland report on the Monitoring and Evaluation Plan for Rights, Respect and Recovery (November 2019). The MESAS reports set out the monitoring and evaluation plans for the Alcohol Framework<sup>2</sup>.
  - A resource to support equality impact assessments for alcohol and drug services and strategies
  - A working group to review how annual reporting can be carried out through self-assessment and review (November 2019 – Jan 2020). Self-assessment should cover key issues such as:
    - Involving those with lived experience
    - The implementation of the Partnership Delivery Framework
    - Progress against national and local benchmarks
- This work will ensure that annual reports remain in line with existing requirements.

### Quality improvement

5. Dedicated support to roll out quality improvement methodology within alcohol and drug services across Scotland is under development.

### Governance and oversight

6. A session for ADP Chairs on implementing the Partnership Delivery Framework (September 2019). Learning from this session and ongoing engagement with ADP Chairs and Leads will inform the development of guidance on the role of the ADP Chair for local use.
7. If you would like any further information at this stage, please do not hesitate to get in touch with Nick Smith, National Support Lead (Alcohol and Drugs), at [nicholas.smith@gov.scot](mailto:nicholas.smith@gov.scot) or 0131 244 5942.

Joe FitzPatrick  
Minister for Public Health,  
Sport and Wellbeing

Councillor Stuart Currie  
COSLA Interim Spokesperson for  
Health and Social Care

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<sup>1</sup> <https://publichealthreform.scot/media/1577/a-scotland-where-we-reduce-the-use-of-and-harm-from-alcohol-tobacco-and-other-drugs.pdf>

<sup>2</sup> <http://www.healthscotland.scot/health-topics/alcohol/monitoring-and-evaluating-scotlands-alcohol-strategy-mesas>

## **ANNEX A**

### **PARTNERSHIP DELIVERY FRAMEWORK TO REDUCE THE USE OF AND HARM FROM ALCOHOL AND DRUGS**

#### **Introduction**

1. This document 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.
2. The new framework is designed to be consistent with, and to build directly upon:
  - The Scottish Government's Purpose and National Performance Framework<sup>3</sup>;
  - The high-level commitment between Ministers and CoSLA to work together in partnership;
  - The established performance management arrangements between the Scottish Government and NHS Boards;
  - Statutory duties for community planning, built around a purpose that local public services work together and with community bodies to improve outcomes and tackle inequalities;
  - The Public Health Reform Programme, jointly led by Scottish Government and CoSLA, which aims to reduce health inequalities and improve life expectancy across the Scottish population. This includes the Public Health Priority: Reduce the use of and harm from alcohol and drugs;and
  - Scotland's alcohol and drug strategy, Rights Respect Recovery and the Alcohol Framework 2018;
3. This Partnership Delivery Framework replaces three previously agreed memoranda of understanding (MoU) between the Scottish Government and CoSLA:
  - A New Framework for Local Partnerships for Alcohol and Drugs (2009)
  - Supporting the Development of Scotland's Alcohol and Drug Workforce (2010)
  - Updated Guidance for Alcohol and Drug Partnerships on Planning and Reporting Arrangements 2015-18 (2014)
4. The Scottish Government and CoSLA undertake, and invite community planning partners, to operate within the terms of this framework.

#### **Context**

5. Much has been achieved to prevent and reduce the harms experienced by individuals, families and communities and support people in their recovery.

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<sup>3</sup> <https://nationalperformance.gov.scot/>



However Scotland continues to experience significantly higher levels of harm and health inequalities than other parts of the UK and Europe. This is recognised in the Public Health Reform Programme which identified 'Priority 4: A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs', as one of the key Public Health Priorities for the country over the next decade<sup>4</sup>. Public Health Reform recognises that this will require a focus on prevention and reducing inequalities and is best delivered by adopting a whole system approach<sup>5</sup>.

6. In 2018 the Scottish Government published two strategic documents to address alcohol and drug harms:

- Rights, Respect and Recovery<sup>6</sup>; and
- The Alcohol Framework 2018<sup>7</sup>

These documents set out a series of outcomes and priority actions for Scotland, supporting the delivery of the Public Health Priorities. This is summarised in the table below:

<b>Vision</b> Scotland is a country where "we live long, healthy and active lives regardless of where we come from" and where individuals, families and communities: <ul style="list-style-type: none"> <li>• have the right to health and life - free from the harms of alcohol and drugs;</li> <li>• are treated with dignity and respect; and</li> <li>• are fully supported within communities to find their own type of recovery.</li> </ul>				
Prevention and Early Intervention	Developing Recovery Oriented Systems of Care	Getting it Right for Children, Young People, and Families	Public Health Approach in Justice	Alcohol Framework 2018
Fewer people develop problem drug use	People access and benefit from effective, integrated Person centred support to achieve their recovery	Children and families affected by alcohol and drug use will be safe, healthy, included and supported	Vulnerable people are diverted from the justice system wherever possible, and those in the system are fully supported	A Scotland where less harm is caused by alcohol

Rights, Respect and Recovery sets out the context for a Human Rights based approach. This requires 'rights bearers' and 'duty holders' work together to ensure that people's human rights are recognised and met. In the context of this strategy this means that people with experience of problem alcohol and drug use as well as those who are affected need to work with those involved in the planning, development and delivery of services to deliver shared outcomes.

7. The Audit Scotland Report, Alcohol and Drug Services – An update<sup>8</sup> identifies six areas where progress will help the successful implementation of the strategy:

- Effective performance monitoring
- Clear actions and timescales

<sup>4</sup> <https://www2.gov.scot/Resource/0053/00536757.pdf>

<sup>5</sup> <https://publichealthreform.scot/media/1520/phob-enabling-the-whole-system-to-deliver-the-public-health-priorities-paper-22.pdf>

<sup>6</sup> <https://www.gov.scot/publications/rights-respect-recovery/>

<sup>7</sup> <https://www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/>

<sup>8</sup> [https://www.audit-scotland.gov.uk/uploads/docs/report/2019/briefing\\_190521\\_drugs\\_alcohol.pdf](https://www.audit-scotland.gov.uk/uploads/docs/report/2019/briefing_190521_drugs_alcohol.pdf)

- Clear costings
- Spending and outcomes linked
- Public performance reporting
- Evaluating harm reduction programmes

## **The Partnership Delivery Framework**

8. Alcohol and Drug Partnerships (ADPs) will continue to lead the development and delivery of a local comprehensive and evidence based strategy to deliver local outcomes. This should be achieved through applying a whole system approach to deliver sustainable change for the health and wellbeing of local populations.
9. Since 2009 the local delivery landscape has changed significantly. This includes the introduction of Community Justice Partnerships to replace Community Justice Authorities, and Integration Authorities have been created as a new public body to oversee the integration of health and social care services, including adult alcohol and drug services. The statutory requirements of key local partnerships and organisations in relation to strategic planning and annual reporting are summarised in Appendix 1.

### Key features

10. The partnership delivery framework should include the following key features:
  - A clear and collective understanding of the local system in particular its impact, how it is experienced by local communities, and how effectively it ensures human rights are met.
  - Informed by the above, a locally agreed strategic plan, which sets out the long term measureable outcomes and priority actions for the local area, focussing on preventing and reducing the use of and harm from alcohol and drug use and the associated health inequalities.
  - People with experience of problem alcohol/drug use and those affected are involved in the planning, development and delivery of services. This will require a shared understanding of the roles of duty holders and duty bearers in the context of a human rights based approach.
  - A quality improvement approach to service planning and delivery is in place.
  - Clear governance and oversight arrangements are in place which enable timely and effective decision making about service planning and delivery; and enable accountability to local communities.
  - A recognition of the role played by the third sector and arrangements which ensure their involvement in the planning, development and delivery of services alongside their public sector partners.

### Strategic planning

11. Each ADP should publish agreed, measureable outcomes and priority actions to reduce the use of and harms from alcohol and drugs within a strategic plan. ADPs should use the outcomes and priority actions set out in Rights, Respect

and Recovery and the Alcohol Framework 2018, as well as the associated monitoring and evaluation plans, to support the development of their local strategy.

12. Through the development and delivery of the local strategy the ADP should identify where there are shared outcomes and priorities with other local strategic partnerships. In these cases they should develop shared arrangements to support delivery. As a result minimum agreement to the strategic plan and arrangements for delivering should to come from:

- Community Justice Partnership
- Children's Partnership
- Integration Authority;

The relevant statutory requirements for the local strategic plans and reporting arrangements are set out in Appendix 1.

13. Community planning requires local public sector bodies to work together with community bodies, to improve outcomes on themes they determine are local priorities for collective action. Where reducing the use of and harms from alcohol and drugs feature in these priorities, local Community Planning partners should consider how co-operation with Alcohol and Drug Partnerships can support delivery.

14. The identification of priorities and delivery of strategic plans should be underpinned by needs assessment and action plans.

#### Financial arrangements

15. Public money must be used to maximum benefit to deliver outcomes for the local population. Investment in the delivery of outcomes will come from a range of sources, including the Local Authority, Health Board and the Integration Authority, as well as outside of the public sector. Effective and transparent governance arrangements must be in place to invest in partnership to deliver the shared outcomes and priority actions in the strategy. Financial arrangements should enable the ADP to:

- Establish a shared understanding of the total investment of resources in prevention of harm and reducing inequalities from alcohol and drugs across the local system.
- Make effective decisions to invest in the delivery of these outcomes.
- Ensure there is scrutiny over investments in third sector and public sector to deliver outcomes.
- Report to local governance structures on investment
- Report to the Scottish Government on specific alcohol and drug funding allocated to Health Boards for onward delegation to Integration authorities; and in line with financial reporting arrangements agreed with Integration Authorities.

## Quality improvement

16. The Scottish Government will work with local areas to develop an approach to quality improvement based on self-assessment and peer review. This approach will cover the breadth of Rights, Respect and Recovery, the Alcohol Framework 2018; it will apply to governance, investment plans, strategic planning and service delivery. These improvement arrangements need to complement the existing inspection frameworks applied to local areas.
17. The monitoring and evaluation plans for Rights, Respect and Recovery and the Alcohol Framework 2018 will enable the Scottish Government to identify progress in delivering the strategy as well as impact. The plans will identify national performance benchmarks which will identify progress at both the national and local level. This will be published on a regular basis and will inform the focus for quality improvement work.

## Governance and oversight

18. Governance and oversight arrangements for the delivery of the strategic plan and the investment of resources needs to be consistent with local governance arrangements to meet other relevant local outcomes. In practice this means that the following members of the ADP will need to ensure that effective oversight arrangements are in place to deliver the local strategy:
  - The Local Authority
  - Police Scotland
  - NHS Board
  - Integration Authority
  - Scottish Prison Service (where there is a prison within the geographical area)
  - The third sector
  - Community members

## The relationship between the ADP and the Integration Authority

19. Alcohol and drug services are included within the Integration Authority scheme of delegation, alongside other adult health and social care services. Governance and oversight arrangements are needed which ensure that the directions issued by the Integration Authority to the NHS and Local Authority support the delivery of outcomes identified in the local strategic plan. Commissioning and Planning Guidance for Integration Authorities<sup>9</sup> sets out the required membership of the Strategic Planning Groups in this context.
20. ADPs will need to provide relevant performance and financial reporting to enable support the development of the Integration Authority's Annual Performance Report.

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<sup>9</sup> <https://www.gov.scot/publications/strategic-commissioning-plans-guidance/pages/9/>

21. Healthcare services for people in prison are also included within Integration Authority scheme of delegation. Local strategic plans will need to include plans to improve outcomes for people in prisons sited within the local area; this includes considerations about the means by which people entering and leaving prison are able to access the right support.

## Appendix 1: Statutory requirements in relation to strategic planning and annual reporting

The table below summaries the statutory requirements in relation to local partnership strategic plans:

Strategic planning document	Responsible body	Legislative framework
Health and Social Care Strategic Plan	Integration Authority	Public Bodies (Joint Working) (Scotland) Act 2014
Health and Social Care Annual Performance Report	Integration Authority	Public Bodies (Joint Working) (Scotland) Act 2014
Children's Services Plan	Local Authority and Health Board	Children and Young People (Scotland) Act 2014
Community Justice Outcomes Improvement Plan	Community Justice Partners <sup>10</sup>	The Community Justice (Scotland) Act 2016
Locality Plan	Community Planning Partners <sup>11</sup>	Community Empowerment (Scotland) Act 2015 [Note: Duties apply to locally identified priorities. Only applies to alcohol or drugs where the CPP agrees that these or related issues are one of the priorities for the locality]
Local Outcome Improvement Plan	Community Planning Partners <sup>12</sup>	Community Empowerment (Scotland) Act 2015 [Note: Duties apply to locally identified priorities. Only applies to alcohol or drugs where the CPP agrees that these or related issues are one of the priorities for its area]
Police Scotland Local Policing Plans	Divisional Commanders	Police and Fire Reform (Scotland) Act 2012

### Licensing Boards

Licensing Boards are made up of locally elected councillors and are distinct from local authorities, they have responsibilities in relation to the local administration of alcohol (and gambling) and are obliged to publish a licensing policy statement and annual report under the Licensing (Scotland) Act 2005 and Gambling Act 2005, as amended.

<sup>10</sup> <http://www.legislation.gov.uk/asp/2016/10/section/13/enacted>

<sup>11</sup> <http://www.legislation.gov.uk/asp/2015/6/schedule/1/enacted>

<sup>12</sup> <http://www.legislation.gov.uk/asp/2015/6/schedule/1/enacted>



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## APPENDIX 1 Community Planning Aberdeen Funding Tracker

The tracker below includes key funding opportunities available to the Partnership linked to the themes within the LOIP and Locality Plans.

Title	Description	Amount	Deadline for applications	Relevant CPA Group
<b>Economy</b>				
Nestrans – Sustainable Travel Grants <a href="https://www.nestrans.org.uk/about-nestrans/organisation/documents-sustainable-travel-grants/">https://www.nestrans.org.uk/about-nestrans/organisation/documents-sustainable-travel-grants/</a>	<p>Sustainable Travel Grant Scheme to support and encourage Travel Planning and increase sustainable travel throughout the North East of Scotland.</p> <p>The scheme provides financial assistance to organisations investing in measures aimed at encouraging sustainable travel, such as increasing travel to work by public transport, cycling and walking, low emission vehicles and reducing the need for travel.</p>	Up to £10,000 Applicants expected to secure 50% match funding	No deadline date	Aberdeen Prospers/ Sustainable City Group
Scotland e-bike Grant Fund <a href="https://www.energysavingtrust.org.uk/scotland/grants-loans/ebike-grant-fund">https://www.energysavingtrust.org.uk/scotland/grants-loans/ebike-grant-fund</a>	Grants for Local Authorities, public sector agencies, further and higher education institutions and community groups in Scotland for projects that lead to the large-scale adoption of ebikes and ecargo bikes as an alternative to car journeys across Scotland.	Up to £200,000	12 August 2019	Aberdeen Prospers/ Sustainable City Group

People				
Shell Community Grants  <a href="https://www.shell.co.uk/sustainability/society.html#vanity-aHR0cHM6Ly93d3cuc2hlbGwuY28udWsvZ2JyL2Vudmlyb25tZW50LXNvY2lldHkvc2hlbGwtaW4tdGhlLXNvY2lldHkvc29jaWFsLWludmVzdG1lbnQvY29tbXVuaXRpZXMt3BvbnNvcnNoaXBzLmh0bWw">https://www.shell.co.uk/sustainability/society.html#vanity-aHR0cHM6Ly93d3cuc2hlbGwuY28udWsvZ2JyL2Vudmlyb25tZW50LXNvY2lldHkvc2hlbGwtaW4tdGhlLXNvY2lldHkvc29jaWFsLWludmVzdG1lbnQvY29tbXVuaXRpZXMt3BvbnNvcnNoaXBzLmh0bWw</a>	Supports community projects in Aberdeen, these include ongoing community projects and sponsorship of community events	No minimum or maximum	No deadline date	Resilient, Included, Supported Group  Locality Partnerships  Aberdeen Prospers Group
Martin Connell Charitable Trust  <a href="mailto:sandra.graham@dentons.com">sandra.graham@dentons.com</a>	The Martin Connell Charitable Trust has supported a wide range of charitable activities including medical, youth, aged and cultural, mental health. The Trustees tend to support charities which are predominantly based in Scotland (with a particular interest in initiatives in Aberdeen and Fife).	Up to £1000	15 <sup>th</sup> August	Resilient, Included, Supported Group  Locality Partnerships
John Lewis Partnership – Community Matters  <a href="https://www.johnlewis.com/our-services/helping-our-community">https://www.johnlewis.com/our-services/helping-our-community</a>	Each quarter every John Lewis store will select 3 community groups to receive one of the following;  Products Volunteer time from partners Cash	Up to £3000	No Deadline date	Resilient, Included, Supported Group  Locality Partnerships  Aberdeen Prospers Group

Cattanach Charitable Trust  <a href="http://www.cattanach.org.uk/">http://www.cattanach.org.uk/</a>	<p>Grants are available for charities in Scotland that support children from birth to three years old who are affected by levels of relative deprivation.</p> <p>The trust is particularly interested in activities that focus on:</p> <ul style="list-style-type: none"> <li>• Parenting</li> <li>• Attachment</li> <li>• Family Support</li> <li>• Communication within the family</li> </ul>	Up to £25,000	2019 Board meetings: August and November	Resilient, Included, Supported Group  Locality Partnerships  Aberdeen Prospers Group
RS MacDonald Charitable Trust	<p>Grants are available for charities in the following areas:</p> <ul style="list-style-type: none"> <li>• Tackling child abuse and neglect</li> <li>• Visual impairment</li> <li>• Neurological conditions</li> <li>• Medical research</li> <li>• Animal welfare</li> </ul>	Up to £30,000:  Small Grants: up to £15,000 Main grants: between £15,000 and £30,000	23 <sup>rd</sup> September 2019	Resilient, Included, Supported Group  Locality Partnerships  Aberdeen Prospers Group  Integrated Children's Services
Young Start – Big Lottery Fund	The Young Start programme offers funds to help people aged 8-24 become more confident and play an active part in realising their potential.	Funding between £10,000 to £100,000 – can be over 3 years	No deadline but the BLF prefer you to discuss your project with them. The funding team has a good	Resilient, Included, Supported Group

<a href="https://www.biglotteryfund.org.uk/funding/programmes/young-start">https://www.biglotteryfund.org.uk/funding/programmes/young-start</a>	<ul style="list-style-type: none"> <li>• Support for voluntary and community organisations</li> </ul> <p>Focus on the following 3 outcomes;</p> <ul style="list-style-type: none"> <li>• children and young people have better physical, mental and emotional wellbeing</li> <li>• children and young people have better connections with the wider community</li> <li>• children and young people get access to new skills and training opportunities which will help them to get a new job or start a business.</li> </ul>		relationship with the BLF North funding officer	<p>Locality Partnerships</p> <p>Aberdeen Prospers Group</p> <p>Sustainable City Group</p> <p>Integrated Children's Services</p>
<p>Volant Charitable Trust – Open Grants Programme</p> <p><a href="https://www.foundationscotland.org.uk/programmes/volant/">https://www.foundationscotland.org.uk/programmes/volant/</a></p>	<p>Grants are available for charitable and not-for-profit organisations in Scotland undertaking projects to help poverty and social deprivation, particularly supporting children, young people and women.</p>	Up to £30,000	31 October 2019	<p>Resilient, Included, Supported Group</p> <p>Locality Partnerships</p> <p>Aberdeen Prospers Group</p> <p>Sustainable City Group</p>

				Integrated Children's Services
<p>Esmee Fairbairn Foundation – Young People Leaving Care Funding</p> <p><a href="https://esmefairbairn.org.uk/">https://esmefairbairn.org.uk/</a></p>	<p>Grants are available to charitable organisation that support young care leavers emotionally and financially with the ultimate goal of aiding them to make a successful transition to independence.</p>	<p>Average Grant around £100,000</p>	<p>No deadline date</p>	<p>Resilient, Included, Supported Group</p> <p>Locality Partnerships</p> <p>Aberdeen Prospers Group</p> <p>Sustainable City Group</p> <p>Integrated Children's Services</p>
<p>Robertson Trust's New Wee Grants for Wee Groups in Scotland</p> <p><a href="http://www.therobertsontrust.org.uk/what-we-fund/wee-grants-for-wee-groups">http://www.therobertsontrust.org.uk/what-we-fund/wee-grants-for-wee-groups</a></p>	<p>Grants are available for charities with an annual income of £100,000 or less and constituted community groups that work in the following areas:</p> <ul style="list-style-type: none"> <li>Care and Wellbeing – improving the quality of life for those affected by physical and/or mental health issues and their carers.</li> <li>Strengthening Communities – increasing the ability and capacity of</li> </ul>	<p>One-year grants of between £500 and £2000</p>	<p>No set deadline</p>	<p>Resilient, Included, Supported Group</p> <p>Locality Partnerships</p> <p>Aberdeen Prospers Group</p>

	<p>people and communities to create solutions which address local need.</p> <ul style="list-style-type: none"> <li>Realising Potential – developing confidence and resilience in young people, particularly those who face barriers to success.</li> </ul>			<p>Sustainable City Group</p> <p>Integrated Children's Services</p>
<b>Place</b>				
<p>Sanctuary (Scotland) Housing Association Limited – Grant Ideas Fund</p> <p><a href="https://www.sanctuary-housing.co.uk/about-the-grand-ideas-fund#Who-can-apply">https://www.sanctuary-housing.co.uk/about-the-grand-ideas-fund#Who-can-apply</a></p>	<p>The fund will support help to deliver activities that make a difference to the lives of Sanctuary's residents and their communities. Projects should fall into one or more of these themes: Employment; Education; Skills and Training; Health and Wellbeing; Community safety and infrastructure; Environment; Financial inclusion.</p>	Up to £1000	Apply at any time	<p>Resilient, Included, Supported Group</p> <p>Locality Partnerships</p> <p>Aberdeen Prospers Group</p> <p>Sustainable City Group</p>
<p>WREN – FCC Scottish Action Fund</p> <p><a href="http://www.wren.org.uk/apply/fcc-scottish-action-fund">http://www.wren.org.uk/apply/fcc-scottish-action-fund</a></p>	<p>The FCC fund offers funding to projects via the Scottish Landfill Communities Fund. Project come under the headings:</p> <ul style="list-style-type: none"> <li>Land reclamation</li> <li>Community Recycling</li> <li>Public amenities and parks</li> <li>Biodiversity and historic buildings</li> </ul>	Between £2000 and £100,000	<p>2019 deadlines</p> <p>27<sup>th</sup> November</p>	<p>Resilient, Included, Supported Group</p> <p>Locality Partnerships</p> <p>Aberdeen Prospers Group</p>

				Sustainable City Group
<p>Climate Challenge Fund (Scotland) – Development Grants</p> <p><a href="https://www.keepsotlandbeautiful.org/sustainability-climate-change/climate-challenge-fund/applying-for-ccf-funding/development-grants/">https://www.keepsotlandbeautiful.org/sustainability-climate-change/climate-challenge-fund/applying-for-ccf-funding/development-grants/</a></p>	<p>Grants are available for community-led organisations to develop future climate action applications and support peer to peer learning activities which enhances the organisation's capacity to tackle climate change.</p>	£500	<p>16 August 2019</p> <p>13 September 2019</p>	<p>Locality Partnerships</p> <p>Aberdeen Prospers Group</p> <p>Sustainable City Group</p>
<b>Technology</b>				
<p>BT – Community Fibre Partnerships</p> <p><a href="https://communityfibre.openreach.co.uk/">https://communityfibre.openreach.co.uk/</a></p>	<p>A £2 million grant for communities in the UK to get superfast, or ultrafast broadband so long as there is a school/learning function.</p> <p>Increasing access to the right technology helping communities and schools achieve:</p> <ul style="list-style-type: none"> <li>• Superfast broadband can enhance learning and online safety</li> <li>• Students and staff won't see any internet slow-downs, even during peak times</li> <li>• Schools that have got superfast find it has a very positive effect on teaching outcomes and students spending more time accessing virtual I</li> </ul>	<p>Grants of up to £30,000 of new infrastructure serving school or learning establishments</p>	No deadline date	<p>Aberdeen Prospers</p> <p>Digital City Group</p>

	<ul style="list-style-type: none"> <li>• earning environments</li> </ul>			
Transform Foundation – Charity Website Grant Programme  <a href="https://www.transformfoundation.org.uk/">https://www.transformfoundation.org.uk/</a>	Grants are available for small and midsize charities in the UK to cover the upfront costs of a new charity-specific website including strategy, design, development and training	£18,000	No deadline date	Aberdeen Prospers  Digital City Group



## Community Planning Aberdeen Consultation and Legislation Tracker

CURRENT CONSULTATIONS	Closing Date	Action Required	Outcome Improvement Group
<u>The Welfare Foods (Best Start Foods) (Scotland) Regulations 2019</u> Regulations into force 12/8/19, except reg 21 and sch 2 (3/20). Will provide for a new scheme Best Start Foods. Will replace UK Healthy Start Vouchers in Scotland, (min £4.25/pw)for pregnant women and children under 3 (on certain benefits).	12/08/2019	To Be Decided	Integrated Children's Services
<u>Strategic Commissioning Framework for Community Justice</u> Community Justice Scotland has been working with partners to develop guidance that will support Partnerships to implement strategic commissioning. The draft Strategic Commissioning Framework outlines guidance to support partnerships to develop good practice over the next three to five years.	30/08/2019	To Be Decided	Community Justice Group

Forthcoming Legislation	Action Required	Outcome Improvement Group
<u>Children and Young People (Information Sharing) (Scotland) Bill</u> The Bill aims to amend the Children and Young People (Scotland) Act 2014 on the provision of information in relation to the named person service and the preparation and implementation of child's plans.	For Information	Integrated Children Services
<u>Domestic Abuse (Scotland) Act 2018</u> Certain aspects came into force on 1 April 2019. Part 1 – Offence as to Domestic Abuse is not in force. There is no proposed commencement date for some of the other provisions as yet.	For Information	Community Justice

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## Community Planning Aberdeen

### **Community Planning Aberdeen Dates and Deadlines 2020**

Please note that draft reports should be submitted by the draft deadline in order for these to be considered at the pre meeting with the Chair. All draft reports should have received approval from their respective organisations and/or Outcome Improvement Group where applicable prior to submission. Report authors are not required to attend the CPA pre meetings.

<b>Draft Report Deadline</b> (10am deadline unless otherwise stated)	<b>Pre Meetings</b> (all meetings commence at 2pm)	<b>Report Deadline</b> (10am deadline unless otherwise stated)	<b>Meeting Dates</b> (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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