



Community Planning Aberdeen Board

Meeting on **MONDAY, 2 DECEMBER 2019 at 2.00 pm**

Council Chamber - Town House, Aberdeen

B U S I N E S S

APOLOGIES AND INTRODUCTIONS

DECLARATIONS OF INTEREST

- 1.1 Partners are requested to intimate any declarations of interest

MINUTES AND FORWARD BUSINESS PLANNER

- 2.1 Minute of Previous Meeting of 9 September 2019 - for approval (Pages 3 - 10)
- 2.2 Draft Minute of the Meeting of the CPA Management Group Meeting of 28 October 2019 - for information (Pages 11 - 24)
- 2.3 CPA Board Forward Business Planner (Pages 25 - 30)
- 2.4 National Update, Scottish Government - to follow

CPA IMPROVEMENT PROGRAMME 2019-21

- 3.1 CPA Improvement Programme 2019-21 Quarterly Update Report + Appendices: (Pages 31 - 160)
Appendix 1: New Charters (pages 31-102)
Appendix 2: Live Project Updates (pages 103-160)
- 3.2 Update on LOIP Project 27-30 Month Health Visitor Review (Pages 161 - 164)

GENERAL BUSINESS

- 4.1 Presentation on Planning Reform and the Planning (Scotland) Bill
- 4.2 Date of Next Meeting - 26 February 2020 at 2pm

Should you require any further information about this agenda, please contact Emma Robertson, tel. 01224 522499 or email emmrobertson@aberdeencity.gov.uk

**COMMUNITY PLANNING ABERDEEN BOARD
9 SEPTEMBER 2019**

Present:- Campbell Thomson, Vice Chair (Police Scotland),
Councillors Greig and Wheeler (Aberdeen City Council),
Councillor Duncan (Integration Joint Board Chair),
Mervyn Bain (Aberdeen University)
Bruce Farquharson (Scottish Fire and Rescue Service)
Gordon MacDougall (Skills Development Scotland),
Ken Milroy (North East College),
Alastair Robertson (Aberdeen Active Partnership),
Angela Scott (Aberdeen City Council),
Jonathan Smith (Civic Forum),
Susan Webb (Public Health).

Also Present:- Derek McGowan and Michelle Cochlan (both Aberdeen City Council).

Apologies:- Councillors Laing and Flynn (Aberdeen City Council), Liv Cockburn (ACVO), Karl Leydecker (University of Aberdeen) and Neil Rennick (Scottish Government).

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Topic	Discussion/Decision	Action By
1. Welcome and Introductions	The Vice Chair welcomed all to today's meeting of the CPA Board, and explained that he would Chair in Councillor Laing's absence.	
2. Declarations of Interest	There were no declarations of interest.	
3. Minute of Previous Meeting of 1 July 2019	The Board had before it the minute of its previous meeting of 1 July 2019, for approval. With reference to Item 10, Summary Local Outcome Improvement Plan 2016-26, Campbell Thomson queried whether this had been published. Michelle Cochlan informed the Board that it had been published on the Community Planning Aberdeen website and that there had been a social media campaign and it had been circulated by the Community Planning Team and Communications Team.	

Agenda Item 2.1

Topic	Discussion/Decision	Action By
	<p>In respect of Item 12, Public Health Scotland – Consultation, Susan Webb reported that feedback from the last meeting had been incorporated in the final response to the consultation and that this had been submitted on behalf of Community Planning Aberdeen.</p> <p><u>The Board resolved:-</u> (i) to note the updates; and (ii) to approve the minute as a correct record.</p>	
4. Draft Minute of the CPA Management Group of 5 August 2019	<p>The Board had before it the draft minute of the CPA Management Group meeting of 5 August 2019, for information.</p> <p><u>The Board resolved:-</u> to note the draft minute.</p>	
CPA Board Forward Business Planner	<p>With reference to item 6 of the minute of its meeting of 1 July 2019, the Board had before it the forward business planner for the Community Planning Aberdeen Board. Michelle Cochlan advised that the greyed-out areas were Charters that had been due to come to the meeting but had not come forward.</p> <p><u>The Board resolved:-</u> 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
6. National Update, Scottish Government	<p>With reference to item 7 of the minute of its meeting of 1 July 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"> • Spending Review • Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs • Health and Social Care Integration • Transport Bill • Moray Growth Deal 	

Topic	Discussion/Decision		Action By
Page 7	(2) Charter 3.2 – Births Affected by Drugs: Stretch Outcome 3 – Reduce the number of births affected by drugs by 0.6% by 2022.	Charter approved.	Simon Rayner, ADP
	(3) Charter 3.3 – Teenage Pregnancy: Stretch Outcome 3 - Reduce the rate of teenage pregnancies [under 16s] by 3% by 2021; and Reduce the rate of teenage pregnancies [under 16s] in the CPP locality areas by 10% by 2021.	Charter approved.	Rachel Thompson, Children & Young People
	(4) Charter 4.1 – Children’s Mental Wellbeing: Stretch Outcome 4 - Increase the confidence of parents and young people to recognise and seek support in response to deteriorating mental wellbeing by 2022; <u>and</u> Increase the confidence of school-based staff to recognise and respond to children who require support and directing them to school Nursing Service to 90% by 2021.	Charter approved.	Bill O’Hara, ACC and Lauren Mackie, ACHSCP
	(5) Charter 6.4 - Parent Pathway Support: 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.	Charter approved.	Alex Duncan, QIM
	(6) Charter 6.5 – Positive Destinations for Winter Leavers: Stretch Outcome 6 - Reduce the number of winter leavers with no positive destination by 50% by 2021.	Charter approved.	Leona McDermid, Aberdeen Foyer
	(7) Charter 8.1 - Reducing Anti-Social Behaviour: Stretch Outcome 8 - Increase by 20% the number of young people identified as being at risk of becoming involved in offending behaviour who are engaged in targeted	Charter approved.	Derek McGowan, ACC Sergeant Brian Cumming,

Topic	Discussion/Decision		Action By
Page 8	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.		Police Scotland
	(8) Charter 9.1 – Diversion from Prosecution: Stretch Outcome 9 - 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.	Charter approved.	Claire Duncan, ACC
	(9) Charter 11.2 – Aberdeen Links Service: Stretch Outcome 11 - Extend link working approach across primary care to support 3,000 people to attain their own identified outcomes by 2021.	Charter approved.	Jenny McCann, ACHSCP
	(10) Charter 11.3 – Reducing Obesity: Stretch Outcome 11 - Reduce % of men and women who are obese to 20% by 2021.	Charter approved.	Chris Littlejohn, NHS Grampian
	(11) Charter 12.1 – Care Experienced Children Substance Misuse: Stretch Outcome 12 - Increase the % of Care experienced children and young people receiving educational and support input on alcohol/drugs issues by 2021.	Charter approved.	Simon Rayner, ACHSCP Tam Walker, ACC
	(12) Charter 12.2 – School Curriculum for Substance Misuse: Stretch Outcome 12 - 100% of school have a progressive, cohesive and relevant substance misuse curriculum by 2021.	Charter approved.	Lesley Stopani, ACC Simon Rayner, ACHSCP

Topic	Discussion/Decision	Action By		
Page 9	<table border="1" data-bbox="443 288 1796 512"> <tr> <td data-bbox="443 288 1182 512">(13) Charter 12.3 – Reduce Fatal Drug Overdose: Stretch Outcome 12 - Reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2021.</td> <td data-bbox="1182 288 1796 512">Charter approved.</td> </tr> </table> <p data-bbox="427 552 1818 879">Partners also discussed the importance of assigning the correct person to lead each project to ensure they progress at pace. . In this regard, Susan Webb advised that a Child Health Commissioner had recently been appointed who would work with the Integrated Children’s Services Board to ensure appropriate leads from NHS Grampian. In terms of the project ‘Increase the number of 27-30 month reviews completed for eligible children by 5.2%, by 2021’ (Stretch Outcome 3), Ms Webb reported that there was work to be carried out review the quality of data in this area to understand the issues for this project but that this was being addressed. Ms Webb will report back to the Board on whether this project is a single system or Partnership project once this review has been complete.</p> <p data-bbox="427 959 748 986"><u>The Board resolved:-</u></p> <ul style="list-style-type: none"> <li data-bbox="427 995 1809 1027">(i) to note the updates provided on live improvement projects in terms of recommendation (a); <li data-bbox="427 1034 1032 1066">(ii) to approve the recommendation (b); <li data-bbox="427 1072 1818 1136">(iii) to agree that the postponed and outstanding charters be brought back to the Board Meeting in December 2019; <li data-bbox="427 1142 1818 1206">(iv) that the report from Susan Webb on the above project under Stretch Outcome 3 go to the next meeting of the CPA Management Group; and <li data-bbox="427 1212 1818 1276">(v) to note that an update on the project status of all approved project charters would be submitted at the next meeting of the Board. 	(13) Charter 12.3 – Reduce Fatal Drug Overdose: Stretch Outcome 12 - Reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2021.	Charter approved.	Tara Shivaji, NHS Grampian Simon Rayner, ACHSCP
(13) Charter 12.3 – Reduce Fatal Drug Overdose: Stretch Outcome 12 - Reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2021.	Charter approved.			
8. Date of Next Meeting	The Board noted that its next meeting would be held on 2 December 2019 at 2pm.			

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COMMUNITY PLANNING ABERDEEN MANAGEMENT GROUP

28 OCTOBER 2019

Present:- Angela Scott (Aberdeen City Council) (Chair), David Paterson (Police Scotland) (as a substitute for Graeme Duncan, Vice Chair), Jamie Bell (Scottish Enterprise), Ally Birkett (Grampian Fire and Rescue) (as a substitute for Scott Symon). Allison Carrington (Aberdeen Prospers), Neil Cowie (North East College), Richard Craig (Alcohol and Drugs Partnership), Nicola Graham (Skills Development Scotland), Maggie Hepburn (ACVO), Chris Littlejohn (Public Health) (as a substitute for Jillian Evans), Derek McGowan (Community Justice Group), , Rob Polkinghorne (Integrated Children’s Services), , Sandra Ross (Resilient, Included and Sustainable and Health and Social Care Integration), Jonathan Smith (Civic Forum) (as a substitute for Lavina Massie). and Kelly Wiltshire (Nestrans) (as a substitute for Rab Dickson).

Also Present:- Neil Carnegie, James Simpson, Michelle Cochlan and Martin Murchie (All Aberdeen City Council and Alison Potts (Public Health).

Apologies:- Rab Dickson (Nestrans), Jillian Evans (NHS Grampian and Sustainable City) and Graeme Duncan (Police Scotland) (Vice Chair).

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Topic	Discussion/Decision	Action By
1. Welcome	<p>The Chair opened the meeting and as there were a number of new attendees, partners introduced themselves. The Chair began by congratulating Neil Cowie on his appointment as Principal of North East College.</p> <p><u>The Management Group resolved:</u> to concur with the Chair’s remarks.</p>	
2. Minute of Previous Meeting of 5 August 2019	<p>The Management Group had before it the minute of its meeting of 5 August 2019, for approval.</p> <p>In respect of item 3 (2019 LOIP Improvement Projects and Creating the Conditions for Success), of the minute, the Management Group noted that Jillian Evans and Martin Murchie would provide an update on the Shared Intelligence Unit at the same time as bringing a report on the Outcome Framework to the CPA Management Group meeting in January 2020.</p>	Jillian Evans/Martin Murchie/ Michelle Cochlan

Agenda Item 2.2

Topic	Discussion/Decision	Action By
Page 12	<p>In respect of item 3 (Achieving Pace through Rapid Cycle Testing – Training of Project Leads), of the minute, the Management Group noted the importance in respect of the training of Project Leads. The Chair encouraged Outcome Improvement Group Chairs to collect a handout from Michelle Cochlan at the end of the meeting. The Chair reiterated the requirement for project Leads to undertake the Improvement Methodology training - and repeat if necessary - as Aberdeen City Council could not sustain the current level of quality assurance.</p> <p>With reference to item 13 (Community Planning Aberdeen Funding Tracker) of the minute, the Chair advised that there were key funding opportunities available to the Partnership linked to the themes within the LOIP and Locality Plans and that Stuart Bews, Senior External Funding and Policy Officer within ACC, was to review all approved Charters to see where funding could be accessed.</p> <p>With reference to Item 14 (Consultation and Legislation Tracker) of the minute, Derek McGowan confirmed that he had responded to the Strategic Commissioning Framework for Community Justice consultation on behalf of the Partnership.</p> <p><u>The Management Group resolved:</u></p> <ul style="list-style-type: none"> (i) to approve the minute as a correct record; (ii) to note the updates as recorded above and the further action to be taken; (iii) to note that all other actions from the previous meeting as recorded had been undertaken or were ongoing; and (iv) to note the meeting dates for 2020. 	<p>Outcome Improvement Group Chairs</p> <p>Stuart Bews</p>
3. Draft Minute of the CPA Board Meeting of 9 September 2019	<p>The Management Group had before it the draft minute of the CPA Board meeting of 9 September 2019, for information.</p> <p><u>The Management Group resolved:</u> to note the draft minute.</p>	
4. CPA Improvement Programme	<p>The Management Group had before it a report by Michelle Cochlan, Corporate Strategy and Community Planning Manager, which provided an update on the projects within the Local Outcome Improvement Plan 2016-26 which had started, or were due to</p>	

Topic	Discussion/Decision	Action By						
2019-21 Quarterly Update Report Page 13	<p>start, to deliver the Partnership's 15 Stretch Outcomes by 2026. The report also included new charters for approval for project initiation.</p> <p>The report recommended – that the Management Group:</p> <ul style="list-style-type: none"> (i) approve the new charters included in Appendix 1 of the report for submission to CPA Board; (ii) approve the rescheduling of all other charters which were due to be submitted to CPA Board in December, but had been postponed; (iii) consider the proposal to remove the project aim to 'Increase the number of 27-30-month reviews completed for eligible children by 5.2% by 2021' from the LOIP, as per item 2.2 and submit this request to the CPA Board; (iv) consider the proposal to monitor achievement of the project aim to reduce the number children who experience more than 1 placement over a year by 2022 through the delivery of Project 5.2. Increase the number of kinship & foster carers; and Project 5.4. Increase Trauma skills and knowledge of staff and carers and submit this request to the CPA Board; and (v) consider the updates provided on live improvement projects in Appendix 2. <p>The Management Group discussed the project updates and commented on each as detailed below.</p>							
	<table border="1"> <thead> <tr> <th data-bbox="414 1085 1048 1125">New Charters: Projects Starting</th> <th data-bbox="1048 1085 1675 1125">CPA Management Group Comment</th> </tr> </thead> <tbody> <tr> <td data-bbox="414 1125 1048 1236"> Stretch Outcome 1 - Increase the number of SVQ level 4 qualifications achieved in ICT and Digital by 10% by 2021. </td> <td data-bbox="1048 1125 1675 1236"> Noted postponement of charter. </td> </tr> <tr> <td data-bbox="414 1236 1048 1497"> Stretch Outcome 1 - Increase the number of people employed in growth sectors by 5% by 2021. </td> <td data-bbox="1048 1236 1675 1497"> Noted postponement of charter and additional reasons given. This project had suffered a setback as the lead had moved to a new role. Aberdeen Prospers now seeking a new lead for this project. In the meantime, work was ongoing regionally in relation to this area. </td> </tr> </tbody> </table>	New Charters: Projects Starting	CPA Management Group Comment	Stretch Outcome 1 - Increase the number of SVQ level 4 qualifications achieved in ICT and Digital by 10% by 2021.	Noted postponement of charter.	Stretch Outcome 1 - Increase the number of people employed in growth sectors by 5% by 2021.	Noted postponement of charter and additional reasons given. This project had suffered a setback as the lead had moved to a new role. Aberdeen Prospers now seeking a new lead for this project. In the meantime, work was ongoing regionally in relation to this area.	
	New Charters: Projects Starting	CPA Management Group Comment						
	Stretch Outcome 1 - Increase the number of SVQ level 4 qualifications achieved in ICT and Digital by 10% by 2021.	Noted postponement of charter.						
Stretch Outcome 1 - Increase the number of people employed in growth sectors by 5% by 2021.	Noted postponement of charter and additional reasons given. This project had suffered a setback as the lead had moved to a new role. Aberdeen Prospers now seeking a new lead for this project. In the meantime, work was ongoing regionally in relation to this area.							

Topic	Discussion/Decision		Action By	
Page 14	Stretch Outcome 2 - Increase the % of people in Aberdeen who feel comfortable using digital tools by 2021.	Charter received and partly ready. The Group agreed this could proceed to be presented to the Board in December 2019, subject to feedback from QA being addressed.	Allison Carrington, Aberdeen Prospers	
	Stretch Outcome 2 - Increase employer sign up to the Real Living Wage by 2021, and year on year to achieve Real Living Wage City Status by 2026.	Charter received and partly ready. The Group agreed this could proceed to be presented to the Board in December 2019, subject to feedback from QA being addressed.		Allison Carrington, Aberdeen Prospers
	Stretch Outcome 2 - 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).	Noted postponement of charter.		
	Stretch Outcome 3 - Reduce the number of babies exposed to second-hand smoke (at 6-8 week review) by 10% by 2022; and Reduce the number of pregnant mothers who smoke by 10% by 2022.	Charter received and partly ready. The Group agreed this could proceed to be presented to the Board in December 2019, subject to feedback from QA being addressed.	Rob Polkinghorne, ICS	
	Stretch Outcome 3 - Increase the number of pregnant young people who are able to remain in education during pregnancy by 50%, by 2022.	Noted postponement of charter.		
	Stretch Outcome 3 - Increase the number of 27-30 month reviews completed for eligible children by 5.2%, by 2021	Noted proposal to remove this project aim from the LOIP. This item was discussed under Item 2.2 of the CPA Management Group agenda.		
	Stretch Outcome 3 - Increase in the uptake of Healthy Start Scheme and Vitamins by 4% by April 2020.	Noted postponement of charter to April 2020. However, also noted a charter has been brought forward by the Sustainable		

Topic	Discussion/Decision		Action By
Page 16	Stretch Outcome 4 - Increase the support provided by the school Nursing service to children and young people with escalating mental wellbeing concerns by 50% by 2022	Charter received and will be now proceed to the CPA Board in December 2019.	Rob Polkinghorne, ICS
	Stretch Outcome 5 - Increase number of staff, including carers working with care experienced children and young people trained in trauma skills and knowledge, to 80% by 2021	Charter received. The Management Group noted that there is no Police, Fire or Education colleagues represented on the project team. ICS Board to consider partner representation and, if appropriate to do so, revise the charter before submission to CPA Board.	
	Stretch Outcome 5 - Reduce the number children who experience more than 1 placement over a year by 2022.	The Management Group noted the proposal that delivery of this aim will be evidenced through the delivery of projects 5.2 (approved by Board) and 5.4 (charter for project above) rather than exist as a standalone project. ICS Board asked to evidence this by producing a one page document which shows how this will be measured by the data collected for the two projects and include within the update report to CPA Board.	
	Stretch Outcome 5 - Increase the number of children and young people remaining in a placement between 16-18 year by 2021.	Charter received and partly ready. The Group agreed this could proceed to be presented to the Board in December 2019, subject to feedback from QA being addressed.	
	Stretch Outcome 6 - Increase the number of partners supporting delivery of the Senior Phase by 10% by 2021.	Chair of ICS Board updated the group that no lead has been identified for this project yet. However, it will be ready to go to ICS in December 2019 and to the CPA Board in February 2020.	

Topic	Discussion/Decision		Action By
Page 17	Stretch Outcome 6 - Increase the range and number of accredited courses being provided by schools and partners by 25% by 2021.	Chair of ICS Board updated the group that no lead has been identified for this project yet. However, it will be ready to go to ICS in December 2019 and to the CPA Board in February 2020.	Rob Polkinghorne, ICS
	Stretch Outcome 7 - Child Friendly City which supports all children to prosper and engage actively with their communities by 2026.	No charters due. The Chair of ICS Board reported that they were working with UNICEF and hoped to have Accreditation within 2 years.	
	Stretch Outcome 8 - Reduce the number of young people identified as having indicators of being at risk of being excluded from school by 2021.	The Chair of Community Justice updated the group that there is a draft charter for this project. The CPA Management Group agreed that, subject to a positive QA by the Community Planning Team, this should be submitted to the CPA Board meeting in December.	Derek McGowan, ACC
	Stretch Outcome 10 - Increase number of young people who need support in relation to trauma and bereavement having access to such support by 2021.	The Chair of Community Justice updated the group that there is a draft charter for this project. The CPA Management Group agreed that, subject to a positive QA by the Community Planning Team, this should be submitted to the CPA Board meeting in December.	Derek McGowan, ACC
	Stretch Outcome 10 - Increase in number of calls by Criminal Justice professionals for advice/support to an expert helpline.	Noted postponement of charter.	
	Stretch Outcome 11 - Improve health and wellbeing outcomes for at least 50% of homeless people participating in the Housing First programme by 2021.	Charter received and will be now proceed to the CPA Board in December 2019.	
	Stretch Outcome 11 - Increase the number of people with autism who are supported to be in education,	Charter received and not ready. Feedback from QA to be addressed. The group supported the focus in the charter	

Topic	Discussion/Decision		Action By	
Page 18	employment or training by 2021.	on the employability of 16-25 year olds, but felt that this should be reflected in the project aim. Therefore, it was agreed to submit the charter to the CPA Board along with the recommendation that the project aim is changed to 'Increase the number of autistic people aged 16 to 25 who are supported into employment by 2021'.	Sandra Ross, Health & Social Care IJB	
	Stretch Outcome 11 - Increase by 25% year on year, the number of people who have benefited from a Making Every Opportunity Count conversation or intervention.	Charter received and not ready. Feedback from QA to be addressed. Chair of Resilient, Included, Supported Group explained that this is a scale up project rather than test of change. The Chair of the Management Group advised that in this case a report should come back which follows the guidance on scaling up innovations produced by What Works Scotland. This will require the RIS group to present robust local evidence/ data to support the proposal that MEOC is now spread without need for testing.		Sandra Ross, Health & Social Care IJB
	Stretch Outcome 11 - Increase opportunities for people who are retired to continue and increase their contribution to communities by 10% by 2021.	Charter received and not ready. Feedback from QA to be addressed. The Management Group was happy for this to proceed to CPA Board for approval, provided the team address the feedback provided during the QA process.		Sandra Ross, Health & Social Care IJB
	Stretch Outcome 12 - Increase the number of Number of alcohol licensed premises awarded Best Bar None status by 2021.	Charter received and partly ready. The Group agreed this could proceed to be presented to the Board in December 2019, subject to feedback from QA being addressed.		Richard Craig, ADP

Topic	Discussion/Decision		Action By
Page 19	Stretch Outcome 12 - Increase number of alcohol brief interventions delivered by Primary Care providers and other professionals by 100% by 2021.	Charter received and will be now proceed to the CPA Board in December 2019.	Richard Craig, ADP
	Stretch Outcome 12 - Reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2021.	CPA Management Group was advised of an error in the report which will be corrected before submission to CPA Board. The project aim included within this section of the report should have read 'Increase opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment by 2021'. CPA Management Group noted the postponement of the charter for this project. The fata drug overdose aim was included in error. The project charter for this project was approved by CPA Board in September 2019.	Michelle Cochlan, ACC
	Stretch Outcome 13 - Increase the number of people using community pantries by 2021.	Charter received and partly ready. The Group agreed this could proceed to be presented to the Board in December 2019, subject to feedback from QA being addressed.	Chris Littlejohn, Public Health Jillian Evans, Public Health
	Stretch Outcome 15 - Increase % of people who walk as main mode of travel to 31% by 2021; and Increase % of people who cycle as main mode of travel to 3% by 2021.	Noted postponement of charter.	
	Allison Carrington reported that Aberdeen Prospers was unable to identify a full time Chair. It was agreed that this would be escalated to the CPA Board.		Allison Carrington, SDS

Topic	Discussion/Decision	Action By
	<p><u>The Management Group resolved:</u></p> <ul style="list-style-type: none"> (i) to note the comments and act as appropriate prior to the submission of the Update report to CPA Board; (ii) to note the updates provided on live improvement projects in Appendix 2. 	Michelle Cochlan, ACC/ Chairs of Outcome Improvement Groups
<p>5. Update on LOIP Project 27-30 Month Health Visitor Review</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 20</p>	<p>The Management Group had before it a report which presented an update on LOIP Project 27-30 Month Health Visitor Review. Chris Littlejohn referred the Group to Stretch Outcome 3 on page 29 of Item 2.1 on the agenda (Item 4 of this minute) proposing the removal of this aim from the LOIP. It was discussed that there had been concern for some time on the systematic ability to review the data, which it was felt sat with Health Visiting to get right. As it was a single agency's responsibility the proposal was to remove it from the LOIP as a project with a charter.</p> <p>The Chair advised that she was minded to accept the logic in removing the project, however it would be for the CPA Board to determine and that a paper would need to be submitted to the Board for consideration, which should include further information on the digitalisation of the Health Visiting service by ACHSCP.</p> <p><u>The Management Group resolved:</u></p> <p>to agree in principle to the proposal to remove the project aim to 'Increase the number of 27-30month reviews completed for eligible children by 5.2% by 2021' from the LOIP and submit this request in a report to the CPA Board.</p>	Jillian Evans, Public Health NHS/ Sandra Ross, Health & Social Care IJB
6. Locality Planning	<p>The Management Group had before it a report providing an update on Locality Planning and development of Locality Planning Annual Reports for 2018/19.</p> <p>The report recommended -</p> <p>that the Management Group:</p> <ul style="list-style-type: none"> (i) note the current Locality Planning activity; (ii) agree the process set out for consulting and reporting Locality Plan Annual Reports; and 	

Topic	Discussion/Decision	Action By
	<p>(iii) request a further report setting out proposals for refreshing Locality Plans in consultation with the three Locality Partnerships.</p> <p><u>The Management Group resolved:</u></p> <p>(i) that a report be submitted to the CPA Board which takes stock of the locality improvement projects; identifying which projects have ceased, are in progress or have scaled up. Also identifying which city-wide LOIP projects are currently being tested in localities; and</p> <p>(ii) thereafter to agree the recommendations.</p>	Derek McGowan, ACC Neil Carnegie, ACC
<p>7. Community Planning Budget 2019/20 - Q2 Budget Monitoring Report</p> <p>Page 21</p>	<p>The Management Group had before it the CPA Budget Monitoring Report in respect of Quarter 2 of 2019/20, for information.</p> <p><u>The Management Group resolved:</u> to note the report.</p>	All Partners
<p>8. CPA Forward Planner</p>	<p>The Management Group had before it the Forward Planner.</p> <p><u>The Management Group resolved:</u> to note the Forward Planner.</p>	All Partners
<p>9. Funding Tracker</p>	<p>The Management Group had before it the Funding Tracker.</p> <p>The Chair advised as per Item 2 of this Minute that there were key funding opportunities available to the Partnership for approved charters, but no requests had been received. Stuart Bews, Senior External Funding and Policy Officer, has been asked to review all approved Charters to advise on where funding could be accessed.</p> <p><u>The Management Group resolved:</u> to note the Funding Tracker.</p>	Stuart Bews

Topic	Discussion/Decision	Action By
<p>10. Horizon Scanner</p> <p>Page 22</p>	<p>The Management Group had before it the Horizon Scanner which highlighted new publications/legislation; partnership news/issues emerging; current consultations; and forthcoming legislation.</p> <p>Michelle Cochlan spoke to the report and highlighted the following points:</p> <p>Partnership News/ Issues Emerging: Trauma Informed Practice Training: A number of the LOIP projects refer to change ideas around trauma training. Issue raised by Gillian Robertson, Alcohol and Drugs Partnership regarding the need for a joined-up approach across the Partnership to develop a cohesive training programme. Gillian Robertson was asked to look across the Charters and report back to the Management Group.</p> <p>Innovate and Improve Learning Programme: CPA Capacity Building Programme for staff and communities. This includes booking instructions for monthly Improvement Bootcamps which should be attended by all LOIP Improvement Project Managers, as a minimum. ACC to track the uptake of places on training.</p> <p>Current Consultations: ACHSCP Mental Health and Living Well with Dementia Delivery Plans: Partners to feed back to Jenny Rae and Julie Somers.</p> <p><u>Consultation on The Principles of a Local Discretionary Transient Visitor Levy or Tourist Tax:</u> This consultation seeks to develop government understanding of the issues and concerns with regard to the introduction of a Transient Visitor Levy and help inform the development of legislation to enable local authorities to apply a visitor levy. There are information events being run by Scottish Government: 16 October 6 - 7.30pm North East Scotland College 17 October 9 - 10.30am North East Scotland College. Closing date for responses: 2 December 2019.</p>	<p>Gillian Robertson</p> <p>Michelle Cochlan, ACC</p> <p>All Partners</p> <p>All Partners on a single agency level</p>

Topic	Discussion/Decision	Action By
	<p><u>The role of Public Sector Bodies in tackling climate change: A Consultation:</u> This consultation is focussed on the role of public sector bodies in ending Scotland's contribution to climate change, how the wider public sector can work together to make a step-change in delivery. Jillian Evans to be approached to see if she had capacity to co-ordinate the response. Closing date for responses: 4 December 2019.</p> <p>The Chair highlighted a strategic consultation that was ongoing in relation to the Ambulance Service and intimated that a partnership response would be required. Volunteers to contact Michelle Cochlan.</p> <p><u>The Management Group resolved:</u> to note the Horizon Scanner and the updates provided.</p>	<p>Jillian Evans/ Chris Littlejohn</p> <p>Michelle Cochlan, ACC All Partners</p>
Date of Next meeting	The Management Group noted that its next meeting would be held on 29 January 2020 at 2pm.	

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Community Planning Aberdeen

FORWARD PLANNER

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

Title of report	Contact Officer
CPA Management Group: 28 October 19/ CPA Board 2 December 19	
CPA Quarterly Budget Monitoring Report (Management Group only)	Michelle Cochlan (ACC)
SISTEMA update	Derek McGowan (ACC)
Locality Planning and Annual Reports 2018/19	Neil Carnegie (ACC)
CPA Improvement Programme Quarterly Update Report	Michelle Cochlan (ACC)
Economy Project Charters	
Increase the number of SVQ level 4 qualifications achieved in ICT and Digital by 10% by 2021	
Increase the number of people employed in growth sectors by 5% by 2021.	
Increase employer sign up to the Real Living Wage by 2021. and year on year to achieve Real Living Wage City Status by 2026	Allison Carrington (SDS)
Increase the % of people in Aberdeen who feel comfortable using digital tools by 2021.	Allison Carrington (SDS)
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)	
People (Children & Young People) Project Charters	
Reduce the number of babies exposed to second-hand smoke (at 6-8 week review) by 10% by 2022; and Reduce the number of pregnant mothers who smoke by 10% by 2022	Rob Polkinghorne (ACC)
Increase the number of pregnant young people who are able to remain in education during pregnancy by 50%, by 2022	
Increase the number of 27-30 month reviews completed for eligible children by 5.2%, by 2021	
Increase in the uptake of Healthy Start Scheme and Vitamins by 4% by April 2020.	
Increase in the MMR vaccine uptake for children at 24 months by 3.9%, by 2020	
Increase the support provided by the school Nursing service to children and young people with escalating mental wellbeing concerns by 50% by 2022	Rob Polkinghorne (ACC)
Increase number of staff, including carers working with care experienced children and young people trained in trauma skills and knowledge, to 80% by 2021.	Rob Polkinghorne (ACC)
Reduce the number children who experience more than 1 placement over a year by 2022	Rob Polkinghorne (ACC)
Increase the number of care experienced people who receive appropriate support when accessing their records by 2022.	Rob Polkinghorne (ACC)

Title of report	Contact Officer
Increase the number of children and young people remaining in a placement between 16-18 year by 2021.	Rob Polkinghorne (ACC)
Increase the number of partners supporting delivery of the Senior Phase by 10% by 2021	
Increase the range and number of accredited courses being provided by schools and partners by 25% by 2021.	
People (Vulnerable Adults) Project Charters	
Reduce the number of young people identified as having indicators of being at risk of being excluded from school by 2021.	
Increase number of young people who need support in relation to trauma and bereavement having access to such support by 2021.	Derek McGowan (ACC)
Increase in number of calls by Criminal Justice professionals for advice/support to an expert helpline	Derek McGowan (ACC)
Improve health and wellbeing outcomes for at least 50% of homeless people participating in the Housing First programme by 2021.	Sandra Ross (HSCP)
Increase the number of people with autism who are supported to be in education, employment or training by 2021.	Sandra Ross (HSCP)
Increase by 25% year on year, the number of people who have benefited from a Making Every Opportunity Count conversation or intervention	Sandra Ross (HSCP)
Increase opportunities for people who are retired to continue and increase their contribution to communities by 10% by 2021.	Sandra Ross (HSCP)
Increase number of alcohol brief interventions delivered by Primary Care providers and other professionals by 100% by 2021.	Richard Craig (PS)
Increase the number of Number of alcohol licensed premises awarded Best Bar None status by 2021.	Richard Craig (PS)
Increase opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment by 2021.	Richard Craig (PS)
Place Project Charters	
Increase % of people who walk as main mode of travel to 31% by 2021.	Jillian Evans (NHS)
Increase % of people who cycle as main mode of travel to 3% by 2021.	Jillian Evans (NHS)
CPA Management Group: 29 January 20/ CPA Board 26 February 20	
Proposed amendment to Aberdeen City Local Outcome Improvement Plan to include Fast Track Cities aims .	Sandra Ross (ACHSCP)
Participation in Public Decision Making (Strengthening links with those of Ethnic Minority background and / or shared identification with other 9 'Protected Characteristics').	Jonathan Smith (Civic Forum)
CPA Quarterly Budget Monitoring Report (Management Group only)	Michelle Cochlan (ACC)
Locality Partnership Quarterly Improvement Tracker	Neil Carnegie (ACC)
North East College Regional Outcome Agreement	Neil Cowie (NES College)
CPA Improvement Programme Quarterly Update Report	Michelle Cochlan (ACC)
Economy Project Charters	
N/A	Allison Carrington (SDS)
People (Children & Young People) Project Charters	
N/A	Rob Polkinghorne (ACC)
People (Vulnerable Adults) Project Charters	

Title of report	Contact Officer
Increase % of non-statutory prisoners (aged 21+) who are offered relevant voluntary support on release from HMP Grampian by 2021. Scottish Prison Service.	Derek McGowan (ACC)
Increase number referred for appropriate assessment/support/treatment/services By 2021	Derek McGowan (ACC)
Increase the number of distress brief intervention opportunities for people presenting to frontline services by 10% by 2021.	Sandra Ross (HSCP)
Increase the number of unpaid carers participating in support programme reflecting healthy life choices by 25% by 2021.	Sandra Ross (HSCP)
Reduce suicide rates amongst men in Aberdeen to below 2016 levels (16) by 2021.	Sandra Ross (HSCP)
Increase the number of community run green spaces that are organised and self-managed, particularly in priority localities where satisfaction and use is low	Sandra Ross (HSCP)
Increase % of the population who feel informed about using alcohol responsibly by 2021.	Richard Craig (PS)
Increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2021.	Richard Craig (PS)
Place Project Charters	
Reduce Aberdeen's Carbon emissions by 30% by 2021.	Jillian Evans (NHS)
Increase the completeness of data within the 'at risk database' to identify those people most vulnerable	Jillian Evans (NHS)
CPA Management Group: 24 March/ CPA Board 29 April 20	
Strengthening Local Democracy: Demonstrating Improvements from National Steering Group and Research	Jonathan Smith (Civic Forum)
CPA Quarterly Budget Monitoring Report (Management Group only)	Michelle Cochlan (ACC)
Locality Partnership Quarterly Improvement Tracker	Neil Carnegie (ACC)
CPA Improvement Programme Quarterly Update Report	Michelle Cochlan (ACC)
Update on Shared Intelligence Unit	Martin Murchie (ACC) Jillian Evans (NHS)
Outcomes Framework	Michelle Cochlan (ACC)
Economy Project Charters	
N/A	Allison Carrington (SDS)
People (Children & Young People) Project Charters	
Reduce the number of emergency hospital admissions for unintentional injury to children under 5 years by 3.69%, by 2021.	Rob Polkinghorne (ACC)
Reduce number of children who are witness to domestic abuse by 2022	Rob Polkinghorne (ACC)
Reduce child obesity at Primary 1 stage by 10%, by 2022	Rob Polkinghorne (ACC)
Increase the percentage of babies exclusively breastfed at 6-8 weeks to 41% by 2021.	Rob Polkinghorne (ACC)
Reduce the number of children and young people who are exhibiting self-harming behaviours	Rob Polkinghorne (ACC)
Reduce number of requests for specialist support from children's social work in partnership forums by 5% by 2020	Rob Polkinghorne (ACC)
Increase the number of staff, including carers who report increased understanding and skills to respond to children who have adverse childhood experiences (ACE) by 20% by 2021.	Rob Polkinghorne (ACC)
Reduce the length of time that care experienced children and young people wait for an initial Child and Adolescent Mental Health Service (CAMHS) appointment to less than 4 weeks by 2021.	Rob Polkinghorne (ACC)

Title of report	Contact Officer
Increase the number of young people who leave school with a minimum of SVQ 3 in literacy and numeracy and 4 other qualifications to 98% 2021	Rob Polkinghorne (ACC)
Increase the number of curricular offerings shaped by school communities by 20%, by 2021.	Rob Polkinghorne (ACC)
Increase the number of opportunities to discuss and record skills for life, learning and work from S1 by 20%, by 2021.	Rob Polkinghorne (ACC)
Increase children, young people and families' awareness and understanding of future skill requirements by June 2021.	Rob Polkinghorne (ACC)
People (Vulnerable Adults) Project Charters	
Reduce no. of repeat convictions of 16 and 17 year olds, and 18+ year olds, as a result of targeted focus on specific offending behaviour, and use of appropriate and effective interventions, by 2021.	Derek McGowan (ACC)
Extend the multi-agency problem solving approach to all 16 and 17 year olds charged with an offence to reduce the likelihood of reoffending by 2021.	Derek McGowan (ACC)
Increase number of people in local communities promoting well-being and good health choices by 2021.	Sandra Ross (HSCP)
Increase number of people accessing community based hubs (including digital social hubs) which offer social resources and access to a range of professionals which increase citizens health literacy.	Sandra Ross (HSCP)
Increase the number of groups for people with long term conditions which are co-produced with service users by 2021.	Sandra Ross (HSCP)
Increase the number of people who are engaged with citizens in areas which impact on lifestyle and health that are trained in Teachback techniques by 100% by 2021.	Sandra Ross (HSCP)
Increase the uptake of alcohol treatment by improving access to alcohol services and ensuring they are local, integrated and targets areas of greatest need by 10% year on year by 2021.	Richard Craig (PS)
Place Project Charters	
N/A	Jillian Evans (NHS)
CPA Management Group: 27 May/ CPA Board 1 July 20	
CPA Quarterly Budget Monitoring Report (Management Group only)	Michelle Cochlan (ACC)
Locality Partnership Quarterly Improvement Tracker	Neil Carnegie (ACC)
CPA Improvement Programme Quarterly Update Report	Michelle Cochlan (ACC)
Economy Project Charters	
N/A	Allison Carrington (SDS)
People (Children & Young People) Project Charters	
Reduce the number of young people referred to the Children's Reporter on offence grounds as a result of appropriate and effective interventions by 2021.	Rob Polkinghorne (ACC)
People (Vulnerable Adults) Project Charters	
Reduce the number of wilful fires by 20% by 2021.	Derek McGowan (ACC)
Increase % of individuals indicating an improvement in at least one area* at the end of their Community Payback Order Supervision by 2021.	Derek McGowan (ACC)
Place Project Charters	
N/A	Jillian Evans (NHS)
CPA Management Group: 12 August/ CPA Board 16 September 20	
CPA Quarterly Budget Monitoring Report (Management Group only)	Michelle Cochlan (ACC)
Locality Partnership Quarterly Improvement Tracker	Neil Carnegie (ACC)

Title of report	Contact Officer
CPA Improvement Programme Quarterly Update Report	Michelle Cochlan (ACC)
Economy Project Charters	
N/A	Allison Carrington (SDS)
People (Children & Young People) Project Charters	
Increase by 10% the number of young people who are jointly reported to SCRA and COPFS who are offered robust alternatives to entering the statutory system by 2021.	Rob Polkinghorne (ACC)
People (Vulnerable Adults) Project Charters	
Increase number of people engaged in a person-centred multi-agency problem solving approach as part of a community sentence	Derek McGowan (ACC)
Increase the number of individuals charged with hate crimes who undertake effective interventions by 30% by 2021.	Derek McGowan (ACC)
Place Project Charters	
N/A	Jillian Evans (NHS)
CPA Management Group: 29 October/ CPA Board 3 December	
CPA Quarterly Budget Monitoring Report (Management Group only)	Michelle Cochlan (ACC)
Locality Partnership Quarterly Improvement Tracker	Neil Carnegie (ACC)
CPA Improvement Programme Quarterly Update Report	Michelle Cochlan (ACC)
Economy Project Charters	
N/A	Allison Carrington (SDS)
People (Children & Young People) Project Charters	
i) Increase the number of awareness-raising events relating to 'digital' offending by 2021, and then, ii) Reduce the number of 'digital' offences from 2021-2026.	Rob Polkinghorne (ACC)
People (Vulnerable Adults) Project Charters	
Increase the uptake and retention of people in the Justice System with a diagnosed mental illness in specialist services by 2021.	Derek McGowan (ACC)
Place Project Charters	
Increase % of people who walk as main mode of travel to 31% by 2021.	Jillian Evans (NHS)
Increase % of people who cycle as main mode of travel to 3% by 2021.	Jillian Evans (NHS)
Timescale TBC 2019-2020	
Local Fire and Rescue Plan 19/20	Michelle Cochlan (ACC)
Future of Scotland's Planning System – dependent on the outcome of secondary legislation after the Bill	Michelle Cochlan (ACC)
Increase the number of Modern and Graduate Apprenticeships in priority and volume growth sectors by 5% by 2022.	Allison Carrington (SDS)
Support 2 investments per year in priority growth sectors through Invest Aberdeen by 2022.	Allison Carrington (SDS)
Increase the number of people from priority localities employed by public sector partners and in major capital projects by 2022.	Allison Carrington (SDS)
Increase no. of people over 50 in employment in Aberdeen by 10% by 2022.	Allison Carrington (SDS)
90% of employers reporting that they have appropriately skilled people in their workforce by 2026.	Allison Carrington (SDS)
Increase the number of people entering employment from Stage 4 employability activity to 80% by 2022.	Allison Carrington (SDS)
Increase no. of people over 50 in employment in Aberdeen by 10% by 2022.	Allison Carrington (SDS)

Acronyms:

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

For further information, or to make a change to this document, please contact Allison Swanson, tel. 01224 522822 or email aswanson@aberdeencity.gov.uk.



Community Planning Aberdeen

Progress Report	CPA Improvement Programme 2019-21 Quarterly Update Report
Lead Officer	Angela Scott, Chair of CPA Management Group and Chief Executive of Aberdeen City Council
Report Author	Michelle Cochlan, Corporate Strategy and Community Planning Manager
Date of Report	20 November 2019
Governance Group	CPA Board – 2 December 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 formal approval before initiation of testing.

2 NEW PROJECT CHARTERS

- 2.1 This report includes 11 of 28 project charters which were due to be submitted to the CPA Board in December, as per the [CPA Improvement Programme 2019-21](#), approved by the Board on 1 May 19. Of the remaining 17 charters originally scheduled to be submitted to the CPA Board in December, 15 have been postponed and 2 have not been received. See Appendix 1 for new project charters.

3 LIVE PROJECT UPDATES

- 3.1 Projects which have had a charter approved for initiation of testing will share progress with the CPA Board at each meeting until the project is complete. The one page update report is a short summary of progress towards achieving the overall project aim, including details of what changes are being tested between reporting periods and the improvement data which demonstrates whether the changes are making a difference.
- 3.2 The report is designed to focus on the outcomes of the project, rather than a general update on activity. The report has been set up for each project manager on OneDrive so they can keep it updated with the latest information. Project teams will self evaluate their progress using the Progress Scale. All projects that have been approved by the CPA Board will be at a minimum of stage 4. See Appendix 2 for live project updates.

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

4 NEXT STEPS

- 4.1 Projects which have charters approved by CPA Board on 2 December will proceed to the designing and testing stage.

Recommendations for Action

It is recommended that members of the CPA Board:

- i) approve the new charters included in Appendix 1 of this report for initiation of testing;
- ii) approve the rescheduling of all other charters which were due to be submitted to CPA Board in December, but have been postponed;
- iii) approve the proposal to remove the project aim to 'Increase the number of 27-30 month reviews completed for eligible children by 5.2% by 2021' from the LOIP, as per agenda item 3.2;
- iv) approve the proposal to amend the project aim 'Increase the number of people with autism who are supported to be in education, employment or training by 2021' to 'Increase the number of people with autism who are supported to be in employment by 2021';
- v) note that a scale up report for the project 'Increase by 25% year on year, the number of people who have benefited from a Making Every Opportunity Count conversation or intervention' will be submitted to the Board in February; and
- vi) consider the updates provided on live improvement projects in Appendix 2.

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.

Consultation

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

CPA Management Group

Chairs of CPA Outcome Improvement Groups

LOIP Project Managers

Sacha Will, Improvement Programme Manager

James Simpson, Performance & Strategy Development Officer

Background Papers

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

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

[CPA Improvement Programme 2019-21](#)

Contact details:

Michelle Cochlan

Community Planning Manager

01224 522791

MCochlan@aberdeencity.gov.uk

Lead Outcome Improvement Group: Aberdeen Prospers

- No. project charters due: 5
- No. project charters received: 2
- No. project charters postponed: 3
- No. project charters outstanding: 0
- No. projects live: 2 (See Appendix 2)
- Total No. of LOIP projects: 14

Charter Status	Ready	Partly Ready	Postponed	Not Ready
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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 Postponed: Sep 19 Postponed: Dec 19	Postponed to February 2020. Charter delayed due to project being at stage 3 (Understanding baseline of system).
Increase the number of people employed in growth sectors by 5% by 2021.	Original: Sep 19 Postponed: Dec 19	Postponed to April 2020. Charter delayed due to project being at stage 1 (Understanding baseline of system). This project has suffered a setback as the lead has moved to a new role. Aberdeen Prospers are now seeking a new lead for this project. In the meantime, work is ongoing regionally in relation to this area.

Stretch Outcome 2

90% of working people in Living Wage employment by 2026

Projects Starting	Charter Due Date(s)	Charter Status
Increase the % of people in Aberdeen who feel comfortable using digital tools by 2021.	Original: Jul 19 Postponed: Dec 19	Charter received and ready (See charter 2.2)
Increase employer sign up to the Real Living Wage by 2021. and year on year to achieve Real Living Wage City Status by 2026	Original: Jul 19 Postponed: Dec 19	Charter received and ready (See charter 2.3)
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)	Original: Sep 19 Postponed: Dec 19	Postponed to February 2020. Charter delayed due to project being at stage 3 (Understanding baseline of system).

Lead Outcome Improvement Group: Integrated Children's Services

- No. project charters due: 11
- No. project charters received: 4
- No. project charters postponed: 6
- No. project charters outstanding: 1
- No. projects live: 11 (See Appendix 2)
- Total No. of LOIP projects: 41

Charter Status	Ready	Partly Ready	Postponed	Not Ready
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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; and Reduce the number of pregnant mothers who smoke by 10% by 2022	Original: Jul 19 Postponed: Sep 19 Postponed: Dec 19	Postponed to February 2020. Further work is required to establish a full team to progress the project
Increase the number of pregnant young people who are able to remain in education during pregnancy by 50%, by 2022	Original: Jul 19 Postponed: Sep 19 Postponed: Dec 19	Postponed to February 2020. Charter delayed due to project being at stage 1 (Project area identified and agreed). A new project manager has been newly identified to take this forward.
Increase the number of 27-30 month reviews completed for eligible children by 5.2%, by 2021	Original: Jul 19 Postponed: Sep 19 Postponed: Dec 19	See Report at Item 2.2 of CPA Management Group Agenda proposing the removal of this report from the LOIP.
Increase in the uptake of Healthy Start Scheme and Vitamins by 4% by April 2020.	Sep 19	Postponed to February 2020. Charter delayed due to project being at stage 2 (Draft Outline Project Charter and team in place). This improvement project will be merged with the project to increase the number of people using community pantries being taken forward by the Sustainable City Group.
Increase in the MMR vaccine uptake for children at 24 months by 3.9%, by 2020	Original: Jul 19 Postponed: Sep 19 Postponed: Dec 19	Postponed to Dec 2020. There is work taking place nationally to improve data recording systems. It is estimated that it will be a year before accurate data is available to help understand issues and identify appropriate interventions which could drive

		improvement.
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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 support provided by the school Nursing service to children and young people with escalating mental wellbeing concerns by 50% by 2022	Dec 19	Charter received and ready This project is being merged with live project 4.1 – Increase confidence of parents, young people and school based staff to recognise and respond to deteriorating mental health. (See revised 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

Projects Starting	Charter Due Date(s)	Charter Status
Increase the number of care experienced people who receive appropriate support when accessing their records by 2022.	Dec 19	Charter received and ready (See charter 5.3)
Increase number of staff, including carers working with care experienced children and young people trained in trauma skills and knowledge, to 80% by 2021	Dec 19	Charter received and ready (See charter 5.4).
Increase the number of children and young people remaining in a placement between 16-18 year by 2021; and Reduce the number children who experience more than 1 placement over a year by 2022	Dec 19	Charter received and ready (See charter 5.5)

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 partners supporting delivery of the Senior Phase by 10% by 2021	Original: Sep 19 Postponed: Dec 19	Postponed to February 2020. Charter delayed due to project being at stage 1 (Project area identified and agreed). A project manager to be identified.
Increase the range and number of accredited courses being provided by schools and partners by 25% by 2021.	Original: Sep 19 Postponed: Dec 19	Postponed to February 2020. Charter delayed due to project being at stage 1 (Project area identified and agreed). A project manager to be identified.

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: 0
 No. project charters postponed: 3
 No. project charters outstanding: 0
 No. projects live: 6 (See Appendix 2)
 Total No. of LOIP projects: 24

Charter Status	Ready	Partly Ready	Postponed	Not Ready
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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.	Original: Sep 19 Postponed: Dec 19	Postponed to February. Charter delayed due to project being at stage 2 (Draft Outline Project Charter and team in place).

Stretch Outcome 9

25% fewer people receiving a first ever Court conviction each year by 2026
 No charters due.

Stretch Outcome 10

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

Projects Starting	Charter Due Date(s)	Charter Status
Increase number of young people who need support in relation to trauma and bereavement having access to such support by 2021.	Dec 19	Postponed to February. Charter delayed due to project being at stage 2 (Draft Outline Project Charter and team in place).
Increase in number of calls by Criminal Justice professionals for advice/support to an expert helpline	Dec 19	Postponed to February. Charter delayed due to project being at stage 3 (Understanding baseline of current system). This project links closely with two other projects which are scheduled to go to the CPA Board in Feb 2020, so these project charters will come forward together.

Lead Outcome Improvement Group: Resilient, Included, Supported Group

No. project charters due: 4
 No. project charters received: 3
 No. project charters postponed: 0
 No. project charters outstanding: 1
 No. projects live: 3 (See Appendix 2)
 Total No. of LOIP projects: 17

Charter Status	Ready	Partly Ready	Postponed	Not Ready
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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
Improve health and wellbeing outcomes for at least 50% of homeless people participating in the Housing First programme by 2021.	Dec 19	Charter received and ready (See charter 11.4)
Increase the number of people with autism who are supported to be in education, employment or training by 2021.	Dec 19	Charter received and ready, subject to the approval of the Board on the revised project aim: 'Increase the number of autistic people aged 16 to 25 who are supported into employment by 2021' The proposal to revise the project aim is the result of conducting a baseline assessment of the current system of support for autistic people and an identified gap in employment support. (See charter 11.5)
Increase by 25% year on year, the number of people who have benefited from a Making Every Opportunity Count conversation or intervention	Original: Sep 19 Postponed: Dec 19	The Resilient, Included, Supported Group propose to prepare a scaling up report for this project rather than a project charter on the basis that testing has been completed. This will come to a future meeting of the CPA Board.
Increase opportunities for people who are retired to continue and increase their contribution to communities by 10% by 2021.	Original: Sep 19 Postponed: Dec 19	Charter received and ready (See charter 11.6)

Lead Outcome Improvement Group: Alcohol and Drugs Partnership

No. project charters due: 3
 No. project charters received: 2
 No. project charters postponed: 1
 No. project charters outstanding: 0
 No. projects live: 3 (See Appendix 2)
 Total No. of LOIP projects: 11

Charter Status	Ready	Partly Ready	Postponed	Not Ready
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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 number of Number of alcohol licensed premises awarded Best Bar None status by 2021.	Dec 19	Ready Charter received and ready (See charter 12.4)
Increase number of alcohol brief interventions delivered by Primary Care providers and other professionals by 100% by 2021.	Dec 19	Ready Charter received and ready (See charter 12.5)
Increase opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment by 2021.	Dec 19	Postponed Postponed to February. Charter delayed due to project being at stage 3 (Understanding baseline of current system). Discussion has identified areas to be explored further for inclusion in the charter.

Lead Outcome Improvement Group: Sustainable City Group

No. project charters due: 2

No. project charters received: 0

No. project charters postponed: 2

No. project charters outstanding: 0

No. projects live: 2 (See Appendix 2)

Total No. of LOIP projects: 9

Charter Status	Ready	Partly Ready	Postponed	Not Ready
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Stretch Outcome 13

Projects Starting	Charter Due Date(s)	Charter Status
Increase the number of people using community pantries by 2021.	Apr 20	Postponed to February 2020. Charter delayed due to project being at stage 2 (Draft Outline Project Charter and team in place). This improvement project will be merged with the project to Increase the uptake of Healthy Start Scheme and Vitamins by 4% being taken forward by the Integrated Children's Services Group.

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

No charters due.

Stretch Outcome 15

38% of people walking and 5% of people cycling as main mode of travel by 2026

Projects Starting	Charter Due Date(s)	Charter Status
Increase % of people who walk as main mode of travel to 31% by 2021;and Increase % of people who cycle as main mode of travel to 3% by 2021.	Dec 19	Postponed to February. Charter delayed due to project being at stage 3 (Understanding baseline of current system).

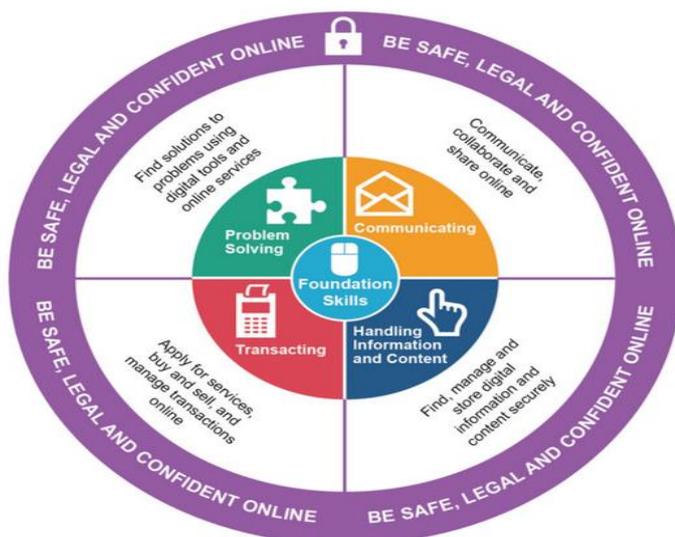
NEW CHARTERS

No.	Project Aim	Ref.
1	Increase the % of people in Aberdeen who feel comfortable using digital tools by 2021.	See charter 2.2
2	Increase employer sign up to the Real Living Wage by 2021. and year on year to achieve Real Living Wage City Status by 2026	See charter 2.3
3	Increase the support provided by the school Nursing service to children and young people with escalating mental wellbeing concerns by 50% by 2022	See charter 4.1 (Revised)
4	Increase the number of care experienced people who receive appropriate support when accessing their records by 2022.	See charter 5.3
5	Increase number of staff, including carers working with care experienced children and young people trained in trauma skills and knowledge, to 80% by 2021	See charter 5.4
6	Increase the number of children and young people remaining in a placement between 16-18 year by 2021	See charter 5.5
7	Improve health and wellbeing outcomes for at least 50% of homeless people participating in the Housing First programme by 2021.	See charter 11.4
8	Increase the number of autistic people aged 16 to 25 who are supported into employment by 2021	See charter 11.5
9	Increase opportunities for people who are retired to continue and increase their contribution to communities by 10% by 2021.	See charter 11.6
10	Increase the number of Number of alcohol licensed premises awarded Best Bar None status by 2021.	See charter 12.4
11	Increase number of alcohol brief interventions delivered by Primary Care providers and other professionals by 100% by 2021.	See charter 12.5

2.2 Digital Literacy

Improvement Project Title Digital Literacy
Executive Sponsor Allison Carrington, Acting Chair, Aberdeen Prospers
Project Lead Name: Emma Shanks Job Role & Organisation: Customer Experience Officer, Aberdeen City Council Email Address : EShanks@aberdeencity.gov.uk
Aim statement Increase the % of people in Aberdeen who feel comfortable using digital tools by 2021
Link to Local Outcome Improvement Plan One of the stretch outcomes in the LOIP is to - Increase the % of people in Aberdeen who feel comfortable using digital tools by 2021. Our citizens will have access to learning opportunities to develop their digital skills, digital literacy, and data literacy through collaborative partnerships to a wide range of age groups and locations.
Introduction to the Improvement Aim <p>We recognise that ‘comfortable’ will have different meanings for different groups of users. From discussions with groups working with a wide range of individuals in the city we have agreed that ‘comfortable’ for the purpose of this improvement aim will be measured against a set of essential digital skills.</p> <p>We will collate our current sets of data and conduct further research with the citizens of Aberdeen to establish a benchmark figure of how comfortable the people of Aberdeen currently feel using digital tools.</p> <p>We know that an increasing number of services are solely accessible online such as DWP processes and banking. Whilst young people are exposed to technology at an early age there are still age groups struggling with digital literacy and there is a risk that these individuals are missing out on developing employability skills, social interaction, confidence with digital tools and ability to make claim for benefits they are entitled to.</p> National level research <p>2019 UK Consumer Digital Index recently published is a behavioural data sample of one million nationally representative customers outlining the digital behaviours of Britain. This report identified that 22% of the UK population are what they class as, digitally disadvantaged, meaning they do not have the digital skills to carry out everyday tasks.</p> <p>The Basic Digital Skills framework used previously by the Government has now evolved into the Essential Digital Skills framework. In 2018 Lloyds Bank and the Tech Partnership worked with the Department for Education and the Department for Digital, Culture, Media & Sport to update the framework to ensure it fully reflects the range of skills people need to safely benefit from, participate in and contribute to the digital world of today and the future. The framework was put out for public consultation and over 400 cross-sector organisations provided their inputs on the practical application and execution of the framework.</p>

Essential Digital Skills Framework (2018)



The new Essential Digital Skills framework now comprises of three tiers and is progressive:

1. Foundation skills - People must be able to do all seven tasks as a prerequisite
2. Essential Digital Skills for life- Individuals must have all Foundation skills to be eligible and be able to do at least one task from all five of the skills
3. Essential Digital Skills for work - Individuals must be able to do at least one task in each of the life skills, be in employment, and be able to do at least one task in each of the work skills.

We can apply the use of these tiers to our improvement aim, whilst some groups of people, perhaps the over 65's may see the foundation skills as being comfortable with digital tools, we may view the essential digital skills for work tier as being comfortable with digital tools for groups of individuals such as school leavers or job seekers.

The UK Consumer Index also provided an insight into the barriers of people choosing to not engage with digital tools. 75% said that they lacked the motivation to investigate what benefits the Internet can offer and more than half said that online safety concerns prevent them from using the Internet. We may find through other feedback from groups that there are other barriers, but these are a good starting point understand how non digitally literate people are currently feeling.

Regional Level Research

At regional level the Scottish housing regulator did a report into tenant participation and digital access, with 85% of respondents said they felt confident using the internet. 34% of respondents responded to say that introductory courses to build confidence and skills would encourage them to use the internet more, which is one of the strategies we want to look out to encourage people feeling comfortable with digital technology.

Local Level Research

At a local level in Aberdeen, the 42nd City Voice questionnaire undertaken in 2018 included questions on the use of technology and has given us some benchmark figures. 78.5% of respondents reported that they owned or had easy access to a laptop or PC, and 71.4% said they

owned or had easy access to a smart phone. 50.5% of respondents reported owning or having easy access to all three devices and 90.2% of respondents owned or had access to at least one of the devices. Respondents were also asked questions on their basic digital skills, the tasks specified are taken from the Basic Digital Skills [100] measure. This is a tool developed specifically to measure the level of digital skills of adults across the UK. Based on this tool, those who could do one task in each of the five skills categories are classified as having “Basic Digital Skills”. These were processes related to managing information, communicating, transacting, problem solving, creating, security and advanced skills such as coding. 70.6% of respondents were identified as having Basic Digital Skills. Whilst there was no significant difference in the proportion of those with Basic Digital Skills was found between males and females, there was a significant difference by age group. The proportion of those with Basic Digital Skills was highest in those aged 35-54 years (85.8%) and lowest in those aged 65+ years (57.9%).

Locally there is already a vast amount of work taking place across Aberdeen City supporting citizens with digital skills and online services.

A fact-finding exercise to determine what is currently being provided to residents in the City was carried out and completed by known groups. A summary of the groups currently in operation is below:

Aberdeen City Council Adult Learning - Currently run beginners ICT groups and offer tutoring in Core Skills ICT level 2 & Level 3. The age of their participants is around 35 -60. Since April this year, 29 participants have engaged with their ICT training courses with the majority of learners in the 30-49 age bracket.

Aberdeen City Council Libraries – Currently offer ad hoc one to one assistance at self-serve PC’s for customers with a variety of online tasks. Have devised guidance documents for online tasks available on their website. Collect data on monthly PC and WIFI usage, technical support given and interactions between staff and those requiring assistance with welfare reform tasks.

Aberdeen City Council Customer Experience – Support with online council processes currently offered at Customer Service Centre and Customer Access Points. Collect data on number of users signing up to online processes, looking to measure the support currently given by frontline staff over the phone and face to face.

Ability Net - are a UK wide charity with volunteers based in the North East too. They support any individual with a disability and the over 55. Their service is run by volunteers who make home visits to individuals and assist with ad hoc digital requests or more bespoke one to one tuition over a number of weeks.

Cummings Park Community Flat - provide a space for groups providing digital literacy support as such Silver City Surfers and Pathways. The Community Flat has public computers and free WIFI and supports people with learning discs.

Digital Maker CIC - run workshops for school pupils aged 9+, CPD for Teachers, public STEAM (Science technology engineering art mathematics) workshops and have been added to the DWP’s preferred suppliers list for level 3 unemployment training. They use “digital making” (robotics, electronics, computer programming, prototyping and “practical making” to give participants key skills, creative & critical thinking, resilience, teamworking, communication and confidence.

EC – PC - currently provide basic and intermediate IT skills to individuals mainly aged 35 - 55 to improve employability.

Inchgarth Community Centre - deliver free beginners and intermediate blocks of classes free of charge to members of the community and work with Pathways to provide support for individuals seeking employment. They also run mobile phone classes.

Silver Surfers - run free, bespoke 1-1 tutoring sessions for learners aged 55 and over in an internet cafe style setting with regular monthly talks on specific topics. The 1 2 1 tutorials last between 40 – 60mins and are covering foundation skills and skills for life. Two weekly sessions at the Salvation Army Citadel, one weekly session at Michie's chemist on Union Street, one weekly session at the Cummings Park Community Flat and one weekly session at the Central library on a Saturday morning. Currently increasing presence at some sheltered accommodation housing sites. Receive an annual fund from Fairer Aberdeen but the teaching is provided by unpaid volunteers. Currently collate a range of data including demographics of participants – age, ethnicity and disabilities. During tutorials collate data on the equipment used, topics covered and postcode of individuals.

Station House Media Unit – SHMU – Offer a range of programmes from radio and TV employability skills, radio training, editorial skills mainly targeted at young people, however they do work with other age groups too. They also deliver the Foundation Apprenticeship in Creative and Digital Media to Westhill Academy pupil in school and pupils attend SHMU premises for practical work. Their Media Access Project (MAP) has a permanent unit in HMP Grampian where they replicate the work they do in the community. SHMU are also an SQA accredited centre delivering a range of qualifications.

The Support Advice Finance Education (SAFE) project at CFINE - supports foodbank users and various others referred to the service. They support individuals on a one to one basis helping them apply for benefits and maintaining a claim. This often results in 1-2-1 sessions using a laptop, learning to navigate the UC application, checking their journal, making entries and communicating online. The safe project also runs drop in sessions for those who need help in using a computer in various local areas. The project is also providing 1-2-1 and group education sessions within disadvantaged communities to build knowledge and confidence when using digital platforms that are essential to inclusion. Currently collate data on age, gender and location of individuals.

What is working well?

This fact-finding exercise has demonstrated that there is already a vast amount of digital support on offer, from school age right up to the over 55's. The support offered is in a wide range of accessible locations, as well as at people's homes and those without access to PC's/WIFI at their home are able to access at all local libraries.

Where do we need improvement?

Based on initial discussions, working in collaboration could bring a number of benefits. One of the key themes of discussion was around volunteer numbers, funding streams and resourcing. By working together, stronger working relationships are created, and any duplication of work is reduced. Most people working in organisations supporting digital skills provision are volunteers so again there is potential for some closer working between the groups to share resources, best practice and increase recruitment within this area.

Why is Digital Literacy important?

Some of the benefits of increasing citizens digital literacy are that citizens acquire skills for employment opportunities which could reduce levels of unemployment in the city. Volunteering is a positive way for individuals to develop their own skills as well as support others, particularly with groups of older people and younger people it is positive for cross age group interaction.

Groups operating in communities encourage social interaction, where there may be individuals at risk of social isolation, for example the Silver Surfers sessions are in a café style and encourages social interaction.

Some individuals may require further support in other areas of their life and engagement with these groups could lead to signposting which will have a positive effect on their life. CFINE offers a foodbank to those in need but whilst they are accessing that service they can get support applying / maintaining their benefit claims.

Individuals may have the desire to engage with services digitally but do not have the skillset, by upskilling citizens demand on other services in the city could be reduced.

What are we currently measuring –

Once collated we will be able to demonstrate the following –

- Location map of current services on offer
- Age ranges of people accessing digital support services
- Location of people accessing digital support services

At a recent meeting there was agreement from the groups in attendance that we could start to collate one/two measures and report these going forward.

Measures :

Outcome measures

- % of people who identify with a level of Essential Digital Skills
- % of people feeling ‘comfortable with digital tools’ after interactions with groups
- Postcode of participants (Priority areas vs city centre)
- Number of people completing ‘Digital Skills’ workshops/sessions/groups in the city (pool attendance figures together)

Process measures

- Number of volunteers operating in the city directly linked to provided digital literacy support
- % of groups operating in the city who self-report that they have sufficient devices to provide digital literacy support
- Number of groups operating in the city providing digital literacy support
- Number of locations where digital literacy support is being provided

Balancing measures

- Number of groups dedicated to particular age groups may be unbalanced

Change ideas

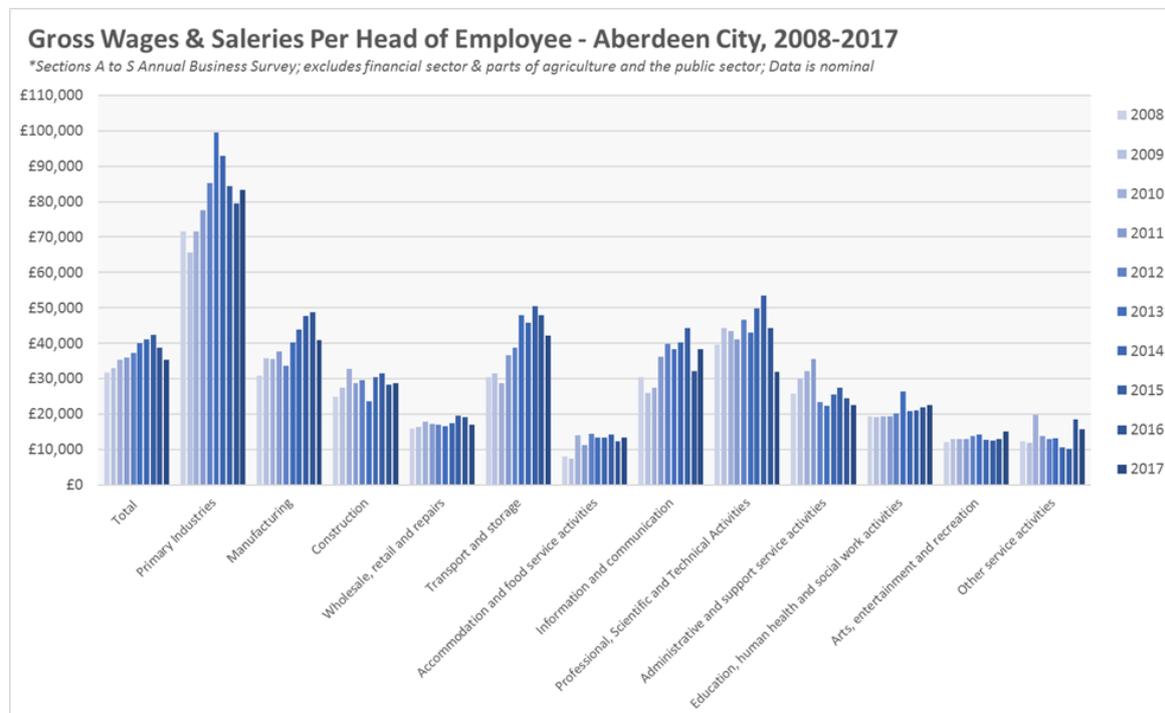
- Test how much demand there is for digital awareness drop in sessions by hosting a ‘How to set up your email’ drop in at some locations across the city.
- Test how citizen participation could increase by holding a Digital Skills week with an event with all groups offering digital literacy support participating.
- Test uptake for volunteer recruitment through engagement with VSA and Saltire Awards
- Test a staff training programme with a team of individuals in the city to upskill them so that they feel confident supporting customers/clients with digital processes
- Test how an internal ‘referral’ between organisations could work for individuals identified as requiring digital literacy support

<p>Potential risks mitigating actions:</p> <ul style="list-style-type: none"> • Availability of spaces in locations across the city – audit of current sessions operating to ensure no areas of the city are suffering under provision • Staffing resource including recruitment of volunteers – work with VSA and Schools participating in the Saltire Awards to promote volunteering opportunity • Lack of funding for groups for purchase of digital equipment to support sessions – audit of current funding streams and potential UK wide grants available, engaging with private companies for resources. • Low take up of services – work with various comm streams to ensure publicity and joining up of services so that individuals can be signposted to most appropriate support channel. • Project team time is limited with group members working on other areas of work – ensuring that we work on change ideas collaboratively. 		
<p>Project Team Emma Shanks, Project Lead, Customer Experience, ACC Ann Campbell, Adult Learning ACC Siobhan O Brien, Libraries, ACC Neil Woodward, CFINE Brian Woodcock, SHMU</p>		
<p>Project Plan</p>		
Project Stage	Actions	Timescale
<p>Getting Started (Project Score 1-3)</p>	<ol style="list-style-type: none"> 1. Initial meeting of representatives involved in digital literacy 2. Initial audit of known groups contributing/facilitating digital literacy skills development 3. Draft charter developed 4. Charter submitted to CPA 5. Project team established 	<p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p>
<p>Designing and Testing Changes (Project Score 4-7)</p>	<ol style="list-style-type: none"> 1. Audit of current data 2. Benchmarking measures 3. Identify the current funding streams providing resources/financial support to groups in the city to support digital literacy. 4. Design event for change ideas 5. Timeline finalised for implementation of change ideas 	<p>30/11/19</p> <p>30/11/19</p> <p>30/11/19</p> <p>31/12/19</p> <p>31/12/19</p>
<p>Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)</p>	<ol style="list-style-type: none"> 1. First change ideas implemented 2. Initial measurement of change idea 3. All initial change ideas implemented 4. 6-month review of change ideas 5. Further change ideas identified and scheduled 	<p>31/01/20</p> <p>30/04/20</p> <p>30/06/20</p> <p>31/07/20</p> <p>31/08/20</p>
<p>Spreading Changes (Project Score 9-10)</p>	<ol style="list-style-type: none"> 1. Review of 12-month activities 2. Assessment of benefits 	<p>31/12/20</p> <p>31/12/20</p>

2.3 Real Living Wage

Improvement Project Title: Real Living Wage
Executive Sponsor (Chair of Outcome Improvement Group or Locality Partnership): Allison Carrington – Acting Chair, Aberdeen Prospers
Project Lead: Martin Barry – Scottish Enterprise
Aim statement Increase employer sign up to the Real Living Wage by 2021 and year on year to achieve Real Living Wage City Status by 2026
Link to Local Outcome Improvement Plan: 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 2 within the Economy theme: <i>Stretch Outcome 2: 90% of working age people in Living Wage employment by 2026</i> This project may contribute to another Aberdeen Prospers aim to: <i>Increase the impact and measured value of Partnership wide community benefits programme by 2022</i> And could also contribute to achieving Stretch Outcome 13: <i>No one in Aberdeen will go without food due to poverty by 2026</i>
Why is this important A primary focus of Aberdeen Prospers is on delivering Fair Work and Good Work principles – ensuring those who are least engaged with the labour market or who benefit least from the City’s prosperity are given the opportunities to progress into sustainable employment. In-work poverty has increased in recent years – with 1 in 5 people currently working in Scotland earning less than the current Real Living Wage hourly rate of £9.00. In Aberdeen, baseline data in the LOIP shows that 14.2% of working people (approx. 1 in 7) are paid less than the Real Living Wage. Aberdeen remains a relatively affluent city. Average income and earnings remain high with workplace based hourly pay (median gross) in Aberdeen being £15.33, compared to £13.98. It should also be noted that the proportion of our working-age population who are economically active is higher than the Scottish average (79% compared to 77.5%). However, based on SIMD 2016 data, there remain areas of deprivation, with 8% of Aberdeen’s data zones being classified as being in the 20% most deprived areas of Scotland (SIMD 2016). Despite high average earnings, annual income varies by neighbourhood ranging from a low of £18,596 to a high of £61,570 - with almost 15% of adults who work in the city earning less than the Living Wage. Data indicates however that income deprivation within the City has increased as a result of increased unemployment during the downturn in the regional economy. The CPA strategic assessment carried out in 2016 stated that Aberdeen has one of the most unequal pay structures in the UK, with stark differences between low and high earners. This is exacerbated by a high cost of living, with the annual Mercer Cost of Living Survey , published in June 2019, showing Aberdeen as the most expensive city to live in Scotland (and third in the UK behind London and Birmingham). The relative high cost of living could exacerbate any gaps in terms of income deprivation – particularly in those localities (especially Torry/Balnagask and Woodside) where SIMD figures show income deprivation within the most deprived 10% in Scotland. Data on low income families in Aberdeen City shows there is a large proportion of children living in low income families – higher than the headline SIMD data would suggest.

Income deprivation is seen as especially problematic in Torry, with almost a fifth (18%) of the neighbourhood's population being income deprived. Notable is Balnagask, where the 2016 strategic assessment for Torry showed 28% of population being income deprived although only 17% employment deprived – perhaps indicative of low paid jobs. The table below shows the variation between salaries per head by broad industry sector in Aberdeen City between 2008-17 – with the highest wages in the primary industries (£83,260 per head) and the lowest (£9,703) in textile manufacturing, with retail and general hospitality levels ranging between the £12-£13,000 range:



(Source: Scottish Government: Scottish Annual Business Statistics 2017)

Increasing take-up of the Real Living Wage could help tackle pockets of in-work poverty within the City, with the added effect of increasing productivity – boosting the economy.

Based on data from Living Wage Scotland, there are currently 41 accredited Living Wage employers in the city. Together they employ the equivalent of over 15% of the city's workers (an estimated figure of 17,335), with 90% of those employed by the six largest accredited employers. Over half of the employers each employ less than 50 staff.

Whilst the city does have high levels of earnings at or above the Real Living Wage level, it has become clear that certain sectors struggle to pay the Wage due to tight margins – anecdotally, many have stated they would pay it if possible, but would have to potentially make detrimental changes to employment conditions or cut staff to afford it. According to the Living Wage Foundation, Hospitality is the largest low paid sector in Scotland, with 67% of employees receiving less than the real cost of living and it may be a more productive approach to engage with employers in the lower-paid sectors to identify pathways to assist them transition to becoming Real Living Wage employers.

Real Living Wage accredited employers have stated the positive benefits of paying the Wage, with 86% across the country saying it has improved the reputation of their business, 75% saying it has increased motivation and retention rates for employees, and 58% saying it has improved relations between management and their staff.

However, feedback has shown that many non-accredited companies do not fully appreciate the benefits of accreditation and/or do not currently view seeking accreditation as a priority. The recently published [Living Wage Places Toolkit](#) includes learning that may be appropriate to draw out, including effective mechanisms for partnership working (seen as a must), and activities that increase take up of accreditation. These tend to be two-pronged, with sufficient publicity to consider the Real Living Wage, coupled with the offer of confidential advice and support to adopt it. This is an approach that has been utilised in other places, including Dundee and Glenrothes who are the first to be recognised for making a Living Wage City and Town respectively.

Engagement with “anchor institutions” is important. These are influential employers that are rooted in the local economy - serving the local population, have strong local links and influence, and have a brand synonymous with the place. Research from the [Smith Institute on the local Living Wage dividend](#) references the importance of anchors becoming accredited to maximise local impact. Anchor organisations for the local economy should be mapped and prioritised as a pre-requisite to developing initial engagement approaches, with continuation of this activity to form part of a place-based action plan.

Aberdeen has a strong tradition of partnership working, particularly in regard to economic matters, with high levels of private sector engagement – by utilising networks we can develop a partnership approach to promote the benefits, provide peer group learnings and subsequently drive this project forward. The private sector generally responds well to messages from their peers, therefore encouraging the private sector to take a leadership role will be vital to the success of the project.

Measures

Outcome measures

Increase in number of Real Living Wage accredited employers in Aberdeen City
 Increase in the percentage of the working population being paid the Real Living Wage in Aberdeen City
 Number of employers committed to sharing learnings

- **Process measures**

Number of engagement events held
 Number of non-accredited companies seeking details on accreditation process/follow up with Real Living Wage Scotland
 Number of non-accredited companies attending engagement events

- **Balancing measures**

Decrease in low income households
 Decrease in working population not being paid Real Living Wage

Change ideas

- Increased engagement with accredited companies to test ideas and gain commitments to promote the benefits of accreditation to the wider private sector
 - Test how many pledges we can encourage from employers at Aberdeen Real Living Wage week event and, subsequently, test the extent of how many pledges can be turned into change ideas
- Commitments from anchor institutions and influential employers that are Living Wage accredited and rooted in the local economy, to take on a leadership role as local RLW

champions, to partner on the development of a place-based approach and action plan to promote the benefits of Living Wage accreditation.

- Test how a private sector Champion could support the work of the improvement team
- Engagement with Living Wages places (eg: Dundee and Glenrothes) to understand relevant learnings and best practice
- Increase promotional activities on the benefits of the Real Living Wage, through channels such as social media, development of case studies and by seeking networking opportunities
 - Test opportunities to promote via partners
- Work with ACC localities to identify specific sectors where low pay is an issue and target engagement accordingly
- Engage with low-pay sectors to understand barriers and potential solutions, including utilising workplace innovation approaches, to assist companies transition to accreditation.
 - Test how many employers would attend an engagement forum (perhaps linked to localities – link to change idea on working with ACC localities)

Potential risks and/or barriers to success

Risks

Non-accredited companies do not engage

Access to companies

Capacity to engage

Mitigation

Engage with Scottish Enterprise account managers

Ensure representation from Real Living Wage Scotland at relevant events

Project Team:

Martin Barry – Scottish Enterprise

Kaja Czuchnicka – Aberdeen Council of Voluntary Organisations

Lynn Anderson – The Poverty Alliance

Gregor Docherty – Aberdeen City Council

Sacha Will – Aberdeen City Council

Ishbel Greig – Aberdeen City Council

Business Representative TBC

Discussions have taken place with partners across the CPA spectrum, and colleagues engaged in other Improvement Projects will contribute virtually to this project. Private and third sector engagement has also taken place, and links have been built with the Dundee Partnership who are leading on Dundee's bid for Living Wage City status.

There also plans in place to engage the private sector through mechanisms such as a networking event during Real Living Wage week, to help gain commitment and build a partnership approach to drive the project (particularly those in sectors where there lower salaries are paid/cost margins are tight), plus engaging with ACC localities team to understand impact in these areas.

Outline Project Plan		
Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<ul style="list-style-type: none"> • Project Team established • Gather baseline data • Draft Charter to CPA management group • Charter submitted to CPA board 	Complete Complete October 2019 November 2019
Designing and Testing Changes (Project Score 4-7)	<ul style="list-style-type: none"> • Agree changes for testing • Engage with accredited organisations • Hold Real Living Wage week engagement event • Engage with ACC localities team • Engage with Scottish Enterprise workplace innovation team • Identify individuals for RLW champion • Engage with external partners (eg: Dundee/Glenrothes) 	October 2019 Ongoing November 2019 November 2019 December 2019 February 2020 January 2020
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	<ul style="list-style-type: none"> • Identify PDSA measures to understand impact • Hold engagement events • Promotion of newly accredited organisations • Review of number Real Living Wage accreditations in City 	April 2020 Ongoing Ongoing October 2020
Spreading Changes (Project Score 9-10)	<ul style="list-style-type: none"> • Assess opportunities for spreading change 	2021

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4.1 Childrens Mental Wellbeing (Revised)

Note – see underlined text for changes to this revised version.

Improvement Project Title: Improving Children and Young People’s Mental Health
Executive Sponsor: Rob Polkinghorne (ICS Board Chair)
Project Leads: Bill O’Hara, Principal Education Psychologist, ACC (bohara@aberdeencity.gov.uk); Lauren Mackie, Health Improvement Officer (Schools), ACHSCP (lamackie@aberdeencity.gov.uk) Dr Elaine Allan, Lead Nurse - School Nursing AHSCP (elaine.allan2@nhs.net)
Aim statement: 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. <u>Increase the support provided by the school Nursing service to children and young people with escalating mental wellbeing concerns by 50% by 2022</u> Increase the confidence of parents and young people to recognise and seek support in response to deteriorating mental wellbeing by 2022.
Link to Local Outcome Improvement Plan: Strech Aim 4: 90% of children and young people will report that they feel mentally well by 2026 This project also links with the following projects: Increase the number of young people who effectively transition from primary school to secondary school by 2021. 100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021. Increase the number of staff, including carers who report increased understanding and skills to respond to children who have adverse childhood experiences (ACE) by 20% by 2021. Reduce the rate of teenage pregnancies [under 16s] across the city by 3%, by 2021. Reduce the number of children and young people who are exhibiting self-harming behaviours by 2022. Reduce the number of young people identified as having indicators of being at risk of being excluded from school by 2021. Also links to Aberdeen City achieving Child Friendly City status.
Why is this important: Background In the context of partnership working and in the spirit of Getting it Right for Every Child these three projects have been amalgamated to ensure that roles, responsibilities and participation are in equal measure for school staff, parent/carers, children and young people. This is also reflected in the composition of the project team where time efficiencies have been created to make best use of resource.

National Context

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

Good Mental Health for All (NHS 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. A pilot was carried out with findings indicating that the mental health and wellbeing pathway was the most frequently used pathway. Whereas nurses referred complex mental health cases to CAMHS, they felt less equipped to deal with low to moderate cases. A referral system was introduced to formalise practice and ensures that school nurses received relevant referrals. However the referral process was designed for school staff and parents to refer children and young people.

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.

Aberdeen City HSCP has invested in a permanent Immunisation Team to release capacity for school nurses to take forward the CEL 13 model. This has resulted in a surge in mental health consultations at levels 1 and 2, mirroring the findings from the SG pilot site evaluation. The school nursing service plans to introduce a more inclusive referral system to formalise practice and ensure that school nurses receive relevant referrals from C&YP as well as teachers and parents. Through a working group

the pilot site referral has been modified and renamed as “Seeking Assistance” as this was felt to be more appropriate and less threatening for C&YP in particular. The referral system will be introduced and tested locally as part of the overall project.

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. In addition, the referral system will encourage appropriate referrals to the school nurse, allow the school nurses to review each individual case, prioritise need, make a decision about the best way forward and manage their workload accordingly. Once embedded, this system will empower C&YP to self refer, enable school nurses to better focus and prioritise those most vulnerable. Outcomes will be able to be audited.

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. School nurses will be trained in the Decider Skills model.

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 such as a robust referral system 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.
- Number of and type of mental health referrals to school nurse
- Number of Children and Young People who self refer

Process

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

Balancing

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

Change ideas

- Develop a process (or pathways) visual to help increase understanding of what help is available, by whom and when.
- Mental Health First Aid training for key staff within each school.
- Basic level mental health training for all school staff.
- Develop approaches (universal & targeted) to support parents' understanding e.g. Emotion coaching.
- Test a range of tools to support pupils to deal with exam stress.
- Decider skills programme for parents to support their children to cope with stress when choosing subjects.
- Online programmes for parents and staff to support parents to access advice and support outwith a school setting.
- Events in the community (off school premises); library.
- Peer mentoring programmes.
- Accreditation for peer mentoring programme for S5/6 pupils to recognise efforts in supporting younger pupils.
- Enhance Personal and Social Education curriculum to include mental health and wellbeing.
- Use of Education Social Work to deliver parental skills workshops.

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

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

Project Team:

- Bill O'Hara – Principal Educational Psychologist, Aberdeen City Council

- Dr Elaine Allan Lead Nurse School Nursing ,Aberdeen Health and Social Care Partnership
- Elsbeth Clark – Public Health Co-ordinator, Aberdeen Health and Social Care Partnership
- Lauren Mackie – Health Improvement Officer (Schools), Aberdeen Health and Social Care Partnership
- Emma Cameron –Services Development North Region Lead, The Spark (and third sector rep)
- Donna Cuthill – Parental Engagement Development Officer, Aberdeen City Council
- Sacha Will - Improvement Programme Manager, Aberdeen City Council
- Rep from each school (Bucksburn Academy, Aberdeen Grammar School, Hazlehead Academy, Bridge of Don Academy)
- 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)	<p>Mapping and comparison of current processes in each school.</p> <p>Gathering information about parent, young people and school staff needs in relation to mental health understanding.</p> <p>Explore Personal and Social Education curriculum – content & variation across schools, including who delivers.</p>	November 2019
Designing and Testing Changes (Project Score 4-7)	<p>Evidence of pathways which identify key points in decision making for staff to enhance support for pupils and parents in order to critique their validity.</p> <p>Gathering data held by school and school nursing service.</p> <p>Identifying which change ideas will be most relevant to each establishment.</p> <p>Consider systemic change which could be piloted across the four test schools.</p>	End January 2020
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	<p>Sustainability of budget and resource for mental health training.</p> <p>Ensuring that school and authority policies and guidelines are robust and adhered to in order to support the project.</p>	<p>October 2020</p> <p>August 2020</p> <p>August 2020 (each school)</p>

	<p>Recording and consistency of information generated by school, school nursing service etc. e.g. SEEMiS</p> <p>There could be implications arising which might necessitate discussions with SEEMiS over data fields.</p> <p><u>Numbers of recorded referral to School Nurses</u></p>	<p>TBC following discussions with local SEEMiS team</p> <p><u>August 2021</u></p>
<p>Spreading Changes (Project Score 9-10)</p>	<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>	<p>December 2021</p>

5.3 Appropriate Access to Care Records

Improvement Project Title: Appropriate Access to Care Records
Executive Sponsor: Rob Polkinghorne (ICS Board Chair)
Project Lead: Gaynor Clarke, ACC, Programme Manager (GClarke@aberdeencity.gov.uk)
Increase the % of children, young people and adults who report that they feel supported when accessing their records by 2022
Link to Local Outcome Improvement Plan:
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
Why is this important
National Context - Drivers for Change The Scottish Child Abuse Inquiry (SCAI) is investigating institutions and enabling people to share their experiences of being in care in Scotland. The recommendations, to be published, will take cognisance of these investigations and of those who have articulated their lived experience to the inquiry; many of whom have accessed their social work records. The Independent Care Review is coming to the end of its third phase and has clearly identified that records make a significant contribution to people's experiences of their care. Historically this has not been positive. ACC is using both the SCAI and The Independent Care Review, as vehicles to influence the transformation of services. Local discoveries made during research for the Inquiry, people's lived experience's and care experienced voices are influential to the transformation. Lessons learned at a local level are being applied to the National context to compel change. Failure to take this opportunity increases the risk of harmful practice in relation to record keeping thus impacting when people access their records. There is also an increased likelihood of complaints as people develop a higher expectation of services.
Background Recording is a crucial part of day to day practice, and for care experienced people, records hold deep meaning, and represent their life history and identity. An individual's decision to access their records is not taken lightly, and each person deserves the sensitive, person centred support they require to access and make sense of their records. For many though, this is not the reality, with bureaucratic, process driven, and insensitive procedures experienced as the norm. By radicalising how records are written, co-produced, accessible throughout life, with appropriate support, to access at any age or stage will improve outcomes, experience and impact for care experienced people.
Benefit Realisation There will be a single point of entry (Access to Information Team) and dedicated teams to support the person through the access journey (SCAI Team) for all care experienced people accessing their records, including those who have experience of the adoption process. The intention is to reduce bureaucracy in the system taking cognisance of each person's wants

and needs during the process. It will be a strength based; customer centric approach. As an organisation it is within our power to take account of the moral and ethical responsibilities owed to both care experienced people and the staff carrying out the function. Education, training and development for all professionals involved in the transformation of practice will result in workers who have the tools and skills to ensure those accessing their records have a positive experience when doing so. Over time due to the transformation in how records are written and produced will reduce the formal requests to access records.

Cost Implications

The new model will have a negative cost impact due to the increase in people accessing their records, the demand and pressure on services cannot be ignored, there is a requirement for the staffing quota to be increased to respond timeously. Cost associated with training to support people to access their records and for counselling for those carrying out the function must be considered.

Measures:

- **Outcome measures**

Feedback survey to discover whether the service provided has met the needs of the individual, this will be quantitative and qualitative

No. of people being signposted/referred to support agencies

No. of people who confirm the process was a positive experience

- **Process measures**

Increase in number of requests to the access team

Number of people contacted within one working week

Completion of a co-produced support plan

Number of support plans complete

Number of people being offered support at initial contact; this includes referral/signposting to services

Number of feedback forms sent and returned

- **Balancing measures**

Increase in number of people accessing their records

Self reporting of confidence in process

Change Ideas

- One stop shop to access records across the Partnership
- Improve current process for all stakeholders; stakeholder development of process based on staff survey results
- Each person accessing their records to have a support plan co-produced with them which clearly explains their wishes and support needs during the process
- Review and provide specialised training to all staff responsible for the pathway
- Recording conversations and providing written assurance of person centred plans specific to the unique journey for each person accessing their records

- Removing the holding letter process
- Standardised redaction processes and procedures
- Develop a rational and proportionate approach to redaction with best practice standards and procedures

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

Infrastructure

- Risk to transformation projects due to resource pressures and not having human resource to carry out the function's therefore continuing to provide a negative experience to people accessing their records; review of human resource
- Time taken to co-produce records; the correct technology with capacity to co-produce and input 24/7
- Technical interdependencies of systems and processes across services and agencies; master data management and development of multi-agency systems
- GDPR impact on agencies; data/information sharing protocols to support the function (ISP at sign off stage (Aberdeen City, Aberdeenshire and Moray))

Process

- Right to Access, Subject access Requests concluding out with Information Commissioner (ICO) timeframe resulting in complaints; person centred/centric support plan and keeping the ICO abreast of any risks alongside business continuity and risk reporting

Project Team:

Gaynor Clarke, Programme Manager	
Write, Right About Me! Future Proofing - Records	Right to Access; Subject Access (Multiagency) Model Including Support to Access Records
<p>CHAIR Miriam Smith, Aberdeen City Council</p> <p>VICE CHAIR Peter Melrose, Who Cares? Scotland</p> <p>MEMBERSHIP Susannah Balducci, SCAI, Research Assistant Renee Bertram, Childrens Rights Development Officer David Humphrey/ Clare Hancock Fraser, Robert Gordons University Jackie Swan and Jenny Murray, Foster Carers, Aberdeen City Chris Fox and Linda Gray, NHS Kathleen Malcolm, Includem James Maitland and Eve Whyte, ACC Senior Project Manager - Replacement for careFirst</p>	<p>CHAIR Lucy McKenzie, Senior customer Experience Officer, Aberdeen City Council</p> <p>VICE CHAIR Chris Morton, Team Manager, Adoption and Fostering, Social Work, Aberdeen City Council Elizabeth Templeton, SCAI Research Assistant Sharon Fraser, SCAI Research Assistant Helen Cannings, Data Protection Officer, Aberdeen City Council Soo Ferries, Aberlour Child Care Trust</p> <p>*Please note membership of this board is under review due to the rationalising of project streams</p>

<p>Larissa Gordon, Virtual Headteacher Gillian Robertson, Scottish Children’s Reporters Administration (SCRA) Fiona Topping / Sheila McDerment, Police Scotland Lorraine Cran, Barnardo’s Jennifer Allen, Residential Childcare worker Cathy Buchan / Melanie Jack , Alternative Family Care Donna Simpson, Childrens Rights Officer Carol Simmers, Adult Protection, ACHSCP Leanne Green, Youth Team</p>	
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**Outline Project Plan - Set out your initial plan about the timeline for your project.
(This should be reviewed regularly)**

Project Stage	Actions	Timescale
<p>Getting Started (Project Score 1-3)</p>	<p>Three leads and project teams identified, canvases and plans developed:</p> <p>Right to Access, Subject Access Request (RTA-SAR) Multi Agency Model and reviewed processes; Record Keeping for Life (future proofing records), Write; Right About Me! Developing a customer centric approach to supporting people access their SW records (potentially multi-agency child records).</p> <p>Membership of each project board is representative of the multi-agency and evidences effective partnership working. Care experienced representation is imperative to support an open and transparent demonstration of our corporate parenting role and the importance placed on the experiences of those care for across the City.</p> <p>The current customer experience is being improved taking cognisance of and ensuring adverse risk practice is avoided to ensure people have the best experience when accessing their records.</p> <p>Write; Right About Me! (What’s working? What’s not? What can be improved?). Review of current recording and report writing processes</p>	<p>Complete* *Please note a review is underway of current project teams with the potential of rationalising from three to two</p>

	<p>based on learning from historic records and feedback from people accessing their records.</p> <p>National networks representative of care experienced people implemented to better understand the impact records have on those being written about and when records are accessed. It is recognised there is limited academic research on this subject area.</p> <p>Review of current support offered to those accessing their records. Identifying to people the impact accessing their records may have on them and includes signposting and supporting those throughout their access journey.</p>	
<p>Designing and Testing Changes (Project Score 4-7)</p>	<p>Survey of those completing SAR's to ascertain baseline knowledge, skill and understanding and how people are supporting and being supported during the journey.</p> <p>Analysis of feedback from those who have accessed their records and are at the end of this journey. SAR experience feedback loop not functional. New process live April 2019. To be developed further to ensure the voice of the customer is heard and further impact on the customer experience.</p> <p>Engagement and collaboration with Care Experienced people to understand issues and risks; WhoCares? Scotland, Information Commissioners Office and CELCIS to gain insight to lived experience of accessing records and impact on those accessing their records.</p>	Complete
<p>Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)</p>	<p>Human resource to respond to SAR demand</p> <p>Training and support programme for employees who are responsible for social work right to access, subject access requests</p> <p>Clear support pathway (including person centred support and counselling) for those accessing their records and those carrying out this function</p> <p>Services to provide support and counselling to those accessing their records and those carrying</p>	2020

	<p>out this function</p> <p>Time and motion study to better understand the timeframe and resource to support the transformed pathway</p> <p>Development and review of policy/procedure/guidance to support the portfolio</p> <p>Development of portfolio of tools to support professionals</p> <p>Training and development programme for professionals across the partnership</p> <p>Education institutes to review current curriculums</p>	
<p>Spreading Changes (Project Score 9-10)</p>	<p>Whole systems review:</p> <ul style="list-style-type: none"> • Single point of access for all RTA-SAR/Schedule 2 (Police Scotland Requests) • Records and report writing • Support to access records • Multi-agency collaboration and accomplishment • Impact on education of social workers (RGU) <p>National influence:</p> <ul style="list-style-type: none"> • ACC best practice model to impel National change • SWS HA practice network membership – 32 LA’s + ICO, NRS, Future Pathways, WhoCares? Scotland, SCRA, Care Inspectorate, IRISS – short term working parties to develop products to establish best practice • Capitalising on memberships and relationships to influence the National perspective: <ul style="list-style-type: none"> - Development of RTA SAR Codes of Conduct in collaboration with ICO - MIRRA campaign, collaboration with NRS <p>SG change in statute for those accessing their records and for those responding to requests</p>	<p>2022</p>

5.4 Trauma Skills and Knowledge

Improvement Project Title: Trauma Skills Training
Executive Sponsor: Rob Polkinghorne (ICS Board Chair)
Project Lead: Isabel MacDonnell, ACC, Children's Services Manager (IMcDonnell@aberdeencity.gov.uk)
Increase number of staff, including carers working with care experienced children and young people trained in trauma skills and knowledge, to 80% by 2021
Link to Local Outcome Improvement Plan: 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
Why is this important The Adverse Childhood Experiences (ACEs) study which was initially published in the USA has recently had a renewed focus both internationally and within Scotland. One of the core messages which has been emphasised within ACE research is the correlation between the number of adverse childhood experiences an individual goes through and poor health and social outcomes in adulthood. It has long been recognised that stressful events occurring in childhood can impact profoundly on children and young people's development and outcomes. One of the key theoretical frameworks which emphasises the importance of early experiences and particularly the bond that an infant has with a caregiver is attachment theory. Attachment theory forms a core part of a nurturing approach and at the heart of a nurturing approach is a focus on wellbeing and relationships and a drive to support the growth and development of children and young people particularly those who may have experienced early adversity or trauma. Trauma informed approaches aim to promote an understanding of adversity and trauma amongst those working with children and young people and the wider population. Developing a workforce that is trained to recognise where people are affected by trauma and adversity, and to be capable of responding in ways that prevent further harm, supports recovery and improves life chances. Having responsive staff and carers mitigates against disruption of care placements and and unplanned endings which impacts on children and young people's physical and mental wellbeing. The Partnership are keen to reduce the number of placement changes that our children and young people can experience. Creating a training programme of trauma informed practice will support increased confidence in staff to recognise what the ongoing child's needs might be and make appropriate placements with carers who have the skill and knowledge to provide appropriate proportionate levels of care.

Measures:**Outcome measures –**

- No. of carers who self-report increased confidence and skill in meeting the needs of children who have adverse childhood experiences
- No. of children that report being happy in their care placement
- % of care experienced children and young people who report feeling mentally and physically well
-

Process measures -

- No. of staff trained in trauma skills and knowledge
- No. of Aberdeen City Council foster carers trained in trauma skills and knowledge
- No. of foster placements ending on an unplanned basis

Balancing measures

- No of placement breakdowns

Change Ideas

- Create and use a scale for foster carers to report on their confidence providing care that is trauma informed (at key intervals such as supervision and annual reviews)
- Targeted delivery of collaborative trauma informed training to carer support groups.
- Staff evidencing reflective practice in supervision
- Introduce a quarterly meeting with external fostering agencies to share trauma informed practice & approaches to align the quality of care to that provided by ACC approved carers
- Continual use of research and outcomes from the Care Review to inform practice and service delivery

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

- Foster Carers feeling overwhelmed with expectations of providing a high level of care to children with adverse childhood experiences – current evaluation of the payment for skills competency framework to remove the significant gap in expectations of care provision which is a barrier to matching children with carers.
- Budgetary constraints to access external training – link in with Government programmes & initiatives

Project Team:

Isabel McDonnell, Project Lead

Kelly Hickman, Improvement Adviser

Angela Maitland, Children's Services Manager

Cathy Buchan, Fostering Team Manager

Chris Morton, Adoption Team Manager

Linda Gray, Looked After Nurse

Rep. from Educational Psychology being identified

Rep. from Independent foster agency (SWIIS or Barnardo's)

Max McGlinchey, Team Manager, Marchburn Children's Home

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

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<p>What initial activities are required to get started?</p> <ul style="list-style-type: none"> • Project team established • Initial baseline data being established • Draft charter developed • Charter submitted to CPA Board 	<p>When do you expect to complete this stage?</p> <p>Complete Oct-19 Complete Oct-19</p>
Designing and Testing Changes (Project Score 4-7)	<ul style="list-style-type: none"> • First 2 change theories to begin PDSA Cycles • Conversations with external fostering agencies to begin with achievable longer-term goals being set • Evaluate initial test cycles • Begin new test cycles • Analyse data with project group to consider progress and barriers • Progress report to CPA Board 	<p>Nov-19</p> <p>Begin Jan-20</p> <p>Jan-20 Jan-20 Feb- 20</p> <p>Jan-20 for Mar-20 CPA Board</p>
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	<ul style="list-style-type: none"> • Communication of improvement data across ICFS to begin thinking about how trauma informed practice can be considered in other care settings • Plan for carers to deliver trauma knowledge & skills training in the community 	<p>Summer 2020</p> <p>Autumn 2020</p>
Spreading Changes (Project Score 9-10)	<ul style="list-style-type: none"> • Full review of project to inform spread across ICFS 	<p>Oct-20</p>

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5.5 Children & Young People Care Placements

<p>Improvement Project Title: Supporting care experienced children and young people to sustain care placements which meet their needs and sense of identity</p>
<p>Executive Sponsor (Chair of Outcome Improvement Group): Graeme Simpson</p>
<p>Project Lead: Isabel McDonnell, Children’s Services Manager, ACC /Andrea McGill, Service Manager ACC</p>
<p>Aim statement (What are we trying to accomplish? Over what time? Numerical target for improvement?)</p> <p>Increase by 10% the number of children and young people remaining in a placement between 16-18 years old by 2021.</p>
<p>Link to Local Outcome Improvement Plan:</p> <p>Stretch aim 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</p>
<p>Why is this important</p> <p>What we know is that children and young people looked after at home are associated with poorer outcomes both within their educational attainment and with a higher likelihood of involvement with criminal justice systems. Focussing our improvement efforts on this cohort of children will support at home placements to be more sustainable, meeting the young person’s needs and maintain their sense of identity. Improved planning for this cohort of children and young people should improve outcomes which have remained poor and relatively unchanged over time.</p> <p>What we know is that the early discharge of Compulsory Supervision Orders at home contributes to poor outcomes and as a partnership we need to improve the planning for this cohort of young people so that placements remain secured by legal measures.</p> <p>There is a range of research evidence which has sought to improve national practice in respect of this cohort of young people. The main findings of the study Overseen but Often Overlooked (CELCIS, 2015) were:</p> <ul style="list-style-type: none"> • The needs and circumstances of children looked after at home are complex, with their needs being as severe as many other looked after children. • Support services provided are often limited, inconsistent, and patchy. While service providers recognise the needs of these children, they can't always

respond because sometimes they feel their duties to other looked after children must take precedence.

- Outcomes for this group are some of the poorest in society, in particular poor education outcomes and involvement in the criminal justice system.
- Pathway plan will provide a focus for review that all providers around the young person will feed into

This is also reflected in the Joint Inspection of Children's Services in Aberdeen City (Sept 2019) which identified the following for children looked after at home;

- Wellbeing improvements not seen;
- High rates of exclusion;
- Limited use of children's rights service;
- Poor education outcomes; and
- Need for better data.

Supporting Young People Leaving Care in Scotland. Regulations and Guidance on Services for Young People Ceasing to be Looked After by Local Authorities, 2004

CHAPTER 6: ASSESSING THE NEEDS OF YOUNG PEOPLE AND PATHWAY PLANNING.

6.6 Local authorities must develop a robust and transparent framework which both addresses the needs of the young person while they remain looked after and plans to meet their need for support once they leave care. The local authority should consider and agree with young people how their support is to be delivered. The young person's views will play a vital role in assessing and planning for their future (see Chapter 3). The needs assessment (known as the pathway assessment) along with the views of the young person (pathway views) will then be the basis for preparing the pathway plan.

Local evidence indicates that practice surrounding care and pathway planning is underdeveloped with our local data indicating that of the 16 young people aged 16-17 years old who were looked after at home, only 3 had evidence of having a pathway plan in place. The current use of the Child's Plan does not give parity to the complex needs of this cohort of young people and risk assessment proportionate to their planning.

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

- **Outcome measures**

No. of young people aged 16-18 who remain in a single care placement
% of looked after population who are looked after at home
% of looked after at home remaining on a CSO aged 16-18 years

- **Process measures**

No. of young people with a pathway plan
% of identified workforce completed START AV training
% of pathway plans reviewed which meet the needs of the child
Review of the CSO at home

- **Balancing measures**

No. of placement moves experienced by YP aged 16-18 years

No. of CSO's discharged for children/YP who are looked after at home prior to 16th birthday

No. of young people looked after at home with a Child's Plan in place

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

To directly impact and improve the experience for the specific cohort of young people aged 16-18 years, looked after at home it is believed the following changes will lead to an improvement:

- Resource pack for Social Workers to use specific assessment tools to inform Pathway Planning.
- Introduction of new framework for reviewing the placement and planning for all 16-17 year olds who continue to be looked after at home to ensure parity of opportunity which their peers looked after in other settings already have built into their placement
- Introduce mandatory training for Short-Term Assessment of Risk and Treatability: Adolescent Version (START-AV) across Children's Social Work to create compliance with youth justice national standards and to support improved decision making around Compulsory Supervision Orders securing placements at home

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

- Continued 'fire-fighting' in children's social work that prevents staff from attending training or learning and adopting new assessment frameworks
- Reports produced by social work services do not provide the quality of assessment required to assist CSO disposal decision making by SCRA
- Approval of funding streams for START AV

Project Team:

Andrea McGill, Service Manager, Integrated Children and Families Service (this will be changed as the project will be taken forward and lead by a manager within children and families)

Kelly Hickman, Improvement Adviser

Lynne Richardson, Consultant Social Worker, Children & Families

Roma Bruce-Davies, SCRA

Children's Hearing Panel Member (to be identified)

Third Sector partner (commissioned service)

Kay Diack, Housing Access and Support Manager

Post 16 support (Skills Development Scotland/Opportunities for All) Rep

Hazel Flett, Senior Social Worker (Criminal Justice)

Linda Gray, Looked After Children's Nurse, NHS

Sarah Burnett Independent Review Officer

Outline Project Plan		
Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<ul style="list-style-type: none"> • Project team established • Initial baseline data being established • Draft charter developed • Charter submitted to CPA Board 	Complete Complete Complete Dec 2019
Designing and Testing Changes (Project Score 4-7)	<ul style="list-style-type: none"> • QA existing plans for cohort of children • Identify cohort for testing Pathway Planning i.e. whole locality • ICFS and Criminal Justice wide communication to signpost resource pack for assessing and informing planning • Working group to draw up review framework • Test review framework with young people with existing Pathway Plans • Training plan to be drafted that will support and deliver the mandatory need for all Children's Social Work staff to undertake START-AV training • Review of data to inform of any sustained improvements to support implementation of changes 	1 st Quarter 2020 2 nd quarter 2020 3 rd Quarter 2020 Dec 2020
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	<ul style="list-style-type: none"> • Review of START-AV and plan to ensure all new starts within CSW undertake training • QA Pathway Plans to ensure learning of START-AV is evidenced in the assessing and planning for young people • Annual Review of data 	1st Quarter 2021 2 nd Quarter 2021 3 rd Quarter 2021
Spreading Changes (Project Score 9-10)	<ul style="list-style-type: none"> • Pathway Planning is undertaken for all children and young people looked after at home • Review Framework is used for all children and young people subject to a Pathway Plan • Full review of project, changes and data before implementation of improvement project to standard practice 	4 th Quarter 2021

11.4 Homeless Health and Wellbeing

Improvement Project Title:

Housing First Program, Chronic/Cyclical Homelessness Program for those with Multiple Complex Needs.

Executive Sponsor (Chair of Outcome Improvement Group):

R.I.S, Housing First Consortium Board.
Sandra Ross / Derek McGowan

Project Lead:

Mike Burns, Chair of the HF Consortium Board & CEO Aberdeen Cyrenians.

Aim statement (What are we trying to accomplish? Over what time? Numerical target for improvement?)

Improve the Health and Wellbeing* Outcomes for at least 50% of homeless people/program participants (30 individual participants) in the Housing First Pathfinder Program in Aberdeen City by 2021

*Note: Wellbeing (sometimes referred to as 'Health & Wellbeing') comprises aspects of feeling good and functioning well (Dep't of Health, 2014) It is understood in two dimensions; 1, subjective wellbeing, which is self-reporting of an individual's experience of their life; and(ii) objective wellbeing, which is based on comparisons of life circumstances with social norms and values.

Link to Local Outcome Improvement Plan:

This project aim is linked to Stretch Outcome 11, Healthy Life Expectancy (time lived in good health) is five years longer by 2026; against the key driver to support vulnerable and disadvantaged people, families and groups..

The scope of the project will specifically target those with multiple complex needs who have a history of cyclical homelessness, chaotic mental health and substance misuse often entwined with repeat offending and custodial periods. The number of those with MCN and cyclical homelessness across the City of Aberdeen is identified within the Indigo House, Homelessness HUBs Scotland report (2018) as being approx. 216 individuals. The HF program is set to engage with 60 (The Stretch Aim) of this population segment over 2019/20. The target group for the LOIP 19 – 21 = 30 HF program participants.

Why is this important

The Housing First program will work with 60 program participants over April 2019 to March 2020 the target to 2021 is 120 program participants.

The current number of days it takes to 'home' someone with MCN is 160 days; our target is to reduce this to 60 days.

The Scottish Governments HARSAG report and recommendations (07.12.18) set out the Scottish Governments position and ambition to reduce cyclical homelessness in those with MCN through the introduction of the 5 Housing First Pathfinder Programs across the 5 major Scottish cities.

Housing First is an innovative national pathfinder programme to work with participants in a preventative manner. For most of these participants 'Early Intervention' has long since passed as they will have been locked in a pattern of cyclical homelessness for many years. The reasons for this will be multiple and complex but it is clear from international and national research (HF Heriot Watt University) that homelessness is a consequence of the individual's needs not been looked at in a holistic and joined-up way.

Programme participants will in many instances have been in contact with many statutory services and partners in the past:

- Adult Social Work
- Emergency Department (A&E)
- Mental Health Services
- Substance Misuse Services
- Police Scotland
- Scottish Courts Service
- Criminal Justice Social Work
- Children & Families Social Work
- Scottish Prisons Service
- Local Authority Housing Department
- 3rd Sector Homelessness Organisations

Just by reading the list above it is easy to see how an individual's pathway would naturally touch on all these services during a chaotic period in their life in as little as a couple of months. In most cases the person is lost, with no connection or tie to anyone or anything. Housing First seeks to give to anchor points – a safe and secure home and, the support the person needs to, initially, sustain their tenancy and over time to get back on top of their issues and begin to cope better so that they will (re)gain the skills and confidence to live independently.

The expected impact is as set out in the project aim, the improvement of health and wellbeing in HF program participants as measured through the Recovery Outcomes Web tool (more detailed information in Appendix A) resulting in less A&E presentations, reduction in mental health episodes which lead to chaotic substance misuse and offending episodes. Additionally, the RTTP draft (March 2019) sets out the current number of days it takes to 'home' someone from homelessness, with Multiple Complex Needs, MCN is 160 days; the target is to reduce this to 60 days.

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

Outcome measures:

The self-reported scoring against the following criteria will be used to gauge participant wellbeing, [see link to detail of scoring](#).

- Substance (Drug and/or Alcohol) Use
- Self-care and nutrition
- Relationships

- Physical Health & Wellbeing
- Mental Health and Wellbeing
- Occupying Time and Achieving Goals
- Housing and Independent Living
- Offending
- Money Matters
- Children

Within the LOIP we aim to see 50% of HF program participants will have improved health and wellbeing outcomes; this will also reflect tenancy sustainment which we believe will in turn create a reduction in cyclical homeless rates, A&E admissions, criminal justice episodes and an overall positive cost impact on statutory services from a group which currently demands an increasing demand on these services through their chaotic behaviours.

Measurements will be taken on a fortnightly / monthly basis as part of a support review / goal setting meeting between support worker and programme participant.

Individual scores will be tracked over time to demonstrate improved health & wellbeing outcomes and holistic support given to address participant's priorities.

Process measures

- % of participants given a home of their own first time
- Number of participants on programme / tenancies being sustained
- Number of participants recording improved wellbeing scores
- Percentage of participants with improved self-reported health and wellbeing outcomes
- ACC housing department homeless recording data, this will enable us to measure date of statutory homeless decision against date of entry to a 'home'.
- No. of days between homeless decision and placement in permanent home.

Balancing measures

- Number of participants engaging in additional educational programmes
- Number of participants taking up paid or voluntary employment
- Number of participants serving custodial sentence

The use of data recording information regarding personal health and wellbeing outcome collated through the In-Form data collection system.

Programme Evaluation

Heriot Watt University have been engaged to carry out the evaluation of the national Housing First Pathfinder program, this will provide robust secondary data on health and wellbeing outcomes for all program participants. This research will also develop a cost impact analysis of benefits gained or lost.

Benchmark historical chronology of health and wellbeing through lived experience, 1 to 1 interviews and program participant's questionnaires.

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

There are two main groupings of change ideas which are central to this project – fundamental changes in the way we interact with the participant cohort, namely:

- We will give participants a **home of their own first time**, not temporary “steppingstone accommodation, a tenancy they can maintain;
- We will provide **intensive support to the participant** to work through their own issues with a view to reducing their level of chaos and complexity and ultimately seeing the individual maintaining their own wellbeing and tenancy.

Further targeted change ideas can be grouped under support and deployed as appropriate to the participants circumstances and priorities are:

Substance (Drug and/or Alcohol) Use – commencement of a managed drinking programme aimed at reducing alcohol consumption, engagement with SMART (peer) recovery groups

Self-care and nutrition – goal setting around healthy weight management, one-to-one cooking and meal prep tuition.

Relationships – support to re-engage with positive social networks, support in development of new social support network

Physical Health & Wellbeing – Ensure participant is enrolled with a GP practice that is appropriate to their circumstances and accessible, support to access initial health check, development of health literacy abilities to enable self-care

Mental Health and Wellbeing – ensure participant can access and engage with mental health treatment where appropriate, engagement with appropriate mental health therapeutic interventions, support to develop positive coping mechanisms, development of self-awareness around triggers and deployment of coping mechanisms

Occupying Time and Achieving Goals – keeping a daily and weekly planner to encourage appointment keeping and build a pattern of meaningful activity, development of personal goal setting abilities

Housing and Independent Living – development of personal household management skills,

Offending – support to reduce offending behaviour, support to engage with CJ interventions

Money Matters – development of budgeting skills

Children – support to maintain / (re)develop relationship with participant's children (if applicable)

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

There is a risk that we cannot get enough properties / tenancies to house programme participants. This will be mitigated by working with all partners in the consortium to identify properties earmarked for the HF programme – this may be achieved in part by addressing identified lags and delays within current processes.

Project Team:

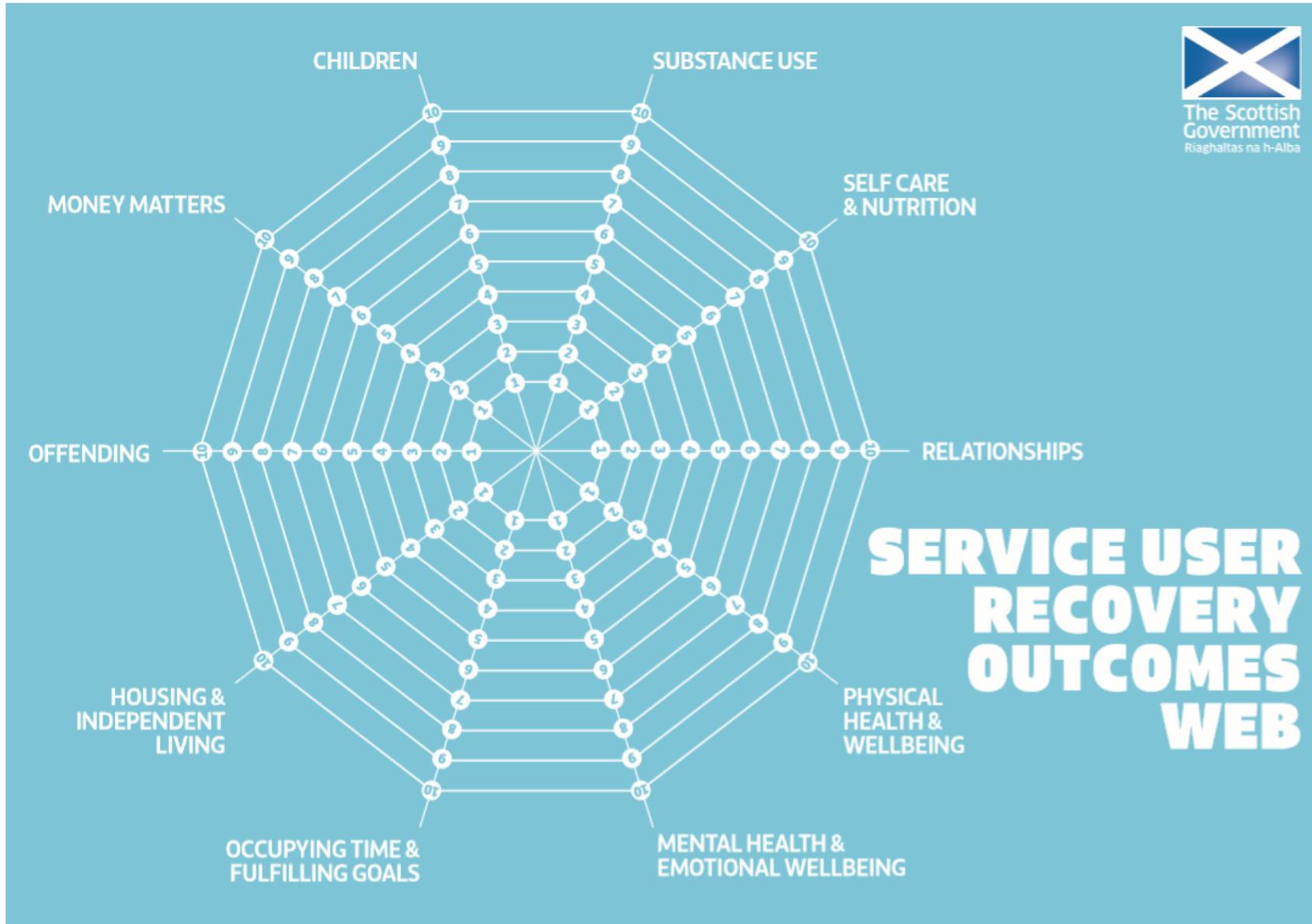
Aberdeen Cyrenians are a homelessness organisation in the City of Aberdeen; they are also the lead agency in the Housing First National Pathfinder Program Consortium in the City of Aberdeen. They currently chair the consortium board, which will take forward this test of change as a program board. The other partners in the consortium relevant to this aim are Aberdeen City Council, HSCP, Aberdeen Foyer and Turning Point.

The Project Team for the delivery of the LOIP project are:

The Housing First Consortium Program Board
 Mike Burns Chair
 Stephen McNamee, Aberdeen City Health & Social Care Partnership
 Eileen Edwards the Housing First Service Manager.

**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)	Forming the improvement team Understanding the current system Developing the project charter Gathering and analysing baseline data Final project charter considered by CPA Board	Complete July 2019 September 2019 December 2019 December 2019
Designing and Testing Changes (Project Score 4-7)	Identifying changes and prioritising engagement with customers & colleagues Identifying the people, place to start testing	December 2019 Ongoing throughout March 2019
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	Plan to be developed further based on findings from project	December 2020
Spreading Changes (Project Score 9-10)	Plan to be developed further based on findings from project and from other Pathfinder areas in Scotland	December 2021



Charter 11.5 - Autism and Employability

Improvement Project Title: Autism and Employability
Executive Sponsor (Chair of Outcome Improvement Group): Sandra Ross
Project Lead: Jenny Rae Job Role & Organisation: Strategic Development Officer, Aberdeen City Health & Social Care Partnership Email Address: Jenrae@aberdeencity.gov.uk
Aim statement Increase the number of autistic people aged 16 to 25 who are supported into employment by 2021.
Link to Local Outcome Improvement Plan: This is a project within the LOIP under Stretch Outcome 11, Healthy life expectancy (time lived in good health) is five years longer by 2026, and Key Driver 11.1, Supporting vulnerable and disadvantaged people, families and groups.
Why is this important: <p>Autism (<i>also known as Autism Spectrum Condition - ASC, or Autism Spectrum Disorder - ASD</i>) is a neurodevelopmental lifelong condition. It affects different autistic people in different ways, with some individuals able to live and work independently, and some requiring specialist support. Autistic people develop differently from non-autistic people (<i>neurotypicals</i>), sometimes faster than their peers, sometimes slower. What everyone on the autism spectrum will have is sensory and social difficulties. These are not always obvious, as they can be masked, and people can develop coping strategies. Most have also held the assumption that others experience the world the same way, so it can make it difficult to recognise these differences. Autistic people have issues with communication, both verbal and non-verbal, e.g. difficulties with interpretation, tone of voice, facial expressions.</p> <p>Research commissioned by Scottish Government launched in 2018 titled 'The Microsegmentation of the Autism Spectrum', identified a new national prevalence rate of autism of 1.035%. Additionally, research also suggests that prevalence of autism with an intellectual disability is noted as 32.7%, which is less than previously evidenced.</p> <p>Education, Training and Employment are key themes within our local Autism Strategy and Action Plan. The greatest capacity for change sits within the sphere of employment. This targets a wider proportion of the public (working age or approaching working age); allows for sustained improvements in quality of life; and supports and promotes partnership working. Additionally, employment is a core factor of our lives as active citizens, with education and training typically preparing people to engage in the world of work. Learning from this project can be cascaded to training and education services, and links will be made to other relevant projects within the LOIP.</p>

Benefit to Individuals

Many autistic people want to work. They possess valuable skills which may enhance team delivery and effectiveness however they often face barriers into employment which prevents them from being able to demonstrate their skills. Employability skills should be more readily taught or explored during education or within other formal supports.

Supportive aspects such as work trials, getting the right support at the Job Centre, reasonable adjustments or the Project SEARCH programme can be positive for autistic people, but these are not always available or utilised options. Often the key is finding the right work environment or one member of staff who can offer support. Providing support to increase knowledge and understanding of autism in the context of employment may lead to further positive opportunities.

Existing Support

There are a variety of employment support approaches which are undertaken locally, however none which centre on autism. Locally a Project SEARCH site provides support to young people (16-25) with additional support needs to gain skills towards employment. Although autistic young people can access this project, criteria is such that limited numbers may be able to access if they require the support the project can give. A number of employability projects exist in Aberdeen, which although may have supported autistic people into employment, had a broader remit and do not have specialist knowledge of autism and the workplace. There are no projects locally which offer to work with employers directly to enhance their ability to value autistic people within the workplace.

Some national and global organisations have adopted schemes which recognise and value the skills and abilities of autistic people within the workplace. Google, Microsoft and JP Morgan are some of the organisations actively seeking to attract autistic employees into their organisations. JP Morgan are working with Autism Network Scotland in Glasgow to deliver upon this aim. Learning from existing projects, locally and nationally, has supported the development of this project to centre on identified gaps; more specially on assessing and enhancing the confidence of employers to recruit and sustain autistic employee within their organisations. This also extends to employability programmes knowledge and skills in supporting autistic people to gain employment.

Currently little data exists on number of autistic people in employment, there are a number of reasons for this. Autism is generally a hidden condition; if someone is autistic they do not need to disclose this within a workplace; lack of diagnostic services mean that many people will lack the confidence to state they require support around autism in the workplace as they may be asked to prove this requirement; there is still stigma and discrimination around autism meaning people may be less inclined to disclose; data may be collected at school leaver stage but there is no way to track people's destinations and ongoing support needs. Where we do hold data around health and social care need it is likely that the needs of the individual make sustaining employment difficult.

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

- Number of autistic people engaging in existing employability programmes
- Number of autistic people entering employment
- Number of employers with increased knowledge of autism in relation to employment
- Number of employability programmes with increased knowledge of autism in relation to employment

Process measures

- Number of employers engaged
- Number of employability programmes engaged
- Number of organisations accessing autism specific employment information
- Type of autism specific employment information required

Balancing measures

- Number of autistic people entering other 'positive destinations'
- Number of referrals to for Social Work intervention

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

- Develop, test and refine a self-evaluation tool to gauge autism knowledge in employers and employability programmes to establish a baseline of knowledge of employer's autism confidence. A repeated self- evaluation will gauge improvements
- Develop, test and refine a toolkit of autism specific employment information which increases knowledge and skills of organisations
- Work with organisations to further develop and refine the toolkit available to ensure relevancy and sustainability and repeated improvements
- Develop, test and refine the creation of a platform to showcase 'good' stories/case studies which encourages organisations and autistic people to learn from one another, seek to provide good outcomes and improvements, and enhance quality of life

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

There is a risk that autistic people may not wish to enter employment. This is mitigated by showcasing the 'good stories' of autistic people in employment. This also supports the risk that employers or employability programmes do not wish to engage. Additionally, employers and employability programmes will be approached who have links to our Project Team, autistic-led organisations, the Community Planning Board and those organisations who already hold an 'autism accreditation award'.

Employment is not the sole responsibility of the Health and Social Care Partnership or the Council, as such engagement with partners is key. A range of partners are part of the Project Team and additional links will be made with relevant parties as the project progresses, including engagement with autistic people.

Project Team:

Sponsor – Sandra Ross (Chair of RIS Group & Chief Officer - ACHSCP)
Project Manager – Jenny Rae (Strategic Development Officer - ACHSCP)
Subject Matter Expert – Bill O’hara (Principal Educational Psychologist -ACC)
Subject Matter Expert – Lesley Parker (Autism Outreach Principal Teacher – ACC)
Subject Matter Expert –Ruth Bell/Claire Rankine (Careers Advisors - Skills Development Scotland)
Subject Matter Expert – Ann Morrison/Derek Wright (Disability Employment Adviser/Employer & Partnership Adviser - Department for Work & Pensions/Job Centre Plus)
Subject Matter Expert – Marion McLaughlin/Alastair Meek (Vice Chair/Social Coordinator Triple A’s)
Subject Matter Expert – Brian Walsh (General Manager - Grampian Autistic Society)
Subject Matter Expert – Heather Crabb (Business Liaison - Project SEARCH)
Subject Matter Expert – Sandy Reid (Lead – People and Organisation - ACHSCP)
Subject Matter Expert – Martin Allan (Business Manager - ACHSCP)

**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)	Forming the improvement team Developing the project charter Gathering and analysing baseline data Understanding the current system	September 2019 October 2019 Dec 2019 Dec 2019
Designing and Testing Changes (Project Score 4-7)	Identifying changes and prioritising Engagement with customers & colleagues Identifying the people, place to start testing Commence Testing	Jan 2020 Ongoing throughout project lifespan Jan 2020 September 2020 onwards
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	Reviewing findings and forward planning for upscaling or revising project	March 2021
Spreading Changes (Project Score 9-10)	Reviewing findings and forward planning for upscaling	July 2021

Charter 11.6 – Increase Volunteering

Improvement Project Title:
Executive Sponsor Derek McGowan, Vice Chair of Resilient, Included, Supported Group
Project Lead: Jane Russell Job Role & Organisation: Partnership Manager, ACVO TSI
Aim statement Increase opportunities for people who are retired to continue and increase their contribution by 10% by 2021
Link to Local Outcome Improvement Plan: Stretch Outcome 11 Healthy Life expectancy (time lived in good health) is 5 years longer by 2026
Why is this important Meets key national objectives at a local level such as: <ul style="list-style-type: none">• Contributes to achieving key (LOIP) local priorities and outcomes e.g., Locality Partnership priorities (Northfield, Torry, Tillydrone, Seaton and Woodside)• A Connected Scotland- strategy for tackling social isolation and loneliness and building stronger social connections.• Volunteering for All, Our National Volunteering Framework: NHS Boards and Health & Social Care Partnerships should work consistently and collectively to ensure robust systems are in place to support safe, effective and person centred volunteering, engaging with Clear Pathway Guidance and Volunteering in NHS Scotland Programme as required. We should also highlight and encourage best practice in relation to the governance and associated management standards required for all volunteers and others to have a role to play within NHS settings, regardless of the source of recruitment• Supports the Scottish Government’s (2018) newly reviewed National Performance Framework (NPF), and has a role in supporting the 11 National Outcomes, which include: <i>‘We live in communities that are inclusive, empowered, resilient and safe’. We are well educated, skilled and able to contribute to society. ‘We grow up loved, safe and respected so that we realise our full potential’.</i> <p>There is substantial economic and social value in the act of volunteering: people use less services by contributing to their communities in ways they choose, this is proven by statistics and research around increased life expectancy and quality of life values/</p> <p>This project has the potential to coordinate new volunteering initiatives that are emerging to increase volunteering numbers such as ‘Good Gym’ and ‘Dog walking befriending’. The common link that connects them is ‘befriending’ in all its forms. We currently have 70+ volunteering opportunities on our database for befriending involving over 30+ organisations. We need to map and support this growing need in the city and this project could be an ideal vehicle to form such a catalyst for change, and improvement in people’s life outcomes.</p> <p>Within Aberdeen over 58 volunteer engaging organisations actively promote and have participated in surveys concerning the volunteering of older people, proving that the appetite and motivation to include our older generations is very much alive and well.</p> <p>25% of Aberdeen’s volunteering community of 73k are older people. The current volunteering cohort for older people consists of 18,250 individuals in Aberdeen. Economically, volunteering contributes over £2bn to the Scottish Economy every year https://www.gov.scot/policies/third-</p>

[sector/volunteering/](https://www.volunteerscotland.net/media/1436186/volunteering_health_welbeing_-_summary_report.pdf). Volunteering has a significant impact on mental well-being:
https://www.volunteerscotland.net/media/1436186/volunteering_health_welbeing_-_summary_report.pdf

References:

<https://www.gov.scot/publications/literature-review-inform-development-scotlands-volunteering-outcomes-framework>

Volunteering, Health & Wellbeing: Volunteer Scotland, Dec 2018

Research Summary and Literature Review for Volunteering Outcomes Framework 2019

<https://www.gov.scot/publications/research-summary-literature-review-scotlands-volunteering-outcomes-framework/pages/2/>

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

Outcome measures.

- No(%) of retired people who volunteer
- Uptake of Aberdeen Volunteers opportunities by retired people
- % of pre-retiral and retired individuals who are aware of volunteering opportunities
- % of pre-retiral and retired individuals who state they are motivated to volunteer

Process Measures.

- No. of retired people who volunteer as a result of receiving the resource pack
- No. of organisations who commit to sharing the resource pack with pre-retiral individuals

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

- Pre-retiral resource pack for employers which provide information on opportunities (volunteering and other) available for older people
- Targeted campaign to organisations specifically supporting older people to use resource pack and raise awareness of volunteering
- Expand 'Weekly Opportunities' Info shot' distribution list to a wider list of consisting of Volunteer Co-ordinators, Links Practitioners, GPs and other emerging roles.
- Aberdeen Volunteer Opportunity website details shared with employers and pre-retiral employees

Potential Barriers:

- Establishing a baseline.
- Engagement from Project team to dedicate staff time around data collection and measurement
- The ability to identify relevant staff from partner agencies (particularly NHS & Local Authority, AH&SCP staff currently missing from the project team) to be able to discuss and understand wider implications and impact of project.

Project Team:

- Jane Russell, ACVO TSI
- Isla Newcombe, CO, Organisational Development , ACC
- Judith McDonald, Branch Chair, CIPD North of Scotland and Islands
- Mike Melvin ACVO, Coordinator of Volunteer Coordinators Forum Aberdeen (392 individuals)
- Angela Taylor – 'Dog walking and Befriending' Project Lead
- Andrine Craig, Sport Aberdeen

Outline Project Plan		
Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<ul style="list-style-type: none"> • Draft charter developed. • Charter submitted to CPA Board. • Project team established. • Initial baseline established. 	Complete Complete Complete Complete
Designing and Testing Changes (Project Score 4-7)	<ul style="list-style-type: none"> • Identify specific 'pre retirement' cohort to develop a 'pre-retiral' resource that can be used with employers across Aberdeen to increase older people's engagement by 10%. • Testing with initial cohort from ACC, working alongside Isla Newcombe and her team to design and produce a suitable, transferable resource. • Work alongside North West's Branch of CIPD (Chartered Institute of Professional Development – HR) following the small test of change with ACC staff, to improve the volunteering motivational resource for all retirement packs distributed by employers in Aberdeen. • Evaluate overall achievement to date and plan further PDSAs 	October 2019 Dec to May 2020 June 2020 Sep 2020
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	<ul style="list-style-type: none"> • Agree which change ideas tested are proven to work that we will seek to embed permanently 	Dec 2020

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12.4 Best Bar None

Improvement Project Title: Increase the number of licensed premises awarded Best Bar None status by 2021.

Executive Sponsor

Richard Craig, Chair of Alcohol and Drugs Partnership, Police Scotland

Project Lead: Megan Heathershaw, Inspector, Police Scotland

Email Address: Megan.Heathershaw@scotland.pnn.police.uk

Aim statement

To increase the number of alcohol on-sales licensed premises in Aberdeen achieving Best Bar None status by 25 % by December 2021.

(Baseline Data – In 2018, 25 premises achieved Best Bar None status)

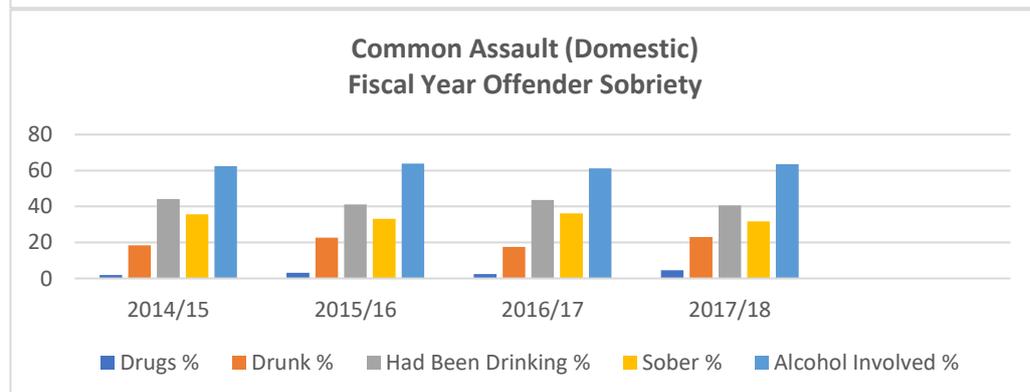
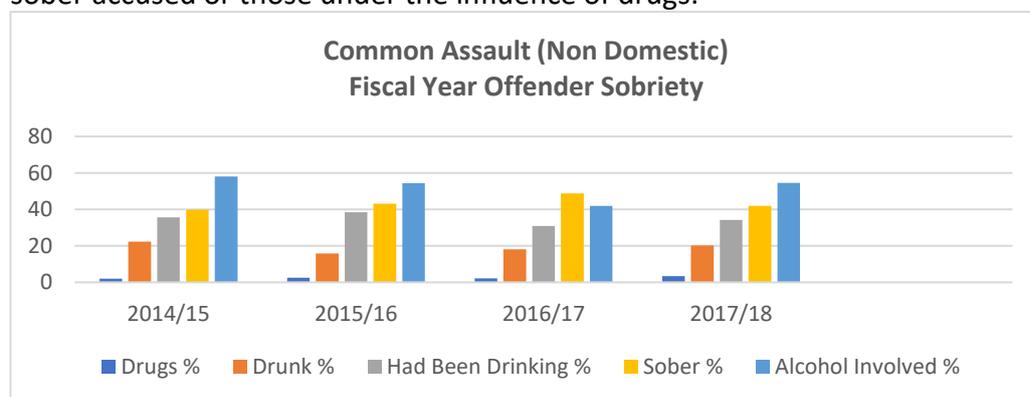
Link to Local Outcome Improvement Plan

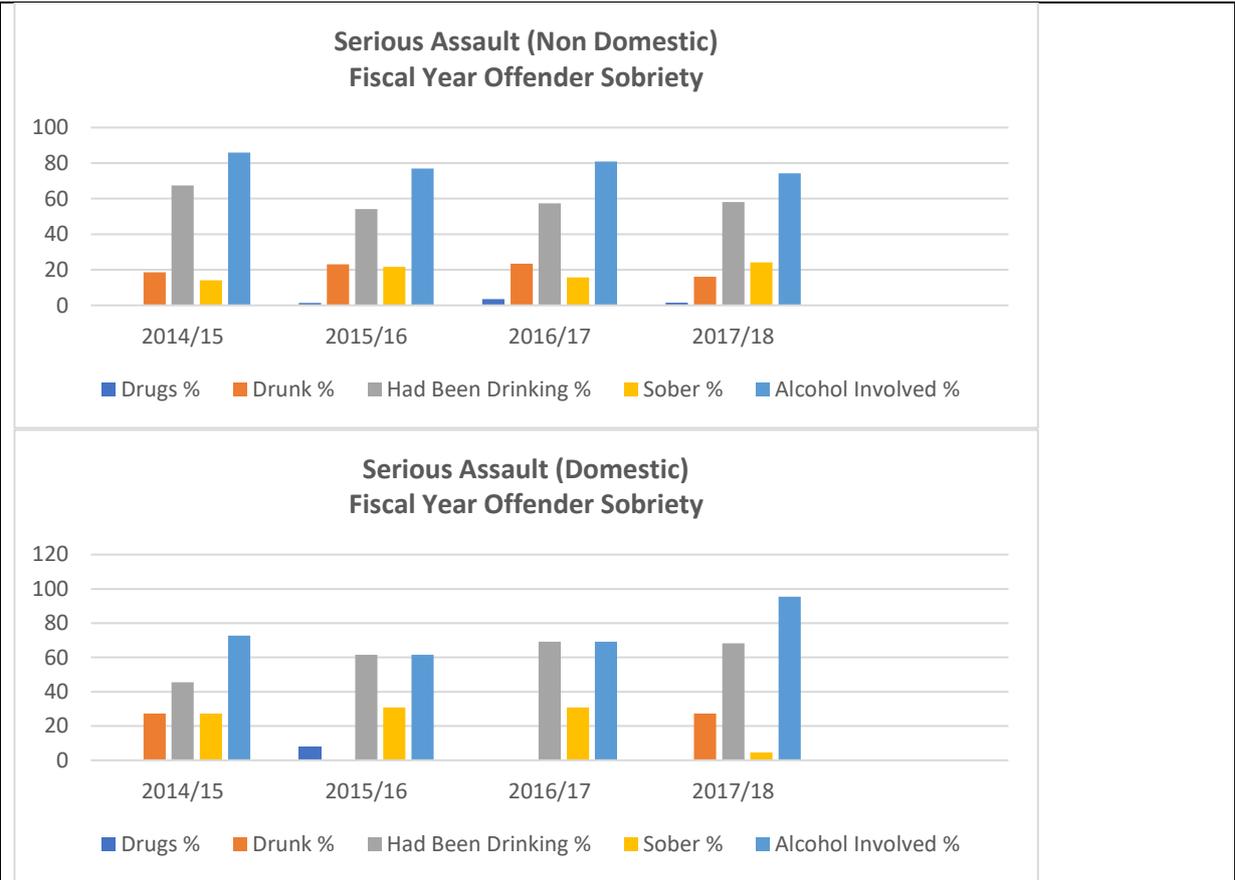
This project comes under Stretch Outcome 12: *Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026.*

The project supports the delivery of this aim by increasing safety standards within licensed premises to reduce the risk of vulnerability and harms associated with alcohol consumption.

Why this is important

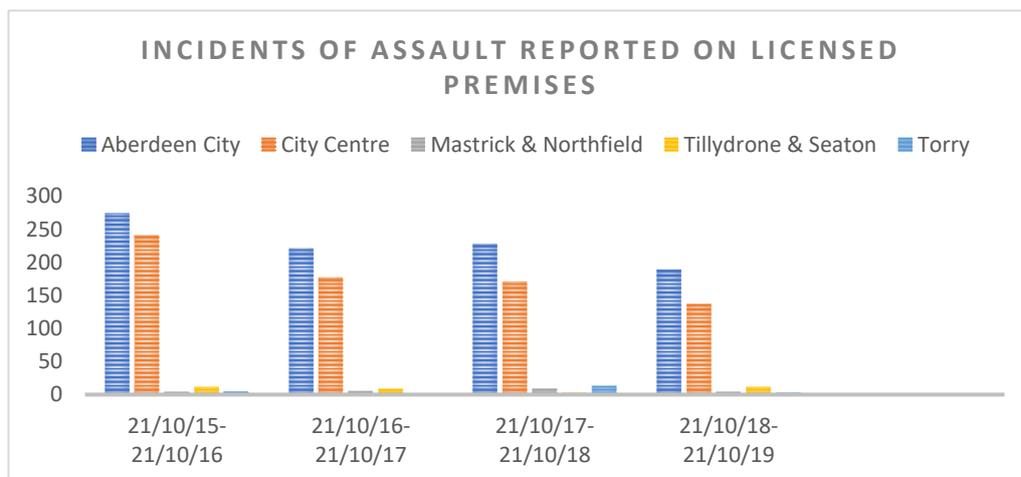
Alcohol and violence are intrinsically linked both within public and private spaces. It is known that an individual is at greater risk of becoming a victim or perpetrator of violence where alcohol is an aggravating factor. According to the British Crime Survey 2017/18, 46% of offenders responsible for a violent crime were believed to be under the influence of alcohol (up from 42% in 2016/17). Figures for Aberdeen between 2014 and 2018 show a similar correlation between sobriety and violent assaults across the City when compared to sober accused or those under the influence of drugs:





The above figures illustrate alcohol being a significant factor in the sobriety of offenders of some of the most harmful violent crime against some of the most vulnerable victims.

The following diagram makes a further connection between the proportion of violent crimes committed on licensed premises in Aberdeen between 2015 and 2019. The diagram illustrates the overwhelming number of violent crimes committed on licensed premises in Aberdeen City Centre when compared to non-commercial districts:



Such a correlation is unsurprising given the density of licensed, particularly on-sales licensed premises is significantly higher in the City Centre than in more outlying residential areas.

Previous research shows there to be a link between violent crime and the ease of access and availability of alcohol.

The cost of violent crime is evident not only in terms of physical and emotional harms but also the financial impact on already stretched public services. In relation to the Criminal Justice System alone, the cost of each Serious Assault is £27,278 and for a Common Assault the figure is £7,394. Indeed, in 2012 the cost of alcohol-related violence across Aberdeen's public services was put at £120m.

Best Bar None was launched in 2003 by Greater Manchester Police to address alcohol related crime in the City and since then it has rolled out nationally, launching in Scotland in 2005 and Aberdeen in 2006. It was developed in response to the increase in violent crime across towns and cities in the UK much of which could be attributed to the development of the weekend night time economy but also to the increasing accessibility and availability of alcohol from on and off-sales premises (British Crime Survey). Similar research made the link between violent crime and licensed premises where there were poor management practices and standards. Further links were made between the harms caused by irresponsible sales of and consumption of alcohol, there was increasing recognition of the need to mitigate against those risks.

Best Bar None exemplified the shifting recognition of wider alcohol harms onus onto the licensing industry to adopt more socially responsible practices to promote responsible drinking cultures and attitudes within on-sales premises and reduce the impact of alcohol related crime and associated harms.

In Scotland, Best Bar None has embedded the strategic aims of Scottish Government, Police Scotland, Local Authorities and Licensing Boards and other partners. It supports the National Alcohol Framework by collaborating with the licensing industry to create safer drinking environments and reduce alcohol-related harms.

Best Bar None supports Police Scotland's overarching national priorities of Protecting Vulnerable People and Working with Communities by working with key partners to reduce harms and mitigate the risks of harm and building resilience and preventing crime in local communities.

Best Bar None also promotes innovation, excellence and commitment through collaborative working with the Licensing trade to ensure safer and more socially responsible environments for customers and staff by promoting social responsibility and a duty of care:

- improving knowledge and skills to assist in responsible management;
- investing in premises' policies and procedures to reduce alcohol-related crime;
- promoting partnership working to identify good practice and areas for improvement;
- supporting due diligence, record-keeping and training; and
- rewarding and recognising success at local and national awards.

In so doing, Best Bar None embodies the five objectives of the Licensing (Scotland) Act 2005:

- Prevention of crime and disorder
- Securing public safety
- Prevention of public nuisance
- Protecting and improving public health
- Protection of children from harm

Licensed premises are encouraged to provide safer drinking and gathering spaces and encourage less hazardous drinking practices through initiatives such as 'Ask for Angela' and 'Who Are You' safety and awareness training for their staff and in so doing promote duty of care, particularly for vulnerable patrons.

By embracing their obligation towards responsible alcohol sales, licensed premises are able to influence safer drinking practices within their premises thereby creating a safer drinking environment. With safer drinking patterns and consequently less alcohol related violence and antisocial behaviour there will likely be reduced demand and costs to the police, justice, health and social care systems.

Best Bar None encourages licensed premises to invest in and deliver quality training for their staff. Training is offered to Best Bar None members to a standard supported by the licensing industry. Moreover, by providing staff increased opportunities for personal and professional development through accredited training, staff within premises get an increased sense of pride, value and responsibility in delivering the core aims of duty of care policies which in due course drives professional standards within the trade.

The introduction of effective Best Bar None Schemes can have a dramatic effect on crime prevention and a reduction in the violent crime. For example, Bolton saw a 33% decrease in violent crimes committed in licensed premises within its first 9 months. Durham saw an increase in sales and footfall and a yearly decrease in violent crime since their scheme commenced in 2008.

Aberdeen currently has an estimated 274 on-sales premises eligible to apply for Best Bar None status across the five national award categories. Figures show that since 2016, the following number of premises have been awarded Best Bar None Status:

2016 - 43

2017 - 48

2018 - 25

2019 – Scheme currently open and estimated to have 34 applicants.

Although Best Bar None has been established in Aberdeen for a number of years, the figures show a limited uptake of applicants and subsequent award winners when compared to the number of premises eligible to apply. It is also observed that the same venues re-apply for Aberdeen Best Bar None year on year suggesting low levels of incentivisation or development of the Scheme to inform, increase or encourage wider participation.

Applications for Aberdeen Best Bar None have overwhelmingly come from venues located in the City Centre and generally along the Union Street corridor. This is unsurprising given they are larger businesses with perhaps greater capacity for such Schemes. Independent community based premises are noticeably under-represented in previous Aberdeen Best Bar None schemes.

The rationale for this Project Charter is therefore not only to increase the number of licensed premises awarded Best Bar None status but also to increase the number of licensed premises awarded Best Bar None in non-City Centre areas (ie. outwith the Aberdeen BID area).

As a test of change, in collaboration with the Woodside, Tillydrone and Seaton Locality Partnership, the Aberdeen Best Bar None Partnership is to establish Best Bar None in on-sales premises along the Woodside / Great Northern Road and King Street corridors to increase scheme membership and representation from smaller community based venues.

Currently there are no on-sales premises in the Woodside, Tillydrone and Seaton areas active or previously active in Best Bar None. These premises are characteristically traditional bars embedded in their respective communities whose patrons are very local to the venue. Reported violent crime and antisocial behaviour are low relative to City Centre premises probably because of relatively lower footfall numbers but also possibly due to a characteristic level of in-house management. An aim of the Project is therefore to have 50% of on-sales premises in these communities to apply for and be awarded Best Bar None status.

A Project aim of introducing Best Bar None in to the Woodside, Tillydrone and Seaton Locality area is to increase the profile of socially responsible practices of alcohol sales and consumption within local on-sales premises in these communities. By increasing management standards and staff awareness, it is anticipated there will be a reduction in instances of violence and antisocial behaviour in and around these venues and hopefully the more harmful levels of drinking.

It is also hoped the holistic approach of Best Bar None will increase the preventative strategies of staff and management at venues to manage drunken behaviour at a far earlier time thereby reducing the risk of more serious violence and disorder either at the premises or nearby.

In attempting to understand the reasons for the relatively low levels of applicants to the Best Bar None scheme over recent years, consultation has been carried out with all on-sales licensed premises in Aberdeen.

All premises were sent a short questionnaire and invited to comment on their experience and perception of the Aberdeen Best Bar None Scheme. Although only a small number of responses were returned, feedback was consistent:

- Lack of awareness and understanding of the Best Bar None Scheme and its aims.
- Perceived bias towards larger commercial City Centre premises.

- No knowledge of the Scheme's existence.

With this background information, a focus group comprising members of the Project Team and representatives from across the licensing trade has been formed with the intention of identifying barriers to entry, best practice and opportunities to develop the Aberdeen Best Bar None awards through the lead up to and duration of the Best Bar None 2020 Awards process.

Measures

- Total number of applications for Best Bar None
- Percentage of applications as % of eligible premises
- Number of premises awarded Best Bar None Bronze, Silver and Gold awards
- Number of premises nominated for national awards
- Number of premises within test area awarded Best Bar None awards
- Number of reported violent crimes on licensed premises.

Change ideas

- New guaranteed Best Bar None bronze award for all on-sales premises applicants who demonstrate they are achieving minimum standard.
- Aberdeen Best Bar None Scheme to be overseen / managed by the Aberdeen Best Bar None Partnership Group rather than one individual.
- Introduce local award categories to specifically target smaller community based venues
- Best Bar None initiative to be focussed on a specific community (Woodside, Tillydrone and Seaton Locality Partnership)
- Communications / publicity of Best Bar None on social media and wider platforms.
- Introduction of an application fee.
- Utilise a team of national assessors to carry out local assessments to ensure transparency, consistency and integrity of process.
- Introduce data system to manage performance information.

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

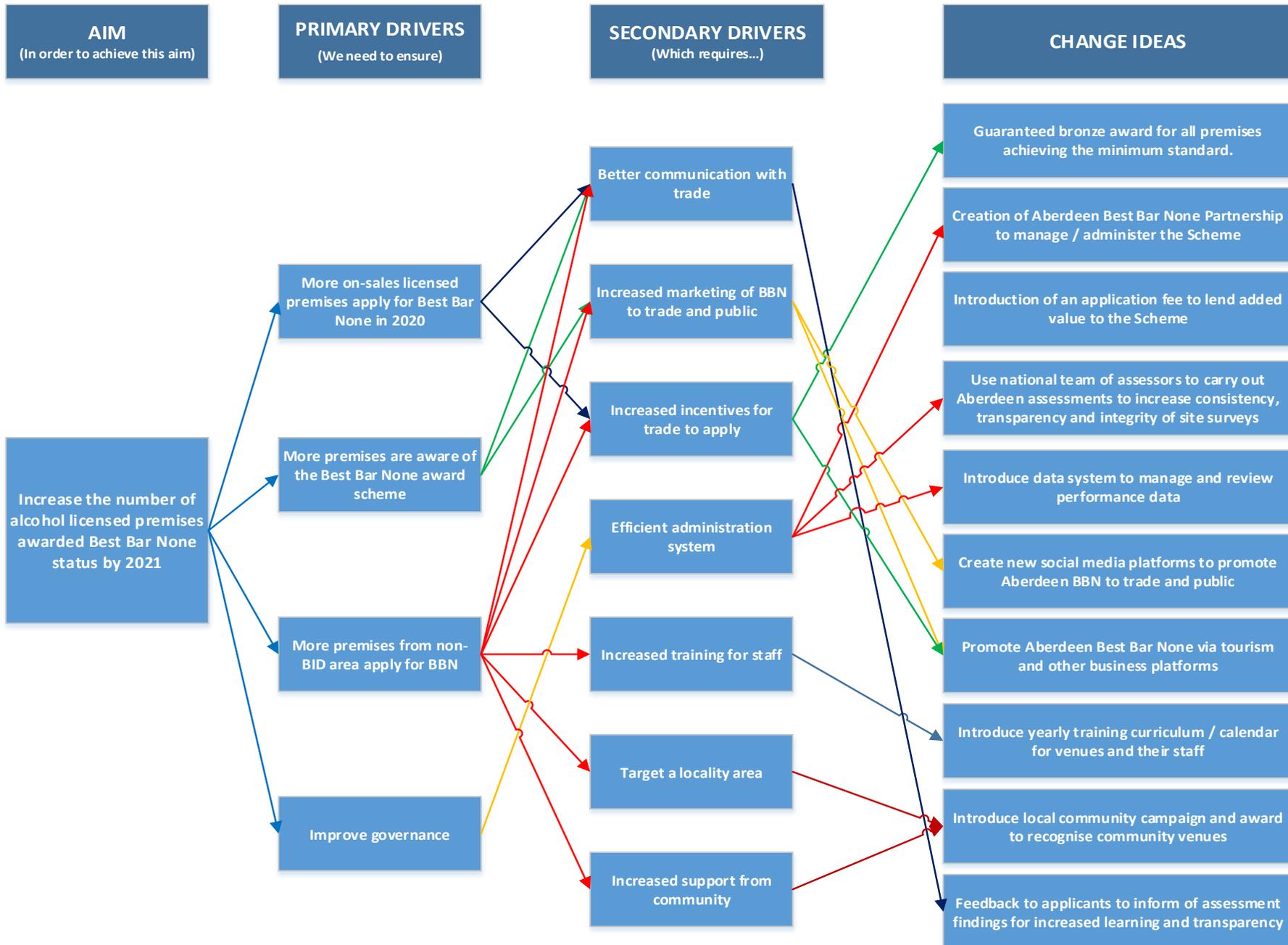
Lack of engagement from eligible premises
 Lack of communication from local Best Bar None partnership
 Lack of training and awareness about Best Bar None scheme
 Perceived biased of BBN assessors

Project Team:

Project Manager – Inspector Megan Heathershaw, Police Scotland
 Assistant Project Manager – Sergeant Trish Maclean, Police Scotland
 Subject Matter Expert – Sergeant Robert Hogg, Scottish Business Resilience Centre
 Improvement Advisor – Michelle Cochlan, Community Planning Manager
 Improvement Advisor – Marie-Louise Shaw, AADP
 Data Manager – Sergeant Trish Maclean, Police Scotland
 Practitioner - Tara-Erin Gilchrist, LSO, Aberdeen City Council
 Practitioner - Simon Robertson, SFRS
 Practitioner - Shamini Omnes, GNHS, Public Health

Practitioner - Mark Wilson, Aberdeen City Council
 Practitioner - Madelene Macsween, Locality Planner, Woodside, Tillydrone & Seaton
 Locality Group
 Customer / Client – Tim Young (Trade Rep)

Outline Project Plan		
Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<ul style="list-style-type: none"> • Project team established • Initial baseline established • Draft charter developed • Charter submitted to CPA Board 	Sep 2019 Sep 2019 Oct 2019 Dec 2019
Designing and Testing Changes (Project Score 4-7)	<ul style="list-style-type: none"> • Design changes for initial testing • Marketing campaign • Engagement with licensed premises • Deadline for applications • Evaluate overall achievement to date and plan further PDSAs or move to implementation 	Oct 2019 Jan – April 2020 Oct 2019 - ongoing July 2020 August 2020
Implementing and sustaining changes that demonstrate improvement (Project Score 7-9)	<ul style="list-style-type: none"> • Agree which change ideas tested are proven to work that we will seek to embed permanently • Continue to gather data • Assess whether improvement levels are sustained 	Nov 2020 Ongoing August 2021
Spreading Changes (Project Score 9-10)	Assess opportunities to spread change	August 2021



12.5 Alcohol Brief Interventions

Improvement Project Title: Increase by 100% the number of Alcohol brief interventions (ABI) delivered in Aberdeen City by 2021
Executive Sponsor (Chair of Outcome Improvement Group or Locality Partnership): Richard Craig (ADP Chair)
Project Lead: Tara Shivaji, NHS Grampian
Aim statement Increase number of alcohol brief interventions delivered by Primary Care providers and other professionals by 100% by 2021 In 2018-19, on average 1100 ABIs were delivered per quarter to Aberdeen City Residents. By March 2021, we aim to increase the number of ABIs recorded delivered over the course of 3 months to 2200.
Link to Local Outcome Improvement Plan: Stretch Outcome 12 - Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026 Improvement Aim: Increase number of alcohol brief interventions delivered by Primary Care providers and other professionals by 100% by 2021 This project also links into other improvement aims against Stretch Outcome 12: <ul style="list-style-type: none">• Increase the population who feel informed about using alcohol responsibly by 2021.• Increase the uptake of alcohol treatment by improving access to alcohol services and ensuring they are local, integrated and targets areas of greatest need by 10% year on year by 2021.• Increase by 10% the percentage of adults in Aberdeen City who are non-drinkers or drink alcohol in a low risk way by 2021
Why is this important: The UK Chief Medical Officer published recommendations on low risk alcohol consumption in 2016. High risk alcohol consumption is associated with an increased risk of physical health, mental health, social and economic impacts in the short medium and long term. Low risk consumption as no more than 14 units of alcohol spread through a week. People with long term conditions and those on regular medication may be recommended to drink less than 14 units. Pregnant women and those planning a pregnancy are recommended to not drink any alcohol at all. The Scottish Health Survey tells us that across Grampian, One in three men and one in six women regularly drink more than 14 units a week. Drinking more than 14 units a week is reported more commonly in people living in our most affluent areas compared to our most socioeconomically deprived areas Alcohol is one of five lifestyle behavioural risk factors which contribute to the majority of chronic and non-communicable disease in our population. Clustering of lifestyle risk factors is associated with higher risk of premature disease development and mortality.

Research within Grampian into the clustering of lifestyle risk factors indicates that these are spread unevenly through the population, increased multiple lifestyle risk factors were observed in men and in people from socioeconomically deprived neighbourhoods.

There is a need to target the whole population, with an emphasis on supporting multiple risk factor reduction in more socioeconomically deprived areas.

What is a brief intervention?

An Alcohol Brief Intervention is an early identification and intervention that targets higher risk alcohol consumption. An ABI is simple, structured and brief advice given to a person after completing a validated alcohol screening tool.

A validated screening tool is necessary because it can be difficult to ask about alcohol consumption and to ask in an objective way. Not asking about alcohol in an objective and unbiased way can lead to under recognition of the problem and a missed opportunity for intervention.

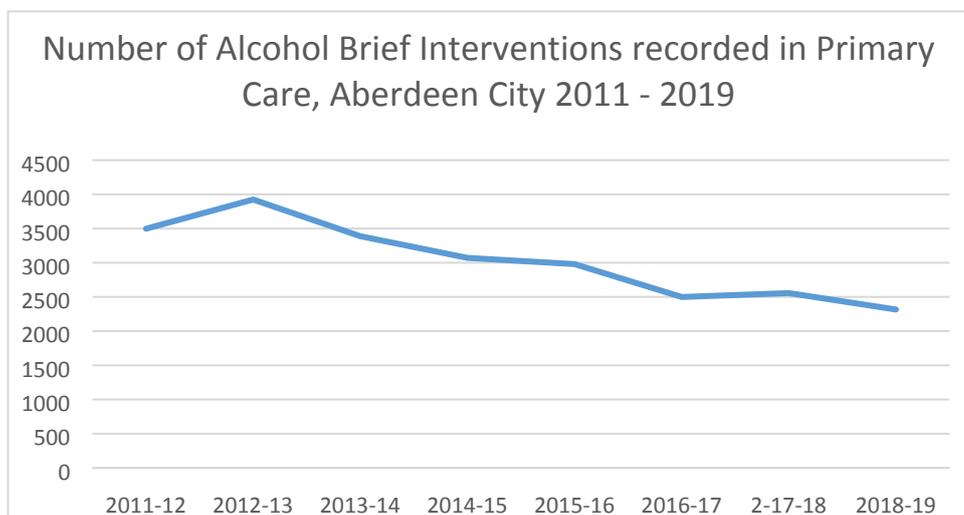
An ABI is a preventative approach. It is an opportunity to reach and change drinking patterns of a wide range of people who may not be aware about alcohol units, lower risk drinking limits and the risks associated with alcohol consumption. Within primary care, it is estimated that for every eight brief interventions delivered, one person will reduce their alcohol consumption levels to low risk levels and sustain this over the next 12 months

The advice includes feedback on the individual's score from the identification tool and information about harm from alcohol; aimed at motivating people to reduce their alcohol consumption to lower risk levels. Written information may also be provided.

An ABI is not a treatment and is not suitable for people who are dependent on alcohol.

Within Aberdeen City ABIs have been delivered since 2009. In 2018/19, 4471 ABIs were delivered to Aberdeen City residents.

- 2316 ABIs were delivered in primary care – this is the lowest number recorded in recent years. A 2018 Cochrane review by Kaner et al on the effectiveness of ABIs in primary care concluded that there was moderate quality evidence that brief interventions can reduce alcohol consumption in hazardous and harmful drinkers compared to no intervention¹. The time period that was considered was up to 10 minutes with little additional effect likely from longer counselling.



- The reasons for this decline were explored during the development of the Grampian ABI strategy. The traditional approach has been to focus on staff such as General Practitioners and reimburse through the Local Enhanced Service agreement. For most practices where a decline was observed, the feedback was that the financial motivation is outweighed by the challenge of screening and delivering a brief intervention in an 8 minute consultation when the patient presents with non-alcohol related issues. We looked at the variation between practices, not all practices have observed a decline, and some had maintained or increased delivery. We explored why with these practices and found that ABI delivery had been led by the nursing teams who were involved in the monitoring of chronic conditions. Tying alcohol screening to the management of chronic conditions (such as hypertension, type 2 diabetes etc) is an opportunity that we will look to build on. Another finding was that practices with high levels of delivery did so in areas where there was more time to spend with the patient / develop a relationship. Based on these findings, we have identified primary care as an improvement area and are looking to develop a test of change with the link worker service.
- The links between alcohol and offending are well described. Given the documented links between alcohol and crime, the various stages of the criminal justice system may be an important place to carry out alcohol screening and brief interventions (Graham et al., 2012ⁱⁱ). The criminal justice setting could capitalise upon the fact that its purpose is to stimulate recognition of behaviour, offending behaviour and alcohol's contribution to this, thereby serving as a strong motivator for behaviour change (Newbury Birch 2016)ⁱⁱⁱ. Currently, the only part of the Justice Sector which screens for and delivers ABIs to service users is HMP Grampian where 173 ABIs were delivered to Aberdeen City residents during 2018/19. Evidence for the effectiveness of Alcohol screening and brief interventions delivery in justice settings is mixed and depends on the setting. Delivery within the court setting or within probation services has been shown to have a modest effect on injury and other short term offending outcomes. The evidence suggests that screening and feedback, rather than a longer motivational conversation would be indicated. This has led to the identification of criminal justice social work as a service where clients who are attending court / undertaking community sentences could be reached.
- Within police custody settings, there is inadequate evidence to suggest that screening and delivery by police officers is effective. At present we are unable to quantify the number of ABIs delivered in police custody settings. These are done by Alcohol and Drugs Action, however the service is only available at certain times during the week, therefore this has been identified as an area for improvement as there would be a large number of people, eligible for intervention who are currently not receiving it. Pragmatically interpreting the NICE 2019 recommendations that people in the justice system should be screened and a brief intervention delivered with the available evidence base (Newbury Birch 2016) has led to the identification of the police custody nursing teams.

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

Outcome measures

- Number of alcohol brief interventions delivered (quarterly)

Process measure

- Proportion of staff delivering at one year (as there is a risk that this may be the role of one individual which is not a sustainable model of delivery)
- No. of referrals to services from link workers
- No. of referrals to services from social work
- Uptake of online training for social workers
- No. of ABIs being delivered to people in custody
- Ratio of referrals to screening

Balancing measures

- Attendance / uptake of services which are non-mandatory (otherwise attendance at services which are non mandatory may fall).

Data collection will be developed to meet the requirements of the individual setting, where electronic systems are available we will explore the potential for using these systems for recording.

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

The following are areas of delivery where we would like to test change

1 –Link workers

The change idea for link workers involves introduction of a section on their assessment and data recording paperwork for alcohol screening and brief intervention delivery. Three individuals will be identified as champions. The champions will work with individual practitioners to ensure that all referrals where poor mental health, loneliness/ social isolation are identified are also screened – they will provide expert advice on how to do this in a client centred way.

2 –Criminal Justice Social Work

The improvement idea is to include alcohol screening into the assessment paperwork of social work teams working in the justice settings and create online training resource materials to support screening and feedback on the score. One champion will be identified to provide support to new staff, collect figures and explore reasons for variation in delivery within the service.

3 –Police custody health care facilities

Health care teams providing care to people in police custody will screen for alcohol use and for alcohol withdrawal. They will deliver brief interventions and also have a pathway to admit people who are suspected to be at risk of alcohol withdrawal to hospital at an early stage

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

Overall there is a risk of sustainability – how will skills be maintained with staff turnover / when new staff start. We plan to address this by making a plan with each area for a lead within services to support the wider training of staff and also to provide the induction for new staff. We will ask service managers taking part in the programme to commit to providing someone else to take on the lead role if the existing lead moves on to ensure ABI is embedded as part of the service.

Project Team:
 Tara Shivaji – CPHM NHS Grampian
 Marie Louise Shaw –Health Improvement Officer, Aberdeen City Alcohol and Drug Partnership
 Gillian Robertson - Aberdeen City Alcohol and Drug Partnership
 Chris Smilie (Aberdeen City Council - Link worker lead)
 Lesley Simpson (Aberdeen City Council – criminal justice social work)
 Shona Stewart – Police Scotland, Custody Inspector
 Michelle Cochlan – Improvement Adviser

Outline Project Plan

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<ul style="list-style-type: none"> • Project team established • Initial baseline established • Draft charter developed • Charter submitted to CPA Board 	December 2019
Designing and Testing Changes (Project Score 4-7)	<ul style="list-style-type: none"> • Initial tests of change complete • Engaging with customers and colleagues on change design • Evaluate overall achievement to date and plan further PDSAs or move to implementation 	February 2020
Implementing and sustaining changes that demonstrate improvement (Project Score 7-9)	<ul style="list-style-type: none"> • Agree which change ideas tested are proven to work that we will seek to embed permanently • Continue to gather data • Assess whether improvement levels are sustained 	July 2020
Spreading Changes (Project Score 9-10)	<ul style="list-style-type: none"> • Assess opportunities for spreading change to other areas where applicable 	August 2020

ⁱ Kaner, Eileen FS, et al. "Effectiveness of brief alcohol interventions in primary care populations." Cochrane database of systematic reviews 2 (2018) available at https://www.cochrane.org/CD004148/ADDICTN_effectiveness-brief-alcohol-interventions-primary-care-populations

ⁱⁱ Graham, L. et al. (2012), Alcohol Problems in the Criminal Justice System: An Opportunity for Intervention , World Health Organization, Regional Office for Europe, Copenhagen.

ⁱⁱⁱ Newbury-Birch, Dorothy, et al. "A rapid systematic review of what we know about alcohol use disorders and brief interventions in the criminal justice system." International Journal of Prisoner Health 12.1 (2016): 57-70.

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APPENDIX 2 LIVE PROJECT UPDATE REPORTS

LIVE PROJECTS

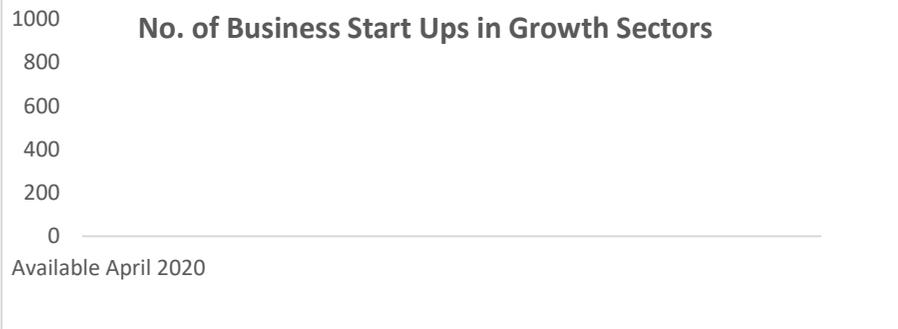
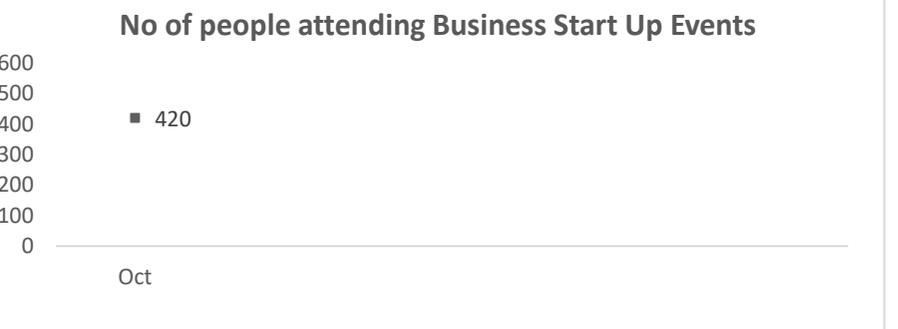
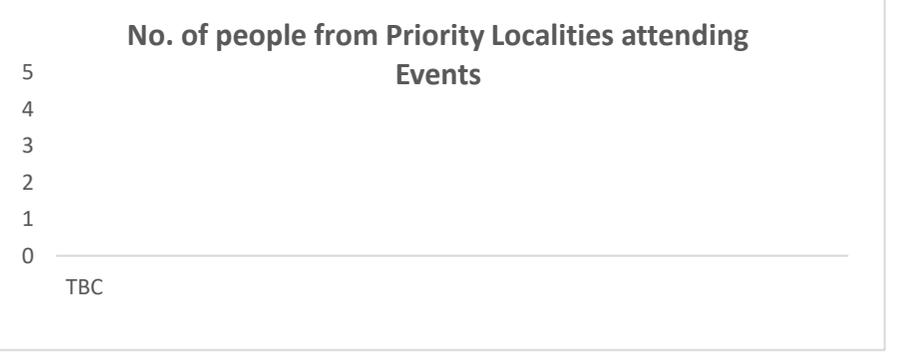
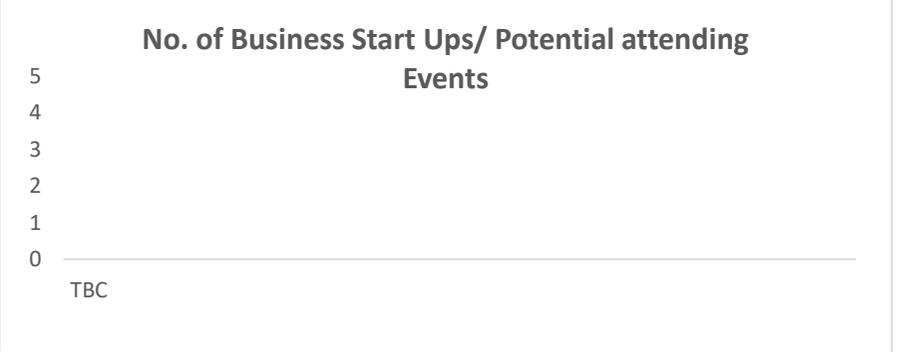
No.	Project Aim	Ref.
1	Stimulate a 5% increase in the number of start-up businesses in growth sectors by 2021.	1.1
2	Increase the impact and measured value of Partnership wide community benefits programme by 2022.	2.1
3	Increase the number of families who request additional support and receive an offer of an appropriate service within 30 days of receipt of the Child's Plan, to 80%, by 2021.	3.1
4	Reduce the number of births affected by drugs by 0.6% by 2022.	3.2
5	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	3.3
6	Increase the confidence of parents and young people to recognise and seek support in response to deteriorating mental wellbeing by 2022; and 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	4.1
7	Increase the number of care experienced young people accessing a positive and sustained destination by 25% by 2022	5.1
8	Increase in the number of inhouse foster and kinship placements by 2021	5.2
9	Increase the no. young people who effectively transition from primary school to secondary school by 2021	6.1
10	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	6.2
11	Increase the number of young people taking up foundation apprenticeships to 142 by 2021	6.3
12	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	6.4
13	Reduce the number of winter leavers with no positive destination by 50% by 2021.	6.5
14	Increase by 20% the number of young people identified as being at risk of becoming involved in offending behaviour who are engaged in targeted community-based activities by 2021; and Reduce instances of anti-social behaviour as a result of appropriate and effective interventions in targeted areas by 10% by 2021.	8.1
15	Increase the number of cases of people appropriately diverted from prosecution by 2021; and 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.	9.1
16	Increase the number of family members of people in HMP Grampian and HMYOI Polmont who received appropriate and timely support from Families Outside, Family Centre & Help Hub (Action for Children), and Alcohol & Drugs Action by 20% by 2021.	10.1
17	Increase no. of individuals who are on a custodial sentence, CPO Supervision or Diversion from Prosecution are being supported to make progress on the Employability Pipeline by 2021	10.2

18	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.	10.3
19	Increase the uptake and retention of people in the Justice System with drug and alcohol problems in specialist services by 100% by 2021.	10.4
20	Increase uptake of a range of activities that enable people with long term conditions to manage their health and well-being by 2021.	11.1
21	Extend link working approach across primary care to support 3,000 people to attain their own identified outcomes by 2021.	11.2
22	Reduce % of men and women who are obese to 20% by 2021.	11.3
23	Increase the % of Care experienced children and young people receiving educational and support input on alcohol/ drugs issues by 2021.	12.1
24	100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021.	12.2
25	Reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2021.	12.3
26	Increase community food growing in schools, communities and workplaces by 2021.	13.1
27	Community led resilience plans in place for areas most vulnerable to flooding by 2021; and Community led resilience plans in place across all areas by 2026	14.1
28	Participation and Asset Transfer Requests	16.1

Project Progress Scale:

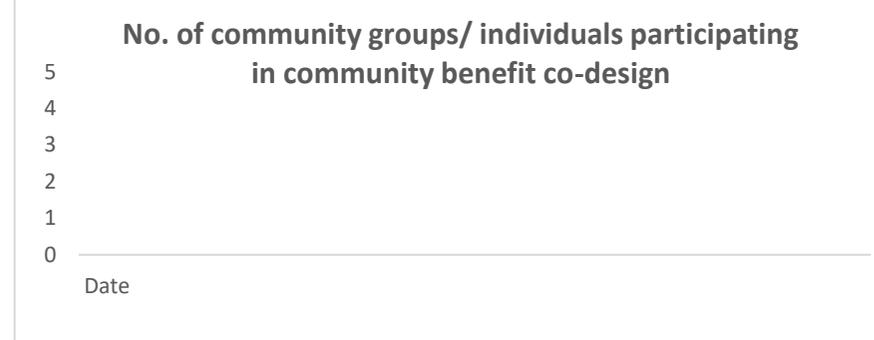
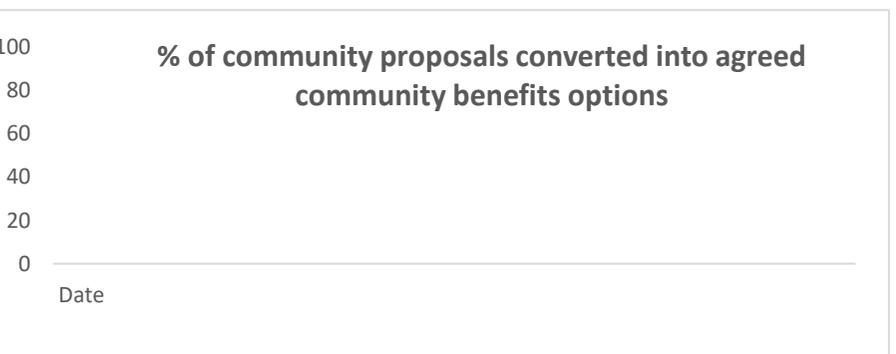
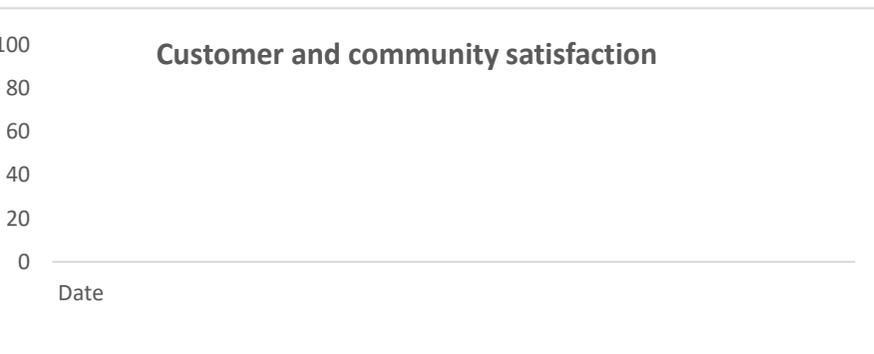
1	Project area identified and agreed
2	Draft Outline Project Charter and team in place
3	Understanding baseline of current system
4	Project Charter endorsed by CPA Board
5	Change ideas and project measures developed
6	Testing underway
7	Initial indications of improvement
8	Improvements achieved
9	Sustainable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

1.1 Business Start Ups

Project Aim	Start Date	Testing End Date	Progress Scale
Stimulate a 5% increase in the number of start-up businesses in growth sectors by 2021. Project Manager: Roz Taylor (Elevator) and Martin Barry (SE) Project Charter Approved July 2019	July 2019	Feb 2020	5 – Designing Changes
Changes Being Tested (Specify location/ test group)	Are Our Changes Resulting in Improvement?		
Introduction of a new Festival for businesses (City wide access). The Festival was held on the 3 rd October at Pittodrie Stadium in Aberdeen.	Our first test of change has been completed with the delivery of the Festival for businesses. The event had 420 attendees. We are still analysing the data to establish exactly where the attendees came from within the area, how many were starts or potential starts and those which were already existing businesses. It is felt that the results and outcomes of the change ideas will not be fully realised until the end of the financial year is completed and we are able to assess the total number of start-up businesses within the region. Our main challenge was in relation to getting people from the deprived areas along to the event. Analysis of the data will help us understand whether we achieved this.		
Improvement Data			
 <p>No. of Business Start Ups in Growth Sectors</p> <p>Available April 2020</p>	 <p>No of people attending Business Start Up Events</p> <p>Oct: 420</p>		
 <p>No. of people from Priority Localities attending Events</p> <p>TBC</p>	 <p>No. of Business Start Ups/ Potential attending Events</p> <p>TBC</p>		

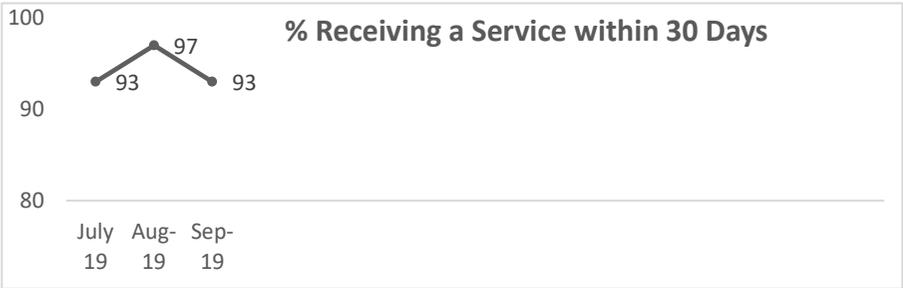
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2.1 Community Benefits

Project Aim	Start Date	Testing End Date	Progress Scale
Increase the impact and measured value of Partnership wide community benefits programme by 2022. Project Manager: Lori Manson (ACC) Project Charter Approved July 2019	Jul 2019	Dec 2020	5 - Designing Changes
Changes Being Tested (Specify location/ test group)	Are our changes resulting in improvement?		
Establishment of a community co-design project group - The current test for change is establishing a group of participants from the Tillydrone community who will co-design the community benefits requirements for the new primary school to be built on the site of former St Machar Primary school (Tillydrone).	The Project Team is preparing for testing in the form of community engagement sessions. Briefing materials have been developed, community organisations identified and initial engagement raising awareness of the opportunity to participate took place at a public consultation event at the Community Campus. Plans are aligned with the development of the school, which is at the Design phase, expected to go out to procurement Spring 2020. Engagement sessions will take place early 2020 so that Community Benefits Project Plan is completed in time for procurement, but not so far in advance that means too long of a lead time for community participants.		
Improvement Data			
 <p style="text-align: center;">No. of community benefit suggestions logged from communities</p>	 <p style="text-align: center;">No. of community groups/ individuals participating in community benefit co-design</p>		
 <p style="text-align: center;">% of community proposals converted into agreed community benefits options</p>	 <p style="text-align: center;">Customer and community satisfaction</p>		

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3.1 Family Support

Project Aim	Start Date	Testing End Date	Progress Scale								
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	Jul 2019	Jan 2021	7 – Initial indications of improvement								
Project Manager: Eleanor McEwan (Homestart) Project Charter Approved July 2019											
Changes Being Tested (Specify location/ test group)	Are our changes resulting in improvement?										
<ul style="list-style-type: none"> • Testing how our new data dashboards improves the quality of information shared through the Child's plan and reduces the variation between services • Testing Family Learning reducing waiting times for families through the introduction of an initial home visit (City wide - the test group includes all referrals to the partner services involved in the project) 	We are already demonstrating improvement in relation to this part of the system with 93% of families receiving a Service within 30 days. The improvement team are monitoring for sustainability with a view to proposing a revised aim through the ICS board by the end of the year once we have analysed the data on the newly established data dashboards. Future measures will likely focus on families receiving an intervention not just an offer of service. We will continue to work to improve the quality of child's plan										
Improvement Data											
 <table border="1"> <caption>% Receiving a Service within 30 Days</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>July 19</td> <td>93</td> </tr> <tr> <td>Aug-19</td> <td>97</td> </tr> <tr> <td>Sep-19</td> <td>93</td> </tr> </tbody> </table>	Month	Percentage	July 19	93	Aug-19	97	Sep-19	93			
Month	Percentage										
July 19	93										
Aug-19	97										
Sep-19	93										

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3.2 Births Affected by Drugs

Project Aim		Start Date	Testing End Date	Progress Scale								
Reduce the number of births affected by drugs by 0.6 %, by 2022 Project Manager: Simon Rayner (ADP) Project Charter Approved September 2019		Sep 2019	Sep 2022	5 – Designing Changes								
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?										
Improvement Data												
<p>No. Births Affected by Drugs</p> <table border="1"> <thead> <tr> <th>Year</th> <th>No. Births Affected</th> </tr> </thead> <tbody> <tr> <td>2015</td> <td>17</td> </tr> </tbody> </table>		Year	No. Births Affected	2015	17	<p>% of Live Births Affected by Drugs</p> <table border="1"> <thead> <tr> <th>Year</th> <th>% of Live Births Affected</th> </tr> </thead> <tbody> <tr> <td>2015</td> <td>1.5</td> </tr> </tbody> </table>			Year	% of Live Births Affected	2015	1.5
Year	No. Births Affected											
2015	17											
Year	% of Live Births Affected											
2015	1.5											
<p>Insert Title</p>		<p>Insert Title</p>										

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3.3 Teenage Pregnancy

Project Aim		Start Date	Testing End Date	Progress Scale
Reduce the rate of teenage pregnancies [under 16s] across the city by 3%, by 2021 and Reduce the rate of teenage pregnancies [under 16s] in the CPP locality areas by 10% by 2021 Project Manager: Rachel Thompson (AHSCP) Project Charter Approved July 2019		Jul 2019	May 2021	5 – Designing Changes
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?		
Event to launch Relationships Sexual Health and Parenthood Resource.		Launch event had full attendance and was oversubscribed. Identified needs around lack of knowledge of various partners/ organisations and information to support staff working with children and young people around the RSHP the agenda was clear with feedback from the facilitators of the partner tables highlighting the lack of awareness of such key services – Improved awareness and connections were made to support some vulnerable young people. Data TBC.		
Improvement Data				
<p>No. of teenage (under 16) pregnancies across Aberdeen</p>		<p>No. of teenage (under 16) pregnancies in locality areas</p>		
<p>No. of attendees at sexual health and parenthood event</p>		<p>Knowledge of participants</p>		

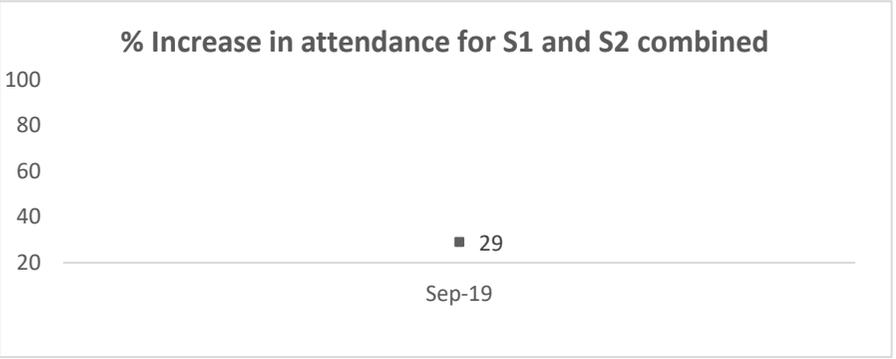
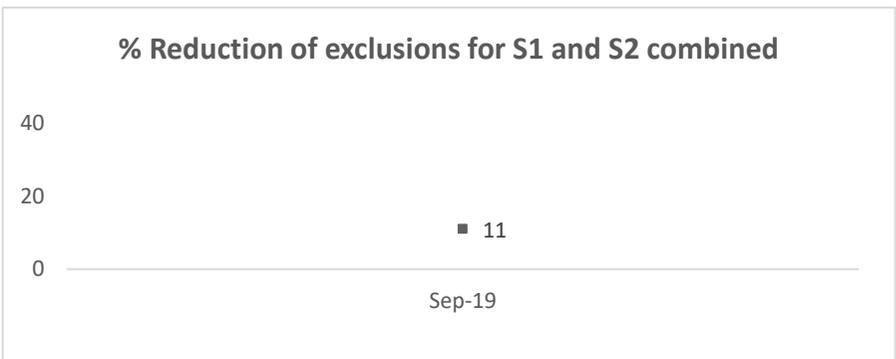
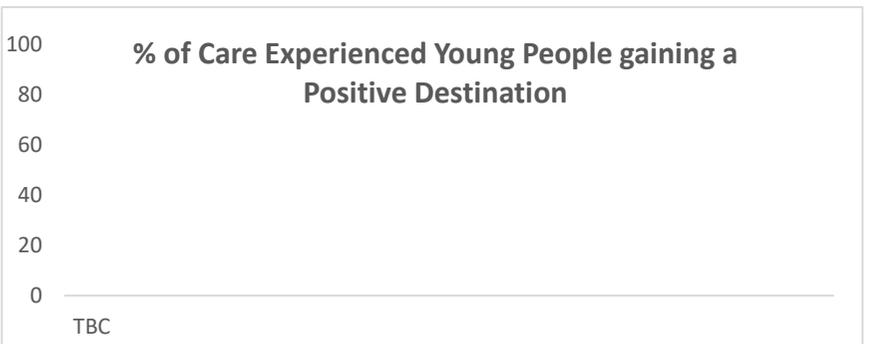
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4.1 Children's Mental Wellbeing

Project Aim		Start Date	Testing End Date	Progress Scale
<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. Increase the confidence of parents and young people to recognise and seek support in response to deteriorating mental wellbeing by 2022.</p> <p>Project Manager: Bill O'Hara (ACC), Lauren Mackie (ACHSCP) Project Charter Approved September 2019</p>		Sep 2019	Dec 2022	5 – Designing Changes
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?		
<p>4 sites have been identified for testing, namely: Aberdeen Grammar (which will test impact of parental engagement events during the academic year); Bridge of Don (which will test the impact of a 6th year resilience project on the pupils involved); Bucksburn (test/s TBC); Hazlehead: (test/s TBC)</p>		<p>This project began in September and initial tests are still in development. These will not progress until after the October break</p>		
Improvement Data				
<p>% School Based Staff Confident</p>		<p>% Parents Staff Confident</p>		
<p>% Pupils Confident</p>		<p>No. of appropriate referrals to the school nurse for targeted support</p>		

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5.1 Improving Education Outcomes for Care Experienced Children and Young People

Project Aim	Start Date	Testing End Date	Progress Scale								
Increase the number of care experienced young people accessing a positive and sustained destination by 25% by 2022. Project Manager: Larissa Gordon (ACC): Project Charter Approved July 2019	Jul 2019	Dec 2022	6– Testing Underway								
Changes Being Tested (Specify location/ test group)	Are our changes resulting in improvement?										
St Machar Academy, Cohort 11 S1 pupils, 16 S2 pupils: The school developed a tool to measure engagement that was based on the Leuven scale and the average level of engagement for S1 pupils this was 1 and for S2 pupils this was 2 [1=Excellent, 2=Good, 3=Inconsistent, 4=Causing Concern].	27 young people were identified to take part in the MCR Pathways Programme in its first cycle. Of these 19 took part (where pupils did not take part this was due to a non-return for parental consent) Pupils engaged with the MCR Pathways co-ordinator and were increasingly able to talk positively about their school experiences and showed increased attendance and decreased exclusion rates (see below) The second cycle will test on a cohort of 7 S3's										
Improvement Data											
 <p>% Increase in attendance for S1 and S2 combined</p> <table border="1"> <thead> <tr> <th>Month</th> <th>% Increase</th> </tr> </thead> <tbody> <tr> <td>Sep-19</td> <td>29</td> </tr> </tbody> </table>	Month	% Increase	Sep-19	29	 <p>% Reduction of exclusions for S1 and S2 combined</p> <table border="1"> <thead> <tr> <th>Month</th> <th>% Reduction</th> </tr> </thead> <tbody> <tr> <td>Sep-19</td> <td>11</td> </tr> </tbody> </table>			Month	% Reduction	Sep-19	11
Month	% Increase										
Sep-19	29										
Month	% Reduction										
Sep-19	11										
 <p>% of Care Experienced Young People gaining a Positive Destination</p> <table border="1"> <thead> <tr> <th>Month</th> <th>% Positive Destination</th> </tr> </thead> <tbody> <tr> <td>TBC</td> <td>TBC</td> </tr> </tbody> </table>	Month	% Positive Destination	TBC	TBC							
Month	% Positive Destination										
TBC	TBC										

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5.2 Kinship and Foster Care

Project Aim	Start Date	Testing End Date	Progress Scale				
Increase in the number of inhouse foster and kinship placements by 2021. Project Manager: Isabel McDonnell (ACC) Project Charter Approved July 2019	Jul 2019	Dec 2022	5 – Designing Changes				
Changes Being Tested (Specify location/ test group)	Are our changes resulting in improvement?						
No update provided by project team							
Improvement Data							
 <p>The chart displays a single data point for the year 2018, indicating that 37% of CE Young People were in Kinship Care Placements. The y-axis represents the percentage, ranging from 0 to 100 in increments of 20.</p> <table border="1"> <thead> <tr> <th>Year</th> <th>% of CE Young People in Kinship Care Placements</th> </tr> </thead> <tbody> <tr> <td>2018</td> <td>37</td> </tr> </tbody> </table>	Year	% of CE Young People in Kinship Care Placements	2018	37			
Year	% of CE Young People in Kinship Care Placements						
2018	37						

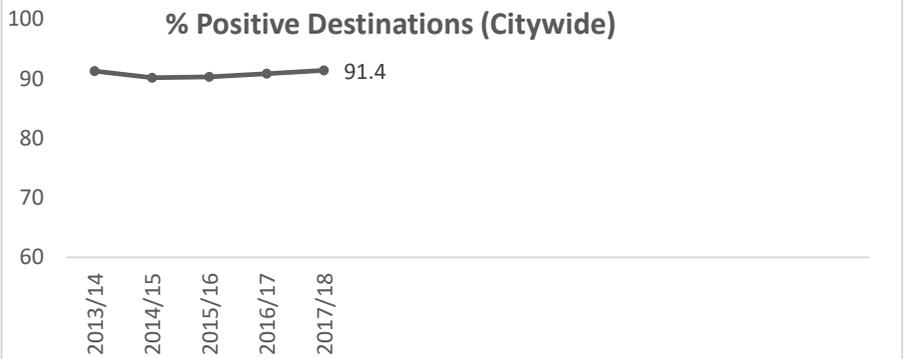
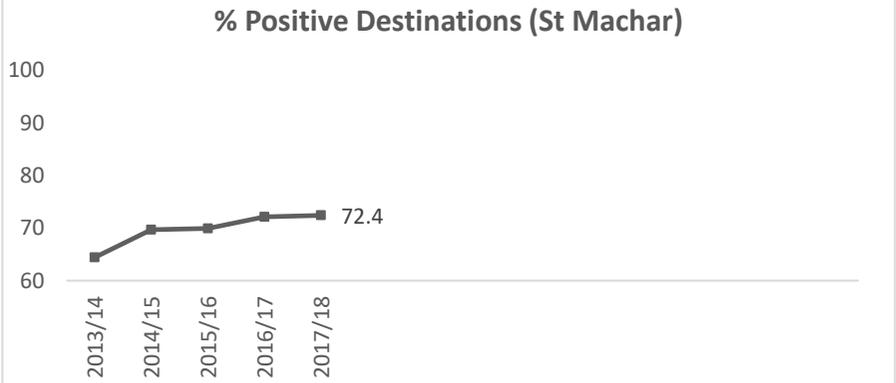
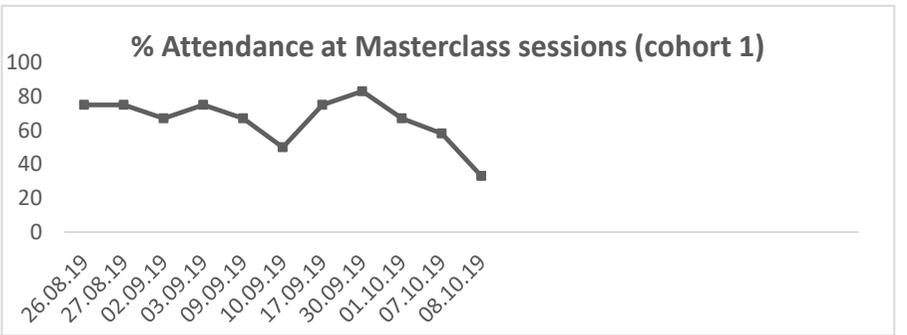
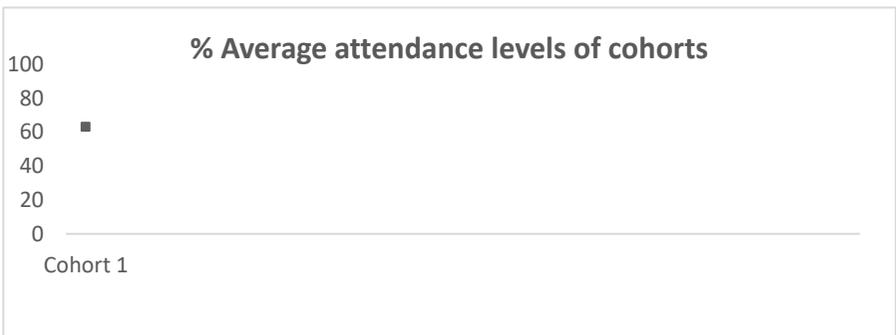
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6.1 School Transitions

Project Aim	Start Date	Testing End Date	Progress Scale
Increase the number of children who effectively transition from primary to secondary school by 2021. Project Manager: Gael Ross (ACC) Project Charter Approved July 2019	Jul 2019	Apr 2022	6 – Testing Underway
Changes Being Tested (Specify location/ test group)	Are our changes resulting in improvement?		
Aberdeen Grammar ASG: Questionnaire reviewing pupils satisfaction with the transitions process	Testing underway. Project team exploring how they intend to measure improvement.		
Improvement Data			

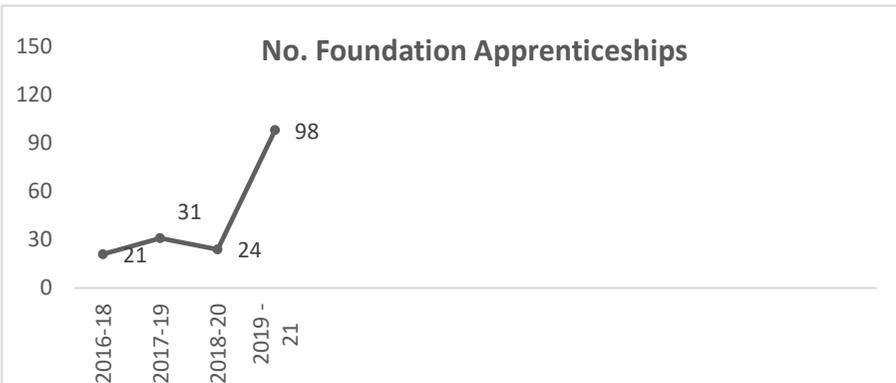
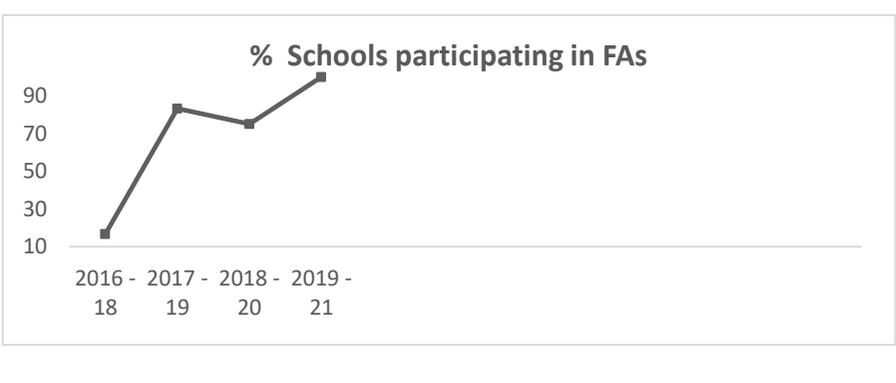
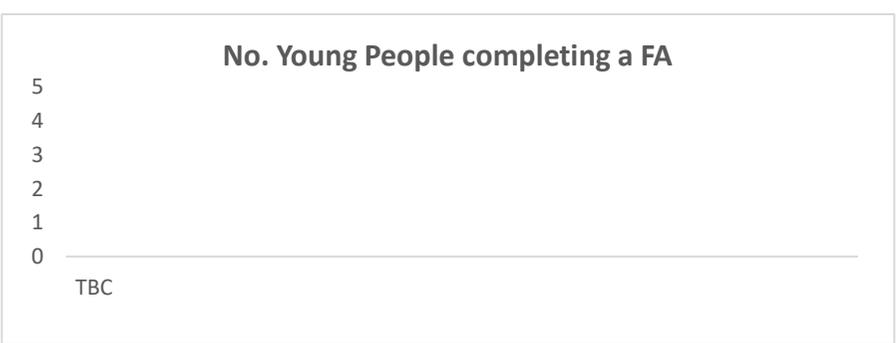
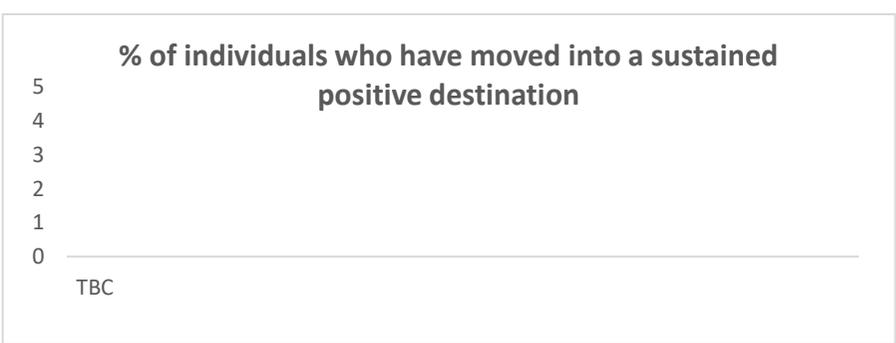
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6.2 Positive Destinations

Project Aim	Start Date	Testing End Date	Progress Scale																												
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. Project Manager: James Simpson (ACC) Project Charter Approved July 2019	Jul 2019	Dec 2022	6 – Testing Underway																												
Changes Being Tested (Specify location/ test group)	Are our changes resulting in improvement?																														
<p>A cohort of 12 young people attending an 8-week Career Masterclass run by SDS at St Machar Academy have been identified for testing with at the start of their programme after the October break</p> <p>No changes being tested at this time, we will be reviewing the outcomes for and the degree of engagement of the current cohort (see the attendance chart below), to establish a baseline for the programme in October.</p>	<p>Attendance at the masterclass was consistently high until the 8th of 11 sessions, but for a few absences (5 attributed to 4 pupils) the Masterclass participants were fully engaged (excluding 3 individuals who did not participate in the class from the outset)</p> <p>Engagement dropped off after this with only 3 attending the final class. A debrief session is planned on the 4th of November to review the data and reasons for the changes to engagement</p>																														
Improvement Data																															
 <p>% Positive Destinations (Citywide)</p> <table border="1"> <thead> <tr> <th>Year</th> <th>% Positive Destinations</th> </tr> </thead> <tbody> <tr> <td>2013/14</td> <td>91.4</td> </tr> <tr> <td>2014/15</td> <td>90.5</td> </tr> <tr> <td>2015/16</td> <td>90.5</td> </tr> <tr> <td>2016/17</td> <td>91.0</td> </tr> <tr> <td>2017/18</td> <td>91.4</td> </tr> </tbody> </table>	Year	% Positive Destinations	2013/14	91.4	2014/15	90.5	2015/16	90.5	2016/17	91.0	2017/18	91.4	 <p>% Positive Destinations (St Machar)</p> <table border="1"> <thead> <tr> <th>Year</th> <th>% Positive Destinations</th> </tr> </thead> <tbody> <tr> <td>2013/14</td> <td>64</td> </tr> <tr> <td>2014/15</td> <td>70</td> </tr> <tr> <td>2015/16</td> <td>70</td> </tr> <tr> <td>2016/17</td> <td>72.4</td> </tr> <tr> <td>2017/18</td> <td>72.4</td> </tr> </tbody> </table>			Year	% Positive Destinations	2013/14	64	2014/15	70	2015/16	70	2016/17	72.4	2017/18	72.4				
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 <p>% Attendance at Masterclass sessions (cohort 1)</p> <table border="1"> <thead> <tr> <th>Date</th> <th>% Attendance</th> </tr> </thead> <tbody> <tr> <td>26.08.19</td> <td>75</td> </tr> <tr> <td>27.08.19</td> <td>75</td> </tr> <tr> <td>02.09.19</td> <td>68</td> </tr> <tr> <td>03.09.19</td> <td>75</td> </tr> <tr> <td>09.09.19</td> <td>68</td> </tr> <tr> <td>10.09.19</td> <td>50</td> </tr> <tr> <td>17.09.19</td> <td>75</td> </tr> <tr> <td>30.09.19</td> <td>85</td> </tr> <tr> <td>01.10.19</td> <td>68</td> </tr> <tr> <td>07.10.19</td> <td>60</td> </tr> <tr> <td>08.10.19</td> <td>35</td> </tr> </tbody> </table>	Date	% Attendance	26.08.19	75	27.08.19	75	02.09.19	68	03.09.19	75	09.09.19	68	10.09.19	50	17.09.19	75	30.09.19	85	01.10.19	68	07.10.19	60	08.10.19	35	 <p>% Average attendance levels of cohorts</p> <table border="1"> <thead> <tr> <th>Cohort</th> <th>% Average Attendance</th> </tr> </thead> <tbody> <tr> <td>Cohort 1</td> <td>65</td> </tr> </tbody> </table>			Cohort	% Average Attendance	Cohort 1	65
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Cohort	% Average Attendance																														
Cohort 1	65																														

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6.3 Foundation Apprenticeships

Project Aim		Start Date	Testing End Date	Progress Scale																				
Increase the number of young people taking up foundation apprenticeships to 142 by 2021		Jul 2019	Jan 2021	6 – Testing Underway																				
Project Manager: Nicola Graham (SDS) Project Charter Approved July 2019																								
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?																						
3 Test Groups established: Bridge of Don: Developing evaluation processes to capture feedback and distance travelled (learners and influencers); Early Learning and Childcare Academy: Test out the effectiveness of different awareness raising including engagements with pupils, guidance teachers; Hazlehead: Testing in discussion		Data is still being gathered; progress suspended at this time due to the SDS inspection currently underway																						
Improvement Data																								
 <p>No. Foundation Apprenticeships</p> <table border="1"> <thead> <tr> <th>Year</th> <th>No. Apprenticeships</th> </tr> </thead> <tbody> <tr> <td>2016-18</td> <td>21</td> </tr> <tr> <td>2017-19</td> <td>31</td> </tr> <tr> <td>2018-20</td> <td>24</td> </tr> <tr> <td>2019-21</td> <td>98</td> </tr> </tbody> </table>		Year	No. Apprenticeships	2016-18	21	2017-19	31	2018-20	24	2019-21	98	 <p>% Schools participating in FAs</p> <table border="1"> <thead> <tr> <th>Year</th> <th>% Schools</th> </tr> </thead> <tbody> <tr> <td>2016-18</td> <td>18</td> </tr> <tr> <td>2017-19</td> <td>85</td> </tr> <tr> <td>2018-20</td> <td>75</td> </tr> <tr> <td>2019-21</td> <td>95</td> </tr> </tbody> </table>			Year	% Schools	2016-18	18	2017-19	85	2018-20	75	2019-21	95
Year	No. Apprenticeships																							
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2017-19	31																							
2018-20	24																							
2019-21	98																							
Year	% Schools																							
2016-18	18																							
2017-19	85																							
2018-20	75																							
2019-21	95																							
 <p>No. Young People completing a FA</p> <p>TBC</p>		 <p>% of individuals who have moved into a sustained positive destination</p> <p>TBC</p>																						

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6.4 Parenting Pathways

Project Aim		Start Date	Testing End Date	Progress Scale																									
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 Project Manager: Alex Duncan (ACC) Project Charter Approved September 2019		Sep 2019	Jul 2021	6 – Testing Underway																									
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?																											
Parental Engagement sessions being tested at St Machar Academy. A first session was carried out to test the feedback and effectiveness of the event to establish if further events in this format should take place.		Participants completed a satisfaction survey on how relevant they found the session on the topics of: Wider Achievement; Numeracy; Learning to use Technology; Curriculum Pathways. Overall feedback was positive will all but one participant rating the relevance of each topic as quite or very relevant																											
Improvement Data																													
<p>No. of Opportunities for Parental Involvement</p> <p>TBC</p>		<p>How relevant did you find the workshops?</p> <table border="1"> <thead> <tr> <th>Topic</th> <th>Very</th> <th>Quite</th> <th>A Little</th> <th>Not at All</th> </tr> </thead> <tbody> <tr> <td>Wider Achievement / Extra Curricular</td> <td>10</td> <td>7</td> <td>0</td> <td>0</td> </tr> <tr> <td>Numeracy Workshop</td> <td>8</td> <td>8</td> <td>1</td> <td>0</td> </tr> <tr> <td>Learning using Technology</td> <td>11</td> <td>6</td> <td>0</td> <td>0</td> </tr> <tr> <td>Curriculum Pathways</td> <td>13</td> <td>4</td> <td>0</td> <td>0</td> </tr> </tbody> </table>			Topic	Very	Quite	A Little	Not at All	Wider Achievement / Extra Curricular	10	7	0	0	Numeracy Workshop	8	8	1	0	Learning using Technology	11	6	0	0	Curriculum Pathways	13	4	0	0
Topic	Very	Quite	A Little	Not at All																									
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Learning using Technology	11	6	0	0																									
Curriculum Pathways	13	4	0	0																									

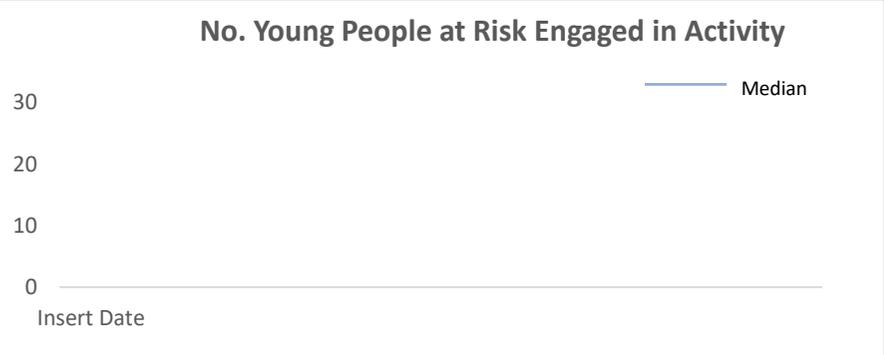
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6.5 Winter Leavers

Project Aim		Start Date	Testing End Date	Progress Scale								
Reduce the number of winter leavers with no positive destination by 50% by 2021. Project Manager: Leona McDermid (Foyer) Project Charter Approved September 2019		Sep 2019	Dec 2021	6 – Testing Underway								
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?										
1:1 Development Coaching Sessions (3 winter leavers city wide)		All of the first three winter leavers who engaged in the 1:1 coaching successfully moved into college courses. Coaching included: qualifications, writing college applications, work experience and planning for their future. A further 4 leavers, will begin the coaching programme in the next quarter										
Improvement Data												
<p>No. Winter Leavers with no Positive Destination</p> <table border="1"> <thead> <tr> <th>Year</th> <th>No. Winter Leavers with no Positive Destination</th> </tr> </thead> <tbody> <tr> <td>2018/19</td> <td>50</td> </tr> </tbody> </table>		Year	No. Winter Leavers with no Positive Destination	2018/19	50	<p>Total No. of Winter Leavers Supported by FF Progressing to Positive Destination</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Total No. of Winter Leavers Supported by FF Progressing to Positive Destination</th> </tr> </thead> <tbody> <tr> <td>Sept-Nov 2019</td> <td>3</td> </tr> </tbody> </table>			Period	Total No. of Winter Leavers Supported by FF Progressing to Positive Destination	Sept-Nov 2019	3
Year	No. Winter Leavers with no Positive Destination											
2018/19	50											
Period	Total No. of Winter Leavers Supported by FF Progressing to Positive Destination											
Sept-Nov 2019	3											

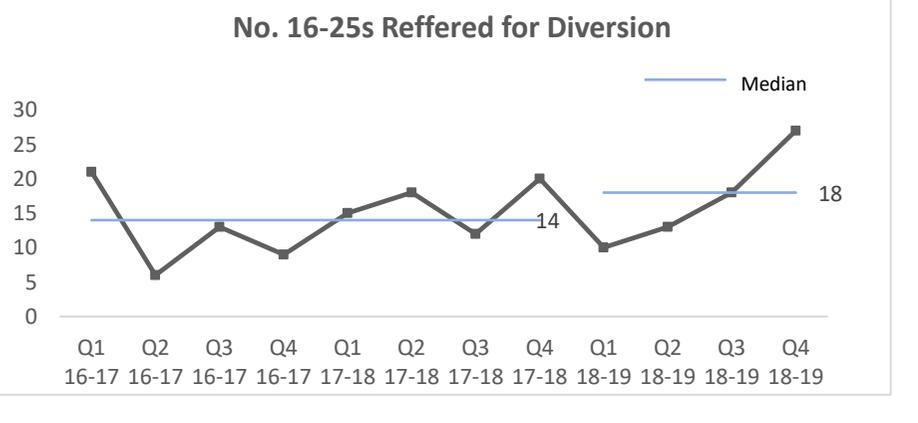
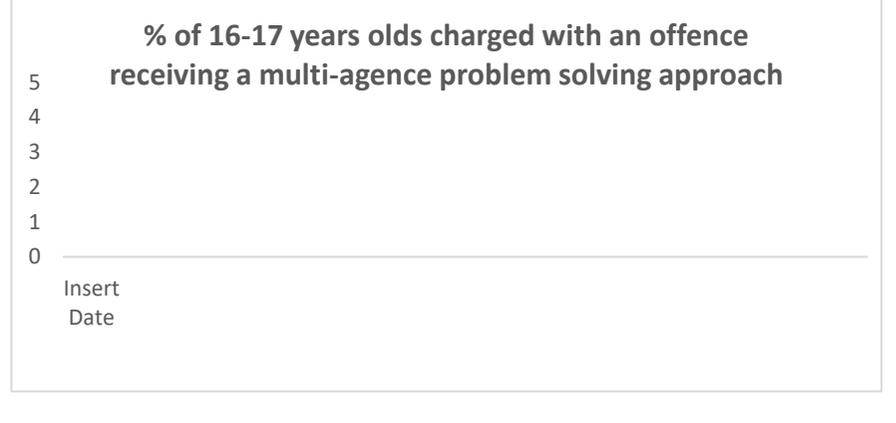
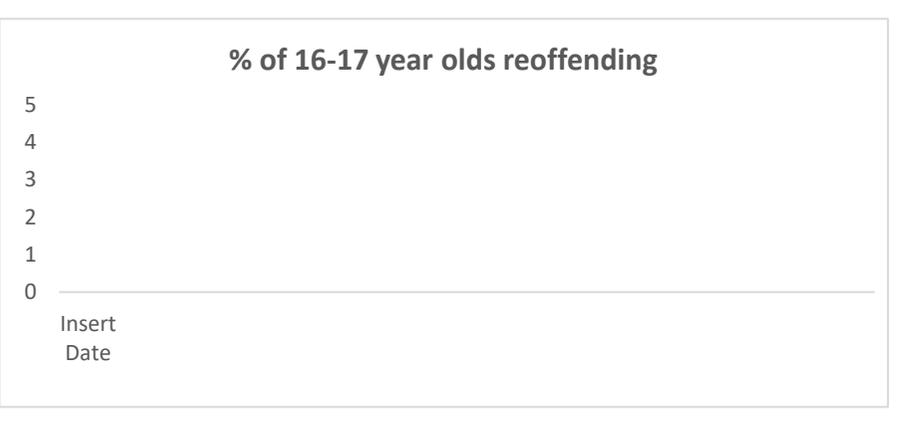
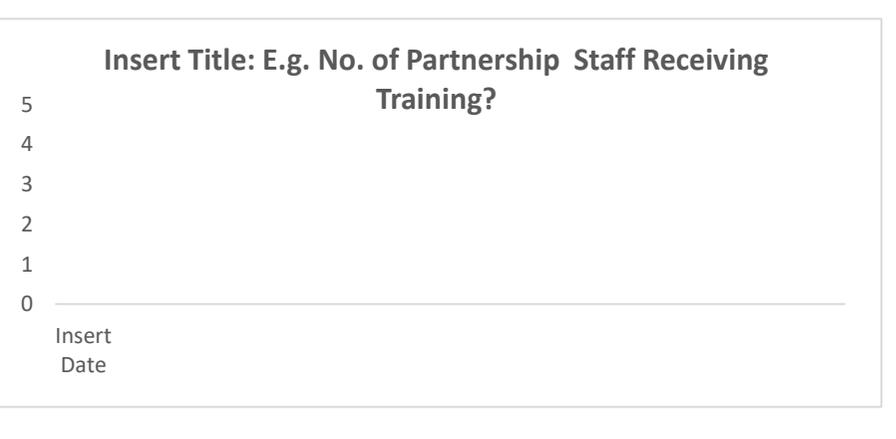
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8.1 Youth Offending

Project Aim	Start Date	Testing End Date	Progress Scale
Increase by 20% the number of young people identified as being at risk of becoming involved in offending behaviour who are engaged in targeted community based activities by 2021; and Reduce the instances of anti-social behaviour as a result of appropriate and effective interventions in targeted areas by 10% by 2021. Project Manager: Derek McGowan, ACC and Sergeant Brian Cumming, PS Project Charter Approved Sep 2019	Sep 2019	Dec 2019	5 – Designing Changes
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?	
Improvement Data			
<div style="text-align: center;"> <h3>No. Young People at Risk Engaged in Activity</h3>  </div>	<div style="text-align: center;"> <h3>No. Anti-Social Behaviour Incidents by Young People</h3>  </div>		

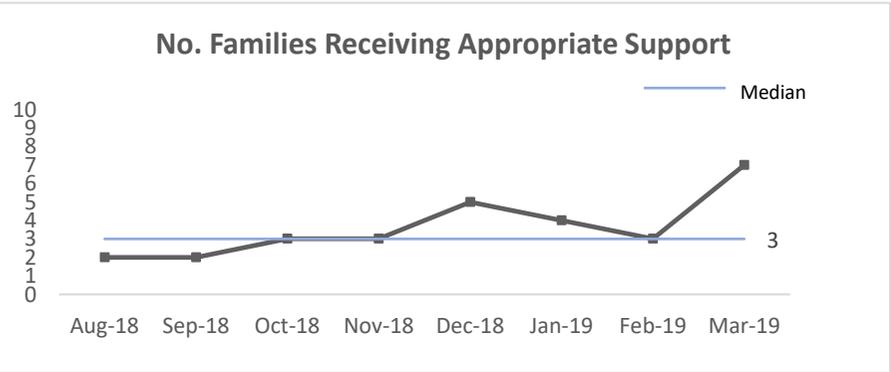
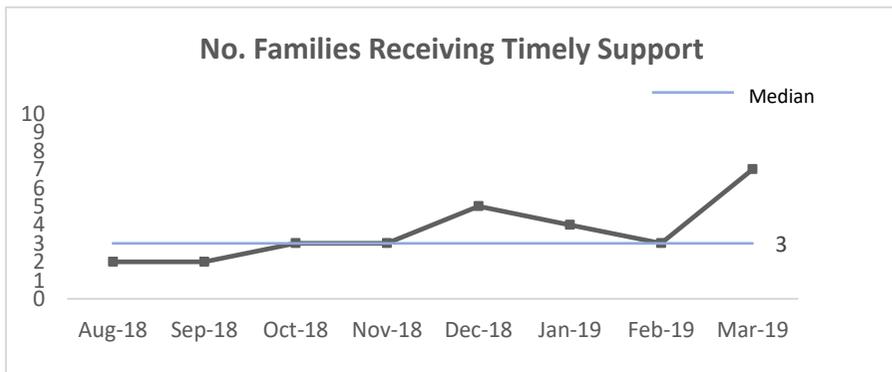
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9.1 Diversion from Prosecution

Project Aim	Start Date	Testing End Date	Progress Scale																																							
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 y 2021; <u>and</u> Increase the number of cases of people appropriately diverted from prosecution by 2021. Project Manager: Claire Duncan, HSCP Project Charter Approved Sep 2019	Sep 2019	Mar 2020	6 – Testing Underway																																							
Changes Being Tested (Specify location/ test group)	Are our changes resulting in improvement?																																									
The following changes are being tested City Wide: <ul style="list-style-type: none"> • Map of data sharing processes • Single point of contact in Police Scotland Aberdeen Division and CJSWS • Data recording mechanism by CJSW • Training/awareness-raising input on Diversion from Prosecution 	This project began in April 18 as part of the LOIP approved in 2016. There is evidence that the change ideas tested so far are having some impact with average referrals increasing from 14 per quarter to 18. Our aim is to increase referrals to an average of 21 per quarter to support the achievement of our overall aim.																																									
Improvement Data																																										
<p style="text-align: center;">No. 16-25s Referred for Diversion</p>  <table border="1" data-bbox="190 614 1108 1037"> <caption>No. 16-25s Referred for Diversion</caption> <thead> <tr> <th>Quarter</th> <th>Year</th> <th>Number of Referrals</th> </tr> </thead> <tbody> <tr><td>Q1</td><td>16-17</td><td>21</td></tr> <tr><td>Q2</td><td>16-17</td><td>6</td></tr> <tr><td>Q3</td><td>16-17</td><td>13</td></tr> <tr><td>Q4</td><td>16-17</td><td>9</td></tr> <tr><td>Q1</td><td>17-18</td><td>15</td></tr> <tr><td>Q2</td><td>17-18</td><td>18</td></tr> <tr><td>Q3</td><td>17-18</td><td>12</td></tr> <tr><td>Q4</td><td>17-18</td><td>20</td></tr> <tr><td>Q1</td><td>18-19</td><td>10</td></tr> <tr><td>Q2</td><td>18-19</td><td>13</td></tr> <tr><td>Q3</td><td>18-19</td><td>18</td></tr> <tr><td>Q4</td><td>18-19</td><td>27</td></tr> </tbody> </table>	Quarter	Year	Number of Referrals	Q1	16-17	21	Q2	16-17	6	Q3	16-17	13	Q4	16-17	9	Q1	17-18	15	Q2	17-18	18	Q3	17-18	12	Q4	17-18	20	Q1	18-19	10	Q2	18-19	13	Q3	18-19	18	Q4	18-19	27	<p style="text-align: center;">% of 16-17 years olds charged with an offence receiving a multi-agence problem solving approach</p> 		
Quarter	Year	Number of Referrals																																								
Q1	16-17	21																																								
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Q4	18-19	27																																								
<p style="text-align: center;">% of 16-17 year olds reoffending</p> 	<p style="text-align: center;">Insert Title: E.g. No. of Partnership Staff Receiving Training?</p> 																																									

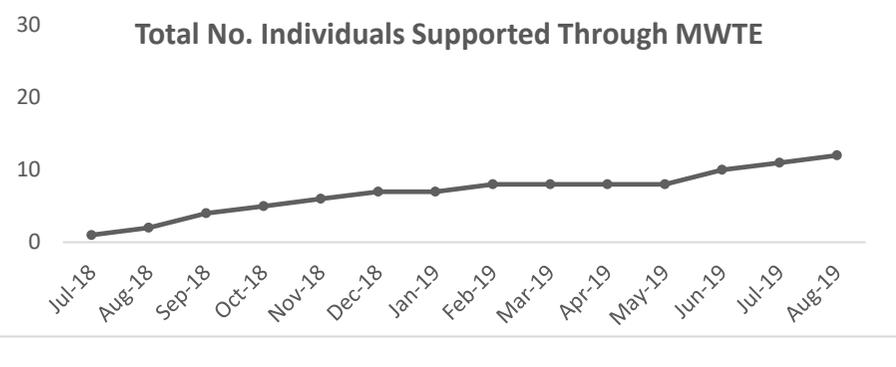
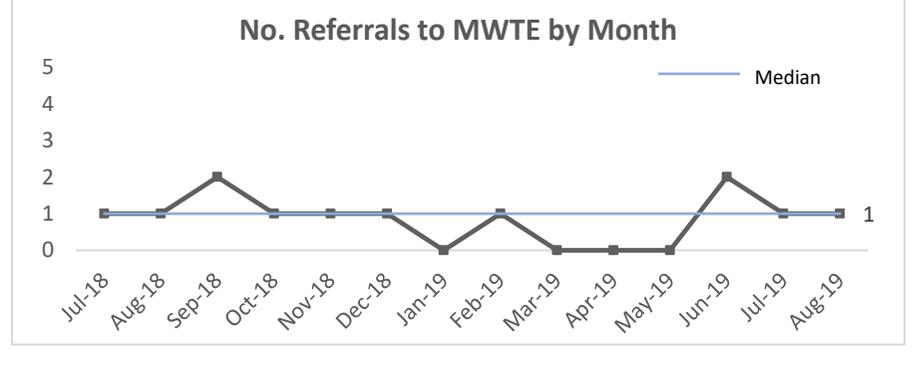
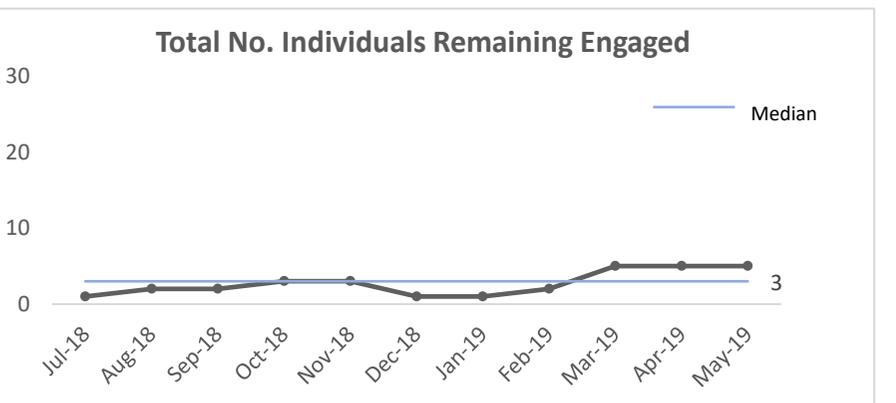
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10.1 Support for Families

Project Aim	Start Date	Testing End Date	Progress Scale																																		
Increase the number of family members of people in HMP Grampian and HMYOI Polmont who received appropriate and timely support from Families Outside, Family Centre & Help Hub (Action for Children), and Alcohol & Drugs Action by 20% by 2021. Project Manager: Susan Morrison, ACVO Project Charter Approved July 2018	July 2019	Sep 2021	6 – Testing Underway																																		
Changes Being Tested (Specify location/ test group)	Are our changes resulting in improvement?																																				
	This project first began in August 18 as part of the LOIP approved in 2016. However, it has stalled since the withdrawal of funding for Action for Children who run the Family Centre and Help Hub at HMP Grampian. No changes are currently being tested.																																				
Improvement Data																																					
 <p>No. Families Receiving Appropriate Support</p> <table border="1"> <thead> <tr> <th>Month</th> <th>No. Families</th> </tr> </thead> <tbody> <tr><td>Aug-18</td><td>2</td></tr> <tr><td>Sep-18</td><td>2</td></tr> <tr><td>Oct-18</td><td>3</td></tr> <tr><td>Nov-18</td><td>3</td></tr> <tr><td>Dec-18</td><td>5</td></tr> <tr><td>Jan-19</td><td>4</td></tr> <tr><td>Feb-19</td><td>3</td></tr> <tr><td>Mar-19</td><td>7</td></tr> </tbody> </table>	Month	No. Families	Aug-18	2	Sep-18	2	Oct-18	3	Nov-18	3	Dec-18	5	Jan-19	4	Feb-19	3	Mar-19	7	 <p>No. Families Receiving Timely Support</p> <table border="1"> <thead> <tr> <th>Month</th> <th>No. Families</th> </tr> </thead> <tbody> <tr><td>Aug-18</td><td>2</td></tr> <tr><td>Sep-18</td><td>2</td></tr> <tr><td>Oct-18</td><td>3</td></tr> <tr><td>Nov-18</td><td>3</td></tr> <tr><td>Dec-18</td><td>5</td></tr> <tr><td>Jan-19</td><td>4</td></tr> <tr><td>Feb-19</td><td>3</td></tr> <tr><td>Mar-19</td><td>7</td></tr> </tbody> </table>	Month	No. Families	Aug-18	2	Sep-18	2	Oct-18	3	Nov-18	3	Dec-18	5	Jan-19	4	Feb-19	3	Mar-19	7
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10.2: Pathways to Employment

Project Aim	Start Date	Testing End Date	Progress Scale																																																												
Increase to 30 in total, the number of individuals who are on a custodial sentence, on a Community Payback Order with a Supervision Requirement, or who have been Diverted from Prosecution who are being supported to make progress on the Employability Pipeline by September 2021 Project Manager: Nicola Graham, SDS Project Charter Approved Feb 2018	July 2019	Sep 2021	7 - Initial indications of improvement																																																												
Changes Being Tested (Specify location/ test group) Testing was planned, via appointments with two clients, of a 'Plan, Do, Review log' on which individuals' progress can be recorded so that they can see progress over time. Unfortunately, the appointments with both clients had to be rearranged – one of the clients found temporary employment – and have been rearranged but have not yet taken place.	Are our changes resulting in improvement? This project first began in July 2018 as part of the LOIP approved in 2016. We refreshed the aim in July 2019 and have achieved almost 50% so far with 12 individuals referred to the MWTE project to-date. On average, one person a month is being referred to the MWTE project. In order to increase the number of referrals, partners are going to test ways of embedding the change ideas into their systems. The withdrawal by the Scottish Prison Service of the Throughcare Support Service is likely to have an impact on the number and capacity of partners involved.																																																														
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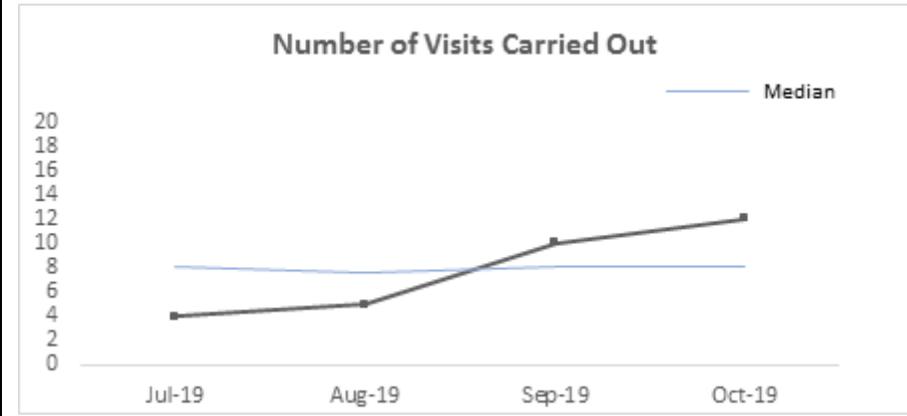
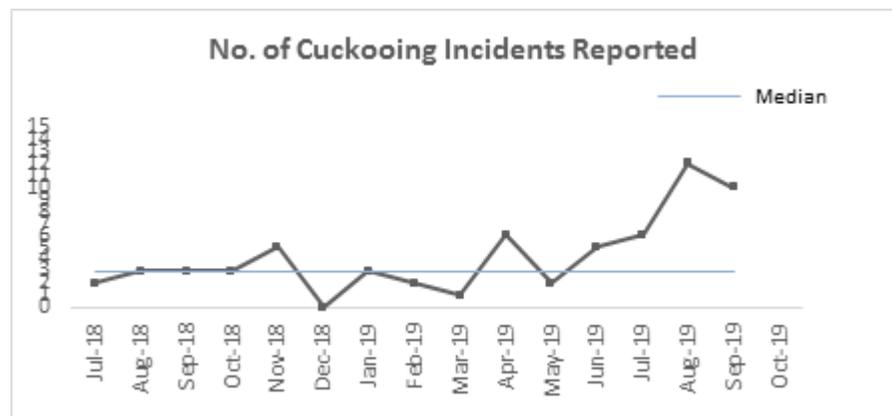
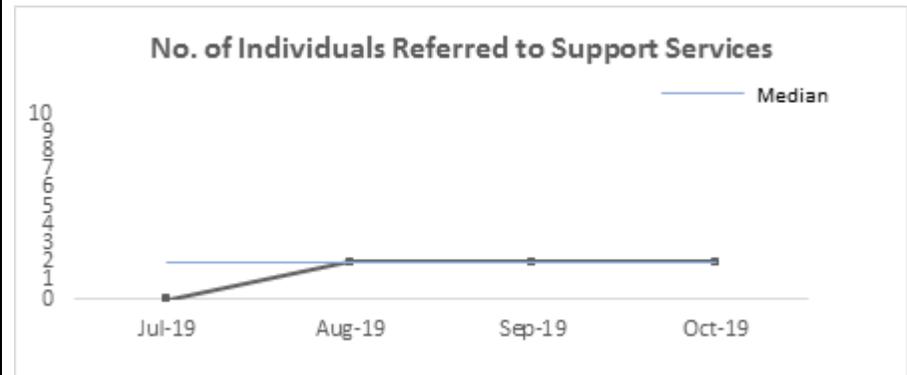
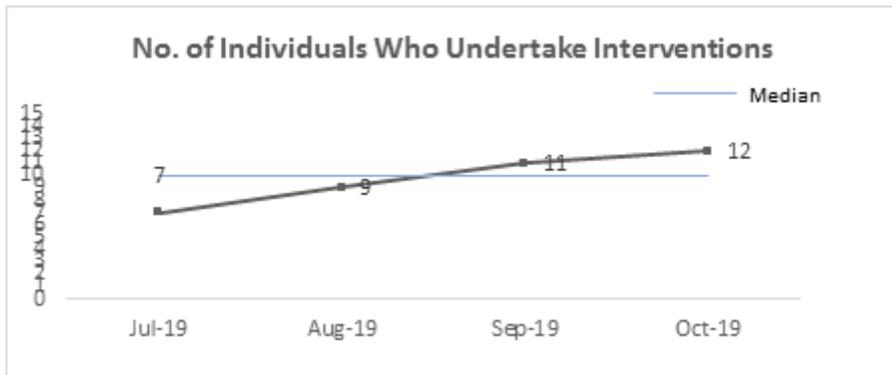
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10.3 Cuckooing

Project Aim	Start Date	Testing End Date	Progress Scale
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. Project Manager: George Nixon, Police Scotland Project Charter approved 1 July 19	July 2019	May 2020	7– Initial Indications of Improvement

Changes Being Tested (Specify location/ test group)	Are our changes resulting in improvement?
<p>The following changes are being tested City Wide:</p> <ul style="list-style-type: none"> • Mechanisms for raising awareness with public/local communities (eg leaflet drops, SHMU radio/newsletters) • ‘Lead professional’ approach for individuals involved • Regular ‘operational’ cuckooing meetings involving partners (Cuckooing Initiative Operational Group) to review incidents 	<p>As partner relationships have become established and knowledge has been increased, the number of incidents reported has increased. Similarly, the number of visits completed has also increased during this time. A similar steady increase has been seen in relation to the numbers undertaking interventions. The number referred to support services does not reflect this, however victims are often already involved with services and do not require a new referral. Across the city, 48% of those identified as being cuckooing victims are currently undertaking an intervention.</p>

Improvement Data



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10.4 Specialist Substance Misuse Services

Project Aim	Start Date	Testing End Date	Progress Scale																																																																																																			
Increase the uptake and retention of people in the Justice System with drug and alcohol problems in specialist services by 100% by 2021. Project Manager: Simon Rayner, ADP Project Charter approved 1 July 19	July 2019	Jan 2020	6– Testing Underway																																																																																																			
Changes Being Tested (Specify location/ test group)	Are our changes resulting in improvement?																																																																																																					
<ul style="list-style-type: none"> Funding of a link worker in Kittybrewster custody and recruitment underway Clear process being trialled to improve case management on liberation from Court using the same systems and to notify ASAP of those liberated where return to HMP was expected. Discussions underway between custody nursing/ link working at police custody as to how prescribing can continue in custody 	We do not yet have the data to evidence of impact of our change ideas.																																																																																																					
Improvement Data																																																																																																						
<p style="text-align: center;">% of People in the Justice System with Drug and Alcohol Problems in Specialist Services</p> <p style="text-align: center;">Insert Date</p>	<p style="text-align: center;">No. of People Continuing to Engage with Specialist Services Within 7 days of Liberation (Drugs)</p> <table border="1"> <caption>Data for: No. of People Continuing to Engage with Specialist Services Within 7 days of Liberation (Drugs)</caption> <thead> <tr> <th>Year</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>10</td> <td>10</td> <td>14</td> <td>16</td> <td>13</td> <td>12</td> <td>10</td> <td>12</td> <td>10</td> <td>21</td> <td>12</td> <td>10</td> <td>16</td> <td>11</td> <td>11</td> <td>19</td> <td>12</td> <td>19</td> <td>10</td> <td>11</td> <td>11</td> <td>8</td> <td>10</td> </tr> <tr> <td>2018/19</td> <td>19</td> <td>19</td> <td>14</td> <td>10</td> <td>10</td> <td>19</td> <td>10</td> <td>10</td> <td>10</td> <td>19</td> <td>19</td> <td>19</td> <td>19</td> <td>14</td> <td>10</td> </tr> <tr> <td>2019/20</td> <td>10</td> </tr> </tbody> </table>			Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017/18	10	10	14	16	13	12	10	12	10	21	12	10	16	11	11	19	12	19	10	11	11	8	10	2018/19	19	19	14	10	10	19	10	10	10	19	19	19	19	14	10	10	10	10	10	10	10	10	10	10	2019/20	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
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<p style="text-align: center;">Numbers of people liberated from court accessing services</p> <p style="text-align: center;">Insert Date</p>	<p style="text-align: center;">Numbers of people continuing support in custody suite</p> <p style="text-align: center;">Insert Date</p>																																																																																																					

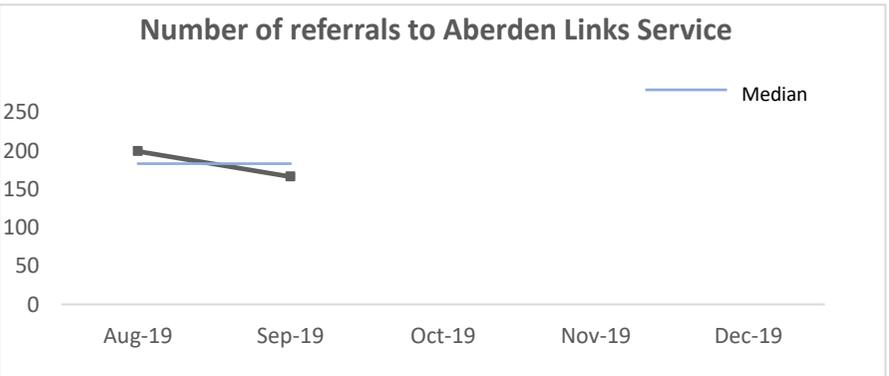
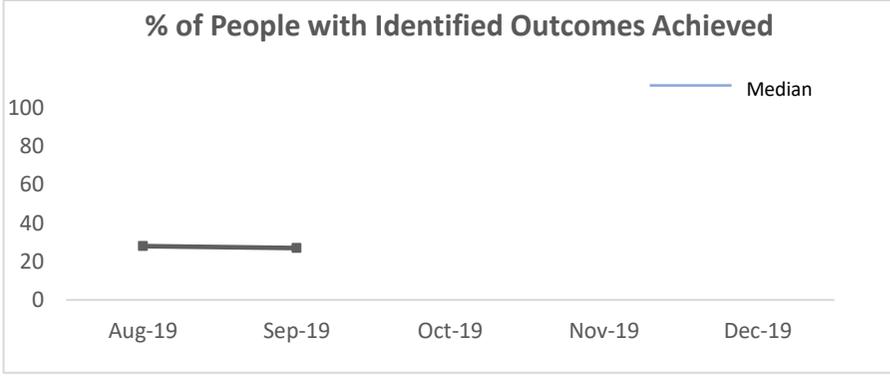
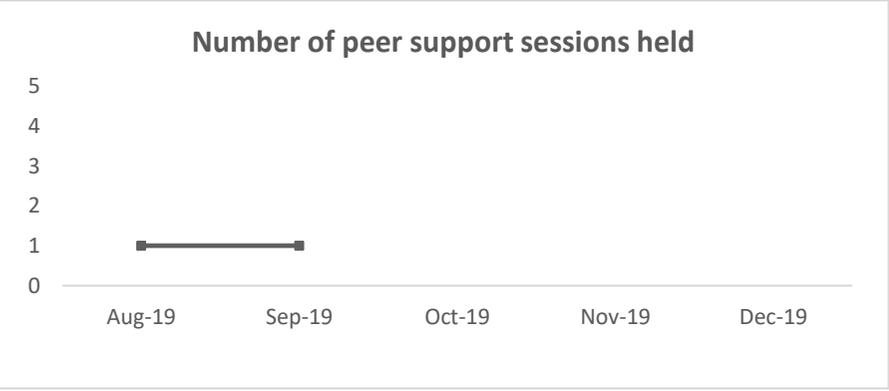
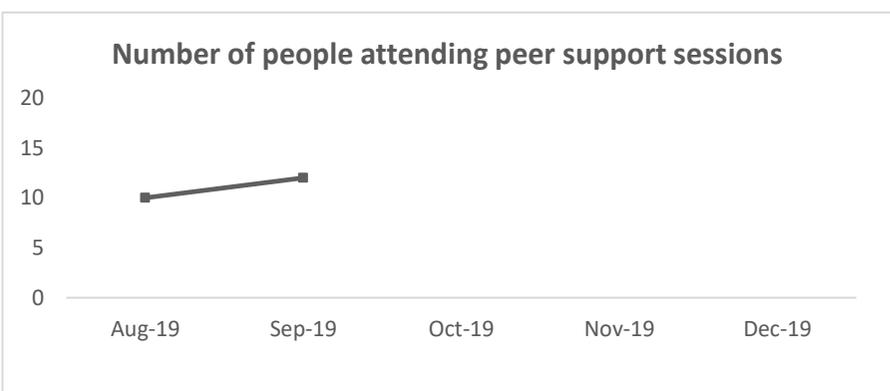
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11.1 Uptake of Activities

Project Aim		Start Date	Testing End Date	Progress Scale																																								
Increase uptake of a range of activities that enable people with long term conditions to manage their health and well-being by 2021. Project Manager: Keith Gerrard (Sport Aberdeen) Project Charter Approved July 2019		July 2019	March 2020	6 - Testing Underway																																								
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?																																										
The following change ideas are being tested City wide: <ul style="list-style-type: none"> • Increase number of instructors with specialist GP referral qualifications • 14 Additional classes added to Sport Aberdeen’s Move More programme • Living Well with Diabetes Peer Support Group • New First Steps classes added to Walk Aberdeen 		We are currently putting systems in place to gather data which tells us whether our changes are resulting in improvement and are likely to achieve our aim.																																										
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<p>No of People with Long Term Conditions Taking Up Physical Activities</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number of People</th> </tr> </thead> <tbody> <tr><td>July</td><td>75</td></tr> <tr><td>Aug</td><td>75</td></tr> <tr><td>Sept</td><td>75</td></tr> <tr><td>Oct</td><td>75</td></tr> <tr><td>Nov</td><td>75</td></tr> <tr><td>Dec</td><td>75</td></tr> <tr><td>Jan</td><td>75</td></tr> <tr><td>Feb</td><td>75</td></tr> <tr><td>Mar</td><td>75</td></tr> </tbody> </table>		Month	Number of People	July	75	Aug	75	Sept	75	Oct	75	Nov	75	Dec	75	Jan	75	Feb	75	Mar	75	<p>No. of People with Long Term Conditions Participating in Walk Aberdeen</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number of People</th> </tr> </thead> <tbody> <tr><td>July</td><td>10</td></tr> <tr><td>Aug</td><td>10</td></tr> <tr><td>Sept</td><td>10</td></tr> <tr><td>Oct</td><td>10</td></tr> <tr><td>Nov</td><td>10</td></tr> <tr><td>Dec</td><td>10</td></tr> <tr><td>Jan</td><td>10</td></tr> <tr><td>Feb</td><td>10</td></tr> <tr><td>Mar</td><td>10</td></tr> </tbody> </table>			Month	Number of People	July	10	Aug	10	Sept	10	Oct	10	Nov	10	Dec	10	Jan	10	Feb	10	Mar	10
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11.2 Aberdeen Link Services

Project Aim	Start Date	Testing End Date	Progress Scale																						
Extend the link working approach across primary care to support 3,000 people attain their own identified outcomes by 2021. Project Manager: Chris Smillie, HSCP Project Charter Approved Sep 2019	Sep 2019	Jan 2020	6 – Testing Underway																						
Changes Being Tested (Specify location/ test group)	Are our changes resulting in improvement?																								
<ul style="list-style-type: none"> Test Peer Support sessions with Link Practitioner Team on a monthly basis using PDSA over a 3-month period 	Peer support sessions have been delivered on a monthly basis by the Link Practitioner teams. LP locality teams have been involved in the planning, design with the focus of the peer support session based on the needs identified through their working practice. Link Practitioner are reporting that they can use the peer support to share ideas and challenges in a supportive environment.																								
Improvement Data																									
 <table border="1"> <caption>Number of referrals to Aberdeen Links Service</caption> <thead> <tr> <th>Month</th> <th>Median</th> </tr> </thead> <tbody> <tr> <td>Aug-19</td> <td>180</td> </tr> <tr> <td>Sep-19</td> <td>160</td> </tr> <tr> <td>Oct-19</td> <td>-</td> </tr> <tr> <td>Nov-19</td> <td>-</td> </tr> <tr> <td>Dec-19</td> <td>-</td> </tr> </tbody> </table>	Month	Median	Aug-19	180	Sep-19	160	Oct-19	-	Nov-19	-	Dec-19	-	 <table border="1"> <caption>% of People with Identified Outcomes Achieved</caption> <thead> <tr> <th>Month</th> <th>Median</th> </tr> </thead> <tbody> <tr> <td>Aug-19</td> <td>28</td> </tr> <tr> <td>Sep-19</td> <td>28</td> </tr> <tr> <td>Oct-19</td> <td>-</td> </tr> <tr> <td>Nov-19</td> <td>-</td> </tr> <tr> <td>Dec-19</td> <td>-</td> </tr> </tbody> </table>	Month	Median	Aug-19	28	Sep-19	28	Oct-19	-	Nov-19	-	Dec-19	-
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11.3 Reduce Obesity

Project Aim		Start Date	Testing End Date	Progress Scale
To reduce the percentage of men and women who are obese in Aberdeen City to 20% by 2021. Project Manager: Chris Littlejohn, NHS Project Charter Approved Sep 2019		Sep 2019	Sep 2020	6– Testing Underway
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?		
Community led weight loss support group in Torry		A new group is being tested in Torry, led by the Torry Locality Partnership with support from health staff from NHS Grampian. The group is being empowered to come together over a tea and coffee and support each other in their journey. Classes are free and members are weighed anonymously. 5 members of the community attended the first class. Data is being collected on the impact on health and wellbeing.		
Improvement Data				
<p>% of men and women who are obese in Aberdeen City</p> <p>Median</p> <p>Insert Date</p>		<p>% of men and women who are obese in Torry (Test Location)</p> <p>Median</p> <p>Insert Date</p>		
<p>No. of People attending Weight Loss Support Class in Torry</p> <p>Nov-19</p>				

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12.1 Care Experienced Children Substance Misuse

Project Aim		Start Date	Testing End Date	Progress Scale
Increase the % of care experienced children and young people receiving educational support and input on alcohol and drugs issues by 2021 Project Manager: Simon Rayner (ADP) Project Charter Approved September 2019		Sep 2019	Dec 2020	5 – Designing Changes
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?		
Changes being designed.				
Improvement Data				
<p>% of Care experienced Children and Young People Receiving Educational Input</p> <p>Insert Date</p>		<p>Insert Title</p> <p>Insert date</p>		
<p>Insert Title</p> <p>Insert date</p>		<p>Insert Title</p> <p>Insert date</p>		

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12.2 School Curriculum for Substance Misuse

Project Aim		Start Date	Testing End Date	Progress Scale
100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021 Project Manager: Simon Rayner (ADP)/ Lesley Stopani (ACC) Project Charter Approved September 2019		Sep 2019	Apr 2020	6 – Testing Underway
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?		
<ul style="list-style-type: none"> Upskilling parents/carers and wider community to enable them to reinforce messages delivered as part of the substance misuse curriculum Employ a guidance teacher to develop a range of substance misuse resources as part of the curriculum with the aim of educating young people on the hazards of alcohol and drug use and addressing stigma. 		A parents evening was held in Hillview Church on 17 th September with approximately 80 attendees. The evening consisted of 4 information sessions on Cyber safety, Alcohol, Drugs and Mental health all in regards to understanding how to help young people face these challenges. This involved local and national organisations and included Police Scotland, ACC, ADP, NHS, Local churches and a local councillor. Feedback from attendees is very positive and is being evaluated and will inform next steps. Other areas have also expressed an interest in holding similar events. Discussions have started re employment of guidance teacher post and Job description.		
Improvement Data				
<p>% of schools delivering a progressive, cohesive and relevant substance misuse curriculum</p> <p>Insert Date</p>		<p>No of Parents information evenings</p> <p>Sep-19</p>		
<p>Insert Title</p> <p>Insert date</p>		<p>Insert Title</p> <p>Insert date</p>		

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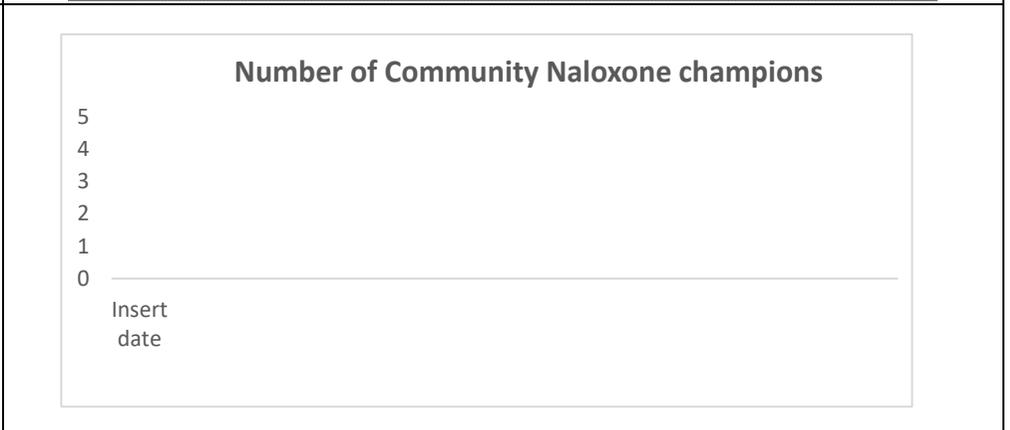
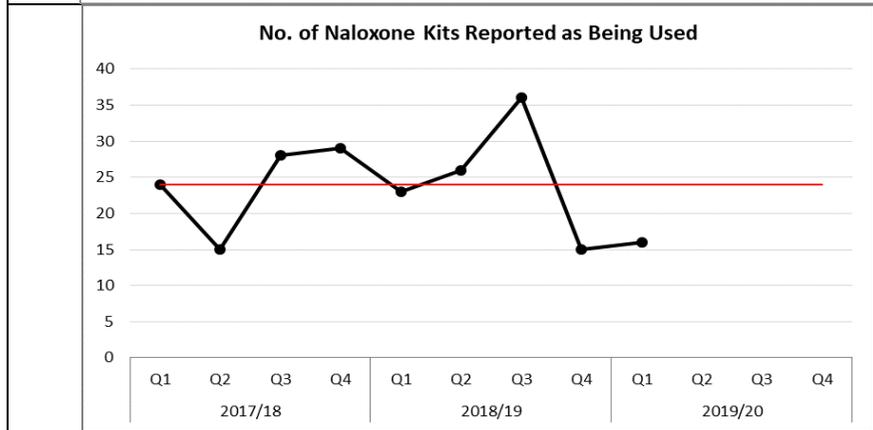
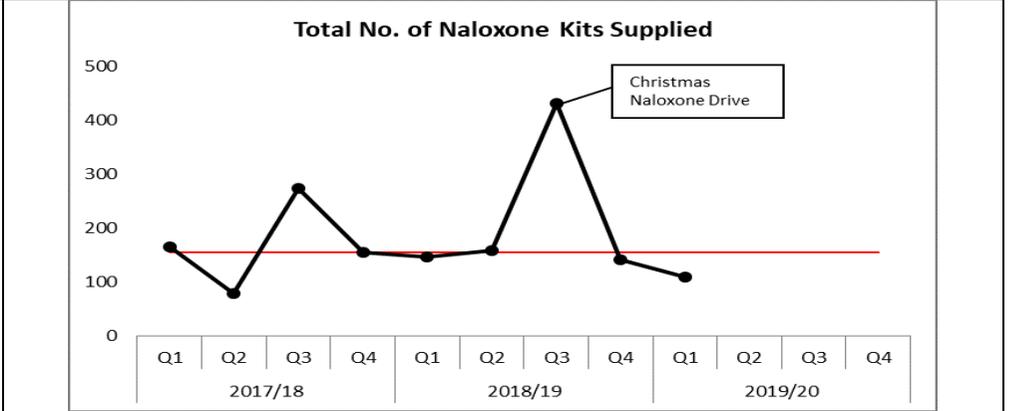
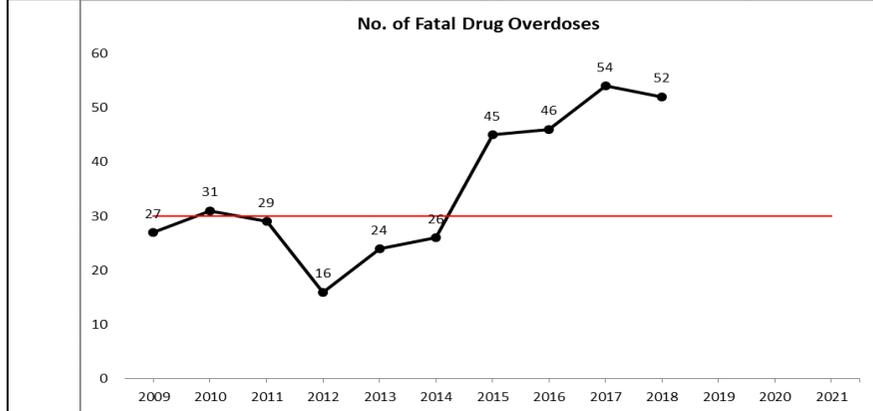
12.3 Reduce Fatal Drug Overdose

Project Aim	Start Date	Testing End Date	Progress Scale
Reduce the incidence of fatal drug overdose by innovative developments and increasing the distribution of naloxone by 10% year on year by 2021 Project Manager: Tara Shivaji (NHS)/Simon Rayner (ADP) Project Charter Approved September 2019	Sep 2019	Dec 2020	6 – Testing Underway

Changes Being Tested (Specify location/ test group)	Are our changes resulting in improvement?
<ul style="list-style-type: none"> Introduce and increase the number of community overdose champions Test of change in Torry Media campaign to raise awareness of naloxone to address stigma and provide information on how to become a naloxone trainer 	We do yet have the data to understand whether these changes are having the intended impact. A data sharing protocol will be completed to allow us to gather data to understand impact. A meeting will take place in November to discuss the media campaign to raise awareness.

Improvement Data

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13.1 Workplaces Growing Together

Project Aim		Start Date	Testing End Date	Progress Scale
Increase community food growing in schools, communities and workplaces by 2021. Project Manager: Steven Shaw, ACC Project Charter Approved July 2019		July 2019	Mar 2020	6 – Testing Underway
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?		
At this stage in the change we are testing is whether a high-profile awareness event encourages an increase of food growing in workplaces?		<p>Our first awareness event was on 7 Oct, where we played a prominent role at the Grow, Cook, Eat Conference. We wanted to use CEOs or influential people to get 6 organisations to pledge support and sign up for workplace growing. We managed to get three organisations signing up to workplace growing (ACC, NHS and Scottish Fire and Rescue) and all their leads were filmed pledging their support. NHS film https://www.youtube.com/watch?v=64FmWe2AeOw</p> <p>There are other serious expressions of interest following the conference and will these be followed up on over the next few weeks.</p>		
Improvement Data				
<p style="text-align: center;">No. of Community Growing Spaces</p>		<p style="text-align: center;">No. Organisations Signed up for Food Growing</p>		
<p style="text-align: center;">No. of Expressions of Interest in Participating in Food Growing Activities</p>				

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14.1 Community Led Resilience Plans

Project Aim		Start Date	Testing End Date	Progress Scale
Community led resilience plans in place for areas most vulnerable to flooding by 2021. Project Manager: Dawn Schultz, ACC Project Charter Approved July 2019		July 2019	May 2020	5 – Designing Changes
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?		
Identify community champions for resilience, through engagement with networks and community councils.		Our Project Manager is not yet in post and Andy Buchan is our interim lead. Unfortunately we are slightly delayed in starting due to unplanned absence. However progress has been made in establishing meetings and contacts and we expect to have progressed with our change ideas by the end of November 2019.		
Improvement Data				
<p style="text-align: center;">No Community Led Resilience Plans Developed</p>		<p style="text-align: center;">% of Areas Most Vulnerable to Flooding with a Resilience Plan in Place</p>		
<p style="text-align: center;">Insert Title</p>		<p style="text-align: center;">Insert Title</p>		

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16.1: Asset Transfer and Participation Requests

Project Aim		Start Date	End Date	Progress Scale										
100% of all Asset Transfer Requests and Participation Requests are seen through to a satisfactory conclusion by December 2020.		July 2019	Dec 2020	6 – Testing Underway										
Project Manager: Jonathan Smith, Civic Forum Project Charter approved Feb 2018														
Changes Being Tested		Are our changes resulting in improvement?												
<ul style="list-style-type: none"> • New request forms to CPA for PR and ATRs to be used for all Partners • Information Handbook for communities including tailored guidance to support Communities in Participation and/ or formal requests • All new materials uploaded to new Participation Page on CPA website • Single 'Point-of-Contact' Email address for requests • Initial Training for Council staff on how to deal with requests (To be later rolled out to any additional CPP staff, as required) • Awareness raising and engagement with key community groups 		<p>The baseline data currently available relates to <u>formal requests</u> reported by Aberdeen City Council. This project will seek to understand the totality of requests being made to core CPP Partners to demonstrate commitment of the Partnership to the Community Empowerment (Scotland) Act 2015. We are aware that a significant number of expressions of interest are being positively resolved outwith the formal legislative process, including Long-Term Lease & Transfer of Ownership. It is our intention that this data will be collected on a clearly defined schedule, with planned updates on volume and experiences of requests across the Partnership.</p>												
Improvement Data														
<p>No. of Participation Requests Received</p> <table border="1"> <thead> <tr> <th>Date</th> <th>No. of Requests</th> </tr> </thead> <tbody> <tr> <td>24-04-18</td> <td>1</td> </tr> <tr> <td>18-03-19</td> <td>1</td> </tr> </tbody> </table>		Date	No. of Requests	24-04-18	1	18-03-19	1	<p>No. Asset Transfer Request Received</p> <table border="1"> <thead> <tr> <th>Date</th> <th>No. of Requests</th> </tr> </thead> <tbody> <tr> <td>31-07-18</td> <td>1</td> </tr> </tbody> </table>			Date	No. of Requests	31-07-18	1
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Community Planning Aberdeen

Progress Report	27-30 month health visitor review
Lead Officer	Susan Webb, Director of Public Health, NHS Grampian
Report Author	Jillian Evans, Head of Health Intelligence, Public Health, NHS Grampian
Date of Report	14 November 2019
Governance Group	CPA Board – 2 December 2019

Purpose of the Report
This report provides an update as per action 7 (iv) from the CPA Board Meeting on 9 September 2019

Summary of Key Information
<p>1 BACKGROUND</p> <p>1.1 A core ambition in Aberdeen City’s LOIP is to support every child, irrespective of their circumstances, to grow, develop and reach their full potential. Our stretch outcome for child development (Outcome 3) includes an improvement aim to increase the number of 27-30 month reviews completed for eligible children by 5.2% by 2021. Whilst acknowledging the contribution that this will make towards child development, the improvement efforts involve Health Visitors and do not rely on input from other Partners. Consequently, due to the single agency nature of this improvement, this paper proposes that it be removed from the LOIP. In doing so, it does not change the need for focused effort in this area and the remainder of the paper describes the issues at hand and the actions that need and are being taken by the NHS.</p> <p>1.2 Detailed analyses of 27-30 month review data for Grampian have previously been undertaken in response to a possible lack of ‘concerns’ being detected across the area. These analyses, and subsequent discussions, provided a range of possible reasons as to why this finding may not be due to a lack of identification of ‘concerns’, but could not rule this out. This paper aims to provide insights into the strengths and limitations of this data, with a view to discussing how to make use of it in the future.</p> <p>1.3 Following the roll out of the 27-30 month review in 2013, and subsequent data release in 2014, it was noted that Grampian was picking up a significantly low proportion of ‘concerns’ when compared to the Scottish average. It was suggested that this could be due to the lack of use of a validated tool to make the initial assessment, as most (but not all) other boards were using at least one of a number of available tools in the first instance.</p>

1.4 Over a period of time, work was undertaken to perform increasingly complex analyses to break down the data and assess the implications for children in Grampian, and its 3 HSCPs. This work reached a number of conclusions, and made a number of recommendations, but it is not clear to what extent these were acted upon, and whether any measures that may have been taken are still in place.

1.5 The analyses that were undertaken were specifically in relation to assessment of children against the developmental domains, as opposed to 'coverage' and 'timeliness of assessments'. Although the original detailed analyses are now out of date, there has been some monitoring of the data over subsequent years, and some of the patterns which were initially observed are still apparent.

2 ASSESSMENT

2.1 Based on the original analyses and some subsequent data monitoring, the following assessment was made:

- Across Grampian, the proportion of children who have 'concerns' identified is consistently lower than in other health boards. This has been more pronounced in Aberdeenshire, but is evident across the 3 HSCP areas;
- There are 3 possible reasons for this – that it represents a true difference (i.e. Grampian has fewer children with developmental issues), a lack of identification of real concerns (i.e. in Grampian, we are not appropriately identifying developmental issues that exist), or 'data anomalies' (i.e. is due to the way the data is collected and analysed);
- The detailed analyses suggested that data anomalies may be a significant issue, and that there was not therefore strong evidence to support a lack of identification, but this could not be conclusively determined. However, local discussions/anecdotal evidence also suggested that developmental issues in children were not being missed (and having to be detected later in life);
- A major contributor to this theory was that Grampian has had a much higher amount of incomplete data than most other health boards. Attempts were made to address this locally (as alluded to above), but the rate of incomplete information remains significant, and so reviewing these local arrangements may be worthwhile;
- ISD releases show that incomplete data entry is also a significant problem in other health boards. This makes accurate comparisons even more problematic;
- It is therefore suggested that these data can only really be used to make accurate comparisons, and draw useful conclusions, when all health boards are collecting the same data more consistently and completely.

2.2 Previous SBARs, which describe the original analyses and the more detailed findings of these, are available on request.

3 CURRENT ACTIONS

3.1 Following discussion at the Children and Young People Community Nursing Implementation Group, the following actions are taking place:

- Communication has been made to Health Visiting Teams through line management structures to remind them of the importance in completing the 27 month review forms
- Incomplete forms are being returned to Health Visiting teams and team leaders to monitor. This is happening over a 3 month timeframe
- Continuous monitoring of improvement at Grampian and Partnership level and reporting through NHS performance and governance systems

Recommendations for Action

It is recommended that members of the CPA Board:

- i) approve the removal of the improvement project aim 'Increase the number of 27-30 month reviews completed for eligible children by 5.2% by 2021' from the Local Outcome Improvement Plan 2016-26.

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:
CPA Management Group
Dr Simon Hilton, Consultant in Public Health Medicine

Background Papers

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

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

[CPA Improvement Programme 2019-21](#)

Contact details:

Jillian Evans
Head of Health Intelligence, NHS Grampian
01224 558560
jillian.evans@nhs.net

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