



# Community Planning Aberdeen Management Group

**Meeting on WEDNESDAY, 29 JANUARY 2020 at 2.00 pm**

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

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

### **APOLOGIES**

### **MINUTES**

- 1.1 Minute of Previous Meeting of 28 October 2019 - for approval (Pages 3 - 14)
- 1.2 Draft Minute of the CPA Board of 2 December 2019 - for information (Pages 15 - 24)

## **STRATEGIC BUSINESS**

- 2.1 Aberdeen Outcomes Framework (Demonstration by Michelle Cochlan)
- 2.2 Shared Intelligence and Research (Pages 25 - 28)
- 2.3 Alignment of Private Sector Corporate Responsibility to the LOIP (Demonstration by Michelle Cochlan)
- 2.4 Participation Public Decision Making (Pages 29 - 36)

## **CPA IMPROVEMENT PROGRAMME**

- 3.1 CPA Improvement Programme Quarterly Update & Workshop (Pages 37 - 254)
  - 2.1.1 Appendix 1 – New Charters
  - 2.1.2 Appendix 2 – Live Project Updates

## **GENERAL BUSINESS**

- 4.1 Community Planning Budget 2019/20 - Q3 Budget Monitoring Report  
(Pages 255 - 258)
- 4.2 Innovate and Improve Programme (Pages 259 - 276)

### **FORWARD BUSINESS PLANNING**

- 5.1 CPA Forward Planner (Pages 277 - 280)
- 5.2 Funding Tracker (Pages 281 - 294)
- 5.3 Horizon Scanner (Pages 295 - 326)
  - 5.3.1 Mental Health Action Plan + 2 appendices
  - 5.3.2 Fast Track Cities Action Plan + 1 appendix
- 5.4 Date of Next Meeting - 24 March 2020

Should you require any further information about this agenda, please contact EmmaRobertson, tel (52)2499 or email [emmrobertson@aberdeencity.gov.uk](mailto:emmrobertson@aberdeencity.gov.uk)

## COMMUNITY PLANNING ABERDEEN MANAGEMENT GROUP

28 OCTOBER 2019

Present:- Angela Scott (Aberdeen City Council) (Chair), Graeme Duncan (Police Scotland) (Vice Chair), Jamie Bell (Scottish Enterprise), Ally Birkett (Grampian Fire and Rescue) 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 (Community Engagement - Public Health) (as a substitute for Jillian Evans), Derek McGowan (Community Justice Group), Martin Murchie (Aberdeen City Council), David Paterson, Rob Polkinghorne (Integrated Children's Services), Alison Potts (Public Health), Sandra Ross (Resilient, Included and Sustainable and Health and Social Care Integration), Jonathan Smith (Civic Forum) and Kelly Wiltshire (Nestrans) (as a substitute for Rab Dickson).

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

Apologies:- Rab Dickson (Nestrans) and Jillian Evans (NHS Grampian and Sustainable City).

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><b><u>The Management Group resolved:</u></b> 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 report on the shared intelligence unit as part of the Outcome Framework to the CPA Management Group meeting in January 2020. The Chair asked the Group to consider proposals of good practice from other areas that could be shared with the Group as potential for change.</p> <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</p>	<p>Jillian Evans/Martin Murchie</p> <p>Outcome Improvement Group Chairs</p>

Topic	Discussion/Decision	Action By
Page 4	<p>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 peer review. James Simpson confirmed that the data from Outcome Improvement Groups on the completion of training would be provided at the next meeting of the Management Group in February 2020.</p>	James Simpson
	<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>	Stuart Bews
	<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><b><u>The Management Group resolved:</u></b></p> <ul style="list-style-type: none"> <li>(i) to approve the minute as a correct record;</li> <li>(ii) to note the updates as recorded above and the further action to be taken;</li> <li>(iii) to note that all other actions from the previous meeting as recorded had been undertaken or were ongoing; and</li> <li>(iv) to note the meeting dates for 2020.</li> </ul>	
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><b><u>The Management Group resolved:</u></b> to note the draft minute.</p>	
4. CPA Improvement Programme 2019-21	<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 start, to deliver the Partnership's 15 Stretch Outcomes by 2026. The report also</p>	



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Topic	Discussion/Decision	Action By						
Quarterly Update Report	<p>included new charters for approval for project initiation.</p> <p><b>The report recommended –</b></p> <p>that the Management Group:</p> <ul style="list-style-type: none"><li>(i) approve the new charters included in Appendix 1 of the report for submission to CPA Board;</li><li>(ii) approve the rescheduling of all other charters which were due to be submitted to CPA Board in December, but had been postponed;</li><li>(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;</li><li>(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 &amp; foster carers; and Project 5.4. Increase Trauma skills and knowledge of staff and carers and submit this request to the CPA Board; and</li><li>(v) consider the updates provided on live improvement projects in Appendix 2.</li></ul> <p>The Management Group discussed the project updates and commented on each as detailed below.</p> <table><tr><th>New Charters: Projects Starting</th><th>Current Status and CPA Management Group Comment</th></tr><tr><td>Stretch Outcome 1 - Increase the number of SVQ level 4 qualifications achieved in ICT and Digital by 10% by 2021.</td><td>The Management Group noted that this charter was delayed due to the project being at stage 3 (understanding baseline of system) until February 2020.</td></tr><tr><td>Stretch Outcome 1 - Increase the number of people employed in growth sectors by 5% by 2021.</td><td>The Management Group noted that this was postponed to April 2020. 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></table>	New Charters: Projects Starting	Current Status and CPA Management Group Comment	Stretch Outcome 1 - Increase the number of SVQ level 4 qualifications achieved in ICT and Digital by 10% by 2021.	The Management Group noted that this charter was delayed due to the project being at stage 3 (understanding baseline of system) until February 2020.	Stretch Outcome 1 - Increase the number of people employed in growth sectors by 5% by 2021.	The Management Group noted that this was postponed to April 2020. 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.	<div>Allison Carrington, Aberdeen Prospers</div> <div>Allison Carrington, Aberdeen Prospers</div>
New Charters: Projects Starting	Current Status and CPA Management Group Comment							
Stretch Outcome 1 - Increase the number of SVQ level 4 qualifications achieved in ICT and Digital by 10% by 2021.	The Management Group noted that this charter was delayed due to the project being at stage 3 (understanding baseline of system) until February 2020.							
Stretch Outcome 1 - Increase the number of people employed in growth sectors by 5% by 2021.	The Management Group noted that this was postponed to April 2020. 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.							

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Topic	Discussion/Decision		Action By
	Stretch Outcome 2 - Increase the % of people in Aberdeen who feel comfortable using digital tools by 2021.	The Management Group heard that Charters were received and partly ready. The Group agreed these 2 amber <i>partly ready</i> Charters could proceed to be presented to the Board in December 2019.	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.	Allison Carrington reported that Aberdeen Prospers was looking for a full time Chair. It was agreed that this would be escalated to the CPA Board.	Rob Polkinghorne, ICS
	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).	The Management Group heard that this would be postponed to February 2020.	
	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. On track and being presented to the ICS Board next week.	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.	Postponed to February 2020. Charter delayed due to the project being at stage 1 (Project area identified and agreed). Now on track as a new project manager has been identified to take this forward.	Rob Polkinghorne, ICS
	Stretch Outcome 3 - Increase the number of 27-30 month reviews completed for eligible children by 5.2%, by 2021	This item was discussed under Item 2.2 of the CPA Management Group agenda (Article 5 of this minute) proposing the removal of this report from the LOIP.	Michelle Cochlan, ACC
	Stretch Outcome 3 - Increase in the uptake of Healthy Start Scheme and	Postponed to April 2020. Charter delayed due to project being at stage 2 (Draft	

Topic	Discussion/Decision		Action By
Page 7	Vitamins by 4% by April 2020.	Outline Project Charter and team in place). Changes taking place nationally in relation to the Healthy Start Scheme means that there needs to be a reassessment of this project aim. The Group agreed that the Torry Community Pantry was the right approach. Michelle Cochlan, Chris Littlejohn and Rob Polkinghorne to discuss consolidating.	Chris Littlejohn, Public Health Rob Polkinghorne, ICS
	Stretch Outcome 3 - Increase in the MMR vaccine uptake for children at 24 months by 3.9%, by 2020.	The Management Group expressed their disappointment that this was postponed to Dec 2020. There is work taking place nationally to improve data recording systems. It is estimated that it would be a year before accurate data was available to help understand issues and identify appropriate interventions which could drive improvement. Sandra Ross advised that work could be started on the charter but data may not all be available.	Chris Littlejohn, Public Health Sandra Ross, Health & Social Care IJB
	Increase the number of children and young people remaining in a placement between 16-18 year by 2021.	Charter received and will be ready to go 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 – and - Reduce the number children who experience more than 1 placement over a year by 2022.	It was proposed that delivery of this aim will be evidenced 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. Both projects have expected outcomes to reduce the number of placements experienced by children and young people and therefore it is proposed that this does not exist as a	Rob Polkinghorne, ICS

Topic	Discussion/Decision	Action By
Page 8		standalone project. <i>Noted that no Police, Fire or Education colleagues had been involved... 1 page report to Board, combine 5.2.+ 5.4 (see MC for wording)</i>
	Stretch Outcome 6 - Increase the number of partners supporting delivery of the Senior Phase by 10% by 2021.	Rob Polkinghorne, ICS
	Stretch Outcome 6 - Increase the range and number of accredited courses being provided by schools and partners by 25% by 2021.	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 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.	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.	Neil Carnegie, ACC Derek McGowan, ACC
	Stretch Outcome 10 - Increase in number of calls by Criminal Justice professionals for advice/support to an expert helpline.	Neil Carnegie, ACC Derek McGowan, ACC
		No Lead identified yet. It will be ready to go to ICS in December 2019 and to the CPA Board in February 2020.
		No Lead identified yet. It will be ready to go to ICS in December 2019 and to the CPA Board in February 2020.
		This has been submitted to the Criminal Justice Group but requires review. Aiming for CPA Board in December.
		The Management Group noted that there were gaps as some agencies were not attending, this needed to be kept under review and escalated to the Board if required.
		Postponed to February 2020. 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.

Topic	Discussion/Decision		Action By
Page 9	Stretch Outcome 11 - Increase the number of people with autism who are supported to be in education, employment or training by 2021.	Charter received and not ready. Feedback from QA to be addressed. Sandra Ross advised there was a differentiation in language.	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.	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	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.	The Management Group was advised that this is expected to go to the CPA Board in December.	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.	Michelle – believed to have been approved in September but Blue in the table – could you check please?	Richard Craig, ADP
	Stretch Outcome 13 - Increase the number of people using community pantries by 2021.	Charter due April 2020. The Management Group was advised that there is feedback from QA to be addressed.	Chris Littlejohn Jillian Evans
	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.	Although postponed until February 2020, the Management group was told that there has been good engagement with partners. There is a workshop in November 2019.	?

Topic	Discussion/Decision	Action By
Page 10	<p>The Management Group went on to discuss Charter 11.5 - Autism and Employability and the possibility of reviewing the Aim Statement to, "...increase 16-18 year old school leavers...".</p> <p>The Management Group discussed Charter 11.6 – Making Every Opportunity Count. Sandra Ross reported that those marked as Red had already been tested and were ready to be scaled-up. The Chair requested that Sandra Ross and Michelle Cochlan work together taking cognisance of the What Works Scotland questions to ensure Scale Up standards were met.</p> <p><b><u>The Management Group resolved:</u></b></p> <ul style="list-style-type: none"> <li>(i) to approve the new charters included in Appendix 1 of the report for submission to CPA Board;</li> <li>(ii) to approve the rescheduling of all other charters which were due to be submitted to CPA Board in December, but had been postponed;</li> <li>(iii) to note 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 &amp; foster carers; and Project 5.4. Increase Trauma skills and knowledge of staff and carers and submit this request to the CPA Board;</li> <li>(iv) to note the updates provided on live improvement projects in Appendix 2; and</li> <li>(v) that partners would come forward with proposals for tackling stigma regarding care experienced clients and lack of volunteers. Leadership to prepare a report for the next Management Group meeting.</li> </ul>	<p>Sandra Ross, Health &amp; Social Care IJB Michelle Cochlan, ACC</p> <p>Sandra Ross, Health &amp; Social Care IJB Michelle Cochlan, ACC</p>
5. Update on LOIP Project 27-30 Month Health Visitor Review	<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,</p>	Jillian Evans, Public Health NHS

Topic	Discussion/Decision	Action By
	<p>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.</p> <p><b><u>The Management Group resolved:</u></b> 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>	
6. Locality Planning  Page 11	<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><b>The report recommended -</b> that the Management Group:</p> <ul style="list-style-type: none"> <li>(i) note the current Locality Planning activity;</li> <li>(ii) agree the process set out for consulting and reporting Locality Plan Annual Reports; and</li> <li>(iii) request a further report setting out proposals for refreshing Locality Plans in consultation with the three Locality Partnerships.</li> </ul> <p><b><u>The Management Group resolved:</u></b></p> <ul style="list-style-type: none"> <li>(i) that an abridged report be submitted to the CPA Board addressing which city-wide OIG projects could be piloted and which Community Partners were still in discussion; and</li> <li>(ii) thereafter to agree the recommendations.</li> </ul>	Derek McGowan, ACC Neil Carnegie, ACC
7. Community Planning Budget 2019/20 - Q2 Budget Monitoring Report	<p>The Management Group had before it the CPA Budget Monitoring Report in respect of Quarter 2 of 2019/20, for information.</p> <p><b><u>The Management Group resolved:</u></b> to note the report.</p>	Michelle Cochlan, ACC

Topic	Discussion/Decision	Action By
8. CPA Forward Planner	<p>The Management Group had before it the Forward Planner.</p> <p><b><u>The Management Group resolved:</u></b> to note the Forward Planner.</p>	All Partners
9. Funding Tracker	<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, was to review all approved Charters to see where funding could be accessed.</p> <p><b><u>The Management Group resolved:</u></b> to note the Funding Tracker.</p>	
10. Horizon Scanner	<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><b>Partnership News/ Issues Emerging:</b> 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><b>Current Consultations:</b> ACHSCP Mental Health and Living Well with Dementia Delivery Plans: Partners to</p>	<p>Gillian Robertson</p> <p>Michelle Cochlan, ACC</p> <p>All Partners</p>



Topic	Discussion/Decision	Action By
<p>Page 13</p>	<p>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><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.</p> <p><b><u>The Management Group resolved:</u></b>  to note the Horizon Scanner and the updates provided.</p>	<p>All Partners on a single agency level</p> <p>Jillian Evans/ Chris Littlejohn</p> <p>Michelle Cochlan, ACC All Partners</p>
<p>11. Date of Next meeting</p>	<p>The Management Group noted that its next meeting would be held on 29 January 2020 at 2pm.</p>	

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## COMMUNITY PLANNING ABERDEEN BOARD 2 DECEMBER 2019

Present:- Councillor Laing (Chair)  
Campbell Thomson, Vice Chair (Police Scotland),  
Liv Cockburn (ACVO)  
Councillor Duncan (Integration Joint Board Chair),  
Bruce Farquharson (Scottish Fire and Rescue Service)  
Councillor Flynn (Aberdeen City Council)  
Karl Leydecker (University of Aberdeen)  
Chris Littlejohn (Public Health) (as a substitute for Susan Webb)  
Lavina Massie (Civic Forum),  
Alastair Robertson (Aberdeen Active Partnership),  
Angela Scott (Aberdeen City Council),

Also Present:- Gale Beattie (Chief Officer – Strategic Place Planning) and Michelle Cochlan (both Aberdeen City Council).

Apologies:- Ruth Christie (Scottish Government), Gordon MacDougall (Skills Development Scotland), Ken Milroy (North East College),  
Councillors Greig and Wheeler (Aberdeen City Council) and Susan Webb (Public Health).

Topic	Discussion/Decision	Action By
1. Welcome and Introductions	The Chair welcomed all to today's meeting of the CPA Board.	
2. Declarations of Interest	There were no declarations of interest.	
3. Minute of Previous Meeting of 9 September 2019	The Board had before it the minute of its previous meeting of 9 September 2019, for approval.  <b><u>The Board resolved:-</u></b> to approve the minute as a correct record.	
4. Draft Minute of the CPA Management Group of 28 October 2019	The Board had before it the draft minute of the CPA Management Group meeting of 28 October 2019, for information.  <b><u>The Board resolved:-</u></b> to note the draft minute.	

Topic	Discussion/Decision	Action By
5. CPA Board Forward Business Planner	<p>The Board had before it the forward business planner for the Community Planning Aberdeen Board.</p> <p><b><u>The Board resolved:-</u></b> to agree the forward business planner.</p>	
6. National Update, Scottish Government	<p>The Board had before it a written update from Ruth Christie, Scottish Government.</p> <p>The update covered the following areas:</p> <ul style="list-style-type: none"> <li>• Brexit</li> <li>• Budget 2020/21</li> <li>• Spending Review</li> <li>• Planning</li> <li>• National Islands Plan</li> </ul> <p>It was noted that there was no representative for the Scottish Government at the meeting, nor had there been at the previous Board Meeting on 9 September 2019.</p> <p><b><u>The Board resolved:-</u></b></p> <p>(i) to note that the Chair would request attendance from a Scottish Government representative at future meetings of the Board, or at least via teleconference;</p> <p>(ii) to otherwise note the update.</p>	<p>Ruth Christie, Neil Rennick, SG</p>
7. CPA Improvement Programme 2019-21 Quarterly Update Report	<p>The Board had before it a report providing an update on the projects within the Local Outcome Improvement Plan 2016-26 which had started, or were due to start, to deliver the Partnership's 15 Stretch Outcomes by 2026. The report also included new charters for approval for project initiation.</p> <p><b><u>The report recommended –</u></b> that the Board:</p> <p>i) approve the new charters in Appendix 1 for initiation of testing;</p> <p>ii) approve the rescheduling of all other charters which were due to be submitted to CPA Board in December, but had been postponed;</p>	

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Appendix 1:  
New Charters

Topic	Discussion/Decision	Action By												
	<p>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;</p> <p>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’;</p> <p>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</p> <p>vi) consider the updates provided on live improvement projects in Appendix 2.</p> <p>The Board commented on the following:</p> <table><tr><th>Stretch Outcome</th><th>CPA Board Comments</th></tr><tr><td>(1) Stretch Outcome 1 – Increase the number of people employed in growth sectors by 5% by 2021.</td><td>Postponed to April 2020. Charter delayed due to project being at stage 1. Project had suffered a setback as the lead has moved to a new role. Aberdeen Prosperers were now seeking a new lead for this project.</td></tr><tr><td>(2) Increase in the MMR vaccine uptake for children at 24 months by 3.9%, by 2020.</td><td>Postponed to Dec 2020. The Board queried why this had been delayed a year. It was noted that the minute of the CPA Management Group stated that Rob Polkinghorne and Sandra Ross would progress with the development of a charter and bring back to a future meeting of the Management Group.</td></tr><tr><th>New Charters</th><th>CPA Board Comments</th></tr><tr><td>Charter 2.2 – Increase the % of people in Aberdeen who feel comfortable using digital tools by 2021.</td><td>Charter Approved.</td></tr><tr><td></td><td></td></tr></table>	Stretch Outcome	CPA Board Comments	(1) Stretch Outcome 1 – Increase the number of people employed in growth sectors by 5% by 2021.	Postponed to April 2020. Charter delayed due to project being at stage 1. Project had suffered a setback as the lead has moved to a new role. Aberdeen Prosperers were now seeking a new lead for this project.	(2) Increase in the MMR vaccine uptake for children at 24 months by 3.9%, by 2020.	Postponed to Dec 2020. The Board queried why this had been delayed a year. It was noted that the minute of the CPA Management Group stated that Rob Polkinghorne and Sandra Ross would progress with the development of a charter and bring back to a future meeting of the Management Group.	New Charters	CPA Board Comments	Charter 2.2 – Increase the % of people in Aberdeen who feel comfortable using digital tools by 2021.	Charter Approved.			<p>Allison Carrington</p> <p>Rob Polkinghorne, Sandra Ross</p>
Stretch Outcome	CPA Board Comments													
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(2) Increase in the MMR vaccine uptake for children at 24 months by 3.9%, by 2020.	Postponed to Dec 2020. The Board queried why this had been delayed a year. It was noted that the minute of the CPA Management Group stated that Rob Polkinghorne and Sandra Ross would progress with the development of a charter and bring back to a future meeting of the Management Group.													
New Charters	CPA Board Comments													
Charter 2.2 – Increase the % of people in Aberdeen who feel comfortable using digital tools by 2021.	Charter Approved.													

Topic	Discussion/Decision	Action By
Page 18	Charter 2.3 – 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 Approved.
	Charter 4.1 (Revised) – Increase the support provided by the school Nursing Service to children and young people with escalating mental wellbeing concerns by 50% by 2022.	Charter Approved.
	Charter 5.3 – Increase the number of care experienced people who receive appropriate support when accessing mental wellbeing concerns by 50% by 2022.	Charter Approved.
	Charter 5.4 – Increase number of staff, including carers working with care experienced children and young people trained in trauma skills and knowledge, to 80% by 2021.	Approved subject to the team confirming the name of the representative from Educational Psychology.
	Charter 5.5 – Increase the number of children and young people remaining in a placement between 16-18 years old by 2021.	Charter Approved.
	Charter 11.4 – Improve the Health and Wellbeing Outcomes for at least 50% of homeless people/program participants in the Housing First Pathfinder Program in Aberdeen City by 2021.	Charter Approved.
	Charter 11.5 – Increase the number of autistic people aged 16 to 25 who are supported into employment by 2021.	Charter Approved. LOIP to be updated to reflect revised project aim.
	Charter 11.6 – Increase opportunities for people who are retired to continue and increase their contribution by 10% by 2021.	Charter Approved.
	Charter 12.4 – Increase the number of alcohol licensed premises awarded Best Bar None status by 2021.	Approved, subject to the team considering the risks of imposing an application fee, particularly in relation to the deprived communities being targeted.
		<p>Rob Polkinghorne, ICS Isabel MacDonnell, ACC</p> <p>Sandra Ross Jenny Rae, ACHSCP</p> <p>Richard Craig, ADP Inspector Megan Heathershaw, PS</p>

Topic	Discussion/Decision		Action By
Appendix 2: Live Project Updates  Page 19	Charter 12.5 – Increase number of alcohol brief interventions delivered by Primary Care providers and other professionals by 100% by 2021.	Charter Approved.	Roz Taylor, Elevator Martin Barry, SE  Simon Rayner, ADP  Bill O'Hara, ACC Lauren Mackie, ACHSCP  Isabel McDonnell, ACC
	Charter 13.2 – Increase the number of people using community pantries by 2021; and Increase the uptake of the Best Start Grant and Foods and Healthy Start vitamins by 4% by 2020 (originally part of the Integrated Children's Service Outcome Improvement Group).	Charter Approved.	
	<b>Live Project Updates</b>	<b>CPA Board Comments</b>	
	Ref 1.1 - Stimulate a 5% increase in the number of start-up businesses in growth sectors by 2021	The Board queried whether data is available now from the event that was held in October 2019. If this is the case, could the data be circulated to members. An update will be presented at the next meeting.	
	Ref 3.2 - Reduce the number of births affected by drugs by 0.6% by 2022.	The Board noted that there had been no update provided and asked that the Project Manager ensured there was an update for the next meeting.	
	Ref 4.1 – 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.	The Board noted the comment that initial tests would not progress until after the October 2019 break and requested a further update given that it was now December 2019.	
	Ref 5.2 – Increase in the number of inhouse foster and kinship placements by 2021.	The Board noted that the project had started in July 2019 and asked why an update had not been provided.	

Topic	Discussion/Decision	Action By
Page 20	Ref 6.1 – Increase the number of children who effectively transition from primary to secondary school by 2021.	The Board expressed concern that the project team did not know how it would measure improvement as the only change area was a pupil satisfaction questionnaire. An explanation was sought on progress as the project had started in July 2019.
	Ref. 6.2 – Increase the number of young people living in Quintiles 1,2 and 3 who achieved a sustained positive destination by working with communities to 90% by 2022.	The Board expressed concern with the decline in attendance at the Masterclass and requested an update on the debrief session which had been planned to take place on 4 November 2019.
	Ref. 6.3 – Increase the number of young people taking up foundation apprenticeships to 142 by 2021.	The Board asked when the inspection had completed and if a further update was available as the project had started in July 2019.
	Ref. 8.1 – Increase by 20% the number of young people identified as being at risk of becoming involved in offending behaviour who are engaged in targeted community based activities by 2021; and reduce the instances of anti-social behaviour as a result of appropriate and effective interventions in targeted areas by 10% by 2021.	No update was provided. The Board asked that the Project Managers ensured there was an update for the next meeting.
	Ref 10.1 – Increase the number of family members of people in HMP Grampian and HMYOI Polmont who received appropriate and timely support from Families Outside, Family Centre & Help Hub (Action for Children), and Alcohol and Drugs Action by 20% by 2021.	The Board requested an update for the Community Justice Group on what solutions it had identified to take the project forward.
	Ref 10.4 – Increase the uptake and retention of people in the Justice System with drug and alcohol problems in specialist services by 100% by 2021.	The Board noted that the project had started in July 2019 but there had been no data provided to demonstrate the impact of change ideas. Project Manager
		<p>Gael Ross, ACC</p> <p>James Simpson, ACC</p> <p>Nicola Graham, SDS</p> <p>Derek McGowan, ACC Sergeant Brian Cumming, PS</p> <p>Susan Morrison, ACVO</p> <p>Simon Rayner, ADP</p>



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Topic	Discussion/Decision		Action By
		was asked to provide data for the next meeting.	Simon Rayner, ADP
	Ref. 12.1 – Increase the % of care experienced children and young people receiving educational support and input on alcohol and drug issues by 2021.	No update was provided. The Board asked that the Project Manager ensured there was an update for the next meeting.	
	Ref. 12.2 – 100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021.	The Board noted that the testing end date indicated in the charter project plan was April 2020 and queried whether this needed to be revised given that there was no data to demonstrate the impact	Simon Rayner, ADP Lesley Stopani, ACC
	Ref 14.1 – Community led resilience plans in place for areas most vulnerable to flooding by 2021.	The Board noted the delay in progress and requested confirmation of when the project manager would be in post	Dawn Schultz, ACC
	<p><b><u>The Board resolved:-</u></b></p> <p>i) to approve the new charters in Appendix 1 for initiation of testing;</p> <p>ii) to approve the rescheduling of all other charters which were due to be submitted to CPA Board in December, but had been postponed;</p> <p>iii) to 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’;</p> <p>iv) 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’ would be submitted to the Board in February; and</p> <p>v) note the updates provided on live improvement projects in Appendix 2.</p>		
8. Update on LOIP Project 27-30 month Health Visitor Review	The Board had before it a report providing an update as per action 7 (iv) from the CPA Board Meeting on 9 September 2019 regarding the 27-30 month health visitor review. As it was a single agency’s responsibility the proposal was to remove it from the LOIP as a project with a charter. 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.		

Topic	Discussion/Decision	Action By
	<p><b><u>The Board resolved:-</u></b> to 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.</p>	
<p>9. Presentation on Planning Reform and the Planning (Scotland) Bill</p> <p>Page 22</p>	<p>The Board received a presentation from Gale Beattie and Chris Littlejohn on the Planning (Scotland) Act 2019: Opportunities for Public Health and Planning. This covered the following topics:</p> <ul style="list-style-type: none"> <li>• Background</li> <li>• What Does It Say? <ul style="list-style-type: none"> <li>○ Development Planning</li> <li>○ Development Management</li> </ul> </li> <li>• What Makes us Healthy</li> <li>• What does it mean? <ul style="list-style-type: none"> <li>○ The next Local Development Plan: Wellbeing Chapter</li> <li>○ Health Impact Assessment</li> <li>○ Health Impact Assessment</li> </ul> </li> <li>• Public Health Reform</li> <li>• Public Health Priorities for Scotland</li> </ul> <p><b><u>The Board resolved:-</u></b> to note the content of the presentation.</p>	
<p>10.AOB</p>	<p>Notice had been given of a Community Justice inspection.</p> <p>Campbell Thomson reported that his Division had awarded £3,000 to the CPA from its Local Partnership and Initiative Fund.</p>	
<p>11.Date of Next Meeting</p>	<p>The Board noted that its next meeting would be held on 26 February 2020 at 2pm.</p>	

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# Community Planning Aberdeen

<b>Progress Report</b>	Shared Intelligence and Research
<b>Lead Officer</b>	Martin Murchie, Chief Officer Business Intelligence and Performance Management
<b>Report Author</b>	Martin Murchie
<b>Date of Report</b>	20 January 2020
<b>Governance Group</b>	CPA Management Group – 29 January 2020

## Purpose of Report

To advise the Management Group of progress and consideration given to the LOIP commitment to shared intelligence.

## Summary of Key Information

### 1. BACKGROUND

1.1 Quality data, intelligence and research is essential in underpinning the planning and delivery of partnership priorities and improvements. The Population Needs Assessment brought together data and information from multiple sources and agencies to provide a data led basis for prioritisation through the LOIP. It was recognised, however, that there were further opportunities and requirements to improve the use of data, intelligence and research to support the implementation of improvement projects, as well as reviewing and refreshing the LOIP on an ongoing basis. It is clear that single agency data and intelligence contains limited information, however when combined, can give a more reliable and actionable picture of the community and its needs. With that in mind, the LOIP includes a commitment to building shared intelligence.

1.2 Consideration has been given and some progress made through multi-agency engagement to progressing this. As a first step, the following elements for a shared model for data and intelligence were agreed:



1.3 A number of initiatives have been progressed to try to realise a move towards increasingly shared intelligence. These are:-

#### Aberdeen Outcomes Framework

The CPA Management Group will view a demonstration of a prototype “Aberdeen Outcomes Framework” at their meeting of 28<sup>th</sup> January. The Outcome Framework builds on the Population Needs Assessment by bringing together:-

- Data sources used by the PNA – and keeping these permanently up to date and set in the context of comparative data (both benchmarking and trends)
- The Key Measures identified in the LOIP
- Additional supporting measures from, both multi-agency and single agency. Currently ACC has included its own single agency corporate measures. Other partners will be invited to do likewise.
- The CPA improvement activity which is supporting those key measures
- External (to CPA) sources of data, intelligence and analysis to supplement our own
- Sources of relevant research

The Aberdeen Outcomes Framework will provide a holistic view of performance across the Community Planning Partnership in the achievement of the 15 stretch outcomes. It will enable partners to scrutinise and make a judgement about whether we are improving outcomes by looking at a range of key indicators from the LOIP, PNA and other relevant Partner and National Indicators. This will enable us to understand whether we are delivering on the improvement aims as set out within our respective strategic plans, and the impact that this is having on broader outcomes. It will also allow the Partnership to identify any emerging issues it needs to respond to which are not addressed by current strategy.

In building the prototype, discussion were held between Aberdeen City Council's BIU and NHS Grampian's Health Intelligence Team and it was agreed that Aberdeen City Council would build the Framework, initially. Engagement and workshops are being held prior to the Management Group meeting and consideration will be given to how the Framework and the data / intelligence, analysis and research which it contains can be supported by all partners as it develops and is embedded.

#### Integrated Working Demonstrator Projects

It was also agreed through multi-agency discussions that the approach to building a shared intelligence model would use specific demonstrator projects, based on identified shared “business” priorities. At the core of this is the integration of data from multiple systems selected according to the challenge we are trying to address. This enables us to develop the ‘infrastructure’ through which the development and delivery of defined data and intelligence “products and tools” can be created (e.g. data visualisation dashboards, an alert system and artificial intelligence). The aim is that each of the elements in the model above be tested and developed through demonstrator projects. The aim is to create an infrastructure and way of working which is scalable and sustainable and can be applied to an expanding number of projects.

The first “business” priority identified is “Cumulative Neglect of Vulnerable Children”. This project commenced in mid-2019. The aim and scope has been agreed and work is progressing with involvement from NHS Grampian (Health Intelligence), Aberdeen City Council, Police Scotland and Aberdeen University. My assessment at this stage is that there has been a significant investment of good will and collective ambition. Understanding of the possibilities and challenges is growing. Progress, however, has been slow as meetings have proved difficult to schedule and tasks have overrun due to scarce resource and competing priorities.

At the end of 2019, work was progressed across ACC, NHSG, Police Scotland, ACH&SCP, ADP, SF&RS, Scottish Ambulance Service to review and identify sources of multi-agency demand for services. From that work a small number of priorities were identified which relate to LOIP priorities and improvement projects. These priorities are:-

- Falls by +65s
- Presentations to A&E and Police custody suite as a result of mental health
- Flooding
- Children at risk
- Multiple drug overdoses

It is proposed that these become demonstrator projects using, a demand management methodology, to support ongoing improvement activity in these areas. The aim will be to reduce demand and improve outcomes, whilst learning and building data, intelligence and analytical infrastructure, solutions and collaboration.

### LOIP Improvement Projects

As the Outcome Improvement Groups have taken forward the improvement projects, partners (ACC, NHSG and AH&SCP) have sought to identify data contacts and support for each OIG. It is clear that the management of data and the awareness and understanding of relevant research are going to the effective establishment and progress of improvement projects. With high demand for data and intelligence from individual partners, as well as the Partnership, it is critical that resources are targeted to where they are needed. Therefore, it is for OIGs and individual improvement project managers to identify, in discussion with the data contacts, where progress in delivering improvement is being restricted and / or would be helped by specific research or by the development of data “Products” (i.e. reports, dashboards, dataflows). The development of the Aberdeen Outcomes Framework provides a platform for colleagues to be aware of, and access, data, intelligence and research. Support over and above this needs to be specifically identified and “commissioned”.

### Potential Office of Data Analytics

Multi-agency discussions have also taken place (including ACC, NHSG, ACH&SCP, ADP, Public Health Scotland and LIST) on whether shared intelligence could be advanced through a model similar to a number of “Office of Data Analytics” which have been established across the UK. These have, typically, established co-located and unified dedicated resources from multiple partners to develop specific data and intelligence infrastructure to deliver a targeted and prioritised list of data products. It follows the same principles as the “Demonstrator Projects” described above, but seeks to reduce organisational barriers and competing priorities.

Discussions in January 2020 with ACC, NHSG, ACH&SCP and LIST revealed some enthusiasm for such an approach. In light of the challenges with gaining momentum on the “Cumulative Neglect Demonstrator Project”, this could provide an alternative test of change for delivering on shared intelligence priorities. However, a detailed scope requires to be written, collaboratively, and partners would require to consider their commitment to providing dedicated resource for a period of time.

It is worth noting, regardless of whether and how an “Office of Data Analytics” is progressed, that from the discussions with Public Health Scotland and LIST it is evident that significant scope exists for greater collaboration and joint working on Community Planning Aberdeen priorities, bringing in the extensive resources of these agencies and that this is being actively pursued.

### **Recommendations for Action**

It is recommended that:

- i) OIGs consider and co-ordinate requests for support in data, intelligence, analysis or research and discuss this with identified data contacts, noting that support could be provided from both national and local partners;
- ii) OIGs note the multi-agency priorities for the application of a demand management approach and the linkages to ongoing improvement projects;
- iii) Members of the CPA Management Group note and express their support for the exploration of an “Office of Data Analytics” model.

### **Consultation**

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

Jillian Evans, Head of Health Intelligence, NHSG

### **Background Papers**

n/a





## Community Planning Aberdeen

<b>Progress Report</b>	CPA Community Engagement Group 'Participation in Public Decision Making', Update January 2020
<b>Lead Officer</b>	N/A
<b>Report Author</b>	Jonathan Smith – Chair, Civic Forum CPA Board Member Chair, Community Engagement Group
<b>Date of Report</b>	11 <sup>th</sup> January, 2020
<b>Governance Group</b>	CPA Board / Management Group

### Purpose of the Report

This report provides an update on Key Activities and Priority Projects / Programmes of Work being delivered by, supported by and / or developed in collaboration with the CPA Community Engagement Group.

### Summary of Key Information

#### 1 BACKGROUND

**1.1** [The Community Empowerment \(Scotland\) Act 2015](#) makes provision for the promotion and facilitation for members of the public to take part in decision making with Local Authorities and Community Planning Partnerships.

**1.2** [The CPA \(Community Planning Aberdeen\) LOIP \(Local Outcome Improvement Plan\)](#) also outlines a commitment to promoting the principles of community empowerment and participation, both as ambitions in their own right and due to the necessity of achieving the identified Aims & Outcomes:

*'We know that to achieve real and lasting change in our society, we need to empower communities to help themselves and community empowerment is a central theme which runs throughout our LOIP.'*

– Pg. 4

*'By Working With Our Communities: Effective engagement with people and communities about how local services are planned and delivered will be integral to how we deliver our plan. Our Community Empowerment, Engagement and Participation Strategy ensures we are united in our approach to work with people to help them achieve their aspiration for their communities.'* – Pg. 50

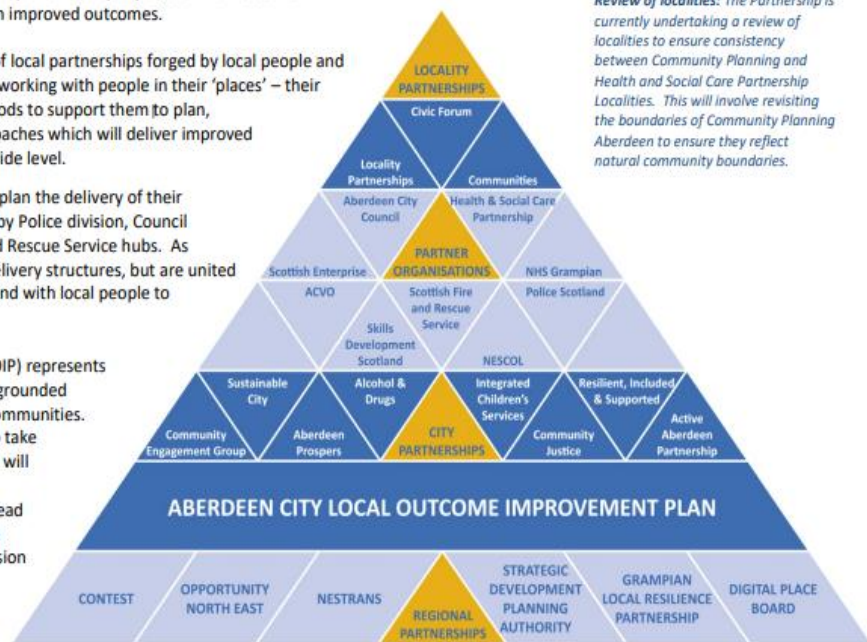
# OUR GOLDEN PYRAMID

Our golden pyramid depicts our determination to ensure that Community Planning Aberdeen works together as a whole to enable and empower local people, communities and partnerships to be the makers of their own improved outcomes.

Of topmost importance is the realisation of local partnerships forged by local people and local communities. We are committed to working with people in their 'places' – their homes, their streets and their neighborhoods to support them to plan, resource and deliver community led approaches which will deliver improved local outcomes at a community and city-wide level.

Each of the Community Planning Partners plan the delivery of their services in a range of ways. For example, by Police division, Council function, NHS Boards and Scottish Fire and Rescue Service hubs. As partners we accept these differences in delivery structures, but are united in our commitment to working together and with local people to achieve improved outcomes.

This Local Outcome Improvement Plan (LOIP) represents our ambitions city wide, but is very much grounded in the needs of our most disadvantaged communities. It is by working with these communities to take forward our improvement activity that we will learn how we can change, how we can improve and how we can scale up and spread what works. That is how we will make the difference in Aberdeen and achieve our vision of ~~A~~Place where all people can indeed prosper.



**1.3** This is further supported and outlined in the [Engagement, Empowerment and Participation Strategy](#), on which the CEG led in development and has since been adopted and approved by both the CPA Board and ACHSCP (Aberdeen City Health & Social Care Partnership) IJB (Integration Joint Board).

**1.4** Most recently, passage of the [Planning \(Scotland\) Act 2019](#) has introduced the duty of facilitating and promoting the development of 'Local Place Plans' to communities within Local Authority / CPP areas.

**1.5** The Community Engagement Group continues to play a key role in delivering Key Activities and Priority Projects / Programmes of Work identified as part of these Aims & Outcomes.

The CEG also provides a supporting, facilitating and collaborative role with CPA Partners, OIGs, Project Teams, External Bodies & Stakeholders in contributing toward these Aims & Outcomes

## 2 PROJECT UPDATES

### 2.1 CEG Rolling Programme

The [Rolling Programme](#) sets out the Key Areas of Focus for 2019/20/21.

### 2.2 Participation Requests & Asset Transfer

This is a *Live* 'Improvement Project' taking place with CPA, and is the basis of dedicated updates through the 'Project Updates' framework.

Reporting Channels with all CPP Core Partners on Activity & Inquiries is now established and scheduled to be provided each month from January, 2020 onwards.

This has also included the ~~Page 30~~ creating an 'Easy-Read' [Community Rights & Information Handbook](#), in co-production with CCF, CF and feedback from community focus-group and community champions.

Arising from this Improvement Project, additional content has also been provided to the [Civic Forum website](#) and [Community Planning Aberdeen website](#), establishing a digital presence for the information contained in the Handbook.

## **2.3 Equalities Improvement & Engaging with Hard-to-Reach / Seldom Heard Communities**

This is a key area of focus, as identified in the Engagement, Empowerment and Participation Strategy.

Initial [scoping work](#) is being explored with GREC, with [support and suggestions](#) received from Student Placement & Volunteering activity.

There is further activity planned with the EHRC (Equalities & Human Rights Commission), ACVO (Aberdeen Council of Voluntary Organisations), ACC Equalities Team and other key stakeholders, with a view toward developing practical steps toward identifying need and facilitating improvement.

## **2.4 Civic Leadership**

[In Late 2017 / Early 2018](#), ACC Chief Executive and the Lord Provost in Civic capacity engaged with a broad range of civic stakeholders groups to explore strengthening the civic infrastructure and capacity in Aberdeen City.

At this time, initial activity was taken up by a range of groups including Aberdeen Civic Forum, City of Aberdeen Community Council Forum, Grampian Housing Association and Deming Learning Network.

‘Aberdeen Beautiful’ was formed (*Bearing the same name as a previous group, but with a different Membership and Area of Activity*) to focus specifically on how people engage with decision making, and the effectiveness of practical implementation of ‘Complimentary Democracy’, including the ‘Open Space’ Approach.

A total of 4 Events have now taken place, focusing on the themes of:

- Civic Leadership
- [Circular Economy & Recycling / Upcycling](#)
- [Green Spaces & Community Food Growing](#) ([Newsletter](#))
- Healthy, Caring Communities

## **2.5 Local Place Plans**

A clear ambition has been expressed by Community Councils, Community Groups, CPA and ACC colleagues to commence initial activity around the preparation and development of ‘Local Place Plans’, is identified in the Planning (Scotland) Act 2019.

There is anticipated to be a number of areas of overlap between Local Authority ‘Planning’ (ie Spatial and Building Planning) and Community Planning through the ‘Place-Making Approach’, to which the CEG has offered support in developing.

A ‘Working Group’ has been established composed of Community Representatives, CPA Officers and ACC Officers to begin development of Local Place Plans, with a view to shaping and influencing where possible forthcoming Scottish Government national guidance.

An initial ‘Introduction & Reference Guide’ has been developed, with an ‘Easy-Read’ graphically accessible ‘How-To-Guide’ planned to commence development in Early 2020.

## 2.6 Local Governance Review & Democratic Renewal

Initial scoping activity has been taking place between CEG and ACC Lead Officers, exploring how CEG can support the Local Authority in its '[Democratic Renewal](#)' Approach, and how lessons learned and best practice from this can in turn be shared with CPP Partners, and inform the design and delivery of the 'Community Empowerment & Participation' Aims & Outcomes.

## 2.7 CLD (Community Learning & Development)

The CEG recently took part in the Education Scotland Inspection of CLD, to which feedback has been positive resulting in the Inspectors' decision that sufficient progress has been made to no longer require their attention.

A 'Standing Item' has been introduced to forthcoming meetings of CEG, providing dedicated time in each occasion to provide an Update and Learning Opportunity for all in attendance on a specific Area / Theme of the [CLD Strategy](#) and [CLD Plan](#).

This is with a view toward continuing improvement, including:

- Raising Profile & Awareness of Opportunities for Involvement
- Increasing Knowledge between CPP Partners of CLD Offering
- Strengthening Governance
- Increased effectiveness of Gathering & Utilisation of Data and Evidence

The effective and consistent delivery of CLD Outcomes is a key component of ensuring that communities are informed and empowered in everyday life and have the skills and confidence to effectively take part in decision making.

## 2.8 City Voice

Initial scoping activity has been taking place between CEG and ACC City-Voice Officers, exploring how City-Voice can be supported and utilised as effectively as possible by CPA Partners and OIGs (Outcome Improvement Groups).

City-Voice is an [essential resource](#) upon which the design and continued refinement and improvement of a number of Improvement Projects and Priority Activities depend.

Moving forward, there is also a responsibility to make best and most effective use of this resource, and of the information that it provides.

### **Initial proposals, include:**

- Development of a Calendar / Schedule of Publication Dates, to enable input from OIGs and Project Teams in further in advance of required dates.
- Exploring additional opportunities for participation beyond but still including the traditional 'Question & Answer' Format, eg: Focus Groups, Feedback Sessions, Co-Production Opportunities
- Greater consistency of 'Follow-Up' on specific questions, demonstrating when and where policy, strategy, design or delivery has been influenced by respondents' feedback and views.

(This is time and again proven to be essential in retaining interest and demonstrating outcome of devoting time to taking part).

- When and where relevant for specific questions, considering asking for optional 'Demographic' information.

(This will be particularly important in areas of Equalities in order to both understand current needs and to track progress, as is this currently largely unknown).

## 2.9 Participatory Budgeting

The Fairer Aberdeen Fund continues to provide updates to CEG of latest developments, including and in particular on the 'U-Decide' Participatory Budgeting programme.

It was recently agreed at the CPA Management Group that Governance and Operational Oversight of FAF and PB would remain exclusively with ACC as the Local Authority.

However, it was recognised the importance of CPA, 3rd Sector and Community Support to ensure continued success and effective delivery of the FAF and of the Participatory Budgeting initiatives, rather than placing an expectation on ACC to deliver in isolation.

In addition, key learning that continues to be brought forward from FAF and PB / U-Decide experiences informs the work of the CEG, and by extension also provides opportunities for key learning from all CPP Partners.

## 3 NEXT STEPS

The CEG will continue to lead on, collaborate with and / or support the delivery of these Projects, and continue to collate Data, Evidence and examples of Effectiveness and Best Practice in order to provide opportunities for shared learning with CPA Partners and Communities.

### Recommendations for Action

It is recommended that members of the CPA Management Group / Board:

- i) Note the included Report;
- ii) Identify any specific areas where further development is identified as being of benefit to the Aims & Outcomes of CPA;
- iii) Approve the continuation of the identified Projects, and
- iv) Consider how this can be best supported by CPA Partners at Senior / Executive Level.

### Opportunities and Risk

Continued development of the identified Projects and successful delivery of the identified Aims & Outcomes present the opportunity for the communities of Aberdeen City to fully and effectively take part in Decision Making.

The broad coverage combined with clear focus of these projects also provide an opportunity for Aberdeen and CPA to be leaders at the forefront of the national Community Empowerment Agenda, and to shape forthcoming legislation and guidance, making reference to needs, best practice and effectiveness at the local level.

There is however a risk that without a continued clear focus of Data-Driven Aims &



Outcomes, supported at the Senior / Executive Level by all CPP Partners, that these initiatives will descend back into discussion, for which the absence of deliverable and tangible improvements and results will lead to a reduction in the willingness of communities to participate and engage with CPA activities, co-production and decision making.

## Background Papers

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

[The Community Empowerment \(Scotland\) Act 2015](#)

[CPA \(Community Planning Aberdeen\) LOIP \(Local Outcome Improvement Plan\) 2016-26](#)

[Engagement, Empowerment and Participation Strategy](#)

[Planning \(Scotland\) Act 2019](#)

[CPA Community Engagement Group - Rolling Programme \(October, 19\)](#)

[Community Rights & Information Handbook](#)

[Seldom Heard & Community Planning \(GREC Report, Nov 19\)](#)

[Communication Framework Suggestions - \(CPA and CEA\)](#)

[Civic Leadership - Overview and Background \(Nov, 17\)](#)

[AB-B, Circular Economy & Recycling / Upcycling Report](#)

[AB-B, Green Spaces & Community Food Growing Report](#)

[AB-B, Newsletter \(Sep-Oct 2019\)](#)

[ACC - Democratic Renewal Proposals \(2019\)](#)

[CLD Strategy Aberdeen \(2018 - 2021\)](#)

[CLD Plan - Progress Review \(V3.0\).](#)

## Consultation

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

Derek McGowan – Chief Officer, Early Intervention and Community Empowerment  
Fiona Clark – Manager, Library & Information Services  
Jacqui McKenzie – Manager, Customer Services  
Linda Clark – Team Manager, Community & Partnership (CLD)  
Anne McAteer – Research Officer  
Claire McArthur – Team Leader, Planning Department  
David Dunne – Policy and Strategy Manager, Planning Department  
Susan Thoms - Development Officer, Fairer Aberdeen Fund  
Anne Knight – Development Officer, Fairer Aberdeen Fund  
Neil Carnegie – Manager, Communities and Housing

Additional Consultation:

- Aberdeen Beautiful', Steering Group
- Dave Black – Chief Executive, Grampian Regional Equality Council
- Maggie Hepburn – Chief Executive, Aberdeen Council of Voluntary Organisations
- Jolan Hegedus, RGU (Robert Gordon's University, 3<sup>rd</sup> / 4<sup>th</sup> Year Media)

Contact Details:

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E-mail: <mailto:jonathanamsmith@gmail.com>







## Community Planning Aberdeen

<b>Progress Report</b>	CPA Improvement Programme 2019-21 Quarterly Update Report
<b>Lead Officer</b>	Angela Scott, Chair of CPA Management Group and Chief Executive of Aberdeen City Council
<b>Report Author</b>	Michelle Cochlan, Corporate Strategy and Community Planning Manager
<b>Date of Report</b>	09 January 2020
<b>Governance Group</b>	CPA Management Group – 29 January 2020

### 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 120 shorter term improvement project aims which will 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 2 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.
- 1.3 Overview of progress to date:

LOIP Project Aims	Project charters Due	Project charters received	Projects now live	Months since LOIP Published	Months left to 2022
<b>120</b>	<b>103</b>	<b>53%</b>	<b>38%</b>	<b>11</b>	<b>11</b>

\* No. of project charters due takes account of LOIP project aims which are being managed as one project and therefore have one charter.

## 2 NEW PROJECT CHARTERS

- 2.1 This report includes 16 of 24 project charters which are due to be submitted to the CPA Board in February, as per the [CPA Improvement Programme 2019-21](#), approved by the Board on 1 May 19. The 8 remaining charters originally scheduled to be submitted to the CPA Board in February have been postponed. 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 26 February will proceed to the designing and testing stage.

### Recommendations for Action

It is recommended that members:

- i) approve the new charters included in Appendix 1 of this report for submission to CPA Board in February;
- ii) approve the proposed amendments to the following LOIP project aims for submission to CPA Board in February:
  - Increase the number of people within Aberdeen City qualified with ICT and Digital skills at SCQF Levels 7 and 8 by 10% by 2024 – See charter 1.2
  - Increase the number of Distress Brief Interventions opportunities for people presenting to frontline services in distress by 10% by 2021 – See charter 11.11

- |      |                                                                                                                                  |
|------|----------------------------------------------------------------------------------------------------------------------------------|
| iii) | approve the rescheduling of all other charters which were due to be submitted to CPA Board in February, but have been postponed; |
| iv)  | 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:  
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:

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Community Planning Manager

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**Lead Outcome Improvement Group: [Aberdeen Prospers](#)**

- No. project charters due: 2
- No. project charters received: 2
- No. project charters postponed: 0
- No. project charters outstanding: 0
- No. projects live: 4 (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: Feb 20	Charter received and partly ready Feedback from QA to be addressed (See charter 1.2)

**Stretch Outcome 2****90% of working people in Living Wage employment by 2026**

Projects Starting	Charter Due Date(s)	Charter Status
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: Feb 20	Charter received and partly ready Feedback from QA to be addressed (See charter 2.4)

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

- No. project charters due: 3
- No. project charters received: 2
- No. project charters postponed: 1
- No. project charters outstanding: 0
- No. projects live: 15 (See Appendix 2)
- Total No. of LOIP projects: 31

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: Feb 20	Postponed to April 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: Feb 20	Charter received and ready (See charter 3.4)

**Stretch Outcome 4**

**90% of children and young people will report that they feel mentally well by 2026**  
No charters due

**Stretch Outcome 5**

**95% of care experienced children and young people will have the same levels of attainment in education, emotional wellbeing, and positive destinations as their peers by 2026**  
No charters due

**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; and 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: Feb 20	Charter received and ready (See charter 6.6)

**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: 5  
 No. project charters received: 3  
 No. project charters postponed: 2  
 No. project charters outstanding: 0  
 No. projects live: 6 (See Appendix 2)  
 Total No. of LOIP projects: 22

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: Feb 20	Charter received and partly ready Feedback from QA to be addressed (See charter 8.2)

**Stretch Outcome 9**

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

Projects Starting	Charter Due Date(s)	Charter Status
Using a whole population approach: i) Increase awareness of domestic abuse by 2021, and then, as a result of this; and ii) decrease number of reported incidents by 30% by 2026.	Feb 20	Charter received and partly ready Feedback from QA to be addressed (See charter 9.2)

**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 % of non-statutory prisoners (aged 21+) who are offered relevant voluntary support on release from HMP Grampian by 2021. Scottish Prison Service.	Feb 20	Charter received and partly ready Feedback from QA to be addressed (See charter 10.5)
Increase number of young people who need support in relation to trauma and bereavement having access to such support by 2021.	Original: Dec 19 Postponed: Feb 20	Postponed to April 2020. Project Manager has had a period of unplanned absence. On track to bring a charter to next meeting.

Projects Starting	Charter Due Date(s)	Charter Status
<p>Increase in number of calls by Criminal Justice professionals for advice/support to an expert helpline; and Increase number referred for appropriate assessment/ support/ treatment/ services in relation to mental health issues: - in Police custody - on a community disposal - in HMP Grampian By 2021.</p>	<p>Original: Dec 19 Postponed: Feb 20</p>	<p>Postponed to July 2020. This project covers three LOIP project aims, including 'increase uptake and retention of people in the justice system with a diagnosed mental illness in specialist services by 2020'. The charter has been postponed to allow the project team to form and work carried out to understand the current system and identify change ideas.</p>



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

No. project charters due: 6  
 No. project charters received: 4  
 No. project charters postponed: 2  
 No. project charters outstanding: 0  
 No. projects live: 6 (See Appendix 2)  
 Total No. of LOIP projects: 16

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
Reduce suicide rates amongst men in Aberdeen to below 2016 levels (16) by 2021.	Feb 20	Charter received and partly ready Feedback from QA to be addressed (See charter 11.7)
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.	<u>Apr 20</u>	Charter received and ready (See charter 11.8)
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 Postponed: Feb 20	Charter received and ready (See charter 11.9)
Reduce tobacco smoking by 5% overall by 2021.	Feb 20	Charter received and ready (See charter 11.10)
Increase the number of distress brief intervention opportunities for people with mental health issues by 10% by 2021.	Feb 20	Charter received and partly ready Feedback from QA to be addressed (See charter 11.11)
Increase the number of unpaid carers participating in support programme reflecting healthy life choices by 25% by 2021.	Feb 20	Postponed to April 2020. Project team concluding initial scoping of work they intend to do in Airyhall.
Increase the number of community run green spaces that are organised and self-managed, particularly in priority localities where satisfaction and use is low	Feb 20	Postponed to April 2020.

## Lead Outcome Improvement Group: Alcohol and Drugs Partnership

No. project charters due: 3

No. project charters received: 3

No. project charters postponed: 0

No. project charters outstanding: 0

No. projects live: 5 (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 opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment by 2021.	Original: Dec 19 Postponed: Feb 20	Charter received and partly ready Feedback from QA to be addressed (See charter 12.6)
Increase % of the population who feel informed about using alcohol responsibly by 2021.	Feb 20	Charter received and partly ready Feedback from QA to be addressed (See charter 12.7)
Increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2021.	Feb 20	Charter received and partly ready Feedback from QA to be addressed (See charter 12.8)

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

No. project charters due: 4  
 No. project charters received: 1  
 No. project charters postponed: 3  
 No. project charters outstanding: 0  
 No. projects live: 3 (See Appendix 2)  
 Total No. of LOIP projects: 9

Charter Status	Ready	Partly Ready	Postponed	Not Ready
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**Stretch Outcome 13**

No charters due

**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**

Projects Starting	Charter Due Date(s)	Charter Status
Reduce Aberdeen's Carbon emissions by 30% by 2021	Feb 20	Postponed to July 2020. Project team are currently examining current system and identifying change ideas. Due to complexity of topic and range of change ideas the charter will be postponed to July.
Increase the completeness of data within the 'at risk database' to identify those people most vulnerable	Feb 20	Postponed to April 2020. Exploring links to Community Resilience Plan project.

**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	Original: Dec 19 Postponed: Feb 20	Postponed to April 2020. This project aim was initially merged with the cycling aim, but it became apparent that encouraging walking is a distinct issue. Project team examining current system.
Increase % of people who cycle as main mode of travel to 3% by 2021.	Original: Dec 19 Postponed: Feb 20	Charter received and partly ready Feedback from QA to be addressed (See charter 15.1)

## NEW CHARTERS

No.	Project Aim	Ref.
1	Increase the number of SVQ level 4 qualifications achieved in ICT and Digital by 10% by 2021	See charter 1.2
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)	See charter 2.4
3	Increase the number of pregnant young people who are able to remain in education during pregnancy by 50%, by 2022	See charter 3.4
4	Increase the number of partners supporting delivery of the Senior Phase by 10% by 2021; and Increase the range and number of accredited courses being provided by schools and partners by 25% by 2021	See charter 6.6
5	Reduce the number of young people identified as having indicators of being at risk of being excluded from school by 2021.	See charter 8.2
6	Using a whole population approach: i) Increase awareness of domestic abuse by 2021, and then, as a result of this; and ii) decrease number of reported incidents by 30% by 2026.	See charter 9.2
7	Increase % of non-statutory prisoners (aged 21+) who are offered relevant voluntary support on release from HMP Grampian by 2021. Scottish Prison Service.	See charter 10.5
8	Reduce suicide rates amongst men in Aberdeen to below 2016 levels (16) by 2021.	See charter 11.7
9	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.	See charter 11.8
10	Increase by 25% year on year, the number of people who have benefited from a Making Every Opportunity Count conversation or intervention	See charter 11.9
11	Reduce tobacco smoking by 5% overall by 2021.	See charter 11.10
12	Increase the number of distress brief intervention opportunities for people with mental health issues by 10% by 2021.	See charter 11.11
13	Increase opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment by 2021.	See charter 12.6
14	Increase % of the population who feel informed about using alcohol responsibly by 2021.	See charter 12.7
15	Increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2021.	See charter 12.8
16	Increase % of people who cycle as main mode of travel to 3% by 2021.	See charter 15.1

## Charter 1.2 Increasing Digital Skills

CPA CHARTER FEEDBACK FORM		
<b>Project Aim:</b>	Increase the number of SVQ level 4 qualifications achieved in ICT and Digital by 10% by 2021 Suggesting this should change to: <b>Increase the number of people within Aberdeen City qualified with ICT and Digital skills at SCQF Levels 7 and 8 by 10% by 2024.</b>	
<b>Project Manager</b>	Allison Carrington Training undertaken: MFI Bootcamp (May 2018)	
<b>Reviewed by:</b>	Sacha Will	
<b>Date:</b>	13/01/2020	
Checklist	Summary of feedback	
1. Is the project aim consistent with aim in the LOIP?	Aim to be changed?	The charter is suggesting that the aim in the LOIP needs to be changed to reflect the SCQF Level rather than SVQ level.
2. Is there a sound business case explaining why the project is important?	Yes	The charter provides an overview of the current system around development of digital skills and some evidence of where improvement is required. The charter provides the rationale for the changes identified for testing and the need to start testing in 2 schools, and learn from there.
3. Is it likely that the changes being tested will achieve the aim?	Yes	There may be a need to refine the theory of change as a result of learning from initial tests of change.
4. Will the measures demonstrate whether a change is an improvement?	Yes	Some specific measures have been identified which will help the team and key stakeholders to understand and learn throughout the project.
5. Is there a mix of partners involved in this project?	Partly	It is important to ensure all key stakeholders are involved, including those who will be most impacted by changes to the system. The improvement team may have to change as this work progresses to ensure appropriate inclusion. It is important to clarify who will be representing the stakeholder groups identified and I note the intention to do so.
6. Clear outline project plan?	Yes	Project Plan has been included with key actions.
<b>CPA Management Group/ Board Ready? Partly</b>		

<b>Improvement Project Title:</b> ICT and Digital SVQ Level 4 Qualifications			
<b>Executive Sponsor:</b> Chair of Aberdeen Prosper			
<b>Project Lead:</b> Allison Carrington Skills Planning Lead, SDS, Chair of Aberdeen Prosper allison.carrington@sds.co.uk			
<b>Aim statement (What are we trying to accomplish? Over what time? Numerical target for improvement?)</b> LOIP Statement:  Increase the number of SVQ level 4 qualifications achieved in ICT and Digital by 10% by 2021  SVQ Level 4 is a vocational qualification so for the purposes of this Charter we will be aiming to:  <b>Increase the number of people within Aberdeen City qualified with ICT and Digital skills at SCQF Levels 7 and 8 (Table 1) by 10% by 2024.</b>			
Table 1: Definitions of Levels of Study (available at: <a href="https://www2.gov.scot/Topics/Statistics/Browse/Lifelong-learning/StudyLevels">https://www2.gov.scot/Topics/Statistics/Browse/Lifelong-learning/StudyLevels</a> )			
SCQF Levels	SQA National Units, Courses and Group Awards	HE Qualifications	Scottish Vocational Qualifications
12		Doctorate	
11		Masters	SVQ 5
10		Honours Degree	
9		Ordinary Degree	
8		HND / Diploma of HE	SVQ 4
7	Advanced Higher	HNC / Certificate of HE	MA (Level 6/7)
6	Higher	MA (Level 6/7)	SVQ 3, MA (Level 6/7)
5	Intermediate 2		SVQ 2
The change in date is to reflect the academic year and timeframe to achieve the relevant training courses.			
<b>Link to Local Outcome Improvement Plan (LOIP):</b>  The refreshed LOIP, published in 2019, identifies 15 stretch outcomes to break down the overall vision and ambitions to reduce poverty into manageable, thematic programmes of work. This Improvement Project sits under stretch outcome 1 within the Economy theme:  10% increase in employment across priority and volume / growth sectors by 2026: Developing the talent and future workforce necessary to support diversification of			

businesses and economy and it is recognised that digital skills are becoming ever more valuable in the workforce.

This is also linked to another LOIP projects:

- Increase the number of people employed in growth sectors (digital/ creative; food and drink; life sciences; tourism; social care and health and construction) by 5% by 2021.
- Increase the number of Modern and Graduate Apprenticeships in priority and volume growth sectors by 5% by 2022.
- 80% of young people will successfully complete their Modern Apprenticeship programme by 2022.
- Increase the % of people in Aberdeen who feel comfortable using digital tools by 2021.
- 9090% of employers reporting that they have appropriately skilled people in their workforce by 2026.
- 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.

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

The digital sector is growing and there is a need to fill approximately 13,000 jobs every year throughout Scotland. To balance this out there are approximately 4,000 students graduating in computer sciences each year, approximately 9,300 annual college enrolments in computing/ICT and 950 annual digital technology MA starts. However, not all of this supply enters the digital sector and, even in combination with the wider talent pipeline which includes transferable STEM graduates and career changers, the talent pipeline is not strong enough to support the sector

[https://www.heraldscotland.com/business\\_hq/17214763.digital-chief-we-need-to-bridge-the-skills-gap/?fbclid=IwAR1yACCASpS7QPkMQqRkXNYTmXnJCYk\\_Uvc0YHGUAkJ\\_GJF7IJkkTi7BZxA](https://www.heraldscotland.com/business_hq/17214763.digital-chief-we-need-to-bridge-the-skills-gap/?fbclid=IwAR1yACCASpS7QPkMQqRkXNYTmXnJCYk_Uvc0YHGUAkJ_GJF7IJkkTi7BZxA)).

Of the numbers above, approximately 86% of college graduates moved onto further study, 71% of university graduates moved into employment (although it is not clear whether this was in a digital / tech role) and 73% of MA students attained their MA. Of the graduates who moved in to tech roles 69% came from a computing science background with the remaining 31% transferring from other subject areas.

It is not only the digital sector which is demanding digital skills. Digital skills are becoming ever more prevalent in roles across a range of sectors and occupations. Employees are now frequently being asked to integrate digital skills into non-digital roles and the number of specifically 'digital' roles is rising with the impact of data use, cyber resilience etc.

Anecdotal evidence points to students (especially females) dropping digital subjects after second year in secondary school for a variety of reasons. We intend to use market research in two schools in Aberdeen City to get a clearer idea of why this is and to inform

future change ideas.

Work is ongoing to establish details of student numbers in local schools and at FE/MA level. This will be included when available.

SVQ Level 4 is a vocational qualification so for the purposes of this Charter we will be aiming to increase the number of people within Aberdeen City qualified with ICT and Digital skills at SCQF Levels 7 and 8 (Table 1). This will enable them to take advantage of digital opportunities as they arise and ensure a pipeline of talent to fill digital roles.

#### **Measures:**

As it is not possible to accurately determine the numbers of people attending university who are domiciled in Aberdeen City, other than for the purposes of study, the numbers of students signing up for or graduating in degrees in Computing or Digital subjects is not been used as a measure for success in this charter.

#### **Outcome Measures:**

- Number of students gaining a Higher or Advanced Higher in ICT or Digital subject in school
- Number of people graduating from College with SCQF Level 7/8 qualification in ICT or Digital subject
- Number of people attaining MA in Digital Technology

#### **Process Measures:**

- Number of students currently working towards Nat 4 / Nat 5 qualifications in ICT / digital subjects
- Number of students passing ICT / digital subjects at Nat 4/Nat 5 level
- Number of people signing up for SCQF Level 7/8 qualification in ICT or Digital subjects in College
- Number of people signing up for MA in Digital Technology

#### **Balancing Measures**

- Increase the number of students studying non-digital courses which require digital skills, but which are not

Gender distribution of above measures will be recorded

#### **Change ideas**

- Test, using market research, how students can be encouraged to take ICT/Digital subjects at NAT 5 and beyond (Cults and Northfield)
- Test how linking City school(s) into the SDS Cyber School Pilot to encourage industry into the classroom, to teach computing/ICT/Digital, increases engagement with ICT/digital subjects (Academic year 2020/21 after current pilot has been assessed).
- Test how linking City schools in with SDS Live Cyber Lessons increases engagement with ICT/digital subjects (February 2020)
- Test how linking every school in Aberdeen City with a Digital company through DYW increases engagement with ICT/digital subjects
- Test how attaining Digital Schools Status in Aberdeen City schools increases the



<p>number of students studying ICT at Nat 4 level</p> <ul style="list-style-type: none"> <li>• Test how engagement with industry (eg. workshops with Google Digital Garage) encourages school pupils to have increased engagement with ICT / digital sectors.</li> <li>• Test how developing specific marketing material increases uptake of Digital courses in schools and in College (NESCol working on a video as part of STEM Hub work).</li> </ul> <p>Mature Audience</p> <ul style="list-style-type: none"> <li>• Test how enhancing the understanding of FE courses available in the region can increase uptake.</li> </ul>		
<p><b>Potential Barriers</b></p> <ul style="list-style-type: none"> <li>• Work/measures will need to be aligned with academic terms</li> <li>• Lack of buy-in from schools within the city</li> <li>• Lack of buy-in from employers across the city</li> <li>• Lack of engagement of mature audience</li> </ul>		
<p><b>Project Team:</b>  Allison Carrington, SDS / Interim Chair Aberdeen Prospers  Aberdeen University (tbc)  RGU (tbc)  NESCol  Bob Farthing, Civic Forum  Northfield Locality Partnership (tbc)  DYW (tbc)</p>		
<p><b>Outline Project Plan</b></p>		
Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<ul style="list-style-type: none"> <li>-Project team established</li> <li>-Draft charter developed</li> <li>-Charter submitted to CPA Board</li> </ul>	November 2019 December December 2019
Designing and Testing Changes (Project Score 4-7)	<ul style="list-style-type: none"> <li>-Design changes for initial testing</li> </ul>	January 2020
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	<ul style="list-style-type: none"> <li>-Agree change ideas tested which are proven to work that we will seek to embed permanently</li> <li>-Continue to gather data on no. of individuals signing up for and completing digital courses in College and University</li> <li>- Assess whether improvement levels are sustained</li> </ul>	Dec 2021 onwards
Spreading Changes (Project Score 9-10)	<ul style="list-style-type: none"> <li>-Assess opportunities for spreading change to other areas where applicable</li> </ul>	Jan 2023

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## Charter 2.4 – Priority Groups in Public Sector Employment

CPA CHARTER FEEDBACK FORM		
<b>Project Aim:</b>	Increase the number of people from priority groups (care experienced young people, people with convictions, people with housing need) employed by public sector partners by 2021.	
<b>Project Manager</b>	Angela Taylor	
	Training undertaken: QI Practitioner Programme	
<b>Reviewed by:</b>	Sacha Will	
<b>Date:</b>	17/12/19	
<b>Checklist</b>	<b>Summary of feedback</b>	
1. Is the project aim consistent with aim in the LOIP?	Yes	The aim in the charter is consistent with that in the LOIP.
2. Is there a sound business case explaining why the project is important?	Yes	The charter describes very well the complexities of this work and provides a strong rationale for learning with Care Experienced Young People first, as this will help us to understand 'what works' and also work with a population who are likely to be at risk of many factors with increase disadvantage. The inclusion of local data would help to provide greater clarity about the current state and the impact of changes. It will be important to find a way to gather appropriate improvement data as the project moves to the next stage and I note the intention to do so.
3. Is it likely that the changes being tested will achieve the aim?	Yes	There may be a need to refine the theory of change as a result of learning from initial tests of change. Please articulate the intention to do this within the project plan.
4. Will the measures demonstrate whether a change is an improvement?	Yes	Some specific measures have been identified. Please note the point above about gathering and analysing improvement data to establish a baseline and understand impact of changes.
5. Is there a mix of partners involved in this project?	Yes	It is important to ensure all key stakeholders are involved, including those who will be most impacted by changes to the system. The improvement team is extensive and the team may need to consider how to manage this as the project moves into the next phase. The team also may have to change as this work progresses to ensure appropriate inclusion.
6. Clear outline project plan?	No	Project plan should include specific actions which require to be completed and indicative timescales.
<b>CPA Management Group/ Board Ready? Almost</b> The charter describes the complexity of the work and provides the rationale for the initial changes to be tested. Please complete the project plan, considering the feedback provided		

<b>Improvement Project Title:</b> Priority Groups in Public Sector Employment
<b>Executive Sponsor (Chair of Outcome Improvement Group or Locality Partnership):</b> Allison Carrington – Acting Chair, Aberdeen Prosper
<b>Project Lead:</b> Angela Taylor <b>Job Role &amp; Organisation:</b> <b>Email Address:</b>
<b>Aim statement (What are we trying to accomplish? Over what time? Numerical target for improvement?)</b> Increase the number of people from priority groups (care experienced young people, people with convictions, people with housing need) employed by public sector partners by 2021.
<b>Link to Local Outcome Improvement Plan:</b> The refreshed LOIP, published in 2019, identifies 15 stretch outcomes to break down the overall vision and ambitions to reduce poverty into manageable, thematic programmes of work. This Improvement Project sits under stretch outcome 2 within the Economy theme: <b>90% of working people in Living Wage employment by 2026</b>  This is also linked to two other Aberdeen Prosper projects: <i>Increase the number of Modern and Graduate Apprenticeships in priority and volume growth sectors by 5% by 2022</i> and <i>Increase the number of people from priority localities employed by public sector partners and in major capital projects by 2022</i> .  This will also contribute to achieving: Stretch outcome 5: <i>Increase the number of care experienced young people accessing a positive and sustained destination by 25% by 2022</i> . Stretch outcome 6: <i>Increase the number of young people taking up foundation apprenticeships to 142 by 2021</i> Stretch Outcome 10: <i>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</i> Stretch Outcome 10: <i>Increase % of non-statutory prisoners (aged 21+) who are offered relevant voluntary support on release from HMP Grampian by 2021</i>
<b>Why is this important</b>  Many of the people in these priority groups face significant barriers to employment and the majority will need additional support and mentoring to help them achieve and sustain employment. The range of barriers faced is broad and can seem overwhelming. Significant interventions and support can be needed to get them to a position of being ready for employment and work-able. Some of these individuals are living in chaotic lifestyles, significant numbers of them suffer or have suffered from mental health issues. Events in their pasts prevent them from accessing certain jobs or put them at a disadvantage, for example criminal records, can make securing employment particularly

challenging, while for others a lack of family support and guidance, or indeed ongoing family issues can cause difficulties. Homelessness or housing need can make applying for or holding down a job near to impossible. And often, these three issues go hand-in-hand.

The combined challenges faced by all three groups are massive. Anecdotal evidence shows that care experienced young people are among the most likely in society to fall into the three categories mentioned here. It is known that a higher proportion of care experienced young people are likely to offend or to have a criminal record than those who are not care experienced. These young people are also at a higher risk of homelessness than those who have not come through the care system. It is also known that many care experienced young people will have lower attainment levels than those who are not care experienced. This is also true for many of those people who find themselves in the justice system. For the purposes of this exercise we will initially focus on care experienced young people.

It is also known that sustained employment is one of the key factors to people being able to maintain a tenancy and avoiding falling foul of the law. However, being homeless or at risk of homelessness, and/or being in the justice system can make securing or sustaining employment extremely challenging. There is a chicken and egg scenario. Information provided by the city's third sector partners make it clear that the first step is often to get a person secure and settled in a tenancy and that employability support should follow that, once circumstances are less chaotic.

The average cost to the state of an unemployed person claiming benefits, including housing benefit, council tax benefit and unemployment benefit – against cost of someone in employment earning circa £17k pa – is c.£6,827 exclusive of housing and council tax benefits. Care experienced young people do not pay council tax until they turn 26.

National Health Service Research found that a young person NEET in 2008 would cost an average of £56,000 in public finance costs before retirement age. This reflects the public finance costs of welfare payments, health and justice-related costs and lower tax and national insurance revenue. On the basis of this estimate, the Scottish Government (2012b) estimates the lifetime cost of a single cohort of young people failing to make the transition into regular employment to be in the region of £2 billion.

There are significant links between unemployment and poor physical and mental health, and associated health costs.

The average costs to the city of housing someone who presents as homeless is £9,000, however the cost for a young person will likely be much higher (potentially up to £45k) as if they are on that trajectory from an early age as the likelihood is that they will continue as repeat presentations.

Care experienced young people should not present as homeless, as they have other routes into the system, however, some do choose to present to the council as such and do not disclosed their care experienced status.

Local experience shows that for some care experienced young people maintaining a tenancy is overwhelming and they are not initially capable of doing so. The result can be

homelessness and damaged properties, with repair costs sometimes running into thousands of pounds, while the local authority has a duty to rehouse these people.

However, pockets of work are being carried out across Aberdeen to support care experienced young people into public sector employment. A fact-finding exercise was carried out to try to establish what mechanisms already exist to support people from these priority groups into employment in the public sector.

#### Aberdeen City Council

Talent Acquisition is in the process of expanding its guaranteed interview scheme for, amongst others, care experienced young people who fit the person spec/job profile for the role who are applying for apprenticeships;

Children's Social Work ties in with a number of initiatives and awareness-raising activity, including DYW, ACC modern apprenticeships, Family Firm, Virtual School and Virtual Headteacher programme, Children's Rights Development Assistants (care experienced young people employed by ACC via external funding to support work of the Champions Board and participation, specific targeting of care experienced young people to raise awareness of job opportunities. Westburn Centre is becoming a hub for care experienced young people and will become a co-located workspace and one-stop-shop for activities, advice and support;

Aberdeen Guarantees (via No One Left Behind) - provides employability training and support, with a view to supporting young people into a positive destination, including preparing for interview and job application situations and promotes apprenticeship opportunities. This support is available to a broad group of people and is needs-led;

Housing – recognises links between employment and homelessness/ability to maintain a tenancy. Team includes a number of people with lived experience of homelessness and provides training which supports individuals to secure a qualification NB this is not specifically targeted at care experienced young people.

#### Skills Development Scotland

Skills Development Scotland works with our care experienced young people before leaving school, coming back into the city and into learning, training or employment. Work coaches. Will offer one Modern Apprenticeship for care experienced person.

#### NHS Grampian

NHS Grampian collaborates with several organisations, including Barnardos, Princes Trust, SHMU and Project SEARCH to deliver work experience placements and in past year Aberdeenshire Council work experience unit specifically for secondary school-aged care experienced young people. Some pre-application coaching including interview preparation and interview techniques is provided in certain programmes. Barnardos programme includes SVQ qualification - Certificate of Work Readiness. Guaranteed interviews provided for those who have undergone programmes and who meet the person spec.

#### Police Scotland

Police Scotland are reviewing recruitment process to allow information to be provided and easier access to apply for positions in the organisation, including police officer, special constable, and support staff roles. Job opportunities promoted to care experienced young people within the Police Scotland Young Volunteer (PSYV) project. Work with foster carers to promote opportunities to care experienced young people in

PSYV project. Pre-application and interview support available to all candidates, regardless of background.

#### Scottish Enterprise

Scottish Enterprise (nationally) support young people through programmes such as Career Ready and graduate and apprentice programmes. Provide work experience opportunities for school students through School Engagement programme, all driven by overarching Youth Strategy. Work with public-sector partners to share best practice and find ways to work together on our activity to support young people. We place a premium on learning and development for all staff and provide focused CPD opportunities (mentoring, coaching, supervising) as an integral part of our youth activity. Through our Youth Strategy we have developed links with a diverse range of schools and colleges across Scotland. Not specifically targeted at care experienced young people.

#### Scottish Fire and Rescue Service

Scottish Fire and Rescue Service have a FireSkills initiative which has a flexible delivery model depending on the need of the target audience. If the full course is delivered it includes an employability award which is externally verified by Police Scotland. Initial suggestion is to identify and work with a group of care experienced young people, some of whom may have convictions, some of whom may have housing need, some of whom may sit within all three brackets.

#### Scottish Children's Reporter

A project with Scottish Children's Reporter seeks to provide an internship opportunity for a care experienced young person in an office junior-style role for up to six months, providing tailored support for that young person. There may be potential for this to develop into a modern apprenticeship, but would be dependent on funding, suitability of young person to continue in role, and willingness of that young person to do so.

#### References

[https://www.celcis.org/files/9314/8552/6130/Modern Apprenticeships Updated 27jan 17.pdf](https://www.celcis.org/files/9314/8552/6130/Modern_Apprenticeships_Updated_27jan17.pdf)

<https://www.gov.scot/publications/life-chances-young-people-scotland-evidence-review-first-ministers-independent/pages/6/>

<https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2018/12/one-left-behind-review-employability-services/documents/research-user-provider-journeys/research-user-provider-journeys/govscot%3Adocument/research-user-provider-journeys.pdf>

[https://www.staf.scot/?gclid=EAlaIQobChMI383vzPuV5AIVDLDtCh3pAQjtEAMYASAAEglAcfD\\_BwE](https://www.staf.scot/?gclid=EAlaIQobChMI383vzPuV5AIVDLDtCh3pAQjtEAMYASAAEglAcfD_BwE)

<https://www.whocaresscotland.org/who-we-are/blog/care-experienced-people-statistics/>

<https://www.becomecharity.org.uk/care-the-facts/the-big-issues/employment-and-training/>

<https://www.celcis.org/our-work/key-areas/throughcare-and-aftercare/our-throughcare-and-aftercare-work/>

[http://www.parliament.scot/ResearchBriefingsAndFactsheets/S4/SB\\_12-19rev.pdf](http://www.parliament.scot/ResearchBriefingsAndFactsheets/S4/SB_12-19rev.pdf)

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

- **Outcome measures**

Number of care experienced young people (CEYP) in public sector employment  
 Number of people with convictions in public sector employment  
 Number of people with housing needs in public sector employment  
 Number of people from identified priority groups in tailored apprenticeships  
 Number of people from identified priority groups undertaking work experience in public sector organisations

- **Process measures**

Number of CEYP being interviewed for apprenticeship  
 Number of CEYP applying for apprenticeships  
 Number of CEYP engaged through tailored employability workshops / training days etc.  
 Number of CEYP engaged in pathway planning programmes

- **Balancing measures**

Number of CEYP in non-public sector employment  
 Number of CEYP in positive destinations  
 Number of CEYP engaged in employability programmes  
 Number of other vulnerable people in employability programmes failing to secure work

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

Test how a tailored internship opportunity, with SCRA, for a care experienced young person can assist them to develop the skills needed to secure and sustain employment

Test how the introduction of tailored internships for care experienced young people, within ACC, can provide positive and meaningful work experience opportunities to help develop the skills needed to secure and sustain employment

Test how the introduction of a guaranteed interview scheme for ACC apprenticeships for care experienced young people (who fit the person spec) can encourage and support them to secure public sector work

Test how Pathway Planning Meetings for care experienced young people in school can support them to continue to engage and reach a positive destination

Test how increased promotion of support available to care experienced young people for training, employment including workshops, info sessions etc can support them to apply for roles in the public sector

Test how a tailored induction into work for care experienced young people can support sustained employment

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



Lack of engagement by individuals and agencies

Inability of young person to maintain employment – personal circumstances may be too chaotic, or situations may arise which could be particularly challenging for young person who may not have same support available to young person from a more settled background.

Lack of resource - several improvement project team members are time poor. No budget has been allocated to this improvement project. Basic costs, eg travel/transport, clothing, childcare may be an issue for individuals.

Inability of managers, or lack of time/lack of understanding of challenges facing young people to enable them to properly support young person in internship/work experience/employment situation.

Scope of project - The scope of this project and challenges associated with it, and the subjects of it, is enormous. The three priority groups have a wide range of varying challenges not only to employment, but also to housing, mental and physical health, family, substance-related issues, education, literacy, criminality, and much more. Changes put in place for some to support their employment in the public sector will not be suitable for all. It may be more realistic to split this project. This is being raised at board level by interim chair of Aberdeen Prospers group.

Some challenges in engaging public sector partners, partly as a result of staffing/recruitment being a national issue; partly as a result of lack of/very limited engagement. This has been partly addressed in the information gathering exercise via the circulation of a questionnaire.

Gathering of baseline data – this may be tricky to determine. There is data available specifically about employment of care experienced young people, less so about those employed in the public sector or numbers applying for public sector roles. There is very limited data for the other priority groups. The broader information is not generally gathered by employers.

**Project Team:**

Angela Taylor, Business and Skills team, ACC  
Ruth McDermott, DWP  
Nicola Graham, SDS  
Scott Symon, Scottish Fire and Rescue Service  
Colin Wright, ACC  
Lesley Strachan, ACC Talent Acquisition  
Darren Buck, ACC Talent Acquisition  
Opportunities for All manager (post vacant)  
Maggie Cruickshank, ACC social work  
Ishbel Greig, Lead Contact, Aberdeen Prospers  
Larissa Gordon, virtual head teacher, ACC  
Kay Diack, Housing, ACC  
Roma Bruce Davies, SCRA  
Sheila McDermott, Police Scotland  
NESCol – to be nominated  
Graham Duncan, ACC

Tracey MacMillan, Aberdeen Health and Social Care Partnership  
 Rozanne McCurroch, SPS  
 Elspeth Winram, Culture team, ACC

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

SCRA internship – aiming for late January start

ACC guaranteed interview scheme – immediate start with ongoing monitoring and review

ACC internships – aiming for late spring/early summer start with ongoing monitoring and review

Pathway Planning meetings – starting mid-January 2020 with ongoing monitoring and review.

<b>Project Stage</b>	<b>Actions</b>	<b>Timescale</b>
<b>Getting Started</b> 2	<b>What initial activities are required to get started?</b>  Establishment of team (restricted meantime to public sector organisations but will later be extended to take in support and training organisations). Development of charter. Agreement of scope of the project (see barriers). Gathering and understanding of baseline data. Identification of change ideas and current activity.	December for Feb board
<b>Designing and Testing Changes</b> (Project Score 4-7)	<b>What activities are required to start testing changes? (Identifying changes and prioritising; engagement with customers &amp; colleagues; Identifying the people, place to start testing)</b>	<b>When do you expect to complete this stage?</b>
<b>Implementing and sustaining changes that demonstrate improvement</b> (Project Score 7-10)	<b>What actions would be required to implement and sustain the changes that have resulted in improvement? (Training?; Changes to procedures?; changes to resources?)</b>	<b>When do you expect to complete this stage?</b>

<b>Spreading Changes</b> (Project Score 9-10)	<b>What actions are required to reach the full scale of the project? (Engagement of other teams/colleagues; other locations?)</b>	<b>When do you expect to complete this stage?</b>
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### 3.4 Pregnant Young Women Remaining in Education

CPA Feedback Form		
<b>Project Aim:</b>	Increase the number of pregnant young women who are able to remain in education during pregnancy by 50%, by 2022	
<b>Project Manager:</b>	Claire James, AHSCP, Family Nurse Partnership Supervisor Training undertaken: Currently Undertaking QIPP	
<b>Charter Reviewed by:</b>	James Simpson	
<b>Date:</b>	10/01/20	
<b>Checklist</b>	<b>Summary of feedback</b>	
1. Is the project aim consistent with aim in the LOIP?	Yes	
2. Is there a sound business case explaining why the project is important?	Yes	
3. Is it likely that the changes being tested will achieve the aim? Public health input on proven interventions.	Yes	
4. Will the measures demonstrate whether a change is an improvement? Comments on data?	Yes	
5. Is there a mix of partners involved in this project?	Yes	
6. Clear outline project plan?	Yes	
<b>CPA Management Group/ Board Ready? Yes</b>		

<b>Improvement Project Title:</b> Pregnant Young Women remaining in education
Executive Sponsor: Rob Polkinghorne (ICS Board Chair)
<b>Project Lead:</b> Claire James, NHS, Programme Manager (GClarke@aberdeencity.gov.uk)
Increase the number of pregnant young women who are able to remain in education during pregnancy by 50%, by 2022
<b>Link to Local Outcome Improvement Plan:</b>
<b>Stretch Outcome 3:</b> 3.1 Ensuring that families receive the parenting and family support they need.
<p><b>Why is this important</b></p> <p>Inequalities in outcomes in the early years are driven by a range of factors, including household poverty and poor maternal health, and it is well established that the home environment, family life and parenting are important factors in helping to achieve later positive outcomes for children.</p> <p>Therefore, if young pregnant women can stay in education during and after pregnancy, the chances of them improving their and their child's economic well-being over time are increased, ultimately this ensures that babies are given the best start in life in aiming to break cycles of poverty and deprivation.</p> <p>Currently, in Aberdeen City, the Family Nurse Partnership has identified a number of young women who meet these criteria. These figures are not currently reflected consistently in the respective education systems.</p> <p>To ensure that these young women are consistently identified and are able to receive appropriate support with their education, this project aims to support schools to introduce supports and interventions to more consistently identify the young women in question and develop means to aid them to remain in education through pregnancy and immediately afterwards.</p>
<p><b>Measures:</b></p> <ul style="list-style-type: none"> <li>• <b>Outcome measures</b> <ul style="list-style-type: none"> <li>• Number of pregnant teenagers remaining in education</li> <li>• % of Pregnant teenagers receiving additional support</li> </ul> </li> <li>• <b>Process measures</b> <ul style="list-style-type: none"> <li>• % of pregnant teenagers understanding their educational choices during and after pregnancy</li> <li>• Number of pregnant teenagers reporting positive, supportive, experiences in school during this period</li> <li>• % of pregnant teenagers accessing google classroom or alternative curriculum</li> <li>• Number of pregnant teenagers reporting financial security whilst remaining in education</li> </ul> </li> </ul>

<ul style="list-style-type: none"> <li>• Number of pregnant teenagers remaining in education without being stigmatised by peers</li> <li>• Number of young women being able to access crèche facilities postpartum to return to education</li> </ul>
<p><b>Change Ideas</b></p> <p>Develop an effective tracking process to identify young women and need</p> <p>Awareness Raising: Using new guidelines: ‘Educational Support for Young People who are Parents in Schools’ in order to raise staff awareness in schools about young parent’s education choices including:</p> <ul style="list-style-type: none"> <li>• Awareness raising for staff</li> <li>• Awareness raising for pupils (in order to destigmatise)</li> <li>• Awareness Raising for Parents</li> </ul> <p>Develop an accredited course for young parents to aid them back into education or employment testing on topics including:</p> <ul style="list-style-type: none"> <li>• Use of Google classroom as an online means of supporting pupils</li> <li>• Financial support</li> <li>• Specific career support and advice</li> </ul> <p>Improving the School Environment:</p> <ul style="list-style-type: none"> <li>• Providing or supporting access to crèche facilities</li> <li>• Provide breastfeeding areas in school</li> </ul>
<p><b>Potential risks and/or barriers to success &amp; actions to address these</b></p> <p>Finance</p> <p>SEEMis not able to generate a code to identify young parents</p> <p>Staff confidence to support this client group</p> <p>Poor breast feeding facilitates</p> <p>Limited crèche facilities</p> <p>Stigma</p> <p>Disengaged students</p>
<p><b>Project Team:</b></p> <ul style="list-style-type: none"> <li>• Claire James - FNP Supervisor</li> <li>• Donna McCann - Education Social Worker</li> <li>• Nik Berry - Community Midwife</li> <li>• Gillian Taylor - Guidance Teacher</li> </ul>

<ul style="list-style-type: none"> <li>• Nelly Jaka - Choices Aberdeen</li> <li>• Natalie O'Young - School Nurse</li> <li>• Angie Johnston - Aberdeen Lads Club</li> <li>• Margaret Rosado – Skills Development Scotland</li> <li>• Louise Murray – Family Nurse</li> <li>• Iain Robertson – Data Analyst</li> </ul>		
<b>Outline Project Plan - Set out your initial plan about the timeline for your project.</b> <b>(This should be reviewed regularly)</b>		
Project Stage	Actions	Timescale
<b>Getting Started</b> (Project Score 1-3)	<ul style="list-style-type: none"> <li>• Forming the improvement team</li> <li>• Developing the project charter</li> <li>• Gathering and analysing baseline data</li> <li>• Understanding the current system</li> <li>• Secure finances for accredited course</li> </ul>	October/November 2019 Draft December 2019 January 2020  January 2020  December 2019
<b>Designing and Testing Changes</b> (Project Score 4-7)	<ul style="list-style-type: none"> <li>• Agreeing which process to raise awareness using new guidelines to try first</li> <li>• Deciding if further training is required for the improvement team to use and promote guidelines</li> <li>• Deciding on one secondary school to pilot first PDSA</li> <li>• Sharing change ideas and plans with colleagues</li> <li>• Deciding on format for accredited course and facilitators to use (e.g. follow format of Foyer Families?)</li> <li>• Deciding on area/group of clients</li> <li>• Sharing change ideas and plans with colleagues and clients</li> </ul>	January 2020  January 2020  January 2020  February 2020  March 2020  February 2020  April 2020
<b>Implementing and sustaining changes that demonstrate improvement</b> (Project Score 7-10)	<ul style="list-style-type: none"> <li>• Implications of implementing changes across other secondary schools considered</li> <li>• Successful change ideas to be shared with colleagues- celebrate success!</li> <li>• Capacity to inform/train other schools to make changes</li> </ul>	August 2020



	<ul style="list-style-type: none"> <li>• Roll out of accredited course to another area in Aberdeen City considered</li> </ul>	
<b>Spreading Changes</b> (Project Score 9-10)	<ul style="list-style-type: none"> <li>• Identify which staff groups need to be involved to ensure change is implemented</li> <li>• Seek feedback from clients around successful interventions to share with staff teams</li> <li>• Explain reason for change – use of data to evidence this – to staff required to make changes</li> <li>• Provide support/training required to allow change to be implemented</li> <li>• Ongoing review of data</li> </ul>	December 2020

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## Charter 6.6 – Improve the Senior Phase

CPA CHARTER FEEDBACK FORM		
<b>Project Aim:</b>	Increase the number of partners supporting delivery of the Senior Phase by 10% by 2021; and Increase the range and number of accredited courses being provided by schools and partners by 25% by 2021	
<b>Project Manager</b>	Eleanor Sheppard/Alex Duncan	
	Training undertaken: MFI Bootcamp	
<b>Reviewed by:</b>	James Simpson/ Michelle Cochlan	
<b>Date:</b>	17/12/19	
Checklist	Summary of feedback	
1. Is the project aim consistent with aim in the LOIP?	Yes	
2. Is there a sound business case explaining why the project is important?	Yes	
3. Is it likely that the changes being tested will achieve the aim?	Yes	
4. Will the measures demonstrate whether a change is an improvement?	Yes	
5. Is there a mix of partners involved in this project?	Yes	There are a good mix of relevant partners, but others could be considered. For example, could you include pupil representation. Is it relevant/possible to have University and or employer representation on the team.
6. Clear outline project plan?	Yes	
<b>CPA Management Group/ Board Ready? Yes</b>		

<b>Improvement Project Title:</b> Improve the Senior Phase
<b>Executive Sponsor:</b> Rob Polkinghorne (ICS Board Chair)
<b>Project Lead:</b> Alex Duncan (QIM) ( <a href="mailto:AlexDuncan@aberdeencity.gov.uk">AlexDuncan@aberdeencity.gov.uk</a> )
<b>Aim statement:</b> Increase the number of partners supporting delivery of the Senior Phase by 10% by 2021; and Increase the range and number of accredited courses being provided by schools and partners by 25% by 2021
<b>Link to Local Outcome Improvement Plan:</b>  <b>Stretch Outcome 6:</b> 95% of children living in our priority localities will sustain a positive destination upon leaving school by 2026;  <b>Driver 6.3:</b> Ensuring children, young people and families understand the pathways available to them and skills required for the future.
<b>Why is this important:</b>  <p>A wider range of courses will realise greater achievement for young people and improve the complementary tariff points and number of positive and sustained destinations. A thorough review of local data has helped determine that our current curriculum offering is an overly traditional one and that many schools have yet to fully widen the SCQF opportunities. This, in part, is as a result from some of our small secondary schools running inefficient staffing models which limit the breadth of the offering.</p> <p>The current model works reasonably well for children who plan to go on to further education but has a limited number of pathways for others and doesn't provide a wide enough range of pathways to support sustained positive destinations. This results in staying on rates being low for some groups as young people.</p> <p>Further education providers offer a range of courses but uptake has been low at times suggesting that courses are not always ideally matched to the requests from young people and that no gap analysis has been undertaken to determine who should be providing what. As a result a number of young people beyond S4 can't identify an offer to help them further their particular aspirations or designed to develop their skills for learning, life and work.</p> <p>In order to improve attainment and improve the number of positive and sustained destinations, schools need to work in partnership with others to offer a wider range of SCQF courses so that the needs of young people, needs in terms of location, interest and pathways are met more effectively. It is important to look at this across the entire secondary school estate as the number of leavers and number of young people not reaching a positive and sustained destination is common across most secondary schools.</p> <p>The broader curriculum and provision of different learning pathways will prepare our young people for the changing world of work where two out of three children starting primary school today will have jobs that don't yet exist. A diverse curriculum will also equip our learners with skills for learning, life and work.</p> <p>In the first instance this project will focus on working with further education providers to see how we can effectively work together to establish a city wide ask and then consider how we collaboratively deliver a wider range of SCQF course choices to better meet needs.</p>

<p><b>Measures:</b></p> <p><b>Outcome</b></p> <ul style="list-style-type: none"> <li>• No. of partners supporting delivery of the Senior Phase</li> <li>• No. of subjects covered by the curriculum</li> <li>• No. of accredited courses being provided by schools and partners</li> </ul> <p><b>Process</b></p> <ul style="list-style-type: none"> <li>• No. of young people completing a newly introduced course progressing onto a positive destination</li> <li>• No. of young people taking up places on the new courses</li> <li>• % of schools which have had a curriculum review</li> <li>• % of school websites sharing information on learning pathways</li> <li>• Feedback from pupils, parents and teachers on the Guide to the Curriculum</li> </ul> <p><b>Balancing</b></p> <ul style="list-style-type: none"> <li>• Complementary tariff points achieved by young people in SIMD 1&amp;2</li> <li>• Staying on rates</li> </ul>
<p><b>Change ideas</b></p> <ul style="list-style-type: none"> <li>• Establish the Partnership Curriculum Group to drive the ongoing development of a more collaborative curriculum and support alignment of curricular pathways with growth economic sectors.</li> <li>• Introduce regular discussions with schools to review the curriculum using insight data to explore the deficit and guide the partnership offering.</li> <li>• Extend city campus on basis of ask from young people to help develop the city wide offering</li> <li>• Development of school websites to share information on learning pathways, testing initially at Aberdeen Grammar School.</li> <li>• Developing a guide to the curriculum to test out key messages about the changing labour market to inform pupil pathway choices and enable parents to support young people with choices.</li> <li>•</li> </ul>
<p><b>Potential risks and/or barriers to success &amp; actions to address these:</b></p> <ul style="list-style-type: none"> <li>• Lack of buy in from schools and partners – group has been meeting regularly to look at how to broaden the offer</li> <li>• Resistance to change in schools – work being undertaken to look at ACC performance and explore how best to change the curriculum</li> </ul>
<p><b>Project Team:</b></p> <ul style="list-style-type: none"> <li>• Alex Duncan (Quality Improvement Manager) [Expertise]</li> <li>• Nicola Graham (Skills Development Scotland) [Expertise]</li> <li>• Mary Holland (DYW Board) [Subject matter expert]</li> <li>• Neil Cowie (Nescol)</li> <li>• Alison Murison Head Teacher subject Matter Expert/Process Owner]</li> <li>• Guidance teachers [process owners]</li> </ul>

<b>Outline Project Plan</b>		
<b>Project Stage</b>	<b>Actions</b>	<b>Timescale</b>
Getting Started (Project Score 1-3)	<p>Group established to discuss how best to drive a more collaborative partnership curriculum across the partnership</p> <p>Discussion with schools around the curriculum and LA performance</p> <p>Exploration of the deficit to guide the partnership offering</p> <p>Need to agree 'commonality' to allow a shared offer to work – agreed an extension of city campus</p> <p>Session with Insight at individual school level to clarify the gap in each school</p> <p>Young people asked for their course choices for August 2020</p>	<p>Established in August 2019</p> <p>From August 2019 and on-going</p> <p>September 2018</p> <p>December 2019</p> <p>December 2019</p> <p>January 2020</p>
Designing and Testing Changes (Project Score 4-7)	<p>Development of section of school web site to share information on learning pathways at AGS</p> <p>Test of website at AGS for a two month period to inform potential utilisation across the city</p> <p>Review of ask from young people to help develop a city wide offering</p> <p>Establish the data set for on-going measurement of impact</p> <p>Gap analysis undertaken to determine what may need to be commissioned</p> <p>Exemplify routes into professions (start with NHS route)</p> <p>Consider how apprenticeship routes and work experience are embedded within the extension of the senior phase</p>	<p>November 2019</p> <p>January 2020</p> <p>February 2020</p> <p>January 2020</p> <p>February 2020</p> <p>February 2020</p> <p>March 2020</p>
<b>Implementing and sustaining changes that demonstrate improvement</b> (Project Score 7-10)	<p>Agree which change ideas tested are proven to work that we will seek to embed permanently</p> <p>Continue to gather data and assess whether improvement levels are sustained</p>	<p>July 2020</p>
<b>Spreading Changes</b> (Project Score 9-10)	<p>Assess opportunities for spreading change to other areas where applicable</p>	<p>August 2020</p>

## Charter 8.2 Reducing School Exclusions

CPA CHARTER FEEDBACK FORM		
<b>Project Aim:</b>	Reduce by at least 5% the number of young people in schools in Aberdeen City, identified as having indicators of risk, being excluded from school by April 2021.	
<b>Project Manager</b>	Lesley Stopani	
	Training undertaken: MFI Bootcamp	
<b>Reviewed by:</b>	Sacha Will	
<b>Date:</b>	17/12/19	
<b>Checklist</b>	<b>Summary of feedback</b>	
1. Is the project aim consistent with aim in the LOIP?	Yes	The aim in the charter is consistent with that in the LOIP.
2. Is there a sound business case explaining why the project is important?	Yes	The charter describes very well the complexities around the issue, the impact of exclusion on outcomes for children and some of the potential factors which contribute to exclusion being used. The charter provides an overview of relevant research and how this links with the proposed change ideas, and the intention to start working in one primary school initially.
3. Is it likely that the changes being tested will achieve the aim?	Yes	The changes are currently being described as 'high-level concepts' and there will be a need to understand what specifically needs to change within each school community. It will be important to understand the specific changes to be tested, as this moves to the next stage. There may be a need to refine the theory of change as a result of learning from initial tests of change. I note the intention to do so in the project plan.
4. Will the measures demonstrate whether a change is an improvement?	Yes	Specific measures have been identified to enable learning and understanding of how we can improve.
5. Is there a mix of partners involved in this project?	Yes	It is important to ensure all key stakeholders are involved, including those who will be most impacted by changes to the system. The improvement team may have to change as this work progresses to ensure appropriate inclusion.
6. Clear outline project plan?	Yes	The project plan includes specific actions which require to be completed and indicative timescales.
<b>CPA Management Group/ Board Ready? Yes</b> <b>Please note comment regarding one of the measures listed.</b>		

## Improvement Project Charter

<b>Improvement Project Title:</b> Building a Trauma Skilled workforce to promote inclusion			
<b>Executive Sponsor</b> Derek McGowan, Chair of CJ Group			
<b>Project Lead</b> <b>Name:</b> Lesley Stopani <b>Job Role &amp; Organisation:</b> Quality Improvement Manager, Integrated Children & Family Services, Aberdeen City Council <b>Email Address:</b> <a href="mailto:lstopani@aberdeencity.gov.uk">lstopani@aberdeencity.gov.uk</a>			
<b>Aim statement</b> Reduce by at least 5% the number of young people in schools in Aberdeen City, identified as having indicators of risk, being excluded from school by April 2021.			
<b>Link to Local Outcome Improvement Plan</b>			
<b>Stretch Outcome</b> <b>8. 25% fewer young people (under 18) charged with an offence by 2026</b>	<b>Key Drivers</b> 8.1 Young people receive the right help at the right time through provision of a strong universal offer alongside availability of multi-disciplinary targeted interventions (using a trauma-informed approach) to improve outcomes for young people at risk of becoming involved in the Justice System	<b>Improvement Project Aim</b> Reduce the number of young people identified as having indicators of being at risk of being excluded from school by 2021.	<b>Key Improvement Measures</b> % of young people identified as at risk who are receiving a targeted intervention to support participation and engagement No. of school exclusion incidents for 'General or persistent disobedience' (Baseline data: 17/18: 206) Unauthorised absence levels
<b>Why this is important</b>  In order to improve attainment in literacy, numeracy and wellbeing it is vital that children and young people access their full entitlement to education and do not lose hours of learning due to exclusion. By raising awareness of the impact of trauma on brain development, in particular the impairment of cognitive function, staff understanding of the need for a nurturing response rather than a punitive one will be enhanced. Training will not only raise awareness of the impact of trauma but also share the strategies and approaches which are key to addressing early trauma.  An understanding of how early experiences impact on children and young people's behaviour and the importance of relationships in shaping later outcomes is the foundation which underpins much of the Scottish policy landscape and curriculum. It has long been recognised that stressful events occurring in childhood can impact profoundly on children and young people's development and outcomes including the capacity to learn and participate in school life. Within the school setting they are more likely to have experienced multiple exclusions impacting on their capacity to enter positive destinations. As adults those with a history of trauma are over-represented in physical health, mental health and substance misuse services and criminal justice settings.  Heathryburn School has sought support from central services to address the behaviours of children who have experienced a range of adverse childhood experiences. As a result these children experience high levels of anxiety which impact on their presenting behaviours and			



capacity to learn. The staff of the school have expressed a desire to become Trauma Skilled in order to better meet the needs of these children and their families. For this reason, testing of change ideas will start at Heathryburn School.

A significant number of children and young people across the Northfield ASG have experience of adversities in childhood and staff would benefit from a focus on improving understanding and skills of childhood trauma.

**Nurture, Adverse Childhood Experiences and Trauma informed practice: Making the links between these approaches** **Education Scotland publication**

“Potential benefits of a nurturing approach, Adverse Childhood Experiences (ACEs) awareness and trauma informed practice in an educational context:

- ☐ Increases practitioner knowledge and awareness of the impact of early experiences thus increasing staff confidence about responding appropriately to children and young people’s needs
- ☐ Provides a framework to develop understanding and support for children and young people
- ☐ Can help to develop a shared language for practitioners
- ☐ Originates from evidence-based practice
- ☐ Encourages schools and early years and childcare settings and their wider communities to focus on early intervention and prevention
- ☐ Acknowledges the key role that practitioners can have in improving life chances for children and young people
- ☐ Helps the wider school community (including children, staff, parents and carers) to develop understanding about the potential impact of adversity and trauma on their own lives and the lives of others, thus aiding recovery”

A number of primary schools developed a good understanding of Nurture and in particular the establishment of Nurture Rooms. For a variety of reasons, including capacity to staff these provisions very few have managed to sustain these provisions. Very few schools have adopted a whole school approach to nurture in order to support the most vulnerable learners, this is particularly true within our secondary schools. There is an opportunity at this juncture to extend this awareness and develop good practice through this project. It is recognised that to embed a whole school approach to nurture takes at least 7 years with a focus on one principle per year.

It would appear that many schools continue to rely on punitive measures and there is an absence of consistency of approach across the city, which can make it difficult for partners to contribute effectively. In an empowered system it will be important for school leaders to work to a shared agenda and to be accountable for the delivery of appropriate support to all learners.

The international research on early life trauma / adverse childhood experiences has played a significant part in the development of the ASPIRE service, which aims to support wellbeing. As the ways of working within this service are different to what schools have previously experienced there is still work to be done to enable colleagues to understand why a different approach is necessary. The difficulties recruiting skilled staff who are able to provide the relational support required is limiting the work of the service.

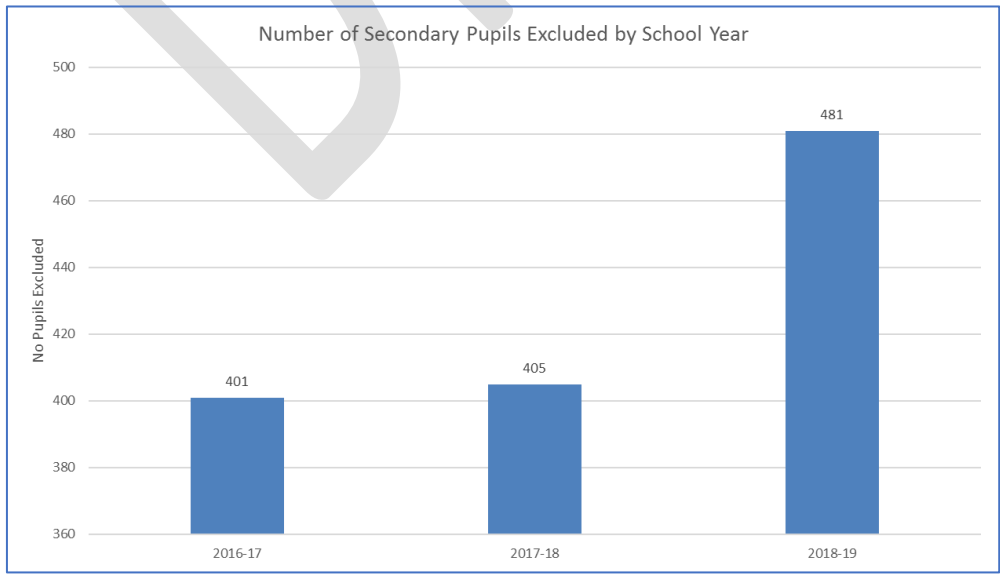
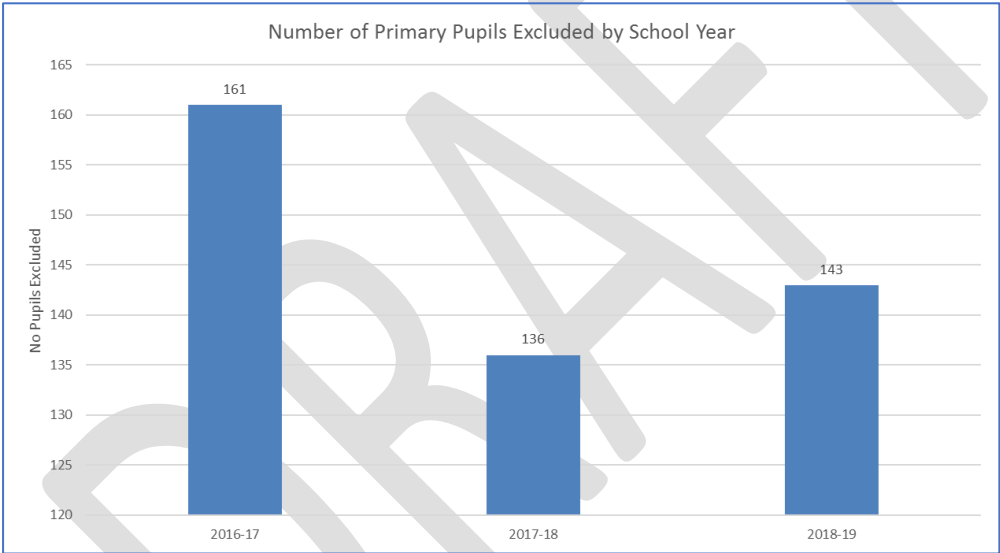
Colleagues believe that work needs to be undertaken to change the mindset of staff and to encourage those working in our schools to develop the skills required to take a different approach in relation to the children and young people whose behaviour indicates high levels of distress. It is felt that further integration of education and children's social work needs to be prioritised and a clear vision for this area of our work shared.

EXCERPT FROM **CHILDREN AND YOUNG PEOPLE IN CUSTODY IN SCOTLAND: LOOKING BEHIND THE DATA**

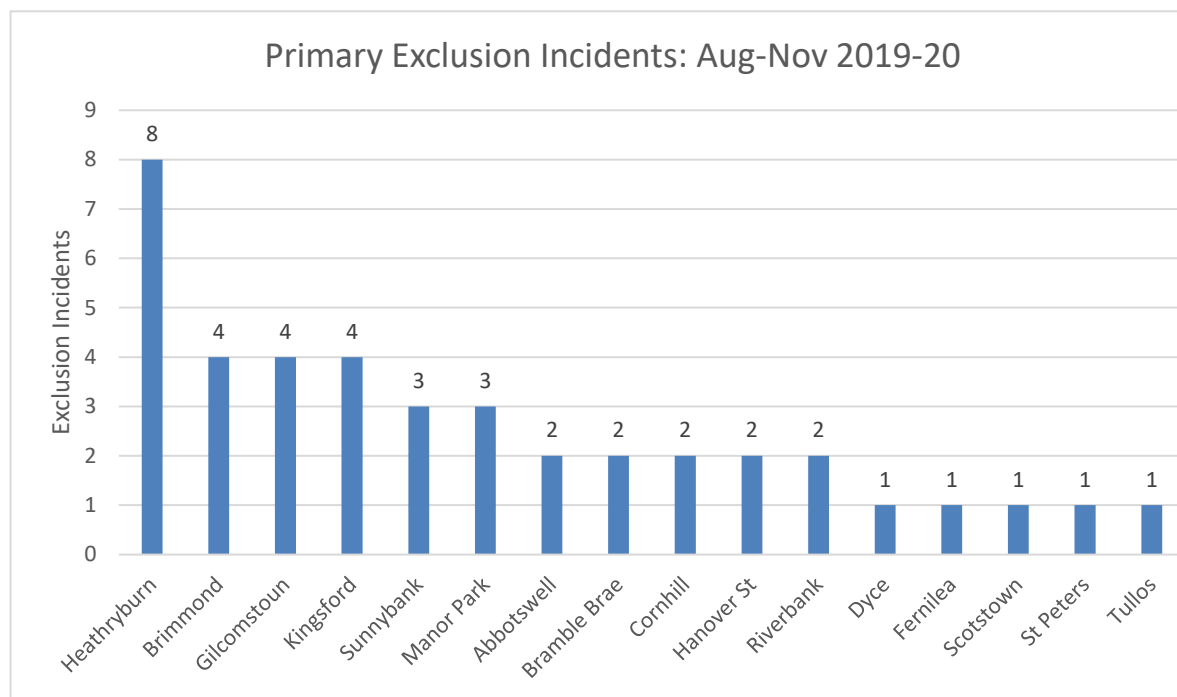
"In particular, there is a well-documented correlation between offending and school exclusion, with the Edinburgh Study of Youth Transitions and Crime identifying school exclusion as one of the key determinants for future involvement in offending. This remained true even when compared to children who had committed equally serious and frequent offences who had not been excluded from school (McAra and McVie, 2010). This study also found that early school exclusion was one of the strongest predictors of making the transition from the Children's Hearing System to the adult criminal justice system and of ending up in custody, even taking other factors such as offending behaviour into account. School exclusion before age 12 increased the odds of imprisonment by age 22 by a factor of four. More recently, research conducted by CYCJ found that 80% of a sample of young men in HMYOI Polmont had experienced exclusion from school (CYCJ, 2014) and, of the young people who responded to the SPS Prisoner Survey of Young People in Custody (2013), 90% reported that they had been excluded from school, 42% on four or more occasions.

Recent narrative evidence, including from young people in HMYOI Polmont (Youth Justice Improvement Board, 2016), illustrates the impact that school exclusion had had on them and its connections with their offending. They described the powerful effect of peers - especially the influence of older young people - while they were excluded, and the sometimes rapid escalation of substance abuse, violence and offending at that time. They spoke of the impact of broken connections with school but also with out-of school activities and the role models and pro-social pastimes such as football, which that wider community can provide. After exclusion, very few of these young men and women reported having made a successful return to their mainstream secondary school."

Aberdeen City Data regarding school exclusion over the last three years can be found below:



Below data highlights the incidence of exclusions at Heathryburn Primary School:



## Measures

### • Outcome measures

- Number of young people identified as at risk who are receiving a targeted intervention to support participation and engagement (*LOIP Measure*)
- No. of school exclusion incidents for 'General or persistent disobedience' (*LOIP Measure*)
- Unauthorised absence levels (*LOIP Measure*)
- Number of staff who self-report an increased confidence in dealing with trauma-based behaviour
- Reduction in the number of individual children experiencing exclusion

### Process measures

- Number of teachers and school staff who receive Trauma Skilled training, in line with the national Trauma Training Framework
- Number of staff able to deliver training
- Increase the awareness of parents who self-report feeling informed and able to support children and young people's emotional wellbeing. This will be achieved through events designed to increase awareness of the Health & Wellbeing Curriculum delivered to all children and through delivery of Brain Development sessions as a targeted intervention. Opportunities will be sought to engage representatives from the Partnership Forum to help share this information.
- Number of parents attending awareness sessions

## Balancing measures

- Increase in the number of children being supported via an early intervention programme to promote wellbeing

## **Change Ideas**

### **Promoting Inclusion: Awareness Raising & Training**

- Train the trainers session for ASG reps / officers, to build the city's capacity to train all staff
- Raise awareness amongst teachers and school staff of the damaging impact of exclusion on children, young people and their families by sharing evidence from those with lived experience and evidence from Community Justice sources.
- Upskill teachers and school staff to enable them to understand distressed behaviour and to create classrooms / school environments which reduce the high levels of anxiety experienced by our most vulnerable learners. This to be achieved through the delivery of the Scottish Government's Trauma Training Framework.

### **Providing Alternatives to Exclusion:**

- Identify and trial alternative responses to behaviour which may cause harm to self and others e.g. increased use of de-escalation strategies and engagement in more therapeutic activities which reduce levels of toxic stress.
- Continue to improve partnership approaches to supporting children, young people and families at risk of exclusion through development of the Partnership Forum and the range of alternative educational pathways available.

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

- Competing priorities in schools
- Capacity of central team to promote the importance of mental health / emotional wellbeing as pre-requisites to raising attainment of all. New approach to QA visits to schools and the focus on QI 3.1.
- Capacity of schools to ensure all staff have access to high quality training. Trauma Training Framework provides clarity re content of training and materials being developed.
- Inconsistency of response to distressed behaviour within schools; across schools; within the integrated service and from central officers. Use of all contemporary data / research to inform professional learning.
- Engagement of parents

### **Project Team (proposal)**

Lesley Stopani, QIM Health& Wellbeing; Max McGlinchey, CSW; Lisa Elrick, HT Heathryburn School; Stuart Craig, DHT representing Pupil Support in secondary schools; Cliff McKay, Lead Officer Health & Wellbeing; Colin Lemmon, Youth Work in Schools lead; Alex Pirrie, CAMHS; Heather Collie, EIS rep; Katie MacPhee, Educational Psychologist.

Outline Project Plan		
Project Stage	Actions	Timescale
<b>Getting Started</b> (Project Score 1-3)	Project team identified Project team meet Initial baseline established Draft charter developed Charter submitted to CPA Board	October 2019 October 2019 January 2020 Completed February 2020
<b>Designing and Testing Changes</b> (Project Score 4-7)	Identify the school in which Test of Change to take place Link with the Local Partnership to promote their involvement in the design and test of change. Deliver Trauma Training for Trainers Review adherence to the city's Exclusion policy through the use of case studies. Engage with all relevant parties on change design Evaluate overall achievement to date and plan further PDSAs or move to implementation	By December 2019  <b>From January 2020</b>
<b>Implementing and sustaining changes that demonstrate improvement</b> (Project Score 7-10)	Agree which change ideas tested are proven to work and should be part of a future roll-out. Continue to gather and reflect on exclusion data to assess impact Track the journey of a sample group of children and young people who experienced exclusion	May 2020  Monthly (already occurs)  Termly from May 2020

<b>Spreading Changes</b>  (Project Score 9-10)	Publication of effective practice via case studies.  Roll-out to schools across the city	<b>By May 2020</b>  <b>From August 2020</b>
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## Charter 9.2 Reducing Domestic Abuse

CPA CHARTER FEEDBACK FORM		
<b>Project Aim:</b>	Using a whole population approach <ul style="list-style-type: none"> <li>• increase the awareness of domestic abuse by 2021</li> <li>• reduce number of children who are witness to domestic abuse by Sept. 2022</li> <li>• decrease number of reported incidents by 30% by 2026.</li> </ul>	
<b>Project Manager</b>	Susan Morrison & Julia Milne	
	Training undertaken: MFI Bootcamp & QI Practitioner Programme	
<b>Reviewed by:</b>	Sacha Will	
<b>Date:</b>	9/01/19	
<b>Checklist</b>	<b>Summary of feedback</b>	
1. Is the project aim consistent with aim in the LOIP?	Yes	The aim in the charter is consistent with that in the LOIP.
2. Is there a sound business case explaining why the project is important?	Partly	The charter describes very well the impact of domestic abuse and the complexities around this issue. At the moment, the change ideas are related to raising awareness and understanding. It will be important to consider if any other changes are required to the system to address the other challenges raised eg keeping women safe when they leave; supporting older women; supporting women with disabilities. Further local data would be helpful (if available!) to understand any specific local concerns or opportunities for improvement.
3. Is it likely that the changes being tested will achieve the aim?	Partly	The change ideas are concerned with raising awareness and training. It would be helpful to clarify the rationale, intention and plan for any other change ideas. Unless the team believe that this one change concept is sufficient to help us to reach the aim (ie we already have other interventions that are working well to support other areas of concern)? If so, it is important to make that clear in the 'why is this important section'.
4. Will the measures demonstrate whether a change is an improvement?	Partly	There are a family of measures identified which will help the team and key stakeholders to understand and learn throughout the project. Further work would be required to define any additional process measures related to any other change ideas. There may also be a need to refine the existing measures to identify the 'vital few' that would support the changes currently identified.
5. Is there a mix of partners involved in this project?	Yes	There are a large number of people involved and the team have indicated their intention to identify key stakeholders that are most impacted by this work to ensure appropriate representation.
6. Clear outline project plan?	Partly	Project plan includes specific actions which require to be completed and indicative timescales for the initial changes identified.
<b>CPA Management Group/ Board Ready? Partly</b>		

<b>Improvement Project Title:</b> <b>Reduce Domestic Abuse Improvement Project</b>												
<b>Executive Sponsor:</b> <b>Derek McGowan</b>												
<b>Project Leads:</b> <b>Name:</b> Susan Morrison & Julia Milne <b>Job Role &amp; Organisation:</b> <b>Email Address:</b>												
<b>Aim statement</b>  Using a whole population approach <ul style="list-style-type: none"> <li>• increase the awareness of domestic abuse by 2021</li> <li>• reduce number of children who are witness * to domestic abuse by Sept. 2022</li> <li>• decrease number of reported incidents by 30% by 2026.</li> </ul> (This being the ultimate expected result, though expectation is that initially there will be an increase in reporting, if not in actual incidents. Numbers will be monitored throughout the duration of the project) <p>* though it is recognised that children experience domestic abuse, even if they don't witness it</p>												
<b>Link to Local Outcome Improvement Plan:</b>  This Improvement Project sits under stretch outcome 9 within the Prosperous People (Adults) and stretch outcome 3 within Prosperous People ( Children & Young People ) themes.  This project is around the prevention of incidents and breaking the pattern of domestic abuse. <table border="1"> <thead> <tr> <th>Stretch Outcome</th> <th>Key Drivers</th> <th>Improvement Project Aim</th> <th>Key Improvement Measures</th> </tr> </thead> <tbody> <tr> <td><b>9. 25% fewer people receiving a first ever Court conviction each year by 2026</b></td> <td>9.4 Changing attitudes about domestic abuse in all its forms</td> <td>Using a whole population approach: i) Increase awareness of domestic abuse by 2021; ii) reduce number of children who are witness to domestic abuse by 2022; ii) decrease number of reported incidents by 30% by 2026 iii)</td> <td>Number of awareness-raising events tackling domestic abuse across Aberdeen City (Baseline data: 17/18 – 12) % secondary schools with mentors in violence prevention scheme in place (Baseline data: 0) Number of reported domestic abuse incidents (Baseline data: 16/17 – 2,513 17/18 – 2,757)</td> </tr> <tr> <td><b>3. 95% of children (0-5 years) will reach their expected developmental milestones by the time of their child health reviews by 2026</b></td> <td>3.2 Keeping young children safe.</td> <td>Reduce number of children who are witness to domestic abuse by 2022.</td> <td>Number of health visitor routine inquiry's that indicate domestic abuse in the home Number of domestic abuse reports with children regarded as present</td> </tr> </tbody> </table> <p>In addition to the LOIP, this project will also complement and support the work of the Aberdeen Violence Against Women Partnership, key members of which sit on the project team.</p>	Stretch Outcome	Key Drivers	Improvement Project Aim	Key Improvement Measures	<b>9. 25% fewer people receiving a first ever Court conviction each year by 2026</b>	9.4 Changing attitudes about domestic abuse in all its forms	Using a whole population approach: i) Increase awareness of domestic abuse by 2021; ii) reduce number of children who are witness to domestic abuse by 2022; ii) decrease number of reported incidents by 30% by 2026 iii)	Number of awareness-raising events tackling domestic abuse across Aberdeen City (Baseline data: 17/18 – 12) % secondary schools with mentors in violence prevention scheme in place (Baseline data: 0) Number of reported domestic abuse incidents (Baseline data: 16/17 – 2,513 17/18 – 2,757)	<b>3. 95% of children (0-5 years) will reach their expected developmental milestones by the time of their child health reviews by 2026</b>	3.2 Keeping young children safe.	Reduce number of children who are witness to domestic abuse by 2022.	Number of health visitor routine inquiry's that indicate domestic abuse in the home Number of domestic abuse reports with children regarded as present
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<b>3. 95% of children (0-5 years) will reach their expected developmental milestones by the time of their child health reviews by 2026</b>	3.2 Keeping young children safe.	Reduce number of children who are witness to domestic abuse by 2022.	Number of health visitor routine inquiry's that indicate domestic abuse in the home Number of domestic abuse reports with children regarded as present									

### Why is this important

Violence against women significantly impacts women's daily lives – domestic abuse is a major form of this and it exists in all sections of our communities. Domestic abuse can exist in all types of relationships between partners and ex partners. Abusers and victims can be male or female, any race or religion and from all different types of background. Though, as a form of gender based violence, domestic abuse is mainly perpetrated by men against women.

The Police and Crown Office Procurator Fiscal Service agreed definition of Domestic Abuse is -

“any form of physical, verbal, sexual, psychological or financial abuse, which might amount to criminal conduct and which takes place within the context of a relationship. The relationship will be between partners (married, cohabiting, civil partnership or otherwise) or ex-partners. The abuse can be committed in the home or elsewhere including online.”

All too often when people think of domestic abuse, they think of physical violence, but it is usually much more than that. It covers the entire spectrum of behaviour by perpetrators – including isolated incidents as well a course /pattern of conduct with both violent and non-violent abusive behaviour. Sometimes this will involve elements and tactics of **coercive control**, which can involve a range of behaviours designed to control and harm a victim.

Domestic abuse isn't something that just happens once – it usually gets worse over time. Domestic abuse impacts on many areas of victims' lives, from stress & trauma to restrictions on their economic independence.

A common question is “Why doesn't the victim just leave?” In addition to the psychological, emotional, financial or physical threats, leaving can be highly dangerous. There is a huge rise in the likelihood of violence after separation. In 2017, 55% of the women killed by their ex-partner/spouse were done so within the first month of separation and 87% in the first year (*Femicide Census, 2018*)

Domestic abuse against women is well researched in the general population, but much less so in relation to women with learning disabilities or physical and sensory impairments (*JARID 2017*). Women with disabilities are often seen by perpetrators as 'easy targets' for abuse. Also that disabled women, despite their greater need, have less access to specialist and general domestic abuse services (*Thiara et al 2011*).

The full extent of domestic abuse in older women is unknown – they are described as “invisible victims” of domestic abuse (*Carthy & Holt 2016*). It has also been found that an increase of frailty and dependence on others for support can put older people at risk of abuse (*Knight and Hester 2016*). Age can present challenges for women accessing services (*Women's Aid 2017*). They are less likely than younger women to access services and resources. Safelives 2016 report states that older people are not represented in marketing material and there is a perception that supported housing is more suitable for younger women with children (*Rogers 2016*).

The relationship between alcohol and domestic abuse is not straightforward. Statistics seem to indicate a connection between them, but some researchers question the cause-and-effect relationship. Those who study the dynamics of domestic abuse say there is no real research to indicate that alcohol use causes domestic abuse, but rather that this an “overlap of 2 separate social problems”. Alcohol does not and cannot make a man abuse a woman, but it is frequently used as an excuse. (*verywellmind –The combination of Domestic Abuse & Alcohol 2019*).

Children who live with domestic abuse are, themselves, experiencing abuse. Domestic abuse is a key signifier of wider adversity in a child’s life – for instance, problematic substance use and mental health problems are often caused or exacerbated by domestic abuse (*Humphreys, C. (2002) ‘Domestic violence and child protection: exploring the role of perpetrator risk assessments’, Child and Family Social Work, 12*) and domestic abuse is the most common context for child abuse, (*Walby S. & Allen J. (2004) Domestic Violence, Sexual Assault and Stalking: Findings from the British Crime Survey, Home Office Research Study 276, London: Home Office*).

Domestic abuse is a challenging issue to tackle because of stigma, public perception and particularly as so much of it goes unreported. The average duration of abuse before effective support is sought is 4 years, (*Whole Lives 2019*). The focus of this project, based on the evidence and through engagement with local stakeholders, will be trying to change cultural understanding and thinking. To be done using a whole population approach, that will primarily concentrate on awareness raising. Early testing to start with small, targeted groups (ie teachers in a primary school, community wardens, learning disability support group), before moving on to a locality, (Woodside, Tillydrone & Seaton has expressed an interest).

*Data and further details re the Mentors in Violence Prevention Programme and Health Visitor Routine Enquiries to be pursued at Best Start in Life Group meeting on 24<sup>th</sup> Jan.*

#### Data

- Incidents of Domestic Abuse recorded by Police
 

	Scotland	Aberdeen City
2017/18	59,541	2773
2016/17	58,810	2522
2015/16	58,104	2570
2014/15	59,882	3088
2013/14	58,439	2487
- Nationally in 2017/18, the rate per 10,000 population is 110, for Aberdeen it is 121.
- Around four out of every five incidents of domestic abuse in 2017-18 had a female victim and a male accused. This proportion has remained very stable since 2011-12.
- Under reporting. These statistics do not reveal the incidence of all domestic abuse committed since not all incidents are reported to the police. In conjunction with the Scottish Crime and Justice Survey (SCJS), the statistics help to assess the extent and impact of domestic abuse in Scotland.

There are various reasons for such under reporting i.e., victims experience fear and shame as common effects of domestic abuse or it may also be caused by an accused physically preventing a victim reporting the domestic abuse.  
This will represent as a continued challenge, as victims come to an acceptance of this behaviour as 'normal' and part of the relationship.

Links to further reading –

Violence Against Women - Primary Prevention Guidance for Community Planning Partnerships  
Whole Lives- Improving the response to Domestic Abuse in Scotland  
Equally Safe - Scotland's Strategy for preventing & eradicating violence against women & girls

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

#### **Outcome measures (LOIP measures)**

- Number of awareness raising events tackling domestic abuse across Aberdeen City
- Number of secondary schools with MVP (Mentors in Violence Prevention programme)
- Number of routine health visitor enquiries that indicate domestic abuse in the home
- Number of domestic abuse reports with children regarded as present (as reported by the police)
- Number of domestic abuse reports with children regarded as present (as reported by 3<sup>rd</sup> Sector organisations)

#### **Process measures**

- Number of people/organisations attending an awareness raising event
- Number of people/organisations attending an awareness raising event reporting an increase in awareness and/or seeking further information
- Number of people/organisations attending a training event
- Number of people attending a training event reporting an increase in knowledge and understanding
- Number of views/likes/shares/positive comments on Social Media
- Number of organisations incorporating information into their staff induction
- Number of organisations incorporating guidance into their HR policies
- Number of organisations including the information on their websites
- Number of organisations displaying promotional content within their premises

#### **Balancing measures**

- Increased referrals – organisations being overwhelmed

### **Change ideas**

This is all about developing and promoting a clear & consistent message.

- **Media Campaign** to raise general awareness and understanding of what domestic abuse is, what it looks like and the lasting damage it causes – as well as signposting to relevant support (i.e. 3<sup>rd</sup> sector, statutory)

<p>Campaign to include testing of a series of short videos &amp; articles – for publication on existing websites and through existing communication channels.</p> <ul style="list-style-type: none"> <li>• <b>Signposting/ Lunch &amp; Learn Sessions</b> (by way of expanding on the above) to be tested with various communities and sectors, i.e. libraries, community centres, foodbanks, faith groups, workplaces etc</li> <li>• <b>Training Sessions</b> - more in-depth for front-line staff, (housing officers, teachers, youth workers to provide them with referral guidance &amp; escalation routes)</li> <li>• <b>Workplaces</b> - the development/testing of an ‘information pack’ to be included in staff inductions and within HR policies in organisations/services</li> <li>• <b>Targeted Groups</b> - disabled, people with learning disabilities, same sex/LGBTQ+, veterans, dementia &amp; older people – recognising their different needs, separate consideration to be given of ideas which can be tested to ensure effective engagement with them.</li> </ul>					
<p><b>Potential risks and/or barriers to success &amp; actions to address these</b></p> <ul style="list-style-type: none"> <li>○ Capacity issues within organisations (particularly ‘one man bands’)</li> <li>○ Funding costs for training (provision and backfill)</li> <li>○ Data - the only officially reported data re incidents is that recorded by Police Scotland. Third sector organisations will individually have their own data, of which there may be some overlap.</li> </ul>					
<p><b>Project Team:</b>  (Wider project team due to the level of initial interest – will be narrowed down in due course to a smaller core team, with key stakeholders)  Susan Morrison – ACVO  Julia Milne – Barnardos  Kelly- Jane Gissing - Advocacy  Lorraine Mackie - Police Scotland  Alex Purdie - Scottish Fire &amp; Rescue Service  Fiona Whitehouse – Aberdeen Cyrenians  Myshela Haywood – GREC  Wilma Thomson - Rape Crisis Grampian  Arizona Brodie – Sacro  Jackie Edgar – CJSW  Deejay Bullock – 4Pillars  Simon Raynor - ADP  Liv Coburn – SAMH  Chris Smillie – ACHSCP  Linda Leighton-Beck – NHS Public Health  Aileen Forbes –Grampian Womens Aid  Rachel Harrison - ACC , Housing  Tam Walker - ACC, Children’s Social Worker ( Operational)  Emma Thurley - Victim Support  Isobel McDonnell – Integrated Children &amp; Families  Jim Hume - Sacro</p>					
<p><b>Outline Project Plan</b></p> <table border="1"> <thead> <tr> <th>Project Stage</th><th>Actions</th><th>Timescale</th></tr> </thead> </table>			Project Stage	Actions	Timescale
Project Stage	Actions	Timescale			

<b>Getting Started</b> (Project Score 1-3)	First project team meeting held Nov. 2019 Draft charter prepared Nov. for submission to CG Group in Monthly project team meetings to be held from Dec 2019 – Feb. 2020 to finalise draft charter for submission to CPA Board in Feb. 2020. Gaining an understanding of the existing data & recording systems.	By the end of Feb. 2020
<b>Designing and Testing Changes</b> (Project Score 4-7)	Consolidation of collective resources and agreeing on consistent message to be delivered. Identifying initial tests of changes and prioritising where these are to be done. Clarification of who collects/holds what data, who that could be useful to and how it can be shared. This could also help inform any gaps. Robust and regular data collection – reviewed regularly.	Sept. 2021
<b>Implementing and sustaining changes that demonstrate improvement</b> (Project Score 7-10)	Main streaming and embedding of processes. Data gathering & refining to be continued	March 2022
<b>Spreading Changes</b> (Project Score 9-10)	Determine where other opportunities are .i.e other areas, communities	Sept. 2022

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## Charter 10.5 Supporting People Liberated from Prison

CPA CHARTER FEEDBACK FORM		
<b>Project Aim:</b>	To achieve an increase in the % of non-statutory prisoners (aged 21+) who are offered and access relevant voluntary support on release from HMP Grampian by December 2021.	
<b>Project Manager</b>	Mike Hebden	
	Training undertaken: QI Practitioner Programme	
<b>Reviewed by:</b>	Sacha Will	
<b>Date:</b>	20/01/2020	
<b>Checklist</b>	<b>Summary of feedback</b>	
1. Is the project aim consistent with aim in the LOIP?	Yes	The aim in the charter is consistent with that in the LOIP.
2. Is there a sound business case explaining why the project is important?	Partly	The charter provides an overview of the benefits of supporting people liberated from prison. The rationale would be strengthened by the addition of local data to describe aspects of the current system that could be improved, linked to the change ideas.
3. Is it likely that the changes being tested will achieve the aim?	Partly	Addressing the point above would strengthen the rationale for changes suggested.
4. Will the measures demonstrate whether a change is an improvement?	Partly	There are a family of measures described. Further work is required to clarify the 'vital few measures' required and describe these in a manner consistent with the improvement methodology being adopted by Community Planning Aberdeen. (feedback provided by Val Vertigans to support this)
5. Is there a mix of partners involved in this project?	Yes	It is important to ensure all key stakeholders are involved, including those who will be most impacted by changes to the system. The improvement team may have to change as this work progresses to ensure appropriate inclusion.
6. Clear outline project plan?	Partly	The project plan would benefit from the inclusion of specific actions which require to be completed, particularly in the early stages of the project.
<b>CPA Management Group/ Board Ready? Partly</b> The charter provides the rationale of the benefits of active travel and identifies change ideas to improve. Further work is required to strengthen the rationale and the measures as described above described; and provide a more detailed project plan.		

<b>Improvement Project Title:</b> Ensuring people on community sentences and liberated from prison have better access to services			
<b>Executive Sponsor (Chair of Outcome Improvement Group):</b> Derek McGowan			
<b>Project Lead:</b> Mike Hebden <b>Job role &amp; Organisation</b> <sup>[SW1]</sup> : <b>Email:</b>			
<b>Aim statement:</b> To achieve an increase in the % of non-statutory prisoners (aged 21+) who are offered and access relevant voluntary support on release from HMP Grampian by December 2021.			
<b>Link to Local Outcome Improvement Plan:</b>			
<b>Stretch Outcome</b>  <b>10. 2% fewer people reconvicted within one year of receiving a community or custodial sentence by 2026</b>	<b>Key Drivers</b>  10.2 Ensuring people on community sentences and liberated from prison have better access to services	<b>Improvement Project Aim</b>  Increase % of non-statutory prisoners (aged 21+) who are offered relevant voluntary support on release from HMP Grampian by 2021.	<b>Key Improvement Measures</b>  % of non-statutory prisoners who received relevant voluntary support on release from HMPYOI Grampian. (Baseline data: 16/17: 65% & 17/18: 70%)  % registered with a GP  % having suitable accommodation (Baseline data: 16/17: 66% & 17/18: 73%)  % had a benefits eligibility check prior to release  % had a Making Every Opportunity Count conversation (Baseline data Oct 17/Mar 18: 13%)
<b>Why is this important</b> <sup>[VV2]</sup> : <p>Research evidence shows that maintaining and building upon protective factors such as access to housing, healthcare, financial stability and professional support assists in improving desistance, and reducing recidivism and a return to custody, with all of the associated financial and human costs.</p> <p>For example, in 2017 49% of prisoners reported losing their accommodation whilst in prison and 35% said that they did not know where they would be staying when liberated. 6% of all homeless applications in 2016-17 were from prison leavers and repeat homelessness was at around 20%. It is recognised that stable accommodation can make a difference of over 20% in terms of reducing re-convictions, and people leaving prison are 3 times more likely to offend again without housing related support. It also makes good sense in terms of making the most of tax-payers money; with every £1 spent on housing related support saving more than £23 in justice costs associated with court and prison.</p> <p>An effective throughcare service improves access to and maintenance of these protective factors by providing both practical and emotional support for the client, acting as a bridge between custody and community. The Scottish Government report, “What Works to Reduce Reoffending: A Summary of the Evidence” notes, “An international review* into</p>			

the elements of effective through-care suggested that successful transitions involve contact with offenders while they are still in prison, continuity of contact in the community and for prisoners to be able to have input into the services that they receive”

\*Malloch, M. et al. (2013) *The Elements of Effective Through-Care Part 1: International Review*.  
Scottish Centre for Crime and Justice Research

Whilst there already is a recognised and effective throughcare support process in place to manage the transition from custody to the community, further improvements in this area will contribute to reducing the number of people and communities affected or harmed by crime; and support the goals of ensuring that people within Aberdeen feel safe and protected from harm, appropriately supported, and fully engaged as active, participating citizens.

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

#### ❖ Outcome measures:

- ❖ Access to support services upon leaving prison - an increase of x%<sup>[VV3]</sup> in the percentage of people being offered and taking up /any form of voluntary support upon release
- ❖ Access to Medical Services upon leaving prison – an increase of x% in the percentage of people registered with a GP within one week of leaving prison
- ❖ Access to housing upon leaving prison – an increase of x% in the percentage of people being offered and accessing suitable accommodation
- ❖ Access to benefits/financial resources upon leaving prison – an increase of x% in the percentage of people being offered and taking up a benefits eligibility check prior to release
- ❖ Signposting to healthier lifestyles – an increase of x% in the percentage of people being offered and engaging in a Making Every Opportunity Count conversation
- ❖ Planning & preparing for release – an increase of x% in the percentage of people being offered the opportunity to discuss and develop a plan for release, involving one or more of the above elements

#### • Process measures

- ❖ An increase in the number of people engaging with throughcare services following introduction of the new preparation for release information pack compared to before.<sup>[VV4]</sup>
- ❖ An increase in people’s awareness and satisfaction with throughcare services post implementation of all change ideas
- ❖ Number of staff trained to provide information and motivate people to take up the available services
- ❖ Number of peer mentors, with lived experience of the process contributing to the process

#### • Balancing measures

- ❖ To be identified

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

- ❖ Bring forward commencement of engagement pre-release to increase awareness<sup>[VV5]</sup>

<ul style="list-style-type: none"> <li>❖ Engage with throughcare service providers and users to develop a co-produced, in-house media strategy within the prison to improve awareness</li> <li>❖ Develop a comprehensive preparation for release information pack</li> <li>❖ Improve access to services by creating a multi-agency hub(s) in the community<sup>[VV6]</sup></li> <li>❖ Provide a direct transport link between the prison and identified service hub(s) in the city</li> <li>❖ Develop and deliver a training and awareness package which provides staff with the necessary information and techniques to inform and motivate potential service users to engage</li> <li>❖ Increase the role of peer mentors within the process; to increase motivation and support based on 'lived' experience</li> <li>❖ <del>Take action to address any improvements</del> <u>Additional ideas</u> identified by the joint process review<sup>[VV7]</sup></li> </ul>								
<p><b>Potential risks and/or barriers to success &amp; actions to address these</b></p> <ul style="list-style-type: none"> <li>❖ Since the project outcomes were agreed the temporary suspension of the Scottish Prison Service Throughcare Support Service (TSS) has resulted in a significant reduction in available resource for this work within the area, which may impact upon the scope and ability to improve beyond historic performance within the identified timeframe. Baseline data from 2016-2018 reflects the presence of 6 full time Throughcare Support Officers in the community. Levels of performance post-suspension of the TSS have reduced and therefore a more relevant starting point for measuring future progress would be to use the data from October to December 2019 as the baseline.</li> <li>❖ Availability and access to suitable accommodation space for basing service hub(s) within the city.</li> <li>❖ Previous reluctance from General Practitioners within the community to register people prior to release from custody<sup>[VV8]</sup>.</li> <li>❖ Limited capacity of service providers</li> </ul>								
<p><b>Project Team:</b>  Team Lead – Mike Hebden  Project Manager – Eilidh Smith  Practitioners:  Housing – Maryrose Peteranna  Benefits – Carol Hughes  MEOP – Dr Linda Leighton-Beck  Primary Healthcare – Steve McMaster  Throughcare Services – Karen Watson  Subject Expert Treatment Services – Simon Rayner  Improvement Coach – Yvonne Leathley</p>								
<p><b>Outline Project Plan</b></p> <table border="1"> <thead> <tr> <th>Project Stage</th><th>Actions</th><th>Timescale</th></tr> </thead> <tbody> <tr> <td><b>Getting Started</b> (Project Score 1-3)</td><td>Form team and hold workshop to analyse</td><td>February 2020</td></tr> </tbody> </table>			Project Stage	Actions	Timescale	<b>Getting Started</b> (Project Score 1-3)	Form team and hold workshop to analyse	February 2020
Project Stage	Actions	Timescale						
<b>Getting Started</b> (Project Score 1-3)	Form team and hold workshop to analyse	February 2020						

	existing local data, identify change ideas and agree outcomes.	
<b>Designing and Testing Changes</b> (Project Score 4-7)	Regular team meetings to carry out the Plan-Do-Study-Act cycle in respect of change ideas. Continue to collect and analyse relevant data.	March 2020 – December 2020
<b>Implementing and sustaining changes that demonstrate improvement</b> (Project Score 7-10)	Implement successful ‘tests of change’ and continue to monitor and measure performance.	January 2021 – September 2021
<b>Spreading Changes</b> (Project Score 9-10)	Share and apply any change ideas and improvements with other SPS sites where Aberdeen City clients are in custody.	September 2021 – December 2021

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## Charter 11.7 Reducing Suicide Rates

CPA CHARTER FEEDBACK FORM		
<b>Project Aim:</b>	Reduce suicide rates amongst men in Aberdeen to below 2016 levels (16) by 2021.	
<b>Project Manager</b>	Liam Yule, SAMH	
	Training undertaken: None (although Ian McKinnon, Police Scotland is supporting this project and has completed the QI Practitioner Programme)	
<b>Reviewed by:</b>	Sacha Will	
<b>Date:</b>	16/01/2020	
Checklist	Summary of feedback	
1. Is the project aim consistent with aim in the LOIP?	Yes	The aim in the charter is consistent with that in the LOIP.
2. Is there a sound business case explaining why the project is important?	Yes	The charter describes very well the national and local situation to understand the gap and opportunity for improvement. The improvement team have worked with the North East Scotland Suicide Prevention Forum to understand the current system and have developed a theory of change which is described in the charter.
3. Is it likely that the changes being tested will achieve the aim?	Yes	It appears that the change ideas link logically with the aim statement and the analysis of the current system.
4. Will the measures demonstrate whether a change is an improvement?	Yes	A family of measures have been identified which should allow the team to track progress towards the aim. These may need to be refined as the rationale for change is developed and data analysed to ensure the measures can help us understand the extent to which changes are leading to improvement.
5. Is there a mix of partners involved in this project?	Yes	The improvement team includes key stakeholders (although it will be important to identify specifically who will be support this work from Public Health, NHS Grampian, SFRS and Samaritans). Membership of the team may need to be reviewed as the project progresses to ensure that those likely to most impacted are involved.
6. Clear outline project plan?	Yes	Project plan has been completed with key milestones and indicative timescales.
<b>CPA Management Group/ Board Ready? Yes</b>		

## Improvement Project Charter

<b>Improvement Project Title –</b> Reducing male Suicide in Aberdeen City through targeted training
<b>Executive Sponsor</b> - Sandra Ross
<b>Project Lead</b> <b>Name:</b> Liam Yule <b>Job Role &amp; Organisation:</b> Suicide Prevention Manager – Scottish Association for Mental Health (SAMH) <b>Email Address:</b> liam.yule@samh.org.uk
<b>Aim statement</b> – Reduce suicide rates amongst men in Aberdeen to below 2016 levels (16) by 2021.
<b>Link to Local Outcome Improvement Plan</b> Falls under Stretch outcome 11. Healthy life expectancy (time lived in good health) is five years longer by 2026 with the key driver of supporting vulnerable and disadvantaged people, families and groups.
<b>Why this is important</b> <b>Overview</b> Nationally and locally we have seen an increase in male suicide rates including a 15% increase in male suicide from 2017 to 2018.  Nothing kills more men under the age of 45 in Scotland each year than suicide and 73% of all suicides nationally are male. Locally 49% of all suicides occur in males aged from 30 – 54 and a new approach to compliment the work already being done is important.  The North East Scotland Suicide Prevention Forum was formerly the Chooselife Steering Group and was re-established in September 2019. It has a wide membership which includes staff from NHS, Health and Social care across Aberdeen and Aberdeenshire Local Authority Areas, 3 <sup>rd</sup> Sector organisations specialising in mental wellbeing including SAMH, Foyer, Samaritans, Penumbra, SFRS and Police Scotland amongst others.  Its role in to develop Suicide Prevention activities and shares high level data and good practice across Aberdeenshire and Aberdeen City.  <b>Background to idea</b> NESSPF has a Campaign and Events subgroup which identifies public events that would benefit from additional support, and ties messaging in with seasonal themes or known background factors.



During Suicide Awareness Week in September 2019, members of the organisations represented by the group attended a multiagency Suicide Awareness Event at Aberdeen Railway Station. During that event, advice and awareness was provided to a number of taxi drivers at the station.

Later in the day, one driver returned and stated he had intervened with a suicidal customer a short time earlier, had followed the advice given, and was very appreciative of same. This was after only a very short discussion and suicide awareness input. This was the idea catalyst.

This identified a gap in that there are a large group of privately employed individuals who work 24/7 across all areas of Aberdeen who could provide benefit individuals at the early stages of crisis and signpost to support.

Further research was carried out which showed positive results had already been achieved from a similar initiative in Kilkenny in Ireland which saw around 200 suicide prevention interventions within taxi's, by the 1200 members signed up to it.

<https://www.bbc.co.uk/news/world-europe-41884645>

Current Suicide Prevention courses such as ASIST are aimed mainly at those in public sector professions, and the two day commitment could be problematic for those who are self-employed.

If a shorter, more accessible awareness input was designed simply to help individuals identify those who may be experiencing these feelings, this could provide a wide benefit to the public, and lead to further conversation or intervention.

The change ideas mainly revolve around the targeting of this training and awareness inputs to those who are in public facing, conversational roles.

Scottish Fire and Rescue Service have shown Local interest in this, as they move towards Wellbeing visits as part of their strategy, and will become part of the change ideas.

Testing this in the City will also allow sharing of good practice in Aberdeenshire under the terms of the Suicide Prevention Forum and the joint approach to Suicide Prevention co-ordination that Aberdeen and Aberdeenshire have taken.

#### **Measures**

- **Outcome measures –**

- Number of completed suicide (male).
- Number of Suicide interventions within Aberdeen City recorded by Taxi drivers/SFRS.

- Number of Suicide prevention conversations where suicide prevention information is passed within Aberdeen City recorded by Taxi drivers/SFRS.
- **Process measures**
  - % of Taxi Drivers trained
  - % of SFRS trained
  - % Taxi Drivers/SFRS reporting feeling able to identify signs of a person in distress and have a conversations and/or signpost to the relevant service/person following training (Questionnaire – before/after input, and at 3 months)
  - Genders of those people within Aberdeen City recorded by Taxi drivers/SFRS.
  - Number of people given awareness inputs, later attending ASIST or SafeTalk training.
- **Balancing measures**
  - Increase in demand experienced by other services (to be discussed by group).
  - Rates of female suicide rates.

### **Change Ideas**

#### **1. To what extent can we design and provide shorter Suicide Awareness inputs for taxi drivers and can we sustainably provide it free of charge?**

This will require a bespoke and achievable free of charge awareness input programme designed to encourage engagement of conversation and hand on to relevant authority, service, friend or family member who is able, available and acceptable in keeping that individual safe. Feedback from drivers would be used to develop and maintain programme.

#### **2. To what extent does training Taxi drivers increase intervention opportunities?**

If we design and deliver a short but focussed awareness input to help taxi drivers within Aberdeen City to spot the signs of an individual who may be having thoughts of suicide will they use it?.

#### **3. To what extent does training does training SFRS increase intervention opportunities?**

As the Scottish Fire and Rescue Service move towards wider 'safe and well' home visits, [https://www.firescotland.gov.uk/media/1476819/SFRS Strategic Plan 2019 22 V1.0.pdf](https://www.firescotland.gov.uk/media/1476819/SFRS_Strategic_Plan_2019_22_V1.0.pdf) (Page 18)

Can we explore whether training can be given to front facing SFRS staff, around suicide awareness.

#### **4. To what extent are these inputs, once designed, transferrable across to other Conversational Occupations?**

If idea 1 proves successful, and we identify other 'Conversational Occupations', such as hair stylists and tattooists, those in early apprenticeship (NESCOT), can we utilise the same inputs without need for change.

**4. To what extent does increasing lower level inputs encourage participation in full ASIST or SafeTalk training.**

Does awareness lead to those individuals seeking more in-depth training?

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

**Buy in and comfort of subject from drivers**

Any training needs to be relevant, focussed and delivered within a time frame that suits drivers that are both self employed and salaried. Drivers will be provided with literature for support and refresher training and focus offered where required.

Drivers are self-employed and therefore additional time spent is loss of earnings, which may decrease enthusiasm for uptake – making this voluntary means this mitigate this by only having those who are invested trained.

**Accurate recording of interventions and the impact made**

To enable this project to be accurately assessed, the project team will have to work with drivers/firms to develop ways to record intervention/conversation numbers.

To assist, the team will develop clear parameters of what an 'intervention' looks like and devise clear and easy strategy to ensure drivers can feedback conversations had. Work with the Public Health team to help collate feedback and data gathered to ensure ongoing programme is guided by relevant data.

**Driver support**

Ensure drivers have access to a debrief service after any intervention if required.

**Project Team**

Liam Yule – Suicide Prevention Manager, SAMH

Ian McKinnon – Inspector, Partnerships & Local Authority Liaison, Police Scotland

Dave McKain – Taxi Enforcement Officer, Aberdeen City Council

Derek Bain – Partnership Development Officer, Police Scotland

Russel Mcleod – Managing Director, Rainbow Cars

Public Health, NHS Grampian (person to be confirmed)

SFRS Rep

Samaritans Rep (peer support)

Outline Project Plan		
Project Stage	Actions	Timescale
<b>Getting Started</b> (Project Score 1-3)	Liaise with Taxi companies and develop project team to lead.	By end January 2020
<b>Designing and Testing Changes</b> (Project Score 4-7)	Develop focussed and efficient training programme and deliver training to approximately 100 drivers in groups of 12-15. (Training team to be developed)  Update Taxi & Private Hire Consultation Group with project progress.	By March 2020
<b>Implementing and sustaining changes that demonstrate improvement</b> (Project Score 7-10)	Adapt programme as necessary and begin roll out to further drivers.  Collate and present feedback on driver knowledge, discussions and interventions undertaken and literature distributed.	By December 2020
<b>Spreading Changes</b> (Project Score 9-10)	Continued monitoring and evaluation. Supporting drivers when further training or information required.	On going

## Charter 11.8 Teachback

CPA CHARTER FEEDBACK FORM		
<b>Project Aim:</b>	Increase the number of people who are engaged with citizens in areas which impact on lifestyle and health that are trained in Teach back techniques by 100% by 2021	
<b>Project Manager</b>	Ann Smith, Hayley Ross and Amanda Gould	
	Training undertaken: ScIL (Scottish Improvement Leader Programme) & QI Practitioner Programme	
<b>Reviewed by:</b>	Sacha Will	
<b>Date:</b>	15/01/2020	
<b>Checklist</b>	<b>Summary of feedback</b>	
1. Is the project aim consistent with aim in the LOIP?	Yes	The aim in the charter is consistent with that in the LOIP.
2. Is there a sound business case explaining why the project is important?	Yes	The charter provides an overview of the Teachback approach. It clarifies that the approach has been well researched, and the purpose of the improvement work is to test how to successfully implement this approach within and across relevant partners in the CPP. This provides the rationale for the changes identified for testing.
3. Is it likely that the changes being tested will achieve the aim?	Yes	There may be a need to refine the theory of change as a result of learning from initial tests of change.
4. Will the measures demonstrate whether a change is an improvement?	Yes	Some specific measures have been identified which will help the team and key stakeholders to understand and learn throughout the project.
5. Is there a mix of partners involved in this project?	Yes	It is important to ensure all key stakeholders are involved, including those who will be most impacted by changes to the system. The improvement team may have to change as this work progresses to ensure appropriate inclusion.
6. Clear outline project plan?	Yes	Project plan includes specific actions which require to be completed and indicative timescales.
<b>CPA Management Group/ Board Ready? Yes</b>		

## Improvement Project Charter Template

<p><b>Improvement Project Title:</b></p> <p>Making Teachback an Always Event in Key Interactions with Service Users</p>
<p><b>Executive Sponsor</b></p> <p>Sandra Ross</p>
<p><b>Project Lead:</b></p> <p>Ann Smith, Hayley Ross and Amanda Gould</p> <p><b>Job Role &amp; Organisation:</b></p> <p>Organisational Development Officer, Wellbeing Coordinator, Health Improvement Officer</p> <p><b>Email Address:</b></p> <p><a href="mailto:Annsmith1@aberdeencity.gov.uk">Annsmith1@aberdeencity.gov.uk</a> , <a href="mailto:haross@aberdeencity.gov.uk">haross@aberdeencity.gov.uk</a> , <a href="mailto:agould@aberdeencity.gov.uk">agould@aberdeencity.gov.uk</a></p>
<p><b>Aim statement (What are we trying to accomplish? Over what time? Numerical target for improvement?)</b></p> <p>11.5.1 Increase the number of people who are engaged with citizens in areas which impact on lifestyle and health that are trained in Teach back techniques by 100% by 2021</p>
<p><b>Link to Local Outcome Improvement Plan:</b></p> <p>11. Healthy Life expectancy (time lived in good health) is five years longer by 2026 – <b>Stretch Outcome</b></p> <p>11.2- Building community resilience through a peer supported approach to health literacy distributed through social networks – <b>key driver</b></p> <p>% increase in health literacy in Aberdeen City (Baseline to be established by Health Literacy Measurement Tool) – <b>key improvement measure</b></p> <p>11.5 Working with staff, professionals and employers to provide individuals with the social resources needed to make informed decisions about health and lifestyle – <b>key driver</b></p> <p>Increase the number of people who are engaged with citizens in areas which impact on lifestyle and health and that are trained in Teachback Techniques by 100% by 2021.- <b>improvement project aim</b></p> <p>No. of people trained – <b>key improvement measure</b></p> <p>No. of organisations accessing training in use of Teachback techniques- <b>key improvement measure</b></p> <p>No. of tier 2/3 interventions e.g sustained programmes for health literacy, distress brief intervention, alcohol brief intervention) in identified areas of need. <b>Key improvement measure</b></p> <p><b>ACHSCP Strategic Plan 2019 – 2022</b></p>

4.2 Resilience: Resilience can be understood to be the ways in which people and organizations adapt to circumstances that may be less than stable or positive. It is not a new concept, but it is one that can significantly influence our attitudes and behaviors in response to life's day-to-day challenges. Supported self-management means moving away from a model where people are passive recipients of care and treatment towards a more collaborative relationship where they are active partners taking greater responsibility for their own health and wellbeing. Many people with long-term conditions already make appropriate decisions and manage many factors that contribute to their health and wellbeing on a day-to-day basis. For this shift to be effective, people need to have opportunities to develop their knowledge, skills and confidence to make informed decisions and adapt their health related behaviors. They also need to have access to the necessary expertise to support them in overcoming barriers and achieving their goals. Teachback is an action relating to PRIORITY: Promote and support self-management and independent living for individuals.

#### **ACHSCP Draft OD Plan 2019**

##### **3. Support employee training and development**

(Includes spread of training and tools to supports MDT working (Audit Scotland 2018 report) and the natural dynamics between the workforce as we continue to integrate.

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

Health Literacy is about people having enough knowledge, understanding, skills and confidence to use health information in order to be active partners in their care and to navigate health and social care system. Health and social care professionals may undervalue a person's health literacy need. Often this is because people are reluctant to admit they haven't understood information that has been explained to them. Having good health literacy is needed to access healthcare systems. Teachback is a communication method that can support an individual's health literacy need. Used by professionals as a communication skill, service users are better able to care for their own health and be active partners in health decision making (Battermah et al 2016). It is an easy-to-use technique which checks that the professional has clearly explained information to the patient and that the patient has understood what they have been told (Scottish Health Council). The technique goes beyond using questions such as "Is that clear?" and "Have you understood everything?". Instead, the health professional asks the patient to explain or demonstrate, using their own words, what has just been discussed with them. For the technique to work, when checking for understanding, the professional must put the onus on themselves rather than put pressure on the individual in receipt of information to recall. For example, "I just want to make sure I've not forgotten anything, would you mind going over what I've said so I can make sure I haven't missed anything".

Research has shown that when patients or care givers do not adequately understand health information it leads to unmet care needs, an increased risk of complications and

increased readmissions (Kornburger et al 2013). Using a Teachback approach can identify learning gaps and provide an opportunity for health and social care staff to address misunderstandings. A project done with nurses (Klingbeil and Gibson 2018) implementing the use of Teachback, highlighted in post evaluation surveys that using this technique revealed 'good catches' meaning that information that would have been misunderstood or missed had teach back not have been done.

In 2017 the Scottish Government produced a health literacy action plan. 'Making it Easier' sets out for improving health literacy in Scotland. Nationally, health literacy awareness and training of the techniques such as Teachback is only available online. (<https://learn.nes.nhs.scot/1449/elearning-digital/health-literacy-tools-and-techniques>). In previous years, Train the Trainer style health literacy workshops were done through NHS Education for Scotland but this is no longer available and there is now no national trainer.

Two health literacy trainers in Aberdeen City (Amanda Gould and Hayley Ross) have done some health literacy workshops with different staff groups but only as requested. Some professionals may recognise Teachback as a good communication tool but there is no way of finding out who has heard of this technique, how many are currently using it in daily practice or if the technique is properly understood. The approach to using the Teachback method is not consistent by some staff groups (Peter et al 2015); and solely having knowledge of Teachback does not guarantee behaviour change (Peter et al 2015, Klingbeil and Gibson 2018). Education alone does not change practice (White et al 2013). Literature emphasises that it needs to be supported and enabled at an organisation level (White et al 2013 Beauchamp et al 2017).

The evidence suggests that using the Teachback method is best suited to those with long term conditions as it engages patients in self managing their condition (Yong-Bing et al 2018, Peter et al 2015 ,Kornburger et al 2013 and Klingbeil and Gibson 2018).

In summary, Teachback is a valuable strategy that can improve the safety and quality of good health and social care (Klingbeil and Gibson 2018, Scottish Health Council). Numerous studies have shown that teach back improves patient understanding, that it has minimal financial costs (Kornburger et al 2013, Yong-Bing et al 2018, Peter et al 2015, Scottish Health Council) and that it is empowering and transferable for all health and social care staff (Tyron et al 2015). Training in teach back to staff groups builds a competent and robust workforce (Tyron et al 2015) but this is not a brief adventure and often takes considerable time and a number of different measures to hard wire new practice ( White et al 2013). By increasing the number of health and social care staff using Teachback long term health outcomes for the people of Aberdeen City may be improved.



**Measures:****Developed through workshops with Working Group**

- **Outcome measures**
  - Number of staff trained in Teachback Techniques
  - Number of staff reporting their use of Teachback
  - Confidence of staff when using Teachback.
- **Process measures**
  - Number and range of training opportunities (virtual/face to face/group sessions- which method of training has the most impact on staff)
  - Range of situations where Teachback is used.
  - % of staff who self-report that they feel more confident that services users/public have understood what they have explained
  - Areas/Clients where staff do not find it helpful to use (where was it not appropriate to use Teachback)

**Change ideas****Developed through workshops with working group**

- Develop Health Literacy Training Module and test with a front facing teams. One online training and one face to face training and evaluate pre and post for impact.
- Focus groups with staff asking what we know about Health Literacy and what training has already happened.
- Poster campaigns- What is Health Literacy/ Teachback
- Start by using teachback in just one or two topic areas that are relatively 'contained'. For example, how to manage cardiac chest pain. Areas that are 'high-risk' or key transition points may be good to start with.
- Use a team-approach. If everyone who is organizing or providing care uses teach-back – even for informal education, then it will become more familiar to everyone.
- Nominate 'teachback champions' within a clinical area. Depending on their available time, these champions can act as role models and mentor other team members to use teach-back.
- Use a train-the-trainer approach whereby the champions teach their peers to use teach-back.
- Teachback Badges
- Use teachback with peers during clinical handover.
- Add teachback into clinical pathways and standards, develop a policy & procedure, or make it a key performance indicator for staff.

**Potential risks and/or barriers to success & actions to address these***Initial thoughts collated from research and Logic Model Exercise.*

- It requires time and health professionals may need to allocate extra consultation time to encourage the patient to 'teachback' what they have been told
- Improvement Project measure impact on professionals' time and address any capacity issues.
- This tool could appear as patronizing and deteriorate into an interrogation unless it was used sensitively.
- Robust training/feedback/shadowing put in place.
- User feedback sought

*Other:*

- Potential attitudes of staff towards the concept, this may include that it is very health focused; that some may feel they already use this type of approach; that this approach takes too much time.
- Close Link to Public Health and Wellbeing Health Literacy Work to ensure understanding of where Teachback fits.
- Create vision statement in language that fits both health and social care as present language is very health focused.
- Involve teams in discussions around how they implement the process
- Lack of robust evidence demonstrating its consistent effectiveness across a range of health and social care intervention.
- Use baseline data from research (to be obtained by working group\_
- Potential Language barriers e.g. English as a second language
- Consult Equalities e.g. NHS use of language line Healthpoint may be useful) or local authority equivalent

**Project Team:**

Ann Smith - ACHSCP Organisational Development Facilitator  
 Amanda Gould - ACHSP Public Health  
 Hayley Ross – ACHSCP Wellbeing Coordinator  
 Christopher Third – Scottish Health Council  
 Fiona Mathers – Scottish Care  
 Paul Murray (or other representative) – Bon Accord Care  
 Stacey Anderson - NHSG Pharmacy.  
 Susan Morrison (or other representative) ACVO

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

<b>Project Stage</b>	<b>Actions</b>	<b>Timescale</b>
<b>Getting Started</b> (Project Score 1-3)	<b>Logic Model mapping to begin to understand</b>	<b>31 July 2019</b>

	<p><b>baseline data and current system Improvement Project, Scale and Spread.</b></p> <p><b>Project Team Identified</b></p> <p><b>Initial Project Charter compiled</b></p> <p><b>Further work to understand the current system through two workshops with Project Team.</b></p> <p><b>Launch Workshop</b></p> <p><b>Second Workshop</b></p>	<p><b>31 August 2019</b></p> <p><b>31 August 2019</b></p> <p><b>18 September 2019</b></p> <p><b>14 October 2019</b></p>
<p><b>Designing and Testing Changes</b> (Project Score 4-7)</p>	<p><b>Continuing and including work mentioned in previous sections.</b></p> <p><b>Launch Workshop</b></p> <p><b>Second Workshop</b></p> <p><b>Project Charter agreed and finalised</b></p> <p><b>Teams identified for involvement in Improvement Project</b></p> <p><b>Timescale for Improvement Project</b></p>	<p><b>18 September 2019</b></p> <p><b>14 October 2019</b></p> <p><b>End October 2019</b></p> <p><b>End October 2019</b></p> <p><b>December – end March 2020</b></p>
<p><b>Implementing and sustaining changes that demonstrate improvement</b></p>	<p><b>Scale Up</b></p>	

(Project Score 7-10)	<p>Test with increasing number of people to ensure method works.</p> <p>Plan in place based on learning from initial improvement project</p>	<p><b>April to September 2020</b></p> <p><b>31 March 2020</b></p>
<p><b>Spreading Changes</b> (Project Score 9-10)</p>	<p><b>Spread</b> Set up and run ongoing training across wider HSCP.</p> <p>Making use of learning from Improvement Work, engage Project Team to identify others to help plan roll out and sustainability,</p>	<p><b>September 2020 – end 2021</b></p>

## Charter 11.9 – Making Every Opportunity Count

CPA CHARTER FEEDBACK FORM		
<b>Project Aim:</b>	Increase by 25% year on year, the number of people who have benefited from a Making Every Opportunity Count conversation or intervention	
<b>Project Manager</b>	Linda Leighton-Beck	
	Training undertaken: MFI Bootcamp	
<b>Reviewed by:</b>	Sacha Will	
<b>Date:</b>	16/12/19	
<b>Checklist</b>	<b>Summary of feedback</b>	
1. Is the project aim consistent with aim in the LOIP?	Yes	The aim in the charter is consistent with that in the LOIP.
2. Is there a sound business case explaining why the project is important?	Yes	The charter provides an overview of the MeOC approach. It clarifies that the approach has been well researched, and the purpose of the improvement work is to test how to successfully implement this approach within and across the CPP. This provides the rationale for the changes identified for testing.
3. Is it likely that the changes being tested will achieve the aim?	Yes	There may be a need to refine the theory of change as a result of learning from initial tests of change.
4. Will the measures demonstrate whether a change is an improvement?	Yes	Some specific measures have been identified and there is a recognition that there may be specific additional measures required as other organisations test and implement the approach.
5. Is there a mix of partners involved in this project?	Yes	It is important to ensure all key stakeholders are involved, including those who will be most impacted by changes to the system. The improvement team may have to change as this work progresses to ensure appropriate inclusion.
6. Clear outline project plan?	Yes	Project plan should include specific actions which require to be completed and indicative timescales.
<b>CPA Management Group/ Board Ready? Yes</b> The charter provides the rationale for testing and implementation of the MeOC approach to realise the potential benefits. The charter is not a rationale for testing the impact of MeOC itself, rather how the Partnership can take a structured approach to enable Community Planning Partners to implement the evidence-based aspects of MeOC to realise the potential benefits.		

**Improvement Project Title :** Making every Opportunity Count across the public and third sector

**Executive Sponsor:** Sandra Ross (Chair of Outcome Improvement Group):

**Project Lead:**

Linda Leighton-Beck

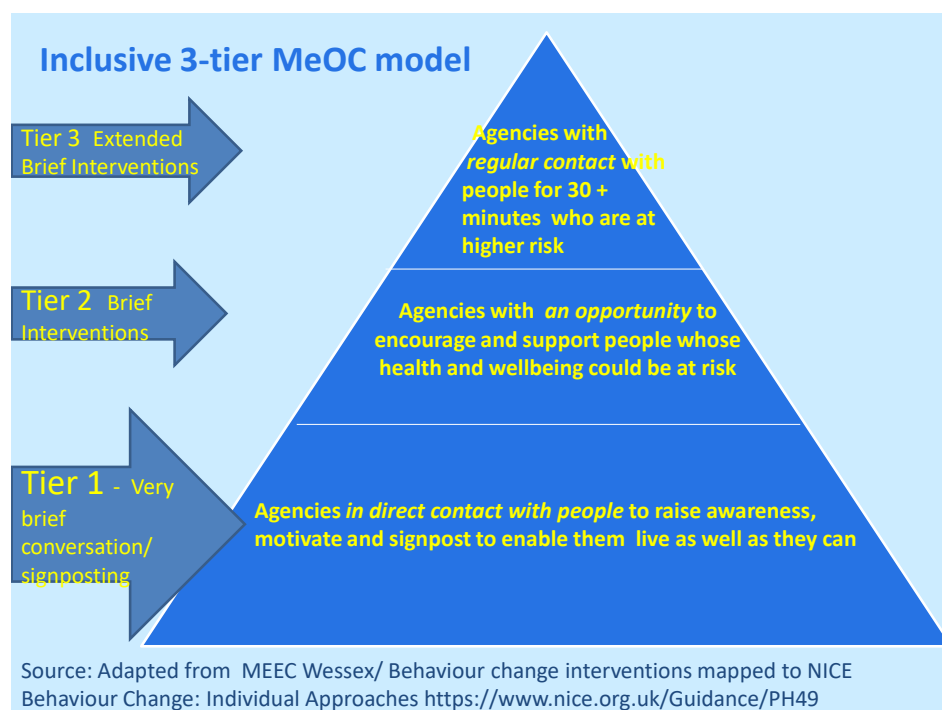
**Job Role & Organisation:** Head of Social Inclusion, NHS Grampian

**Email Address:** [linda.leighton-beck@nhs.net](mailto:linda.leighton-beck@nhs.net)

**Aim statement**

Increase by 25% year on year, the number of people who have benefited from a Making Every Opportunity Count (MeOC) conversation or intervention

The Charter **seeks to test the spread of the model consistently within one organisation** for the well tested MeOC concept. This will then allow all CPP partners to adopt a tested implementation plan and move to scale-up across Aberdeen city.



**Link to Local Outcome Improvement Plan:**

The refreshed LOIP for 2016-26, 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 11 within the People (Adult) theme.

### **Why is this important**

MeOC is an ambitious, integrative and transformative 3-tiered approach to support cultural shift to enable people who use services, and people who provide services, to live as well as they can, with everyone, every system and service doing a little.

With the development of the publicly available Scottish Services Directory the potential for MeOC to become a self-management and peer-support tool is greatly enhanced. Future tests of change will look at how embedding the approach with citizens and students might enhance the overall resilience of our communities who can signpost each other (earlier) rather than wait until there is a problem which is when they often come into contact with services. This is a deliberate attempt to use the approach to get 'upstream' and like individuals with supports at a much earlier stage.

### **Key progress 19/20**

- Overall, partners/services aim to Increase by 25% year on year, the number of people who have benefited from a MeOC conversation or intervention.
- In 2018-19, 6000 people benefited.
- We will meet our target by increasing the number of people benefiting, in 2019-20, by a minimum of 1500.
- All partners, existing and new, contribute to this total and are concentrating on Tier 1.
- New adopting partners for 2019-20 are Housing Services, Library Services, Community Pharmacy and NHS Grampian Healthpoint. We believe it is particularly important to consolidate Tier 1 to provide a solid platform from which to reach into tier 2/3.
- Colleagues have worked hard to prepare for the tests of change we describe. This work is already advancing and builds from the learning from earlier tests of change with existing partners/services.

### **MeOC is designed to benefit services and people :**

- Encourages a common way of preventive working, within an overall framework (3-tiered model) that is suitable for all public and third sector services
- Supports cultural shift – amongst services and people, at scale and over time – to provide the platform for prevention.

- Underpins the drive for prevention which the Christie Commission on the Reform of Public Services seeks to achieve, which public bodies signed up to and have found difficult to put into practice.
- Provides a simple approach to the 'how', at volume and scale.
- Enables a holistic, equitable approach which at Tier 1 (the focus in 2019-20) provides brief wellbeing conversation/intervention and signposting to expert relevant support in the community, and at Tiers 2/3 (commencing in 2020/21) offers brief/more extended intervention.
- Benefits families by increasing their awareness of community assets
- Benefits communities as more people begin to take greater advantage of the full range of assets.
- Benefits public services as staff become more aware of the full range of community assets to enable their clients to secure maximum holistic support
- Benefits all services, progressively, from concentrating their resource on those at greatest risk and with greatest need.
- Enables more people to live as well as they can (self-care/self-manage) reduce the burden on Public Services and the associated costs.
- Aligns well with NHS England's development of longer standing on Making Every Contact Count.

MeOC focuses on customer needs, rather than service *per se*, affords a more holistic approach to equitable service provision and illustrates respective contributions as Community Planning Partners i.e. above and beyond named service and closer to the Christie Commission's vision of increasing opportunity for prevention and early intervention as a *modus operandi*.

As such it provides a *systems approach* which is steadily gaining recognition with partners, increasing the volume and value of consistent messaging to enable people to address their health and wellbeing, bringing much needed coherence to 'early intervention, prevention and self-care' at a level that is meaningful to our service users and providers, and increasing the leverage of partners.

Prior to MeOC none of this was in place, so on the basis of total gain for the City - since inception – 17,000 people have benefited from a MeOC conversation, with no additional resource. Previously none had benefited.

Each and every partner increases the scale of the change and all of the literature indicates the need to upscale interventions, particularly where the focus is on population health gain.

The significant change which MeOC enables is the *systematic, consistent, sustained approach, within a service, and across services* creating greater coherence of Community Planning Partner effort for the city.



One identified area for improvement is that our roll-out could be even more impactful if it didn't focus solely on 'paid workers'. The approach if adopted in everyday conversation by the general public would have the potential to turn a grumble between friends into a meaningful conversation. The person in need of support information could get the support they need much quicker from their peer – with the added benefit that early support will most likely see an issue resolved when it is manageable rather than become a crisis. This may be a particularly useful strategy for teens in supporting positive mental health.

In 2020/21 we want to focus on one organisation Aberdeen City Health & Social Care Partnership (ACHSCP) and test the implementation across one organisation. Specifically, we want to test how we measure and monitor the regular and ongoing use of the tool.

MeOC is evidence based and has been informed by

- ❖ Successive reports from MEOC  
<https://www.gov.uk/government/publications/making-every-contact-count-mecc-practical-resources>
- ❖ Aveyard, P *et al* Screening and brief intervention for obesity in primary care: a parallel, two-arm, randomised trial *Lancet* 2016; 388: 2492–500,  
<https://www.makeeverycontactcount.co.uk/media/1131/lancet-bis-for-obesity-in-primary-care-randomised-trial-oct-2016.pdf>
- ❖ Nelson A, de Normanville C, Payne K, Kelly M. *public health* 127 (2013) 653e660 [http://www.publichealthjrnal.com/article/S0033-3506\(13\)00128-5/pdf](http://www.publichealthjrnal.com/article/S0033-3506(13)00128-5/pdf)

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

Shifting culture is a long-term process. In the initial tier 1 phase (2019-20), we need to be certain that partners are delivering MeOC, hence the single metric is number of people benefiting from the already tested MeOC approach. In subsequent phases, we can extend our metrics and seek more nuance.

- **Outcome measures –**
  - number of people benefitting from a MeOC conversation or intervention in 2020-21.
  - number of partner organisations and services adopting MeOC
  - Percentage increase year on year (18/19 baseline 6,000; 19/20 target is 7,500; 20/21 target is 9,375)
- **Process measures –** \*Each partner identifies own 'markers of success', for example:
  - Number of referrals generated by MeOC conversation (using referral tracking reports in Scottish Services Directory)
  - Ratio of number of conversations to number of referrals

- **Balancing measures** – Each partner factors MeOC into their day to day business. For example, if staff vacancies were to persist, some adjustment in MeOC throughput would be anticipated and noted.

\*Each partner is encouraged to agree own ‘markers of success’ at the outset including feasibility, utility and acceptability of MeOC for clients and for staff/organisation.

\*This is good practice in QI – principle that in Test of Change that change idea is tested and optimised but when spreading to scale-up it needs to take account of local team environment – this way people can think about the benefits locally and this in turn builds stronger buy-in.

\* Each partner agrees the issues for signposting, Tier 1

\* In a subsequent phase, we will look to engage partners who have the opportunity and capacity within their day to day operations (e.g. they largely operate a case management approach and have a measure of continuity with clients) to agree issues for brief intervention at Tiers 2/3.

#### **Change ideas:**

Change ideas for 2020/21 will focus on spreading the approach which we have already tested is separate teams:

- Testing the appropriateness of training that is delivered to staff to ensure they are confident and competent in MECC within their role.
- Developing a review system that can measure how many MeOC conversations are taking place and the number of onward referrals generated.
- Develop MeOC user group to gather further improvement ideas
- Develop peer-to-peer training

Project team are developing change ideas for 2020/21 to test the expansion of the approach on a peer to peer basis rather than traditional models of service deliverer to customer. This is a genuine attempt to empower citizens to take their role in supporting each other in a preventative way thus raising levels of resilience across the city. The most exciting part of this is that it could become inter-generational but with grandchildren providing advice and support (using their digital and information sourcing skills) to their elders.

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

**There are three significant linked risks which can be mitigated.**

- Failure of agency sponsors, at the highest level, to signal to all relevant staff the importance of adopting this inclusive systems approach, identifying a visible named lead and building the approach into governance, ensuring that the MeOC conversation is a key metric integrated within organisation and service performance dashboards – mitigated by roll-out and communications plans.

- Failure of managers to be prepared to nurture this process over the long term within the service/organisation to ensure sustainability and longevity as part of routine practice – mitigated by roll-out, communication and Management Information planning.
- Failure to use monitoring data to troubleshoot, if required – mitigated by Management Information planning.

**Project Team:**

Neil Carnegie – Housing Service Manager, ACC  
 Fiona Clark – Library Service Manager, ACC  
 Stacey Anderson – Pharmacy Development Manager, NHSG  
 Susan Johnston – NHSG (Training Advisor)  
 Andrea Thomson- NHSG (Data Master)  
 Elaine Mcconnachie - Aberdeen City HSCP/ PH Team  
 Libby Soutar – NHS Grampian Healthpoint (Aberdeen)  
 Linda Leighton-Beck – Head of Social Inclusion, NHSG

This team will link directly with ACHSCP Leadership Team to ensure that during the establishment of locality working that training on MeOC approach and use of Scottish Services Directory is given to all staff.

**Outline Project Plan - Set out your initial plan about the timeline for your project.**

**(This should be reviewed regularly)**

This focuses on Tier 1 for 2020/21 within ACHSCP.

Project Stage	Actions	Timescale
<b>Getting Started</b> (Project Score 1-3)	<b>What initial activities are required to get started?            (Forming the improvement team; developing the project charter; gathering and analysing baseline data; understanding the current system)</b>  Completed tests of change for 2019 – 20 with Housing, Libraries, Community Pharmacy , Healthpoint. These tests	<b>When do you expect to complete this stage?</b>  <b>Completed</b>

	<p>were around training and use of MeOC</p> <p>Preparation and planning for 2020 implementation tests within ACHSCP.</p> <p>An open access learning site was created and is available to support those starting their own MeOC test of change at <a href="https://www.hi-netgrampian.org/people-networks/public-health-directorate/health-inequalities/making-every-opportunity-count/making-every-opportunity-count-meoc-summary/">https://www.hi-netgrampian.org/people-networks/public-health-directorate/health-inequalities/making-every-opportunity-count/making-every-opportunity-count-meoc-summary/</a></p>	<p>By 1 March 2020</p> <p><b>Completed</b></p>
<p><b>Designing and Testing Changes</b></p> <p>(Project Score 4-7)</p>	<p><b>What activities are required to start testing changes? (Identifying changes and prioritising; engagement with customers &amp; colleagues; Identifying the people, place to start testing)</b></p> <p>Establish ACHSCP specific project team</p> <p>Communications and Engagement Planning</p> <p>Capture success stories from previous tests</p>	<p><b>When do you expect to complete this stage?</b></p> <p>Jan 2020</p> <p>Feb 2020</p> <p>Feb 2020</p>

<p><b>Implementing and sustaining changes that demonstrate improvement</b> (Project Score 7-10)</p>	<p><b>What activities are required to start testing changes? (Identifying changes and prioritising; engagement with customers &amp; colleagues; Identifying the people, place to start testing)</b></p> <p>Testing of training materials and modes of delivery for ACHSCP.</p> <p>Testing of training materials for Scottish Services Directory (SSD).</p> <p>Testing of referral reporting functionality of SSD.</p> <p>Identify team development / locality workshop sessions at which to deliver training</p> <p>Run a review workshop at 6 months engaging MeOC users to identify further improvements</p>	<p><b>When do you expect to complete this stage?</b></p> <p>March 2020</p> <p>March 2020</p> <p>April 2020</p> <p>May 2020</p> <p>Nov 2020</p>
<p><b>Spreading Changes</b> (Project Score 9-10)</p>	<p><b>What actions are required to reach the full scale of the project? (Engagement of other teams/colleagues; other locations?)</b></p> <p>Within each partner/ agency, spread is by phased roll out, with phasing reflecting readiness to adopt.</p> <p>Spread to new services and or agencies is reflective of MeOC 'fitness for agency purpose', readiness to agree, develop and deliver a test of change and an</p>	<p><b>When do you expect to complete this stage?</b></p> <p>Will reflect plans held by each service on next steps in roll out.</p> <p>Spread to other services will be at the discretion of the sponsoring chief officer.</p>

	element of opportunistic buy in.	
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## Charter 11.10 Reduce tobacco smoking

CPA CHARTER FEEDBACK FORM		
<b>Project Aim:</b>	Reduce tobacco smoking by 5% by 2021	
<b>Project Manager</b>	Craig Singer	
	Training undertaken: MFI Bootcamp	
<b>Reviewed by:</b>	Sacha Will	
<b>Date:</b>	20/12/19	
<b>Checklist</b>	<b>Summary of feedback</b>	
1. Is the project aim consistent with aim in the LOIP?	Yes	The aim in the charter is consistent with that in the LOIP.
2. Is there a sound business case explaining why the project is important?	Yes	The charter describes very well the complexities around the issue and the impact of smoking on outcomes, with reference to local and national data and research. The charter provides a rationale for the change ideas suggested.
3. Is it likely that the changes being tested will achieve the aim?	Yes	A number of changes have been suggested to focus on prevention and early intervention. There may be a need to refine the theory of change as a result of learning from initial tests of change.
4. Will the measures demonstrate whether a change is an improvement?	Yes	Specific measures have been identified to enable learning and understanding of how we can improve. Please see my comment re two of the measures.
5. Is there a mix of partners involved in this project?	Yes	It is important to ensure all key stakeholders are involved, including those who will be most impacted by changes to the system. The improvement team may have to change as this work progresses to ensure appropriate inclusion.
6. Clear outline project plan?	Yes	The project plan includes specific actions which require to be completed and indicative timescales.
<b>CPA Management Group/ Board Ready? Yes</b> <b>Please note comment regarding two of the measures listed.</b>		

## Improvement Project Charter

<b>Improvement Project Title – A Tobacco Free Future for Aberdeen City</b>
<b>Executive Sponsor</b> Sandra Ross, Chief Officer, Aberdeen City Health and Social Care Partnership and Chair of Respected, Included and Supported Outcome Improvement Group
<b>Project Lead</b> <b>Name:</b> Craig Singer <b>Job Role &amp; Organisation:</b> Development Manager, Youth Work and Adult Learning, ACC and Chair of the Aberdeen Tobacco free Alliance (ATfA) <b>Email Address:</b> <a href="mailto:csinger@aberdeencity.gov.uk">csinger@aberdeencity.gov.uk</a>
<b>Aim statement:</b>  <b>Reduce tobacco smoking by 5% by 2021</b>  <i>Links to other smoking related charters:</i> <i>Reduce the number of pregnant mothers who smoke by 10% by 2022 (Angela McKinnon as Lead)</i> <i>Reduce the number of babies exposed to second-hand smoke (at 6-8 week review) by 10% by 2022 (supported by Kevin Leslie)</i>
<b>Link to Local Outcome Improvement Plan</b> Stretch Outcome 11: Healthy life expectancy (time lived in good health) is five years longer by 2026  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
<b>Why this is important</b>  <u>National Context</u>  Smoking continues to be the greatest preventable cause of ill-health and death in Scotland. It causes around 1 in 5 of all deaths, remains the most significant cause of preventable cancer and contributes to much of Scotland's cardiovascular and pulmonary health problems <sup>1</sup> .  Scotland's Public Health Priorities (2018) recognise the need to reduce the use and harm from tobacco. The Scottish Government has set ambitious targets to reduce children's exposure to second-hand smoke to 6% by 2020 and reduce smoking prevalence in Scotland to 5% by 2034.  <u>Local context</u>

<sup>1</sup> ASH Scotland COPD fact file <https://www.ashscotland.org.uk/media/672389/24-copd.pdf>



We know that whilst the number of people smoking in Aberdeen has been reducing (17.67% of the population in 2018<sup>2</sup>), this is not equal across the population. Health inequalities exist and more people living in deprived communities and circumstances still smoke tobacco (30.69% in SIMD 1 compared to 3.77% in SIMD 5).

Changing attitudes so that smoking is taken as seriously as other health priorities (e.g. illicit drugs and alcohol) is a challenge. To highlight the impact of tobacco, local deaths attributed to smoking over a 2 year period (2016/17) for the city equated to 358.37 people per 100,000 of the population. In 2018 Aberdeen city rate of drug deaths equated to a total of 52 people. Tobacco is also the main cause of COPD<sup>3</sup> (Chronic Obstructive Pulmonary Disease). 161 people per 100 000 of the population in Aberdeen suffer from COPD. 90% of those suffering from COPD will have this debilitating disease because of their smoking history.

The most recent Schools Adolescent Lifestyle and Substance Use Survey (2018) highlights a couple of significant increasing trends for young people and smoking in Aberdeen since 2013:

- 25% increase in the number of 15 year olds who said they had managed to buy cigarettes/tobacco
- 6% increase in the number of 13 year olds who felt it was 'ok' for someone their age to 'try smoking to see what it's like'<sup>4</sup>

Regarding tobacco control, Aberdeen city has developed a range of good practice in recent years:

- Aberdeen has had 20 organisations sign Ash Scotland's Tobacco charter<sup>5</sup>
- 'Imagineers' from across Aberdeen partnered with the Aberdeen Tobacco free Alliance (ATfA) in 2017 to identify tobacco control actions that matter to young people
- Health Visitors across the city were trained to discuss smoking and undertake carbon monoxide monitoring with women postnatally within the 'Staying Smoke free Pathway' pilot
- Aberdeen City Council introduced smoke free grounds policy, prohibiting smoking on local authority grounds and in vehicles<sup>6</sup>
- Bucksburn Academy Campus have taken a whole school approach to tobacco control and went Smoke Free in 2015
- A Pregnancy Smoking Cessation Referral Booking Pathway has been implemented across midwifery services

If we are to reduce tobacco smoking and the harms it presents, we need to build on previous partnership working and good practice as well as test new and innovative solutions.

<sup>2</sup> ScotPHO Profile Data [https://scotland.shinyapps.io/ScotPHO\\_profiles\\_tool/](https://scotland.shinyapps.io/ScotPHO_profiles_tool/)

<sup>3</sup> ASH Scotland – COPD <https://www.ashscotland.org.uk/media/672385/copd.pdf>

<sup>4</sup> SALSUS 2018 - Aberdeen City

<sup>5</sup> ASH Scotland – Scotland's Charter <https://www.ashscotland.org.uk/what-you-can-do/scotlands-charter-for-a-tobacco-free-generation/charter-signatories/>

<sup>6</sup> ACC Smoke-Free Policy <https://committees.aberdeencity.gov.uk/documents/s57351/CG16028%20FINAL%20Report%20Smoke%20Free%20at%20Work%20Policy%20MAGnew%20FPR07JUNE.pdf>

We will gather baseline data and use it to guide our activities and measure improvements.

### Rationale for the project

In order to reduce the harms from tobacco smoking we need to consider:

- Prevention - creating environments where young people do not want to smoke, and they don't see adults smoking
- Protection - protecting people from second-hand smoke
- Cessation - helping people to stop smoking

The Aberdeen Tobacco free Alliance (ATfA) has discussed and agreed that to have the biggest impact on reducing tobacco smoking in Aberdeen we need to focus on prevention and early intervention. Many of the 'Change Ideas' presented below will help support young people and young adults to choose not to start smoking or to quit smoking. Partners represented on the ATfA have used their local knowledge of the problem and identified where they can personally influence this agenda in order to prioritise areas for action. However, shifting attitudes and behaviours so that 'not smoking' becomes the normal thing to do, will require support and commitment from a wide range of partners.

### **Measures**

- **Outcome measures**
  - **Percentage of adults smoking tobacco** (ScotPHO 2018 – baseline data - 17.67%)
  - **Percentage of school aged young people smoking tobacco** (SALSUS 2018 – baseline data - 13 year olds 1%; 15 year olds 8%)
  - **Percentage of pregnant women smoking tobacco** (ScotPHO 2018 - baseline 14.05%)
- **Process measures**
  - Community use of Trading standards Hot line – links to improved outcomes
  - Number of people accessing pharmacy cessation services who live in neighbourhoods within SMID 1 and 2
  - Number of young people who are care experienced who smoke
  - Number of apprentices smoking tobacco
  - Percentage of 15 year olds managing to buy cigarettes/tobacco (SALSUS 2018 – baseline 39%)
  - Percentage of regular smokers (13 and 15 year olds) getting someone else to buy them tobacco/cigarettes (SALSUS 2018 – baseline 74%)
- **Balancing measures**
  - Number of people smoking e-cigarettes
  - Number of organisations signing up to the 'Tobacco Charter'
  - Number of people attending tobacco related training

### **Change ideas**

- Community Planning Aberdeen sign Scotland's Charter for a Tobacco-free Future and commit to promoting smoke-free environments internally and with partners

- Support young people on apprenticeships to not take up smoking and support those who already are smokers to stop. SDS will provide data on the numbers of apprenticeships who smoke and this will be used as a baseline to measure change
- Clean Air Campus (NESCOOL)
  - Pharmacy cessation at NESCOL
  - Introduce tobacco-free messages in smoking 'hotspots'
- Use 'Best Bar None' Accreditation scheme to look at reducing smoking near the entrance of pubs
- Utilise existing and new networks to spread information on tobacco key messages for prevention/ protection and cessation(quitting)
- Care experienced young people are supported to stay smoke-free and stop smoking
  - Review policy for foster carers
  - Engage with care experienced young people to develop key messages & information; link with LAC Ambassadors and raise their awareness of long-term health outcomes of smoking
  - Refresh tobacco-free training for care experienced staff
  - Adapt 'Mind Of My Own' Online Application to provide up-to-date tobacco-free information
- Develop 'young people friendly' pharmacy information and smoking cessation services to improve the numbers of people using them. Data shows that there are more smokers in SIMD 1 and 2 so the focus will be on pharmacies within these neighbourhoods.
- Increase public awareness, promotion and use of the free trading standards phone number to encourage reporting of proxy and counterfeit tobacco sale
- Engage with partners and local organisations to support reviewing /developing and implementation of internal policies

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

- Limited active membership with the Aberdeen Tobacco Free alliance
- Little or no funding
- Staff capacity
- Lack of awareness of tobacco vision for Scotland
- Sensitivity of the topic by nature
- Tobacco not seen as a priority when put in the context of Drugs/ alcohol etc

### **Project Team**

Craig Singer, Development Manager – Lifelong Learning (Young People and Adults) ACC  
Rachel Thompson, HIO – Children & Young People (Public Health) ACHSCP  
Lauren Mackie, HIO – Schools (Public health/ Education)  
Derek Bain, Police Scotland  
Allison Lamont, Student Engagement Co-ordinator, North East Scotland College  
David Francis, Senior Enforcement Officer, Trading Standards  
Stacey Anderson, Pharmaceutical Services Improvement and Development Manager  
Chipego Siamuwele (pharmacy secondment for smoking cessation) Public Health, NHSG

### **Outline Project Plan**

<b>Project Stage</b>	<b>Actions</b>	<b>Timescale</b>
<b>Getting Started</b> (Project Score 1-3)	<b>Initial activity to get started:</b> <ul style="list-style-type: none"><li>• ATFA will be the improvement team; build on knowledge of QI methodology to support with project development requirements and recording</li><li>• Further develop project charter;</li><li>• Identifying, Gathering and analysing baseline data;</li><li>• Identify links/ connections to other charters within the LOIP</li><li>• Developing an understanding the current system</li></ul>	<b>September / November 2019</b>  <b>1<sup>st</sup> Draft Sept 2019</b>  <b>2<sup>nd</sup> draft ready for RIS December 2019</b>
<b>Designing and Testing Changes</b> (Project Score 4-7)	<b>Activity required to start testing changes:</b> <ul style="list-style-type: none"><li>• Prioritise Changes – identify what to start first</li><li>• Conversations to be held with colleagues to share change</li></ul>	<b>Feb 2020</b>  <b>April 2020</b>

	<p>ideas and identify partners support / input</p> <ul style="list-style-type: none"> <li>Identify training needs</li> </ul>	<b>April 2020</b>
<p><b>Implementing and sustaining changes that demonstrate improvement</b> (Project Score 7-10)</p>	<p><b>Action required to implement and sustain the changes that have resulted in improvement:</b></p> <ul style="list-style-type: none"> <li>Resource implications for implementing changes across teams involved in development - equipment/staff training needs</li> <li>Learning to be shared with colleagues</li> <li>Celebrate success of improvement</li> <li>Communication plan and identify and develop capacity if others to inform/train other teams to make changes</li> </ul>	<b>December / January 2020</b>
<p><b>Spreading Changes</b> (Project Score 9-10)</p>	<p><b>Actions required to reach the full scale of the project:</b></p> <ul style="list-style-type: none"> <li>Identify staff required to be involved and ensure change is implemented</li> <li>Communicate rationale/ evidence to highlight the need for change</li> <li>Identify further support /training needs to ensure change ideas are successfully implemented</li> <li>Acquire / record feedback from participants</li> </ul>	<b>April 2021</b>

	<ul style="list-style-type: none"> <li>• Ongoing review of data</li> </ul>	
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## Improvement Project Stage Assessment Tool

The Project Stage Assessment Tool can be used to monitor the progress made with an improvement project.

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

## Improvement Project Charter Assessment Form

The Improvement Team may find it helpful to use the assessment form below to review the charter and ensure it has sufficient detail before proceeding to test changes. It can also support peer assessment of Improvement Project Charters.

### Assessment

1: Not at all 2: To a small extent 3: Somewhat 4: To a large extent 5: To a very great extent or n/a

### WHAT ARE WE TRYING TO ACCOMPLISH?

Topic	Score	Comment
Aim relates to the LOIP/ Locality Plans.		
Charter description clearly states need for improvement.		
Expected impact on organisation and/or customer is clear		
Improvement clearly points to process, product or service or sub-system improvement		
Expected outcomes are clear and the team will know when it has completed the project		
Specific, numerical goals to be attained		
Project can be completed within time frame as identified in the Aim Statement		

Total: \_ out of possible 35

### HOW WILL WE KNOW A CHANGE IS AN IMPROVEMENT?

Topic	Score	Comment
An appropriate family of measures is identified		
Measures identified are directly related to the project description, objectives, and goals		
Historical data exist on performance of the process or product to be improved		
Outcome, process, and balancing measures are specified		
Measures can be collected at intervals frequent enough to assess progress on the project		
Improvement in the project measures can reasonably be expected within project time frame		

Total: \_ out of possible 30

### WHAT CHANGES CAN WE MAKE WHICH WILL RESULT IN IMPROVEMENT?

Topic	Score	Comment
Specific issues to investigate and/or alternatives to consider are given		
A concept design or change package is identified		
Project constraints are defined including what is NOT to be addressed		
Project is tied to specific processes or sub-systems		
Initial activities or PDSA cycles are suggested		

Total: \_ out of possible 25

### TEAM MEMBERSHIP

Topic	Score	Comment
All appropriate subject matter knowledge is represented on the improvement team		
Process owner (authority to make changes) is represented or Sponsor of team		
People with detailed knowledge of the targeted system are on the team		
Patients, customers, clients or suppliers are on the team, or a way of involving/engaging with these stakeholders has been identified		
<b>TOTAL RATING</b>		

Total: \_ out of possible 20

### Total Evaluation Rating

- > 85 Good Project charter definition
- 66-85 Consider improving or clarifying the project charter (see low ratings)
- < 65 Rework or Re-evaluate the need for this improvement charter



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

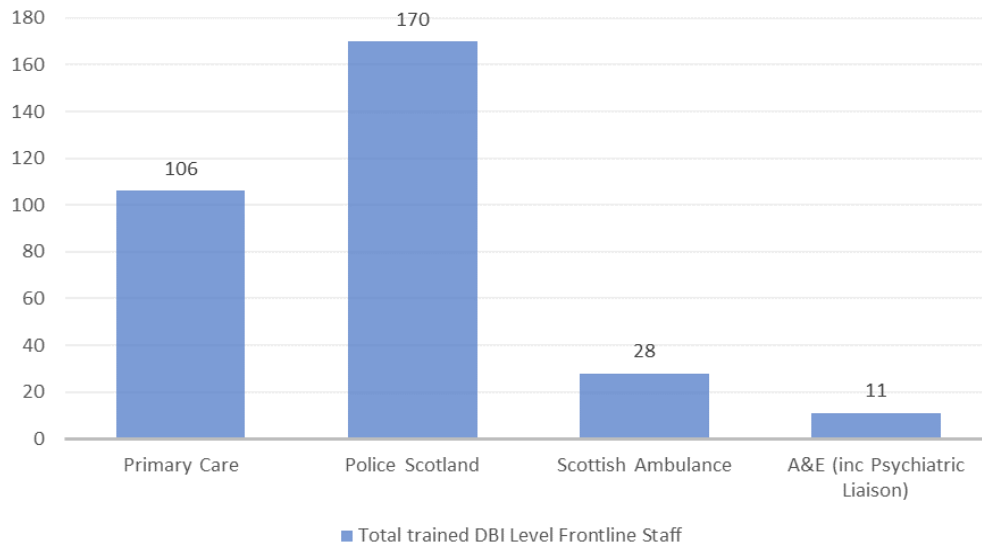
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## Charter 11.11 Increasing Distress Brief Intervention opportunities

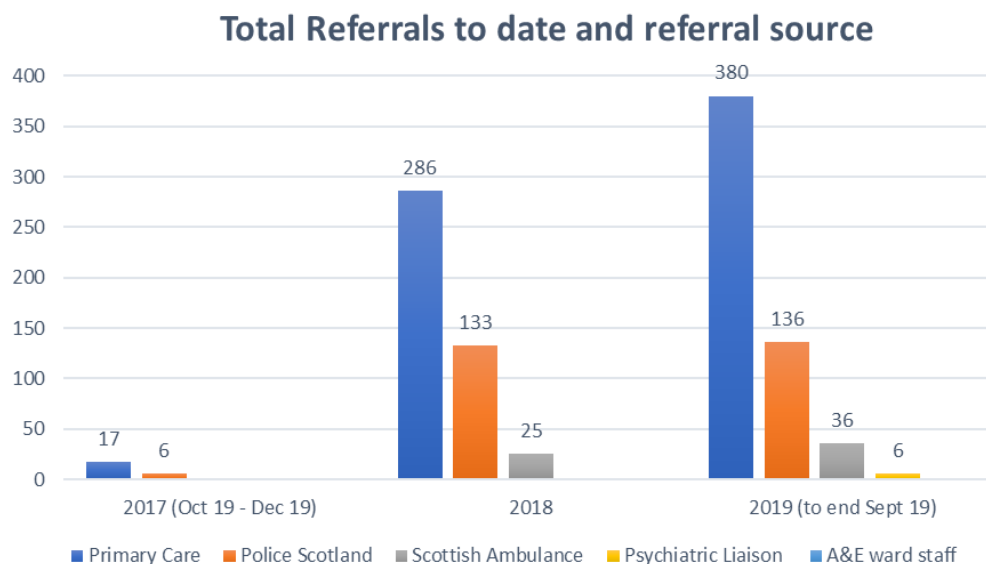
CPA CHARTER FEEDBACK FORM		
<b>Project Aim:</b>	Increase the number of Distress Brief Interventions opportunities for people presenting to frontline services in distress by 10% by 2021.	
<b>Project Manager</b>	Rachel Middleton	
	QI Training Undertaken: MFI bootcamp	
<b>Reviewed by:</b>	Sacha Will	
<b>Date:</b>	20/01/2020	
<b>Checklist</b>	<b>Summary of feedback</b>	
1. Is the project aim consistent with aim in the LOIP?	Partly	The aim in the charter is slightly different to that in the LOIP. LOIP aim: Increase the number of distress brief intervention opportunities for people with mental health issues by 10% by 2021.  Charter aim: Increase the number of Distress Brief Interventions opportunities for people presenting to frontline services in distress by 10% by 2021.
2. Is there a sound business case explaining why the project is important?	Partly	The charter describes the current system in relation to the provision of Distress Brief Interventions and areas where action can be taken. It is not clear how this charter links with the work being undertaken by the team leading the charter around the improvement aim: 'Reduce suicide rates amongst men in Aberdeen to below 2016 levels (16) by 2021'.
3. Is it likely that the changes being tested will achieve the aim?	Yes	There is a link between the change ideas identified and the issues raised in the charter to improve the current system.
4. Will the measures demonstrate whether a change is an improvement?	Yes	A 'family of measures' have been identified in the measurement section. There may be a need to identify the 'vital few measures' that will be required to understand progress towards the aim and the impact of change ideas, as the project progresses.
5. Is there a mix of partners involved in this project?	Partly	It is not clear how the members of this team are linked with those of the team leading the other LOIP project. This will be important to enable learning to be shared and reduce any duplication of effort.
6. Clear outline project plan?	Partly	There is a project plan with specific actions required, particularly at the early stages of the project. This will need to be updated as the project progresses.
<b>CPA Management Group/ Board Ready? Partly</b>		

<b>Improvement Project Title:</b> Increasing Distress Brief Intervention opportunities for people experiencing distress
<b>Executive Sponsor (Chair of Outcome Improvement Group):</b> Sandra Ross, Chief Officer, Aberdeen City Health and Social Care Partnership
<b>Project Lead:</b> Rachel Middleton, Service Manager, Penumbra
<b>Aim statement</b> - Increase the number of Distress Brief Interventions opportunities for people presenting to frontline services in distress by 10% by 2021.
<p><b>Link to Local Outcome Improvement Plan:</b></p> <p>The project is within the 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”</p> <p>Increase the number of Distress Brief Intervention opportunities for people who experience distress by 10% by 2021</p>
<p><b>Why is this important</b></p> <p>The aim of the DBI Programme is to provide a framework for improved inter-agency co-ordination, collaboration and co-operation across a wide range of care settings, interventions and community supports, towards the shared goal of providing a compassionate and effective response to people in distress, making it more likely that they will engage with and stay connected to services or support that may benefit them over time.</p> <p>This initiative supports the Scottish Government’s Mental Health Strategy 2017 – 2027, and Scotland’s Suicide Prevention Action Plan 2018, in that it delivers on the principle of “ask once, get help fast”, and offers access to support to people in distress and/or at risk of suicide. The service in Aberdeen is funded through Scottish Government national Action 11 monies and not local funding streams at this time.</p> <p>During the development of the DBI Programme an Evaluability Assessment was completed by NHS Health Scotland <a href="http://www.healthscotland.scot/media/1316/evaluability-assessment-of-the-distress-brief-intervention-programme-in-scotland_mar2016_english.pdf">http://www.healthscotland.scot/media/1316/evaluability-assessment-of-the-distress-brief-intervention-programme-in-scotland_mar2016_english.pdf</a></p> <p>Throughout the assessment they established a theory of change model and these can be viewed by following the hyperlink. DBI Aberdeen is already achieving 13 outcomes within the test of change that align with the Local Outcome Improvement Plan.</p> <p>For the duration of the pilot (Nov 2016 – Mar 2021) DBI referral pathways are established with four set frontline partners; Primary Care, Police Scotland, the Scottish Ambulance Service and Accident &amp; Emergency including the Psychiatric Liaison Service. Referral opportunities are increasing across all four partners as the scaled implementation</p>

progresses. However, the level of referral opportunities is less within the A&E due to smaller numbers of referring professionals.



DBI Aberdeen receives a high volume of referrals per month and achieved the 1,000<sup>th</sup> referral in September 2019. By the end of September 2019, the service received 1025.

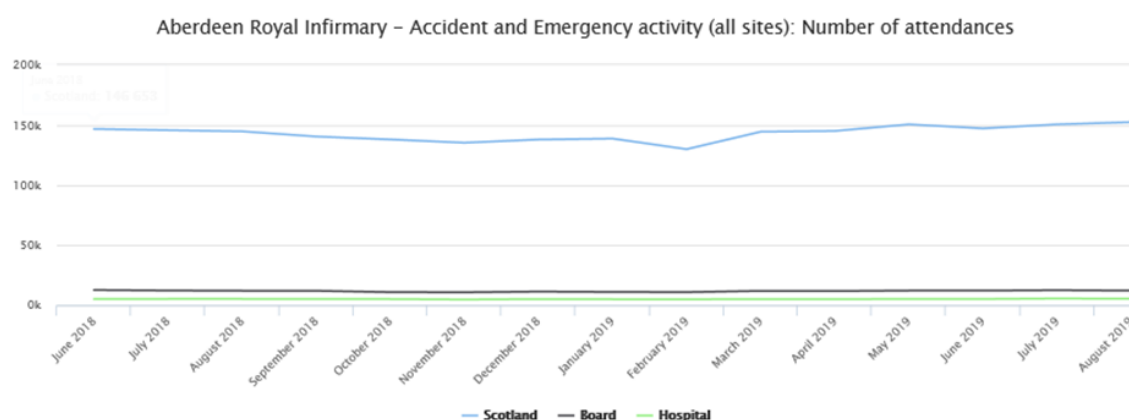


You can see in the above graph that Primary Care and Police Scotland are referring the highest number of people. This aligns with the number of DBI Level 1 trained staff from the four frontline partnership agencies.

Accident & Emergency have the least number of DBI Level 1 trained staff and therefore, are making the least number of referrals.

The identified area of improvement is the DBI pathway with the A&E department. The graph below further supports this focus of improvement.

## Accident and Emergency activity (all sites)



Month	Hospital	Board	Scotland
August 2019	5,424	12,180	152,353
July 2019	5,588	12,514	150,492
June 2019	5,169	12,204	147,187
May 2019	5,184	12,166	150,483
April 2019	5,000	11,730	145,022
March 2019	5,132	11,873	144,358
February 2019	4,893	10,921	129,841
January 2019	4,971	11,113	138,626
December 2018	5,091	11,385	137,879
November 2018	4,723	10,788	135,166
October 2018	5,076	10,929	137,905
September 2018	5,125	11,940	140,369
August 2018	5,247	12,043	144,638
July 2018	5,221	12,228	145,651
June 2018	5,127	12,658	146,653

The above graphic is taken from the NHS Performs website - <https://www.nhsperforms.scot/hospital-data/indicator-hospital?hospitalid=3&indicatorid=6>

It is clear from the most current figures shown above that a large proportion of the population in Aberdeen present to Accident and Emergency with health concerns. This gives context in the DBI project aim focussing on improving the DBI Accident and Emergency referral pathway. Importantly this improvement also links and supports the early intervention, prevention and reduced waiting times strategies and approaches.

Additionally, this project links with other LOIP projects as the DBI Service works across a wide band of people experiencing distress with no restriction of the contributing factors triggering their distress. We are confident that throughout the DBI project charter and service delivery there will be support given to other LOIP projects.

## Measures:

- **Outcome measures** – The DBI service collects outcome data for every person accessing and engaging with the service. A distress rating scale is facilitated with the person in distress at DBI Level 1 initial presentation of distress and then again at the beginning and the end of DBI Level 2 intervention. This data can be gathered in regards to A&E DBI referrals to measure personal outcomes and if a person's distress was improved through the DBI pathway.
  - Confidence rating of ED staff in making DBI referral (before and after DBI Level 1 training)
  - ED referral DBI Distress Rating Scale – Level 1 presentation to the end of support
  - Number of DBI ED referrals engaged/not engaged
  - Number of DBI ED referrals with a planned exit and completed Distress Management Plan

- **Process measures** – As lead agency Penumbra gathers data on all referring partners, the number of referrals and the referral source. This can be gathered to track and focus improvement activities and the percentage increase of referring staff from A&E and number of referrals from A&E.

For the purposes of this project we will also gather the data on what staff are making referrals or not, and use this information to implement improvements and provide intelligent support in order to increase referrals and where appropriate develop training approaches.

Our data collection also can provide the time (in-hours/out of hours), length of DBI intervention and engagement rate.

- Number of DBI Level 1 trained ED staff
  - Number of referral received from ED
  - % increase of total DBI referrals
  - % increase of DBI referrals from ED
  - Number of ED staff trained and referring
  - Number of ED staff trained and not referring
  - Number of DBI referrals made in-hours
  - Number of DBI referrals made out of hours
  - Length of DBI intervention time from Level 1 to Level 2
- **Balancing measures** – Penumbra will monitor risk by tracking the volume of frontline staff requesting DBI Level 1 training. Penumbra will track, measure and manage this to ensure that the DBI Level 2 service has capacity to meet the demand of increased referral numbers.
  - Number of referrals offered (declined and accepted)

- Number of trained ED staff and the percentage increase of total referrals
- Number of ED staff requesting training
- Number of onward referrals to Third Sector and other agencies

- **Independent Evaluation** – The DBI Programme (Nationally) is currently undergoing an independent evaluation being led collaboratively by the Nursing, Midwifery and Allied Health Professionals Research Unit, ScotCen, the Mental Health Foundation and Glasgow Caledonian University. The evaluation process will run until April 2020 and then reporting and recommendations will be disseminated across the programme. This will further measure the improvement project.

## Change ideas

Increasing the number of DBI Level 1 trained ED staff will increase Distress Brief Intervention opportunities for people experiencing distress who present to A&E. The change ideas will focus on three main areas; training approaches, maintaining numbers of DBI trained staff and future sustainability of the service.

### Training:

- **To what extent does DBI Level 1 training being facilitated through an NHS employee increase the number of DBI Level 1 ED staff?**

Currently 11 frontline staff are DBI Level 1 trained within Accident & Emergency including the Psychiatric Liaison Service. This is typically facilitated through the Penumbra Service Manager. Challenges have been arranging for the Penumbra Service Manager to be on site to deliver training. Through training NHS employee as a DBI Level 1 facilitators this will increase the scope and opportunity for ad-hoc and flexible training. We will identify a staff member from the Psychiatric Liaison Service who is already DBI Level 1 trained and actively making referrals.

We plan to increase awareness of the DBI referral pathway through staff team meetings and attendance at team meetings/morning set up meetings within A&E.

- **To what extent will the new training approach and awareness raising increase the number of ED DBI trained staff?**

Throughout the training process we measure ED staff's confidence level to make a DBI referral before and after the training. This will measure the effectiveness of the training approach. We will then measure the number of referrals from the ED as a whole and individual ED trained staff.

- **To what extent does an increase in the number of DBI Level 1 trained ED staff increase the opportunities for people to have a DBI referral when presenting to the ED in distress?**

We will measure the number of trained ED staff and likewise measure the number of referrals received by ED staff. This will inform the increase in DBI referrals from the ED through the changed training approach.



**Maintain the current levels of DBI Level 1 trained staff across the four frontline partners of ED, Police Scotland, Scottish Ambulance Service and Primary Care:**

- **To what extent does maintaining the original number of trained referring professionals across the four DBI frontline partners increase the percentage of referrals?**

We will maximise the DBI opportunities when there is a drop in the number of DBI trained staff when identifying new staff to train. The focus will be to identify the staff who are in the best positions to provide DBI opportunities to people presenting to them in distress. We will measure the number of referrals through this process and evidence if this increases the number of overall referrals from each of the frontline partners.

**Sustainability of the DBI Service in Aberdeen City:** Penumbra DBI Aberdeen and the National Programme will work with the local partnerships at strategic level to work towards embedding DBI within local funding streams.

Further change ideas that are ongoing are around Action 15. Action 15 developments are currently underway for Aberdeen City – An out of hours Custody and A&E Hub business plan has been developed and soon to be commissioned. DBI will support this development and ensure that DBI Level 1 training is explored with appropriate staff within this new development. This will be a new change idea as this will add another DBI referral pathway and partnership.

**Capacity:** In July 2019 the DBI Programme extended the service to accept referrals for people aged 16 and over. This was resourced by the Scottish Government. This has allowed the staff team at Penumbra Level 2 service to be expanded. This expansion has resulted in capacity for a larger number of referrals. This capacity will be afforded to support the 10% increase of DBI opportunities for people in distress presenting at A&E.

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

1. Limitations of National Pilot providing strict framework and referral pathways.
2. Capacity limitations within Penumbra and also A&E settings
3. If referral numbers reach capacity for delivery, any further training would have to wait until capacity increased or further resource is secured
4. DBI is not a self-referral system, and therefore is not widely publicised – this is needed to prevent capacity being overloaded for the Pilot partners, therefore change ideas cannot be around public awareness.
5. Sustainability – the DBI service in Aberdeen is a pilot being resourced until March 2021 directly by Scottish Government funding. Action 11 in the Scottish Mental Health Strategy 2017-27 states – “Complete an evaluation of the Distress Brief Intervention by 2021 and implement the findings from that evaluation.” Implementing the DBI locally in Aberdeen post pilot will have to be explored locally.

**Project Team:**

The DBI Implementation Partnership Group has been established since January 2017. This group will be used for the LOIP DBI Project. Members are:

Rachel Middleton – Service Manager Penumbra  
 Ian McKinnon – Inspector Police Scotland  
 Brian Cumming – Police Sergeant Police Scotland  
 Louise Officer – Service Manager ACH&SCP  
 Nick Simpson – Paramedic Scottish Ambulance Service  
 Valerie Fox – Manager Emergency Department  
 John Lee – Medical Director Emergency Department  
 Alasdair Jamieson – GP Primary care

**Further project team members for the ED specific changes are:**

Michelle McGunnigle – LPN Psychiatric Liaison Service  
 Dr Fiona Mair - Emergency Medicine Dept  
 Mr James Ferguson Consultant Emergency Medicine

**Outline Project Plan**

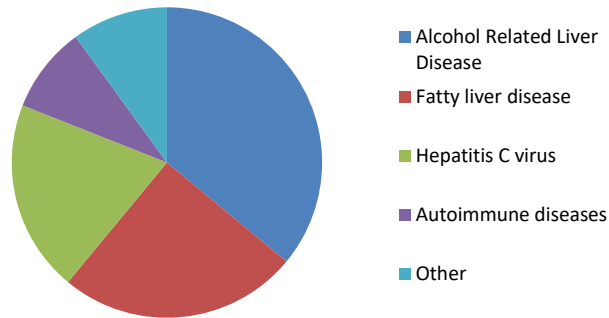
Project Stage	Actions	Timescale
<b>Getting Started</b> (Project Score 1-3)	<ul style="list-style-type: none"> <li>- Forming the improvement/project team</li> <li>- Project team and individual initial meetings</li> <li>- Developing the project charter</li> <li>- Submitting project charter</li> <li>- Gathering and analysing baseline data</li> <li>- Understanding the current system</li> </ul>	September 2019  October 2019  October 2019  November 2019 January 2020  January 2020
<b>Designing and Testing Changes</b> (Project Score 4-7)	<ul style="list-style-type: none"> <li>- Develop driver diagram</li> <li>- Identifying changes and prioritising</li> <li>- Engagement with customers &amp; colleagues</li> <li>- Identify the people, place to start testing</li> <li>- Project implementation plan to be developed and completed</li> <li>- Commence project</li> </ul>	December 2019 December 2019  Ongoing until March 2021  December 2019  December 2019  January 2020
<b>Implementing and sustaining changes that demonstrate improvement</b> (Project Score 7-10)	<ul style="list-style-type: none"> <li>- Project review, revise project, forward planning according to findings</li> </ul>	March 2021
<b>Spreading Changes</b> (Project Score 9-10)	<ul style="list-style-type: none"> <li>- Project review, revise project, forward planning according to findings</li> </ul>	August 2021

## Charter 12.6 Improve treatment of Blood Borne Viruses

CPA CHARTER FEEDBACK FORM		
<b>Project Aim:</b>	Increase opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment by 2021.	
<b>Project Manager</b>	Lisa Allerton / Simon Rayner	
	QI Training Undertaken: Simon has completed QI practitioner programme	
<b>Reviewed by:</b>	Sacha Will	
<b>Date:</b>	17/01/2020	
Checklist	Summary of feedback	
1. Is the project aim consistent with aim in the LOIP?	Yes	The aim in the charter is consistent with that in the LOIP.
2. Is there a sound business case explaining why the project is important?	Yes	The charter provides an overview of the causes and impact of liver disease. The charter describes the complex causes and areas where action can be taken (some of this may be progressed by other LOIP projects). It identifies the current system and the specific areas of the system that this team should and can take action to improve.
3. Is it likely that the changes being tested will achieve the aim?	Yes	There is a need to strengthen the rationale for the change ideas. At the moment, it is difficult to appreciate the link with the issues raised in the charter and the change ideas being proposed.
4. Will the measures demonstrate whether a change is an improvement?	Yes	A family of measures have been identified that will help the team understand progress towards the aim and the impact of proposed changes.
5. Is there a mix of partners involved in this project?	Partly	It is important to identify key stakeholders who will be most impacted by the proposed changes. I note, for example that a Locality Lead and GP have still to be identified and this is crucial to the initial change ideas being proposed.
6. Clear outline project plan?	Partly	Some specific actions have been identified, particularly at the early stages of the project. It will be important to update this as the project progresses.
<b>CPA Management Group/ Board Ready? It is crucial to identify the key stakeholders to become part of the improvement team. The project plan lacks some detail.</b>		

<b>Improvement Project Title</b> Love Your Liver
<b>Executive Sponsor</b> Supt. Richard Craig, Police Scotland, ADP Chair
<b>Project Lead</b> <b>Name:</b> Lisa Allerton / Simon Rayner <b>Job Role &amp; Organisation:</b> MCN for Sexual Health and BBVs / Alcohol and Drug Partnership Lead <b>Email Address:</b> <a href="mailto:lisa.allerton@nhs.net">lisa.allerton@nhs.net</a> / <a href="mailto:simon.rayner@nhs.net">simon.rayner@nhs.net</a>
<b>Aim statement</b> Increase opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment by 2021.
<b>Link to Local Outcome Improvement Plan</b>  12.3 Enhance early intervention and preventative treatment for those at greatest risk of harm from drugs and alcohol
<b>Why this is important</b>  Liver disease is the 5 <sup>th</sup> largest cause of death in the United Kingdom and the 3 <sup>rd</sup> main cause of premature death. Liver disease is exacerbated by excess use of alcohol, viral hepatitis and obesity. Many people will be unaware of liver disease until the signs and symptoms of poor liver disease occur; liver disease is often thought of as a “silent killer”. However, it can be prevented by simple lifestyle changes – early conversations and interventions can make the difference.  <b>Alcohol:</b> The Alcohol Framework for Scotland (2018) <sup>1</sup> recognises that the nation needs to change its relationship with alcohol focusing on reducing consumption, creating positive attitudes and positive choices and supporting families and communities affected by harm. We can view the harm from increased alcohol consumption when it translates into alcohol-related hospital admissions and alcohol-related deaths. During 2018/2019 there were 38,370 alcohol-related admissions to hospital in 23,751 individuals with around 94% of these emergency admissions. In Grampian, around 90% of the admissions (N=2,844) were emergency admissions. <sup>2</sup> In Scotland 1,170 people died in 2017 from alcohol-specific deaths. <sup>1</sup> However, it’s the sustained and consistent consumption of alcohol that can be harmful to the liver and be a causative factor in other health conditions such as heart disease, stroke and cancer. In Grampian among those who have been diagnosed as cirrhotic (N=759) alcohol-related liver disease is the largest cause of their cirrhosis.

**Cause of cirrhosis (%)**



**Obesity:** Obesity itself is the largest and single cause of disease and premature death in Scotland; being overweight and obese has become the norm and is getting worse. The latest Director of Public Health Report for NHS Grampian (2019)<sup>3</sup> had been dedicated to the topic of obesity suggesting we need to talk more openly about weight and weight gain. Two-thirds of adults in the North East of Scotland are overweight or obese, equally distributed across Aberdeen, Aberdeenshire and Moray. Almost a quarter of five year old children are overweight and one in ten are obese. With increasing numbers of people being overweight or obese it is likely in the future that we will also see an increasing number of people diagnosed with non-alcohol related fatty liver disease (NAFLD). In terms of liver health, non-alcohol related fatty liver disease (NAFLD) is the second most common cause of cirrhosis.

**Viral Hepatitis:** The Scottish Government is committed to the elimination of hepatitis C and aims to reduce the prevalence of hepatitis C to under 5,000 persons infected by 2024.<sup>4</sup> Hepatitis C (HCV) shows no signs or symptoms and gradually causes fibrosis then cirrhosis of the liver. The first symptoms can be those of liver failure or liver cancer. The earlier someone can be tested and treated the greater the chance of preventing long term liver damage. Recent developments in treatment, with minimal side effects and high success rates, present a valuable opportunity to cure more people. The main risk factor for hepatitis C is injecting drug use, accounting for about 90% of infections, and because of this it is recommended that people who inject drugs (PWID) are tested annually. Other risk factors include infected blood products, sexual contact, tattoo/body piercing, needle stick injuries and human bites. In Grampian there are 3,752 people who have been diagnosed as HCV antibody positive, and of these 3,424 have been diagnosed with active (chronic) HCV infection.<sup>5</sup> At the end of 2017 a total of 2,912 had been referred to the Hepatology service for specialist care. Of those referred, approximately 1,400 (48%) had been treated for chronic infection and 1,112 (79% of those treated with both old and new therapies) have cleared the virus.

**Summary:** In isolation excess alcohol consumption, obesity and viral hepatitis can lead to problems with liver health; in combination the speed at which symptoms develop can be faster. Viewing and tackling these issues in isolation can be done but it may be better and more acceptable to talk about risk factors as part of overall liver health.

#### **Charter aims:**

The aim of this charter is to “Increase opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment by 2021”.

By undertaking a holistic approach to liver health we can reduce the stigma that may put people at risk of Blood Borne Viruses coming forward for help.

Currently the majority of BBV testing is undertaken in drug / alcohol services and sexual health services. The evidence suggests that many people who have experienced risk factors: infected blood products, sexual contact, tattoo/body piercing, needle stick injuries and human bites injected drugs in the past will either not be aware of the risk, or reluctant to come into a drug / alcohol service / sexual health service for testing.

We also want to raise awareness amongst professionals to increase more routine testing and treatment within the context of overall liver health.

Advances in treatment for Hepatitis C testing and treatment mean that testing can be undertaken through a simple pin-prick test and treatment can be undertaken over 12 weeks with minimal side effects and not always the need to attend specialist outpatient clinics.

There is a need to promote new testing and treatment advances. Historic testing and treatments required taking a number of blood samples, strict medication regimes that had significant side effects and were less effective in clearing the virus. These historic factors are thought to be factors that put many people off seeking testing and treatment.

These advances mean that liver screening, testing can be taken out into the community rather than being hospital based.

Therefore the charter seeks:

- To raise the concept of “liver health” with the public through direct opportunities and engagement
- Raise the concept of “liver health” with primary care, secondary care, pharmacy, allied health professionals and promote the resources available to support improvement: to raise ‘liver health’ as an area for improvement. Helping health professionals raise risk factors for poor liver health with a view to consistently delivering:
  - Alcohol consumption scoring
  - Action to help reduce hazardous drinking
  - Alcohol-brief interventions
  - Referring for alcohol support and liaison
  - Promoting healthy weight / referral to appropriate support
  - Actions to help people to achieve a healthy weight
  - Blood borne virus testing
  - Referral for viral hepatitis treatment

#### References:

1. Scottish Government (2018) *Alcohol framework 2018: Preventing harm – the next steps on changing our relationship with alcohol*. Available at: <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2018/11/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/documents/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/govscot%3Adocument/00543214.pdf>
2. Information Services Division (2019) *Alcohol related hospital statistics 2018/2019*. Available at: <https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2019-11-19/2019-11-19-ARHS-Report.pdf>
3. Directorate of Public Health (2019), NHS Grampian. *Obesity – It’s time to talk. Creating a culture that supports eating well, staying active and being healthy*.
4. Scottish Health Protection Network (2019) Recommendations on hepatitis C virus case-finding and access to care: Report of the national short-life working group. Available at: November 2018 <https://www.hps.scot.nhs.uk/web-resources-container/recommendations-on-hepatitis-c-virus-case-finding-and-access-to-care/>
5. Health Protection Scotland (2018) HPS Surveillance Report: Surveillance of known hepatitis C antibody positive cases in Scotland: results to 31 December 2017. Available at: <https://www.hps.scot.nhs.uk/resourcedocument.aspx?id=6605>

<p><b>Measures</b></p> <ul style="list-style-type: none"> <li>• <b>Outcome measures</b></li> <li>• Number of BBV Tests undertaken at the promotion events</li> <li>• Number of BBV tests undertaken by professionals by location</li> <li>• Number of Referral for viral hepatitis treatment</li> <li>• <b>Process measures</b></li> <li>• Number of Love Your Liver events undertaken</li> <li>• Number of members of public engaging in Love Your Liver event</li> <li>• Number of professionals undertaking CPD on Liver Health</li> <li>• Number of “Love Your Liver” champions recruited</li> <li>• Number of professionals trained to undertake BBV testing</li> <li>• Referral for viral hepatitis treatment</li> <li>• <b>Balancing measures</b></li> </ul>
<p><b>Change ideas</b></p> <p><b>To raise awareness with the public there are two change ideas:</b></p> <p>1) To hold multi-agency / multi-disciplinary awareness raising sessions in key locality areas, specifically to identify those requiring tests and to arrange to have the tests completed</p> <p>2 To hold “Love Your Liver” events in GP practice waiting areas with interactive materials, opportunities for BBV testing, Fibroscan and other brief interventions. Events will be undertaken in conjunction with partners targeting people not known to substance misuse services and engaging with wider population who would benefit from having these tests due to risks identified.</p> <p><b>To raise awareness with the professionals</b></p> <p>1) To hold CPD events for professionals to coincide with “Love Your Liver” events in community / practices. Recruit “Love Your Liver” Champions working in the community. Champions to raise awareness in locality areas of new testing and treatments for HEP C through using local forums and media.</p>
<p><b>Potential risks and/or barriers to success &amp; actions to address these</b></p> <p>Access to GP practices and professionals for training</p>
<p><b>Project Team</b></p> <p>Lisa Allerton, Manager, MCN for Sexual Health and BBVs</p> <p>Simon Rayner, Alcohol and Drug Partnership Lead</p> <p>Gillian Robertson, Alcohol and Drug Partnership Support Officer</p> <p>Penny Gillies, Public Health Practitioner - Sexual Health and Blood Borne Viruses</p> <p>Locality Lead to be identified</p> <p>Lead GP, to be identified</p>

Outline Project Plan		
Project Stage	Actions	Timescale
<b>Getting Started</b> (Project Score 1-3)	<b>Identifying GP Practices willing to run a “LYL” event</b>  <b>Identify community locations to run “LYL” event</b>  <b>Agree format and logistics of CPD event</b>  <b>Agree event dates and publicise through community channels</b>	<b>March 2020</b>
<b>Designing and Testing Changes</b> (Project Score 4-7)	<b>Agree format and staffing for a LYL event; consumables</b>  <b>Agree format for CPD event</b>  <b>Establish data monitoring</b>	<b>March 2020</b>
<b>Implementing and sustaining changes that demonstrate improvement</b> (Project Score 7-10)	<b>Model for LYL established and working through the City practices and other wider settings</b>	<b>Sept 2020</b>
<b>Spreading Changes</b> (Project Score 9-10)	<b>City Wide CPD event held</b>	<b>Oct 2020</b>



## Charter 12.7 Increase Alcohol Awareness

CPA CHARTER FEEDBACK FORM		
<b>Project Aim:</b>	Increase % of the population who feel informed about using alcohol responsibly by 2021.	
<b>Project Manager</b>	Gillian Robertson	
	QI Training Undertaken: Gillian has completed QI practitioner programme	
<b>Reviewed by:</b>	Sacha Will	
<b>Date:</b>	16/01/2020	
<b>Checklist</b>	<b>Summary of feedback</b>	
1. Is the project aim consistent with aim in the LOIP?	Yes	The aim in the charter is consistent with that in the LOIP.
2. Is there a sound business case explaining why the project is important?	Partly	The charter provides a clear rationale about the impact of alcohol and the importance of raised awareness across the population. Additional detail about what is or has been tried in the past/what has worked elsewhere would strengthen this section. Reference to local data around current or previous initiatives would also be helpful
3. Is it likely that the changes being tested will achieve the aim?	Partly	Addressing the feedback provided about would strengthen the rationale for the change ideas.
4. Will the measures demonstrate whether a change is an improvement?	Yes	A family of measures have been identified which should help us to understand progress and the extent to which changes are impacting.
5. Is there a mix of partners involved in this project?	Partly	It is important to ensure that all key stakeholders are represented and particularly those who would be most impacted by the changes. There appears to be a gap in relation to stakeholders linked to the changes identified for children and young people?
6. Clear outline project plan?	Partly	Further work is required on the project plan to identify specific actions required, particularly at the early stages of the project.
<b>CPA Management Group/ Board Ready? Partly</b> Some additional detail will strengthen the charter.		

<p><b>Improvement Project Title:</b></p> <p><b>Promotion of drinking guidelines</b></p> <p>Increase % of the population who feel informed about using alcohol responsibly by 2021.</p>
<p><b>Executive Sponsor (Chair of Outcome Improvement Group or Locality Partnership):</b></p> <p>Richard Craig (ADP Chair)</p>
<p><b>Project Lead:</b></p> <p>Gillian Robertson, Alcohol and Drugs Partnership / Substance Misuse Service</p> <p><b>Job Role &amp; Organisation</b><sup>[SW1]</sup>:</p> <p><b>Email Address:</b></p>
<p><b>Aim statement</b></p> <p>Increase % of the population who feel informed about using alcohol responsibly by 2021.</p> <p>This aims to reach all parts of the population and as such aim will address common message and also identify areas where additional resource or alternative communication is required</p>
<p><b>Link to Local Outcome Improvement Plan:</b></p> <p>Stretch Outcome 12 - Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026</p> <p>Improvement Aim:.. This project also links into other improvement aims against Stretch Outcome12:</p> <ul style="list-style-type: none"> <li>• Increase by 100% the number of Alcohol brief interventions (ABI) delivered in Aberdeen City by 2021</li> <li>• 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.</li> <li>• Increase by 10% the percentage of adults in Aberdeen City who are non-drinkers or drink alcohol in a low risk way by 2021</li> <li>• 100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021.</li> </ul>
<p><b>Why is this important:</b></p>

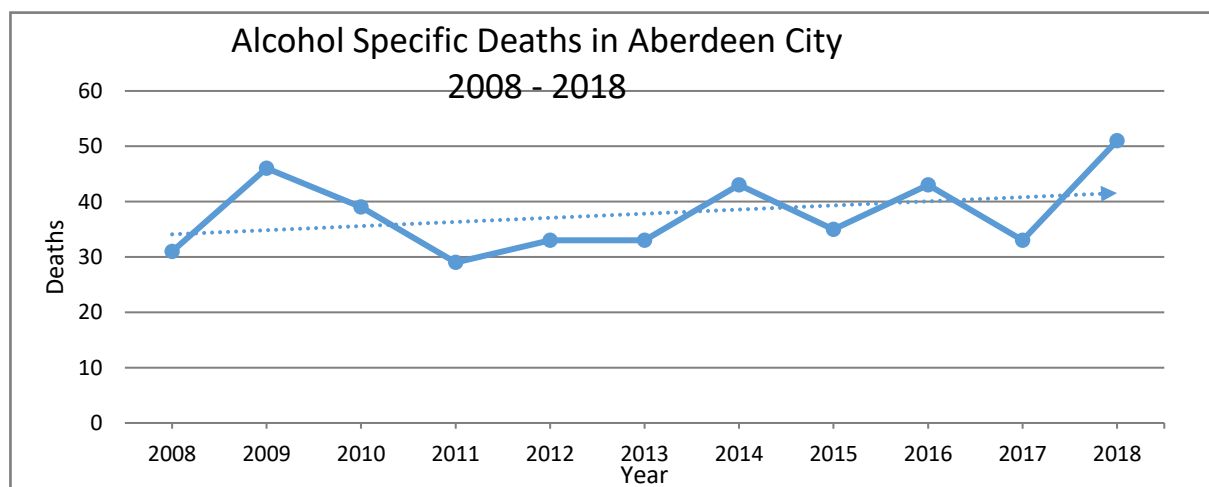
The UK Chief Medical Officer published recommendations on low risk alcohol consumption in 2016. High risk alcohol consumption is associated with an increased risk of physical health, mental health, social and economic impacts in the short medium and long term.

Low risk consumption is 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.



Alcohol specific deaths are on the increase and there was a 10 year high in 2018 of the number of people dying.

There is a growing awareness that those experiencing problematic alcohol and drug use are often carrying other burdens such as poverty, inequality and health challenges.

Rights, Respect and Recovery is Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths and focus is on ensuring that people have the opportunity to understand and reduce the health harms of alcohol with a key focus on prevention work.

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

Minimum unit pricing has been introduced in Scotland in 2018 and although early days in the 5 year evaluation it would appear that sales are down. However this does not provide information on wide drinking patterns and was aiming to have an impact on the most harmful drinkers

<https://www2.gov.scot/Topics/Health/Services/Alcohol/minimum-pricing>

Scottish Government ran the first phase of the Count 14 campaign in March 2019 which was aimed at more of a whole population approach. The campaign reached 63% of Scottish adults via the television adverts and achieved 4000+ face to face engagements in supermarkets and 34,000 website users. Evaluation of the campaign was done via a survey of over 800 individuals in Scotland pre and post campaign. The evaluation found a significant increase of those who could identify 14 units as the correct guideline post campaign, an increase of 10% from 17% to 27[sw2]%

These results are really positive but demonstrate that three quarters (73%) of those surveyed post-campaign were still unaware of the 14 unit guidelines. We also know that men and those in the lower socio-economic groups were not as engaged in the campaign and are less likely to know the 14 unit guidelines.

Scottish Government are planning the next phase of the Count 14 campaign which will run from 20<sup>th</sup> January until 1<sup>st</sup> March 2020. They intend to use the assets they have developed i.e. TV, website, radio etc., However they would also like more of a focus on men and lower socio-economic groups in order to reducing health inequalities across Scotland. We know from research that the campaign messages are more likely to have an impact on individuals if they are reinforce in conversation with a trusted professional. This project aims to support this at a local level[sw3].

The Scottish Health Survey suggests that Aberdeen City have 38% of males drinking above the guidelines and 19% of women (this is based on self-reported data) We have also highlighted that males aged 16-25 and females aged 16-34 have higher instance of drinking over the guidelines and not received appropriate advice or support. For both males and females those aged 45-54 have the highest percentage of people drinking above guidelines in Aberdeen City.

The impact of alcohol consumption in Scotland and the loss to health and life it entails has been well documented. Approximately 6.5% of deaths in Scotland in 2015 were attributable to alcohol consumption. More than one in four (28%) of these alcohol-attributable deaths were due to cancer.

According to the 2016 UK Chief Medical Officers' low risk drinking guidelines, in relation to cancer risk there is no safe level of alcohol consumption. The risks associated with cancer start from any level of regular drinking and rise with the amounts of alcohol being drunk.

Further information on alcohol and Cancer can be found  
[https://www.shaap.org.uk/images/Alcohol\\_and\\_Cancer\\_Guide.pdf](https://www.shaap.org.uk/images/Alcohol_and_Cancer_Guide.pdf)

The Alcohol Framework highlights a number of actions to help reduce the harms caused by alcohol with a particular emphasis on ensuring support is available for young people and communities which this project would support

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

The current scientific evidence is that an alcohol-free childhood is the healthiest and best option. Young people's bodies and brains are more vulnerable to the effects of alcohol because they are still growing and developing.

Drinking can cause short and long-term harm to health, as well as put young people in risky situations when drunk. Research shows that the earlier a young person starts drinking alcohol, the more likely they are to drink in ways that can be harmful later in life.

**The recent SALSUS data for 2018 has been published and highlighted that in Aberdeen City**

	Base	2013	Scotland
<b>50% of 13 year olds reported that they had never been drunk</b>	168	-12%	+3%
<b>29% of 15 year olds reported that they had never been drunk</b>	251	-6%	-1%
<b>50% of 13 year olds said they had ever been drunk</b>	168	+12%	-3%
<b>71% of 15 year olds said they had ever been drunk</b>	251	+6%	+1%
<b>4% of 13 year olds said they had been drunk more than 10 times</b>	168	-4%	-5%
<b>21% of 15 year olds said they had been drunk more than 10 times</b>	251	+9%	-4%

These results would indicate that alcohol is becoming the norm for more young people. Messages need to be delivered to help inform young people and their parents and carers of the harms that alcohol can have on young people[SW4]

<https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2019/11/scottish-schools-adolescent-lifestyle-substance-use-survey-salsus-national-overview-2018/documents/summary-findings-aberdeen-city-council/summary-findings-aberdeen-city-council/govscot%3Adocument/summary-findings-aberdeen-city-council.pdf>

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

**Outcome measures**

- Number of people reporting they are aware of the drinking guidelines of 14 units per week

### Process measure

- Numbers of services promoting the drinking guidelines
- Numbers of services issuing appropriate resources to support drinking guidelines e.g. measuring cups, drinking wheels etc
- Number of referrals to alcohol services from community support
- Uptake of training for front line workers in targeted communities
- Targeted approach at GP hubs in Kincorth and Woodside
- Increased alcohol service resources in GP hubs in targeted areas.

### Balancing measures

- Attendance / uptake of services which are non-mandatory (otherwise attendance at services which are non mandatory may fall).
- Allocation of resources at most appropriate location and as identified by need

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<sup>[SW5]</sup>

#### 1 –Social Media and community awareness raising campaigns

This test would look at ensuring that resources both staff and hard copy, online etc are available to meet demand in communities with a focus on upskilling wider staff in customer facing roles in community. We would want to test this in 2 socioeconomically deprived areas of the city – This would include

- City Voice questions to help understanding and messages targeted at need identified from results
- Local campaigns in communities promoting responsible drinking
- Consistent message on how to reduce harms of alcohol, top tips etc e.g. Sobering thought website development and facebook campaign

#### 2 –Increased awareness within two areas in localities

Work with communities to support people to understand the drinking guidelines and ensure that this message is reaching all of the community by

- Providing training to customer facing staff

- Ensuring appropriate materials are available and displayed
- Identifying opportunities for discussion or information to be given re drinking guidelines
- Communication clear and easy with services if concerns raised
- Easy access into service through Alcohol hubs

### **3 –Link to other LOIP outcomes where Count 14 can be promoted**

- Support LOIP project teams with wider wellbeing and younger adult population as target area and work alongside these to ensure the alcohol conversation is taking place and appropriate Count 14 materials and support tools are available are included
- Introduction of framework to support consistent safe alcohol messages including opportunities for no alcohol events with partners including the recovery community
- Framework also to include how best to use Count 14 resources as a standard when providing an intervention and as part of early intervention and prevention work

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

Overall there is a risk of having appropriate measures in place across the whole population as there are no measures on this aim with the Scottish Health Survey (SHS) being the closest measure. We will use City Voice to give us a bench mark and comparison to SHS. This will be reviewed on an ongoing basis and may need to be developed by area.

### **Project Team:**

Gillian Robertson - Aberdeen City Alcohol and Drug Partnership, Substance Misuse Service

Seonaid Anderson - Consultant Addiction Psychiatrist

Elaine McConnachie - Public Health Co-ordinator - North Locality

Anne-Marie Steehouder-Ross -| Community Development Officer (South Locality)

Tara Shivaji – CPHM NHS Grampian

Michelle Cochlan – Improvement Adviser

Claire Blomfield – Analyst ADP/SMS

### **Outline Project Plan**

<b>Project Stage</b>	<b>Actions</b>	<b>Timescale</b>
<b>Getting Started</b> (Project Score 1-3)	<ul style="list-style-type: none"> <li>• Project team established</li> <li>• Initial baseline established</li> <li>• Draft charter developed</li> <li>• Charter submitted to CPA Board</li> </ul>	February 2020
<b>Designing and Testing Changes</b> (Project Score 4-7)	<ul style="list-style-type: none"> <li>• Initial tests of change complete</li> <li>• Engaging with customers and colleagues on change design</li> <li>• Evaluate overall achievement to date and plan further PDSAs or move to implementation</li> </ul>	February 2021
<b>Implementing and sustaining changes that demonstrate improvement</b> (Project Score 7-9)	<ul style="list-style-type: none"> <li>• Agree which change ideas tested are proven to work that we will seek to embed permanently</li> <li>• Continue to gather data</li> <li>• Assess whether improvement levels are sustained</li> </ul>	June 2021
<b>Spreading Changes</b> (Project Score 9-10)	<ul style="list-style-type: none"> <li>• Assess opportunities for spreading change to other areas where applicable</li> </ul>	September 2021



## Charter 12.8 Increase Uptake of Drug Treatment

CPA CHARTER FEEDBACK FORM		
<b>Project Aim:</b>	Increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2021	
<b>Project Manager</b>	Simon Rayner	
	QI Training Undertaken: Simon has completed QI practitioner programme	
<b>Reviewed by:</b>	Sacha Will	
<b>Date:</b>	17/01/2020	
<b>Checklist</b>	<b>Summary of feedback</b>	
1. Is the project aim consistent with aim in the LOIP?	Yes	The aim in the charter is consistent with that in the LOIP.
2. Is there a sound business case explaining why the project is important?	Yes	The charter provides an analysis of the current system and a theory of areas for improvement.
3. Is it likely that the changes being tested will achieve the aim?	Partly	There is one change idea being proposed to address the challenges identified in the current system. It may be helpful to identify specific changes that may be required to enable the development of this forum. And, that the development of the forum is the only change needed to improve!
4. Will the measures demonstrate whether a change is an improvement?	Yes	A family of measures have been identified which should help us to understand progress and the extent to which changes are impacting.
5. Is there a mix of partners involved in this project?	Yes	The improvement team should evolve to ensure that it always represents those key stakeholders who are most impacted by the theory of change.
6. Clear outline project plan?	Yes	The project charter sets out specific actions, particularly in the beginning stages. There will be a need to keep this updated as the project progresses
<b>CPA Management Group/ Board Ready? Partly</b> Some additional detail will strengthen the charter, as detailed above.		

<b>Improvement Project Title</b>
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Enhance early intervention and preventative treatment for those at greatest risk of harm from drugs and alcohol
<b>Executive Sponsor</b> Supt. Richard Craig, Police Scotland, ADP Chair
<b>Project Lead</b> <b>Name:</b> Simon Rayner <b>Job Role &amp; Organisation:</b> Alcohol and Drug Partnership Lead <b>Email Address:</b> simon.rayner@nhs.net
<b>Aim statement</b> Increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2021.
<b>Link to Local Outcome Improvement Plan</b> 12. Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026
<b>Why this is important</b> <p>Ten cases that were classified as drug related deaths from 2018 through toxicology reporting were reviewed to identify opportunities for earlier intervention to support individuals. Whilst drug use was a factor in the lifestyle of the individual it wasn't necessarily the dominant feature and none of the cases were currently open to substance use services.</p> <p>The panel involved in reviewing the cases comprised of:</p> <ul style="list-style-type: none"> <li>• NHS Grampian</li> <li>• Social Work</li> <li>• Police Scotland</li> <li>• ACC Housing Access and Support</li> <li>• ACC Information Governance</li> </ul> <p>For each case a timeline of data was created that identified contact points prior to and up to the point of death to examine what opportunities there were for intervention. Data was drawn from the following systems:</p> <ul style="list-style-type: none"> <li>- Carefirst – Social Work</li> <li>- Vulnerable Person Database (VPD) Police Scotland</li> <li>- Recorded Offences (Crimefile) – Police Scotland</li> <li>- Custody Record – Police Scotland</li> <li>- Death Record – Police Scotland</li> <li>- NPS Housing – Housing / Homelessness Contacts</li> <li>- NHS Systems: Trak, Vision/EMis, Ambulance</li> </ul> <p>Data was analysed against an emergent profile of risk factors emergent from local reviews and national reports.</p> <p><b>KEY FINDINGS</b></p> <p><b>1) Frequency of data points</b></p> <p>Information was held on 10 people reviewed representing 100% of the cases reviewed on all systems with the exception of Police Scotland systems. When the number of data points is included the most frequently held information was on housing and vulnerable people recording systems.</p>

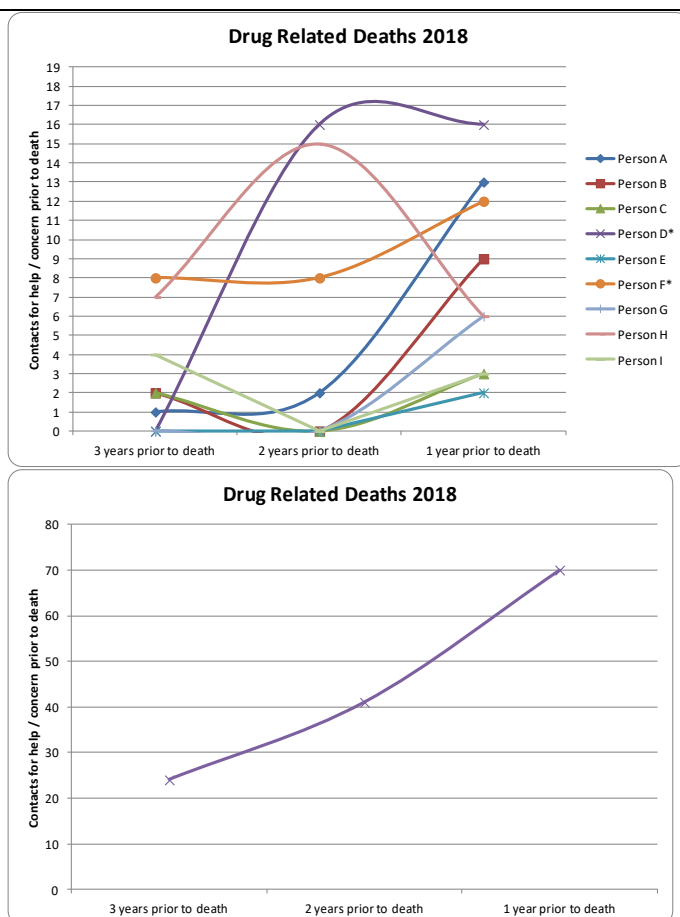
	NHS	VPD	Custody	Crimefile	Carefirst	NPS Housing	Death Report
Person A	Yes	Yes	No	No	Yes	Yes	Yes
Person B	Yes	No	No	No	Yes	Yes	Yes
Person C	Yes	*Yes	No	No	Yes	Yes	Yes
Person D	Yes	47	Yes	Yes	Yes	Yes	Yes
Person E	Yes	*Yes	No	No	*Yes	Yes	Yes
Person F	Yes	43	Yes	Yes	Yes	No	Yes
Person G	Yes	*Yes	No	No	Yes	Yes	Yes
Person H	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Person I	Yes	Yes	Yes	No	No	No	Yes
*Not Recent							

## 2) Increasing frequency of data points preceding death

For the 10 deaths there were 135 data points were recorded. There was an increase in concerns / requests for help in the months preceding death. Conversely there were cases where there was a drop off in contact prior to death as well.

This illustrated in charts below.

Contacts for help / concern prior to death			
	3 years prior to death	2 years prior to death	1 year prior to death
Person A	1	2	13
Person B	2	0	9
Person C	2	0	3
Person D*	0	16	16
Person E	0	0	2
Person F*	8	8	12
Person G	0	0	6
Person H	7	15	6
Person I	4	0	3
Total	24	41	70



This pattern is also noted in reports such as Health and Homelessness, Scotland 2018.

### 3) Drug Use not always recorded as a factor

One hundred and thirty five points of information were recorded and concern factors were recorded, primarily in relation to the immediate problem. Drug use, past or present, was not recorded on all systems as a risk factor. The data points represent requests for help or concerns raised.

### 4) Data sharing

Data was shared on where there was concern of vulnerability but there wasn't always a consistent approach to how information was utilised. There is no concerted vision to consider the risk of or the prevention of drug related death in cases where there is a concern.

### 5) Multiple Factors indicating risk of drug related death

All of the individuals had multiple factors in relation to risk of death due to drug toxicology / overdose. The risk factors can be used to help profile future potential vulnerabilities in the population and provide a "lens" through which risk of drug related death can be viewed, especially in for raising awareness in the workforce and developing practice.

	Risk Factors	Person A	Person B	Person C	Person D	Person E	Person F	Person G	Person H	Person I
1	Age	Yes	Yes	Yes	Yes		Yes	Yes		Yes
2	Gender	Yes	Yes	Yes	Yes		Yes	Yes		Yes
3	Lived alone	Yes	Yes	Yes	Yes	Yes	Yes			Yes
4	Chronic Pain	Yes			Yes	No	No	Yes		
5	Chronic health	Yes	Yes		Yes	Yes	Yes	Yes		
6	Childhood trauma	Yes		Yes	Yes				Yes	Yes
7	Adult adverse life events	Yes	Yes		Yes	Yes		Yes	Yes	Yes
8	Opioid dependent /use	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
9	Transitions	No	Yes	Yes	Yes				Yes	Yes
10	Complex / poly medication	Yes	Yes			Yes	No			
11	Previous overdose	Yes	Yes		Yes	No	43	Yes	Yes	
12	Mental health, wellbeing and mood	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
13	Degenerating living conditions	Yes	Yes							
14	Isolated	Yes	Yes	Yes		Yes	Yes	Yes		Yes
15	Current Homelessness	No		No					Yes	Yes
16	Housing difficulties	Yes	Yes	Yes	Yes	Yes		Yes	Yes	
17	Financial Issues		Yes	Yes	Yes					
18	Offending issues	No	No	No	Yes	No	Yes	No	Yes	
19	Protective factors Not engaged	Yes		Yes					Yes	
20	Protective factors engaged				Yes					
21	Not in addiction treatment	Yes	Yes	Yes	Yes	Yes			Yes	Yes
22	Injecting			Yes	Yes	Yes		Yes	Yes	Yes
23	Relapse			Yes	Yes	Yes		Yes	Yes	
29	Custody	No	No	No	Yes	No	No	No	No	No
30	Domestic abuse				Yes				Yes	Yes
31	Historical homelessness		Yes		Yes	Yes			Yes	Yes
32	Self harm/suicidal		Yes		x7		Yes		Yes	Yes
33	Alcohol Use	Yes	Yes			Yes			Yes	
34	Illicit poly drug use			Yes		Yes	Yes	Yes	Yes	
35	Mental health diagnosis						Yes			
36	Methadone							Yes	Yes	Yes
37	Child in care									Yes

Not all of these cases would have been picked through other means of concern, such as anti-social behaviour, concerned neighbours, other professional concern, highlighting that there is vulnerable people that are not always “picked up” by existing protection roles.

## 6) Demand

All forms of demand were recognised with the review with specific examples of where demand was a result of service design failure, cases of demand that could have been avoided and prevented through earlier proactive engagement and a systems approach to risk and management.

## 7) Comments, Observations And Assessment By Participants

**Participants in the process discussed the following points throughout the process**

- Data didn't always exist, despite involvement but we weren't sure why.
- There was discussion about statutory thresholds perhaps being too high for intervention plans to be implemented eg duty team triage/assessments
- Data sharing between departments where one or the other doesn't share, won't get involved due to thresholds not being hit, lack of resource,
- In some cases there were unsatisfactory processes ie sending a letter by post asking for client to call office to make appointment, asking person to attend for appointment when person is housebound
- Lack of insight that one service might have a good relationship with person that provides access to individuals who are isolated and at risk of harm – i.e. key resource in intervention plans
- VPD often to one individual in other organisation and not known if acted on
- VPD – very few because of drug related issues
- Departments not the same as organisations – VPD might go to “health” but not recognised that within NHS there are many departments
- Primary care potentially key to intervention
- Nobody currently has the ability to look at all the data and formulate a safety plan
- Lot of task oriented activity without looking holistically at the risk of death / vulnerability

- Analysis needs to have a “human” aspect – there were anomalies that meant some individuals could have not be picked up by a rigid criteria / algorithm
- Transitions and people falling between services
- Data map, measures for target alerts how, who

## 8) Conclusion

This study has confirmed that individuals at risk of drug related deaths, who are not engaged in substance use services, have multiple other life problems that are apparent to other public service partners.

There are multiple points of information held on a number of systems but no single agency has an oversight of the whole set of information or the circumstances, vulnerabilities or risks faced by individuals.

Concerns are being raised and shared but there is no concerted action taken to reduce risk and preserve life.

There is no pro-active “forum” into which agencies can pool intelligence and work to reduce risk and ultimately reduce demand on our services. The way we organise ourselves and work (currently) separately makes it harder to reduce risk and demand.

Services already can and do share information as evidenced from this review – the issue is “what is then done with this in practical application?” e.g. multi-agency discussion to pull threads together and co-ordinate action.

Therefore some of the challenges that require improvement are

1. **Improving identification, co-ordination and subsequent support / engagement of at risk individuals**
2. **Improving direct access into service for those not utilising existing access processes**

## Measures

- **Outcome measures**
  - Increase the number of people contacted
  - Number of people engaged in treatment from each locality, by age, gender
  - Number of drug related deaths
- **Process measures**
  - Increase the number of people identified by partners as at risk
  - Number of people in each locality made contact with
- **Balancing measures**
  - No reduction in uptake in treatment

## Change ideas

The change idea sets out to examine to what extent would the establishment of a multi-agency “Drug Concern Forum in conjunction with assertive outreach would enable improved access to substance treatment services for those who are not already engaged?

The forum will bring information from their respective systems to share. The task group will be supported by ADP funded:

- 2 x Assertive Outreach Workers
- 1 x Housing / Domestic Abuse Worker
- 1 x General nurse

- Service capacity for reach out, low threshold, no barriers access

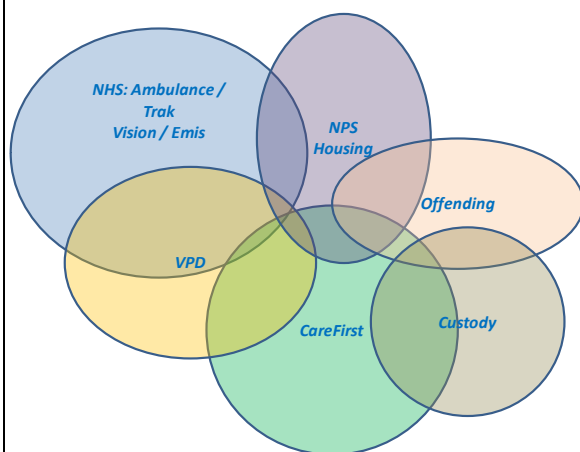


Figure 1

#### New Operating Environment

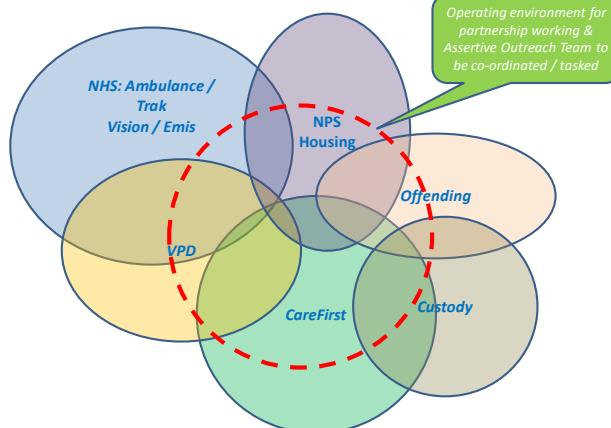


Figure 2

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

Key to the success of the project is enabling safe and effective data sharing. To facilitate this data managers within stakeholder organisations are developing appropriate data sharing protocols.

#### Project Team

- Simon Rayner, ADP
- Tara Shivaji, Public Health
- Caroline Anderson, ACC Information Governance
- Graeme Gardener, ACC Housing Access and Support
- Rachel Harrison, ACC Housing Access and Support
- Ian McKinnon, Police Scotland
- Jacqui Simpson, SW /Adult Protection Unit
- Martin Smith, Central Locality
- SMS, Staff to be determined

#### Outline Project Plan

Project Stage	Actions	Timescale
<b>Getting Started</b> (Project Score 1-3)	Addiction service staff undertaking outreach to rough sleepers and offering services, in partnership with Police and Homeless service to test direct access	Jan / Feb 2020

	Develop and ensure information sharing protocols are in place and ratified	Feb 2020
	Raise awareness of professionals - Ensuring illicit drug use is considered as part of the assessment of vulnerable people and that services are part of the notification process by GPs and Social Work	Feb / March 2020
	Direct access capacity developed	March 2020
	Project initiation and operational remit for Forum is drafted and agreed	March 2020
	Operational Team are recruited and in place with project co-ordination	May 2020
	Ensuring points of contact established for all partners to support retention and access to support	June 2020
	Tasking and Coordinating work begins	June 2020
<b>Designing and Testing Changes</b> (Project Score 4-7)	Initial outreach work is being undertaken	June 2020
<b>Implementing and sustaining changes that demonstrate improvement</b> (Project Score 7-10)	Team is established and has been operational for 1 year	
<b>Spreading Changes</b> (Project Score 9-10)	Long term sustainability of the project and the team is reviewed	



## Charter 15.1 Active Travel - Cycling

CPA CHARTER FEEDBACK FORM		
<b>Project Aim:</b>	Increase the proportion of people who cycle as their main mode of travel to 3% by 2021 and 5% by 2026 (	
<b>Project Manager</b>	Kelly Wiltshire	
	Training undertaken: MFI Bootcamp	
<b>Reviewed by:</b>	Sacha Will	
<b>Date:</b>	17/01/2020	
<b>Checklist</b>	<b>Summary of feedback</b>	
1. Is the project aim consistent with aim in the LOIP?	Yes	The aim in the charter is consistent with that in the LOIP.
2. Is there a sound business case explaining why the project is important?	Yes	The charter provides an overview of the benefits of active travel. It describes barriers to uptake and change ideas to address these barriers. It also describe aspects of the current system that could be improved, and associated change ideas.
3. Is it likely that the changes being tested will achieve the aim?	Yes	Change ideas address various drivers in the current system.
4. Will the measures demonstrate whether a change is an improvement?	Partly	There are a family of measures described. Further work is required to clarify what the measure is and describe these in a manner consistent with the improvement methodology being adopted by Community Planning Aberdeen.
5. Is there a mix of partners involved in this project?	Yes	It is important to ensure all key stakeholders are involved, including those who will be most impacted by changes to the system. The improvement team may have to change as this work progresses to ensure appropriate inclusion.
6. Clear outline project plan?	Yes	Project plan includes specific actions which require to be completed and indicative timescales.
<b>CPA Management Group/ Board Ready? Partly</b> The charter provides the rationale of the benefits of active travel and identifies change ideas to improve. Further work is required in relation to the measures described.		

<p><b>Improvement Project Title</b></p> <p>Increasing active travel - <b>Delivering Practical Cycle Awareness Training to organisations to improve safety and increase cycling rates.</b></p>
<p><b>Executive Sponsor</b></p> <p>Jillian Evans, Chair of Sustainable City Group</p>
<p><b>Project Lead</b></p> <p><b>Name:</b> Kelly Wiltshire</p> <p><b>Job Role &amp; Organisation:</b> Transport Executive, NESTRANS</p> <p><b>Email Address:</b> <a href="mailto:kwiltshire@nestrans.org.uk">kwiltshire@nestrans.org.uk</a></p>
<p><b>Aim statement</b></p> <p>Our stretch aim is to increase the proportion of people who cycle as their main mode of travel to 3% by 2021 and 5% by 2026 (baseline 2.4% 2017/18).</p>
<p><b>Link to Local Outcome Improvement Plan</b></p> <p>Stretch Outcome 15 of the LOIP is directly related to this project charter and is about increasing active travel rates:</p> <p>15.1 Supporting different ways for active travel in everyday journeys, using partners and volunteers to address safety, infrastructure, fitness, well-being and confidence</p> <p>There will be a separate charter to increase walking rates – an integral part of active travel.</p> <p>This proposed Charter links with another stretch target as part of our sustainable city:</p> <p>14.1 Reducing emissions across the city through delivery of Aberdeen’s Sustainable Energy Action Plan ‘Powering Aberdeen’. The two improvement aims here include reducing carbon emissions by 30% by 2021, and reducing the generation of waste.</p>
<p><b>Why this is important</b></p> <p>Active travel is good for the environment and a shift from car dominated transport is needed for population health<sup>i</sup> <sup>ii</sup>. There are many national and local strategies to promote and support active travel efforts<sup>iii</sup> with considerable effort already happening or underway. This Charter, with its range of change ideas, seeks to complement existing work either by testing new ideas or by learning from local implementation of good practice elsewhere.</p>

Aberdeen has relatively low cycling rates compared to other European Cities but has great potential to increase. The city is compact and there are cycle routes and lanes available and increasing all the time. In the long term we aim to benefit communities through a modal shift in travel from cars to more active forms of transport such as cycling and walking. This will improve public health and the environment, making Aberdeen a nicer place to be, with reduced congestion, reduced pollution and a healthier population.

Our driver diagram (attached) illustrates our theory of change and a number of ideas for improvement that were identified through multi-agency and stakeholder group work. This charter outlines the specific changes we plan to test throughout the life of the LOIP. These have been prioritised based on a combination of potential impact and our readiness/ability to test. Essentially the changes we have chosen seek to improve access to facilities and equipment and awareness/education.

All organisations within the Sustainable City group are involved in promoting active travel but these efforts were not well known by Partners and certainly not joined up. We plan to address this as one of the change ideas in this charter. The rationale is that by making our efforts in active travel and information about them more visible, we will reduce overlap and improve impact. We will promote our respective organisational efforts on a single information platform to provide a comprehensive picture of services and support for active travel. This will help our organisations to collaborate better and make it easier for users to access support. Knowing that providing information alone may not lead to behaviour change, evidence suggests that it can help when used alongside some of the other interventions we plan.

Active travel hubs exist in other parts of Scotland but not in Aberdeen. They take different forms but most are concerned with providing information, engagement opportunities and facilities aimed at encouraging the local community to travel more actively. As part of this charter, our aim is to establish a number of physical (and virtual) hubs which are developed to take account of the local situation and opportunities. The new city bike hire scheme, support for personalised travel routes, bike repairs, links with community pantries etc are some of the features that will be considered and tested as part of our active travel hub network.

Increasing access to bikes is another driver for change. We plan to repair and recycle bikes and to make them available to people for whom cost can be a barrier (this will be included in the 'Reducing Generation of Waste' Charter later this year). A focus within this Charter however is on eBikes where there is considerable growth in popularity in cities across the UK. Encouraging people to try eBikes and to support them in obtaining grants or loans is one of the change ideas we plan to test during the life of this Charter.

The perception that cycling is not safe due to other motorised vehicles in particular is a key barrier to change. We aim to address this by encouraging and supporting fleet managers to train their drivers in practical cycle awareness. This training is available at a cost from Cycle Scotland but as far as we know, it is not taken up by many organisations and no-one is actively pushing it. There is evidence of its effectiveness and the change we wish to test are our methods to facilitate uptake of this training with public sector organisations; test centres and city based hauliers. This will involve enabling access to funding, incorporating cycle awareness training into mandatory training programmes and supporting organisations to be role models for cycling and road safety. In doing this, we hope this will lead to an improved perception and real experience of cycling safety as well as helping to increase the corporate responsibility of organisations.

## Measures

### Outcome measures

- Increased numbers of cyclists on key routes, through data on cycle counters
- Reported change in attitude and behaviour - 'hands up' survey that happens once a year in schools and call-logs for personalised active travel support (SCARF support line)
- Scottish Household Survey results on travel
- City voice specific questions on active travel
- Census data (after next census)
- Road traffic collisions involving cyclists
- Carbon emissions

### Process measures (relating to cycle awareness training)

- Comprehensive description of active travel support from all Partners on single information platform and use of this monitored
- Active travel hubs in existence
- Bike ownership
- Number of organisations signed up to receive cycle awareness training
- Number of drivers that are trained

## Change ideas

**Improve access to information and support:** Collect, collate and publish details of all active travel support on one information platform aiming to improve co-ordination, impact and value for organisations and users

<p><b>Personalised nudge towards behaviour change:</b> Establish active travel hubs based on particular local circumstances and opportunities integrating these with city bike hire scheme</p> <p><b>Improve bike ownership:</b> Trials of eBikes and information support about loans and grants</p> <p><b>Improve safety:</b> Increasing practical cycle awareness as routine training for public sector organisations, test centres and city based hauliers</p>		
<p><b>Potential risks and/or barriers to success &amp; actions to address these</b></p> <ul style="list-style-type: none"> <li>• Seed funding for some ideas depending on scale of ambition (active travel hubs). We will look for external funding and grants</li> <li>• Potential costs to deliver cycle awareness training from Cycling Scotland</li> </ul>		
<p><b>Project Team</b></p> <p>Kelly Wiltshire, Nestrans, Jon Barron, Nestrans, Alan Simpson, Aberdeen City Council, Andrew Stewart (Health and Transport Action Plan Manager), Jillian Evans, NHS Grampian, Joanne Riach, NHS Grampian, David Selkirk, Sport Aberdeen and Chris Rae, Scarf.</p>		
<p><b>Outline Project Plan – Active Travel Cycling</b></p>		
Project Stage	Actions	Timescale
<p><b>Getting Started</b> (Project Score 1-3)</p>	<ul style="list-style-type: none"> <li>• Sustainable City Group research into Active Travel</li> <li>• Sustainable City group have a workshop to come up with change ideas and complete a driver diagram</li> <li>• A project team is compiled</li> </ul>	<p>September to December 2019</p>



(Project Score 7-10)	<ul style="list-style-type: none"> <li>• Get feedback from the training</li> <li>• Create case studies of the organisations that have taken part in the training</li> <li>• Collate and measure using all available data</li> <li>• Ongoing iteration of development, implementation and evaluation of active travel hubs</li> </ul>	Throughout 2020 and beyond
<b>Spreading Changes</b> (Project Score 9-10)	<ul style="list-style-type: none"> <li>• Promote the training further within the current organisation</li> <li>• Encourage other organisations to sign up using the previous examples to promote</li> <li>• Promote good road safety for all road users.</li> </ul>	October 2020 to Jan 2021

<sup>i</sup> <https://www.sportengland.org/media/13943/active-travel-full-report-evidence-review.pdf>

<sup>ii</sup> [https://bettertransport.org.uk/sites/default/files/research-files/Take action on active travel.pdf](https://bettertransport.org.uk/sites/default/files/research-files/Take%20action%20on%20active%20travel.pdf)

<sup>iii</sup> [National Transport Strategy](#) - Currently being refreshed with strong focus on active travel

[Regional Transport Strategy](#) – Currently being refreshed with strong focus on active travel

[Local Transport Strategy](#)

[Nestrans Active Travel strategy](#) – currently being refreshed as part of new Regional Transport Strategy.

[Aberdeen City Council - Active Travel Strategy](#)

[Core Paths Plan](#)

[Civitas Portis Sustainable Transport EU project](#) – Bike Hire Scheme for city is moving forward

[SUMP – Sustainable Urban Mobility Plan](#)

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[City Centre Masterplan](#)

[Grampian Health and Transport Action Plan](#)

[This project charter should complement the work already happening locally on behavioural change and implementing new cycling infrastructure and the work that is planned over the next few years without duplicating effort.](#)

[Other research that has helped to shape this project includes:](#)

The Scottish Health and Inequality [Impact](#) Assessment Network (SHIAN) report – Health and Transport: A Guide 2018

[Are we nearly there yet? Sustrans 2018](#)

[Annual Cycling Monitoring Report 2019](#)



## APPENDIX 2 LIVE PROJECT UPDATE REPORTS

### LIVE PROJECTS

No.	Project Aim	Ref.
	<b>Economy</b>	
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 % of people in Aberdeen who feel comfortable using digital tools by 2021.	2.2
4	Increase employer sign up to the Real Living Wage by 2021 and year on year to achieve Real Living Wage City Status by 2026	2.3
	<b>People: Children &amp; Young People</b>	
5	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
6	Reduce the number of births affected by drugs by 0.6% by 2022.	3.2
7	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
8	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
9	Increase the number of care experienced young people accessing a positive and sustained destination by 25% by 2022	5.1
10	Increase in the number of inhouse foster and kinship placements by 2021	5.2
11	Increase the number of care experienced people who receive appropriate support when accessing mental wellbeing concerns by 50% by 2022	5.3
12	Increase number of staff, including carers working with care experienced children and young people trained in trauma skills and knowledge, to 80% by 2021	5.4
13	Increase the number of children and young people remaining in a placement between 16-18 years old by 2021	5.5
14	Increase the no. young people who effectively transition from primary school to secondary school by 2021	6.1
15	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
16	Increase the number of young people taking up foundation apprenticeships to 142 by 2021	6.3
17	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
18	Reduce the number of winter leavers with no positive destination by 50% by 2021.	6.5
	<b>People: Vulnerable Adults</b>	
19	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	8.1

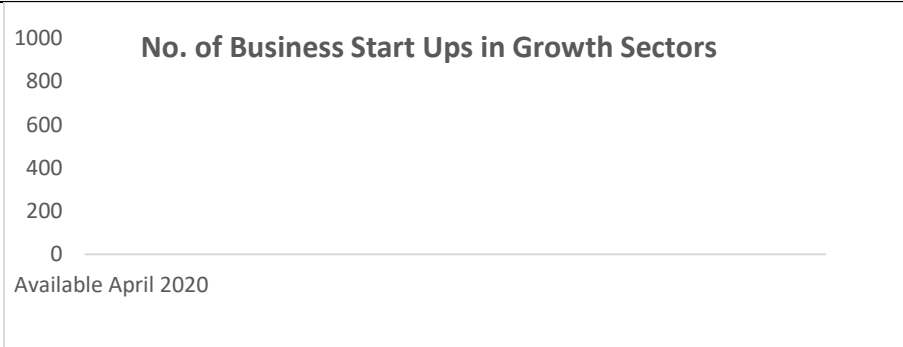
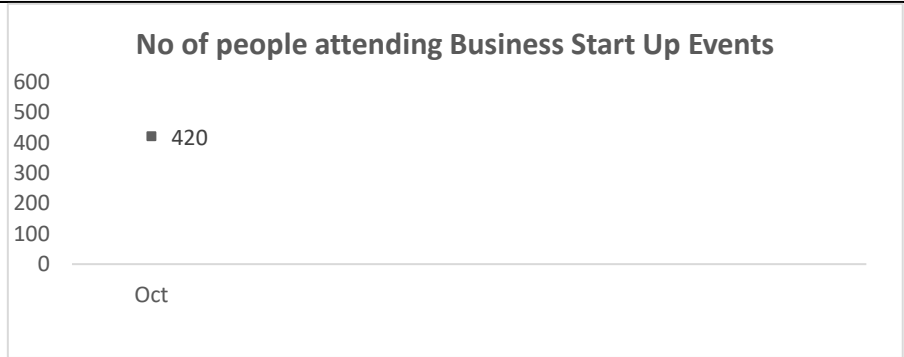
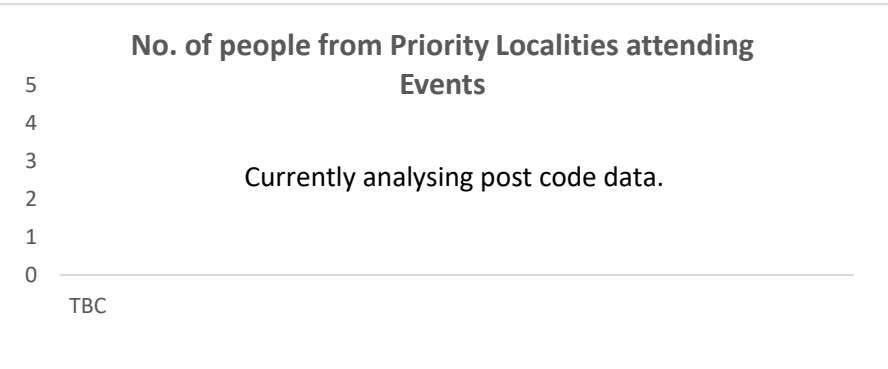
	Reduce instances of anti-social behaviour as a result of appropriate and effective interventions in targeted areas by 10% by 2021.	
20	Increase the number of cases of people appropriately diverted from prosecution by 2021; and Extend the multi-agency problem solving approach to all 16 and 17 year olds charged with an offence to reduce the likelihood of reoffending which could lead to a conviction by 2021.	9.1
21	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
22	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
23	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
24	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
25	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
26	Extend link working approach across primary care to support 3,000 people to attain their own identified outcomes by 2021.	11.2
27	Reduce % of men and women who are obese to 20% by 2021.	11.3
28	Improve the Health and Wellbeing Outcomes for at least 50% of homeless people/program participants in the Housing First Pathfinder Program in Aberdeen City by 2021.	11.4
29	Increase the number of autistic people aged 16 to 25 who are supported into employment by 2021	11.5
30	Increase opportunities for people who are retired to continue and increase their contribution by 10% by 2021	11.6
31	Increase the % of Care experienced children and young people receiving educational and support input on alcohol/ drugs issues by 2021.	12.1
32	100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021.	12.2
33	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
34	Increase the number of alcohol licensed premises awarded Best Bar None status by 2021	12.4
35	Increase number of alcohol brief interventions delivered by Primary Care providers dan other professionals by 100% by 2021	12.5
	<b>Place</b>	
36	Increase community food growing in schools, communities and workplaces by 2021.	13.1
37	Increase the number of people using community pantries by 2021; and Increase the uptake of the Best Start Grant and Foods and Healthy Start vitamins by 4% by 2020	13.2
38	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
	<b>Community Engagement</b>	
39	Participation and Asset Transfer Requests	16.1

**Project Progress Scale:**

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

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## 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. <b>Project Manager:</b> Roz Taylor (Elevator) and Martin Barry (SE) <a href="#">Project Charter Approved July 2019</a>		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 <sup>rd</sup> October at Pittodrie Stadium in Aberdeen.		Feedback from individuals and businesses which attended the event we have identified that this was most definitely an event which was well received, that people learned from the event and gained information and support which they would not have looked for from home. We will be recommending that this event is run on an annual basis and will look to expand to other regions in Scotland in the future.		
Improvement Data				
				
		Additional Information from the event includes: Attendees by type: Students (future potential local entrepreneurs) 47% Pre-Start businesses: 8.55% Newly Trading Businesses: 9% Existing Businesses: 16.6% Professional Partners: 18.5%		

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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. <b>Project Manager:</b> Lori Manson (ACC) <a href="#">Project Charter Approved July 2019</a>	Jul 2019	Dec 2020	5 - Designing Changes
Changes Being Tested (Specify location/ test group)	Are our changes resulting in improvement?		
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.	The contract for the build of the school is anticipated to be advertised in May, so community engagement sessions will now take place. The opportunity to participate will be promoted from January, with engagement sessions following in <u>February/ early March</u> . There will be a drop-in session open to all, raising awareness of the community benefits project and inviting participants. Two workshops (potentially a third aimed at school pupils) will follow, where participants from the community will discuss requirements for inclusion in the tender documents for the school.		
Improvement Data			
<p><b>No. of community benefit suggestions logged from communities</b></p>	<p><b>No. of community groups/ individuals participating in community benefit co-design</b></p>		
<p><b>% of community proposals converted into agreed community benefits options</b></p>	<p><b>Customer and community satisfaction</b></p>		

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## 2.2 Digital Literacy

Project Aim		Start Date	Testing End Date	Progress Scale
Increase the % of people in Aberdeen who feel comfortable using digital tools by 2021 <b>Project Manager:</b> Emma Shanks (ACC) <a href="#">Project Charter Approved December 2019</a>		Dec 2019	Dec 2021	5 - Designing Changes
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?		
<ul style="list-style-type: none"> <li>A drop in session for customers to come a learn how to set up and use an email account has been scheduled for <u>3 February 2020</u> at Tillydrone Library located at the new community campus, collaborative change idea between Aberdeen City Council Adult Learning team and Customer Experience.</li> <li></li> </ul>		Results of the drop in digital awareness sessions will allow us to recognise the current % of people who identify with a level of Essential Digital Skills and identify areas across the city to focus change ideas within. <u>Data to be provided before CPA Board meeting in February.</u>		
Improvement Data				
<p><b>% of people in Aberdeen who feel comfortable using digital tools</b></p> <p>City Voice questionnaire and a Citizen Space consultation on Essential Digital Skills due to be issued January 2020.</p> <p>5 4 3 2 1 0</p> <p>Date</p>		<p><b>% of people attending drop in sessions</b></p> <p>5 4 3 2 1 0</p> <p>Date</p>		
<p><b>Insert title</b></p> <p>5 4 3 2 1 0</p> <p>Date</p>				

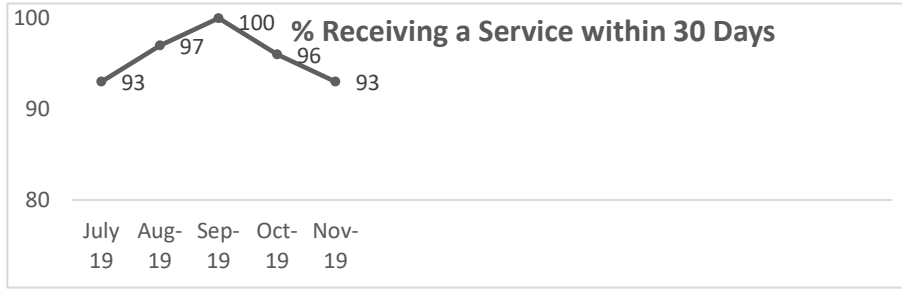
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2.3 Real Living Wage

Project Aim		Start Date	Testing End Date	Progress Scale
Increase employer sign up to the Real Living Wage by 2021 and year on year to achieve Real Living Wage City Status by 2026 <b>Project Manager:</b> Martin Barry (Scottish Enterprise) <a href="#">Project Charter Approved December 2019</a>		Dec 2019	Dec 2021	5 - Designing Changes
<b>Changes Being Tested (Specify location/ test group)</b>		<b>Are our changes resulting in improvement?</b>		
Engagement with stakeholders is taking place to drill down to specific change ideas which will eventually sit alongside the high-level proposals. Appropriate measurement will be recorded once these details are identified.		It is too early in the life of the project to determine whether any of the change ideas are resulting in improvement. However, the improvement team are set to ramp up activity in terms of promotion and support of the Real Living Wage, and it is anticipated we will begin to see positive progress over the course of the year. (Note: employment data is available to Living Wage Scotland, but at present is not publicly accessible)		
<b>Improvement Data</b>				
<div><div><div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></d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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) <a href="#">Project Charter Approved July 2019</a>																
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?														
<ul style="list-style-type: none"><li>• Testing how our new data dashboards improves the quality of information shared through the Child's plan and reduces the variation between services</li><li>• Peep offering 1-1 support to parents with low mood to reduce group waiting list</li><li>• Testing Family Learning reducing waiting times for families through the introduction of an initial home visit</li></ul> (City wide - the test group includes all referrals to the partner services involved in the project)		<p>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</p> <p>Due to capacity, Peep has been limited in the 1-1 support it can offer to parents with low mood. We have offered 1-1 to those families when mums were unable to attend the low mood group due to extreme mental health or transportation issues. This has seen at least one family successfully integrate into a universal Peep group after completing 1-1 sessions.</p>														
Improvement Data																
 <table><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>100</td></tr><tr><td>Oct-19</td><td>96</td></tr><tr><td>Nov-19</td><td>93</td></tr></tbody></table>		Month	Percentage	July 19	93	Aug-19	97	Sep-19	100	Oct-19	96	Nov-19	93			
Month	Percentage															
July 19	93															
Aug-19	97															
Sep-19	100															
Oct-19	96															
Nov-19	93															

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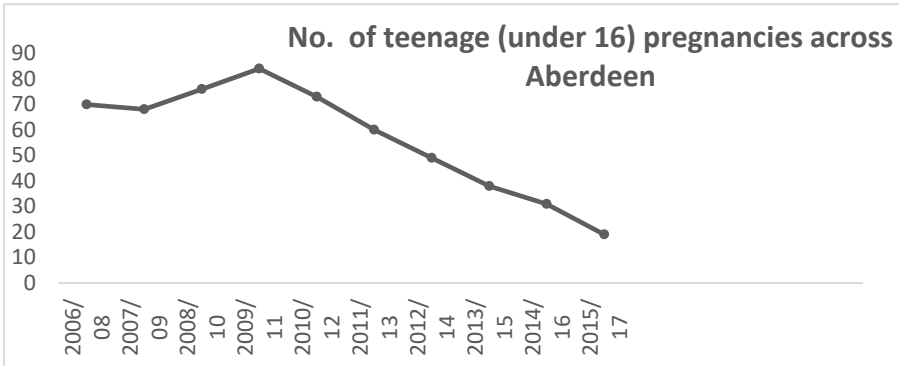
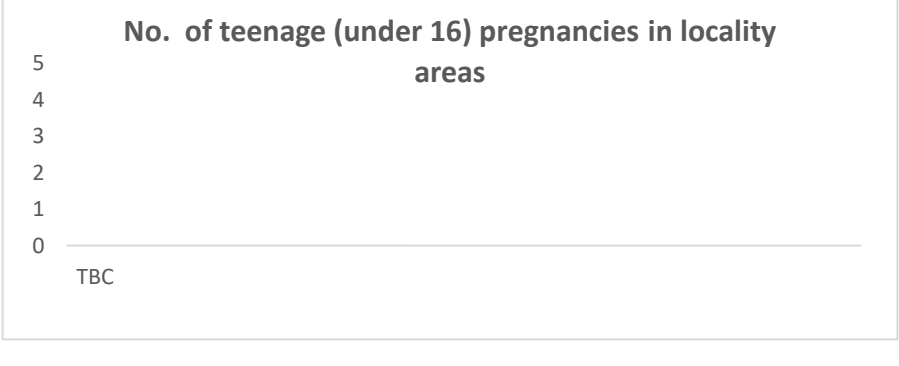
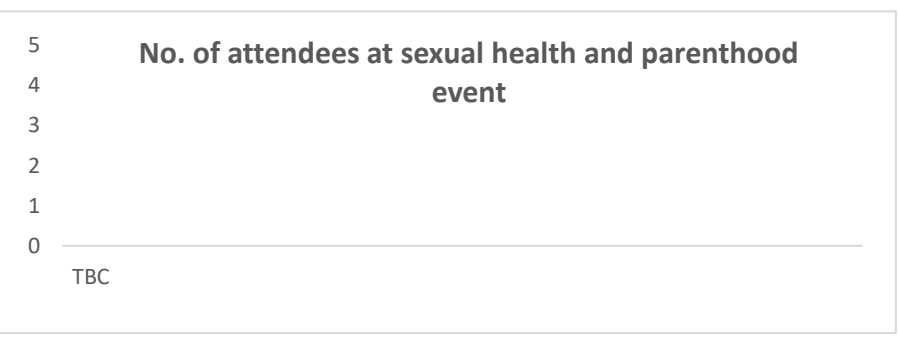
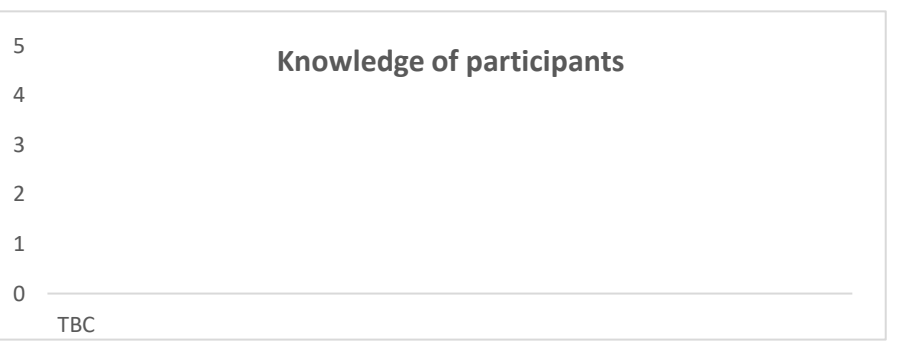
### 3.2 Births Affected by Drugs

Project Aim		Start Date	Testing End Date	Progress Scale																												
Reduce the number of births affected by drugs by 0.6 %, by 2022		Sep 2019	Sep 2022	5 – Designing Changes																												
Project Manager: Simon Rayner (ADP) <a href="#">Project Charter Approved September 2019</a>																																
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?																														
Improvement Data																																
<div><p>No. of Births Affected by Drugs</p><table><tr><th>Period</th><th>No. of Births Affected</th></tr><tr><td>2010/11-2012/13</td><td>115</td></tr><tr><td>2011/12-2013/14</td><td>125</td></tr><tr><td>2012/13-2014/15</td><td>118</td></tr><tr><td>2013/14-2015/16</td><td>108</td></tr><tr><td>2014/15-2016/17</td><td>110</td></tr><tr><td>2015/16-2017/18</td><td>95</td></tr></table></div>		Period	No. of Births Affected	2010/11-2012/13	115	2011/12-2013/14	125	2012/13-2014/15	118	2013/14-2015/16	108	2014/15-2016/17	110	2015/16-2017/18	95	<div><p>% of Live Births Affected by Drugs</p><table><tr><th>Period</th><th>% of Live Births Affected</th></tr><tr><td>2010/11-2012/13</td><td>1.40%</td></tr><tr><td>2011/12-2013/14</td><td>1.50%</td></tr><tr><td>2012/13-2014/15</td><td>1.40%</td></tr><tr><td>2013/14-2015/16</td><td>1.30%</td></tr><tr><td>2014/15-2016/17</td><td>1.35%</td></tr><tr><td>2015/16-2017/18</td><td>1.20%</td></tr></table></div>			Period	% of Live Births Affected	2010/11-2012/13	1.40%	2011/12-2013/14	1.50%	2012/13-2014/15	1.40%	2013/14-2015/16	1.30%	2014/15-2016/17	1.35%	2015/16-2017/18	1.20%
Period	No. of Births Affected																															
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2013/14-2015/16	1.30%																															
2014/15-2016/17	1.35%																															
2015/16-2017/18	1.20%																															

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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%, by2021 and Reduce the rate of teenage pregnancies [under 16s] in the CPP locality areas by 10% by 2021 Project Manager: Rachel Thompson (AHSCP) <a href="#">Project Charter Approved July 2019</a>		Jul 2019	May 2021	6 -Testing Underway																						
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?																								
Following the Launch of the Relationships, sexual Health and Parenthood Resource, it has now been released citywide alongside a learning needs assessment to identify what partners require to deliver RSHP		An evaluation questionnaire was released at the start of January to assess the extent to which partners are engaging with the resource, results will follow in a later update																								
Improvement Data																										
 <p><b>No. of teenage (under 16) pregnancies across Aberdeen</b></p> <table><thead><tr><th>Year</th><th>No. of pregnancies</th></tr></thead><tbody><tr><td>2006/08</td><td>70</td></tr><tr><td>2007/09</td><td>68</td></tr><tr><td>2008/10</td><td>75</td></tr><tr><td>2009/11</td><td>85</td></tr><tr><td>2010/12</td><td>72</td></tr><tr><td>2011/13</td><td>60</td></tr><tr><td>2012/14</td><td>50</td></tr><tr><td>2013/15</td><td>38</td></tr><tr><td>2014/16</td><td>32</td></tr><tr><td>2015/17</td><td>20</td></tr></tbody></table>		Year	No. of pregnancies	2006/08	70	2007/09	68	2008/10	75	2009/11	85	2010/12	72	2011/13	60	2012/14	50	2013/15	38	2014/16	32	2015/17	20	 <p><b>No. of teenage (under 16) pregnancies in locality areas</b></p>		
Year	No. of pregnancies																									
2006/08	70																									
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2011/13	60																									
2012/14	50																									
2013/15	38																									
2014/16	32																									
2015/17	20																									
 <p><b>No. of attendees at sexual health and parenthood event</b></p>		 <p><b>Knowledge of participants</b></p>																								

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#### 4.1 Children's Mental Wellbeing

Project Aim		Start Date	Testing End Date	Progress Scale
Increase the confidence of school-based staff to recognise and respond to children who require support and directing them to the school Nursing Service to 90% by 2021. Increase the confidence of parents and young people to recognise and seek support in response to deteriorating mental wellbeing by 2022. <b>Project Manager:</b> Bill O’Hara (ACC), Lauren Mackie (ACHSCP) <a href="#">Project Charter Approved December 2019</a>		Sep 2019	Dec 2022	6 – Testing Underway
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?		
4 sites have been identified for testing, namely: Aberdeen Grammar; Bridge of Don; Bucksburn; Hazlehead. Testing: Adapting Mind of My Own App to include mental health and wellbeing); Pathways for referral and engagement of school nurse; Providing awareness raising for parents to better recognise mental health concerns.		This project was fully approved in December and has begun testing in January, outcomes of testing will be reported in a later update		
Improvement Data				
<div><div><div>100</div><div>80</div><div>60</div><div>40</div><div>20</div><div>0</div></div><div><div>% School Based Staff Confident</div><div>TBC</div></div></div>		<div><div><div>100</div><div>80</div><div>60</div><div>40</div><div>20</div><div>0</div></div><div><div>% Parents Staff Confident</div><div>TBC</div></div></div>		
<div><div><div>100</div><div>80</div><div>60</div><div>40</div><div>20</div><div>0</div></div><div><div>% Pupils Confident</div><div>TBC</div></div></div>		<div><div><div>5</div><div>4</div><div>3</div><div>2</div><div>1</div><div>0</div></div><div><div>No. of appropriate referrals to the school nurse for targeted support</div><div>TBC</div></div></div>		


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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. <b>Project Manager:</b> Larissa Gordon (ACC): <a href="#">Project Charter Approved July 2019</a>		Jul 2019	Dec 2022	6– Testing Underway								
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?										
St Machar Academy, Cohort 1: 11 S1 pupils, 16 S2 pupils:  Cycle 2: Underway with S2 and S3 pupils at St Machar (progress has been delayed due to difficulty in recruiting Pathway Coordinators)		Cohort 1: 27 young people were identified to take part in the MCR Pathways Programme in its first cycle. The S1s attendance increased by 20% and exclusions by 10%. S2 pupils have increased their attendance by 37.5% and decreased their attendance by 12.5%. Pupils are now attending on time for school and lessons each day.										
Improvement Data												
<div><p><b>% Increase in attendance for S1 and S2 combined</b></p><table><thead><tr><th>Month</th><th>% Increase</th></tr></thead><tbody><tr><td>Sep-19</td><td>29</td></tr></tbody></table></div>		Month	% Increase	Sep-19	29	<div><p><b>% Reduction of exclusions for S1 and S2 combined</b></p><table><thead><tr><th>Month</th><th>% Reduction</th></tr></thead><tbody><tr><td>Sep-19</td><td>11</td></tr></tbody></table></div>			Month	% Reduction	Sep-19	11
Month	% Increase											
Sep-19	29											
Month	% Reduction											
Sep-19	11											
<div><p><b>% of Care Experienced Young People gaining a Positive Destination</b></p><table><thead><tr><th>Month</th><th>% Positive Destination</th></tr></thead><tbody><tr><td>TBC</td><td>TBC</td></tr></tbody></table></div>		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) <a href="#">Project Charter Approved July 2019</a>		Jul 2019	Dec 2022	6 – Testing Underway						
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?								
Kinship Care Assessment tool:  Cycle 2 – currently being undertaken across all 3 locality groups		Cycle 1 of testing on the Kinship Care Assessment Tool saw 3 families at the Need Dee family Group being supported to provide kinship care. The second cycle has since moved to support groups in each of the locality areas								
Improvement Data										
<div><p>No. of CE Young People in Kinship Care Placements</p><table><thead><tr><th>Period</th><th>No. of CE Young People</th></tr></thead><tbody><tr><td>Sep-Dec 2018</td><td>177</td></tr><tr><td>Sep-Dec 2019</td><td>213</td></tr></tbody></table></div>		Period	No. of CE Young People	Sep-Dec 2018	177	Sep-Dec 2019	213			
Period	No. of CE Young People									
Sep-Dec 2018	177									
Sep-Dec 2019	213									

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### 5.3 Appropriate Access to Care Records

Project Aim		Start Date	Testing End Date	Progress Scale
Increase the % of children, young people and adults who report that they feel supported when accessing their records by 2022 <b>Project Manager:</b> Gaynor Clarke (ACC) <a href="#">Project Charter Approved December 2019</a>		Dec 2019	Dec 2022	5 – Designing Changes
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?		
		Project approved in December, currently designing changes		
Improvement Data				
<p><b>No. CE People who report feeling supported to access their records</b></p>		<p><b>No. Young people accessing their records</b></p>		
<p><b>Insert Title</b></p>		<p><b>Insert Title</b></p>		

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## 5.4 Trauma Skills and Knowledge

Project Aim		Start Date	Testing End Date	Progress Scale
Increase number of staff, including carers working with care experienced children and young people trained in trauma skills and knowledge, to 80% by 2021 <b>Project Manager:</b> Isobel MacDonnell (ACC) <a href="#">Project Charter Approved December 2019</a>		Sep 2019	Dec 2021	5 – Designing Changes
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?		
		Project approved in December, currently designing changes		
Improvement Data				
<div><div><div>100</div><div>80</div><div>60</div><div>40</div><div>20</div><div>0</div></div><div>No. of carers reporting increased confidence in meeting the needs of children with ACE's</div><div>2019</div></div>				


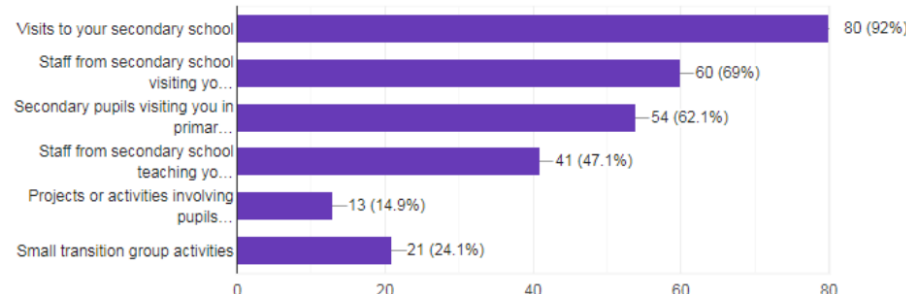
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## 5.5 Children and Young People in Care Placements

Project Aim		Start Date	Testing End Date	Progress Scale
Increase by 10% the number of children and young people remaining in a placement between 16-18 years old by 2021; and Reduce the number children who experience more than 1 placement over a year by 2022 <b>Project Manager:</b> Isobel MacDonnell (ACC)/Andrea McGill (ACC) <a href="#">Project Charter Approved December 2019</a>		Dec 2019	Dec 2021/22	5 – Designing Changes
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?		
		Project approved in December, currently designing changes		
Improvement Data				
<p><b>No. of children and young people remaining in care placement</b></p>		<p><b>Insert Title</b></p>		
<p><b>Insert Title</b></p>		<p><b>Insert Title</b></p>		



## 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. <b>Project Manager:</b> Gael Ross (ACC) <a href="#">Project Charter Approved July 2019</a>		Jul 2019	Apr 2022	5 – Designing Changes
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?		
No changes being tested at this time, currently establishing base line of transition experience through questionnaire survey and focus group to establish areas of good practice		91 responses were completed by children and young people in S1 at Grammar Academy. This is not the full cohort but a high percent of the current S1s. Transition from Skene Square to Grammar is a positive experience. Focus Group feedback indicates that pupils have benefited from being separated from their peers from Primary to Secondary to develop new friendships in new school. Also reflected the importance of school culture in supporting P7s to transition		
Improvement Data				
<b>Examples of questionnaire feedback</b> How many times did you visit your secondary school prior to transition? 91 responses 		<b>What transition activities did you participate in?</b> 87 responses 		

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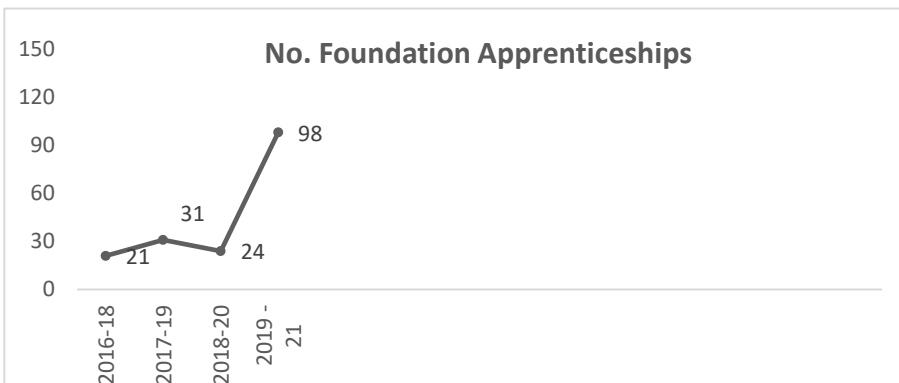
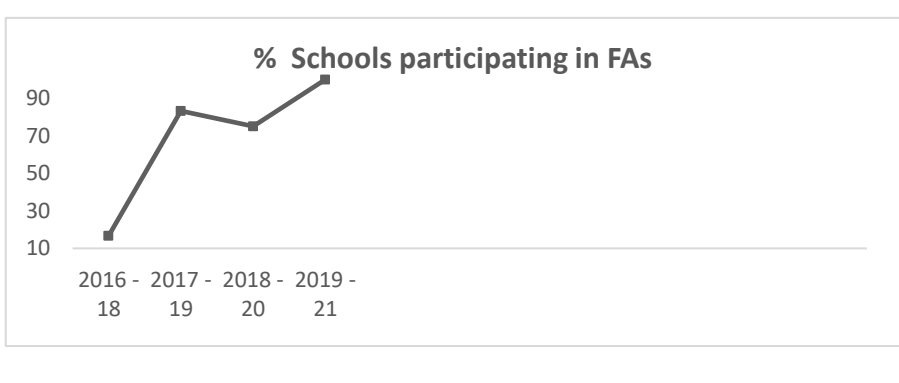
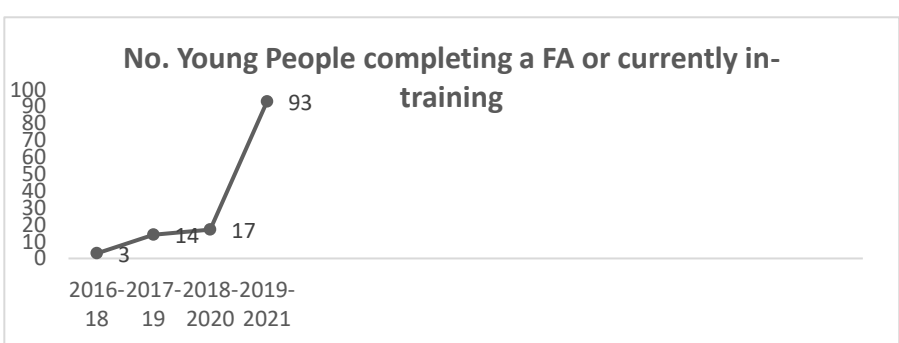
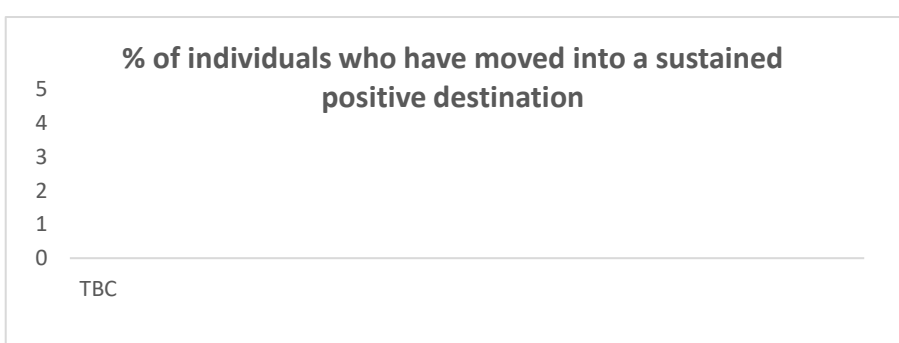


## 6.2 Positive Destinations

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. <b>Project Manager:</b> James Simpson (ACC) <a href="#">Project Charter Approved July 2019</a>		Jul 2019	Dec 2022	6 – Testing Underway																																																										
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?																																																												
<ul style="list-style-type: none"><li>An onboarding cycle – to secure engagement with pupils throughout the programme</li><li>A confidence survey – to assess the impact on pupil’s confidence in career progression having undertaken the masterclass</li></ul>		The onboarding process has shown significant increase in the second cohort’s attendance and overall engagement. The confidence survey has yet to be repeated but pupil feedback indicates that they can recognise improved communication skills and have a better understanding of personal strengths having been part of the course																																																												
Improvement Data																																																														
<p><b>% Attendance at Masterclass Sessions</b></p> <table><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>82</td></tr><tr><td>01.10.19</td><td>68</td></tr><tr><td>07.10.19</td><td>58</td></tr><tr><td>08.10.19</td><td>32</td></tr><tr><td>18.11.19</td><td>80</td></tr><tr><td>19.11.19</td><td>80</td></tr><tr><td>25.11.19</td><td>80</td></tr><tr><td>26.11.19</td><td>90</td></tr><tr><td>02.12.19</td><td>80</td></tr><tr><td>03.12.19</td><td>80</td></tr><tr><td>09.12.19</td><td>80</td></tr><tr><td>10.12.19</td><td>70</td></tr><tr><td>16.12.19</td><td>88</td></tr><tr><td>17.12.19</td><td>100</td></tr><tr><td>06.01.20</td><td>100</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	82	01.10.19	68	07.10.19	58	08.10.19	32	18.11.19	80	19.11.19	80	25.11.19	80	26.11.19	90	02.12.19	80	03.12.19	80	09.12.19	80	10.12.19	70	16.12.19	88	17.12.19	100	06.01.20	100	<p><b>% Positive Destinations (St Machar)</b></p> <table><thead><tr><th>Year</th><th>% Positive Destinations</th></tr></thead><tbody><tr><td>2013/14</td><td>65</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</td></tr><tr><td>2017/18</td><td>72.4</td></tr></tbody></table>			Year	% Positive Destinations	2013/14	65	2014/15	70	2015/16	70	2016/17	72	2017/18	72.4
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<p><b>% Average attendance levels of cohorts</b></p> <table><thead><tr><th>Cohort</th><th>% Average Attendance</th></tr></thead><tbody><tr><td>Cohort 1</td><td>65</td></tr><tr><td>Cohort 2 (to date)</td><td>75</td></tr></tbody></table>		Cohort	% Average Attendance	Cohort 1	65	Cohort 2 (to date)	75	<p><b>% Positive Destinations (Citywide)</b></p> <table><thead><tr><th>Year</th><th>% Positive Destinations</th></tr></thead><tbody><tr><td>2013/14</td><td>91</td></tr><tr><td>2014/15</td><td>90</td></tr><tr><td>2015/16</td><td>90</td></tr><tr><td>2016/17</td><td>91</td></tr><tr><td>2017/18</td><td>91.4</td></tr></tbody></table>			Year	% Positive Destinations	2013/14	91	2014/15	90	2015/16	90	2016/17	91	2017/18	91.4																																								
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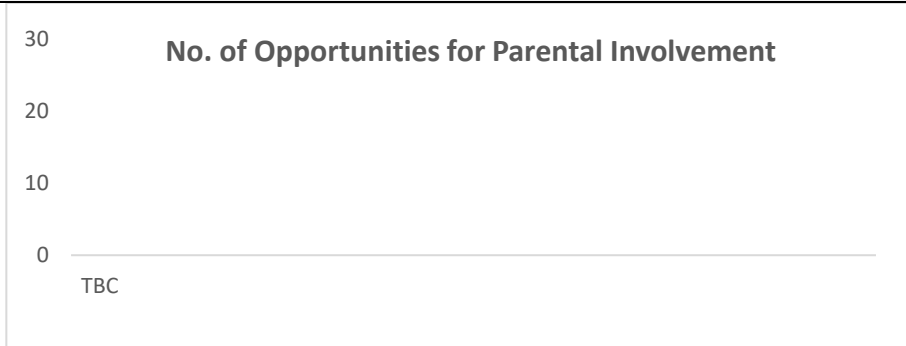
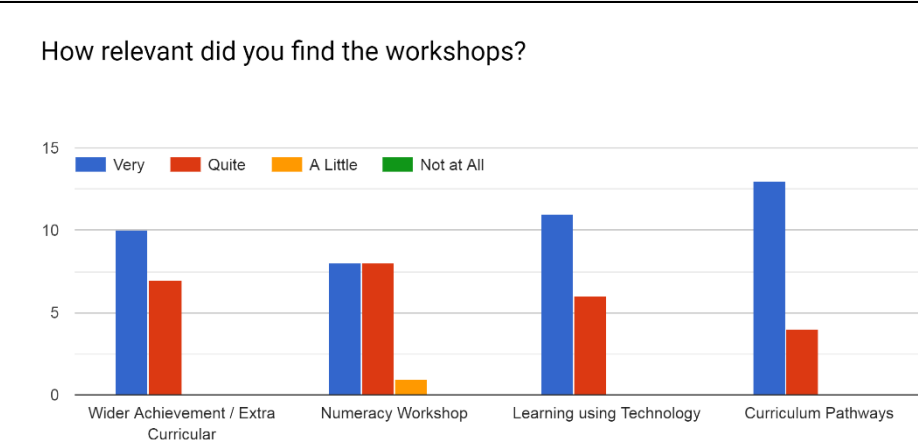
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## 6.3 Foundation Apprenticeships

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) <a href="#">Project Charter Approved July 2019</a>																								
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?																						
Guidance Teacher Pack (Northfield and Hazlehead Academy)		Initial indications from participants is that the guidance pack has improved knowledge and understanding of the availability, scope and the value of supporting pupils to apply for a foundation apprenticeship																						
Improvement Data																								
<div><p>No. Foundation Apprenticeships</p><table><thead><tr><th>Year</th><th>No. Foundation 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></div>		Year	No. Foundation Apprenticeships	2016-18	21	2017-19	31	2018-20	24	2019-21	98	<div><p>% Schools participating in FAs</p><table><thead><tr><th>Year</th><th>% Schools participating in FAs</th></tr></thead><tbody><tr><td>2016-18</td><td>15</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></div>			Year	% Schools participating in FAs	2016-18	15	2017-19	85	2018-20	75	2019-21	95
Year	No. Foundation Apprenticeships																							
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2017-19	31																							
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<div><p>No. Young People completing a FA or currently in-training</p><table><thead><tr><th>Year</th><th>No. Young People completing a FA or currently in-training</th></tr></thead><tbody><tr><td>2016-18</td><td>3</td></tr><tr><td>2017-19</td><td>14</td></tr><tr><td>2018-20</td><td>17</td></tr><tr><td>2019-21</td><td>93</td></tr></tbody></table></div>		Year	No. Young People completing a FA or currently in-training	2016-18	3	2017-19	14	2018-20	17	2019-21	93	<div><p>% of individuals who have moved into a sustained positive destination</p><table><thead><tr><th>Year</th><th>% of individuals who have moved into a sustained positive destination</th></tr></thead><tbody><tr><td>2016-18</td><td>0</td></tr><tr><td>2017-19</td><td>0</td></tr><tr><td>2018-20</td><td>0</td></tr><tr><td>2019-21</td><td>0</td></tr></tbody></table><p>TBC</p></div>			Year	% of individuals who have moved into a sustained positive destination	2016-18	0	2017-19	0	2018-20	0	2019-21	0
Year	No. Young People completing a FA or currently in-training																							
2016-18	3																							
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2018-20	0																							
2019-21	0																							

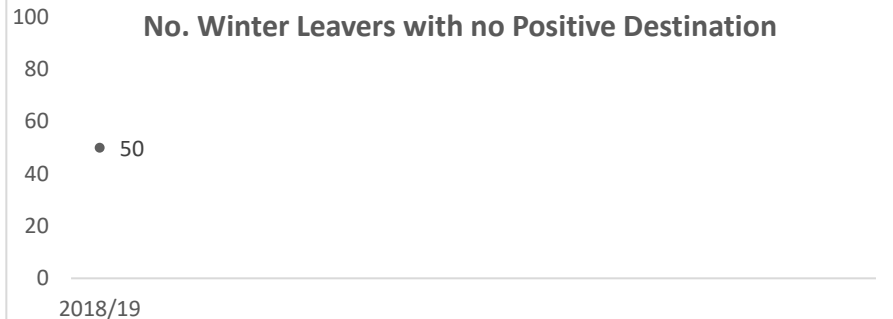
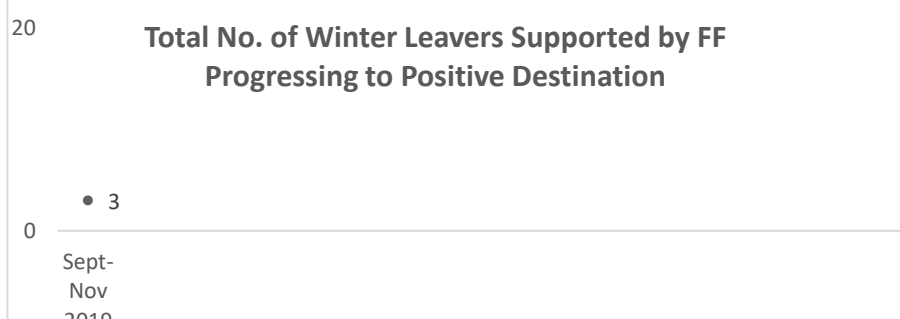
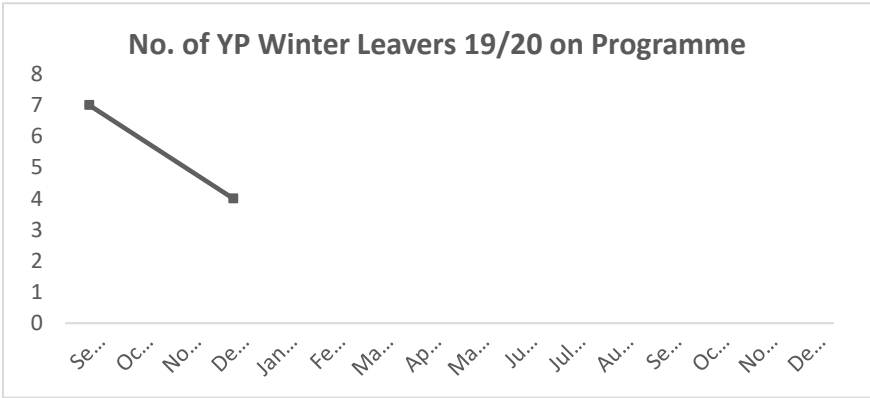
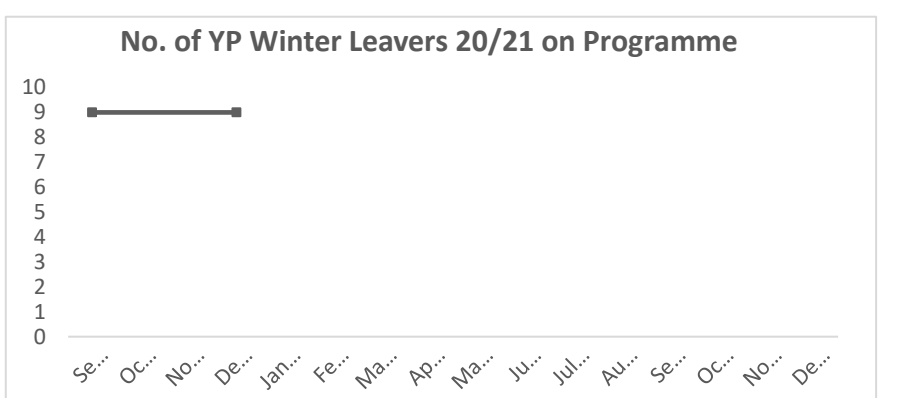
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## 6.4 Parenting Pathways

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		Sep 2019	Jul 2021	5 – Designing Changes
Project Manager: Alex Duncan (ACC) <a href="#">Project Charter Approved September 2019</a>				
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?		
No changes currently being tested		Plan to test a learner journey pathways booklet to promote learner pathways to parents and staff – Scheduled for end of Jan/start of Feb to coincide with personalisation and choice events		
Improvement Data				
<div><div>No. of Opportunities for Parental Involvement</div><div></div></div>		<div><div>How relevant did you find the workshops?</div><div></div></div>		

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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.		Sep 2019	Dec 2021	6 – Testing Underway
Project Manager: Leona McDermid (Foyer) <a href="#">Project Charter Approved September 2019</a>				
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?		
1:1 Development Coaching Sessions (9 winter leavers city wide) (Cycle 2)		All of the first three winter leavers who engaged in the 1:1 coaching successfully moved into college courses as exceptional entrants. Coaching included: qualifications, writing college applications, work experience and planning for their future. A further 9 leavers who self-identify as winter leavers (2020/21) are currently engaged this quarter (the outcome of this engagement will follow in the next report)		
Improvement Data				
<div><p>No. Winter Leavers with no Positive Destination</p></div>		<div><p>Total No. of Winter Leavers Supported by FF Progressing to Positive Destination</p></div>		
<div><p>No. of YP Winter Leavers 19/20 on Programme</p></div>		<div><p>No. of YP Winter Leavers 20/21 on Programme</p></div>		

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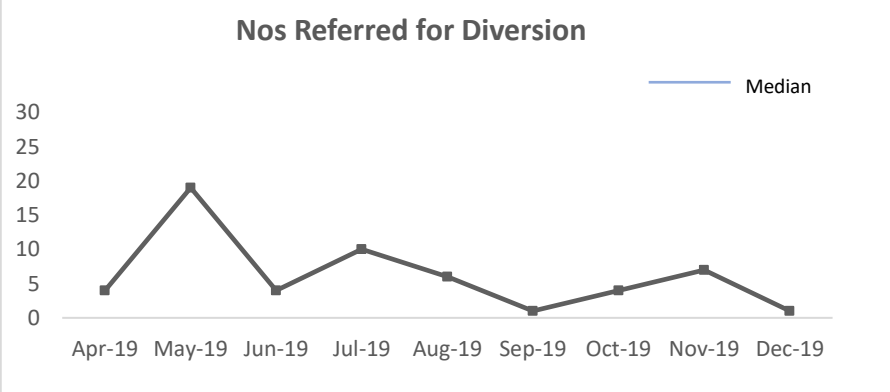
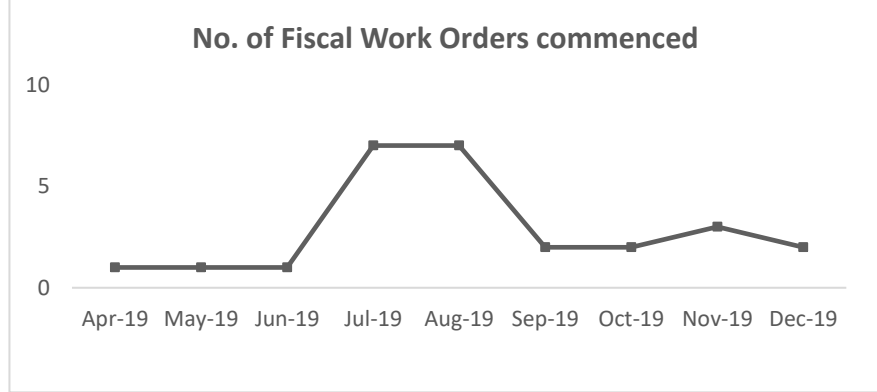
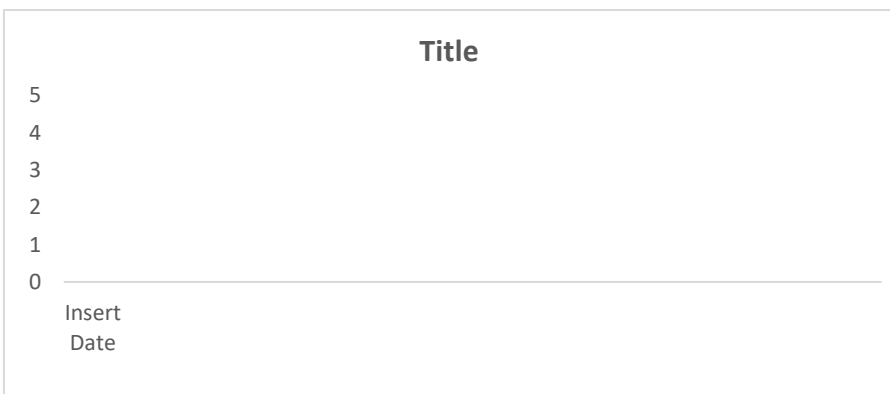
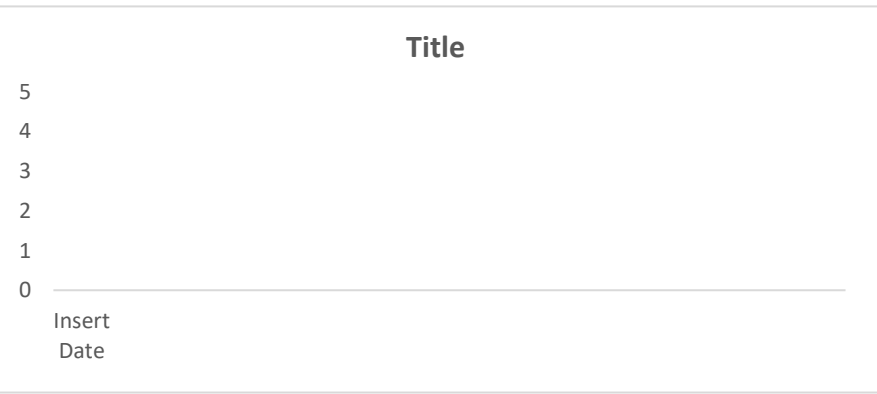


## 8.1 Youth Offending

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. <b>Project Manager:</b> Derek McGowan, ACC and Sergeant Brian Cumming, PS <a href="#">Project Charter Approved Sep 2019</a>		Sep 2019	Dec 2019	6 – Testing Underway																																																										
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?																																																												
<p><u>Northfield Area</u> (focus on wider ASB):</p> <ul style="list-style-type: none"><li>• Flagging system to report incidents/hotspots and mechanism for information sharing;</li><li>• Mechanism for multi-agency response - action plans and review process;</li><li>• Mechanism to ensure young people are involved in service design – Questionnaire for young people.</li></ul> <p><u>Torry Area</u> (focus on young people):</p> <ul style="list-style-type: none"><li>• Group of young people organising events attended by community members</li></ul>		<p>Testing in Northfield is at an early stage but appears to be having a positive effect with a reduction in calls.</p> <p>The multiagency response to youth antisocial behaviour in Torry throughout 2019 (ie prior to the start of the project) has had a significantly positive impact as evidenced in the recorded Police calls involving youths. This has been achieved by looking at the causes of reported youth antisocial behaviour, and partners putting in place effective plans to address these issues. The project will look at ways to move the intervention process so it is impacting on young people at an earlier stage to prevent them entering the antisocial behaviour pathway. It will also look to upscaling the learning from Torry to the city as a whole.</p>																																																												
Improvement Data																																																														
<p>ASB Calls - Northfield</p> <table><thead><tr><th>Month</th><th>Calls</th></tr></thead><tbody><tr><td>Oct</td><td>70</td></tr><tr><td>Nov</td><td>80</td></tr><tr><td>Dec</td><td>65</td></tr><tr><td>Jan</td><td>70</td></tr><tr><td>Feb</td><td>95</td></tr><tr><td>Mar</td><td>75</td></tr><tr><td>Apr</td><td>75</td></tr><tr><td>May</td><td>70</td></tr><tr><td>Jun</td><td>75</td></tr><tr><td>Jul</td><td>80</td></tr><tr><td>Aug</td><td>80</td></tr><tr><td>Sep</td><td>65</td></tr><tr><td>Oct</td><td>70</td></tr><tr><td>Nov</td><td>45</td></tr><tr><td>Dec</td><td>65</td></tr></tbody></table> <p>— Oct 2018 to Dec 2019    — Median</p>		Month	Calls	Oct	70	Nov	80	Dec	65	Jan	70	Feb	95	Mar	75	Apr	75	May	70	Jun	75	Jul	80	Aug	80	Sep	65	Oct	70	Nov	45	Dec	65	<p>Youth Calls - Torry</p> <table><thead><tr><th>Month</th><th>Calls</th></tr></thead><tbody><tr><td>Jan-19</td><td>28</td></tr><tr><td>Feb-19</td><td>42</td></tr><tr><td>Mar-19</td><td>32</td></tr><tr><td>Apr-19</td><td>18</td></tr><tr><td>May-19</td><td>38</td></tr><tr><td>Jun-19</td><td>32</td></tr><tr><td>Jul-19</td><td>18</td></tr><tr><td>Aug-19</td><td>22</td></tr><tr><td>Sep-19</td><td>28</td></tr><tr><td>Oct-19</td><td>12</td></tr><tr><td>Nov-19</td><td>10</td></tr><tr><td>Dec-19</td><td>12</td></tr></tbody></table> <p>— Youth Calls    — Median</p>			Month	Calls	Jan-19	28	Feb-19	42	Mar-19	32	Apr-19	18	May-19	38	Jun-19	32	Jul-19	18	Aug-19	22	Sep-19	28	Oct-19	12	Nov-19	10	Dec-19	12
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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 by 2021; <u>and</u> Increase the number of cases of people appropriately diverted from prosecution by 2021. <b>Project Manager:</b> Claire Duncan, HSCP <a href="#">Project Charter Approved Sep 2019</a>		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"><li>• Map of data sharing processes</li><li>• Single point of contact in Police Scotland Aberdeen Division and CJSWS</li><li>• Data recording mechanism by CJSW</li><li>• Training/awareness-raising input on Diversion from Prosecution</li></ul>		<u>Update to be provided</u>																																										
Improvement Data																																												
<div><h3>Nos Referred for Diversion</h3><table><caption>Nos Referred for Diversion</caption><thead><tr><th>Month</th><th>Nos Referred</th></tr></thead><tbody><tr><td>Apr-19</td><td>4</td></tr><tr><td>May-19</td><td>19</td></tr><tr><td>Jun-19</td><td>4</td></tr><tr><td>Jul-19</td><td>10</td></tr><tr><td>Aug-19</td><td>6</td></tr><tr><td>Sep-19</td><td>1</td></tr><tr><td>Oct-19</td><td>4</td></tr><tr><td>Nov-19</td><td>7</td></tr><tr><td>Dec-19</td><td>1</td></tr></tbody></table></div>		Month	Nos Referred	Apr-19	4	May-19	19	Jun-19	4	Jul-19	10	Aug-19	6	Sep-19	1	Oct-19	4	Nov-19	7	Dec-19	1	<div><h3>No. of Fiscal Work Orders commenced</h3><table><caption>No. of Fiscal Work Orders commenced</caption><thead><tr><th>Month</th><th>No. of Fiscal Work Orders</th></tr></thead><tbody><tr><td>Apr-19</td><td>1</td></tr><tr><td>May-19</td><td>1</td></tr><tr><td>Jun-19</td><td>1</td></tr><tr><td>Jul-19</td><td>7</td></tr><tr><td>Aug-19</td><td>7</td></tr><tr><td>Sep-19</td><td>2</td></tr><tr><td>Oct-19</td><td>2</td></tr><tr><td>Nov-19</td><td>3</td></tr><tr><td>Dec-19</td><td>2</td></tr></tbody></table></div>			Month	No. of Fiscal Work Orders	Apr-19	1	May-19	1	Jun-19	1	Jul-19	7	Aug-19	7	Sep-19	2	Oct-19	2	Nov-19	3	Dec-19	2
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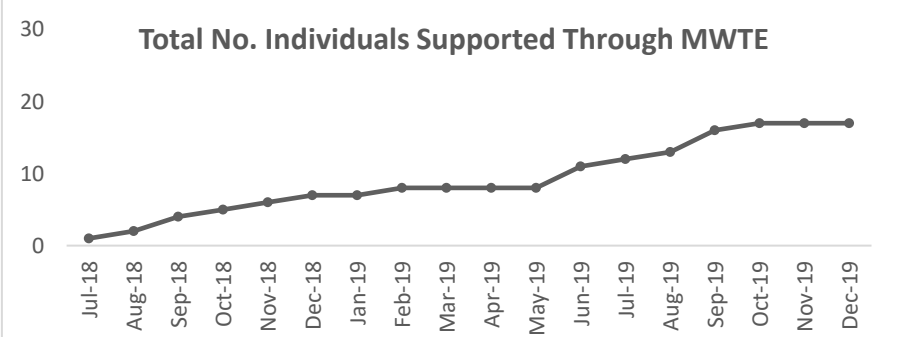
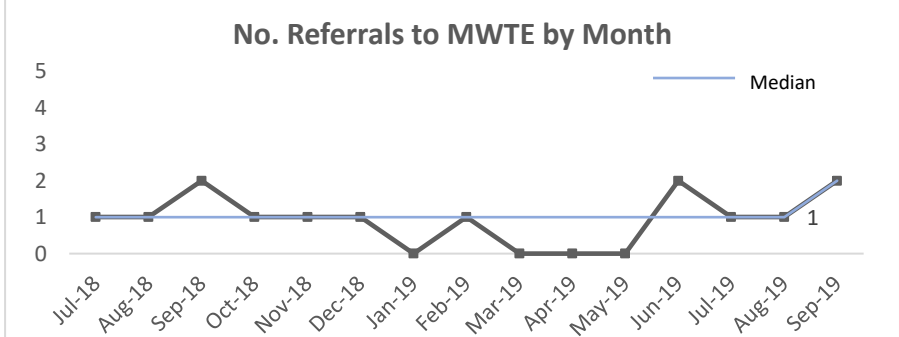
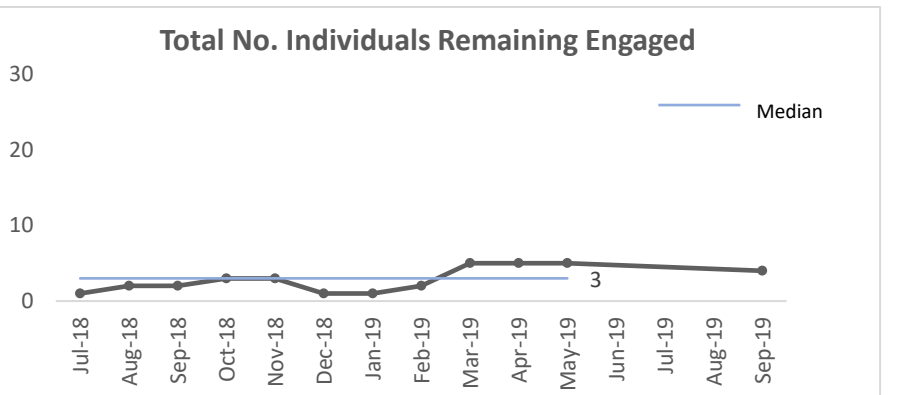
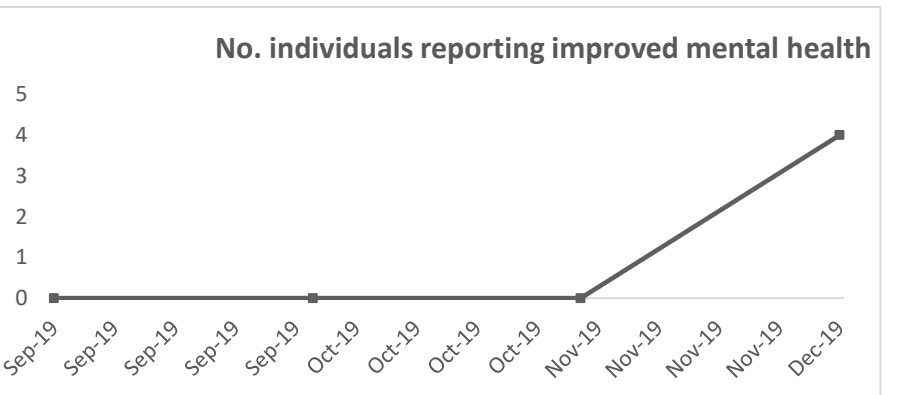
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## 10.1 Support for Families

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. <b>Project Manager:</b> Susan Morrison, ACVO <a href="#">Project Charter Approved July 2018</a>		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. Efforts are being made to bring partners together to reinvigorate the project.																																						
Improvement Data																																								
<div><h3>No. Families Receiving Appropriate Support</h3><table><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></div>		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	<div><h3>No. Families Receiving Timely Support</h3><table><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></div>			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 (My Way 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		July 2019	Sep 2021	7 - Initial indications of improvement																																																																						
Project Manager: Nicola Graham, SDS <a href="#">Project Charter Approved Feb 2018</a>																																																																										
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?																																																																								
<ul style="list-style-type: none"><li>- Single point of contact in Criminal Justice Social Work Service (CJSWS)</li><li>- Fair Start Scotland health &amp; wellbeing group</li><li>- Staff drop-in with DWP representative/s at CJSWS</li><li>- Plan Do Review sheet</li><li>- Info re My Way To Employment to the new Diversion Coordinator</li></ul>		We have achieved over 50% so far with 17 individuals referred to the MWTE project to-date. On average, one person a month is being referred to the MWTE project. Data regarding improvement in mental health has just started to be recorded.																																																																								
Improvement Data																																																																										
 <p><b>Total No. Individuals Supported Through MWTE</b></p> <table><tr><th>Month</th><th>Count</th></tr><tr><td>Jul-18</td><td>1</td></tr><tr><td>Aug-18</td><td>2</td></tr><tr><td>Sep-18</td><td>4</td></tr><tr><td>Oct-18</td><td>5</td></tr><tr><td>Nov-18</td><td>6</td></tr><tr><td>Dec-18</td><td>7</td></tr><tr><td>Jan-19</td><td>7</td></tr><tr><td>Feb-19</td><td>8</td></tr><tr><td>Mar-19</td><td>8</td></tr><tr><td>Apr-19</td><td>8</td></tr><tr><td>May-19</td><td>8</td></tr><tr><td>Jun-19</td><td>11</td></tr><tr><td>Jul-19</td><td>12</td></tr><tr><td>Aug-19</td><td>13</td></tr><tr><td>Sep-19</td><td>16</td></tr><tr><td>Oct-19</td><td>17</td></tr><tr><td>Nov-19</td><td>17</td></tr><tr><td>Dec-19</td><td>17</td></tr></table>		Month	Count	Jul-18	1	Aug-18	2	Sep-18	4	Oct-18	5	Nov-18	6	Dec-18	7	Jan-19	7	Feb-19	8	Mar-19	8	Apr-19	8	May-19	8	Jun-19	11	Jul-19	12	Aug-19	13	Sep-19	16	Oct-19	17	Nov-19	17	Dec-19	17	 <p><b>No. Referrals to MWTE by Month</b></p> <table><tr><th>Month</th><th>Count</th></tr><tr><td>Jul-18</td><td>1</td></tr><tr><td>Aug-18</td><td>1</td></tr><tr><td>Sep-18</td><td>2</td></tr><tr><td>Oct-18</td><td>1</td></tr><tr><td>Nov-18</td><td>1</td></tr><tr><td>Dec-18</td><td>1</td></tr><tr><td>Jan-19</td><td>0</td></tr><tr><td>Feb-19</td><td>1</td></tr><tr><td>Mar-19</td><td>0</td></tr><tr><td>Apr-19</td><td>0</td></tr><tr><td>May-19</td><td>0</td></tr><tr><td>Jun-19</td><td>2</td></tr><tr><td>Jul-19</td><td>1</td></tr><tr><td>Aug-19</td><td>1</td></tr><tr><td>Sep-19</td><td>2</td></tr></table>			Month	Count	Jul-18	1	Aug-18	1	Sep-18	2	Oct-18	1	Nov-18	1	Dec-18	1	Jan-19	0	Feb-19	1	Mar-19	0	Apr-19	0	May-19	0	Jun-19	2	Jul-19	1	Aug-19	1	Sep-19	2
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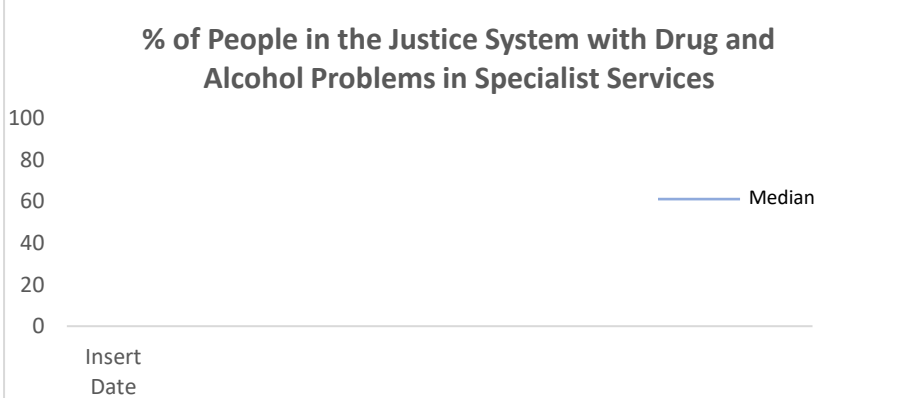
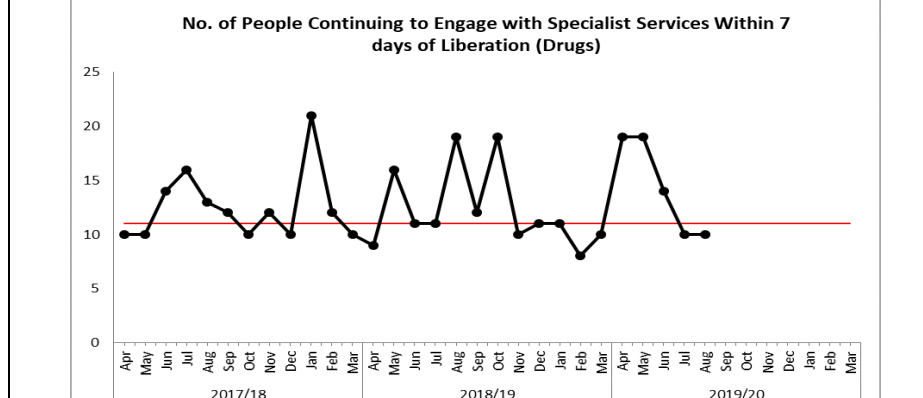
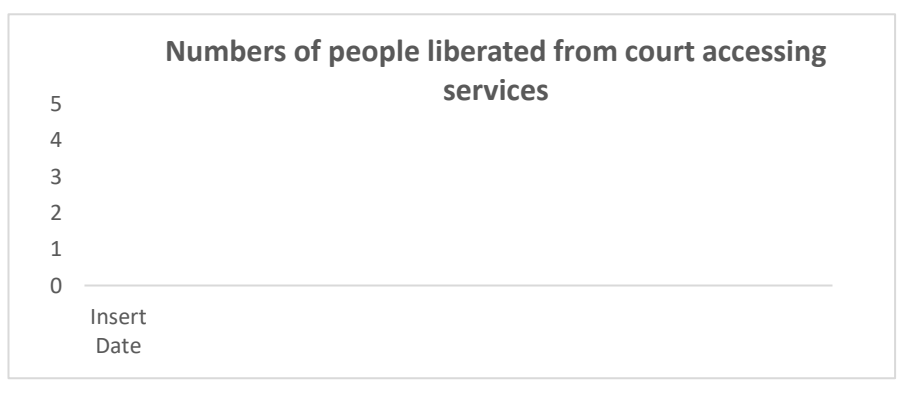
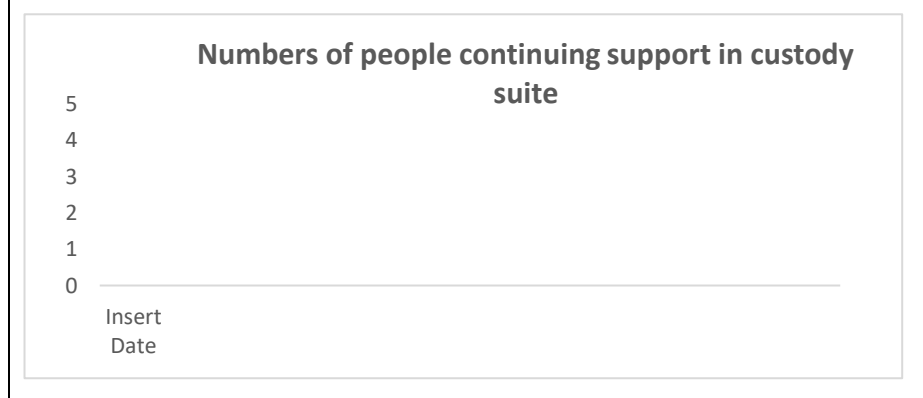


## 10.3 Cuckooing

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.		July 2019	May 2020	7– Initial Indications of Improvement																																																																		
Project Manager: Graeme Skene, Police Scotland <a href="#">Project Charter approved 1 July 19</a>																																																																						
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"><li>• Mechanisms for raising awareness with public/local communities (eg leaflet drops, SHMU radio/newsletters)</li><li>• ‘Lead professional’ approach for individuals involved</li><li>• Regular ‘operational’ cuckooing meetings involving partners (Cuckooing Initiative Operational Group) to review incidents</li></ul>		Partner relationships continue to develop and are resulting in greater awareness and more efficient management of victim engagement. The engagement rate continues to be consistent at 50% , however this may decrease when the focus moves away from new victims to re-visiting those engaging due to the victim's chaotic lifestyles. Police referrals remain steady as it is often found that the support is already in place and work is then taken to ensure the support continues.																																																																				
Improvement Data																																																																						
<div><h3>No. of Individuals Who Undertake Interventions</h3><table><thead><tr><th>Month</th><th>Median</th><th>Actual</th></tr></thead><tbody><tr><td>Jul-19</td><td>7</td><td>7</td></tr><tr><td>Aug-19</td><td>7</td><td>9</td></tr><tr><td>Sep-19</td><td>7</td><td>11</td></tr><tr><td>Oct-19</td><td>7</td><td>12</td></tr></tbody></table></div>		Month	Median	Actual	Jul-19	7	7	Aug-19	7	9	Sep-19	7	11	Oct-19	7	12	<div><h3>No. of Individuals Referred to Support Services</h3><table><thead><tr><th>Month</th><th>Median</th><th>Actual</th></tr></thead><tbody><tr><td>Jul-19</td><td>2</td><td>0</td></tr><tr><td>Aug-19</td><td>2</td><td>2</td></tr><tr><td>Sep-19</td><td>2</td><td>2</td></tr><tr><td>Oct-19</td><td>2</td><td>2</td></tr></tbody></table></div>			Month	Median	Actual	Jul-19	2	0	Aug-19	2	2	Sep-19	2	2	Oct-19	2	2																																				
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Sep-19	2	2																																																																				
Oct-19	2	2																																																																				
<div><h3>No. of Cuckooing Incidents Reported</h3><table><thead><tr><th>Month</th><th>Median</th><th>Actual</th></tr></thead><tbody><tr><td>Jul-18</td><td>4</td><td>4</td></tr><tr><td>Aug-18</td><td>4</td><td>4</td></tr><tr><td>Sep-18</td><td>4</td><td>4</td></tr><tr><td>Oct-18</td><td>4</td><td>4</td></tr><tr><td>Nov-18</td><td>4</td><td>5</td></tr><tr><td>Dec-18</td><td>4</td><td>3</td></tr><tr><td>Jan-19</td><td>4</td><td>4</td></tr><tr><td>Feb-19</td><td>4</td><td>3</td></tr><tr><td>Mar-19</td><td>4</td><td>3</td></tr><tr><td>Apr-19</td><td>4</td><td>5</td></tr><tr><td>May-19</td><td>4</td><td>3</td></tr><tr><td>Jun-19</td><td>4</td><td>4</td></tr><tr><td>Jul-19</td><td>4</td><td>4</td></tr><tr><td>Aug-19</td><td>4</td><td>6</td></tr><tr><td>Sep-19</td><td>4</td><td>5</td></tr><tr><td>Oct-19</td><td>4</td><td>4</td></tr></tbody></table></div>		Month	Median	Actual	Jul-18	4	4	Aug-18	4	4	Sep-18	4	4	Oct-18	4	4	Nov-18	4	5	Dec-18	4	3	Jan-19	4	4	Feb-19	4	3	Mar-19	4	3	Apr-19	4	5	May-19	4	3	Jun-19	4	4	Jul-19	4	4	Aug-19	4	6	Sep-19	4	5	Oct-19	4	4	<div><h3>Number of Visits Carried Out</h3><table><thead><tr><th>Month</th><th>Median</th><th>Actual</th></tr></thead><tbody><tr><td>Jul-19</td><td>8</td><td>4</td></tr><tr><td>Aug-19</td><td>8</td><td>5</td></tr><tr><td>Sep-19</td><td>8</td><td>10</td></tr><tr><td>Oct-19</td><td>8</td><td>12</td></tr></tbody></table></div>			Month	Median	Actual	Jul-19	8	4	Aug-19	8	5	Sep-19	8	10	Oct-19	8	12
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Sep-19	8	10																																																																				
Oct-19	8	12																																																																				

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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 <a href="#">Project Charter approved 1 July 19</a>		July 2019	Jan 2020	6– Testing in progress
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?		
<ul style="list-style-type: none"><li>Funding of a link worker in Kittybrewster custody and recruitment underway</li><li>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.</li><li>Discussions underway between custody nursing/ link working at police custody as to how prescribing can continue in custody</li></ul>		<p>A number of factors are affecting the speed of testing for this project:</p> <ul style="list-style-type: none"><li>There has been a change in personnel within Kittybrewster on both Police and NHS sides</li><li>Recruitment and appropriate PVG and Police checks are being progressed for the Kittybrewster Link Worker post</li></ul>		
Improvement Data				
<div><h3>% of People in the Justice System with Drug and Alcohol Problems in Specialist Services</h3></div>		<div><h3>No. of People Continuing to Engage with Specialist Services Within 7 days of Liberation (Drugs)</h3></div>		
<div><h3>Numbers of people liberated from court accessing services</h3></div>		<div><h3>Numbers of people continuing support in custody suite</h3></div>		

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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. <b>Project Manager:</b> Keith Gerrard (Sport Aberdeen) <a href="#">Project Charter Approved July 2019</a>		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 <ul style="list-style-type: none"><li>• Increase number of instructors with specialist GP referral qualifications (City wide)</li><li>• Additional health walk in Torry classes added</li><li>• Direct engagement with the Living Well with Diabetes Peer Support Group. However, it has not yet been possible to identify the number of participants</li><li>• New First Steps classes added to Walk Aberdeen</li></ul>		<ul style="list-style-type: none"><li>• Health walk participation has increased. Instructors believe that this increase has been limited by season weather.</li><li>• The number of specialist GP referral instructors has increased although 1 qualified instructor moved into other employment in an unrelated sector.</li><li>• A programme to train the next cohort of instructors is scheduled for Spring 2020</li></ul>																																										
Improvement Data																																												
<div><p>No of People with Long Term Conditions Taking Up Physical Activities (% to follow)</p><table><thead><tr><th>Month</th><th>Percentage (%)</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>78</td></tr><tr><td>Oct</td><td>85</td></tr><tr><td>Nov</td><td>85</td></tr><tr><td>Dec</td><td>75</td></tr><tr><td>Jan</td><td></td></tr><tr><td>Feb</td><td></td></tr><tr><td>Mar</td><td></td></tr></tbody></table></div>		Month	Percentage (%)	July	75	Aug	75	Sept	78	Oct	85	Nov	85	Dec	75	Jan		Feb		Mar		<div><p>No. of People with Long Term Conditions Participating in Walk Aberdeen in Torry</p><table><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>13</td></tr><tr><td>Nov</td><td>13</td></tr><tr><td>Dec</td><td>13</td></tr><tr><td>Jan</td><td></td></tr><tr><td>Feb</td><td></td></tr><tr><td>Mar</td><td></td></tr></tbody></table></div>			Month	Number of People	July	10	Aug	10	Sept	10	Oct	13	Nov	13	Dec	13	Jan		Feb		Mar	
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<div><p>No. of Living Well with Diabetes Members Taking Up Physical Activity (data not yet available)</p><table><thead><tr><th>Month</th><th>Number of Members</th></tr></thead><tbody><tr><td>July</td><td>0</td></tr><tr><td>Sept</td><td>0</td></tr><tr><td>Oct</td><td>0</td></tr><tr><td>Nov</td><td>0</td></tr><tr><td>Dec</td><td>0</td></tr><tr><td>Jan</td><td>0</td></tr><tr><td>Feb</td><td>0</td></tr></tbody></table></div>		Month	Number of Members	July	0	Sept	0	Oct	0	Nov	0	Dec	0	Jan	0	Feb	0	<div><p>% of Sport Aberdeen Instructors with Specialist GP Referral Qualifications (All SA staff: self employed and contracted)</p><table><thead><tr><th>Month</th><th>Percentage (%)</th></tr></thead><tbody><tr><td>July</td><td>7</td></tr><tr><td>Aug</td><td>7</td></tr><tr><td>Sept</td><td>8</td></tr><tr><td>Oct</td><td>9</td></tr><tr><td>Nov</td><td>8</td></tr><tr><td>Dec</td><td>8</td></tr><tr><td>Jan</td><td></td></tr><tr><td>Feb</td><td></td></tr><tr><td>Mar</td><td></td></tr></tbody></table></div>			Month	Percentage (%)	July	7	Aug	7	Sept	8	Oct	9	Nov	8	Dec	8	Jan		Feb		Mar					
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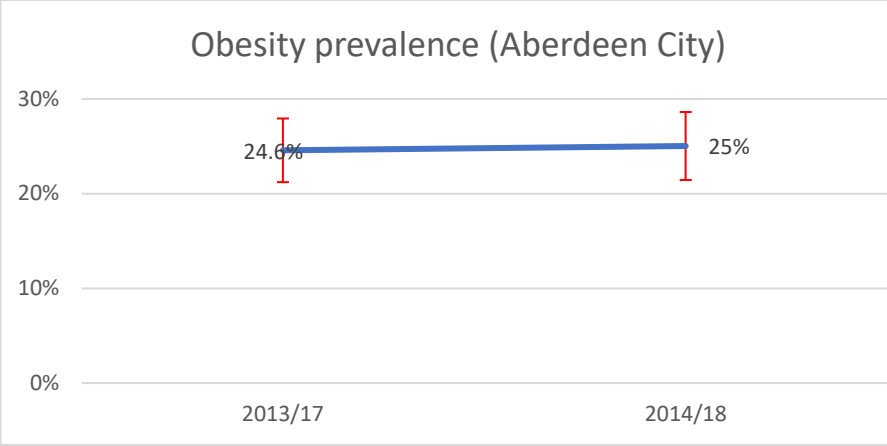
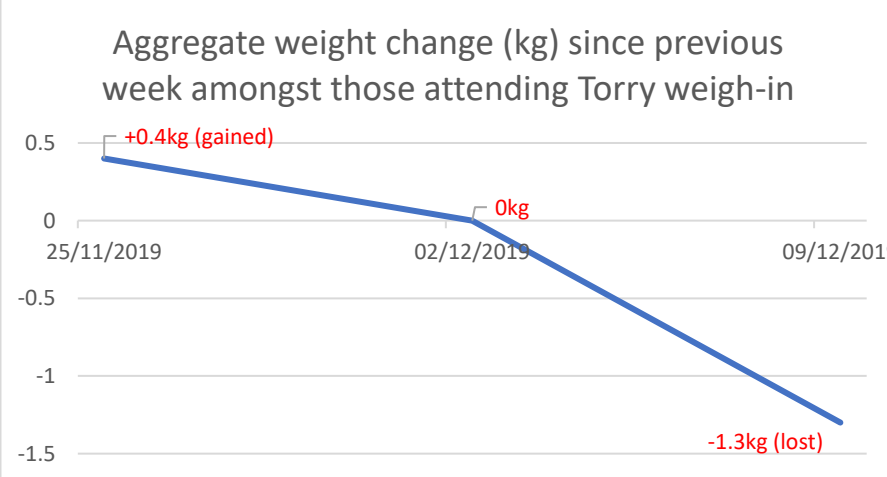
## 11.2 Aberdeen Link Services

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. <b>Project Manager:</b> Chris Smillie, HSCP <a href="#">Project Charter Approved Sep 2019</a>		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"><li>Test Peer Support sessions with Link Practitioner Team on a monthly basis using PDSA over a 3-month period</li></ul>		Peer support sessions have continued to be delivered on a monthly basis by the Link Practitioner team. Link Practitioner are reporting that they can use the peer support to share challenges and solutions in a supportive environment. The project continues to see a consistent number of people being referred on a monthly basis with a gradual increase in the number of adults who have had identified outcomes achieved over the target months.																																						
Improvement Data																																								
<div><h3>Number of referrals to Aberdeen Links Service</h3><table><thead><tr><th>Month</th><th>Referrals</th><th>Median</th></tr></thead><tbody><tr><td>Aug-19</td><td>200</td><td>200</td></tr><tr><td>Sep-19</td><td>190</td><td>200</td></tr><tr><td>Oct-19</td><td>250</td><td>200</td></tr><tr><td>Nov-19</td><td>210</td><td>200</td></tr><tr><td>Dec-19</td><td>140</td><td>200</td></tr></tbody></table></div>		Month	Referrals	Median	Aug-19	200	200	Sep-19	190	200	Oct-19	250	200	Nov-19	210	200	Dec-19	140	200	<div><h3>% of People with Identified Outcomes Achieved</h3><table><thead><tr><th>Month</th><th>% Achieved</th><th>Median</th></tr></thead><tbody><tr><td>Aug-19</td><td>35</td><td>40</td></tr><tr><td>Sep-19</td><td>45</td><td>40</td></tr><tr><td>Oct-19</td><td>45</td><td>40</td></tr><tr><td>Nov-19</td><td>55</td><td>40</td></tr><tr><td>Dec-19</td><td>55</td><td>40</td></tr></tbody></table></div>			Month	% Achieved	Median	Aug-19	35	40	Sep-19	45	40	Oct-19	45	40	Nov-19	55	40	Dec-19	55	40
Month	Referrals	Median																																						
Aug-19	200	200																																						
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Oct-19	45	40																																						
Nov-19	55	40																																						
Dec-19	55	40																																						
<div><h3>Number of peer support sessions held</h3><table><thead><tr><th>Month</th><th>Sessions</th></tr></thead><tbody><tr><td>Aug-19</td><td>1</td></tr><tr><td>Sep-19</td><td>1</td></tr><tr><td>Oct-19</td><td>1</td></tr><tr><td>Nov-19</td><td>1</td></tr><tr><td>Dec-19</td><td>1</td></tr></tbody></table></div>		Month	Sessions	Aug-19	1	Sep-19	1	Oct-19	1	Nov-19	1	Dec-19	1	<div><h3>Number of people attending peer support sessions</h3><table><thead><tr><th>Month</th><th>Attendees</th></tr></thead><tbody><tr><td>Aug-19</td><td>10</td></tr><tr><td>Sep-19</td><td>12</td></tr><tr><td>Oct-19</td><td>12</td></tr><tr><td>Nov-19</td><td>12</td></tr><tr><td>Dec-19</td><td>8</td></tr></tbody></table></div>			Month	Attendees	Aug-19	10	Sep-19	12	Oct-19	12	Nov-19	12	Dec-19	8												
Month	Sessions																																							
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Oct-19	12																																							
Nov-19	12																																							
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## 11.4 Reduce Obesity

Project Aim		Start Date	Testing End Date	Progress Scale																								
Reduce the percentage of men and women who are obese in Aberdeen City to 20% by 2021 Project Manager: Chris Littlejohn, NHS Grampian <a href="#">Project Charter Approved Sep 2019</a>		Sep 2019	Sep 2020	6– Testing Underway																								
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?																										
Initial test of change: would people attend a community-led weekly weigh-in every Monday at Torry Youth and Leisure Centre?		Attendees are seeing a loss in weight.																										
Improvement Data																												
<div>Obesity prevalence (Aberdeen City)</div>  <table><caption>Obesity prevalence (Aberdeen City)</caption><tr><th>Period</th><th>Prevalence (%)</th></tr><tr><td>2013/17</td><td>24.6%</td></tr><tr><td>2014/18</td><td>25%</td></tr></table>		Period	Prevalence (%)	2013/17	24.6%	2014/18	25%	<div>No. of Participants at Weekly Weigh-In Social</div>  <table><caption>No. of Participants at Weekly Weigh-In Social</caption><tr><th>Week</th><th>No. of Participants</th></tr><tr><td>18/11/2019</td><td>5</td></tr><tr><td>25/11/2019</td><td>4</td></tr><tr><td>02/12/2019</td><td>3</td></tr><tr><td>09/12/2019</td><td>4</td></tr><tr><td>16/12/2019</td><td>4</td></tr><tr><td>23/12/2019</td><td>4</td></tr><tr><td>30/12/2019</td><td>4</td></tr><tr><td>06/01/2020</td><td>3</td></tr></table>			Week	No. of Participants	18/11/2019	5	25/11/2019	4	02/12/2019	3	09/12/2019	4	16/12/2019	4	23/12/2019	4	30/12/2019	4	06/01/2020	3
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16/12/2019	4																											
23/12/2019	4																											
30/12/2019	4																											
06/01/2020	3																											
<div>Aggregate weight change (kg) since previous week amongst those attending Torry weigh-in</div>  <table><caption>Aggregate weight change (kg) since previous week amongst those attending Torry weigh-in</caption><tr><th>Date</th><th>Weight Change (kg)</th></tr><tr><td>25/11/2019</td><td>+0.4kg (gained)</td></tr><tr><td>02/12/2019</td><td>0kg</td></tr><tr><td>09/12/2019</td><td>-1.3kg (lost)</td></tr></table>		Date	Weight Change (kg)	25/11/2019	+0.4kg (gained)	02/12/2019	0kg	09/12/2019	-1.3kg (lost)																			
Date	Weight Change (kg)																											
25/11/2019	+0.4kg (gained)																											
02/12/2019	0kg																											
09/12/2019	-1.3kg (lost)																											

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## 11.4 Homeless Health and Wellbeing

Project Aim		Start Date	Testing End Date	Progress Scale
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 <b>Project Manager:</b> Mike Burns, Chair of the HF Consortium Board & CEO Aberdeen Cyrenians <a href="#">Project Charter Approved December 2019</a>		Dec 2019	Dec 2021	5 – Designing changes
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?		
		Project approved in December, currently designing changes.		
Improvement Data				
<p><b>No. of episodes of rough sleeping and homelessness</b></p>		<p><b>Insert Title</b></p>		
<p><b>Insert Title</b></p>		<p><b>Insert Title</b></p>		


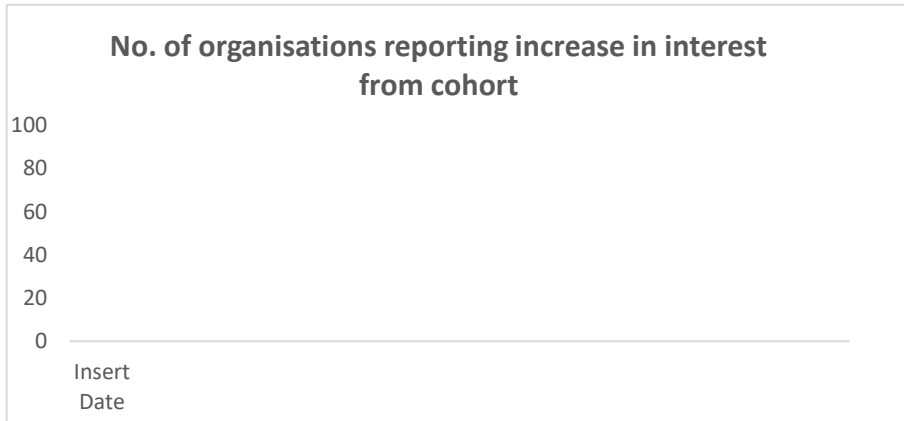
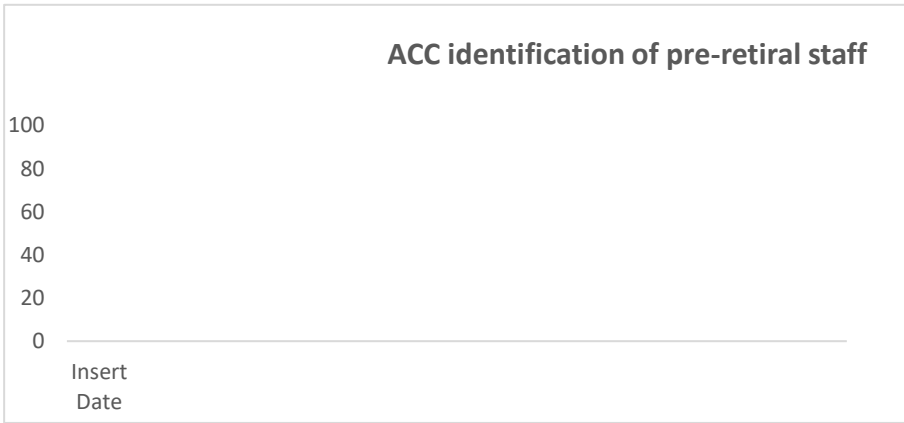

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## 11.5 - Autism and Employability

Project Aim		Start Date	Testing End Date	Progress Scale
Increase the number of autistic people aged 16 to 25 who are supported into employment by 2021. <b>Project Manager:</b> Jenny Rae, AHSCP <a href="#">Project Charter Approved December 2019</a>		Dec 2019	Dec 2021	5 – Designing Changes
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?		
Employer toolkit underdevelopment - Focus Group scheduled with employers (26/2/20); Community Planning Partners contacted to take part		No changes tested fully as yet		
Improvement Data				
<p><b>No. of people with autism who are in employment within engaged employers</b></p>		<p><b>No. of employers engaged</b></p>		
<p><b>Self-reported 'confidence' level pre &amp; post toolkit</b></p>				

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## 11.6 – Increase Volunteering

Project Aim		Start Date	Testing End Date	Progress Scale								
Increase opportunities for people who are retired to continue and increase their contribution by 10% by 2021 <b>Project Manager:</b> Jane Russell, ACVO <a href="#">Project Charter Approved December 2019</a>		Dec 2019	Dec 2021	5 – Designing Changes								
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?										
Development of a co-produced ‘pre-retiral resource’ for employers : Test organisation ACC <b>Deadline May 2020</b>		Not applicable as yet as ‘start up phase’ still ongoing										
Improvement Data												
<div><div>No. of community opportunities for people who are retired</div><table><caption>Data for No. of community opportunities for people who are retired</caption><thead><tr><th>Date</th><th>No. of opportunities</th></tr></thead><tbody><tr><td>Dec-19</td><td>500</td></tr></tbody></table></div>		Date	No. of opportunities	Dec-19	500	<div><div>No. of organisations reporting increase in interest from cohort</div><table><caption>Data for No. of organisations reporting increase in interest from cohort</caption><thead><tr><th>Date</th><th>No. of organisations</th></tr></thead><tbody><tr><td>Dec-19</td><td>50</td></tr></tbody></table></div>			Date	No. of organisations	Dec-19	50
Date	No. of opportunities											
Dec-19	500											
Date	No. of organisations											
Dec-19	50											
<div><div>ACC identification of pre-retiral staff</div><table><caption>Data for ACC identification of pre-retiral staff</caption><thead><tr><th>Date</th><th>No. of staff</th></tr></thead><tbody><tr><td>Dec-19</td><td>50</td></tr></tbody></table></div>		Date	No. of staff	Dec-19	50	<div><div>No of HR staff/orgs engaging with project in Aberdeen</div><table><caption>Data for No of HR staff/orgs engaging with project in Aberdeen</caption><thead><tr><th>Date</th><th>No. of staff/orgs</th></tr></thead><tbody><tr><td>Dec-19</td><td>5</td></tr></tbody></table></div>			Date	No. of staff/orgs	Dec-19	5
Date	No. of staff											
Dec-19	50											
Date	No. of staff/orgs											
Dec-19	5											

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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 <b>Project Manager:</b> Simon Rayner (ADP) <a href="#">Project Charter Approved September 2019</a>		Sep 2019	Dec 2020	5 – Designing Changes
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?		
Simon to confirm which changes are <u>currently being tested</u> .		<u>Update to be provided</u>		
Improvement Data				
<div> <div> 100 90 80 70 60 50 40 30 20 10 0 </div> <div> <b>% of Care experienced Children and Young People Receiving Educational Input</b> </div> <div> <hr/>           Insert Date         </div> </div>		<div> <div> 5 4 3 2 1 0 </div> <div> <b>Insert Title</b> </div> <div> <hr/>           Insert date         </div> </div>		
<div> <div> 5 4 3 2 1 0 </div> <div> <b>Insert Title</b> </div> <div> <hr/>           Insert date         </div> </div>		<div> <div> 5 4 3 2 1 0 </div> <div> <b>Insert Title</b> </div> <div> <hr/>           Insert date         </div> </div>		

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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) <a href="#">Project Charter Approved September 2019</a>		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"><li>Upskilling parents/carers and wider community to enable them to reinforce messages delivered as part of the substance misuse curriculum</li><li>Employ a guidance teacher to develop a range of substance misuse resources as part of the curriculum with the aim of educating young people on the hazards of alcohol and drug use and addressing stigma.</li></ul> 9		Job specification for the role of lead Guidance Teacher for Drugs / Alcohol is being consulted on. <u>Hopeful for the project to move onto the next stage of recruitment in Jan 2020.</u>		
Improvement Data				
<div><div><div>100</div><div>80</div><div>60</div><div>40</div><div>20</div><div>0</div></div><div><div>% of schools delivering a progressive, cohesive and relevant substance misuse curriculum</div><div>Insert Date</div></div></div>		<div><div><div>No. of persons participating in events to support the SMS Curriculum Development</div><div>100</div><div>80</div><div>60</div><div>40</div><div>20</div><div>0</div></div><div><div>Aug-19</div><div>Sep-19</div><div>Oct-19</div><div>Nov-19</div></div></div>		
<div><div><div>Insert Title</div><div>5</div><div>4</div><div>3</div><div>2</div><div>1</div><div>0</div></div><div><div>Insert date</div></div></div>				

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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		Sep 2019	Dec 2020	6 – Testing Underway																																												
Project Manager: Tara Shivaji (NHS)/Simon Rayner (ADP) <a href="#">Project Charter Approved September 2019</a>																																																
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?																																														
<ul style="list-style-type: none"><li>Introduce and increase the number of community overdose champions</li><li>Test of change in Torry</li><li>Media campaign to raise awareness of naloxone to address stigma and provide information on how to become a naloxone trainer</li><li>Outreach approach for issue of naloxone and encourage engagement of services</li></ul>		<p>Good progress is being made on this stage of the project. There are delays in getting data updated. 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. Multi Agency risk meetings have started for those seen as most at risk.</p> <p>Outreach with Police targeting rough sleepers and issuing naloxone commenced on 5/12/19 <u>data to follow.</u></p>																																														
Improvement Data																																																
<div><p>No. of Fatal Drug Overdoses</p><table><thead><tr><th>Year</th><th>No. of Fatal Drug Overdoses</th></tr></thead><tbody><tr><td>2009</td><td>27</td></tr><tr><td>2010</td><td>31</td></tr><tr><td>2011</td><td>29</td></tr><tr><td>2012</td><td>16</td></tr><tr><td>2013</td><td>24</td></tr><tr><td>2014</td><td>26</td></tr><tr><td>2015</td><td>45</td></tr><tr><td>2016</td><td>46</td></tr><tr><td>2017</td><td>54</td></tr><tr><td>2018</td><td>52</td></tr></tbody></table></div>		Year	No. of Fatal Drug Overdoses	2009	27	2010	31	2011	29	2012	16	2013	24	2014	26	2015	45	2016	46	2017	54	2018	52	<div><p>Total No. of Naloxone Kits Supplied</p><table><thead><tr><th>Quarter</th><th>Total No. of Naloxone Kits Supplied</th></tr></thead><tbody><tr><td>Q1 2017/18</td><td>150</td></tr><tr><td>Q2 2017/18</td><td>80</td></tr><tr><td>Q3 2017/18</td><td>280</td></tr><tr><td>Q4 2017/18</td><td>150</td></tr><tr><td>Q1 2018/19</td><td>150</td></tr><tr><td>Q2 2018/19</td><td>150</td></tr><tr><td>Q3 2018/19</td><td>430</td></tr><tr><td>Q4 2018/19</td><td>150</td></tr><tr><td>Q1 2019/20</td><td>100</td></tr><tr><td>Q2 2019/20</td><td>150</td></tr></tbody></table></div>			Quarter	Total No. of Naloxone Kits Supplied	Q1 2017/18	150	Q2 2017/18	80	Q3 2017/18	280	Q4 2017/18	150	Q1 2018/19	150	Q2 2018/19	150	Q3 2018/19	430	Q4 2018/19	150	Q1 2019/20	100	Q2 2019/20	150
Year	No. of Fatal Drug Overdoses																																															
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Q1 2018/19	150																																															
Q2 2018/19	150																																															
Q3 2018/19	430																																															
Q4 2018/19	150																																															
Q1 2019/20	100																																															
Q2 2019/20	150																																															
<div><p>No. of Naloxone Kits Reported as Being Used</p><table><thead><tr><th>Quarter</th><th>No. of Naloxone Kits Reported as Being Used</th></tr></thead><tbody><tr><td>Q1 2017/18</td><td>25</td></tr><tr><td>Q2 2017/18</td><td>15</td></tr><tr><td>Q3 2017/18</td><td>28</td></tr><tr><td>Q4 2017/18</td><td>29</td></tr><tr><td>Q1 2018/19</td><td>23</td></tr><tr><td>Q2 2018/19</td><td>26</td></tr><tr><td>Q3 2018/19</td><td>36</td></tr><tr><td>Q4 2018/19</td><td>15</td></tr><tr><td>Q1 2019/20</td><td>16</td></tr><tr><td>Q2 2019/20</td><td>27</td></tr></tbody></table></div>		Quarter	No. of Naloxone Kits Reported as Being Used	Q1 2017/18	25	Q2 2017/18	15	Q3 2017/18	28	Q4 2017/18	29	Q1 2018/19	23	Q2 2018/19	26	Q3 2018/19	36	Q4 2018/19	15	Q1 2019/20	16	Q2 2019/20	27	<div><p>Number of Trained Community Naloxone Champions</p><table><thead><tr><th>Month</th><th>Number of Trained Community Naloxone Champions</th></tr></thead><tbody><tr><td>Jan-20</td><td>0</td></tr></tbody></table></div>			Month	Number of Trained Community Naloxone Champions	Jan-20	0																		
Quarter	No. of Naloxone Kits Reported as Being Used																																															
Q1 2017/18	25																																															
Q2 2017/18	15																																															
Q3 2017/18	28																																															
Q4 2017/18	29																																															
Q1 2018/19	23																																															
Q2 2018/19	26																																															
Q3 2018/19	36																																															
Q4 2018/19	15																																															
Q1 2019/20	16																																															
Q2 2019/20	27																																															
Month	Number of Trained Community Naloxone Champions																																															
Jan-20	0																																															

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## 12.4 Best Bar None

Project Aim		Start Date	Testing End Date	Progress Scale
To increase the number of alcohol on-sales licensed premises in Aberdeen achieving Best Bar None status by 25 % by December 2021. <b>Project Manager:</b> Megan Heathershaw, Police Scotland <a href="#">Project Charter Approved December 2019</a>		Dec 2019	Dec 2021	5 – Designing Changes
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?		
<div>1. Introduction of a local support package for all first-time entrants to ensure optimal</div> <div>2. Create the Aberdeen Best Bar None Partnership group to manage the Aberdeen Best Bar None Scheme from 2020 onwards.</div> <div>3. Introduce an application fee to lend added value to the Aberdeen Best Bar None Scheme.</div> <div>4. Use a national team of assessors to carry out the assessments to increase consistency, transparency and integrity of scheme.</div> <div>5. Introduce a data system to manage, monitor and review the performance of the Aberdeen BBN Scheme.</div> <div>9. Introduce local community campaign and award to recognise community venues</div>		<div>All in development stages.</div> <div>Outstanding PDSAs being compiled and developed.</div>		
Improvement Data				
<div>Number of premises awarded Best Bar None Bronze, Silver and Gold awards</div> <div><div>100</div><div>80</div><div>60</div><div>40</div><div>20</div><div>0</div><div>Insert Date</div></div>		<div>Total number of applications for Best Bar None</div> <div><div>100</div><div>80</div><div>60</div><div>40</div><div>20</div><div>0</div><div>Insert Date</div></div>		

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## 12.5 Alcohol Brief Interventions

Project Aim		Start Date	Testing End Date	Progress Scale																																								
Increase by 100% the number of Alcohol brief interventions (ABI) delivered in Aberdeen City by 2021		Dec 2019	Dec 2021	5 – Designing Changes																																								
Project Manager: Tara Shivaji, NHS <a href="#">Project Charter Approved December 2019</a>																																												
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?																																										
<ul style="list-style-type: none"><li>Link workers - introduction of a section on their assessment and data recording paperwork ABI delivery across the city.</li><li>Criminal Justice Social Work - include alcohol screening into the assessment paperwork and create online training resource</li><li>Police custody health care facilities - Health care teams providing care to people in police custody will screen for alcohol use/ withdrawal.</li></ul>		Improvement in numbers of people trained will be evident in Q3 as training taken place with Link workers. Anticipate increased ABIs in wider settings as a result.																																										
Improvement Data																																												
<p><b>Number of People Trained to Provide ABIs</b></p> <table><tr><th>Quarter</th><th>2017/18</th><th>2018/19</th><th>2019/20</th></tr><tr><td>Q1</td><td>33</td><td>17</td><td>0</td></tr><tr><td>Q2</td><td>3</td><td>32</td><td>0</td></tr><tr><td>Q3</td><td>9</td><td>0</td><td>0</td></tr><tr><td>Q4</td><td>25</td><td>13</td><td>0</td></tr></table>		Quarter	2017/18	2018/19	2019/20	Q1	33	17	0	Q2	3	32	0	Q3	9	0	0	Q4	25	13	0	<p><b>Number of ABIs Delivered (Primary Care)</b></p> <table><tr><th>Quarter</th><th>2017/18</th><th>2018/19</th><th>2019/20</th></tr><tr><td>Q1</td><td>700</td><td>630</td><td>510</td></tr><tr><td>Q2</td><td>600</td><td>530</td><td>450</td></tr><tr><td>Q3</td><td>680</td><td>640</td><td></td></tr><tr><td>Q4</td><td>580</td><td>700</td><td></td></tr></table>			Quarter	2017/18	2018/19	2019/20	Q1	700	630	510	Q2	600	530	450	Q3	680	640		Q4	580	700	
Quarter	2017/18	2018/19	2019/20																																									
Q1	33	17	0																																									
Q2	3	32	0																																									
Q3	9	0	0																																									
Q4	25	13	0																																									
Quarter	2017/18	2018/19	2019/20																																									
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Q2	600	530	450																																									
Q3	680	640																																										
Q4	580	700																																										
<p><b>Number of ABIs Delivered (Other Priority Settings)</b></p> <table><tr><th>Quarter</th><th>2017/18</th><th>2018/19</th><th>2019/20</th></tr><tr><td>Q1</td><td>45</td><td>160</td><td>240</td></tr><tr><td>Q2</td><td>30</td><td>140</td><td>180</td></tr><tr><td>Q3</td><td>45</td><td>190</td><td></td></tr><tr><td>Q4</td><td>40</td><td>230</td><td></td></tr></table>		Quarter	2017/18	2018/19	2019/20	Q1	45	160	240	Q2	30	140	180	Q3	45	190		Q4	40	230		<p><b>Number of ABIs Delivered (Wider Settings)</b></p> <table><tr><th>Quarter</th><th>2017/18</th><th>2018/19</th><th>2019/20</th></tr><tr><td>Q1</td><td>480</td><td>490</td><td>320</td></tr><tr><td>Q2</td><td>350</td><td>340</td><td>360</td></tr><tr><td>Q3</td><td>340</td><td>300</td><td></td></tr><tr><td>Q4</td><td>420</td><td>300</td><td></td></tr></table>			Quarter	2017/18	2018/19	2019/20	Q1	480	490	320	Q2	350	340	360	Q3	340	300		Q4	420	300	
Quarter	2017/18	2018/19	2019/20																																									
Q1	45	160	240																																									
Q2	30	140	180																																									
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Quarter	2017/18	2018/19	2019/20																																									
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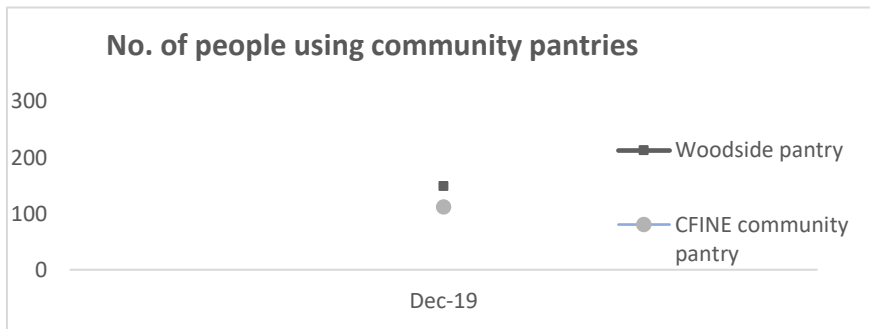
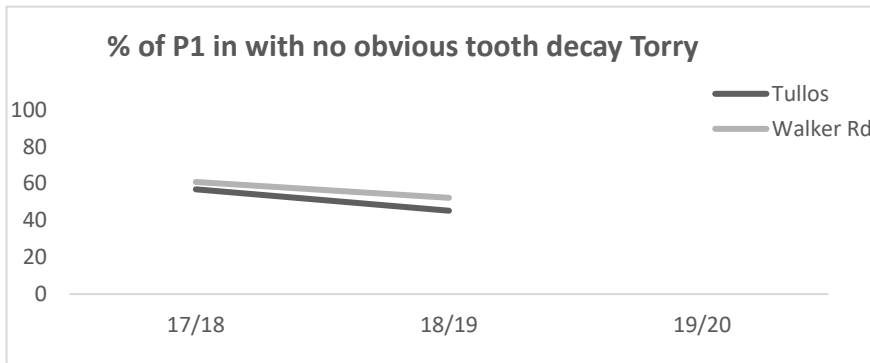
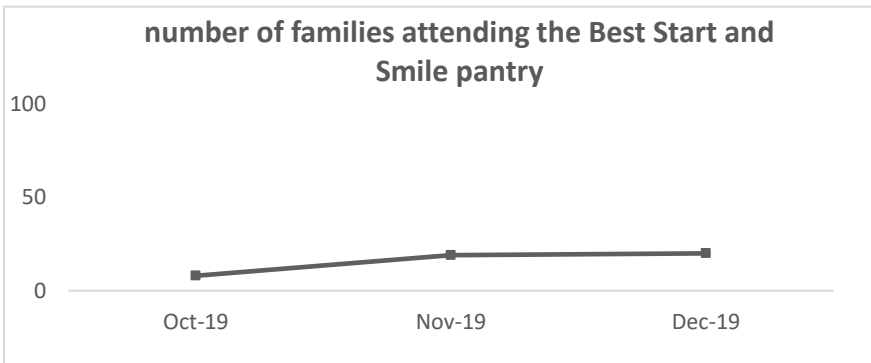
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### 13.1 Workplaces Growing Together

Project Aim		Start Date	Testing End Date	Progress Scale
Increase community food growing in schools, communities and workplaces by 2021. <b>Project Manager:</b> Steven Shaw, ACC <a href="#">Project Charter Approved July 2019</a>		July 2019	Mar 2020	6 – Testing Underway
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?		
Awareness raising event held on 7 October		3 organisations sign up to workplace growing so far (ACC, NHS and Scottish Fire and Rescue) <a href="https://www.youtube.com/watch?v=64FmWe2AeOw">https://www.youtube.com/watch?v=64FmWe2AeOw</a> <u>Further update to be provided.</u>		
Improvement Data				
<div><p>No. of Community Growing Spaces</p><p>Insert Date</p></div>		<div><p>No. Organisations Signed up for Food Growing</p><p>Oct 2019</p></div>		
<div><p>No. of Expressions of Interest in Participating in Food Growing Activities</p><p>Oct 2019</p></div>		<div><p>Environmentally friendly firefighters</p></div>		

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## 13.2 Community Pantries

Project Aim	Start Date	Testing End Date	Progress Scale																				
Increase the number of people using community pantries by 2021; Increase the uptake of the Best Start Grant and Foods and Healthy Start vitamins by 4% by 2020; Improve oral health by increasing the number of P1 children in East Torry without tooth decay by 5% by 2021 <b>Project Manager:</b> Emma Williams, NHS <a href="#">Project Charter Approved December 2019</a>	Dec 2019	Dec 2020/21	6– testing underway																				
Changes Being Tested (Specify location/ test group)	Are our changes resulting in improvement?																						
<ul style="list-style-type: none"><li>Ensuring all midwives and Health visitors know to signpost AB11 (Torry) pregnant women and families to Best Start and Smile Pantry</li><li>Promote the pantry with all staff who work with pregnant mums and families with children under 3 years in AB11 area.</li><li>Advertise the pantry and Best Start Grant and Foods in community areas of Torry</li></ul>	We have 25% of the total families signed up to the Best start and Smile pantry. We are now working on the whole systems approach to promoting the pantry. In order to increase the membership everyone who works with pregnant mums and families with children under 3 will be informed of the purpose of the pantry in order to promote to the people they work with. We are also working to promote the pantry across the whole Torry area using posters and flyers.The hope is that this will improve the uptake over the next few months.																						
Improvement Data																							
<div><h3>No. of people using community pantries</h3><table><caption>No. of people using community pantries (Dec-19)</caption><thead><tr><th>Pantry</th><th>No. of people</th></tr></thead><tbody><tr><td>Woodside pantry</td><td>~150</td></tr><tr><td>CFINE community pantry</td><td>~120</td></tr></tbody></table></div>	Pantry	No. of people	Woodside pantry	~150	CFINE community pantry	~120	<div><h3>% uptake of families claiming Best Start vouchers (Torry)</h3><div>We are currently speaking to Best Start (Social Security Scotland) to identify if they can allow us local data for uptake comparisons.</div></div>																
Pantry	No. of people																						
Woodside pantry	~150																						
CFINE community pantry	~120																						
<div><h3>% of P1 in with no obvious tooth decay Torry</h3><table><caption>% of P1 in with no obvious tooth decay Torry</caption><thead><tr><th>Period</th><th>Tullos</th><th>Walker Rd</th></tr></thead><tbody><tr><td>17/18</td><td>~60</td><td>~55</td></tr><tr><td>18/19</td><td>~45</td><td>~50</td></tr><tr><td>19/20</td><td>~45</td><td>~50</td></tr></tbody></table></div>	Period	Tullos	Walker Rd	17/18	~60	~55	18/19	~45	~50	19/20	~45	~50	<div><h3>number of families attending the Best Start and Smile pantry</h3><table><caption>number of families attending the Best Start and Smile pantry</caption><thead><tr><th>Month</th><th>Number of families</th></tr></thead><tbody><tr><td>Oct-19</td><td>~10</td></tr><tr><td>Nov-19</td><td>~20</td></tr><tr><td>Dec-19</td><td>~20</td></tr></tbody></table></div>			Month	Number of families	Oct-19	~10	Nov-19	~20	Dec-19	~20
Period	Tullos	Walker Rd																					
17/18	~60	~55																					
18/19	~45	~50																					
19/20	~45	~50																					
Month	Number of families																						
Oct-19	~10																						
Nov-19	~20																						
Dec-19	~20																						

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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. <b>Project Manager:</b> Dawn Schultz, ACC <a href="#">Project Charter Approved July 2019</a>		July 2019	May 2020	5 – Designing Changes
<b>Changes Being Tested (Specify location/ test group)</b>		<b>Are our changes resulting in improvement?</b>		
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. <u>Further update to be provided.</u>		
<b>Improvement Data</b>				
<p><b>No Community Led Resilience Plans Developed</b></p> <p>5 4 3 2 1 0</p> <p>Insert Date</p>		<p><b>% of Areas Most Vulnerable to Flooding with a Resilience Plan in Place</b></p> <p>100 80 60 40 20 0</p> <p>Insert Date</p>		
<p><b>Insert Title</b></p> <p>5 4 3 2 1 0</p> <p>Insert Date</p>		<p><b>Insert Title</b></p> <p>5 4 3 2 1 0</p> <p>Insert Date</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. <b>Project Manager:</b> Jonathan Smith, Civic Forum <a href="#">Project Charter approved Feb 2018</a>		July 2019	Dec 2020	6 – Testing Underway										
Changes Being Tested		Are our changes resulting in improvement?												
<ul style="list-style-type: none"><li>CPA Request Forms now in place, featuring additional ‘Guidance Notes’ for ease of access and understanding.</li><li>Information Handbook for communities including tailored guidance to support Communities in Participation and/ or formal requests has been sent to all Community Councils.</li><li>All new materials uploaded to new Communities Page and Participation Page on CPA website and Civic Forum Website.</li><li>Single ‘Point-of-Contact’ Email address for requests.</li><li>Initial Training for Council staff on how to deal with requests (To be later rolled out to any additional CPP staff, as required).</li><li>Awareness raising and engagement with key community groups and ‘community champions’.</li></ul>		<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 have previously been and are continuing to be positively resolved outwith the formal legislative process, including Long-Term Lease &amp; Transfer of Ownership.</p> <p><b>As of January, 2020</b> – Monthly Updates have been agreed to be provided by all core CPA Partners, building on baseline data from ACC, including progress of engagement activity centred around the volume and experiences of requests. This will provide ‘live’ data and updates over the course of 2020 and beyond.</p>												
Improvement Data														
<div><p>No. of Participation Requests Received</p><table><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></div>		Date	No. of Requests	24 -04-18	1	18-03-19	1	<div><p>No. Asset Transfer Request Received</p><table><thead><tr><th>Date</th><th>No. of Requests</th></tr></thead><tbody><tr><td>31-07-18</td><td>0</td></tr></tbody></table></div>			Date	No. of Requests	31-07-18	0
Date	No. of Requests													
24 -04-18	1													
18-03-19	1													
Date	No. of Requests													
31-07-18	0													

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## Community Planning Aberdeen

<b>Progress Report</b>	Community Planning Budget 2019/20 – Q3 Budget Monitoring Report
<b>Lead Officer</b>	Angela Scott, Chair of CPA Management Group and Chief Executive of Aberdeen City Council
<b>Report Author</b>	Michelle Cochlan, Community Planning Manager
<b>Date of Report</b>	14 January 2019
<b>Governance Group</b>	CPA Management Group – 29 January 2019

### Purpose of the Report

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

### Summary of Key Information

#### 1 BACKGROUND

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

	<b>2019/20 Budget £</b>
Aberdeen City Council	1,711,275
NHS Grampian	18,032
Police Scotland	13,805
NESTRANS	5,000
<b>Sub Total</b>	<b>£1,748,112</b>
2018/19 underspend for Civic Forum	£4,074
<b>Total</b>	<b>1,752,186</b>

- 1.2 In December 2019 Police Scotland contributed an additional £8,805 to the Community Planning Budget to support improvement in our three priority localities. This sum will be divided equally between each area.

## 2 COMMUNITY PLANNING BUDGET 2019/20

- 2.1 This budget monitoring report shows current and projected expenditure for 2019/20 as at the end of quarter 2.

	<b>2019/20 Budget £</b>	<b>Year to date spend £</b>	<b>Full year forecast £</b>	<b>Variance £ (Difference between forecast and budget)</b>
Fairer Aberdeen Fund	1,639,986	1,564,279	1,635,958	4,028
ACVO Third Sector Interface/ engagement: Community Planning	62,321	46,7400	62,321	0
City Voice	37,000	37,000	37,000	0
Civic Forum	4,074	0	100	3,974
Police Scotland Local Partnership and Initiative Fund	8,805	0	0	8,805
<b>Total</b>	<b>£1,752,186</b>	<b>£1,648,019</b>	<b>1,735,379</b>	<b>£16,807</b>

## 3 GRANT FUNDING 2019/20

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

	<b>2019/20 Budget £</b>	<b>Year to date spend £</b>	<b>Full year forecast £</b>	<b>Variance £</b>
Community Justice Transition Fund	62,000	48,825	62,000	0
<b>Total</b>	<b>62,000</b>	<b>48,825</b>	<b>62,000</b>	<b>0</b>

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

### Recommendations for Action

It is recommended that the CPA Management Group:

- i) Note Community Planning Aberdeen Budget's performance during quarter 3 of 2019/20.

### Opportunities and Risks

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

### Consultation

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

Maggie Hepburn, CEO, ACVO  
Jonathan Smith, Chair of Civic Forum  
Gail Anderson, Accountant, ACC  
Aileen Duncan, Finance Development Officer, ACC

### Background Papers

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

[Community Planning Budget 2019/20](#)

### Contact details:

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Aberdeen City Council  
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## Community Planning Aberdeen

<b>Progress Report</b>	Community Planning Aberdeen Innovate and Improve Programme
<b>Lead Officer</b>	Michelle Cochlan, Community Planning Manager
<b>Report Author</b>	Sacha Will, Improvement Programme Manager
<b>Date of Report</b>	10 January 2019
<b>Governance Group</b>	CPA Management Group – 29 January 2019

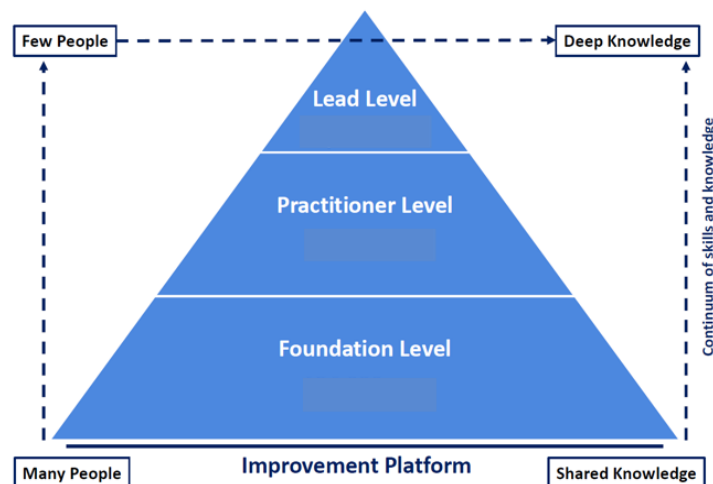
### Purpose of the Report

This report provides an update regarding the Innovate and Improve Faculty for Community Planning Aberdeen. The aim of the Faculty is to ensure a coordinated approach is taken to support colleagues and communities across Community Planning Aberdeen to build knowledge, skills and expertise to use Quality Improvement (QI) methodology and associated improvement frameworks and tools. This support is critical to the delivery of the refreshed Aberdeen City Local Outcome Improvement Plan and Locality Plans.

### Summary of Key Information

#### 1 BACKGROUND

- 1.1 The Innovate and Improve Programme has been running since March 2017 and aims to help staff across the Partnership to develop improvement habits (Appendix 1); understand and use QI methodology and other tools in their daily work to enable the delivery of the improvement aims within the LOIP and Locality Plans.
- 1.2 The Innovate and Improve faculty, a cross partnership group of people with improvement expertise, was also established to oversee the delivery of Innovate and Improve Programme and to enable knowledge and skills to be developed at different levels across the CPP to embed a QI culture.



- 1.3 This report provides an evaluation of the Innovate and Improvement Faculty and Learning Programme during 2019 and sets out the next steps for the Faculty and Learning Programme for 2020-2021.

## 2 INNOVATE AND IMPROVE LEARNING PROGRAMME 2019

- 2.1 The Programme has provided a range of learning opportunities during 2019 which included access to virtual learning materials developed by the Community Planning Partnership and our national faculty advisors, as well as face to face learning.
- 2.2 During 2019, one hundred and sixty eight colleagues participated in the one day 'bootcamp' which provides an introduction to the Model for Improvement. Of those, 82% provided feedback that the workshop had increased their knowledge and confidence to such a degree that they could use the improvement framework. (Appendix 2)
- 2.3 In 2019, forty-six colleagues participated in a Quality Improvement Practitioner Programme provided by Aberdeen City Council. This programme consists of four full day learning events over a five-month period and expects participants to be actively working on a LOIP improvement project during the programme. A bespoke programme was also provided for LOIP project Leads from June to September 2019.  
Participants are asked to self-assess their knowledge and skills during the programme. All participants reported increased confidence, knowledge and skills with 85% reporting practitioner level knowledge and skills by the end of the programme.  
In addition to the above, nine colleagues have participated in the Quality Improvement Practitioner Programme delivered by NHS Grampian during 2019. (Appendix 2)



- 2.4 Four colleagues from the Partnership have been supported to complete the Scottish Improvement Leaders (SciL) programme provided by NHS Education for Scotland (NES) during 2019. This programme aims to develop QI capacity at lead level. (Appendix 7)
- 2.5 Our learning during 2016-2019, and that of other organisations confirms the importance of having a learning programme which enables the development of QI knowledge and skills across the Partnership at foundation, practitioner and lead levels. It also highlights the importance of growing a team of Improvement Advisors, Mentors and Buddies who can provide support to individuals and teams undertaking improvement projects. Providing opportunities for QI Practitioners and QI Leads to collaborate and continue to learn together is also key to ensure we continue to gain from their growing knowledge and skills.

### **3 INNOVATE AND IMPROVE LEARNING EVENTS 2020-2021**

- 3.1 The Innovate and Improve Programme for 2020-21 aims to provide learning events to develop capacity at Foundation, Practitioner and Lead Level. The programme also provide opportunities for QI Practitioners and QI Leads to continue to develop their skills through networking events and project surgeries. (Appendix 6).
- 3.2 Successful delivery of the programme for 2020-21 will rely on the contribution of all Community Planning Partners.

### **4 IMPROVEMENT FACULTY AND PRACTITIONERS NETWORK**

- 4.1 Community Planning Aberdeen has an Improvement Faculty which will lead the ongoing development of the Innovate and Improvement Programme. The Improvement Faculty will also work with leaders and staff across the Community Planning Partnership to support the delivery of improvement projects which will help realise the improvement aims within the LOIP and Locality Plans. (Appendix 5)
- 4.2 We have increased the number of Improvement Advisors engaged with the faculty from 9 in 2018 to 14 in 2019, all of whom have completed QI Lead level programmes or are participating in the current cohort. We have increased the number of Improvement Mentors/Buddies from 11 in 2018 to 13 in 2019, including 3 volunteers from the wider community who offer their time to support those participating in the QI Practitioner Programmes. Together we have supported improvement teams to develop forty four charters to Stage 4 of the project progress scale, and approval by the CPA Board. (Appendix 2)
- 4.3 The network will collectively build capacity for improvement by developing a shared focus and use of the wide range of expertise in existence within the Council, and across the Community Planning Partnership. This will enable us to maximise available resources and build capacity to support the innovation and improvement required to deliver the LOIP/ Locality Plans.

- 4.4 The Innovate and Improve Faculty members have reflected on learning during 2019 and have identified areas of strengths across the Partnership and areas where further development is necessary to ensure we can provide appropriate levels of support to deliver the LOIP. (Appendices 3 & 4)

Areas of strength:

- The Innovate & Improve Faculty can be a vehicle to build connections between and across the Community Planning Partnership to make best use of collective knowledge and skills to deliver the aims in the LOIP.
- The LOIP provides clarity about what we are trying to achieve.
- We have developed learning experiences and materials to support development of knowledge and skills at increasing levels.

Areas for development:

- Lack of clarity and connection between Community Planning Partners strategic priorities mean we are not always using resources effectively.
- Consistent commitment to the Innovate & Improve Faculty and Learning Programme from all CP Partners.
- Improved sharing between Community Planning partners about efforts to build Quality Improvement capacity to allow accelerated learning.

The Faculty identified that some areas for development were beyond the control or influence of the group, which need to be shared with the Community Planning Management Group.

These were:

- The Faculty can provide a learning programme to build capability. The Faculty cannot control how those trained are deployed within individual organisations and the extent to which the increased capability is being utilised to support delivery of the LOIP.
- Need for consistent representation from Community Planning Partners at Innovate & Improve Faculty meetings to allow continued learning, development and improved use of collective resources to build improvement capacity and capability.
- Lack of connection between projects that are being progressed as part of Community Planning Partner's own strategic priorities and the LOIP outcomes, which may be duplicating efforts and inhibiting best use of our improvement expertise.

## **5 NEXT STEPS**

- 5.1 The 2020 Innovate and Improve Programme is live from January 2020.

### Recommendations for Action

It is recommended that members of the CPA Management Group:

- i) Note the current innovate and improve development programme;
- ii) Note that the programme will be updated on an ongoing basis to reflect emerging development needs and opportunities.
- iii) Consider how Partners can enhance the strengths of the Innovate & Improve Faculty and how to address the challenges identified, especially those out with the influence or control of the Faculty members.
  - Ensure Partners are represented at Faculty meetings and are contributing to the delivery of the Learning Programme.
  - Identify how each organisation can use internal systems to enable individuals trained in Quality Improvement to make use of their improved knowledge and skills to contribute to LOIP projects.
  - Identify and capitalise on links between 'single system' improvement projects and LOIP outcomes.

### Opportunities and Risks

Our ability to support individual and collective learning has a direct impact on our ability to grow and develop as a Community Planning Partnership. The improvement methodology may seem common sense and appear obvious, but it is easy to become distracted by daily demands and continue to deliver in the same way as things have always been done. Increasing knowledge, skills and capacity in the use of QI methodology is vital to achieve real and lasting change.

### Consultation

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

CPA Management Group

Improvement Faculty (See Appendix 5 for members)

Lead Contacts Group (See Appendix 5 for members)

Diana Beveridge, Head of Children and Young People Improvement Collaborative, Scottish Government

Laura Allison, Head of Quality Improvement, NHS Education for Scotland (NES)

#### Contact details:

Sacha Will,

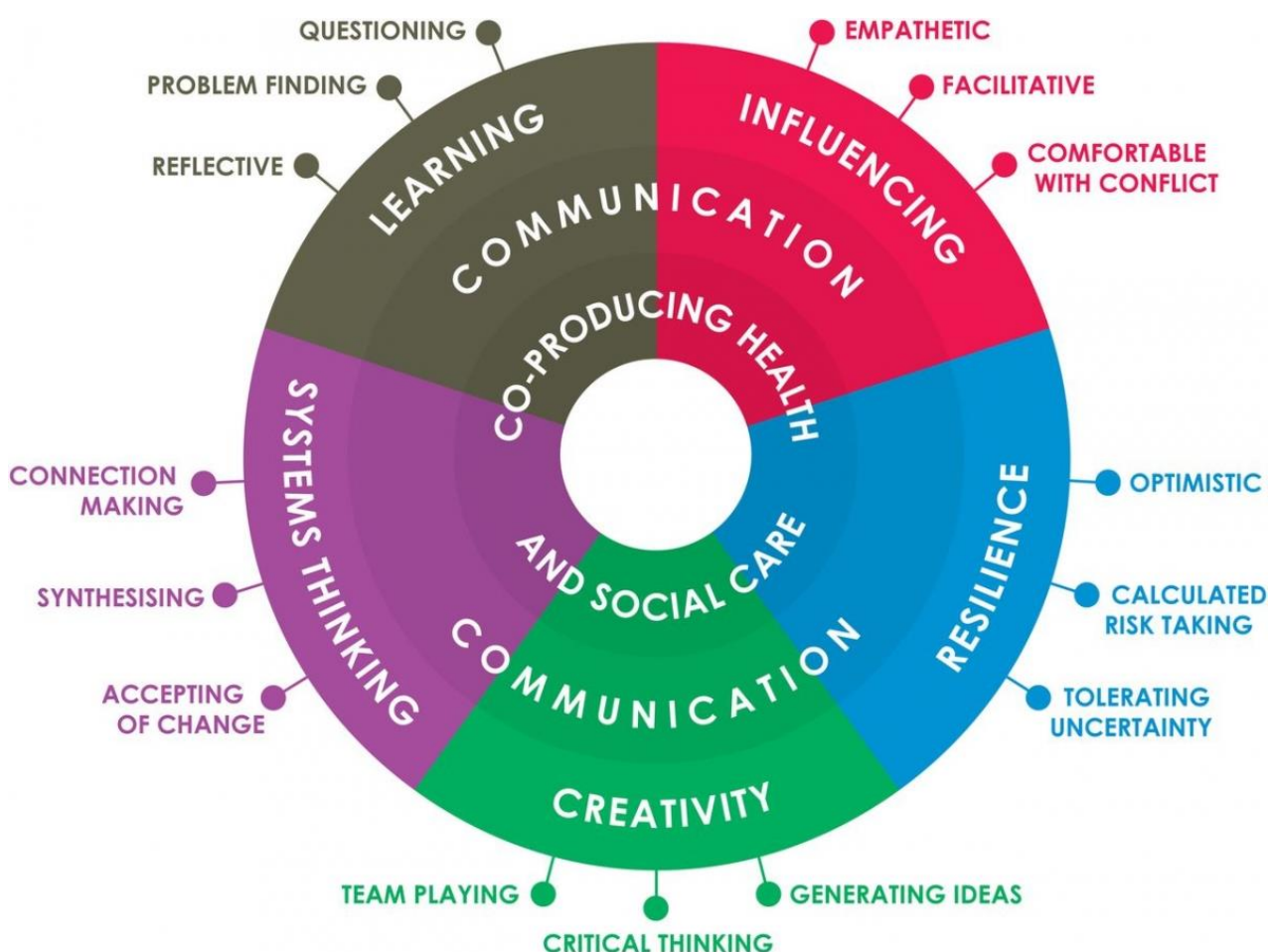
Improvement Programme Manager, Aberdeen City Council

Tel: 01224 522021

Email: [sacwill@aberdeencity.gov.uk](mailto:sacwill@aberdeencity.gov.uk)

## APPENDIX 1

### Habits of an Improver



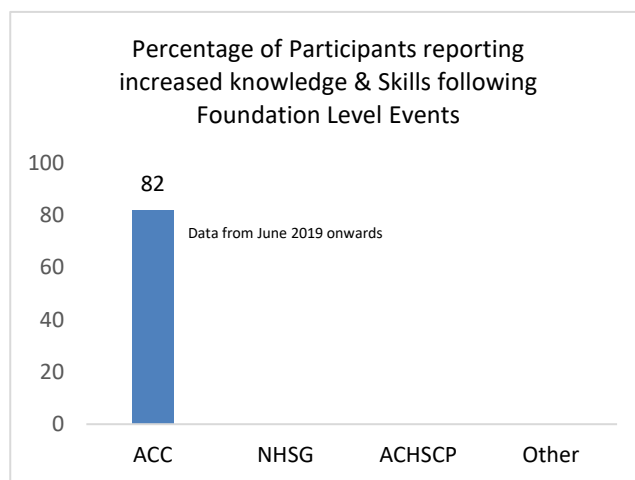
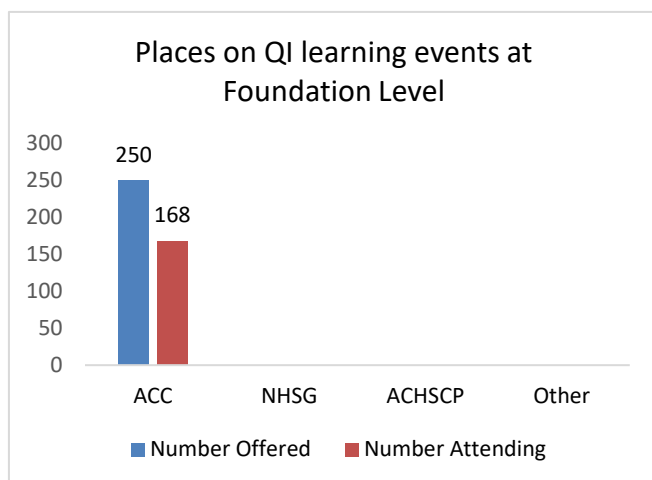
"Spend any time with someone for whom improvement is an intrinsic part of their job and you realise that they think and act in different ways from those who are simply set on routine service delivery. Improvers are constantly curious, wondering if there is a better way of doing something. They want to extract the learning from any experience. Never content with keeping ideas to themselves, they are out there talking to and persuading others that an issue is worth exploring. They have well-honed influencing skills. Aware of the likelihood of disagreement they are prepared for and deal well with conflict. They have a positive mindset which can remain resilient in the face of inevitable adversity. They are constantly generating ideas and then inviting critical scrutiny of their thinking. They see strength in collaboration"

<https://www.health.org.uk/sites/health/files/TheHabitsOfAnImprover.pdf>

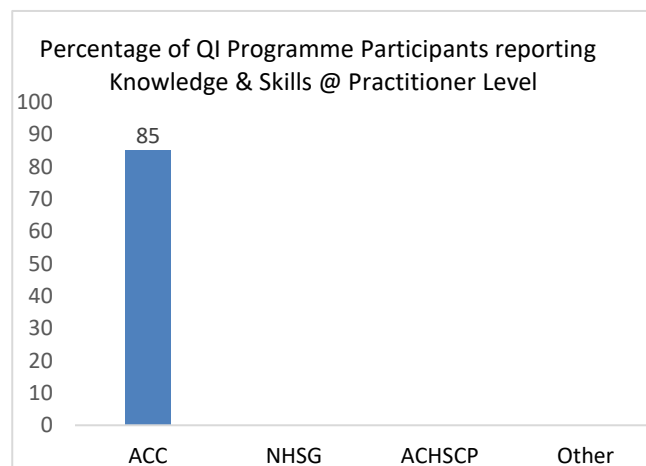
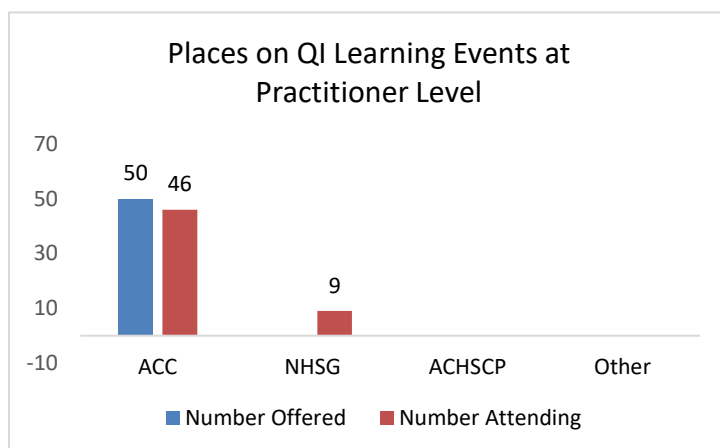
## APPENDIX 2

### Data to illustrate output and outcomes of Innovate and Improve Faculty (2019)

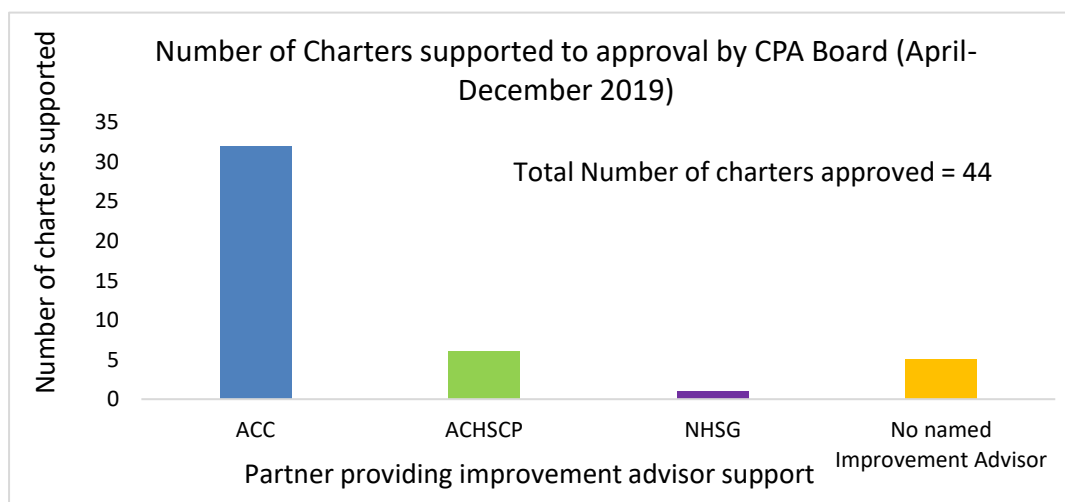
#### Foundation Level Learning Events e.g. Model for Improvement 'bootcamp'



#### Practitioner Level Learning Events e.g. Quality Improvement Practitioner Programme



#### Project Charters reaching Stage 4 of the project progress scale



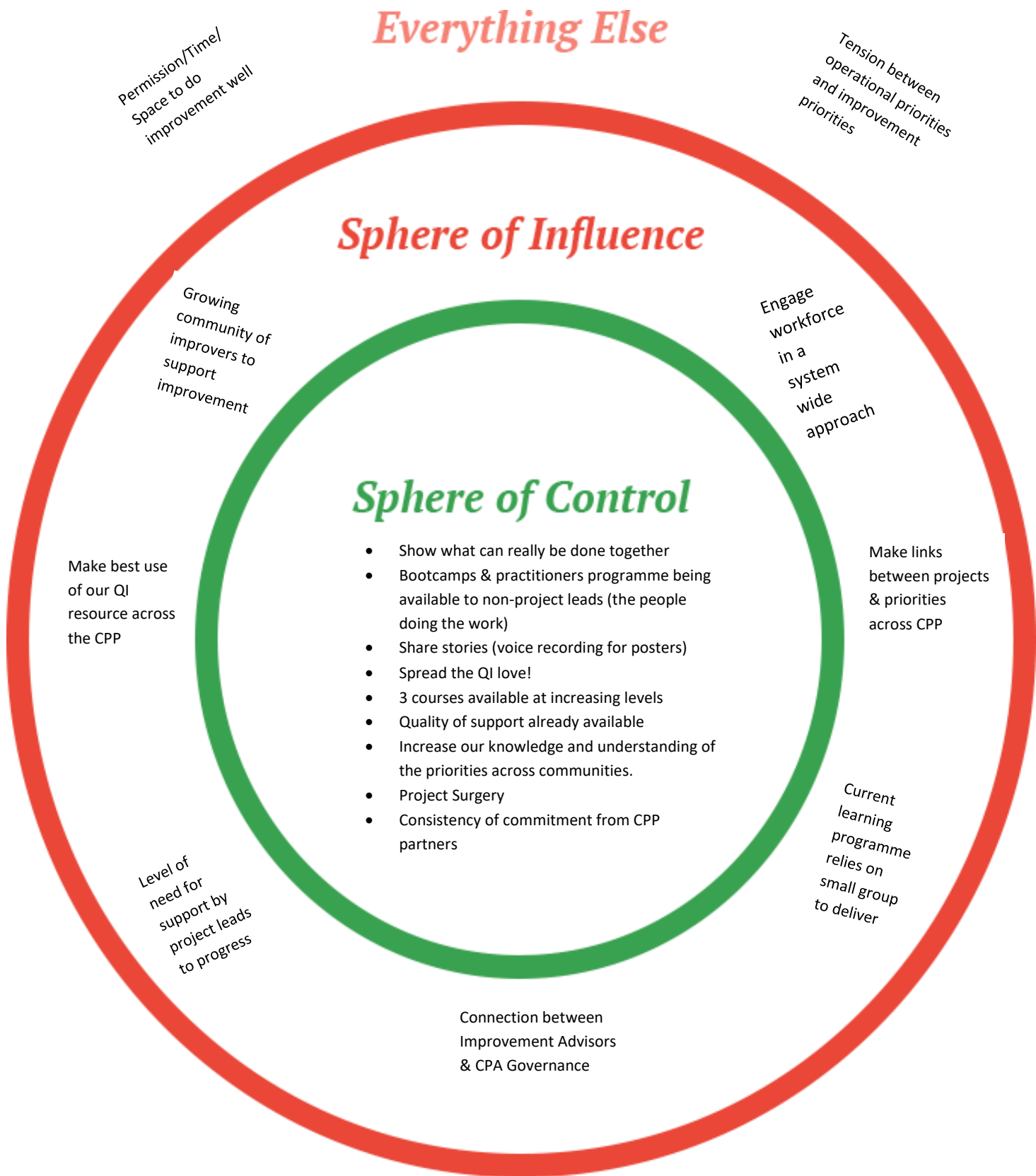
## APPENDIX 3

### Innovate & Improve Faculty

#### SWOT Analysis

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Number of people trained in Quality Improvement</li> <li>• The Innovate &amp; Improve Faculty!</li> <li>• Knowledge &amp; skills across the partnership</li> <li>• LOIP sets out what we are trying to achieve</li> <li>• Quality of support already available</li> <li>• 3 courses available at increasing levels</li> <li>• Project Surgery</li> <li>• Power in numbers – increasing our knowledge and understanding of the priorities across the community</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Everything is a priority!</li> <li>• Are correct people being trained to appropriate level?</li> <li>• Need to reinforce key messages- ie that there is support available!</li> <li>• Consistency of commitment – same individuals are stretching themselves</li> <li>• There are good stories to share but we are not sharing them well enough</li> <li>• Method of communication – need more face to face feedback and less email</li> <li>• We are not utilising our QI resource collectively</li> <li>• Lack of support for use of data for improvement</li> <li>• Stills feels not ‘fully linked up’</li> <li>• Timescales we are working to... and the project leads!</li> </ul>
<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• An established faculty which includes all CP partners can be a vehicle to build connections</li> <li>• The faculty can show what can really be done together</li> <li>• Bring QI into all strategic groups across the CPP (HIF; ASG Forum etc)</li> <li>• Faculty can involve staff in a system wide approach</li> <li>• Growing community of improvers to support</li> <li>• Faculty can help share stories – voice recording for posters</li> <li>• Single system for data collection would help us understand how to build capacity and capability</li> <li>• Learning programmes available to non-project leads – the people doing the work.</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>• Lack of connection between partners priorities could mean we are not using resources effectively</li> <li>• Permission/time/space to do improvement well</li> <li>• Tension between operational priorities and improvement priorities</li> <li>• Lack of momentum (or fear) to test changes and get a project going.</li> <li>• Connection between Improvement Advisor support &amp; CPA Governance</li> <li>• Current learning programme relies on a small group of ‘volunteers’ to deliver</li> <li>• Change of leadership across CPP</li> <li>• Feedback from CP governance groups needs to be to the right people, at the right time to action effectively and keep momentum going</li> <li>• Level of support needed by project leads draws on stretched resources.</li> </ul>

Innovate & Improve Faculty  
Sphere of Influence



# Community Planning Aberdeen Improvement Faculty

Community Planning Aberdeen’s Improvement Faculty is a group of staff across the Partnership devoted to learning, sharing and teaching expertise in quality improvement. The Improvement Faculty will work with leaders and staff across the Community Planning Partnership to support the delivery of improvement projects which will help realise the improvement aims within the Local Outcome Improvement Plan and Locality Plans.

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AWAITING  
CONFIRMATION OF  
REPRESENTATIVE  
FROM ABERDEEN  
CITY HEALTH &  
SOCIAL CARE  
PARTNERSHIP



## Improvement Advisors

Improvement Advisors work along with the CPA Improvement Faculty to offer support to improvement teams across Community Planning Aberdeen. They have completed 'lead level' professional development programmes in Quality Improvement and have expertise in the practical application of quality improvement methodology in a variety of settings across the public sector. Improvement Advisors can be contacted for advice and guidance on every aspect of your improvement work.

Name	Organisation	Accreditation	Contact
Linda Caie	NHS Grampian	Scottish Improvement Leader Programme	<a href="mailto:linda.caie@nhs.net">linda.caie@nhs.net</a> 07876258906
Dr Steven Close	NHS Grampian	Clinical Lead/ Consultant Chair of North East Scotland Quality Improvement Network Scottish Improvement Leader Programme	<a href="mailto:steven.close@nhs.net">steven.close@nhs.net</a>
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Rosie Cooper	ACHSCP	Scottish Quality & Safety Fellow	<a href="mailto:rosie.cooper@nhs.net">rosie.cooper@nhs.net</a> 01224 558399
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Jenny Ingram	NHS Grampian	IHI Certified Improvement Adviser	<a href="mailto:jenny.ingram@nhs.net">jenny.ingram@nhs.net</a> 07825 385593
Jade Leyden	ACC	Scottish Improvement Leader Programme (Current Cohort)	<a href="mailto:jleyden@aberdeencity.gov.uk">jleyden@aberdeencity.gov.uk</a> 01224 498166
Derek McGowan	ACC	Scottish Improvement Leader Programme (Current Cohort)	<a href="mailto:DeMcGowan@aberdeencity.gov.uk">DeMcGowan@aberdeencity.gov.uk</a>
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Johnathan Smith	Civic Forum	Scottish Improvement Leader Programme (Current Cohort)	<a href="mailto:j.a.smith.08@aberdeen.ac.uk">j.a.smith.08@aberdeen.ac.uk</a>
Val Vertigans	ACC	Scottish Improvement Leader Programme	<a href="mailto:vavertigans@aberdeencity.gov.uk">vavertigans@aberdeencity.gov.uk</a> 07342060939
Sacha Will	ACC	IHI Certified Improvement Adviser	<a href="mailto:sacwill@aberdeencity.gov.uk">sacwill@aberdeencity.gov.uk</a> 01224 522021

## Improvement Mentors/Buddies

Improvement Mentors/Buddies work along with the CPA Improvement Faculty and Improvement Advisors to offer support to improvement teams across Community Planning Aberdeen. They have expertise in the practical application of quality improvement methodology in a variety of settings across the public sector.

Name	Organisation	Accreditation	Contact
Jenny Adie	ACC	Quality Improvement Practitioner Programme, ACC Certified	<a href="mailto:JeAdie@aberdeencity.gov.uk">JeAdie@aberdeencity.gov.uk</a>
Jayne Boyle	AHSCP	Quality Improvement Practitioner Programme, ACC Certified	<a href="mailto:JBoyle@aberdeencity.gov.uk">JBoyle@aberdeencity.gov.uk</a>
Michael Coulthard	NHSG	Scottish Improvement Leader (current cohort)	<a href="mailto:michael.coulthard@nhs.net">michael.coulthard@nhs.net</a>
Alison Hurrell	Volunteer	Quality Improvement Practitioner Programme Master in Research	<a href="mailto:alisonhurrell@yahoo.com">alisonhurrell@yahoo.com</a> 01569 765944
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Kathleen Singer	Aberdeen Foyer	Quality Improvement Practitioner Programme, ACC Certified	<a href="mailto:kathleens@aberdeenfoyer.com">kathleens@aberdeenfoyer.com</a>
Rachel Thompson	ACHSCP	Quality Improvement Practitioner Programme, ACC Certified	<a href="mailto:Rachel.thompson4@nhs.net">Rachel.thompson4@nhs.net</a>

Each Outcome Improvement Group of Community Planning Aberdeen has a dedicated 'Lead Contact' who will support the Group to progress the improvement projects aligned to the delivery of the themes within the Local Outcome Improvement Plan and Locality Plans for which they are responsible for delivering

CPA Group	Name	Organisation	Contact
<b>Outcome Improvement Group</b>			
Aberdeen Prospers	Ishbel Lavery	ACC	<a href="mailto:ilavery@aberdeencity.gov.uk">ilavery@aberdeencity.gov.uk</a> 01224 522605
Integrated Children's Services	James Simpson	ACC	<a href="mailto:jamessimpson@aberdeencity.gov.uk">jamessimpson@aberdeencity.gov.uk</a> 01224 522187
Resilient, Included and Supported	Gail Woodcock	ACHSCP	01224 655748 <a href="mailto:gwoodcock@aberdeencity.gov.uk">gwoodcock@aberdeencity.gov.uk</a>
Sustainable City	Kelly Wiltshire	Nestrans	<a href="mailto:KWiltshire@nestrans.org.uk">KWiltshire@nestrans.org.uk</a> 01224 346686
Community Engagement Group	Jonathan Smith		<a href="mailto:j.a.smith.08@aberdeen.ac.uk">j.a.smith.08@aberdeen.ac.uk</a>
Community Justice Group	Val Vertigans	ACC	<a href="mailto:vavertigans@aberdeencity.gov.uk">vavertigans@aberdeencity.gov.uk</a> 07342 060939
Torry Partnership	Jo Mackie	ACC	<a href="mailto:jomackie@aberdeencity.gov.uk">jomackie@aberdeencity.gov.uk</a> 01224 522732
Tillydrone, Seaton, Woodside Partnership	Paul Tytler	ACC	<a href="mailto:ptytler@aberdeencity.gov.uk">ptytler@aberdeencity.gov.uk</a> 01224 523656
Northfield, Mastrick, Seaton, Heathryfold, Middlefield	Martin Smith	ACC	<a href="mailto:martinsmith@aberdeencity.gov.uk">martinsmith@aberdeencity.gov.uk</a> 01224 88538



# Community Planning Aberdeen

## Innovate and Improve Learning Programme 2020

Date	Time	Category	Session Title	Target Audience	Venue	Delivered By
<b>January</b>						
15 January	2pm – 4pm	Quality Improvement (Practitioner Level)	LOIP Project Surgery	LOIP Project Teams	Marischal College	Sacha Will, ACC
21 January	10am – 4pm	Quality Improvement (Foundation Level)	Model for Improvement Introductory Bootcamp	CPP - all	Marischal College	Kelly Hickman (ACC); Val Vertigans (ACC); Derek Bain (Police Scotland) ; Susan Morrison (ACVO)
28-30 January	Workshop 3 – 3 full days	Quality Improvement (Lead Level)	Scottish Improvement Leader programme	CPP (via application process)	Aberdeen	Jenny Ingram, NHSG
<b>February</b>						
13 February	10am – 4pm	Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Programme	CPP - all (via application process)	Marischal College	Sacha Will, ACC
27 February	10am – 4pm	Quality Improvement (Foundation Level)	Model for Improvement Introductory Bootcamp	CPP - all	Marischal College	Sacha Will (ACC); Susan Morrison (ACVO)
<b>March</b>						
3 March	10am – 4pm	Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Programme	CPP - all (via application process)	Marischal College	Sacha Will, ACC
5 March	2pm-4pm	Quality Improvement (Practitioner Level)	LOIP Project Surgery	LOIP Project Teams	Marischal College	Michelle Cochlan, ACC
12 March	2pm – 4.30pm	Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Network and Project Surgery	QI Practitioners & those leading improvement projects	Marischal College	Michelle Cochlan, ACC

Date	Time	Category	Session Title	Target Audience	Venue	Delivered By
<b>April</b>						
23 April	10am – 4pm	Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Programme	CPP - all (via application process)	Marischal College	Sacha Will, ACC
29 April	10am – 4pm	Quality Improvement (Foundation Level)	Model for Improvement Introductory Bootcamp	CPP - all	Marischal College	Val Vertigans (ACC)
<b>May</b>						
6 May	10am – 4pm	Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Programme	CPP - all (via application process to NHS Grampian)	Dugald Baird Conference Room, Aberdeem Maternity Hospital	Matt Jobson, NHS Grampian
6 May	2pm-4pm	Quality Improvement (Practitioner Level)	LOIP Project Surgery	LOIP Project Teams	Marischal College	Innovate & Improve Faculty
28 May	10am – 4pm	Quality Improvement (Foundation Level)	Model for Improvement Introductory Bootcamp	CPP - all	Marischal College	Val Vertigans (ACC); Derek Bain (Police Scotland); Susan Morrison (ACVO)
<b>June</b>						
16 June	10am – 4pm	Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Programme	CPP - all (via application process)	Marischal College	Sacha Will, ACC
24 June	10am – 4pm	Quality Improvement (Foundation Level)	Model for Improvement Introductory Bootcamp	CPP - all	Marischal College	Val Vertigans (ACC)
<b>July</b>						
1 July	10am – 4pm	Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Programme	CPP - all (via application process to NHS Grampian)	Room 203 Suttie Centre	Matt Jobson, NHS Grampian
<b>August</b>						
26 August	10am – 4pm	Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Programme	CPP - all (via application process to NHS Grampian)	Room 203 Suttie Centre	Matt Jobson, NHS Grampian
<b>September</b>						
3 September	10am – 4pm	Quality Improvement (Foundation Level)	Model for Improvement Introductory Bootcamp	CPP - all	Marischal College	TBC

Date	Time	Category	Session Title	Target Audience	Venue	Delivered By
23 September	10am – 12.30pm	Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Network and Project Surgery	QI Practitioners & those leading improvement projects	Marischal College	Michelle Cochlan, ACC
<b>October</b>						
TBC	10am – 4pm	Quality Improvement (Foundation Level)	Model for Improvement Introductory Bootcamp	CPP - all	Marischal College	TBC
TBC	10am – 12.30pm	Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Network and Project Surgery	QI Practitioners & those leading improvement projects	Marischal College	Michelle Cochlan, ACC
21 October	10am – 4pm	Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Programme	CPP - all (via application process to NHS Grampian)	Room 218 Suttie Centre	Matt Jobson, NHS Grampian
<b>November</b>						
TBC	10am – 4pm	Quality Improvement (Foundation Level)	Model for Improvement Introductory Bootcamp	CPP - all	Marischal College	TBC
TBC	10am – 12.30pm	Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Network and Project Surgery	QI Practitioners & those leading improvement projects	Marischal College	Michelle Cochlan, ACC
<b>December</b>						
9 December	10am – 4pm	Quality Improvement (Practitioner Level)	Quality Improvement Practitioner Programme	CPP - all (via application process to NHS Grampian)	Room 218 Suttie Centre	Matt Jobson, NHS Grampian

# Session Descriptions

## QUALITY IMPROVEMENT AND THE MODEL FOR IMPROVEMENT

Community Planning Aberdeen has committed to using the Institute of Health Improvement (IHI) Model for Improvement framework to help deliver the improvement aims within the Aberdeen City Local Outcome Improvement Plan and Locality Plans. This model has been adopted by the Scottish Government for public service reform and is widely used across Scotland to make improvements in health and early years services. The learning events offered under this category are designed to provide training, guidance and support to staff across CPA to use Quality Improvement methodology and the Model for Improvement framework for their improvement activities.

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### **Introduction to the Model for Improvement (Bootcamp)**

This session introduces the Model for Improvement and is aimed at all staff who want to make improvements to their area of work. During this one-day session, programme participants will be introduced to the Model for Improvement framework and supported to develop confidence and capability in using key quality improvement tools. Bespoke sessions can be arranged for organisations, teams, outcome improvement groups and other strategic groups who are responsible for delivering improvement priorities within the Local Outcome Improvement Plan.

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### **Quality Improvement Practitioner Learning Programme**

The aim of the programme is to 'Support participants to develop confidence and capability in quality improvement so they are able to lead improvement projects, and support others to develop their knowledge and skills'. The programme includes four learning sessions which allow participants to develop quality improvement knowledge and skills whilst leading an improvement project within their own service.

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### **Quality Improvement Practitioner Network & Project Surgery**

The aim of this network is to support QI practitioners to continue to develop confidence and capability in quality improvement. It also provides those leading projects with a project surgery drop in where they can seek support with their improvement projects.

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### **Scottish Improvement Leaders Programme**

The Scottish Improvement (SciL) programme is a key part of Scotland's innovative approach to address increasing demand for lead level QI capacity and capability across public services. It develops individuals who are in key roles to be able to design, develop and lead improvement initiatives, generate support for change and provide expert support and advice.

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### **North East of Scotland Quality Improvement Network (NESQIN)**

This network brings together colleagues from across the North East of Scotland who have completed a lead level QI learning programme. The network provides an opportunity for collaboration and continued professional learning.

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# Whole System National Approach to Building Quality Improvement Skills

## Background

Scotland's Public Services workforce plays a key role in responding to opportunities and challenges associated with Public Sector Reform.

Quality Improvement (QI) has been applied in health care in Scotland since 2007 and has seen areas of sustainable change. Our challenge is to build on that learning to spread and embed a QI approach across Scotland's public services, expanding from Health into Social Care, as part of integration, and beyond e.g. Government and Education, to improve outcomes for Scottish people.



## Ambition

NES has worked with national and local partners to develop a suite of QI education resources targeted at different areas of the public-sector workforce across Scotland.

Key components of this ambition were to build in sustainability from the outset by:

- Starting to build capacity at all levels of the system and not focusing on a single staff group
- Developing core Scottish Faculty to deliver the programmes wherever possible, reducing reliance on external providers and utilising limited financial resources effectively
- Aligning the development of the programmes and ensuring the right content is developed for the right people, and delivered in the most effective way
- Making high quality resources freely accessible to QI communities across Scotland to avoid duplication of effort, e.g. e-Learning resources



## Scottish Improvement Foundation Skills (SIFS) programme

SIFS is a new innovative QI learning programme delivered entirely in a virtual learning environment. It is designed for anyone working in the public sector in Scotland, including the third and volunteer sector, who wants to learn how to contribute to the improvement of local services.

- By completing the programme people can:
  - Explain what quality improvement is and why it is important
  - Describe commonly used improvement science concepts and tools for understanding systems, developing aims changes and measures and reporting improvements
  - Practically apply key quality improvement concepts to a small local project
  - Contribute to local improvement work with more confidence



## Scottish Improvement Leader (SciL) programme

The SciL Programme is a key part of Scotland's innovative approach to address increasing demands across our public services by developing lead-level QI capacity and capability.

The 10-month Programme blends structured study with workplace learning and mentor support, while enabling participants to develop support networks.



SciL enables individuals to:

- design, develop and lead improvement projects
- lead and generate support for change
- provide expert QI support and advice in their organisations throughout the improvement journey

## Scottish Leading and Coaching for Improvement (SCLIP) programme

The Scottish Leading and Coaching for Improvement Programme is a 3-month QI learning programme designed for people who will coach and facilitate improvement teams to support achievement of improvement strategies within their organisation.



Participants are expected to apply the principles of coaching and leadership to support a team or teams to apply improvement methodology and share their experiences with other programme participants.

Following completion of the programme individuals will be expected to contribute to the development of others through local improvement team coaching and facilitation.

## Scottish Quality and Safety Fellowship (SQSF) programme

The Fellowship is an international programme which over 10 successful years has developed more than 220 Fellows, enhancing their individual capacity for leadership in patient safety and quality improvement.

The Fellowship is targeted at Clinicians looking to develop the skills to transform care delivery and is delivered over a 10-month period.

By completing an individual project, participants demonstrate skills acquired, and the impact the improvement work has had, focusing on the people who benefit.







# Community Planning Aberdeen

## FORWARD PLANNER

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

Title of report	Contact Officer
<b>CPA Management Group: 29 January 20/ CPA Board 26 February 2020</b>	
Proposed amendment to Aberdeen City Local Outcome Improvement Plan to include <a href="#">Fast Track Cities aims</a> .	Sandra Ross (ACHSCP)
Update on Shared Intelligence Unit	Martin Murchie (ACC) Jillian Evans (NHS)
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)
Aberdeen Outcomes Framework	Michelle Cochlan (ACC)
<b>Economy Project Charters</b>	
N/A	Allison Carrington (SDS)
<b>People (Children &amp; Young People) Project Charters</b>	
N/A	Rob Polkinghorne (ACC)
<b>People (Vulnerable Adults) Project Charters</b>	
Increase % of non-statutory prisoners (aged 21+) who are offered relevant voluntary support on release from HMP Grampian by 2021. Scottish Prison Service.	Derek McGowan (ACC)
Increase number referred for appropriate assessment/support/treatment/services By 2021	Derek McGowan (ACC)
Increase the number of distress brief intervention opportunities for people 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)
<b>Place Project Charters</b>	
Reduce Aberdeen's Carbon emissions by 30% by 2021.	Jillian Evans (NHS)
Increase the completeness of data within the 'at risk database' to identify those people most vulnerable	Jillian Evans (NHS)

Title of report	Contact Officer
<b>CPA Management Group: 24 March/ CPA Board 29 April 2020</b>	
Strengthening Local Democracy: Demonstrating Improvements from National Steering Group and Research	Jonathan Smith (Civic Forum)
CPA Quarterly Budget Monitoring Report (Management Group only)	Michelle Cochlan (ACC)
Locality Partnership Quarterly Improvement Tracker	Neil Carnegie (ACC)
Locality Partnership Annual Reports (CPA Board only)	Neil Carnegie (ACC)
CPA Improvement Programme Quarterly Update Report	Michelle Cochlan (ACC)
North East College Regional Outcome Agreement	Neil Cowie (NES College)
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)
<b>Economy Project Charters</b>	
N/A	Allison Carrington (SDS)
<b>People (Children &amp; Young People) Project Charters</b>	
Reduce the number of emergency hospital admissions for unintentional injury to children under 5 years by 3.69%, by 2021.	Rob Polkinghorne (ACC)
Reduce number of children who are witness to domestic abuse by 2022	Rob Polkinghorne (ACC)
Reduce child obesity at Primary 1 stage by 10%, by 2022	Rob Polkinghorne (ACC)
Increase the percentage of babies exclusively breastfed at 6-8 weeks to 41% by 2021.	Rob Polkinghorne (ACC)
Reduce the number of children and young people who are exhibiting self-harming behaviours	Rob Polkinghorne (ACC)
Reduce number of requests for specialist support from children's social work in partnership forums by 5% by 2020	Rob Polkinghorne (ACC)
Increase the number of staff, including carers who report increased understanding and skills to respond to children who have adverse childhood experiences (ACE) by 20% by 2021.	Rob Polkinghorne (ACC)
Reduce the length of time that care experienced children and young people wait for an initial Child and Adolescent Mental Health Service (CAMHS) appointment to less than 4 weeks by 2021.	Rob Polkinghorne (ACC)
Increase the number of young people who leave school with a minimum of SVQ 3 in literacy and numeracy and 4 other qualifications to 98% 2021	Rob Polkinghorne (ACC)
Increase the number of curricular offerings shaped by school communities by 20%, by 2021.	Rob Polkinghorne (ACC)
Increase the number of opportunities to discuss and record skills for life, learning and work from S1 by 20%, by 2021.	Rob Polkinghorne (ACC)
Increase children, young people and families' awareness and understanding of future skill requirements by June 2021.	Rob Polkinghorne (ACC)
<b>People (Vulnerable Adults) Project Charters</b>	
Reduce no. of repeat convictions of 16 and 17 year olds, and 18+ year olds, as a result of targeted focus on specific offending behaviour, and use of appropriate and effective interventions, by 2021.	Derek McGowan (ACC)
Extend the multi-agency problem solving approach to all 16 and 17 year olds charged with an offence to reduce the likelihood of reoffending by 2021.	Derek McGowan (ACC)
Increase number of people in local communities promoting well-being and good health choices by 2021.	Sandra Ross (HSCP)
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)

<b>Title of report</b>	<b>Contact Officer</b>
Increase the number of groups for people with long term conditions which are co-produced with service users by 2021.	Sandra Ross (HSCP)
Increase the number of people who are engaged with citizens in areas which impact on lifestyle and health that are trained in Teachback techniques by 100% by 2021.	Sandra Ross (HSCP)
Increase the uptake of alcohol treatment by improving access to alcohol services and ensuring they are local, integrated and targets areas of greatest need by 10% year on year by 2021.	Richard Craig (PS)
<b>Place Project Charters</b>	
N/A	Jillian Evans (NHS)
<b>CPA Management Group: 27 May/ CPA Board 1 July 20</b>	
CPA Quarterly Budget Monitoring Report (Management Group only)	Michelle Cochlan (ACC)
Locality Partnership Quarterly Improvement Tracker	Neil Carnegie (ACC)
CPA Improvement Programme Quarterly Update Report	Michelle Cochlan (ACC)
<b>Economy Project Charters</b>	
N/A	Allison Carrington (SDS)
<b>People (Children &amp; Young People) Project Charters</b>	
Reduce the number of young people referred to the Children's Reporter on offence grounds as a result of appropriate and effective interventions by 2021.	Rob Polkinghorne (ACC)
<b>People (Vulnerable Adults) Project Charters</b>	
Reduce the number of wilful fires by 20% by 2021.	Derek McGowan (ACC)
Increase % of individuals indicating an improvement in at least one area* at the end of their Community Payback Order Supervision by 2021.	Derek McGowan (ACC)
<b>Place Project Charters</b>	
N/A	Jillian Evans (NHS)
<b>CPA Management Group: 12 August/ CPA Board 16 September 20</b>	
CPA Quarterly Budget Monitoring Report (Management Group only)	Michelle Cochlan (ACC)
Locality Partnership Quarterly Improvement Tracker	Neil Carnegie (ACC)
CPA Improvement Programme Quarterly Update Report	Michelle Cochlan (ACC)
<b>Economy Project Charters</b>	
N/A	Allison Carrington (SDS)
<b>People (Children &amp; Young People) Project Charters</b>	
Increase by 10% the number of young people who are jointly reported to SCRA and COPFS who are offered robust alternatives to entering the statutory system by 2021.	Rob Polkinghorne (ACC)
<b>People (Vulnerable Adults) Project Charters</b>	
Increase number of people engaged in a person-centred multi-agency problem solving approach as part of a community sentence	Derek McGowan (ACC)
Increase the number of individuals charged with hate crimes who undertake effective interventions by 30% by 2021.	Derek McGowan (ACC)
<b>Place Project Charters</b>	
N/A	Jillian Evans (NHS)
<b>CPA Management Group: 29 October/ CPA Board 3 December</b>	
CPA Quarterly Budget Monitoring Report (Management Group only)	Michelle Cochlan (ACC)
Locality Partnership Quarterly Improvement Tracker	Neil Carnegie (ACC)
CPA Improvement Programme Quarterly Update Report	Michelle Cochlan (ACC)
<b>Economy Project Charters</b>	
N/A	Allison Carrington (SDS)

Title of report	Contact Officer
<b>People (Children &amp; Young People) Project Charters</b>	
i) Increase the number of awareness-raising events relating to 'digital' offending by 2021, and then, ii) Reduce the number of 'digital' offences from 2021-2026.	Rob Polkinghorne (ACC)
<b>People (Vulnerable Adults) Project Charters</b>	
Increase the uptake and retention of people in the Justice System with a diagnosed mental illness in specialist services by 2021.	Derek McGowan (ACC)
<b>Place Project Charters</b>	
Increase % of people who walk as main mode of travel to 31% by 2021.	Jillian Evans (NHS)
<b>Timescale TBC 2019-2020</b>	
Local Fire and Rescue Plan 19/20	Scott Symon (SFRS)

Acronyms:

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

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

## APPENDIX 1 Community Planning Aberdeen Funding Tracker

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

Title	Description	Amount	Deadline for applications	Relevant CPA Group
<b>Economy</b>				
<b>Access to work – Department of Work and Pensions (DWP)</b>  Interested organisations should contact their Disability Employment Advisor at the nearest Jobcentre  <a href="https://www.gov.uk/access-to-work/apply">https://www.gov.uk/access-to-work/apply</a>	Financial assistance is available to help organisations with any extra employment costs that result from employing a person with a disability. The programme aims to provide practical advice and support to disabled people and their employers, in order to overcome work related obstacles which result from disability.  The grant can help pay for items or services including: <ul style="list-style-type: none"> <li>• adaptations to the equipment used;</li> <li>• special equipment or software;</li> <li>• British Sign Language interpreters and video relay service support, lip speakers or note takers;</li> <li>• adaptations to vehicles;</li> <li>• taxi fares to work or a support worker if public transport is not a viable option;</li> <li>• a support worker or job coach to help in the workplace;</li> <li>• a support service for those who have a mental health condition - this could include counselling or job coaching;</li> <li>• disability awareness training for colleagues;</li> <li>• the cost of moving equipment if changing location or job.</li> </ul>	Discretionary - how much grant can be provided depends on the individual's circumstances.  Match funding of a minimum of 20% of costs is required under some circumstances	No deadline  Grants are reviewed once a year.	Available to all organisations.
<b>Thomas Wall Trust - Digital Skills 2020 Grants Programme</b>	Grants are available to support specific projects or core activities that support literacy, numeracy,	£5000	31/03/2020	Registered charities and

<a href="https://www.thomaswalltrust.org.uk/">https://www.thomaswalltrust.org.uk/</a>	<p>digital and additional skills in order to increase employment prospects within the UK.</p> <p>The funding is for projects working with disadvantaged people aged 18 years or older to improve their basic digital skills.</p> <p>Priority will be given to:</p> <ul style="list-style-type: none"> <li>•Projects that link digital skills with employment opportunities.</li> <li>•Match funded projects.</li> <li>•Organisations that can provide compelling evidence of impact.</li> <li>•Organisations working with collaborative networks.</li> </ul>			not-for-profit organisations
<p><b>Nestrans – Sustainable Travel Grants</b></p> <p><a href="https://www.nestrans.org.uk/about-nestrans/organisation/documents-sustainable-travel-grants/">https://www.nestrans.org.uk/about-nestrans/organisation/documents-sustainable-travel-grants/</a></p>	<p>Support and encourage Travel Planning and increase sustainable travel throughout the North East of Scotland.</p> <p>The scheme provides financial assistance to organisations investing in measures aimed at encouraging sustainable travel, such as increasing travel to work by public transport, cycling and walking, low emission vehicles and reducing the need for travel.</p>	<p>Up to £10,000</p> <p>Applicants expected to secure 50% match funding</p>	No deadline date	<b>Aberdeen Prospers/ Sustainable City Group</b>
<p><b>Transport Scotland - Smarter Choices, Smarter Places Open Fund</b></p> <p><a href="https://www.pathsforall.org.uk/open-fund">https://www.pathsforall.org.uk/open-fund</a></p>	<p>Grants available for organisations that want to change people's everyday travel behaviour in Scotland to increase walking, cycling, and sustainable travel across the country. The funding is for new, innovative projects that can be completed within one year of funding.</p> <p>To be eligible, projects must deliver at least one of the following outcomes:</p> <ul style="list-style-type: none"> <li>• Increased walking and cycling modal share for short local journeys.</li> </ul>	<p>£5000 - £50,000</p> <p>Match funding of 50% is required; 25% of the total project cost can be in-kind contributions</p>	No deadline date	<p><b>Aberdeen Prospers/ Sustainable City Group</b></p> <p>public, third and community sector organisations</p>

	<ul style="list-style-type: none"> <li>• Increase in other sustainable travel choices for longer journeys ie public transport and car share.</li> <li>• Changes in knowledge, attitudes and beliefs towards sustainable travel choices.</li> <li>• Reduced car use for short local journeys.</li> <li>• Reduced driver only journeys.</li> </ul> <p>Funded activities could include:</p> <ul style="list-style-type: none"> <li>• Producing local maps showing walkable routes</li> <li>• Holding car-free days</li> <li>• Taking part in active travel challenges</li> <li>• Organising led-walks</li> <li>• Providing information on pedestrian and cycle friendly routes</li> <li>• Activities that support sustainable travel to clubs, societies and gatherings</li> <li>• Making walking and cycling routes more attractive and friendly</li> <li>• Community-based active travel information hubs</li> <li>• Car-sharing and car clubs</li> <li>• Buggy-walks</li> <li>• Maps in different languages</li> <li>• Improving health conditions through active travel</li> <li>• Sustainable travel festivals</li> <li>• Feasibility studies</li> </ul>			
<b>People</b>				
<b>Buttle UK – Young People Programme</b> <a href="https://www.buttleuk.org/">https://www.buttleuk.org/</a>	<p>Funding is available to enable vulnerable young people in the UK to overcome financial barriers preventing them from achieving their education, training or employment goals. Support is available to the following young people who are:</p> <ul style="list-style-type: none"> <li>• Age 16 to 20 years.</li> <li>• Estranged or orphaned and living outside the family home, receiving little or no financial or emotional support from family members.</li> <li>• In financial hardship.</li> <li>• Committed to pursuing a defined goal in relation to education, training or employment.</li> </ul>	£2000 per case	Applications may be submitted at any time.	<p>Integrated Children Services</p> <p>Locality Partnerships</p> <p>Resilient, Included, Supported Group</p>

	<ul style="list-style-type: none"> <li>• Working closely with support services.</li> <li>• Normally resident in the UK with the intention to remain in the country long term.</li> </ul> <p>The application must be completed by a lead professional in collaboration with the young person. Applicants must have a clear education, training or employment goal that they are pursuing or intend to pursue within three months of their application.</p> <p>The package of support will particularly focus on the following three key areas of need:</p> <ul style="list-style-type: none"> <li>• Support in accessing education, employment and training.</li> <li>• Safe and comfortable accommodation.</li> <li>• Maintaining positive emotional and physical wellbeing.</li> </ul> <p>Some of the things that Buttle UK will consider supporting include a computer for their studies, travel costs to get to college, equipment to take up a training opportunity or interview clothes. Also funding toward establishing a comfortable home environment and access to interests or activities that help promote a young person's wellbeing.</p>			
<b>National Lottery Community Fund – Grants for Improving Lives</b>  <a href="https://www.tnlcommunityfund.org.uk/funding/programmes/grants-for-improving-lives">https://www.tnlcommunityfund.org.uk/funding/programmes/grants-for-improving-lives</a>	<p>Funding is available for activities which help people to overcome difficulties and become more resilient. The Fund has been designed to support activity that means people:</p> <ul style="list-style-type: none"> <li>• Are better able to identify ways to take control over their lives and build resilience.</li> <li>• Are able to shape the activities and services they use to better meet their needs.</li> <li>• Have more access to support and opportunities to improve their lives.</li> </ul> <p>Funding is available for activity which:</p>	<p>From £10,001 to £500,000</p> <p>Applications 'may have a better chance' if they can show some level of match funding.</p>	<p>Applications may be submitted at any time.</p>	<p>Integrated Children Services</p> <p>Locality Partnerships</p> <p>Resilient, Included, Supported Group</p>



	<ul style="list-style-type: none"> <li>• Supports children, young people and families currently experiencing challenging circumstances.</li> <li>• Supports people who have experienced abuse.</li> <li>• Tackles loss, isolation and loneliness.</li> <li>• Challenges discrimination and supports people affected by this.</li> </ul> <p>Activity that takes, or includes, a preventative approach to these issues are welcomed. Activities must be people-led, connected, and strengths-based.</p> <p>Funding is mainly available for revenue costs, although capital costs will be considered when they are related to the funded activity.</p> <p>Funding is available for 100% of project costs, including staff, equipment, premises costs and overheads.</p>			
<b>Young Start – Big Lottery Fund</b>  <a href="https://www.biglotteryfund.org.uk/funding/programmes/young-start">https://www.biglotteryfund.org.uk/funding/programmes/young-start</a>	<p>The Young Start programme offers funds to help people aged 8-24 become more confident and play an active part in realising their potential.</p> <p>Focus on the following 3 outcomes;</p> <p>children and young people have better physical, mental and emotional wellbeing</p> <p>children and young people have better connections with the wider community</p> <p>children and young people get access to new skills and training opportunities which will help them to get a new job or start a business.</p>	<p>Funding between £10,000 to £100,000 – can be over 3 years</p>	<p>No deadline but the BLF prefer you to discuss your project with them.</p>	<p>Resilient, Included, Supported Group</p> <p>Locality Partnerships</p> <p>Aberdeen Prospers Group</p> <p>Sustainable City Group</p> <p>Integrated Children's Services</p>

<p><b>Baily Thomas Charitable Fund – General Grants</b></p> <p><a href="http://www.bailythomas.org.uk/">http://www.bailythomas.org.uk/</a></p>	<p>Grants are available to assist with the care and relief of those affected by learning disability in the UK. Funding is normally considered for capital or revenue costs and for both specific projects and general running and core costs.</p> <p>The Charity will fund projects concerning children and adults with the conditions generally referred to as severe learning difficulties or autism.</p> <p>Some examples of the type of project that the Charity might fund are listed below:</p> <ul style="list-style-type: none"> <li>• Capital building/renovation/refurbishment works for residential, nursing and respite care, and schools.</li> <li>• Employment schemes, including woodwork, crafts, printing and horticulture.</li> <li>• Play schemes and play therapy schemes.</li> <li>• Day and social activities centres including building costs and running costs.</li> <li>• Support for families, including respite schemes.</li> <li>• Independent living schemes.</li> <li>• Support in the community schemes.</li> <li>• Snoezelen rooms.</li> </ul>	<p>Over £10,000</p>	<p>The deadline is 1 March 2020. The next meeting to consider funding applications in excess of £10,000 is in June 2020.</p>	<p>Registered charities</p>
<p><b>Charles Hayward Foundation</b></p> <p><a href="http://www.charleshaywardfoundation.org.uk/">http://www.charleshaywardfoundation.org.uk/</a></p>	<p>To be eligible, projects must address Social and Criminal Justice - prevent people entering the criminal justice system and to support those already in the system to move on and rebuild their lives. Support is available for the following:</p> <ul style="list-style-type: none"> <li>• Targeted early intervention programmes aimed at reaching the most troubled and vulnerable families in a community.</li> <li>• Preventative and diversionary projects for young people at risk of offending including tailored interventions identifying and addressing the particular needs of girls and young women.</li> <li>• Programmes, particularly those with a focus on young offenders, combining prison based and</li> </ul>	<p>Main grants £10,000 – £25,000 per annum</p> <p>Small grants – up to £7000</p> <p>Applicants must state what other sources of funding have been sought and secured.</p>	<p>Main Grants has a two stage grant process as follows:</p> <p>Stage 1: A Grant Committee meets on a quarterly basis. The Committee's role is to put applications forward to stage 2.</p> <p>Stage 2: Applications recommended by the Grant Committee are considered at one of the</p>	<p>Registered charities</p>

	<p>community interventions dealing with rehabilitation of offenders, accommodation and support on release, helping with maintaining family relationships, mentoring, and mapping and creating pathways to employment.</p> <ul style="list-style-type: none"> <li>• Schemes offering viable alternatives to custody, in particular for women and young people.</li> <li>• Programmes of support directed towards rehabilitating the victims of domestic abuse and criminal exploitation.</li> </ul> <p>Funding is available for project costs and capital expenditure.</p> <p>The Foundation values projects that develop, expand and replicate a tried and tested approach as well as supporting creative solutions to problems which seem to be entrenched and elude resolution. Projects that are preventative and provide early intervention are valued and priority is given to projects that respond to a well researched and clear need, provide intervention based on evidence of what works, are able to demonstrate value for money and have a clear understanding of short-term effects and long-term impact of the intervention they propose.</p>		<p>Trustees' meetings which take place on a quarterly basis and are usually held in: February, April, July and November.</p> <p>Small Grants - is a rolling grant programme and applications are considered every two to three months.</p>	
<p><b>Weaver's Company Benevolent Fund</b></p> <p><a href="http://www.weavers.org.uk/">http://www.weavers.org.uk/</a></p>	<p>Grants are available for smaller UK based charities working with young offenders, prisoners and ex-prisoners, and young disadvantaged people, especially those at risk of criminal involvement within the UK.</p> <p>The object of the fund is to support projects working with disadvantaged young people to ensure that they are given every possible chance to meet their full potential and to participate fully in</p>	£15,000	31/03/2020	Registered charities

	<p>society. Young people are normally defined as being aged from 5 to 30 years.</p> <p>Offenders and ex-offenders, particularly those under 30 years of age - Many offenders and ex-offenders suffer from a variety of difficult and complex problems and they are amongst the most vulnerable members of society. Funding is available for work that addresses the social and economic problems faced by this group and their families, and provide them with support, life skills training and a way back into education, training and/or employment, so that they may reintegrate and make a positive contribution to society.</p>			
<b>Place</b>				
<p><b>Bank of Scotland Foundation – Funding Programmes</b></p> <p><a href="http://bankofscotlandfoundation.org/">http://bankofscotlandfoundation.org/</a></p>	<p>Grants are available to address social exclusion and disadvantage and make positive changes for Scotland's people and communities.</p> <p>The four funding programmes are as follows:</p> <ul style="list-style-type: none"> <li>•Reach - intended to make positive and lasting change in communities across Scotland by supporting people through varying stages of their lives.</li> <li>•Change - intended to have a large-scale, long-term, positive impact on Scotland's charities and communities. Funding is intended to cover capital or project costs for charities to ensure they can provide continued, reliable support for people.</li> <li>•Advise - intended to improve financial advice and financial literacy for people across Scotland. funding is intended to enable people to develop their financial skills and access the support they need to take greater control of their lives.</li> <li>•Invest - funding is intended to relieve the pressure on charities of financial uncertainty and increased demand.</li> </ul>	<p>Up to £200,000</p> <p>The funding levels depend on the funding programme:</p> <ul style="list-style-type: none"> <li>•Reach - grants of £1,000 to £20,000 over one year.</li> <li>•Change - grants for capital or project costs of £50,000 to £100,000 per annum over one to two years.</li> <li>•Advise - grants of £1,000 to £20,000 over one year.</li> <li>•Invest - grants for core costs of £20,000 - £40,000 per annum over two to five years</li> </ul>	<p>Reach - 12 noon Thursday 2nd April 2020 12 noon Thursday 2nd July 2020</p> <p>Change, Advise and Invest - Launches early 2020</p>	<p>Registered charities</p>

<p><b>Greggs Foundation - Local Community Projects Fund</b></p> <p><a href="https://www.greggsfoundation.org.uk/">https://www.greggsfoundation.org.uk/</a></p>	<p>Grants are available to deliver projects or provide equipment to people in need at the heart of their local communities. The Foundation's aim is to put something back into the communities where there are Greggs shops and where customers and employees live. Funding is available for projects that improve resilience within a community of interest. This can include sessional activities/respite support, equipment for sessional activities, trips and residential breaks. The Foundation is also interested in new approaches and innovative ideas as well as sustainable approaches to supporting the community.</p> <p>All projects must support a community of interest, ie people who are:</p> <ul style="list-style-type: none"> <li>•Disabled or suffering chronic illness.</li> <li>•Living in poverty.</li> <li>•Voluntary carers.</li> <li>•Homeless.</li> <li>•Isolated older people.</li> <li>•Other demonstrable significant need.</li> </ul> <p>Successful applicants should be able to demonstrate improvements against at least one of the following Key Performance Targets:</p> <ul style="list-style-type: none"> <li>•Beneficiaries have decreased social isolation.</li> <li>•Beneficiaries report improved health and wellbeing.</li> <li>•Beneficiaries report improved resilience/coping mechanisms.</li> <li>•Beneficiaries have improved life skills.</li> <li>•Beneficiaries have improved opportunities.</li> </ul>	<p><u>Up to £2000</u></p>	<p>Round 1 in 2020 will open on 1 of December 2019 and close on the 23 of February 2020. Decisions for Round 1 will be announced on 5 May 2020.</p>	<p>Any not-for-profit organisation can apply</p>
<p><b>Clothworkers' Foundation</b></p>	<p>Capital grants are available for projects in the following areas:</p>	<p>For larger projects (£100,000+), the</p>	<p>Applications may be submitted at any time.</p>	<p>Registered Charities</p>

<a href="https://www.clothworkersfoundation.org.uk/what-we-fund/">https://www.clothworkersfoundation.org.uk/what-we-fund/</a>	<ul style="list-style-type: none"> <li>• Alcohol and substance misuse - projects supporting people affected by drug and/or alcohol dependency, and their families.</li> <li>• People with disabilities - projects providing services for people with physical and/or learning disabilities, and/or for people with mental health issues.</li> <li>• Disadvantaged minority communities - projects that work with minority communities facing both disadvantage (eg economic or cultural) and discrimination (eg due to ethnicity, sexuality, faith) to promote integration into mainstream society by providing: <ul style="list-style-type: none"> <li>◦ Specialist services</li> <li>◦ Access to mainstream services.</li> </ul> </li> <li>• Disadvantaged young people - projects which support disadvantaged young people, particularly, but not restricted to, those in or leaving care, or not in employment education or training (NEET).</li> <li>• Domestic and sexual violence - projects supporting people affected by domestic or sexual violence or abuse.</li> <li>• Older people - projects providing services for older people, in particular people living in areas of high deprivation and/or where rural isolation is an issue.</li> <li>• Homelessness - projects providing services for people who are homeless or at risk of becoming homeless.</li> <li>• Prisoners and ex-offenders - projects supporting prisoners and/or ex-offenders, or those at risk of offending, and their families.</li> <li>• Visual impairment - projects providing services for blind or visually impaired people.</li> </ul> <p>Funding is available for capital costs. This means tangible items or work, including:</p> <ul style="list-style-type: none"> <li>• Buildings - purchase, construction, renovation and/or refurbishment.</li> </ul>	<p>Foundation generally funds 10% or more of the balance to be raised. For example, if the project cost was £200,000 and the applicant had £150,000 left to raise, the grant award would be at least £15,000. The larger a project, the larger the grant is likely to be.</p> <p>For smaller projects (with a balance of less than £10,000), the Foundation generally funds between 50% and 100% of the balance.</p>		
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	<ul style="list-style-type: none"> <li>• Fittings, fixtures, and equipment - this includes but is not limited to office equipment/furniture, sports/gym equipment, digital/audio visual equipment, garden equipment, specialist therapeutic (excluding medical) equipment.</li> <li>• Vehicles - minibus, car, caravan, people-carrier, 4X4. The Foundation is unlikely to fund the total cost of a new vehicle.</li> </ul>			
<b>Robertson Trust</b>  <a href="http://www.therobertsontrust.org.uk/">http://www.therobertsontrust.org.uk/</a>	<p>Revenue and capital funding is available to support charitable projects that address the Trust's three funding strands:</p> <ul style="list-style-type: none"> <li>•Care and Wellbeing - This strand focuses on improving people's physical and mental health. It recognises the need to address the significant health inequalities which exist in Scotland and reduce the levels of exclusion faced by some of the most vulnerable members of society.</li> <li>•Realising Potential - This strand has been developed in response to the social inequalities in Scotland and to support work which benefits those who have been disproportionately affected either economically, or due to the marginalised nature of their peer group</li> <li>•Strengthening Communities - This strand is based on recognition that there are social and educational inequalities in Scotland which emerge from a very young age. By supporting activities, projects and organisations that seek to address these inequalities, the Trust aims to support more young people to reach positive destinations</li> </ul>	<p>Small Awards - for revenue costs between £500 and £10,000 per year and capital costs of 10-25% of total project costs up to a maximum of £20,000, which include requests towards community facilities or transport services. Funding can be for a maximum initial period of three years.</p> <ul style="list-style-type: none"> <li>•Main Awards - for revenue costs between £10,000 and £20,000 per year and capital costs exceeding £20,000 up to a maximum of £250,000. The Trust will award up to three years' funding.</li> <li>•Major Capital Awards - this applies to capital grants in excess of £250,000. Only one Major Capital Award can be granted per organisation within any 12-month period and is unlikely to exceed £500,000. Applicants are</li> </ul>	28 February 2020 (5pm).	Registered charities

		<p>expected to have around 30% to 40% of the total project costs secured before they apply. The Trust is a match funder and does not provide 100% of costs.</p> <p>As a general rule for Main and Major capital grant applications, the Trust expects applicants to have around 30% to 40% of the total project costs secured before applying.</p>		
<p><b>ASDA Foundation – Significant Local Community Projects</b></p> <p><a href="https://www.asdafoundation.org/what-we-fund/significant-local-community-projects">https://www.asdafoundation.org/what-we-fund/significant-local-community-projects</a></p>	<p>Capital grants are available to charities and not-for-profit organisations in the UK for local charitable projects and activities that benefit the wider community, address local needs and make a significant difference to the local community.</p> <p>The funding is intended to support capital costs, buildings, renovations, vehicles, equipment such as computers and audio systems, etc.</p> <p>Projects must make a significant difference to local communities and the people who live there and that meet the following objectives:</p> <ul style="list-style-type: none"> <li>• Identified opportunities, initiatives and new ways to support local communities.</li> <li>• Charity/good cause has developed a relationship with local the local store, depot or home office at a grassroots level.</li> <li>• Tackling the underlying problems in the local community.</li> <li>• Can apply evidence from programmes of community needs and aspirations to develop their existing model.</li> </ul>	<p>Funding is at the discretion of the Trustees.</p>	<p>No set deadline</p>	<p>Locality Partnerships</p>



	<ul style="list-style-type: none"> <li>•Benefits the wider community and is not just supporting a single user group.</li> <li>•There is a need for this facility locally.</li> <li>•Will make a real long-term difference.</li> <li>•Would transform the community, improving the lives of those who live there.</li> </ul>			
<b>Technology</b>				
<b>BT – Community Fibre Partnerships</b>  <a href="https://communityfibre.openreach.co.uk/">https://communityfibre.openreach.co.uk/</a>	<p>A £2 million grant for communities in the UK to get superfast, or ultrafast broadband so long as there is a school/learning function.</p> <p>Increasing access to the right technology helping communities and schools achieve:</p> <ul style="list-style-type: none"> <li>• Superfast broadband can enhance learning and online safety</li> <li>• Students and staff won't see any internet slow-downs, even during peak times</li> <li>• Schools that have got superfast find it has a very positive effect on teaching outcomes and students spending more time accessing virtual learning environments</li> </ul>	Grants of up to £30,000 of new infrastructure serving school or learning establishments	No deadline date	Aberdeen Prosper  Digital City Group
<b>Ecosurety Exploration Fund</b>  <a href="https://www.ecosurety.com/impact/exploration-fund">https://www.ecosurety.com/impact/exploration-fund</a>	<p>A £1 million innovation and research fund is available for projects that seek to reduce the negative impact of packaging, batteries or WEEE (waste electrical and electronic equipment) on the environment. It is the first ever such fund to be launched by a UK based recycling compliance scheme.</p>	<p>Individual grants of up to £150,000 are available for a single project. There is no minimum grant. Match funding is not required; however, projects that require additional funding must have already secured the funding so that the project can proceed.</p>	<p>The deadline for applications is 11:59pm on Tuesday, 10 March 2020.</p> <ul style="list-style-type: none"> <li>•Shortlisting will take place during March and April 2020.</li> <li>•Final judging will take place on 21 April 2020.</li> <li>•Winners will be announced in May 2020 when the first</li> </ul>	<p>Available to companies, charities, not-for-profits and academic institutions</p>

	<p>Applications from a collaboration of organisations or partnerships are welcomed.</p> <p>Eligible Expenditures:</p> <ul style="list-style-type: none"> <li>•Reduce the environmental impact of packaging, batteries or WEEE through innovation or research - there is particular interest in ideas that could go on to have a bigger impact beyond the funded project and the proposed idea could reduce the environmental impact across any part of the life cycle - from design, production, use or <u>collection through to reduction, reuse or recycling.</u></li> <li>◦Innovation could include an <u>innovative awareness campaign</u>, technology, initiative, process, trial or material.</li> <li>◦Research could include academic or industry research into improving existing systems, processes, infrastructure, technology, consumer behaviour or material use, for example.</li> </ul>		tranche of funding is released.	
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## Community Planning Aberdeen

Horizon Scanner – January 2019

### New Publications/ Legislation

	Date	Action Required	Lead OIG

### Partnership News/ Issues Emerging

	Date	Action Required	Lead OIG
<a href="#">Improvement Project – Autism and Employment</a> See link above for charter relating to LOIP Autism project approved by CPA Board in December 19. The Project Team are looking for employers/employing organisations to take part in a focus group session on Wednesday 26 <sup>th</sup> February at 10am, the aim of which is to gather ideas on the information or skills employers may need to successfully recruit and retain autistic staff and to understand any barriers that may exist. If any organisation would be interested in taking part in the focus group or in supporting the wider project please get in touch with: Jenny Rae, Aberdeen City Health and Social Care Partnership, <a href="mailto:jenrae@aberdeencity.gov.uk">jenrae@aberdeencity.gov.uk</a>	26 Feb 2020	Contact Jenny Rae if you are interested in taking part in this project	All
<a href="#">Innovate and Improve Learning Programme</a> 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.	2019	Cascade to all staff	All

### Current Consultations

	Closing Date	Action Required	Lead OIG
<b><u>ACHSCP Mental Health Action Plan</u></b> Aberdeen City Health and Social Care Partnership are pleased to launch the consultation of our local mental health action plan. The formal consultation process commenced on 19th December 2019 and will conclude on 4th February 2020. View the consultation draft at item 5.3.1 and complete the survey with feedback <a href="#">here</a> .	4 Feb 20	Complete feedback survey	All

	Closing Date	Action Required	Lead OIG
<b><u>Aberdeen Fast Track Cities Action Plan</u></b> Fast Track Cities is a global partnership and initiative, focussing on developing a network of cities pledged to achieve the commitments in the Paris Declaration on HIV prevention, diagnosis and treatment. Partners are invited to comment on the draft action plan prepared by the ACHSCP and NHS Grampian. View draft document at item 5.3.2 and feedback to Jenny McCann.	May 20	Feedback to Jenny McCann	All

#### Forthcoming Legislation

	Date	Action Required	Lead Partner/ OIG



# Community Planning Aberdeen

<b>Progress Report</b>	Promoting Good Mental Health – Aberdeen City Mental Health Delivery Plan
<b>Lead Officer</b>	Sandra Ross, Chief Officer, Aberdeen City Health and Social Care Partnership
<b>Report Author</b>	Jenny Rae, Strategic Development Officer, Aberdeen City Health and Social Care Partnership
<b>Date of Report</b>	6 January 2020
<b>Governance Group</b>	CPA Management Group – 29 January 20

<b>Purpose of the Report</b>
The purpose of the report is to update the Community Planning Aberdeen Board on the development of Promoting Good Mental Health, Aberdeen City's Mental Health Delivery Plan (see Appendix 1 & 2).

<b>Summary of Key Information</b>
<p><b>1 BACKGROUND</b></p> <p>1.1 Aberdeen City Health and Social Care Partnership Council have developed a draft Mental Health Delivery Plan for community mental health services in Aberdeen City.</p> <p>1.2 The draft Delivery Plan comprised of a strategic statement and separate action plan. These draft documents have been formally consulted on with the action plan still in its formal consultation period (ends 4<sup>th</sup> February 2020).</p> <p>1.3 It is intended that these separate documents will be brought together following the conclusion of the formal consultation period and presented for approval at the Integration Joint Board in March 2020.</p> <p>1.4 The Delivery Plan will commence its implementation phase from 1<sup>st</sup> April 2020.</p> <p>1.4. The Delivery Plan sits within the context of other strategic documents, including the ACHSCP Strategic Plan, the National Mental Health Strategy, Local Outcome Improvement Plan (LOIP) and the Grampian Wide Strategic Framework for Mental Health services (hosted by ACHSCP on behalf of the 3 Grampian Partnership areas).</p> <p>1.5 The draft Delivery Plan has been contributed to by a variety of partners, including members of Community Planning Aberdeen.</p>

## **2 KEY PROPOSALS**

- 2.1 It is proposed that the Community Planning Aberdeen Board notes the draft Delivery Plan for Community Mental Health Services in Aberdeen City, acknowledging that this document remains in draft at present and will be presented in an alternative format following the conclusion of the current consultation period.

## **3 NEXT STEPS**

- 3.1 The following table outlines the key milestones and dates for the next steps in the approval and implementation of the Aberdeen City Mental Health Delivery Plan

<b>Key Milestone</b>	<b>Timescale</b>
Consultation on Action Plan Closes	4 <sup>th</sup> February 2020
Delivery Plan Final Draft completed	28 <sup>th</sup> February 2020
Integration Joint Board	March 2020
Implementation Commences	April 2020 onwards
Ongoing Governance Reporting	December 2020 onwards

### **Recommendations for Action**

It is recommended that members of the Board:

- i) Note the draft Mental Health Delivery Plan
- ii) Note the next steps in relation to approval and implementation

### **Opportunities and Risks**

The development of a local Mental Health Delivery Plan considers national and local developments in relation to this issue, providing a conduit to measure improvements in relation to a variety of activities centred on mental health in Aberdeen.

The risk of not developing the Delivery Plan is that we fail to consider the needs of citizens in Aberdeen in relation to mental wellbeing and mental ill-health.

There is opportunity to harness ongoing work and links with the Local Outcome Improvement Plan to ensure good mental health is promoted in Aberdeen.

### **Consultation**

The CPA Management Group were consulted in the preparation of the Delivery Plan this report refers to.

### **Background Papers**

None

#### Contact details:

Insert Name	Jenny Rae
Insert Title	Strategic Development Officer
Insert Organisation	Aberdeen City Health and Social Care Partnership
Tel:	01224 523994
Email:	jenrae@aberdeencity.gov.uk

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Aberdeen City Health & Social Care Partnership  
*A caring partnership*



## **Our Mental Health and Wellbeing Strategic Statement 2020-2023**



# Aberdeen City Health & Social Care Partnership

*A caring partnership*

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

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

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- 4. Our Partners**
- 5. Our Aims**
- 6. Our Areas of Focus**
- 7. Our Next Steps**

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## Foreword

Promoting positive mental health and wellbeing is a priority for Aberdeen City Health and Social Care Partnership. Ensuring effective support is available for people to help maintain and recover good mental health will be of key importance if we are to collectively value the contributions that everyone can make to our community regardless of periods of ill-health.

This strategic statement sets out our collaborative approach to promote positive mental health and wellbeing in Aberdeen. Ensuring that Health and Social Care professionals, individuals, their families and communities, including organisations which provide mental health support, are all considered as equal partners is vital.

We will work alongside all partner organisations and stakeholders, including close working relationships with other Integration Joint Boards (Aberdeenshire and Moray) and other services such as Child and Adolescent Mental Health Services and In-Patient and Specialist Services at Royal Cornhill Hospital.

Ensuring that a person-centred approach is at the heart of support to maintain or recover good mental health will involve the efforts of many areas. Co-ordination with colleagues in: Integrated Children's and Family Services, Housing, Community Planning, Primary Care, Police and Fire Services, as well as other Council and NHS Grampian services in addition to the Third and Independent Sectors will support the maximisation of a truly holistic approach to mental health and wellbeing.

We aim to support people to have the best possible mental health and wellbeing. If people require support this should be delivered where possible in their communities, whilst promoting their rights and respecting their dignity. Our recovery focus values the individual as an expert by experience and aims to provide timely and appropriate support to Carers.

Whilst we cannot ignore that demand for public services is increasing, and resources, whether staffing or financial, are reducing it is important to recognise that when we work together in a person-centred way different opportunities for innovation can present themselves. We collectively hold a number of skills, experiences and knowledge, which when used in the right way, can offer meaningful and valued support to individuals and our community, placing positive mental health and wellbeing at the centre.

**Sandra Ross**

(Chief Officer, Aberdeen City Health and Social Care Partnership)



## Introduction

Promoting positive mental health and wellbeing in Aberdeen is an aspiration we all seek to achieve. This document outlines our vision and aims by developing a Strategic Statement for mental health and wellbeing.

Aberdeen City Health and Social Care Partnership (ACHSCP) is responsible for the delivery of Health and Social Care services in Aberdeen City. This joint approach between Aberdeen City Council, NHS Grampian and wider partners holds responsibility for community mental health and wellbeing services. More information regarding ACHSCP and the services it provides can be found [here](#).

Mental Health and Wellbeing services are delivered by a variety of partners across Aberdeen City with collaboration a key focus to ensure quality, sustainability and responsiveness are at the core.

All services provided by ACHSCP are delivered in line with our [Strategic Plan](#). This plan sets out our organisational vision, values and aims. At the heart of Health and Social Care in Aberdeen are the aims of:

- Prevention
- Resilience
- Personalisation
- Connections
- Communities

A range of commitments and priorities are clearly identified within this plan, including:

Commitment: *Promote positive health and wellbeing*

Priority: *Develop Mental Health Strategy (Year 1) and deliver on this in future years*

This document aims to support the promotion of positive mental health and wellbeing and will deliver the priority through the development of our Strategic Statement. A delivery plan will sit alongside this document, including specific actions, measures and timescales.



## Our Strategic Statement

We echo the vision set out in the national [Mental Health Strategy 2017-2027](#) and welcome the ambitious shift in emphasis, placing wider focus on mental health and wellbeing as a matter of broader public interest, beyond the sole remit of health and social care.

*‘people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma’*

Mental Health Strategy 2017-2027

We all have mental health, which can range from good to poor, and can fluctuate over time or due to wider circumstances. Mental health remains a major public health challenge, locally and nationally, despite Aberdeen having higher self-reported mental wellbeing than other parts of Scotland.

There are many factors which affect mental health and wellbeing, including physical health and wellbeing, employment, housing, poverty, isolation and personal resilience. People with mental ill-health are known to be more likely to experience poorer physical health and may have reduced family or community connections, resulting in the requirement for us to think in a more holistic way about how we promote positive mental health and wellbeing which, supports a reduction in health inequalities.

Over recent years we have commenced a gradual shift away from providing centralised hospital-based services to develop care and treatment, which is closer to the individual and where possible in their community. Within this approach greater emphasis is placed on prevention and supported self-management. We will continue in this shift to ensure the potential within individuals and communities is recognised and valued.

Our strategic approach is built on the core view that people facing mental ill-health or poor mental wellbeing are experts by experience. They are a key partner in the delivery of any support or services they wish or need to access. We aim to empower people to build personal resilience, which is crucial for them to thrive and grow. By taking a recovery focus we understand that every individual's experience and journey is unique and the support we offer requires to be flexible over time, in nature and in intensity.

A variety of supports and services will always be required, which includes hospital based or specialist services as well as broader community led supports, delivered by a range of partners, including individuals themselves. Individual responses to their own mental health, including reactions to trauma, will guide the way care and support is provided. Learning from the experiences of individuals, including their experiences of care and support targeted at maintaining or improving mental health and wellbeing, will inform the ways in which services and broader support mechanisms are designed and commissioned.





## Aberdeen City Health & Social Care Partnership

*A caring partnership*

Complementary work is taking place locally to review Grampian-wide mental health services and to deliver Action 15 within the National Strategy for Aberdeen City, which focuses on increasing the numbers of mental health workers in identified key settings. Additionally, work is ongoing to deliver a local dementia strategic vision and suicide prevention plan. All of these developments seek to place the promotion of positive mental health at their core and should be viewed as playing key roles within the holistic approach we wish to take in Aberdeen to provide the right support, in the right place, at the right time for individuals affected by mental ill-health.



## Our Partners

The aspiration of promoting positive mental health and wellbeing is one which we cannot achieve alone.

A range of partners will be vital to the success of this vision, each bringing varied skills, knowledge, experience and expertise. This broad partnership can only strengthen our collective approach, with all partners valued equally for their contributions.

Viewing people with experience of mental ill-health or poor mental wellbeing as partners is crucial to the successful delivery of support and services. Developing and maintaining strong relationships with experts by experience and wider community groups will be a key focus during the life of this strategic statement and the associated delivery plan.

A variety of methods already exist within Aberdeen City which enable good connections to be made with individuals with experience, their families and other interested parties. The Mental Health Partnership Group have provided valuable insight which has guided the creation of this strategic statement. A Provider Network of Third and Independent Sector organisations is established in Aberdeen and will enable good relationships to be built and maintained with organisations who provide services and supports.

ACHSCP operates a 3-locality model within Aberdeen City which correlates to the model operated by the Community Planning Partnership. Active citizen led groups already form part of the governance arrangements within localities and the wide reach of such groups will be valuable in ensuring this strategic statement is broadly known and can be achieved within our communities.

Prevention forms one of the ACHSCP core strategic aims. This, alongside early intervention, personalisation and supported self-management will be the keystones of our approach. Strong emphasis will rightly be placed on the community ability to actively support the promotion of positive mental health and wellbeing. Where possible local communities will be a focus point for any delivery of services to people facing mental ill-health or poor mental wellbeing. This should support our approach, which seeks to reduce stigma and discrimination and enhance people's ability to live as independently as they choose.





## Our Aims

The aims of this strategic statement can be summarised as follows:

**Prevention:** working in partnership to reduce the preventable causes of mental ill - health and providing earlier access to support, which promotes positive mental wellbeing

**Self-management:** empowering and supporting individuals to use their own skills and connections to maintain positive mental health and wellbeing

**Recovery:** individuals define their own recovery journey and are supported in this journey where required

**Dignity and Rights:** emphasis is placed on valuing the views and experiences of people in relation to their mental health, whilst seeking to reduce stigma and discrimination

**Support for Carers:** carers are actively recognised and valued for the vital role they place in supporting an individual in their recovery

Our specific aims are:

### Aim 1 – Prevention

*People are supported to enjoy the best possible mental health and wellbeing*

### Aim 2 – Self-management

*People who experience poor mental health are supported to self-manage in their communities*

### Aim 3 – Recovery

*People who experience mental illness are supported throughout their recovery*

### Aim 4 – Dignity and Rights

*Support provided respects the dignity and rights of the individual*

### Aim 5 – Support for Carers

*Carers of people with poor mental health will be supported to be equal partners*



## Our Areas of Focus

Within each of the aims identified we will centre our focus on the following areas:

**Aim 1** *People are supported to enjoy the best possible mental health and wellbeing*

- Promote lifestyles and behaviours associated with positive mental health and wellbeing
- Improve access to affordable good quality social and private housing
- Support people to use existing facilities, resources and support to promote and maintain mental wellbeing
- Minimise the risk of poverty through the provision of financial guidance and support
- Provide support to individuals and families at key life stages

**Aim 2** *People who experience poor mental health are supported to self-manage in their communities*

- Develop support in the community which promotes independence and self-management
- Ensure strong links between services

**Aim 3** *People who experience mental illness are supported throughout their recovery*

- Ensure that there are good transitions in care between hospital and the community for people with long-term mental health needs
- Provide residential or supported accommodation which meets the needs of people with long-term mental health conditions to enable them to live as independently as possible in the community

**Aim 4** *Support provided respects the dignity and rights of the individual*

- Ensure that people are valued and their views are heard
- Recruit and train staff to focus on values and behaviour to promote choice and self-management wherever possible

**Aim 5** *Carers of people with poor mental health will be supported to be equal partners*

- Ensure that carers have advice and information to support them in their caring role
- Encourage carers to identify as a carer
- Promote use of the Adult Carers Support Plan to identify carers own outcomes and any support required



## Our Next Steps

The contributions of a variety of partners will be required to embed the strategic vision and approach within this document.

A delivery plan detailing specific actions aligned to each of the aims and areas of focus will sit alongside this strategic statement. Partners from all areas including Health and Social Care Services, Community Planning organisations, individuals, their families and communities will all play key roles in enabling Aberdeen City to be a place where positive mental health and wellbeing is actively promoted.

Innovative solutions will be required to address long-standing and complex issues. We cannot hope to achieve aspirational change immediately, but we can set in place the building blocks for longer term success. It is important to ensure that we all recognise the role we play and our collaborative approach will be one founded on good quality, honest and respectful relationships. We invite everyone to take an active interest in promoting positive mental health and wellbeing, whether this is for themselves, a family member, the community or for wider societal change in Aberdeen.

We will seek to engage in meaningful conversations with a range of partners as we progress through the life of this Strategic Statement and associated delivery plan. We will report regularly on our progress, both within our own organisational governance channels and into the public sphere, enhancing our collective accountability to achieve the aims outlined and ultimately to promote positive mental health and wellbeing in Aberdeen.

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## Promoting Good Mental Health Action Plan

### Introduction

Aberdeen City Health and Social Care Partnership are developing a strategic vision to promote Good Mental Health within Aberdeen City. The Strategic Vision has been through a consultation process and the following actions have been developed in conjunction with a range of partners. The finalised actions will form part of our Strategic document, known as a Delivery Plan.

### The Plan

The actions detailed below have been developed with support from various partners, organisations and individuals who have experience of using our service. The process involved a range of workshops across Aberdeen city locations and also took account of the comments provided from the consultation on our Strategic Vision.

The action plan is based around the 5 Strategic Aims:

**Prevention** - *People are supported to enjoy the best possible mental health and wellbeing*

**Self-management** - *People who experience poor mental health are supported to self-manage in their communities*

**Recovery** - *People who experience mental illness are supported throughout their recovery*

**Dignity and Rights** - *Support provided respects the dignity and rights of the individual*

**Support for Carers** - *Carers of people with poor mental health will be supported to be equal partners*

## Success

Within the finalised delivery plan, it is important to see how success will be achieved and who will be involved in ensuring this happens.

The Mental Health Partnership Group is an established group made up of representation from Mental Health Care Providers, General Practice, Public Health, Police, Housing, Social Work and Third Sector (such as ACVO and Penumbra). This group will hold accountability for the delivery plan and seek to ensure all actions are progressed.

## Actions

The actions below are in draft and may be amended following consultation and be presented in a different format within the finalised strategic statement.

Aim colours represent:

Prevention		Self-Management	Recovery	Dignity and Rights	Support for Carers				
No.	Action	When	How will we know it's working	1	2	3	4	5	
1	Explore the creation of mental health link workers to provide single point of contact for people that are concerned about their mental wellbeing.	By March 2021	Citizens report improved access to information and appropriate services/support.						
2	Promote use of electronic information tools to better inform of wellbeing focused activities and groups available within localities.	2020 onwards	Citizens report improved access to information and appropriate services/support  Information will be up to date and comprehensive.						
3	Jointly with our Partners (i.e. Police, Third Sector, Housing etc) to review service delivery, current resources and future needs.	2020 onwards	Improved planning future shape of services/ resources better meeting the need. Review complete & recommendations identified.						

No.	Action	When	How will we know it's working	1	2	3	4	5
4	Work with Locality Engagement Groups (information/local support) to ensure local needs are addressed as well as possible within resources.	2020 onwards	Locality priorities identified and met within resources available.					
5	Establish clear links between partners who have a responsibility for Children and Young People's Mental Health (transition/early intervention)	2020 onwards	Transitions are well managed for individuals moving from one part of the pathway to another.  Early intervention with young people being supported.					
6	Review Discharge Planning to enhance transition between hospital and home/other care settings.	2020 onwards	Transitions will be successful due to good communication & involvement with all parties.					
7	Contribute to local Digital & Technology focused work streams to provide efficient alternative treatment options. (e.g. attend anywhere)	2021 onwards	Alternative treatment options in place to give citizens a degree of choice to meet their needs.					
8	Work towards Aberdeen becoming a 'Trauma Informed City'	2021 onwards	Staff, partner agencies and appropriate members of the community (ie. Teachers, Taxi Drivers, hairdressers etc) have undertaken Trauma Informed Training.					
9	Recognise, optimise and support the valued role of Carers within MH Services.	2020 Onwards	Carers feeling listened to and involved in their family members care.					
10	Enhance method of engagement with individuals and carers as equal partners in care to ensure continuous improvement.	March 2020 onwards	Receive regular feedback and use information to improve services.					

No.	Action	When	How will we know it's working	1	2	3	4	5
11	Promote knowledge and use of Advanced Statements to improve care and treatment. <a href="https://www.mwcscot.org.uk/law-and-rights/advance-statements">https://www.mwcscot.org.uk/law-and-rights/advance-statements</a>	March 2020 onwards	Percentage increase in recorded Advanced Statements.					
12	Review & promote existing “know who to turn to” information on Mental Health and Wellbeing. <a href="https://www.know-who-to-turn-to.com/">https://www.know-who-to-turn-to.com/</a>	By March 2021	Increased hits to “Know who to turn to” website.					
13	Citizens have access to a truly integrated pathway (i.e. not bounced between services)	2021 onwards	Citizens report Improved coordination between services, including support for people with co-morbidity (i.e. Dual diagnosis)					
14	Embed a human rights approach within supports and services, advancing peer support and the voice of people with lived experience.	2020 onwards	Services and service developments being influenced and informed to a much greater extent by those with experience.					





# Community Planning Aberdeen

<b>Progress Report</b>	Fast Track Cities
<b>Lead Officer</b>	Sandra Ross (Chief Officer ACHSCP)
<b>Report Author</b>	Jenny McCann, Transformation Programme Manager
<b>Date of Report</b>	6 <sup>th</sup> January 2020
<b>Governance Group</b>	Community Planning Aberdeen Board – 26 <sup>th</sup> February 2020

## Purpose of the Report

In September 2019, Aberdeen City Council pledged its support for the Fast Track Cities Initiative as part of a global focus in HIV prevention, diagnosis and treatment.

This report brings forward the draft action plan which seeks to ensure that Aberdeen is able to reach the 2030 goals.

## Summary of Key Information

### 1 BACKGROUND

1.1 Fast Track Cities is a global partnership and initiative, focussing on developing a network of cities pledged to achieve the commitments in the Paris Declaration on HIV prevention, diagnosis and treatment. It is aimed that all 7 Scottish Cities sign up to the initiative, making Scotland the first country in the world to have all cities signed up to the Fast Track Cities initiative by signing the Paris Declaration. At the time of writing this report, Glasgow, Edinburgh and Aberdeen are signed up.

1.2 The Paris Declaration commitments are:

*a: 90-90-90 targets:*

- To ensure that 90% of people living with HIV know their status
- To improve access to antiretroviral treatment for people living with HIV to 90%
- To increase the proportion of people living with HIV on ART with an undetectable viral load to at least 90%; and

*b: To reduce stigma and discrimination related to HIV to zero with long term goals by 2030:*

- Zero new HIV transmissions

- Zero HIV-related deaths
- Zero HIV-related stigma

- 1.3 On 2 September 2019, Aberdeen City Council approved a notice of motion that Aberdeen sign up to becoming a Fast Track City: [\[https://committees.aberdeencity.gov.uk/ieListDocuments.aspx?CId=122&MId=6758&Ver=4\]](https://committees.aberdeencity.gov.uk/ieListDocuments.aspx?CId=122&MId=6758&Ver=4), and instructed the Chief Officer of the Aberdeen City Health & Social Care Partnership to work with Community Planning partners to produce an action plan which will improve performance on the 90-90-90 targets and make progress towards the 2030 goals and report back to Community Planning Aberdeen and the Integration Joint Board on implementation of the Action Plan and work done as part of the Fast Track Cities initiative.”
- 1.4 It is noted that Aberdeen City already meets the 90-90-90 targets but there is more work to do to reach the 2030 goals with reducing stigma identified as a particular area of need. However there are issues in Aberdeen, in particular with reducing the incidence of late diagnosis of HIV, maintaining the number of people who are on treatment with antiretroviral treatment, which is a particular challenge in our city due to a transient population, and ensuring that ‘harder to reach’ groups are engaging with treatment and support.
- 1.5 The aspirations of Fast Track Cities meets the Resilient, Included and Supported Outcome Improvement Groups aims under Community Planning Aberdeen’s Local Outcome Improvement Plan and also the aims of the AHCSGP’s Strategic Plan.
- 1.6 Since the approval of the notice of motion, officers within the Health and Social Care Partnership, NHS Grampian and Our Positive Voice have been working to develop a high-level plan for the city. This plan is a working document and will continue to develop as it is implemented. (See Appendix A)

## **2 LINKS TO LOCAL OUTCOME IMPROVEMENT PLAN (LOIP)**

- 2.1 The development and implementation of the Fast Track Cities Action Plan for Aberdeen will contribute to achieving Stretch Outcome *11. Healthy life expectancy (time lived in good health) is five years longer by 2026* in the LOIP
- 2.2 Specifically, by working to achieve the 2030 long terms goals of Zero new HIV transmissions, Zero HIV-related deaths and Zero HIV-related stigma will support and enable Aberdeen the Key Drivers *11. 4 Encouraging adoption of healthier lifestyles* and *11.5 Working with staff, professionals and employers to provide individuals and communities with the social resources needed to make informed decisions about health and lifestyle.*

## **3 NEXT STEPS**

- 2.1 Subject to endorsement by the CPA Board of the draft action plan, the following Next Steps are proposed:

Activity	Timescale
Draft Fast Track Cities FTC Action Plan approved by CPA Board	26 February 20
Fast Track Cities Project Team consult cross sector partners on the development on the FTC Action Plan	March – May 20
Fast Track Cities Project Team work with cross sector partners to implement FTC Action Plan	May 21 → onwards
ACHSCP Chief Officer to provide an update on progress	January 21

### Recommendations for Action

It is recommended that the CPA Board:

- i. Note the ongoing cross partner work to progress towards the long-term goals of achieving zero new HIV transmissions, zero HIV related deaths and zero HIV related stigma by 2030.
- ii. Note that the development and implementation of the FTC action plan will contribute to achieving the Stretch Outcome 11 in the LOIP
- iii. Endorse the draft action plan, noting this is a live working document, and instruct the Chief Officer of ACHSCP as Chair of Resilient Included and Supported Outcome Improvement Group to provide an update on progress in January 2021.

### Opportunities and Risks

The main risk relates to not achieving the transformation that we aspire to through the Fast Track Cities Plan and thus not achieving the commitments to HIV prevention, diagnosis and treatment.

Furthermore, there is a risk of financial failure, that demand outstrips budget and Integrated Joint Board cannot deliver on priorities, statutory work, and project and overspend. However, this has to be balanced with cost savings of diagnosing HIV before more severe medical problem arise which has been proven in multiple areas

The report (and appended action plan) seeks to reduce HIV transmissions and stigma, which will help ensure that resources are allocated in a preventative manner.

### **Consultation**

The following people were consulted in the preparation of this report:  
Fast Track Cities Project Team  
Michelle Cochlan Community Planning Manager, Aberdeen City Council

### **Background Papers**

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

[Local Outcome Improvement Plan 2016-26](#)

<https://www.aberdeencityhscp.scot/about-us/our-strategic-plan/>

<https://committees.aberdeencity.gov.uk/ieListDocuments.aspx?CId=122&MId=6758&Ver=4>

<http://www.fast-trackcities.org/>

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#### **APPENDIX A: Aberdeen City Fast Track Cities Report**

## Aberdeen City Fast Track Cities (FTC) High Level Plan

Aim	Outcomes			Measures	Continue
	Long Term	Medium Term	Short Term		
<b>Zero discrimination &amp; stigma</b>	Zero tolerance of HIV stigma throughout society in Grampian	All employers in Grampian are aware of, and their practices adhere with legislation.	Community Planning Partners are aware of, and their practices adhere with legislation	Reduction in stigma (based on suite of measures): <ul style="list-style-type: none"> <li>- Reduction in proportion of people living with HIV who decline GP consent</li> <li>- Questionnaire via clinical staff</li> <li>- Increase proportion of people living with HIV collecting prescriptions from local pharmacies</li> <li>- Results from <a href="#">Stigma Questionnaire</a> show a downward trend in stigma</li> <li>- Reduction in HIV stigma complaints in ACHSCP, NHS Grampian and aligned partners</li> </ul>	Maintain existing good practice
	HIV educated population	All young people, Health Care Professionals and Public Sector workers have access to HIV inclusive education with focus on stigma	Work with Community Planning Partners to provide inclusive HIV education for employees with focus on stigma		
	Work with partners nationally to ensure sexual health is a human right	Policies and strategies are aligned and integrated around HIV	Community Planning Partners policies and strategies are aligned and integrated around HIV		

Systems wide

Communication &amp; Engagement

Education

Prevention &amp; Practice

Access

Data

Advocacy

Aim	Outcomes			Measures	Continue
	Long Term	Medium Term	Short Term		
<b>Zero new transmissions</b>	100% of people living with HIV knowing their HIV status.	Reach 95% of people living with HIV knowing their HIV status.	Maintain 90% of people living with HIV knowing their HIV status.	Increase testing overall with specific aims for <ul style="list-style-type: none"> <li>- HIV Testing week Grampian Pride</li> </ul>	Maintain existing good practice
	Identifying undiagnosed and link to care timeously.	HIV testing is <ul style="list-style-type: none"> <li>- Accessible</li> <li>- As part of screening in high prevalence areas and for indicator conditions</li> <li>- Targeted in high risk groups using local data trends</li> </ul>	Continue NHS work to improve accessibility for testing and ensure testing is available, <ul style="list-style-type: none"> <li>- As part of screening in high prevalence areas and for indicator conditions</li> <li>- Targeted in high risk groups using local data trends</li> </ul> <p>Accurate and robust data on testing and new diagnosis and associated demographics to inform workplan.</p> <p>Pathways of referral for new diagnosis clear to allow rapid access to treatment</p>	<p>Increase testing in line with current guidelines (BASHH/BHIVA) for clinical indicator conditions</p> <p>Reduction in annual number of new transmissions</p> <p>Reduction in proportion of new diagnoses that have been recently acquired based on avidity data</p> <p>Increase in the percentage of people living with HIV who are</p> <ul style="list-style-type: none"> <li>- Retained in care</li> <li>- On treatment</li> <li>- undetectable</li> </ul>	
	Retention in care and viral suppression	Access to requested support services and support networks widely available timeously	Map support services available to support needs of		

			people living with HIV		
		Priority groups (as informed by data) receive targeted support			
	Access to multi-faceted prevention strategies	Formula milk is available to mums with HIV without cost	Focus on prevention e.g. Condom access/ potential provision of C Card scheme		
		Increase PEP/PrEP awareness, access and uptake equity for all groups	Map PrEP uptake to deprivation Collate “missed opportunities” for PrEP in new diagnoses		

Systems wide

Communication &amp; Engagement

Education

Prevention &amp; Practice

Access

Data

Advocacy

Aim	Outcomes			Measures	Continue
	Long Term	Medium Term	Short Term		
<b>Zero HIV related deaths</b>	100% of people who know their HIV-positive status on treatment.  100% of people on treatment with suppressed viral loads.	Reach: - 95% of people who know their HIV-positive status on treatment. - 95% of people on treatment with suppressed viral loads.	Maintain: - 90% of people who know their HIV-positive status on treatment. - >90% of people on treatment with suppressed viral loads.	Reduction of Late diagnosis both absolute and proportionate to be assessed  Reduction in missed opportunities for testing based on clinical indicator conditions	Maintain existing good practice
	Reduced late diagnosis (to 10%) and increase testing for indicator conditions.	Reduced late diagnosis (to 20%)  - Screening prompts for clinical indicator conditions - Education to HCPs partners and public re clinical indicator conditions	Reduced late diagnosis (to 30%) Monitor late diagnosis/missed opportunities and use this data to inform evolving local action plan	Reduction in AIDS defining illnesses  Reduction in of HIV-related deaths	
	Retention in care	Offer flexible services, patient centred and close to home			
		Cross system approach to data to enable targeted support (while respecting rights of individuals) Protocol for this developed.			
		Improved links across health provision and social work			

Systems wide

Communication &amp; Engagement

Education

Prevention &amp; Practice

Access

Data

Advocacy



**Next steps**

- Asset mapping
- Consultation

**Opportunities:**

- FTC Network
- Waverley Care
- Student Association (as campaigners) & Student placements (to support actions)

**Stakeholders:**

- NHS Grampian
- Four Pillars
- ADA/ ADP
- HIV Scotland
- Our Positive Voice (OPV)
- ACVO
- Aberdeen City Council (including Education)
- Community Planning Aberdeen
- Waverly Care
- Homeless Collaborative
- Aberdeen Cyrenians
- Aberdeen Foyer
- SACRO
- AHSCP → HMP Grampian
- Activities that have been delivered successfully so far
- ACHSCP (Social Work/ Primary Care)
- Acute
- Aberdeen Chamber of Commerce
- Federation of Small Businesses (FSB)
- Universities/ College
- African Community
- Oil & Gas UK (or similar org)
- (NETRALT) North East Tenants Residents and Landlords Together
- *Link with AHSCP & MHSCP*

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