



Community Planning Aberdeen Board

Meeting on WEDNESDAY, 16 SEPTEMBER 2020 at 2.00 pm

****Virtual - Remote Meeting, Aberdeen****

B U S I N E S S

APOLOGIES AND INTRODUCTIONS

DECLARATIONS OF INTEREST

- 1.1 Partners are requested to intimate any declarations of interest

APPOINTMENT

- 2.1 Appointment of Vice Chair

MINUTES AND FORWARD BUSINESS PLANNER

- 3.1 Minute of Previous Meeting of 1 July 2020 - for approval (Pages 3 - 8)
- 3.2 Draft Minute of the Meeting of the CPA Management Group Meeting of 12 August 2020 - for information (Pages 9 - 24)
- 3.3 CPA Board Forward Business Planner (Pages 25 - 28)
- 3.4 National Update - Scottish Government

STRATEGIC BUSINESS

- 4.1 Socio Economic Rescue Plan Progress Report - to follow

CPA IMPROVEMENT PROGRAMME

- 5.1 CPA Revised Improvement Programme 2019-21 (Pages 29 - 60)
- 5.2 CPA Improvement Programme Quarterly Update + Appendices (Pages 61 - 168)
 - Appendix 1 – Overview of Progress (pages 64-76)
 - Appendix 2 – New Charters (pages 77-133)
 - Appendix 3 – Live Project Updates (pages 135-168)
- 5.3 Report regarding LOIP Outcome 3 Aim to Increase MMR Vaccine Uptake (Pages 169 - 172)
- 5.4 Project End Report: Participation Requests and Asset Transfer (Pages 173 - 180)

GENERAL BUSINESS

- 6.1 Local Partnership and Initiative Fund Contribution to Community Planning Aberdeen Three Locality Areas (Pages 181 - 186)

FOR INFORMATION

- 7.1 Meeting Dates and Deadlines 2021 (Pages 187 - 188)
- 7.2 Date of Next Meeting – 3 December 2020

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

COMMUNITY PLANNING ABERDEEN BOARD
1 JULY 2020
Virtual meeting

Present:- Councillor Laing (Chair)
 Heather Crabb (Aberdeen University) (as a substitute for Karl Leydecker)
 Councillor Duncan (Integration Joint Board Chair)
 Bruce Farquharson (Scottish Fire and Rescue Service)
 Councillor Greig
 Gordon MacDougall (Skills Development Scotland)
 Superintendent Murray Main (Police Scotland) (as a substitute for Campbell Thomson)
 David Milne (Scottish Government)
 Ken Milroy (NESCOL)
 Councillor Alex Nicoll
 Paul O'Connor MBE (ACVO)
 Alastair Robertson (Aberdeen Active Partnership)
 Angela Scott (Aberdeen City Council)
 Jonathan Smith (Civic Forum)
 Councillor Wheeler
 Susan Webb (Public Health)

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

Apologies:- Campbell Thomson (Police Scotland), Amanda Croft (NHS Grampian), Ruth Christie (Scottish Government), and Karl Leydecker (Aberdeen University).

Page 3

Topic	Discussion/Decision	Action By
1. Welcome and Introductions	The Chair welcomed new members Councillor Alex Nicoll and Paul O'Connor to the meeting of the CPA Board.	
2. Declarations of Interest	Paul O'Connor declared an interest in Item 3.5, Community Planning Budget 2020/21, by virtue of his position as Chair and Director of ACVO. Jonathan Smith also declared an interest in Item 3.5 by virtue of his position as Chair of the Civic Forum.	

Agenda Item 3.1

Topic	Discussion/Decision	Action By
3. Minute of Previous Meeting of 26 February 2020	<p>The Board had before it the minute of its previous meeting of 26 February 2020, for approval.</p> <p><u>The Board resolved:-</u> to approve the minute as a correct record.</p>	
4. CPA Board Forward Business Planner	<p>The Board had before it the forward business planner for the Community Planning Aberdeen Board.</p> <p><u>The Board resolved:-</u> to agree the forward business planner.</p>	
5. National Update, Scottish Government Page 4	<p>The Board received a verbal update from David Milne, Scottish Government.</p> <p>Mr Milne advised that at present the Partnership did not have a Location Director in place however provided assurance that the Partnership would continue to have that link with Scottish Government and this would be through himself and Ruth Christie, until a replacement was appointed.</p> <p>The update covered the following areas:</p> <ul style="list-style-type: none"> • remit and membership of the Social Renewal Advisory Board, which was established in June 2020; • Scottish Government Location Directors to engage with local community planning leaders, to reflect on recent experiences and to look ahead; and • series of prompt questions for Scottish Government Location Directors to be shared with the Board post meeting. <p><u>The Board resolved:-</u> to note the updates.</p>	David Milne, SG
6. Socio-Economic Rescue Plan 2020/2021	<p>The Board had before it a report which presented the Socio-Economic Rescue Plan 2020/2021 being considered by Aberdeen City Council's Urgent Business Committee on 30 June 2020. Subject to approval of the recommendations contained in the report (appended to this report), Community Planning Aberdeen was asked to agree that the short life Socio- Economic Rescue Plan – Implementation Group sit within the existing Community Planning Aberdeen structure.</p>	

Topic	Discussion/Decision	Action By
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 5</p>	<p>The report recommended: that the Board</p> <ul style="list-style-type: none"> (a) note the Socio-Economic Rescue Plan report to be considered by Aberdeen City Council's Urgent Business Committee on 30 June 2020; and (b) subject to approval of the Socio-Economic Rescue Plan and the establishment of the short life Socio-Economic Rescue Plan – Implementation Group by the Urgent Business Committee on 30 June 2020, agree that this Group sit within the CPA structure. <p>Richard Sweetnam – Chief Officer, City Growth spoke to the Plan and took questions, advising that it had been approved at the Aberdeen City Council Urgent Business Committee meeting on 30 June 2020. Michelle Cochlan – Corporate Strategy and Community Planning Manager, shared the Routemap of the refreshed LOIP. Members expressed their willingness to contribute to the Plan.</p> <p><u>The Board resolved:</u> to approve the recommendations.</p>	<p>Richard Sweetnam Michelle Cochlan, ACC</p>
<p>7. Alignment of Private Sector Corporate Responsibility with Aberdeen City Local Outcome Improvement Plan</p>	<p>The Board had before it a report seeking approval from Community Planning Aberdeen for the publication and launch of a corporate social responsibility platform for businesses on the Partnership's website.</p> <p>The report recommended: that the Board</p> <ul style="list-style-type: none"> (a) approve the publication of the Corporate Social Responsibility platform for businesses on Community Planning Aberdeen's website; and (b) note that, subject to approval of the CPA Board, a communications plan would be prepared to launch the website. This would include plans to hold an online CSR event for businesses. <p>Michelle Cochlan spoke to the report, advising that this was the first update since February 2020. A launch had been planned for May 2020 but had been cancelled due to Covid-19 and therefore a soft launch, on-line event to engage with partners, was proposed.</p>	

Topic	Discussion/Decision	Action By
	<p>Members agreed that case studies could assist businesses with examples of how to contribute. Susan Webb, Director of Public Health Grampian, offered to share NHS Healthy Working Lives stories.</p> <p><u>The Board resolved:</u> to approve the recommendations.</p>	Michelle Cochlan, ACC
<p>8. Summary of Progress against CPA Improvement Programme; and CPA Annual Outcome Improvement Report 2019/20</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 6</p>	<p>The Board had before it a report presenting Community Planning Aberdeen's third Annual Outcome Improvement Report since the Local Outcome Improvement Plan (LOIP) was published in August 2016, and the first to be published since the LOIP was refreshed in February 2019. The report also provided an overview of progress in delivering the CPA Improvement Programme during 2019/20.</p> <p>The report recommended: that the Board</p> <ul style="list-style-type: none"> (a) note progress with the CPA Improvement Programme during 2019/20; (b) approve the Annual Outcome Improvement Report 2019/2020; (c) note that an easy read version of the Annual Report would be produced; and (d) note that a refresh of the LOIP was scheduled for 2021. <p>Michelle Cochlan spoke to the report and noted that 81% of projects that had been due to start, had started. Only 38% of improvement projects are led by Aberdeen City Council; the majority being run by partners showing the extent of collaborative leadership.</p> <p><u>The Board resolved:-</u> to approve the recommendations.</p>	
<p>9. Aberdeen Outcomes Framework</p>	<p>The Board had before it a report which sought approval from Community Planning Aberdeen for the publication and launch of the Aberdeen Outcomes Framework.</p> <p>The report recommended: that the Board</p> <ul style="list-style-type: none"> (a) approve the publication of the Aberdeen Outcomes Framework on Community Planning Aberdeen's website; and 	

Topic	Discussion/Decision	Action By
	<p>(b) request partners to engage in discussions about how the Framework could be supported by all partners as it was developed and embedded.</p> <p><u>The Board resolved:-</u> to approve the recommendations.</p>	All Partners
<p>10. Community Planning Budget 2020/21</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 7</p>	<p>The Board had before it a report which set out the proposed contributions from Community Planning Aberdeen Partners to the Community Planning Budget 2020/21 and detailed proposals for how this money would be spent.</p> <p>The report recommended: that the Board</p> <p>(a) agree the proposed Community Planning Budget 2020/21; (b) agree the proposed spend on budget commitments 2020/21; (c) note the grant funding secured for 2020/21 to date; and (d) agree that the Community Justice Transition Fund was used to fund the continuation of the fixed term Community Justice Officer post for 2020/21.</p> <p>There followed a discussion regarding Item 3.5 of the report, <i>“Funding is provided to ACVO to support the continuation and development of Aberdeen’s Civic Forum. This includes the development and maintenance of the Civic Forum website, as well as financial support for Civic Forum meetings.”</i> Funding Commitment of £3,974 to the Civic Forum was identified in the budget, however Jonathan Smith stated that the Civic Forum was self-sufficient. Paul O’Connor undertook to investigate and clarify this.</p> <p><u>The Board resolved:-</u></p> <p>(i) to agree the proposed Community Planning Budget 2020/21, subject to clarification of the financial commitment to the Civic Forum; and (ii) to otherwise approve the recommendations.</p>	Paul O’Connor, ACVO
11. Valedictory to Campbell Thomson	Before concluding the Meeting, the Chair paid tribute to Campbell Thomson who was retiring from post as Divisional Commander of Police Scotland and Vice Chair of Community Planning Aberdeen. She stated that his contribution since joining the CPA Board in 2016 had been immense and he had	

Topic	Discussion/Decision	Action By
	<p>been a strong advocate of collaborative working, The Chair praised Mr Thomson's strong commitment to public service and for his contribution of resources and staff to CPA.</p> <p>Members all wished him well in his retirement and thanked him for his dedication and support.</p>	
12. Date of Next Meeting	The Board noted that its next meeting would be held on 16 September 2020 at 2pm.	

COMMUNITY PLANNING ABERDEEN MANAGEMENT GROUP

12 August 2020

Present:- Angela Scott (Aberdeen City Council) (Chair), Jamie Bell (Scottish Enterprise), Allison Carrington (Aberdeen Prospers), Andrinne Craig, as a substitute for Alastair Robertson (Sport Aberdeen), Richard Craig (Alcohol and Drugs Partnership), Gale Beatie (Aberdeen City Council), Rab Dickson (Nestrans), Jillian Evans (NHSG and Sustainable Cities), Nicola Graham (Skills Development Scotland), Maggie Hepburn (ACVO), Lavina Massie (Civic Forum), Rob Polkinghorne (Integrated Children's Services), Val Vertigans as a substitute for Derek McGowan (Community Justice Group), and Gail Woodcock as a substitute for Sandra MacLeod (Resilient, Included and Sustainable and Health and Social Care Integration).

Also Present:- Neil Carnegie, Paula Martin, Matthew Reid, James Simpson, Allison Swanson, Richard Sweetnam and Angela Taylor (All Aberdeen City Council),

Apologies:- Michelle Cochlan (Aberdeen City Council), Derek McGowan (Community Justice Group), Sandra MacLeod (RIS and Health and Social Care Partnership, Pauline May (Nescol), Martin Murchie (Aberdeen City Council); Murray Main (Police Scotland), Alastair Robertson (Sport Aberdeen) and Scott Symon (Scottish Fire and Rescue Service).

Page

Topic	Discussion/Decision	Action By
1. Welcome	The Chair welcomed all to the meeting of the CPA Management Group and advised that that the former Vice Chair, Graeme Duncan, Police Scotland had retired and that Murray Main was now the Police Scotland representative.	
2. Appointment of Vice Chair	<p>The Chair advised that following Graeme Duncan, Police Scotland retirement an appointment of a new Vice Chair was required.</p> <p>It was proposed to that Police Scotland should continue to undertake the role of Vice Chair and that Murray Main be appointed.</p> <p><u>The Management Group resolved:</u> to appoint Murray Main, Police Scotland, as the Vice Chair.</p>	
3. Minute of Previous Meeting of 29 January 2020	<p>The Management Group had before it the minute of its meeting of 29 January 2020, for approval.</p> <p>In relation to Item 5: Shared Intelligence and Research of the minute the Chair requested an update on the progress of the development of a Set of Principles that</p>	

Agenda Item 3.2

Topic	Discussion/Decision	Action By
	<p>were to be submitted to the Management Group for consideration. Jillian Evans advised that work had been underway to progress this and anticipated that the paper would be ready to present at the next meeting.</p> <p><u>The Management Group resolved:</u></p> <ul style="list-style-type: none"> (i) to approve the minute as a correct record; and (ii) to note that Mr Murchie and Mrs Evans were continuing develop a Set of Principles and that a paper on this would be submitted to the next Management Group meeting on 29 October 2020. 	Jillian Evans, NHSG/ Martin Murchie, ACC
<p>4. Minutes of Meetings of the CPA Board of 26 February and 1 July 2020 -</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 10</p>	<p>The Management Group had before it the draft minutes of the CPA Board meetings of 26 of February and the 1 of July 2020 for information.</p> <p><u>The Management Group resolved:</u> to note the draft minutes.</p>	
<p>5. Scottish Government Location Director Update and CPA Reflection on Experiences and Looking Ahead</p>	<p>The Management Group had before it a report which provided an update on the current arrangements for the Partnership's Location Director and advised of the Scottish Government's request for the Partnership's reflection on recent experiences, and the future, in relation to the impact of Covid-19.</p> <p><u>The report recommended:-</u> that Management Group:</p> <ul style="list-style-type: none"> (a) note that the collation of views on the multi-agency response to Covid-19 to date was being taken forward by the Grampian Local Resilience Partnership; (b) note that the actions being progressed through the Socio Economic Rescue Action Plan was the Partnership's response for the immediate recovery and renewal from Covid-19; and (c) encourage Partners to provide an individual response to the remaining suggested questions from the Scottish Government as detailed at section 2.3 of the report to David Milne, Public Service Reform & Public Bodies Division, Scottish Government, email: david.milne2@gov.scot. <p><u>The Management Group resolved:</u> to approve the recommendations of the report.</p>	All Partners

Topic	Discussion/Decision	Action By
<p>6. Socio Economic Rescue Plan Progress Report</p> <p>Page 11</p>	<p>The Management Group had before it a report which provided an update on the progress towards delivery of the Socio Economic Rescue Plan since its approval by the Council and CPA on 30 June and 1 July 2020 respectively.</p> <p>The report recommended:- that Management Group note that the Socio Economic Rescue Plan was in implementation phase and that updates on progress would be provided to CPA via the progress tracker.</p> <p>The Management Group welcomed the report and commended the Rescue Plan, noting that the Plan had been developed in consultation with all partners, as well as the private sector and as a result was a strong piece of partnership working with buy in. It was also highlighted that the actions linked to other local/regional plans and strategies but did not duplicate ongoing work.</p> <p>In response to a question about the linkages between the Socio-Economic Rescue Plan; the outcomes in the LOIP and the role and membership of Aberdeen Prospers, Richard Sweetnam assured that the Plan was intrinsically linked and structured around the LOIP themes to ensure consistency of outcomes and highlighted that the revised Improvement Programme to be considered later on the agenda had identified the links between the existing improvement projects and the actions in the Plan. A lead had been identified for each of the themes of the Action Plan and they were in the process of connecting with the relevant Outcome Improvement Groups to discuss the linkages and ensure no duplication of effort.</p> <p><u>The Management Group resolved:</u></p> <p>(i) to approve the recommendation; and (ii) to note that Allison Carrington, Chair of the Aberdeen Prospers Group, would discuss the role and membership of the Group with Lavina Massie outwith the meeting.</p>	<p>Richard Sweetnam (ACC) Allison Carrington (SDS)</p>
<p>7. Alignment of Private Sector Corporate</p>	<p>With reference to item 6 of the minute of the meeting of the Management Group of 29 January 2020, the Management Group had before it a report which advised of the publication and launch of a corporate social responsibility platform for businesses on</p>	

Topic	Discussion/Decision	Action By
Responsibility to the LOIP Page 12	<p>the Partnership's website following approval of the CPA Board on 1 July 2020.</p> <p>The report recommended:- that Management Group</p> <ul style="list-style-type: none"> (a) note the publication of the Corporate Social Responsibility platform for businesses on Community Planning Aberdeen's website; and (b) note that a communications plan would be prepared to launch the website and that would include plans to hold an online CSR event for businesses. <p>Partners noted that a communication plan and launch event were currently in development and that Partners would be advised once a date had been arranged.</p> <p><u>The Management Group resolved:</u> to approve the recommendation.</p>	Michelle Cochlan (ACC)
Aberdeen Outcomes Framework	<p>With reference to item 4 of the minute of the meeting of the Management Group of 29 January 2020, the Management Group had before it a report which advised of the publication and launch of the Aberdeen Outcomes Framework as approved by the CPA Board on 1 July 2020.</p> <p>The report recommended:- that Management Group</p> <ul style="list-style-type: none"> (a) note the publication of the Aberdeen Outcomes Framework on Community Planning Aberdeen's website; and (b) request partners to engage in discussions about how the Framework could be supported by all partners as it developed and was embedded. <p>The Chair queried if the Outcomes Framework could be used in future to provide a live tracking tool for LOIP Improvement Project updates, so as to present the data at CPMG through the digital platform rather than as paper updates.</p> <p><u>The Management Group resolved:</u></p> <ul style="list-style-type: none"> (i) to approve the recommendations; and (ii) to ask the Community Planning Team to explore the feasibility of using the 	Michelle Cochlan (ACC)

Topic	Discussion/Decision	Action By
	Outcomes Framework as a live project update tracker and provide an update at the next meeting.	
9. CPA Revised Improvement Programme 2019-21 Page 13	<p>With reference to item 6 of the CPA Board meeting of 1 May 2020, the Management Group had before it a report which presented the revised Community Planning Aberdeen Improvement Programme 2019-21 reviewed to reflect the impact of covid-19 on the delivery of the 120 improvement aims. The revised programme (1) set out revised timescales for initiation of the improvement projects included within the Local Outcome Improvement Plan 2016-26 which had yet to be considered by the CPA Board; (2) proposed dates for restarting existing live projects; and (3) identified the linkages between the improvement projects and the actions in the Socio Economic Rescue Plan.</p> <p>The report recommended:- that Management Group</p> <ul style="list-style-type: none"> (a) approve the revised CPA Improvement Programme for 19-21 as contained at Appendix 1 of this report for submission to the CPA Board on 16 September 2020; and (b) note the route map to the refreshed LOIP as contained at Appendix 2 and that a report on the process for refreshing the LOIP would be submitted to the next meeting of the Management Group. <p>The importance of the support of the large number of volunteers that had come forward in response to the COVID-19 pandemic and the resilience communities had shown was highlighted and assurance was sought that work was underway to capture the learning and that the CPP did not lose contact with the network of volunteers should they be called upon to support future community resilience efforts. In response, an update on the work being undertaken by both the Sustainable Cities Group and Aberdeen Together was highlighted, during which it was noted that an exercise to map the range of volunteer efforts across the city was under way. It was also noted that a number of improvement projects related to volunteering opportunities and that there was a specific Sustainable Cities project related to 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.</p>	

Topic	Discussion/Decision	Action By
	<p>It was agreed that the Sustainable City Group and Aberdeen Together should report/show and tell on the volunteer mapping exercise and how this would be taken forward post COVID to a future meeting.</p> <p>The Management Group resolved:</p> <ul style="list-style-type: none"> (i) to approve the recommendations; and (ii) to agree that the Sustainable City Group and Aberdeen Together provide a report/"show and tell" to the Management Group on the work underway to map the work of volunteers and resilience of communities during COVID and how this would be retained post COVID. 	<p>Allison Swanson (ACC) Jillian Evans/Gale Beattie (SCG) and Gail Woodcock (Aberdeen Together)</p>
<p>10. CPA Improvement Programme Quarterly Update Appendices +</p> <p>Page 14</p>	<p>The Management Group had before it a report providing an update on the projects within the Local Outcome Improvement Plan 2016-2026 which had started, or were due to start, to deliver the Partnership's 15 Stretch Outcomes by 2026. The report also included new charters seeking approval to progress to the Community Planning Board for final approval and project initiation.</p> <p>The report recommended:- that Management Group</p> <ul style="list-style-type: none"> (a) note the overview of progress against the revised CPA Improvement Programme as contained at Appendix 1; (b) approve the new charters included at Appendix 2 for submission to the CPA Board on 16 September 2020; and (c) consider the updates provided on live improvement projects which continued during Covid-19 in Appendix 3. <p>In terms of the project charters, the Management Group commented as per the table below. The importance of all Project Leads having completed the improvement training was emphasised and where training had not been undertaken this should now be completed.</p>	

Topic	Discussion/Decision		Action By	
Page 15	New Charters	Management Group Comments	Rob Polkinghorne (ICS Board)	
	<u>Charter 3.5</u> 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 approved for submission to the CPA Board.		Rob Polkinghorne (ICS Board)
	<u>Charter 3.6</u> To increase the percentage of babies exclusively breastfed at 6-8 weeks to 41% by 2021.	Charter approved for submission to the CPA Board, however ensure that Locality Team are involved.		Rob Polkinghorne (ICS Board)
	<u>Charter 3.7</u> Reduce child obesity at Primary 1 stage by 10% by 2022	Charter approved for submission to the CPA Board.		Rob Polkinghorne (ICS Board)
	<u>Charter 3.8</u> Reduce the number of emergency hospital admissions for unintentional injury to children under 5 years by 3.69% by 2021	Charter approved for submission to CPA Board subject to the Project Team (1) adding in data about the trend for admissions so that it was clear if there was a pattern across localities; and (2) reflecting on the data to identify which locality the tests of change should initially be tested in..		Rob Polkinghorne (ICS Board)
<u>Charter 5.4</u> 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 <u>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</u>	Charter approved for submission to the CPA Board.	Rob Polkinghorne (ICS Board)		

Topic	Discussion/Decision		Action By
Page 16	<p><u>Charter 6.7</u> Increase children, young people and families' awareness and understanding of future skill requirements by June 2021; and Increase the number of opportunities to discuss and record skills for life, learning and work from S1 by 20%, by 2021.</p>	<p>Charter approved for submission to the CPA Board.</p>	<p>Rob Polkinghorne (ICS Board)</p>
	<p><u>Charter 9.2</u> Using a whole population approach: Increase the awareness of domestic abuse by 2021; Reduce number of children who are witness to domestic abuse by Sept. 2022; and Increase number of reported incidents by 30% by 2026.</p>	<p>Welcomed the progress and submission of the charter, however the Group felt that the number of change ideas/focus of the charter was too broad and therefore had concern about the deliverability. The Management Group agreed that the charter should not be submitted to the Board in September and that the Violence Against Women and CJ Group should review the charter and submit several smaller charters focusing on deliverability of improvement for 1 person as per the improvement methodology.</p>	<p>Derek McGowan (Community Justice Group)</p>
	<p><u>Charter 11.1</u> Increase uptake of a range of activities that enable people with long term conditions to manage their health and wellbeing by 10% by March 2021; and <u>Increase the number of groups with people with long term conditions which are co-produced with service users by 2021.</u></p>	<p>Charter approved for submission to CPA Board however in advance of submission, Project Team need to review the charter and consider (a) the timescales to ensure they are realistic; and (b) the number of change ideas to ensure they were achievable in the timescales.</p>	<p>Sandra MacLeod (Resilient, Included and Supported OIG)</p>
	<p><u>Charter 11.12</u> Increase number of people in local communities promoting well-being and good health choices by 2021.</p>	<p>Charter approved for submission to the CPA Board, noting that the project team was being considered to ensure linkage with connected LOIP projects to be</p>	<p>Sandra MacLeod (Resilient, Included and Supported OIG)</p>

Topic	Discussion/Decision		Action By
Page 17	<p><u>Charter 11.13</u> 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.</p>	<p>made with other LOIP projects. Charter approved for submission to CPA Board, noting that the timescales in the project plan needed to be confirmed but they were dependent on the facility being able to reopen following covid restrictions and that once confirmed dates would be added.</p>	Sandra MacLeod (Resilient, Included and Supported OIG)
	<p><u>Charter 15.2</u> Increase % of people who walk as main mode of travel to 31% by 2021</p>	<p>Charter approved for submission to CPA Board subject to additional narrative being added to provide rationale for the focus on GPs.</p>	Jillian Evans (Sustainable Cities OIG)
	<p>The importance of the Locality Plans reflecting the improvement projects being taken forward by the Outcome Improvement Groups was also highlighted and Neil Carnegie was asked to ensure that the linkages were being made and reflected.</p>		Neil Carnegie (ACC)
	<p>In terms of the project updates, the Management Group discussed and commented as per the table below. In addition to the specific comments below, there was general feedback that all projects needed to review their start and end dates as some were regarded as too long for improvement projects</p>		All OIG Chairs
	<p>Live Project Updates</p>	<p>Management Group Comments</p>	
	<p>Ref 3.1 - Family Support</p>	<p>Update noted.</p>	
	<p>Ref 4.1 - Children's Mental Wellbeing</p>	<p>Update noted.</p>	
	<p>Ref 5.1 - Improving Education Outcomes for Care Experienced Children and Young People</p>	<p>Update noted.</p>	
	<p>Ref 5.2 - Kinship and Foster Care</p>	<p>Update noted and data to reflect the narrative to be added</p>	Rob Polkinghorne (ICS Board)
	<p>Ref 5.4 – Trauma Skills</p>	<p>Update noted and data to reflect the narrative to be added.</p>	Rob Polkinghorne (ICS Board)
<p>Ref 5.5 - Children and Young People in Care Placements</p>	<p>Update noted and data to reflect the narrative to be added.</p>	Rob Polkinghorne (ICS Board)	

Topic	Discussion/Decision		Action By
Page 18	Ref 10.4 - Specialist Substance Misuse Services	Update noted.	Sandra MacLeod (Resilient, Included and Supported OIG)
	Ref 11.2 - Aberdeen Link Services	Update noted and Management Group delighted to see a progress scale of 8 and asked for the Project Team to consider how to make this a sustained improvement and to present proposals to the Management Group for scaling up and to attend the meeting to share their learning.	
	Ref 11.6 - Increase Volunteering	Update noted.	
	Ref 11.8 - Teachback	Update noted.	
	Ref 11.10 - Reduce Tobacco Smoking	Update noted.	
	Ref 12.1 - Care Experienced Children Substance Misuse	Update noted.	
	Ref 12.2 - School Curriculum for Substance Misuse	Update noted.	
	Ref 12.3 - Reduce Fatal Drug Overdose	Update noted.	
	Ref 12.5 - Alcohol Brief Interventions	Update noted.	
	Ref 12.7 - Increase Alcohol Awareness	Update noted.	
	Ref 12.8 - Increase Uptake of Drug Treatment	Update noted.	
	<p><u>The Management Group resolved:</u></p> <p>(i) to approve recommendation (a)</p> <p>(ii) to approve the new charters included in Appendix 2 of the report for submission to the CPA Board, unless otherwise stated above and the subject to the comments above being actioned;</p> <p>(iii) to approve recommendation (c) and to ask all improvement projects to review project start and end dates to ensure the timescales reflected improvement activity;</p> <p>(iv) in relation to improvement project 11.2 (Aberdeen Links Service), to note the progress scale of 8 and to agree that the Project Team consider how to make this</p>		

Topic	Discussion/Decision	Action By
	<p>a sustained improvement and to present proposals to the Management Group for scaling up and to attend the meeting to share their learning;</p> <p>(v) to request Neil Carnegie to ensure that the Locality Plans reflected the improvement projects being taken forward by the Outcome Improvement Groups; and</p> <p>(vi) to ask the Community Planning Team to ensure that all Project Leads on existing and planned improvement projects had received Model for Improvement Training.</p>	<p>Neil Carnegie (ACC)</p> <p>Michelle Cochlan/Allison Swanson (ACC)</p>
<p>11. Report regarding LOIP Outcome 3 Aim to Increase MMR Vaccine Uptake</p> <p>Page 19</p>	<p>The Management Group had before it a report advising that the Improving Immunisation Programme Board was leading the work which would achieve the improvement project aim under LOIP Outcome 3, Key Driver 3.2 (“increase Measles-Mumps-Rubella (MMR) vaccine uptake”); and therefore recommended that the improvement project aim be removed from the LOIP in recognition that this is being taken forward by the Aberdeen City Health and Social Care Partnership and governed by the Integrated Joint Board.</p> <p>The report recommended:- that Management Group:</p> <p>(a) recognise the Improving Immunisation Programme Board as leading the work which would achieve the improvement project aim under LOIP Outcome 3, Key Driver 3.2 (“increase Measles-Mumps-Rubella (MMR) vaccine uptake”); and</p> <p>(b) agree to recommend to the CPA Board the removal of the improvement project aim from the LOIP in recognition that this was being taken forward by the Aberdeen City Health and Social Care Partnership and governed by the Integrated Joint Board.</p> <p><u>The Management Group resolved:</u> to approve the recommendations.</p>	<p>Chris Littlejohn (Public Health)</p>
<p>12. Project End Report: Participation Requests and Asset Transfer</p>	<p>The Management Group had before it a report which presented the results of the Community Planning Aberdeen Participation Request and Asset Transfer Improvement Project and sought approval to bring the ‘Improvement Project’ stage of the process to an end, as this was now embedded practice</p>	

Topic	Discussion/Decision	Action By
Page 20	<p>The report recommended:- that Management Group:</p> <ul style="list-style-type: none"> (a) agree that this Improvement Project was brought to an end and testing concluded on the basis that the intended outcomes had been achieved and change ideas had become embedded practice for Community Planning Aberdeen; (b) agree that the Community Engagement Group would continue to have a 'Governance Lead' role for Participation Requests, including continuing collection of Monthly /Quarterly Reports to track performance and progress; (c) agree that Partners would continue to provide the Monthly /Quarterly Reports to the Community Engagement Group to inform the CPA Annual Report and to be updated on the CPA Outcomes Framework and Data Observatory. <p>Although it was agreed that this project had reached its conclusion, the Group highlighted the importance of community participation on project teams and of the improvement projects being co-produced with communities, in particular where the change ideas were focused on a specific locality. Therefore, it was agreed that all project teams, existing and in future, should consider how to involve community representatives and reflect this in the project charters. Also, where the project had a locality identified, project teams were reminded to discuss with Neil Carnegie so to identify if the Communities Team could support linkage with the community through the Locality Partnerships.</p> <p><u>The Management Group resolved:</u></p> <ul style="list-style-type: none"> (i) to approve the recommendations and that the report be submitted to the CPA Board for consideration; and (ii) to request all project teams to consider how to involve community representatives in their improvement projects to ensure, where possible, that projects were being co-produced and that this be reflected in the project charters to be submitted; and (iii) to remind project teams, where the project had a locality identified, to discuss with Neil Carnegie to identify if the Communities Team could support linkage with the community through the Locality Partnerships. 	<p>Jonathan Smith (Community Engagement Group) OIG Chairs</p> <p>OIG Chairs/ Neil Carnegie ACC</p>

Topic	Discussion/Decision	Action By
	<p>Aberdeen Prospers in this regard;</p> <p>(iv) to note that Rob Polkinghorne would provide the Chair of the CPA Board and the Convener of the Council's Education and Children's Services Committee with an update on the self-evaluation and future actions planned and to note that Unicef were scheduled to provide a training session for all elected members.</p>	Rob Polkinghorne (ACC)
<p>14. CPA Budget Quarterly Update</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 29</p>	<p>The Management Group had before it a report which provided an update on the 2020/21 Community Planning Budget's financial performance for the period 1 April 2020 to 30 June 20.</p> <p>The report recommended:- that Management Group note Community Planning Aberdeen Budget's performance during quarter 1 of 2020/21</p> <p><u>The Management Group resolved:</u> approve the recommendation.</p>	
<p>15. Community Justice Outcome Activity Annual Return for submission to Community Justice Scotland</p>	<p>The Management Group had before it a report presenting the Community Justice Outcome Activity Annual Return for endorsement prior to submission to Community Justice Scotland.</p> <p>The report recommended:- that Management Group endorse the draft Community Justice Outcome Activity Annual Return for submission to Community Justice Scotland.</p> <p>The Chair noted that there was heavy emphasis on the LOIP Improvement work and queried if the criteria for the submission also required further detail of the business as usual work that had also been undertaken in the city and reported through the Aberdeen City Executive Group for Public Protection. It was requested that the Group clarify this with the Scottish Government before submission to ensure it was reflective of the required information.</p> <p><u>The Management Group resolved:</u> to approve the recommendation, subject to clarification from the Scottish Government on the required information and should further information be required to request that</p>	Community Justice Group/ Val Vertigans ACC

Topic	Discussion/Decision	Action By
	the Community Justice Group update the report with the required information prior to formal submission.	
16. CPA Forward Planner	<p>The Management Group had before it the Forward Planner.</p> <p><u>The Management Group resolved:</u></p> <p>(i) to note the CPA Forward Planner; and</p> <p>(ii) to note that owing to timescales, a submission had been made on behalf of the Partnership to the Public Health Scotland Strategic Plan consultation.</p>	
17. Funding Tracker	<p>The Management Group had before it the Funding Tracker of key funding opportunities available to the Partnership, linked to the themes within the LOIP and Locality Plans.</p> <p><u>The Management Group resolved:</u></p> <p>to note the CPA Funding Tracker and to agree that Outcome Improvement Groups consider funding streams available at present.</p>	OIG Chairs
18. Meeting Dates and Deadlines 2021	<p>The Management Group had before it the schedule of lead in times and meetings of the Community Planning Management group and CPA Board for 2021.</p> <p><u>The Management Group resolved:</u></p> <p>to note the meeting dates and deadlines for 2021.</p>	
19. Date of Next Meeting -	The Management Group noted that its next meeting would be held on 29 of October 2020 at 2pm.	

This page is intentionally left blank



Community Planning Aberdeen

FORWARD PLANNER

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

Title of report	Contact Officer
CPA Management Group: 12 August/ CPA Board 16 September 20	
CPA Quarterly Budget Monitoring Report (Management Group only)	Michelle Cochlan (ACC)
Alignment of Private Sector Corporate Responsibility to LOIP (Management Group only)	Michelle Cochlan (ACC)
Aberdeen outcomes Framework (Management Group only)	Michelle Cochlan (ACC)
Revised CPA Improvement Programme	Allison Swanson (ACC)
CPA Improvement Programme Quarterly Update Report	Allison Swanson (ACC)
Scottish Government Location Director Update and CPA Reflection on Experiences and Looking Ahead (Management Group only)	Allison Swanson (ACC)
Report regarding LOIP Aim to increase MMR vaccine uptake	Chris Littlejohn (PH)
Socio Economic Rescue Plan Update	Richard Sweetnam (ACC)
Project End Report: Participation Requests and Asset Transfer	Jonathan Smith (CEG)
Local Partnership and Initiative Fund Contribution to Community Planning Aberdeen Three Locality Areas	Michelle Cochlan (ACC)
Child Friendly Cities (Management Group only)	Matt Reid (ACC)
Community Justice Annual Report (Management Group only)	Val Vertigans (ACC)
Appointment of Vice Chair	
Economy Project Charters	
N/A	
People (Children & Young People) Project Charters	
Reduce the numbers of babies exposed to 2nd hand smoke (at 6-8 week review) by 10% by 2022; and Reduce the number of pregnant mothers who smoke by 10% by 2022	Rob Polkinghorne (ACC)
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)
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)
Increase children, young people and families' awareness and understanding of future skill requirements by June 2021; and Increase the number of opportunities to discuss and record skills for life, learning and work from S1 by 20%, by 2021.	Rob Polkinghorne (ACC)
Reduce the number of emergency hospital admissions for unintentional injury to children under 5 years by 3.69%, by 2021.	Rob Polkinghorne (ACC)
People (Vulnerable Adults) Project Charters	
Increase number of people in local communities promoting well-being and good health choices by 2021.	Sandra MacLeod (HSCP)

Title of report	Contact Officer
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 MacLeod (HSCP)
Place Project Charters	
Increase % of people who walk as main mode of travel to 31% by 2021.	Jillian Evans (NHS)
CPA Management Group: 29 October/ CPA Board 3 December	
CPA Quarterly Budget Monitoring Report (Management Group only)	Michelle Cochlan (ACC)
Locality Partnership Quarterly Improvement Tracker	Neil Carnegie (ACC)
CPA Improvement Programme Quarterly Update Report	Michelle Cochlan (ACC)
Six-month review of progress against socio-economic rescue plan	Richard Sweetnam (ACC)
LOIP Refresh Process	Michelle Cochlan (ACC)
North East College Regional Outcome Agreement	Pauline May (NES College)
Impact of Covid-19 on Affordable Credit Providers	Derek McGowan (ACC)
Volunteers and resilience of communities during COVID	Jillian Evans(NHS) /Gail Woodcock (HSCP)
Aberdeen Links Service project proposals	Sandra MacLeod (HSCP)
Economy Project Charters	
Increase the number of people from priority localities employed by public sector partners and in major capital projects by 2022.	Allison Carrington (SDS)
Increase the number of Modern and Graduate Apprenticeships in priority and volume growth sectors by 5% by 2022.	Allison Carrington (SDS)
People (Children & Young People) Project Charters	
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)
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)
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.	Derek McGowan (ACC)
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.	Derek McGowan (ACC)
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.	Derek McGowan (ACC)
People (Vulnerable Adults) Project Charters	
Using a whole population approach <ul style="list-style-type: none"> increase the awareness of domestic abuse by 2021 reduce number of children who are witness to domestic abuse by Sept. 2022 decrease number of reported incidents by 30% by 2026. 	Derek McGowan (ACC)

Title of report	Contact Officer
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)
Increase number of young people who need support in relation to trauma and bereavement having access to such support by 2021.	Derek McGowan (ACC)
Increase % of individuals indicating an improvement in at least one area* at the end of their Community Payback Order Supervision by 2021.	Derek McGowan (ACC)
Reduce the number of wilful fires by 20% by 2021.	Derek McGowan (ACC)
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)
Increase the number of unpaid carers participating in support programme reflecting healthy life choices by 25% by 2021.	Sandra MacLeod (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 MacLeod (HSCP)
Increase the number of groups for people with long term conditions which are co-produced with service users by 2021.	Sandra MacLeod (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 (ADP)
Place Project Charters	
Reduce Aberdeen's carbon emissions by 30% by 2021.	Jillian Evans (NHSG)
Increase the completeness of data within the 'at risk database' to identify those people most vulnerable.	Jillian Evans (NHSG)
Reduce the generation of waste in Aberdeen by 2021.	Jillian Evans (NHSG)
CPA Management Group: 27 January 21/ CPA Board 4 March 21	
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)
Progress against socio-economic rescue plan	Richard Sweetnam (ACC)
Economy Project Charters	
Support 2 investments per year in priority growth sectors through Invest Aberdeen by 2022.	Allison Carrington (SDS)
Increase the number of people employed in growth sectors by 5% by 2021.	Allison Carrington (SDS)
Increase no. of people over 50 in employment in Aberdeen by 10% by 2022	Allison Carrington (SDS)
90% of employers reporting that they have appropriately skilled people in their workforce by 2026.	Allison Carrington (SDS)
Increase the number of people entering employment from Stage 4 employability activity to 80% by 2022.	Allison Carrington (SDS)
80% of young people will successfully complete their Modern Apprenticeship programme by 2022	Allison Carrington (SDS)
People (Children & Young People) Project Charters	
Increase the number of care experienced young people receiving appropriate multiagency throughcare by 2021.	Rob Polkinghorne (ACC)
People (Vulnerable Adults) Project Charters	

Title of report	Contact Officer
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 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	Derek McGowan (ACC)
Increase number of people undertaking recovery from drug and alcohol issues who are being supported to maintain drug / alcohol free lives in their community by 2021	Richard Craig (ADP)
Increase by 10% the percentage of adults in Aberdeen City who are non-drinkers or drink alcohol in a low risk way by 2021.	Richard Craig (ADP)
Place Project Charters	
N/A	
CPA Management Group: 24 March 21/ CPA Board 28 April 21	
People (Children & Young People) Project Charters	
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)
Timescale TBC 2019-2020	
Local Fire and Rescue Plan 19/20	Scott Symon (SFRS)
People (Vulnerable Adults) Project Charters	
Increase the uptake and retention of people in the Justice System with a diagnosed mental illness in specialist services by 2021.	Derek McGowan (ACC)

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



Community Planning Aberdeen

Progress Report	Revised CPA Improvement Programme 2019-21
Lead Officer	Angela Scott, Chair of CPA Management Group and Chief Executive of Aberdeen City Council
Report Author	Allison Swanson, Improvement Programme Manager
Date of Report	13 August 2020
Governance Group	CPA Board – 16 September 2020

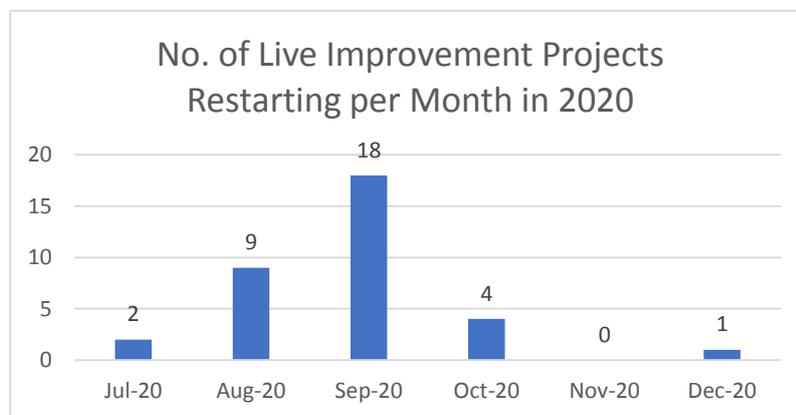
Purpose of the Report
This report presents the revised Community Planning Aberdeen Improvement Programme 2019-21 reviewed to reflect the impact of covid-19 on the delivery of the 120 improvement aims. The revised programme (1) sets out reviewed timescales for initiation of the improvement projects included within the Local Outcome Improvement Plan 2016-26 which have yet to be considered by the CPA Board; (2) details dates for restarting existing live projects; and (3) identifies the linkages between the improvement projects and the actions in the Socio Economic Rescue Plan.

Summary of Key Information
<p>1 BACKGROUND</p> <p>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.</p> <p>1.2 The CPA Improvement Programme 2019-21 was approved by the Board on 1 May 2019 and set out the timescales for initiation of all 120 improvement projects included within the Local Outcome Improvement Plan (LOIP) 2016-26 over three years up until 2021, at the end of which time LOIP will be reviewed.</p> <p>1.3 From 16 March 2019 progress with the CPA's improvement projects has been impacted by Covid-19, with the majority (35 out of 53) of the approved projects having been on hold since that time. As such, each of the Outcome Improvement Groups have reviewed the CPA Improvement Programme 2019-21 approved by the Board on 1 May 2019 and have presented proposals for both restarting existing projects, as well as a reprioritisation of the submission of outstanding charters. This reprioritisation takes into account the direction provided by the Socio Economic Rescue Plan which was approved by the CPA Board on 1 July.</p>

2 REVISED CPA IMPROVEMENT PROGRAMME 2019-21

2.1 The proposed revised Improvement Programme confirms restart dates for those projects delayed during Covid-19 and rescheduled dates for improvement project charters. The programme has also been updated to identify the links between the LOIP improvement projects and the actions contained in the Socio Economic Rescue Plan to ensure that the Outcome Improvement Groups and Socio Economic Rescue Plan Implementation Group are aligning efforts and that the Outcome Improvement Groups are prioritising improvement activity where those linkages exist. The rationale for reprioritisation provided by the Outcome Improvement Groups is contained at Appendix 1.

2.2 On the basis of the revised programme, 36 project charters are still to be submitted, of which 22 are due in December 2020, 10 in March 2021, 3 in April 2021 and 1 is still TBC. In terms of the 35 live projects that were on hold as a result of Covid-19 all except one project will restart in 2020 and the following table details the proposed scheduling start up by month in 2020.



2.3 All of the outstanding improvement projects with links to the Socio-Economic Rescue Plan are now scheduled to be submitted to the CPA Board in December 2020. All live projects with a link to actions in the Rescue Plan are proposed to have restarted by September 2020, with the exception of two, one of which will restart in October and the other in December.

2.4 Whilst improvement projects have been on hold in terms of reporting, it is clear that a huge amount of activity has been taking place across the Partnership in support of many of the LOIP improvement project aims. During this time teams have responded rapidly to the evolving situation, thinking on their feet and testing ideas which they believe will support and protect the welfare of our citizens. We have seen teams apply the discipline of using real time data to understand whether the changes they have made are having the impact they expected; and being responsive when they are not. Innovation often stems from a practical need and Covid-19 has required the Partnership to be agile, working in new ways and cutting through dated systems to achieve results quickly. This is a great demonstration of the spirit of improvement and what we have been trying to achieve using the Model for Improvement. We have much to gain from reflecting on how we have behaved during this time and how the drive, passion, pace and discipline of improvement we have exhibited can be carried forward into our recovery period and in the delivery of our revised improvement programme.

2.5 Following the reactive environment we have been working in over the last few months, the revised Improvement Programme 2019-21 provides an opportunity for us to reconnect with those improvement aims we set within the LOIP. It helps direct the Partnership's efforts back towards achieving the long term transformational changes we seek to achieve.

3 NEXT STEPS

3.1 Subject to the revised the CPA Improvement Programme 2019-21 being approved by the CPA Board on 16 September 2020, Outcome Improvement Groups will resume improvement activity and submission of charters and updates as per the schedule contained therein.

3.2. The revised CPA Improvement Programme, alongside the Socio Economic Rescue Plan, are the starting stages of the route map to the refreshed LOIP which will be presented in July 2021. The route map to the refreshed LOIP is presented at Appendix 2 and a report on the process for refreshing the LOIP will be submitted to the next meeting of the Management Group and Board.

Recommendations for Action

It is recommended that the Board:

- i. approve the revised CPA Improvement Programme for 19-21 as contained at Appendix 1 of the report; and
- ii. note the route map to the refreshed LOIP as contained at Appendix 2 and that a report on the process for refreshing the LOIP will be submitted to the next meeting of the Board.

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. Given the impact of Covid-19, it is important that the improvement programme is reviewed to ensure that it remains robust and provides the effective outcome management to deliver upon the priorities in the LOIP prior to the planned refresh in 2021.

Consultation

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

Michelle Cochlan, Corporate Strategy and Community Planning Manager
CPA Management Group
Chairs of CPA Outcome Improvement Groups
LOIP Project Managers
Outcome Improvement Group Lead Contacts

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](#)

[ACC Socio Economic Rescue Plan](#)

Contact details:

Allison Swanson

Improvement Programme Manager

Community Planning

Email: aswanson@aberdeencity.gov.uk

COMMUNITY PLANNING ABERDEEN IMPROVEMENT PROGRAMME 2019-2021.

	Project charter produced and project now live
	Project charter produced and to be considered by CPA MG/Board(Aug/Sep)
	Project postponed/not started
	Project removed from LOIP

PROSPEROUS ECONOMY

<i>Stretch Outcome 1. 10% increase in employment across priority and volume growth sectors by 2026 (Aberdeen Prospers)</i>		
Projects starting in 2019	Projects starting in 2020	Projects starting in 2021
<p>Aim: Increase the number of SVQ level 4 qualifications achieved in ICT and Digital by 10% by 2021.</p> <p>Project Manager: Allison Carrington, SDS/ Duncan Abernethy, Nescol</p> <p>Project charter approved by CPA Board: Feb 20</p> <p>Current progress scale: 5</p> <p>Project restart date: End August 20</p> <p>Links to Socio Economic Rescue Plan: People 4.6</p>	<p>Aim: Increase the number of Modern and Graduate Apprenticeships in priority and volume growth sectors by 5% by 2022.</p> <p>Project Manager: Duncan Abernethy, Nescol</p> <p>Project charter to CPA Board: TBC</p> <p>Revised date for charter to CPA Board: Dec 20</p> <p>Links to Socio Economic Rescue Plan: Business 3.5; People 3.1, 3.3 & 4.1</p>	
<p>Aim: Stimulate a 5% increase in the number of start-up businesses in growth sectors by 2021.</p> <p>Project Manager: Roz Taylor (Elevator)</p> <p>Project charter to CPA Board: Sep 2019</p> <p>Project charter approved by CPA Board: Sep 19</p> <p>Current progress scale: 5</p> <p>Project restart date: Sept 2020</p> <p>Links to Socio Economic Rescue Plan: Business 3.2 & 3.4</p>	<p>Aim: Support 2 investments per year in priority growth sectors through Invest Aberdeen by 2022.</p> <p>Project Manager: Lynn Mutch</p> <p>Project charter to CPA Board: TBC</p> <p>Revised date for charter to CPA Board: March 21</p>	
<p>Aim: Increase the number of people employed in growth sectors by 5% by 2021.</p> <p>Project Manager: TBC (Still seeking lead for this project) - Mark Bremner to focus on working within Culture Sector.</p> <p>Project charter to CPA Board: Sep 2019 (postponed to September 2020)</p> <p>Revised date for charter to CPA Board: March 21</p>	<p>Aim: Increase the number of people from priority localities employed by public sector partners and in major capital projects by 2022.</p> <p>Project Manager: Paul Tytler (ACC)</p> <p>Project charter to CPA Board: TBC</p> <p>Revised date for charter to CPA Board: Dec 20</p> <p>Links to Socio Economic Rescue Plan: Business 1.8, People 3.3. & 3.4</p>	

Aberdeen Prospers Outcome Improvement Group rationale for proposed scheduling of starting up of existing projects:

The landscape as we emerge from Covid 19 restrictions and lockdown is likely to be vastly different than that of earlier in the year. Uncertainty exists over the number of businesses within each sector which will reopen and to what extent / at what rate they will do so. Many businesses are currently focussed on their own survival / restart, and the logistics of reopening / trading while adhering to physical distancing rules. Uncertainty over the school operating system when the new academic term begins and the availability of apprenticeships in the coming few months determines that a number of the above charters require to be delayed short term – both to allow us to gain a clearer understanding of the impact of the lockdown and for businesses to re-establish themselves in their return to trading.

Aberdeen Prospers Outcome Improvement Group rationale for changes to prioritisation:

Similar to the reason for projects being postponed, we have to understand the business eco system post Covid-19 so that we can provide the correct focus on each project. For example, projects are dependent on engagement with business on expansion and investment plans or focussed on working with business in growth sectors. Some of our other project aims may need to be edited slightly to ensure these are the projects which will have the required impact once we understand the full effect of the lockdown, such as the aim of Increase the number of Modern and Graduate Apprenticeships in priority and volume growth sectors by 5% by 2022, may need to change aim of charter to reflect need to establish current Modern and Graduate Apprenticeships, and may wish to change the aim of “Increase the number of people from priority localities employed by public sector partners and in major capital projects by 2022” to ‘General’ employment for people from localities rather than employment within the public sector to ensure maximum capability to deliver.

Stretch Outcome 2. 90% of working people in Living Wage employment by 2026 (Aberdeen Prospers)		
Projects starting in 2019	Projects starting in 2020	Projects starting in 2021
<p>Increase employer sign up to the Real Living Wage by 2021. and year on year to achieve Real Living Wage City Status by 2026</p> <p>Project Manager: Martin Barry (SE) / Kirsty Jarman (DWP)</p> <p>Project charter to CPA Board: July 2019</p> <p>Project charter approved by CPA Board: Dec 19</p> <p>Current progress scale: 5</p> <p>Project restart date: Sept 2020</p>	<p>Increase no. of people over 50 in employment in Aberdeen by 10% by 2022.</p> <p>Project Manager: TBC (DWP) (Still seeking lead for this project)</p> <p>Project charter to CPA Board: TBC</p> <p>Revised date for charter to CPA Board: March 21</p>	<p>80% of young people will successfully complete their Modern Apprenticeship programme by 2022.</p> <p>Project Manager: Allison Carrington (SDS) / Duncan Abernethy (Nescol)</p> <p>Project charter to CPA Board: TBC</p> <p>Revised date for charter to CPA Board: March 21</p>
<p>Increase the impact and measured value of Partnership wide community benefits programme by 2022.</p> <p>Project Manager: Lori Manson (ACC) / Jonathan Smith (Civic Forum)</p> <p>Project charter to CPA Board: July 2019</p> <p>Project charter approved by CPA Board: July 19</p> <p>Current progress scale: 5</p> <p>Project restart date: Sept 2020</p> <p>Links to Socio Economic Rescue Plan: Business 1.8 & 3.3</p>	<p>90% of employers reporting that they have appropriately skilled people in their workforce by 2026.</p> <p>Project Manager: TBC (Still seeking lead for this project)</p> <p>Project charter to CPA Board: TBC</p> <p>Revised date for charter to CPA Board: March 21</p>	
<p>Increase the % of people in Aberdeen who feel comfortable using digital tools by 2021.</p> <p>Project Manager: Emma Shanks (ACC)</p> <p>Project charter to CPA Board: July 2019</p> <p>Project charter approved by CPA Board: July 19</p> <p>Current progress scale: 6</p> <p>Background study has continued but project will restart in July 2020</p> <p>Links to Socio Economic Rescue Plan: People 4.6</p>	<p>Increase the number of people entering employment from Stage 4 employability activity to 80% by 2022.</p> <p>Project Manager: TBC (DWP) (Still seeking lead for this project)</p> <p>Project charter to CPA Board: TBC</p> <p>Revised date for charter to CPA Board: March 21</p>	
<p>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.</p> <p>Project Manager: Angela Taylor (ACC)</p> <p>Project charter to CPA Board: Sep 2019</p> <p>Project charter approved by CPA Board: Feb 20</p> <p>Current progress scale: 5</p> <p>Project restart date: Sept 2020</p> <p>Links to Socio Economic Rescue Plan: People 1.2, 1.3, 2.2, 5.2</p>		

Aberdeen Prospers Outcome Improvement Group rationale for proposed scheduling of starting up of existing projects:

Our Real Living Wage Project was paused as this is about engagement with businesses. Discussions with Living Wage Scotland have continued, and promotion of living wage has not stopped. We understand that things will have changed significantly going forward but that this is still a very important area on which to focus.

For the Community Benefit project progress was made just before lockdown with a community engagement event held for the new Tillydrone Primary School. The programme has been on pause during lockdown but as this restarts, so will this improvement project. This project maps well with Socio-economic rescue plan.

For our priority group in public sector partner employment project, employability work has continued but no one has been able to start internships, as we had hoped. Additional work has been ongoing for this project e.g. contracting organisation to provide work placements for YP and internships within Aberdeen City Council. Full restart of this project is dependent upon easing of lockdown.

Our digital literacy project continued with background work being carried out over the last few months, it is the intention to restart this fully in July 2020 as lockdown is eased.

Aberdeen Prospers Outcome Improvement Group rationale for changes to prioritisation:

All of our outstanding projects in Stretch Outcome 2 have been postponed until March 21, for the three projects initially scheduled for 2020 we are still seeking project leads.

Children & Young People

Stretch Outcome 3. 95% of children (0-5 years) will reach their expected developmental milestones by the time of their child health reviews by 2026 (ICS)		
Projects starting in 2019	Projects starting in 2020	Projects starting in 2021
<p>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.</p> <p>Project Manager: Racheal Thompson Project charter to CPA Board: July 2019 Project charter approved by CPA Board: Sept 19 Current progress scale: 6 Project restart date: Sept 2020</p>	<p>Reduce the number of emergency hospital admissions for unintentional injury to children under 5 years by 3.69%, by 2021.</p> <p>Project Manager: Racheal Thompson Project charter to CPA Board: April 2020 Revised Date for Project charter to CPA Board: Sept 2020 (item 5.2 of the agenda – charter 3.8)</p>	
<p>Increase the number of pregnant young people who are able to remain in education during pregnancy by 50%, by 2022</p> <p>Project Manager: Clare James Project charter to CPA Board: July 2019 Project charter approved by CPA Board: Feb 20 Current progress scale: 6 Project restart date: Dec 20 Links to Socio Economic Rescue Plan: People 1.5</p>	<p>Reduce child obesity at Primary 1 stage by 10%, by 2022</p> <p>Project Manager: Lauren Mackie Project charter to CPA Board: April 2020 Revised Date for Project charter to CPA Board: Sept 2020 (item 5.2 of the agenda – charter 3.7)</p>	
<p>Increase the number of families who request additional support and receive an offer of an appropriate service within 30 days of receipt of the Child’s Plan, to 80%, by 2021.</p> <p>Project Manager: Eleanor McEwan Project charter to CPA Board: July 19 Project charter approved by CPA Board: Sept 19 Current progress scale: 7 Project has continued, project update at item 5.2 on agenda.</p>	<p>Increase the percentage of babies exclusively breastfed at 6-8 weeks to 41% by 2021.</p> <p>Project Manager: Emma Williams Project charter to CPA Board: April 2020 Revised Date for Project charter to CPA Board: Sept 20 (item 5.2 of the agenda – charter 3.6)</p>	
<p>Increase in the MMR vaccine uptake for children at 24 months by 3.9%, by 2020</p> <p>Project Manager: Lisa Lawrie/Nicola Anderson Project charter to CPA Board: July 2019 (Report at item 5.3 on the agenda to request this aim is removed)</p>		
<p>Reduce the number of pregnant mothers who smoke by 10% by 2022; and Reduce the number of babies exposed to second-hand smoke (at 6-8 week review) by 10% by 2022</p> <p>Project Manager: Emma Williams</p>		

Project charter to CPA Board: July 2019 (Postponed to Sept 20). Revised Date for Project charter to CPA Board: Sept 20 (item 5.2 of the agenda – charter 3.5)		
Reduce the number of births affected by drugs by 0.6 %, by 2022 Project Manager: Simon Raynor, ADP Project charter to CPA Board: September 2019 Project charter approved by CPA Board: Sep 19 Current progress scale: 5 Project restart date: Oct 20		

Integrated Children’s Services Outcome Improvement Group rationale for proposed scheduled of starting up of existing projects:

The Family Support project has been significantly impacted by COVID-19 for a variety of reasons but has continued to progress throughout the pandemic. Reallocation of staff, accessibility to referral pathways and postponement of services has impacted on the number of families that have been able to receive an offer of support within 30 days. The project team has continued to keep an up to date record of referral throughout the pandemic and is currently revising its baseline and capacity.

Developments and progress around the project relating to teenage pregnancy will be able to begin work again in September, however progress is likely to be very slow in the coming months due to ongoing reallocation and prioritisation of Health and Education Staff in post pandemic planning and support.

Regarding the start-up date project related to supporting pregnant mums in education: Under SG advisement priority for schools in the new term will be to ensure that pandemic planning has been successful and the impact of COVID-19 on pupils progress and wellbeing can be more fully understood. As such the project is intended to begin in December once a better picture of pupil need and further capacity is available.

Start-up date for the charter related to obesity may be required to postpone testing until later in the year subject to advice from school once the new term begins

Integrated Children’s Services rationale for change to prioritisation:

Three of the four project charters due to have been submitted to the cancelled meeting in April have been submitted to the September meeting of Board. The Project lead for the remaining project charter is awaiting data to enable a locality for the focus of the change ideas to be identified and this will be submitted to the Board in December 2020.

Stretch Outcome 4. 90% of children and young people will report that they feel mentally well by 2026 (ICS)		
Projects starting in 2019	Projects starting in 2020	Projects starting in 2021
<p>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; and Increase the support provided by the school Nursing service to children and young people with escalating mental wellbeing concerns by 50% by 2022.</p> <p>Project Manager: Elsbeth Clark Project charter to CPA Board: Sep 19 Project charter approved by CPA Board: Dec 19 Current progress scale: 6 Project has continued, project update at item 5.2 on agenda. Links to Socio Economic Rescue Plan: People 2.1</p>	<p>Reduce the number of children and young people who are exhibiting self-harming behaviours</p> <p>Project Manager: Alex Pirrie Project charter to CPA Board: Apr 20 Revised date for charter to CPA Board: Dec 20</p>	
	<p>Reduce number of requests for specialist support from children's social work in partnership forums by 5% by 2020</p> <p>Project Manager: Caroline Johnstone Project charter to CPA Board: Apr 20 Revised date for charter to CPA Board: Dec 20</p>	

Integrated Children's Services Outcome Improvement Group rationale for proposed scheduling of starting up of existing projects:

Some progress against the charters has continued throughout lockdown, albeit in a different form (availability of school nurse support for example), and new initiatives in response to C-19 and lockdown have been delivered (support lines, resources, websites and training for C&YP, parents and school staff) although not evaluated. ICS propose 'formally' starting the projects in August to coincide with C&YP returning to school and becoming more visible again. At that point we will begin to better understand the impacts of C-19/ lockdown and what is needed in response. These charters are also supported by inter-connected workstreams under the new TOM.

Integrated Children's Services rationale for proposed scheduling of starting up of existing projects:
Group rationale for change to prioritisation:

Self-harm – the group members discussed this at length at meeting on 6th July. It was agreed that the self-harm guidance requires updating (is now 3 years old) and this will be progressed as a priority. We would like to see the baseline data to better understand the background to this charter, so as to better determine who/which agency should provide leadership. The groups view is that CAMHS is not the right agency to lead as measures to prevent and/or intervene early will be required much earlier than when the C or YP becomes known to CAMHS. In mitigating the impacts of Covid, evidence is telling us that self-harm is increasing as is mental ill health. We feel there is more for us to understand over the coming couple of months to enable us to better direct the leadership and direction of the charter.

Social Work – the charter interconnects strongly with the ethos of the collaborative hubs (as do all the MH&W charters), therefore we plan to use intelligence coming from the hubs to help us identify an appropriate lead and inform the direction of the charter.

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

Projects starting in 2019	Projects starting in 2020	Projects starting in 2021
<p>Increase the number of care experienced young people accessing a positive and sustained destination by 25% by 2022 Project Manager: Larissa Gordon Project charter to CPA Board: July 2019 Project charter approved by CPA Board: July 19 Current progress scale: 6 Project has continued, project update at item 5.2 on agenda. Links to Socio Economic Rescue Plan: People 1.1 & 1.6</p>	<p>Increase the number of staff, including carers who report increased understanding and skills to respond to children who have adverse childhood experiences (ACE) by 20% by 2021. Project Manager: Isabel McDonnell Project charter to CPA Board: April 2020 Revised date for charter to CPA Board: Sept 20 (item 5.2 of the agenda – charter 5.4 - This project is being merged with live project 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)</p>	<p>Increase the number of care experienced young people receiving appropriate multiagency throughcare by 2021. Project Manager: Andrea McGill Project charter to CPA Board: April 21.</p>
<p>Increase in the number of inhouse foster and kinship placements by 2021. Project Manager: Isabel McDonnell/Tam Walker Project charter to CPA Board: July 2019 Project charter approved by CPA Board: July 19 Current progress scale: 6 Project has continued, project update at item 5.2 on agenda.</p>	<p>Reduce the length of time that care experienced children and young people wait for an initial Child and Adolescent Mental Health Service (CAMHS) appointment to less than 4 weeks by 2021. Project Manager: Caroline Clark Project charter to CPA Board: April 2020 Revised date for charter to CPA Board: Dec 20</p>	
<p>Increase number of staff, including carers working with care experienced children and young people trained in trauma skills and knowledge, to 80% by 2021. Project Manager: Isabel McDonnell Project charter to CPA Board: Dec 2019 Project charter approved by CPA Board: Dec 19 Current progress scale: 5 Project has continued, project update at item 5.2 on agenda.</p>		
<p>Increase the number of children and young people remaining in a placement between 16-18 year by 2021; and Reduce the number children who experience more than 1 placement over a year by 2022. Project Manager: Andrea McGill/ Isabel McDonnell Project charter to CPA Board: Dec 2019 Project charter approved by CPA Board: Dec 19 Current progress scale: 5</p>		

Project has continued, project update at item 5.2 on agenda.		
Increase the number of care experienced people who receive appropriate support when accessing their records by 2022 Project Manager: Gaynor Clarke Project charter to CPA Board: Dec 2019 Project charter approved by CPA Board: Dec 19 Current progress scale: 5 Project restart date: Oct 20		

Integrated Children’s Services Outcome Improvement Group rationale for proposed scheduling of starting up of existing projects:

The Corporate Parenting group has continued to meet with the exception of one meeting. This has ensured continued focus on priority projects which could continue to be advanced during this past number of months, although not at the same pace as intended. In particular supporting looked after children to continue to be supported to remain within their family network and supporting care experienced young people to access a positive and sustained destination has required a continuing focus. The Scottish Government COVID-19 guidance impacted on young people being able to move on from their placements. This has also enabled a continued focus on how we plan and support older young people to leave care in a manner which promotes improved outcomes and sustainability of destination.

Care experienced young people continue to seek access to their social work records. Much of this is aligned to the SCAI. It is therefore important that we ensure there is appropriate support in place for individuals when accessing their records. Due to the social distancing restrictions this project has been paused but needs to recommence in the coming months.

The project aimed at reducing the number of placement moves children and young people experience is aligned to the capacity of carers and staff to support children and young people who have experienced early life trauma (Project 3 from 2019).

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

The Independent Care Review report was published in February 2020. The report has made a number of recommendations which emphasise the importance of providing early and preventative support to children and families that enables them to stay together where it is safe to do so. The Scottish Government have appointed Fiona Duncan to chair the Promise Team. This team will lead the national plan to drive forward change across the multiagency children’s services partnership that will deliver on the recommendations of the Review. Inevitably this national work will influence local change and improvement around our Corporate Parenting duties and wider planning for children. The Corporate Parenting Improvement Group has been actively considering the findings of the Review and actions we can progress to advance the recommendations. The development of the Family Wellbeing Hubs will ensure an emphasis on early and preventative support to families while also challenging systems and processes to better meet the needs of children who require support to safeguard their care and protection. A report will be presented to the ICS Board in September 2020 setting out the impact of the Promise on the proposed charters for 2020 and 2021.

Upon reflection there is significant duplication in the first proposed project in 2020 with the third project in 2019. A revised charter for live project “Increase number of staff, including carers working with care experienced children and young people trained in trauma skills and knowledge, to 80% by 2021” is to be considered on today’s agenda which incorporates the aim of “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.”

Work to develop the multi-agency footprint within Westburn Centre continues to be progressed enabling increased numbers of care experienced young people to receive appropriate multi-agency support. This has included the development of a Housing Support for Care Leavers practice guidance and associated collaboration to develop a shared post across both clusters to support the housing needs of ceyp.

Stretch Outcome 6. 95% of children living in our priority localities will sustain a positive destination upon leaving school by 2026 (ICS)		
Projects starting in 2019	Projects starting in 2020	Projects starting in 2021
<p>Increase the no. young people who effectively transition from primary school to secondary school by 2021. Project Manager: Gael Ross Project charter to CPA Board: July 2019 Project charter approved by CPA Board: July 19 Current progress scale: 5 Project restart date: Sept 20</p>	<p>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. Project Manager: Eleanor Sheppard Project charter to CPA Board: April 2020 Revised date for charter to CPA Board: April 21</p>	
<p>Increase the number of young people taking up foundation apprenticeships to 142 by 2021. Project Manager: Nicola Graham Project charter to CPA Board: July 2019 Project charter approved by CPA Board: July 19 Current progress scale: 6 Project restart date: Sept 20</p>	<p>Increase the number of curricular offerings shaped by school communities by 20%, by 2021. Project Manager: Alex Duncan Project charter to CPA Board: April 2020 Revised date for charter to CPA Board: April 21</p>	
<p>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. Project Manager: Nicola Graham Project charter to CPA Board; July 2019 Project charter considered by CPA Board: Feb 20 and feedback to be addressed. Project Charter approved by Chair: July 2020 Current progress scale: 5 Project restart date: Sept 20</p>	<p>Increase children, young people and families' awareness and understanding of future skill requirements by June 2021; and Increase the number of opportunities to discuss and record skills for life, learning and work from S1 by 20%, by 2021. Project Manager: Nicola Graham Project charter to CPA Board: April 2020 Revised date for charter to CPA Board: Sept 20 (item 5.2 of the agenda – charter 6.7)</p>	
<p>Increase the number of opportunities for parents and carers to gain an insight into how to meaningfully contribute to the educational progress of their children and young people by 30% by 2021. Project Manager: Alex Duncan, ACC Project charter to CPA Board: July 2019 Project charter approved by CPA Board: Sep 19 Current progress scale: 5 Project restart date: Sept 20</p>		
<p>Increase the number of young people living in Quintiles 1,2 and 3 who achieve a sustained positive destination by working with communities to 90% 2022 Project Manager: James Simpson Project charter to CPA Board: July 2019 Project charter approved by CPA Board: July 19 Current progress scale: 6 Project restart date: Sept 20</p>		

Links to Socio Economic Rescue Plan: People 1.1		
Reduce the number of winter leavers with no positive destination by 50% by 2021. Project Manager: Leona McDermid Project charter to CPA Board: September 2019 Project charter approved by CPA Board: Sep 19 Current progress scale: 6 Project restart date: Sept 20 Links to Socio Economic Rescue Plan: People 1.1 & 1.6		

Integrated Children’s Services Outcome Improvement Group rationale for proposed scheduling of starting up of existing projects:

School Transitions – Guidance has been developed and is being more consistently applied across schools. Decision to be taken on if this Improvement Project should be closed following the return of S1 pupils to school buildings in August, the project Team will review the data following transition in order to plan next steps.

Foundation Apprenticeships - Review of current state and the impact of COVID-19 on the number of operational foundations apprenticeships in September to determine next steps.

Senior Phase - Audit of gaps in provision will enable careful focussing of resource.

Parents and Carers Contributing to Educational Progress - Alignment with work outlined in the Economic Recovery Plan. Re-set this project in light of developing pilot to emphasise ability to influence offer.

Positive Destinations in Quintiles 1,2,3 - This charter will be amended to better reflect the aims of the local governance review pilot.

Integrated Children’s Services rationale for change to prioritisation:

One of the project charters due to have been submitted to the cancelled meeting in April has been submitted to the August meeting of the Management Group

<i>Stretch Outcome 7. Child Friendly City which supports all children to prosper and engage actively with their communities by 2026 (ICS)</i>		
Projects starting in 2019	Projects starting in 2020	Projects starting in 2021
N/A	Projects TBC	

Integrated Children’s Services Outcome Improvement Group rationale for proposed scheduling of starting up of existing projects:

N/A – No projects attached to the Stretch Outcome 7, the work being undertaken for this stretch outcome follows Unicef Child Friendly Cities reporting and evaluation methods.

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

N/A as above

Stretch Outcome 8. 25% fewer young people (under 18) charged with an offence by 2026 (Community Justice Group/ ICS)		
Projects starting in 2019	Projects starting in 2020	Projects starting in 2021
<p>Reduce the number of young people identified as having indicators of being at risk of being excluded from school by 2021.</p> <p>Project Manager: Graeme Simpson Project charter to CPA Board: Sep 2019 Project charter approved by CPA Board: Feb 20 Current progress scale: 5 Project restart date: Aug 20 (when schools re-start)</p>	<p>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.</p> <p>Project Manager: Derek McGowan Project charter to CPA Board: Jun 2020 Revised date for charter to CPA Board: Dec 20</p>	
<p>Increase by 20% the number of young people identified as being at risk of becoming involved in offending behaviour who are engaged in targeted community-based activities by 2021; and Reduce instances of anti-social behaviour as a result of appropriate and effective interventions in targeted areas by 10% by 2021.</p> <p>Project Manager: tbc Police Scotland – new lead shortly taking up post Project charter to CPA Board: Sep 2019 Project charter approved by CPA Board: Sept 19 Current progress scale: 7/8 Project restart date: Sept 20</p>	<p>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.</p> <p>Project Manager: Roma Bruce-Davies Project charter to CPA Board: Sep 2020 Revised date for charter to CPA Board: Dec 20</p>	
	<p>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.</p> <p>Project Manager: David Paterson Project charter to CPA Board: Dec 20</p>	

Community Justice Group/ ICS Board rationale for proposed scheduling of starting up of existing projects:

It is intended that the ‘school exclusions’ project will recommence when the schools re-start, and the ASB project when the new lead is in post.

Community Justice Group/ ICS Board rationale for change to prioritisation:

The thinking around the charters due needs to be contextualised following the impact of Covid 19 and relevant early and effective intervention responses. The prioritisation of the response to COVID has also impacted on the resource available to relevant organisations to be able to progress this work.

Adults

Stretch Outcome 9. 25% fewer people receiving a first ever Court conviction each year by 2026 (Community Justice Group)		
Projects starting in 2019	Projects starting in 2020	Projects starting in 2021
<p>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.</p> <p>Project Manager: Claire Duncan Project charter to CPA Board: N/A Project continued from 2018 Project charter approved by CPA Board: Sep 19 Current progress scale: 6 Project Restart Date: Sept/Oct 2020</p>	<p>Using a whole population approach</p> <ul style="list-style-type: none"> increase the awareness of domestic abuse by 2021 reduce number of children who are witness to domestic abuse by Sept. 2022 decrease number of reported incidents by 30% by 2026. <p>Project Manager: Susan Morrison/Julia Milne Project charter to CPA Board: Feb 2020 Revised Date for Project charter to CPA Board: Dec 2020 Links to Socio Economic Rescue Plan: People 5.9</p>	
	<p>Reduce the number of wilful fires by 20% by 2021.</p> <p>Project Manager: Alex Purdie Project charter to CPA Board: June 2020 Revised date for charter to CPA Board: Dec 20</p>	

Community Justice Group rationale for proposed scheduling of starting up of existing projects:

Regarding the Diversion project, services have been prioritising focus on response to the pandemic and more recently the reinstatement of services and largescale transformation projects/ mobilisations. There is a significant backlog in terms of cases being considered by courts and marked by COPFS. For these reasons, the project lead will look to recommence the project in the autumn.

Community Justice Group rationale for change to prioritisation:

The project relating to reducing the number of wilful fires will need to be delayed to the December Board due to current challenges/ priorities/ commitments and planned leave. In terms of the domestic abuse project, the Project Team are reflecting on feedback received from the Management Group and therefore will submit the charter(s) in December.

Stretch Outcome 10. 2% fewer people reconvicted within one year of receiving a community or custodial sentence by 2026 (Community Justice Group)		
Projects starting in 2019	Projects starting in 2020	Projects starting in 2021
<p>Increase no. of individuals who are on a custodial sentence, CPO Supervision or Diversion from Prosecution are being supported to make progress on the Employability Pipeline by 2021. Project Manager: Nicola Graham Project charter approved by CPA Board: Feb 18 (continued from previous LOIP) Current progress scale: 7 Project Restart Date: Aug 2020</p>	<p>Increase % of non-statutory prisoners (aged 21+) who are offered relevant voluntary support on release from HMP Grampian by 2021. Scottish Prison Service Project Manager: Mike Hebden Project charter to CPA Board: Feb 2020 Project charter approved by CPA Board: Feb 20 Current progress scale: 5 Project Restart Date: July 2020</p>	
<p>Increase the number of family members of people in HMP Grampian and HMYOI Polmont who received appropriate and timely support from Families Outside, Family Centre & Help Hub (Action for Children), and Alcohol & Drugs Action by 20% by 2021. Project Manager: Susan Morrison Project charter approved by CPA Board: Aug 18 (continued from previous LOIP) Current progress scale: 6 Project Restart Date: Aug 2020</p>	<p>Reduce no. of repeat convictions of 16 and 17 year olds, and 18+ year olds, as a result of targeted focus on specific offending behaviour, and use of appropriate and effective interventions, by 2021. Project Manager: Lesley Simpson Project charter to CPA Board: April 2020 Revised date for charter to CPA Board: Dec 20</p>	
<p>Increase the number of individuals who are involved in cuckooing* incidents who undertake effective interventions or who are referred to relevant support services in priority localities by 2021. Project Manager: Graeme Skene Project charter to CPA Board: July 2019 Project charter approved by CPA Board: July 19 Current progress scale: 7 Project Restart Date: Sept 2020</p>	<p>Extend the multi-agency problem solving approach to all 16 and 17 year olds charged with an offence to reduce the likelihood of reoffending by 2021. Project Manager: Graeme Simpson Project charter to CPA Board: April 2020 Revised date for charter to CPA Board: Dec 20</p>	
<p>Increase the uptake and retention of people in the Justice System with drug and alcohol problems in specialist services by 100% by 2021. Project Manager: Simon Rayner Project charter to CPA Board: July 2019 Project charter approved by CPA Board: July 19 Current progress scale: 6 Project has continued, project update at item 5.2 on agenda.</p>	<p>Increase % of individuals indicating an improvement in at least one area* at the end of their Community Payback Order Supervision by 2021. Project Manager: Val Vertigans Project charter to CPA Board: June 2020 Revised date for charter to CPA Board: Dec 20</p>	
<p>Increase number of young people who need support in relation to trauma and bereavement having access to such support by 2021. Project Manager: Alex Pirrie Project charter to CPA Board: Dec 2019 Revised date for charter to CPA Board: Dec 20</p>	<p>Increase number of people engaged in a person-centred multi-agency problem solving approach as part of a community sentence. Project Manager: Jeff Newman Project charter to CPA Board: Sep 2020 Revised date for charter to CPA Board: March 21</p>	

<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</p> <ul style="list-style-type: none"> - in Police custody - on a community disposal - in HMP Grampian By 2021. <p>Project Manager: John Donaghey will resume as project lead in October. Other staff members have been asked to support meantime.</p> <p>Project charter to CPA Board: Dec 2019</p> <p>Revised date for charter to CPA Board: March 21</p>	<p>Increase the number of individuals charged with hate crimes who undertake effective interventions by 30% by 2021.</p> <p>Project Manager: David Scott</p> <p>Project charter to CPA Board: Sep 2020</p> <p>Revised date for charter to CPA Board: Dec 20</p>	
	<p>Increase the uptake and retention of people in the Justice System with a diagnosed mental illness in specialist services by 2021.</p> <p>Project Manager: Jane Fletcher</p> <p>Project charter to CPA Board: Dec 20</p> <p>Revised date for charter to CPA Board: TBC (Project lead advises that it is not possible to provide a timescale for commencement of work relating to this project charter, due to continued prioritisation of response to COVID)</p>	

Community Justice Group rationale for proposed scheduling of starting up of existing projects:

Projects are due to recommence over the next couple of months (July to Sept) as organisations/ services are able to re-focus resource to these.

Community Justice Group rationale for change to prioritisation:

The development of project charters has been delayed primarily due to the prioritisation of organisations/ services to the response to COVID. Other issues which have impacted include clarification of project leads, and work ongoing to collate information about the impact of COVID and how this will inform work going forwards.

The increase number of people engaged in a person-centred multi-agency problem solving approach as part of a community sentence project is to be deferred until March 2021 due to the extreme pressures facing the Scottish Courts & Tribunals Service (who are to lead the project) due to the backlog caused by the closure of Courts during COVID. The 'problem-solving court' has not been running since the start of lockdown in March, and there are currently no plans to resume due to other priorities.

The 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 project has been rescheduled to March 21 due to the project lead position being vacant for a period, however a lead will be in place from October, and the lack of available data to help inform this. Work is actively taking place to address this.

Stretch Outcome 11. Healthy life expectancy (time lived in good health) is five years longer by 2026 (Resilient, Included, Supported Group)		
Projects starting in 2019	Projects starting in 2020	Projects starting in 2021
<p>Increase uptake of a range of activities that enable people with long term conditions to manage their health and well-being by 2021.</p> <p>Project Manager: Keith Gerrard Project charter to CPA Board: July 2019 Project charter approved by CPA Board: July 19 Current progress scale: 6 Project Restart Date: Sept 2020. (Many staff currently furloughed and venues closed.)</p>	<p>Increase the number of unpaid carers participating in support programme reflecting healthy life choices by 25% by 2021.</p> <p>Project Manager: Alison McLeod Project charter to CPA Board: Feb 2020 Revised date for charter to CPA Board: Dec 20</p>	
<p>Extend link working approach across primary care to support 3,000 people to attain their own identified outcomes by 2021.</p> <p>Project Manager: Jenny McCann Project charter to CPA Board: July 2019 Project charter approved by CPA Board: Sep 19 Current progress scale: 8 Project has continued, project update at item 5.2 on agenda.</p>	<p>Reduce suicide rates amongst men in Aberdeen to below 2016 levels (16) by 2021.</p> <p>Project Manager: Louise Officer Project charter to CPA Board: Feb 2020 Project charter considered by CPA Board: Feb 20 and feedback to be addressed. Project charter approved by CPA Chair: July 2020 Current progress scale: 4 Project has continued, but as only approved in July no project update. Links to Socio Economic Rescue Plan: People 5.8 & 5.9</p>	
<p>Reduce % of men and women who are obese to 20% by 2021.</p> <p>Project Manager: Chris Littlejohn Project charter to CPA Board: Sep 2019 Project charter approved by CPA Board: Sep 19 Current progress scale: 6 Project Restart Date: Aug 2020</p>	<p>Increase the number of community run green spaces that are organised and self-managed, particularly in priority localities where satisfaction and use is low</p> <p>Project Manager: Stephen Shaw Project charter to CPA Board: Feb 2020 (postponed to September 2020) Revised date for charter to CPA Board: Dec 20 Links to Socio Economic Rescue Plan: People 5.13 & 5.14</p>	
<p>Increase opportunities for people who are retired to continue and increase their contribution to communities by 10% by 2021.</p> <p>Project Manager: Jane Russell Project charter to CPA Board: Sep 2019 Project charter approved by CPA Board: Dec 19 Current progress scale: 5 Project has continued, project update at item 5.2 on agenda.</p>	<p>Reduce tobacco smoking by 5% overall by 2021.</p> <p>Project Manager: Linda Smith Project charter to CPA Board: Feb 2020 Project charter approved by CPA Board: Feb 20 Current progress scale: 5 Project has continued, project update at item 5.2 on agenda.</p>	

<p>Increase by 25% year on year, the number of people who have benefited from a Making Every Opportunity Count conversation or intervention</p> <p>Project Manager: TBC</p> <p>Project charter to CPA Board: Sep 2019</p> <p>Project charter approved by CPA Board: Feb 20</p> <p>Current progress scale: 5</p> <p>Project Restart Date: Sept 20</p>	<p>Increase the number of Distress Brief Interventions opportunities for people presenting to frontline services in distress by 10% by 2021.</p> <p>Project Manager: Rachel Middleton</p> <p>Project charter to CPA Board: Feb 2020</p> <p>Project charter approved by CPA Board: Feb 20</p> <p>Current progress scale: 5</p> <p>Project Restart Date: Aug 2020</p>	
<p>Improve health and wellbeing outcomes for at least 50% of homeless people participating in the Housing First programme by 2021.</p> <p>Project Manager: Julie Somers</p> <p>Project charter to CPA Board: Dec 2019</p> <p>Project charter approved by CPA Board: Dec 19</p> <p>Current progress scale: 5</p> <p>Project Restart Date: Oct 2020</p> <p>Links to Socio Economic Rescue Plan: People 2.2</p>	<p>Increase the number of groups for people with long term conditions which are co-produced with service users by 2021.</p> <p>Project Manager: Jill Franks</p> <p>Project charter to CPA Board: Apr 2020</p> <p>Revised date for charter to CPA Board: Dec 2020</p>	
<p>Increase the number of people with autism who are supported to be in employment by 2021.</p> <p>Project Manager: TBC</p> <p>Project charter to CPA Board: Dec 2019</p> <p>Project charter approved by CPA Board: Dec 19</p> <p>Current progress scale: 5</p> <p>Project Restart Date: Oct 20</p>	<p>Increase number of people in local communities promoting wellbeing and good health choices by 2021.</p> <p>Project Manager: Jayne Boyle</p> <p>Project charter to CPA Board: Apr 2020</p> <p>Revised date for charter to CPA Board: Sept 2020 (item 5.2 of the agenda – charter 11.12)</p>	
	<p>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</p> <p>Project Manager: Neil Carnegie</p> <p>Project charter to CPA Board: Apr 2020</p> <p>Revised date for charter to CPA Board: Sept 2020 (item 5.2 of the agenda – charter 11.13)</p>	
	<p>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.</p> <p>Project Manager: Ann Smith</p> <p>Project charter to CPA Board: Apr 2020</p> <p>Project charter approved by CPA Board: Feb 20</p> <p>Current progress scale: 6</p> <p>Project has continued, project update at item 5.2 on agenda.</p>	

Resilient Included Supported Group rationale for proposed scheduling of starting up of existing projects:

The proposed scheduling of starting up existing projects is based on current service demands; staffing constraints including redeployment and being on furlough and restrictions related to a number of venues current being closed. In addition, a number of projects are rethinking how projects can be delivered in different ways, i.e. virtual engagement as opposed to face-to-face and also the tests for change to be progressed.

Resilient Included Supported Group rationale for change to prioritisation:

A number of project charters were postponed from the March CPA Board – these have been amended for the September Board. It is intended that the unpaid carers charter is submitted to the December Board as timescales were too tight to meet the September Board and allow for meaningful engagement with unpaid carers in the current circumstances. The other remaining charter regarding increasing the number of groups for people with long term conditions which are co-produced with service users by 2021 will also be reported to the Board in December.

Stretch Outcome 12. Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026 (Alcohol and Drugs Partnership)		
Projects starting in 2019	Projects starting in 2020	Projects starting in 2021
<p>Increase the % of Care experienced children and young people receiving educational and support input on alcohol/ drugs issues by 2021. Project Manager: Simon Rayner/ Tam Walker Project charter to CPA Board: Sep 2019 Project charter approved by CPA Board: Sep 19 Current progress scale: 6 Project has continued, project update at item 5.2 on agenda.</p>	<p>Increase % of the population who feel informed about using alcohol responsibly by 2021. Project Manager: Gillian Robertson Project charter to CPA Board: Feb 2020 Project charter approved by CPA Board: Feb 20 Current progress scale: 5 Project has continued, project update at item 5.2 on agenda.</p>	<p>Increase number of people undertaking recovery from drug and alcohol issues who are being supported to maintain drug / alcohol free lives in their community by 2021. Project Manager: Simon Rayner Project charter to CPA Board: March 21</p>
<p>100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021. Project Manager: Simon Rayner /Gavin Morrison Project charter to CPA Board: Sep 2019 Project charter approved by CPA Board: Sep 19 Current progress scale: 6 Project has continued, project update at item 5.2 on agenda.</p>	<p>Increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2021. Project Manager: Martin Smith Project charter to CPA Board: Feb 2020 Project charter approved by CPA Board: Feb 20 Current progress scale: 5 Project has continued, project update at item 5.2 on agenda.</p>	<p>Increase by 10% the percentage of adults in Aberdeen City who are non-drinkers or drink alcohol in a low risk way by 2021. Project Manager: Gillian Robertson Project charter to CPA Board: March 21</p>
<p>Reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2021. Project Manager: Simon Rayner Project charter to CPA Board: Sep 19 Project charter approved by CPA Board: Sep 19 Current progress scale: 6 Project has continued, project update at item 5.2 on agenda.</p>	<p>Increase the uptake of alcohol treatment by improving access to alcohol services and ensuring they are local, integrated and targets areas of greatest need by 10% year on year by 2021. Project Manager: Simon Rayner Project charter to CPA Board: April 2020 Revised date for charter to CPA Board: Dec 20</p>	
<p>Increase number of alcohol brief interventions delivered by Primary Care providers and other professionals by 100% by 2021. Project Manager: New PM to be identified. Project charter to CPA Board: Dec 2019 Project charter approved by CP A Board: Dec 19 Current progress scale: 6 Project has continued, project update at item 5.2 on agenda.</p>		
<p>Increase the number of Number of alcohol licensed premises awarded Best Bar None status by 2021. Project Manager: Kenny McGeough Project charter to CPA Board: Dec 2019 Project charter approved by CPA Board: Dec 19</p>		

Current progress scale: 5 Project Restart Date: Sept 2021		
Increase opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment by 2021. Project Manager: Simon Rayner / Lisa Allerton Project charter to CPA Board: Dec 2019 Project charter approved by CPA Board: Feb 20 Current progress scale: 5 Project Restart Date: Aug 2020		

Alcohol and Drugs Partnership rationale for proposed scheduling of starting up of existing projects:

Partners involved in our projects were originally relying on extensive face to face contact with people to engage them in the projects. We have had to review this in line with the current restrictions and are looking at delivering these outcomes in new and innovative ways.

Whilst we have managed to continue activity, albeit on a smaller scale, for a few projects many have used this time to develop new ways of delivering the project outcomes. The projects halted were due to the services required not being available. We anticipate that the Best Bar None project will start in a smaller scale due to the recent changes for licenced premises under COVID restrictions. Also, for the Blood Borne Viruses project, testing has been unavailable but anticipate being able to start soon. Lower numbers anticipated due to limited contact and Project Team are developing how to overcome these issues and perhaps find a new way to deliver this.

We have also had competing priorities during this time to maintain existing drug, alcohol and support services. The projects halted will start in line with services required to achieve the outcomes are available.

Alcohol and Drugs Partnership rationale for change to prioritisation:

The ADP have delayed one project to December and have taken this decision as we would like to ensure we have the capacity to progress this outcome along with the ones that have been put on hold and need to progress differently. We have also lost one of our key project leads, who led two important projects and we need to identify appropriate new leads for these projects.

Stretch Outcome 13. No one in Aberdeen will go without food due to poverty by 2026 (Sustainable City Group)		
Projects starting in 2019	Projects starting in 2020	Projects starting in 2021
<p>Increase community food growing in schools, communities and workplaces by 2021. Project Manager: Steven Shaw Project charter to CPA Board: Sep 2019 Project charter approved by CPA Board: July 19 Current progress scale: 6 Project Restart Date: Aug/Sept 20 Links to Socio Economic Rescue Plan: People 5.12</p>	<p>Increase in the uptake of Healthy Start Scheme and Vitamins by 4%, by April 2020; and Increase the number of people using community pantries by 2021. Project Manager: Dave Kilgour, CFINE Project charter to CPA Board: April 2020 Project charter approved by CPA Board: Dec 19 Current progress scale: 6 Project Restart Date: End of Aug/Beginning Sept 20 Links to Socio Economic Rescue Plan: People 5.4</p>	

Stretch outcome 14. Addressing climate change by reducing Aberdeen’s carbon emissions by 42.5% by 2026 and adapting to the impacts of our changing climate (Sustainable City Group)		
Projects starting in 2019	Projects starting in 2020	Projects starting in 2021
<p>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 Project Manager: Dawn Schultz/Andy Buchan – New lead in Aug Project charter to CPA Board: July 2019 Project charter to CPA Board: July 19 Current progress scale: 5 Project Restart Date: Sept 20</p>	<p>Reduce Aberdeen’s carbon emissions by 30% by 2021. Project Manager: Sinclair Laing Project charter to CPA Board: Feb 2020 <u>(postponed to TBC 2020)</u> Revised date for charter to CPA Board: Dec 20</p>	
	<p>Increase the completeness of data within the ‘at risk database’ to identify those people most vulnerable. Project Manager: Derek McGowan Project charter to CPA Board: Feb 2020 <u>(postponed to TBC 2020)</u> Revised date for charter to CPA Board: Dec 20</p>	
	<p>Reduce the generation of waste in Aberdeen by 2021. Project Manager: Pam Walker Project charter to CPA Board: July 2020 Revised date for charter to CPA Board: Dec 20</p>	

Stretch outcome 15. 38% of people walking and 5% of people cycling as main mode of travel by 2026 (Sustainable City Group)		
Projects starting in 2019	Projects starting in 2020	Projects starting in 2021
Increase % of people who walk as main mode of travel to 31% by 2021. Project Manager: Kelly Wiltshire Project charter to CPA Board: Dec 2019 (postponed to September 2020) Revised date for charter to CPA Board: Sept 20 (item 5.2 of the agenda – charter 15.2)		
Increase % of people who cycle as main mode of travel to 3% by 2021. Project Manager: Kelly Wiltshire Project charter to CPA Board: Dec 2019 Project charter approved by CPA Board: Feb 20 Current progress scale: 5 Project Restart Date: Sept 20 Links to Socio Economic Rescue Plan: Place 2.1		

Sustainable City Group rationale for proposed scheduling of starting up of existing projects:

The group has taken stock of the situation and scheduled its work taking into account the feasibility and relevance of projects, and considering the availability of people to lead and participate in their activities and the current guidance.

Current social distancing guidance is likely to disrupt the re-starting of training and the interaction with other organisations that the cycle project charter is dependent on.

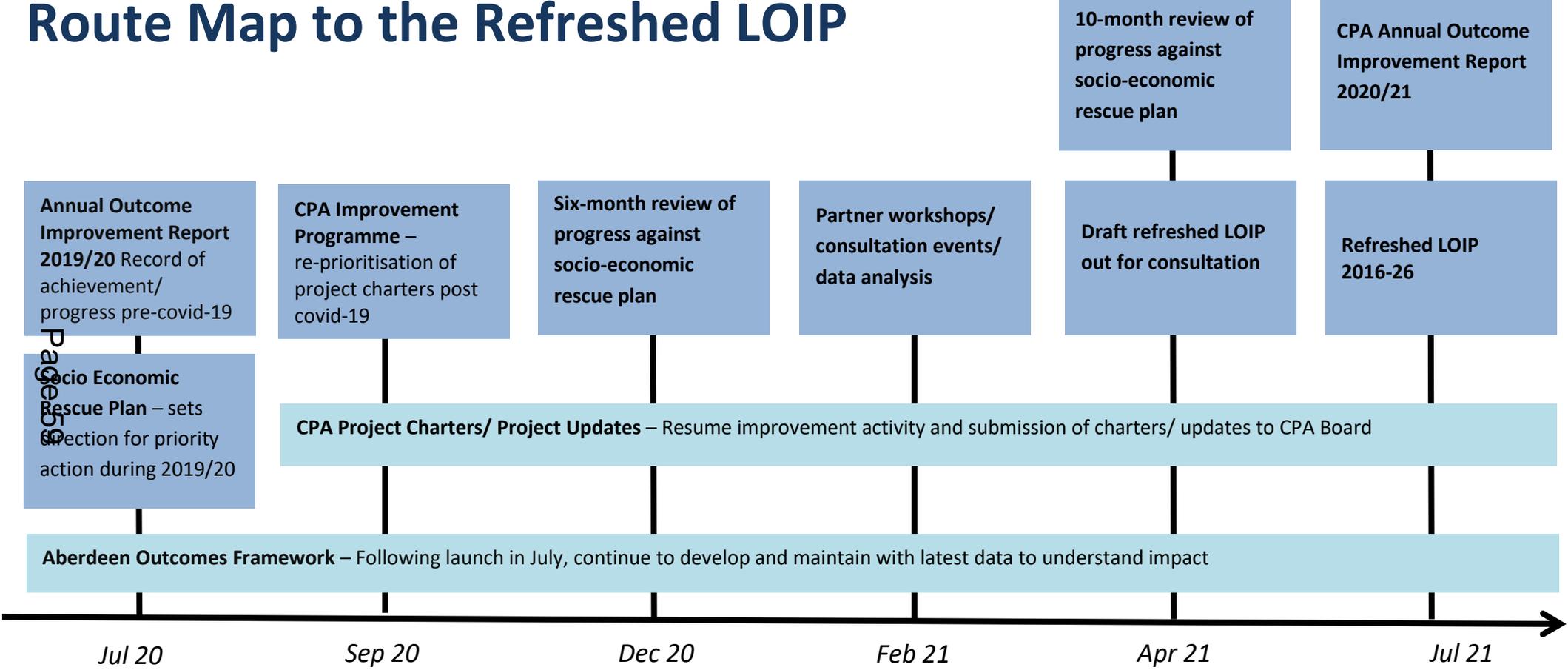
Sustainable City Group rationale for change to prioritisation:

All of the outstanding project charters will be submitted to the Board in December 2020. Several of the projects awaiting submission are closely aligned with the ACC's Socio Economic Rescue Plan, the Group will undertake a mapping exercise to ensure these are aligned and there is no duplication of effort and will also enable the Project Teams to consider the post covid environment and reflect that in the change ideas.

COMMUNITY ENGAGEMENT

Projects starting in 2019	Projects starting in 2020	Projects starting in 2021
Participation and Asset Transfer Requests Project Manager: Jonathan Smith Project charter to CPA Board: N/A Continued from 2018 Project charter approved by CPA Board: July 19 Current progress scale: 6 Project close report at item 5.4 of the agenda.		

Route Map to the Refreshed LOIP



This page is intentionally left blank



Community Planning Aberdeen

Progress Report	CPA Improvement Programme 2019-21 Quarterly Update Report
Lead Officer	Angela Scott, Chair of CPA Management Group and Chief Executive of Aberdeen City Council
Report Author	Allison Swanson, Improvement Programme Manager
Date of Report	13 August 2020
Governance Group	CPA Board – 16 September 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 on the basis of the reprioritised improvement programme to be considered on today's agenda. 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 introduced 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.
- 1.3 From 16 March 2019 progress with our [improvement projects](#) has been impacted by Covid-19, with the majority (35 out of 53) of the approved live projects having been on hold since that time. The improvement programme has been reviewed in light of Covid-19 and the revised programme on today's agenda details project restart dates, as well as revised dates for the submission of the outstanding project charters. This report provides an overview of progress based on the revised improvement programme.

1.4 Overview of progress to date:

LOIP Project Aims	Project charters Due	Project charters received	Projects now live	Months since LOIP Published	Months left to 2021
120	99	63%	53%	17	5

* 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 also includes 9 project charters scheduled for consideration by the CPA Board in September 2020 as per the revised CPA Improvement Programme 2019-21. See Appendix 2 for new project charters.

3 LIVE PROJECT UPDATES

3.1 Projects which have had a charter approved for initiation of testing will produce a one page update report until the project is complete. This 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. The report is designed to focus on the outcomes of the project, rather than a general update on activity.

3.2 Project team's 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 four. Normally, update reports for projects which have reached level six or above will be shared with the CPA Board as part of this quarterly update. In light of Covid-19 and given 35 of projects approved and underway have been on hold during this period, for this this cycle Appendix 3 provides an update on progress for only those projects which have progressed and which have reached level five or above.

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 will proceed to the designing and testing stage.

Recommendations for Action

It is recommended that the Board:

- i) note the overview of progress against the revised CPA Improvement Programme as contained at Appendix 1;
- ii) approve the new charters included at Appendix 2; and
- iii) consider the updates provided on live improvement projects which continued during Covid-19 in Appendix 3.

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.

Consultation

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

Chairs of CPA Outcome Improvement Groups
LOIP Project Managers
LOIP Lead Contacts
Corporate Strategy and Community Planning Manager

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:

Allison Swanson
Improvement Programme Manager
Community Planning
Email: aswanson@aberdeencity.gov.uk

APPENDIX 1 OVERVIEW OF PROGRESS

ECONOMY

Lead Outcome Improvement Group: **Aberdeen Prospers**

- No. project charters due (based on revised Improvement Programme): 0
- No. project charters received: 0
- No. project charters outstanding: 0
- No. projects live: 6
- No. of live projects on hold from Covid-19: 6
- Total No. of LOIP projects: 14

Charter Status	Ready	Partly Ready	Postponed	Not Ready
Live Project Status	On hold – Covid			

Stretch Outcome 1

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

No charters due

Ref	Live Projects	Start	Progress Scale					
			Sep	Dec	Feb	Apr	July	
1.1	Stimulate a 5% increase in the number of start-up businesses in growth sectors by 2021.	July 19	5	5	5	5	Project restart: Sept 2020	
1.2	Increase the number of people within Aberdeen City qualified with ICT and Digital skills at SCQF Levels 7 and 8 by 10% by 2024	Feb 20	2	3	4	5	Project restart: End August 20	

Stretch Outcome 2

90% of working people in Living Wage employment by 2026

No charters due

Ref	Live Projects	Start	Progress Scale					
			Sep	Dec	Feb	Apr	July	
2.1	Increase the impact and measured value of Partnership wide community benefits programme by 2022.	July 19	5	5	5	5	Project restart: Sept 2020	
2.2	Increase the % of people in Aberdeen who feel comfortable using digital tools by 2021.	Dec 19	3	4	5	6	Background study has continued	

Ref	Live Projects	Start	Progress Scale				
			Sep	Dec	Feb	Apr	July
							ed but project will restart in July 2020
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	Dec 19	3	4	5	5	Project restart: Sept 2020
2.4	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)	Feb 20	2	3	4	5	Project restart: Sept 2020

PEOPLE (CHILDREN & YOUNG PEOPLE)

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

- No. project charters due (based on revised Improvement Programme): 6
- No. project charters received: 6
- No. project charters outstanding: 0
- No. projects live: 16 (See Appendix 2 for progress updates for projects that continued during COVID)
- No. live projects on hold from covid-19: 10
- No. projects proposed to be removed: 1
- Total No. of LOIP projects: 29

Charter Status	Ready	Partly Ready	Postponed	Not Ready
Live Project Status	On hold – Covid			

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	Sept 20	Charter received and ready (See charter 3.5)
To increase the percentage of babies exclusively breastfed at 6-8 weeks to 41% by 2021.	Sept 20	Charter received and ready (See charter 3.6)
Reduce child obesity at Primary 1 stage by 10% by 2022	Sept 20	Charter received and ready (See charter 3.7)
Reduce the number of emergency hospital admissions for unintentional injury to children under 5 years by 3.69% by 2021	Sept 20	Charter received and ready (See charter 3.8)
Increase in the MMR vaccine uptake for children at 24 months by 3.9%, by 2020	Apr 20	See separate report on today's agenda.

Ref	Live Projects	Start	Progress Scale				
			Sep	Dec	Feb	Apr	July
3.1	Increase the number of families who request additional support and receive an offer of an appropriate service within 30	July 19	7	7	7	7	7

Ref	Live Projects	Start	Progress Scale				
			Sep	Dec	Feb	Apr	July
	days of receipt of the Child's Plan, to 80%, by 2021.						
3.2	Reduce the number of births affected by drugs by 0.6% by 2022.	Sep 19	4	5	5	5	Project restart: Oct 20
3.3	Reduce the rate of teenage pregnancies [under 16s] by 3%, by 2021; and Reduce the rate of teenage pregnancies [under 16s] in the CPP locality areas by 10% by 2021	July 19	5	6	6	6	Project restart: Sept 2020
3.4	Increase the number of pregnant young people who are able to remain in education during pregnancy by 50%, by 2022	Feb 20	2	3	4	5	Project restart: Dec 2020

Stretch Outcome 4

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

Ref	Live Projects	Start	Progress Scale				
			Sep	Dec	Feb	Apr	July
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	Dec	4	4	6	6	6

Stretch Outcome 5

95% of care experienced children and young people will have the same levels of attainment in education, emotional wellbeing, and positive destinations as their peers by 2026

Projects Starting	Charter Due Date(s)	Charter Status
Increase the number of staff, including carers who report increased understanding and skills to respond to children who have adverse childhood experiences (ACE) by 20% by 2021.	Sept 20	Charter received and ready. This project is being merged with live project 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. (See revised charter 5.4)

Ref	Live Projects	Start	Progress Scale				
			Sep	Dec	Feb	Apr	July
5.1	Increase the number of care experienced young people accessing a positive and sustained destination by 25% by 2022	July 19	5	5	6	6	6
5.2	Increase in the number of inhouse foster and kinship placements by 2021	July 19	5	5	6	6	6
5.3	Increase in the number of care experienced people who receive appropriate support when accessing their records by 2022	Dec 19	3	4	5	5	Project restart: Oct 20
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	Dec 19	3	4	5	5	5
5.5	Increase the number of children and young people remaining in a placement between 16-18 years old by 2021; and Reduce the number of children who experience more than 1 placement over a year by 2022.	Dec 19	3	4	5	5	5

Stretch Outcome 6

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

Projects Starting	Charter Due Date(s)	Charter Status
Increase children, young people and families' awareness and understanding of future skill requirements by June 2021; and Increase the number of opportunities to discuss and record skills for life, learning and work from S1 by 20%, by 2021.	Sept 20	Charter received and ready (See charter 6.7)

Ref	Live Projects	Start	Progress Scale				
			Sep	Dec	Feb	Apr	July
6.1	Increase the no. young people who effectively transition from primary school to secondary school by 2021	July 19	5	5	5	5	Project restart: Sept 20
6.2	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	July 19	5	6	6	6	Project restart: Sept 20
6.3	Increase the number of young people taking up foundation apprenticeships to 142 by 2021	July 19	5	6	6	6	Project restart: Sept 20

Ref	Live Projects	Start	Progress Scale				
			Sep	Dec	Feb	Apr	July
6.4	Increase the number of opportunities for parents and carers to gain an insight into how to meaningfully contribute to the educational progress of their children and young people by 30% by 2021	Sep 19	4	5	5	5	Project restart: Sept 20
6.5	Reduce the number of winter leavers with no positive destination by 50% by 2021.	Sep 19	4	5	6	6	Project restart: Sept 20
6.6	Increase the number of partners supporting delivery of the senior phase by 10% by 2021; and Increase the range of and number of accredited courses being provided by schools and partners by 25% by 2021	July 20	1	3	3	3	Project charter approved July. Project restart: Sept 20

Stretch Outcome 7 Child Friendly City which supports all children to prosper and engage actively with their communities by 2026

No charters due

PEOPLE (VULNERABLE ADULTS)

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

No. project charters due (based on revised Improvement Programme): 0

No. project charters received: 0

No. project charters outstanding: 0

No. projects live: 8 (See Appendix 2 for progress updates for projects that continued during COVID)

No. of live projects on hold from Covid-19: 7

Total No. of LOIP projects: 21

Charter Status	Ready	Partly Ready	Postponed	Not Ready
Live Project Status	On hold – Covid –			

Stretch Outcome 8

25% fewer young people (under 18) charged with an offence by 2026

No charters due

Ref	Live Projects	Start	Progress Scale				
			Sep	Dec	Feb	Apr	July
8.1	Increase by 20% the number of young people identified as being at risk of becoming involved in offending behaviour who are engaged in targeted community-based activities by 2021; and Reduce instances of anti-social behaviour as a result of appropriate and effective interventions in targeted areas by 10% by 2021.	Sep 19	4	5	6	6	Project restart: Sept 20
8.2	Reduce the number of young people identified as having indicators of being at risk of being excluded from school by 2021.	Feb 20	2	3	4	5	Project restart: Aug 20

Stretch Outcome 9

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

No charters due

Ref	Live Projects	Start	Progress Scale				
			Sep	Dec	Feb	Apr	July
9.1	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.	Sep 19	4	5	6	6	Project restart: Sept/Oct 2020

Stretch Outcome 10

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

No Charters Due

Ref	Live Projects	Start	Progress Scale				
			Sep	Dec	Feb	Apr	July
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 & Drugs Action by 20% by 2021.	Aug 18	6	6	6	6	Project restart: Aug 2020
10.2	Increase no. of individuals who are on a custodial sentence, CPO Supervision or Diversion from Prosecution are being supported to make progress on the Employability Pipeline by 2021	Feb 18	7	7	7	7	Project restart: Aug 2020
10.3	Increase the number of individuals who are involved in cuckooing* incidents who undertake effective interventions or who are referred to relevant support services in priority localities by 2021.	July 19	6	7	7	7	Project restart: Sept 2020
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.	July 19	5	6	6	6	6
10.5	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	2	3	4	5	Project restart: July 20

Lead Outcome Improvement Group: Resilient, Included, Supported Group

No. project charters due (based on revised Improvement Programme): 2

No. project charters received: 2

No. project charters outstanding: 0

No. projects live: 11 (See Appendix 2 for progress updates for projects that continued during COVID)

No. live projects on hold from Covid-19: 6

Total No. LOIP projects: 16

Charter Status	Ready	Partly Ready	Postponed	Not Ready
Live Project Status	On hold – Covid			

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
Increase number of people in local communities promoting well-being and good health choices by 2021.	Sept 20	Charter received and ready. (See charter 11.12).
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.	Sept 20	Charter received and ready. Timescales in the Project Plan are TBC at present as they are dependent on the reopening of the community-based hub post covid-19 restrictions. Once this date is known the timescales will be populated. (See charter 11.13).

Ref	Live Projects	Start	Progress Scale					
			Sep	Dec	Feb	Apr	July	
11.1	Increase uptake of a range of activities that enable people with long term conditions to manage their health and well-being by 2021.	July 19	5	6	6	6	Project restart: Sept 2020	
11.2	Extend link working approach across primary care to support 3,000 people to attain their own identified outcomes by 2021.	Sep 19	4	6	6	7	8	
11.3	Reduce % of men and women who are obese to 20% by 2021.	Sep 19	4	5	6	6	Project restart: Aug 2020	
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.	Dec 19	3	4	5	5	Project restart: Oct 2020	

Ref	Live Projects	Start	Progress Scale				
			Sep	Dec	Feb	Apr	July
11.5	Increase the number of autistic people aged 16 to 25 who are supported into employment by 2021	Dec 19	3	4	5	5	Project restart: Oct 2020
11.6	Increase opportunities for people who are retired to continue and increase their contribution by 10% by 2021	Dec 19	3	4	5	5	6
11.7	Reduce suicide rates amongst men in Aberdeen to below 2016 levels (16) by 2021.	July 20	2	3	3	3	4(project charter approved July 20 – no update)
11.8	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.	Feb 20			4	5	6
11.9	Increase by 25% year on year, the number of people who have benefited from a Making Every Opportunity Count conversation or intervention	Feb 20			4	5	Project restart: Sept 2020
11.10	Reduce tobacco smoking by 5% overall by 2021.	Feb 20			4	5	5
11.11	Increase the number of Distress Brief Interventions opportunities for people presenting to frontline services in distress by 10% by 2021	Feb 20			4	5	Project restart: Aug 20

Lead Outcome Improvement Group: Alcohol and Drugs Partnership

No. project charters due (based on revised Improvement Programme): 0

No. project charters received: 0

No. project charters outstanding: 0

No. projects live: 8 (See Appendix 2 for progress updates for projects that continued during COVID)

No. live projects on hold from Covid-19: 2

Total No. LOIP projects: 11

Charter Status	Ready	Partly Ready	Postponed	Not Ready
Live Project Status	On hold – Covid			

Stretch Outcome 12

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

No charters Due.

Ref	Live Projects	Start	Progress Scale				
			Sep	Dec	Feb	Apr	July
12.1	Increase the % of Care experienced children and young people receiving educational and support input on alcohol/ drugs issues by 2021.	Sep 19	4	5	6	6	6
12.2	100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021.	Sep 19	4	5	6	6	6
12.3	Reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2021.	Sep 19	4	6	6	6	6
12.4	Increase the number of alcohol licensed premises awarded Best Bar None status by 2021	Dec 19	3	4	5	5	Project restart: Sept 2021
12.5	Increase number of alcohol brief interventions delivered by Primary Care providers and other professionals by 100% by 2021	Dec 19	3	4	6	6	6
12.6	Increase opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment by 2021.	Feb 20	2	3	4	5	Project restart: Aug 2020
12.7	Increase % of the population who feel informed about using alcohol responsibly by 2021.	Feb 20	2	3	4	5	5

Ref	Live Projects	Start	Progress Scale				
			Sep	Dec	Feb	Apr	July
12.8	Increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2021.	Feb 20	2	3	4	5	5

PLACE

Lead Outcome Improvement Group: Sustainable City Group

No. project charters due (based on revised Improvement Programme): 1

No. project charters received: 1

No. project charters outstanding: 0

No. projects live: 4

No. live projects on hold from Covid-19: 4

Total No. LOIP projects: 8

Charter Status	Ready	Partly Ready	Postponed	Not Ready
Live Project Status	On hold – Covid			

Stretch Outcome 13

No one in Aberdeen will go without food due to poverty by 2026

All projects planned under this outcome are now live.

Ref	Live Projects	Start	Progress Scale				
			Sep	Dec	Feb	Apr	July
13.1	Increase community food growing in schools, communities and workplaces by 2021.	July 19	5	6	6	6	Project restart: Aug/Sept 20
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	Dec 19	3	4	6	6	Project restart: End of Aug/Sept 20

Stretch Outcome 14

Addressing climate change by reducing Aberdeen's carbon emissions by 42.5% by 2026 and adapting to the impacts of our changing climate

No charters due

Ref	Live Projects	Start	Progress Scale				
			Sep	Dec	Feb	Apr	July
14.1	Community led resilience plans in place for areas most vulnerable to flooding by 2021; and Community led resilience plans in place across all areas by 2026	July 19	5	5	5	5	Project restart: Sept 20

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	August 20	 Charter received and ready (See charter 15.2).

Ref	Live Projects	Start	Progress Scale				
			Sep	Dec	Feb	Apr	July
15.1	Increase % of people who cycle as main mode of travel to 3% by 2021.	Feb 20	2	3	4	5	Project restart: Sept 20

(V) COMMUNITY ENGAGEMENT

Lead Outcome Improvement Group: Community Engagement Group

No. project charters due: 0

No. projects live: 1

Total no. of projects planned: 1

No charters due

Ref	Live Projects	Start	Progress Scale				
			Sep	Dec	Feb	Apr	July
16.1	Participation and Asset Transfer Requests	July 19	5	6	6	6	10 (See separate Project end report on today's agenda)

3.5 Smoke Free Pregnancy and Homes

Improvement Project Title: Smoke Free Pregnancy and Homes
Executive Sponsor: Rob Polkinghorne (ICS Board Chair)
Project Lead: Elaine McConnachie, Public Health Co-ordinator, emconnachie@aberdeencity.gov.uk
<ul style="list-style-type: none">• Reduce the numbers of babies exposed to 2nd hand smoke (at 6-8 week review) by 10% by 2022• Reduce the number of pregnant mothers who smoke by 10% by 2022
Link to Local Outcome Improvement Plan: Stretch Outcome 3: 3.95% of children (0-5 years) will reach their expected developmental milestones by the time of their child health reviews by 2016
Why is this important? National Context Tobacco use and exposure to second-hand smoke during pregnancy can lead to an increased risk of adverse effects including: <ul style="list-style-type: none">• miscarriage and placental abruption• premature birth• foetal growth restriction• lower birth weight, which may contribute to coronary heart disease, type 2 diabetes and obesity in adulthood• stillbirth (20–30% higher likelihood)• sudden infant death syndrome (SIDS) (two-to-five fold increase). Children who breathe secondhand smoke can have more: <ul style="list-style-type: none">• Ear infections• Coughs and colds• Respiratory problems, such as bronchitis and pneumonia• Tooth decay• Days off school• Increased risk of asthma attacks• Long term impact on lung development Source: ASH Scotland information briefing on tobacco use in pregnancy (updated September 2012) and Adapted from Dangers of Secondhand Smoke (Copyright © 2010 American Academy of Pediatrics, Updated 12/2014)
Local Context According to ScotPHO 13.7% of pregnant women smoke in Aberdeen (2016/17-2018/19) a decrease from 26% in 2003/04-2005/06 and while this is slightly below the Scottish

average (14.94%) there are still significant differences across the City. In the most deprived area of Aberdeen City 26% of pregnant women smoke while in the least deprived area it is 3% (Source: ScotPHO 20-16/17-2018/19).

These differences are also evident across localities with 14% of pregnant women smoking in Central, 13% in North and 10% in South (taken from Badgernet 2019 data and based on numbers of pregnant smokers at initial book in). At birth 11% of women in central locality were still smoking, while this was 9% in North and 7% in South (source: Badgernet 2019) showing little reduction from rates at the booking appointment.

At the initial midwife appointment women who are identified as smokers are offered a referral to smoking cessation services, within Central locality 51% of women accepted this referral while midwives referred 77% of pregnant smokers. In north 48% of women accepted a referral with 80% of pregnant smokers being referred by midwives. In south 59% of women accepted a referral with midwives referring 78% of pregnant women (source: Badgernet 2019).

Although there have been improvements in recent years inequalities still exist across the City, therefore we need to consider ideas that will support women to quit rather than be put under pressure to do so. Although significant numbers of pregnant women are being referred to smoking cessation and a proportion of women are accepting these referrals there needs to be more consideration of what this looks like in reality and how to remove some of the barriers that exist to people accessing support. The change ideas therefore focus on working with a small number of women and staff including third sector partners to increase awareness of referral pathways, decrease barriers to accessing support and increase number of prescriptions issued for nicotine replacement therapy.

Measures:

Outcome measures –

- Number of pregnant women who smoke – recorded at booking appointment with community midwife, available from Badgernet also available retrospectively from ScotPHO.
- Numbers of babies exposed to 2nd hand smoke – recorded by health visitor on CHSP form – available from child health records.

Process measures -

- Number of women offered nicotine replacement therapy
- Number of professionals prescribing nicotine replacement therapy
- Increased awareness among women and professionals of pathway for support

Change ideas

- Women offered nicotine replacement therapy while attending hospital either while giving birth or attending antenatal appointments (policy already in place – test implementation of policy).
- Apply for a Patient Group Directive (PGD) to allow midwives to prescribe nicotine replacement therapy and test in one team.
- Test the use of a poster to raise awareness and understanding of the referral pathway among; third sector partners, all healthcare staff coming into contact with pregnant women and pregnant women themselves and their families.
- Test use of HealthScotland’s e-learning resource to raise the issue of smoking with one health visiting team initially.
- Test new national resource for smoke free homes with one health visiting team and support parents and extended family to access smoking cessation through adaptation of national resource (advertising local support).
- Test use of text message service with pregnant women offering access to support and linking with Ready, Steady, Baby resource.
- Test use of social media to raise awareness of the services among pregnant women

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

- Lack of engagement by front line staff because of conflicting priorities – support from management to allow staff to engage and recognition of value of improvement work
- Reluctance to press parents around smoking when other concerns exist, concern this may damage developing therapeutic relationship, requires support for staff and raise awareness of importance of smoking cessation for overall health improvement of infants and families.

Project Team:

Elaine McConnachie – Public Health Co-ordinator

Kevin Leslie - NHSG Health promotion

Yvonne Robb – Family Nurse

Anna Daley – Trainee Health Visitor

Cathy Beattie Homestart

Sheila Rattray – Community midwife

Emma McPherson - Family Learning (ACC)

Outline Project Plan - Set out your initial plan about the timeline for your project.		
(This should be reviewed regularly)		
Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	What initial activities are required to get started? <ul style="list-style-type: none"> • Forming the improvement team; • developing the project charter; • gathering and analysing baseline data; understanding the current system) 	When do you expect to complete this stage? February 2020
Designing and Testing Changes (Project Score 4-7)	What activities are required to start testing changes? <ul style="list-style-type: none"> • Agreeing which changes to try first • Deciding if further training is needed to use agreed equipment/resources • Deciding on area/group of clients • Sharing change ideas and plans with colleagues 	When do you expect to complete this stage? Sept 2020
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	What actions would be required to implement and sustain the changes that have resulted in improvement? <ul style="list-style-type: none"> • Implications of implementing changes across other teams considered - resources/equipment/staff training needs (depends on change required) • Successful change ideas to be shared with colleagues – celebrate success! • Capacity to inform/train other teams to make changes 	When do you expect to complete this stage? April 2021
Spreading Changes (Project Score 9-10)	What actions are required to reach the full scale of the project? <ul style="list-style-type: none"> • Identify which staff groups need to be involved to ensure change is implemented • Seek feedback for clients around successful interventions to share with staff teams • Explain reason for change- use data to evidence this – to staff required to make changes 	When do you expect to complete this stage? July 2021

	<ul style="list-style-type: none">• Provide support /training required to allow change to be implemented• Ongoing review of data to ensure improvement is maintained	
--	---	--

This page is intentionally left blank

3.6 Breastfeeding Friendly Scotland in Aberdeen

Improvement Project Title: Breastfeeding Friendly Scotland in Aberdeen
Executive Sponsor (Chair of Outcome Improvement Group): Rob Polkinghorne, (ICS)
Project Lead: Nonye Agbaza- Health Improvement Officer -Food and Health (Aberdeen City Health and Social Care Partnership) Co- Lead : Emma Williams- Public Health Practitioner-Advanced (Public Health Directorate)
Aim statement: To increase the percentage of babies exclusively breastfed at 6-8 weeks to 41% by 2021.
Link to Local Outcome Improvement Plan: Stretch Outcome3: 95% of children (0-5) will reach their expected developmental milestones by the time of their child health reviews by 2026. 3.4 Improving health and inequalities AHSCP Strategic Plan 2019-2022 Prevention is one of the 5 key priorities of the AHSCP, where promoting positive health and wellbeing and reducing inequalities are key commitments. The target is “to reduce the health gap between people living in the most affluent and deprived areas by increasing the rate of improvement across a range of indicators for the most deprived communities. Priority area under this is to deliver health improvement actions for early years, children and young people, of which improving breastfeeding rates contributes.
Why is this important: Promoting and supporting breastfeeding is recognised as an important public health activity. There is established evidence demonstrating the short- and long-term health benefits of breastfeeding for both mothers and infants. According to a report by world Health Organisation (WHO), breastmilk contains unique properties that makes it a complete food for the baby, sustains optimal hydration, growth and development for the first six months of life. It is also established that breast milk confers a mother’s immunity to disease that infant formulas cannot provide, and therefore it is internationally and nationally recommended that every child should be exclusively breastfed for the first 6 months of life and additional nutritious food up to 2 years of age and beyond. There is growing evidence that breastfeeding reduces the risk of sudden infant death (SIDS) and provides some level of protection against childhood overweight and obesity and when aligned with other targeted nutrition interventions, breastfeeding is said to be a good strategy to reduce the risk of overweight and obesity in children. some other established benefits include:

Benefits of breastfeeding to the baby:

-Protection from several infectious diseases like diarrhoea, ear infections (otitis media) asthma, meningitis, necrotising enterocolitis, and urinary tract infections.

-Provides specific nutrition for proper growth (age-specific nutrients), cellular growth and differentiation

-Reduced risk for some food allergies, chronic disease and certain cancers
Promotes bonding with mother and development

Preliminary evidence supports that the increased amount of emotional contact i.e. touching, stroking associated with breastfeeding may affect the intellectual development of the child during the first year of life (Klaus, 1998).

Benefits of breastfeeding to mother:

-Reduced risk of ovarian and breast cancer, builds bone strength to protect against bone fractures in old age

-Uses fat stored during pregnancy, thus contributing to postpartum weight loss which improves self-esteem

- Increases the release of oxytocin, prolactin, and endorphin hormones in the mother leading to increased sense of maternal well-being and mothering behaviour

Benefits to family:

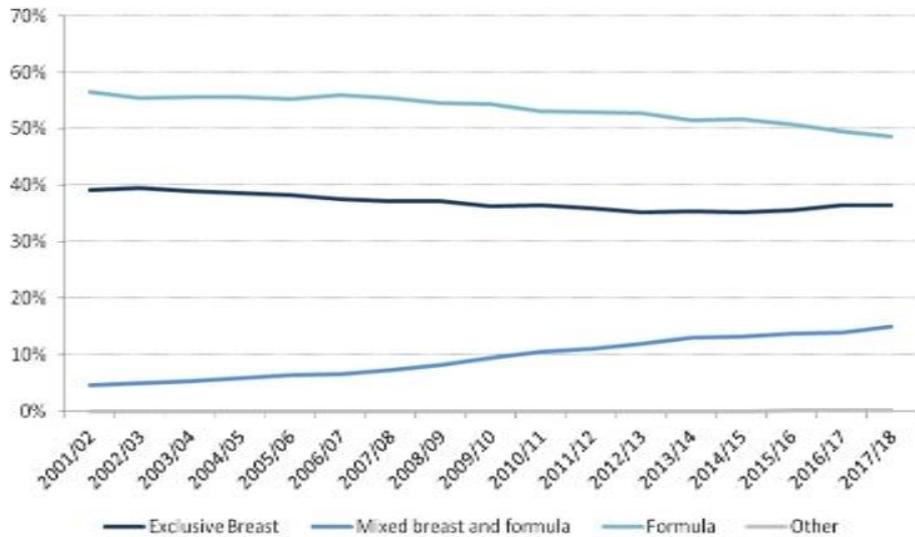
According to published report, families benefit socially and economically from choosing to breastfeed. They have fewer healthcare issues, cost savings from using formula and less missed time from work because of reduced baby illnesses.

Benefits to the Health care system (NHS):

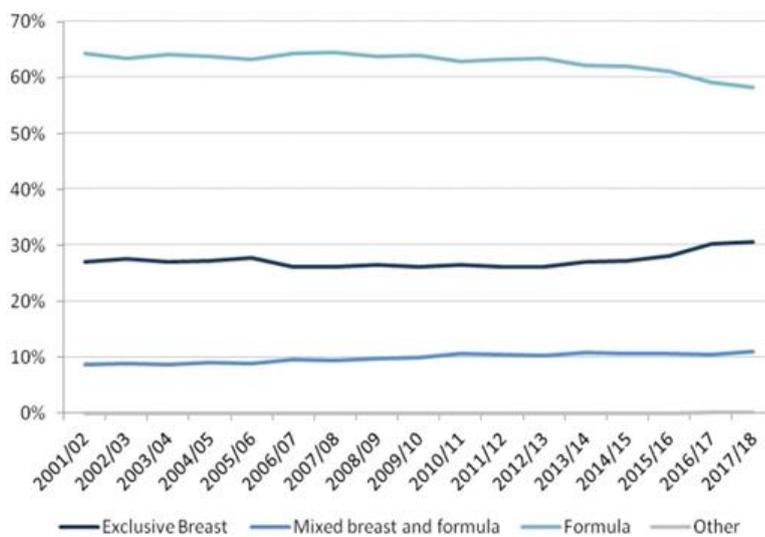
Breastfeeding is considered to be an economical way to improve health for baby and mother. According to a report by UNICEF Baby Friendly Initiative it is estimated that increased breastfeeding would reduce the number of hospital admissions and general practice visits saving the NHS £40 million. The report also estimated a further £17 million savings on treatment of childhood illnesses like respiratory infections, gut, ears and necrotising enterocolitis.

National breastfeeding rate at 6-8 weeks review:

Nationally there is a reduction in proportions of babies that were exclusively breastfed at the time of the initial visit (38.9%) that are still exclusively breastfed at the time of the 6-8 week review (29%) suggesting challenges prior to exclusive breastfeeding being established and maybe indicative of greater support for women at this stage.



Source: ISD Scotland, CHSP-PS August 2018



Source: ISD Scotland, CHSP-PS August 2018

Local breastfeeding rate at 6-8 weeks:

Based on the Scottish Index of Multiple Deprivation (**SIMD 2016**), which is a validated and widely used area-based measure of multiple deprivation derived from postcodes of where people live. SIMD was calculated using income, employment, housing, health, education, skills and training, and area-based access to services. Mothers are categorised into SIMD deciles – from 1 (those living in the 10% most deprived areas) to 5 (those living in the 10% least deprived areas).

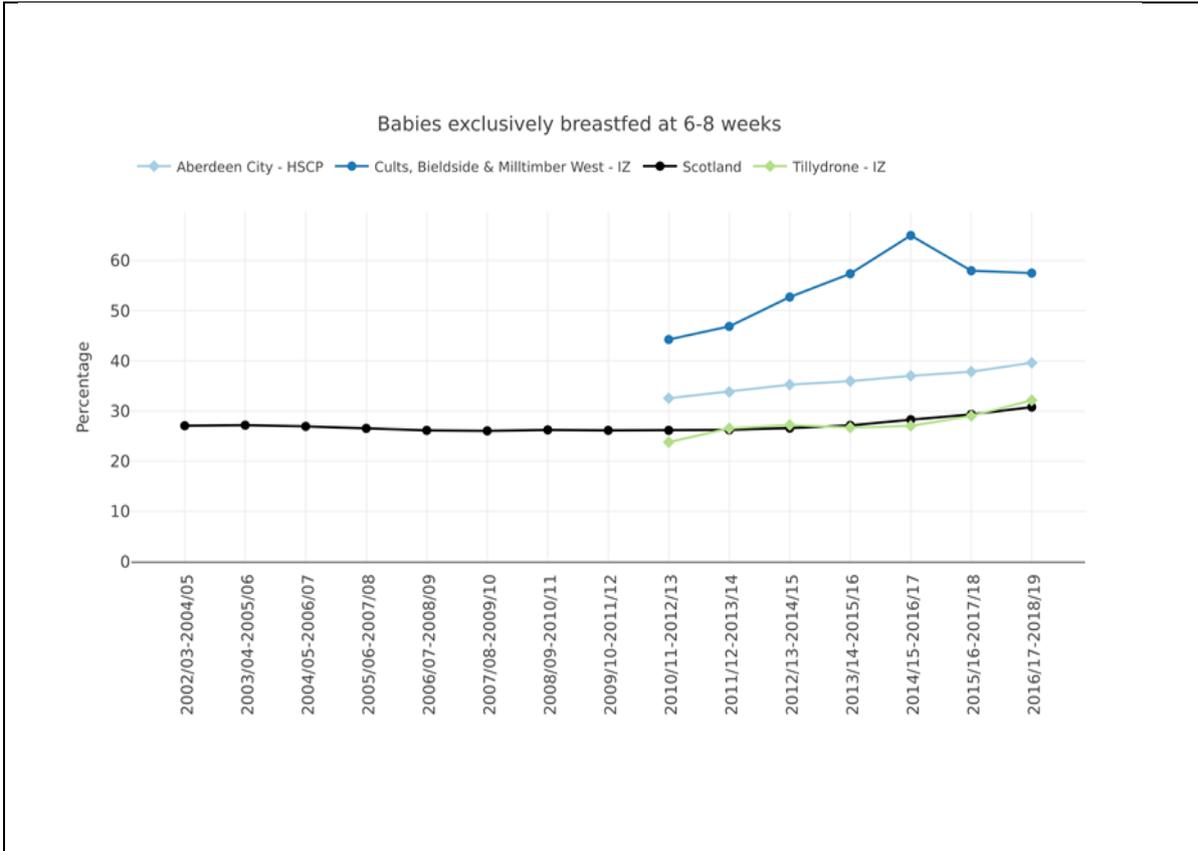


Figure above shows the proportion of all respondents who breastfed at 6-8 weeks in the last 9 years (2010-2019).

The trend in the data indicates that breastfeeding rates has increased with time, but with obvious disparities across the city.

- West of Aberdeen (57.5%)
- Aberdeen city (39.6%)
- Tillydrone (32%)
- Scotland 30.79%

There is a 25.5% gap in the number of babies who have been exclusively breastfed at 6-8 weeks between the west of Aberdeen compared to Tillydrone. (ScotPHO profiles)

This suggests that exposure to the range of risks in the early years that can have an impact on health throughout life is not evenly distributed across Aberdeen, which is indicative of a greater need for support for women in Tillydrone at this stage.

The Scottish Government launched a National Breastfeeding Friendly Scotland scheme in June 2019, yet to be fully piloted in Aberdeen city. However, Tillydrone Community Campus have requested to join a breast-feeding scheme in the city,

and this would provide opportunities to access views from women on breastfeeding.

We understand that 'breastfeeding experience' will be different for every mother /perceived differently within community at large. It is agreed within the team to engage closely with all groups working with mothers in the city i.e. health visitors, community midwives, peer supporters and family nurses with mothers in the city We have agreed that improving breastfeeding rates will be measured by implementing and tracking essential process metrics. We tested our data collection method/ measuring breastfeeding awareness in Tillydrone by launching the breastfeeding friendly Scotland scheme on the 11/02/20. We carried out a survey of current provisions and identified areas of unmet needs, barriers and challenges and established level of breastfeeding literacy amongst mothers, grandparents and partners.

Barriers and challenges:

1. Lack of continued and person-centred support
2. Breastfeeding literacy
3. Timely access to relevant support
4. Social and cultural barriers
5. Environmental barriers i.e. judgement around feeding in public

Current provisions/ unmet needs:

There is currently no peer support system in Tillydrone

Readiness for change:

Mothers and businesses surveyed showed willingness to engage.

In summary, the team focus is on implementing and tracking process metrics in relation to unmet needs and barriers.

Measures:

Outcome measures

- % of mothers feeling confident to breastfeed in public places
- % of mothers who feel supported to breastfeed at 6-8 weeks
- Increased rates of breastfeeding at 6-8weeks compared to baseline

Process measures

- Number of breastfeeding mothers who access the scheme
- Number of businesses in Tillydrone signed up to the scheme
- Number of local peer support volunteers recruited
- Number of mothers who access peer support

- Number of engagements with the breastfeeding literacy support

Change ideas:

- Businesses in Tillydrone sign up to BF Scotland
- Peer support groups (supporting new mums to learn to breastfeed supported by other mums and to increase confidence in breastfeeding in company/public)
- Test first time out (FTO) first public feed at Tillydrone community campus
- Introduce Breastfeeding literacy support/ e-learning including for dads
- Antenatal sessions at Tillydrone community campus (subject to consultations with community midwifery in lines with best start maternity)

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

1. **Impact of COVID-19** – Adapt some of our change ideas to be tested virtually for now.
2. **Low access to services**- we will work collaboratively with community midwives, GPs, Health visiting team, peer supporters, SHMU radio and other groups of mothers to ensure publicity so that mothers will receive person centred and targeted support.
3. **Challenges with public awareness of breastfeeding** - literacy sessions
4. **Lack of funding for activities**- audit of current funding streams
5. **Resource implications**- recruiting peer supporters to promote volunteering opportunities
6. **Understanding of project aims and processes within team might be limited due to time constraints and other commitments**- work on processes collaboratively and ensure effective communication
7. **Access to data**: use available resource where possible.

Project Team:

Nonye Agbaza – (Health Improvement Officer) [Project Manager]
Emma Williams – (Public health NHSG)
Jill Gibson- (Community Infant Feeding Coordinator)
Melissa Skene- (Student Health Visitor)
Madelene MacSween (Development manager Tillydrone Community Campus)
Louise Tough – (Tillydrone Community Campus Senior Library Assistant)
Jill Humphreys (community representative lighthouse support Centre)
Sarah Nale (Community mum)
Eleanor McEwan- Homestart
Susan Birnie – (Health visitor)

Outline Project Plan		
Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<ol style="list-style-type: none"> 1. Project team formed 2. Asset mapping/audit of groups supporting Breastfeeding in Tillydrone 3. Scooping exercise to gather baseline data 4. Draft charter developed 5. Charter submitted to CPA 	February 2020
Designing and Testing Changes (Project Score 4-7)	<ol style="list-style-type: none"> 1. Design and test breastfeeding friendly scheme in other businesses in Tillydrone. 2. Audit current baseline data 3. Test attitudes to breastfeeding in Tillydrone 4. Track measures 5. Identify current funding streams to provide resources/support to groups 6. Test uptake for peer support volunteer 7. Test breastfeeding literacy support 8. Design events for further change ideas 9. Draw timeline to conclude implementation of change ideas 	September 2020- April 2021
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	<p>Change idea that has been tested will be implemented permanently in Tillydrone.</p> <ol style="list-style-type: none"> 1. Peer support groups 2. First time out (first feed) 3. Implement e-learning 	April 2021- September 2021

Spreading Changes (Project Score 9-10)	Test change ideas that has worked in Tillydrone in other deprived communities in Aberdeen. Recruit businesses to sign up to breastfeeding friendly Scotland scheme.	September 2021- December 2021
--	--	--

3.7 Child Healthy Weight

Improvement Project Title – Reducing Childhood Obesity
Executive Sponsor Rob Polkinghorne, Chief Operating Officer ACC (Chair of ICS Board)
Project Lead Name: Lauren Mackie Job Role & Organisation: Health Improvement Officer (Schools) - ACC Email Address: lamackie@aberdeencity.gov.uk
Aim statement Reduce child obesity at Primary 1 stage by 10% by 2022
Link to Local Outcome Improvement Plan Stretch Outcome 3: 3.2 - Improving health and reducing inequalities Stretch Outcome 11: 11.4 - Encouraging adoption of healthier lifestyles Reduce % of men and women who are obese to 20% by 2021.
Why this is important Everyone has a role to play in contributing to reducing obesity levels in Scotland. The NHS has an obvious role in the clinical treatment of obesity; however, many other partners can contribute to supporting individuals and communities to achieve and maintain a healthy weight. In the UK, Leeds is the only city to report a reduction in childhood obesity. Over 4 years, childhood obesity has dropped from 11.5% to 10.5% where the decline has been most notable in those living in deprived areas. There are only a handful of cities in the world which have been successful in reducing childhood obesity. For Aberdeen to be successful in reducing childhood obesity we require commitment across the partnership. We need to take an evidence-based approach and learn from cities which have achieved improvements in childhood obesity. <u>National Context</u> The scale of the problem should not be underestimated. By 2030, it has been projected that over 40% of Scotland's 16-64 year olds will be clinically obese. The Scottish Government's <i>A Healthier Future: Scotland's Diet and Healthy Weight Delivery Plan</i>

(2018) sets the agenda to reshape our environment from one that promotes weight gain to one that supports healthy choices.

The cost of obesity has traditionally been viewed as a NHS problem; however work on the economic burden of obesity shows healthcare is a small proportion of the associated total cost of obesity. Local authority costs are linked to higher levels of employee sickness, providing services and caring for people with chronic disease associated with obesity and the cost to family in terms of poor physical and mental health and the risk of obesity being repeated in future generations.

Obesity also impacts on the mental health and wellbeing of children and young people. Children who are overweight are more likely to have a poor body image, low self-esteem and be the victims of bullying (Dietz WH, 1998).

The recently published Scottish Government *Child Healthy Weight Standards* (2019) provide Health Boards with criteria for tier 2 and tier 3 healthy weight interventions. These are expected to be implemented by the end of March 2020.

Local Context

In Aberdeen, 9% of primary 1 children are at risk of being obese (combined data 2015-2018). Although levels of childhood obesity in Aberdeen have been static over the last 10 years the health inequality gap has widened with children in the most deprived areas of Aberdeen being more likely to be obese (e.g. 8% in SIMD 5 in comparison to 13% in SIMD 1).

In 2010 when Scottish Government set HEAT targets, one of these being to deliver a child healthy weight intervention programme, NHS Grampian developed and delivered the 'Grow Well Choices' programme in all primary schools. Although the programme was well received by both pupils and staff there is limited evidence of the impact the programme had on children's BMI's. The implemented model of NHS Health Coaches delivering the programme was not sustainable and since the withdrawal of NHS Health Coaches there is limited continuation of the programme in schools in Aberdeen. Grow Well Choices Early Years has been a more sustainable programme and is still delivered in nurseries throughout Aberdeen.

In 2013 the Child Healthy Weight Multi-Agency Group was established in the city. In 2017/18 when the group reviewed their membership and action plan, group members agreed that focus should be on encouraging healthy lifestyles. Children, young people and their families need to be informed, able and motivated to make healthy eating and physical activity choices to achieve and maintain a healthy weight. In addition, it was

agreed that disadvantaged individuals and communities are prioritised to contribute towards reducing health inequalities.

Project Rationale

Obesity is a complex health issue to address. Obesity results from individual behaviours such as dietary patterns, physical activity and sedentary behaviour as well as other contributing factors such as the food and physical activity environment, education and skills, and food marketing and promotion (Centers for Disease Control and Prevention, 2019).

There is evidence to show that community-based interventions are successful in supporting child healthy weight. These are multi-component interventions and programmes, typically applied across multiple settings, tailored to the local environment and implemented locally (Population-based Approaches to Childhood Obesity Prevention WHO, 2012). For this reason, a local project team has been established in Middlefield to take forward a co-production approach to identify and implement local child healthy weight solutions. The Child Healthy Weight Multi-Agency Group will project manage other change ideas.

Evidence shows that once children have become overweight or obese it is difficult to reverse this trend. Therefore, in order to reduce childhood obesity it is vital that we prevent childhood obesity in the early years and so this project will focus on supporting families and communities with children under 5 years.

Additional note relating to the impact of COVID-19

People's healthy eating, food shopping and physical activity habits may have been either positively or negatively impacted by COVID-19 and lockdown, and at the moment we do not know the short or long-term effects of this. We do know that food poverty and food insecurity has increased in the city and we can suspect that health inequalities relating to child healthy weight will widen.

The Child Healthy Weight Multi-agency group will need to reconvene to identify ways to harness positive healthy lifestyle behaviours and mitigate against the negative – this may alter change ideas posed within this project charter. We will need to identify how intended change ideas can be delivered within the current physical distancing restrictions. We will need to ensure that the change ideas we progress are sensitive to the challenges that families are facing as we enter the 'new normal' and this may result in longer timescales to implementation.

Measures

- **Outcome measures**

Percentage of primary 1 children (with a valid height and weight recorded) whose BMI is within the top 5% of the 1990 UK reference range for their age and sex

(Baseline 2016/17: 69.4%)

- **Process measures**

Number of families participating in interventions

Number of families reporting behaviour change following intervention

Number of professional undertaking training

Number of organisations/groups sharing child healthy weight key messages

Number of self-sustaining food skills groups

Number of organisations/groups using the child healthy weight resource to deliver child healthy weight messages to families

Number of hits to Food Access App

Change ideas

- Design and deliver a whole family approach intervention for families with children under 5 years old around healthy lifestyles, initially in the Northfield area. Leading to the development of a resource that can be used by partners to deliver child healthy weight messages during group or 1-1 sessions with families.
- Design and deliver practical food skills to families with children under 5 years old, initially in the Northfield area. Leading to the formation of a sustainable food skills group in the community with local parents trained to deliver food skills groups.
- Communication of Key Messages for child healthy weight
- Training for professionals – stigma, perceptions and raising the issue of child healthy weight

Middlefield Specific Change Ideas

- Indoor playground for families with children under 5 at Manor Park Primary School
- Food outlet delivered in partnership with Manor Park Primary School
- 'Food Access App' designed by the Middlefield Community for the Middlefield Community

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

- Limited capacity of partners
- Limited budget
- Poor engagement of families

- Numerous LOIP projects in target area
- Sensitivities and stigma around child healthy weight
- Lack of confidence in professionals to raise the issue of child healthy weight

Project Teams

Child Healthy Weight Multi-Agency Group:

Graeme Dale – Development Manager – Active Communities, Sport Aberdeen

Lauren Mackie – Health Improvement Officer (Schools), ACC

Rachel Thompson – Health Improvement Officer (Children and Young People), ACHSCP

Kyle Hewitt – Project Activator, Sport Aberdeen

Stephen Balfour – Development Worker, CFINE

John Landragon – Catering Manager, ACC

Susan Bailey – Catering Advisor, ACC

Melanie Jaffrey – Play Development Officer, Play Forum

Fiona Cameron – Co-ordinator, Homestart

Middlefield Co-production Group (Under 5's):

Lauren Mackie – Health Improvement Officer (Schools), ACC

Kyle Hewitt – Project Activator, Sport Aberdeen

Eleanor McEwan – General Manager, Homestart

Katy McKay – Trainee Health Visitor, ACHSCP

Sandra Allardyce – Early Years Practitioner, ACC

4x parents from the Middlefield area

Outline Project Plan

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	CHW Multi-Agency Group Identify lead to pilot interventions	April 2019 – August 2019
	Middlefield Co-production Establish Middlefield Co-production Group Mapping of child healthy weight activity in and around the Middlefield area	November 2019 – March 2020

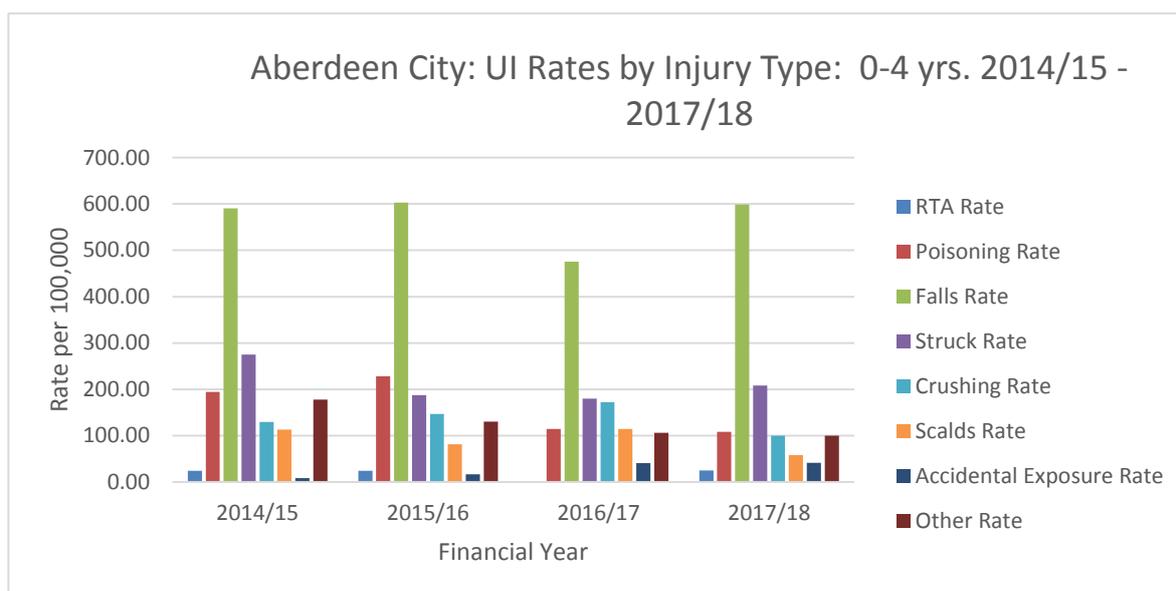
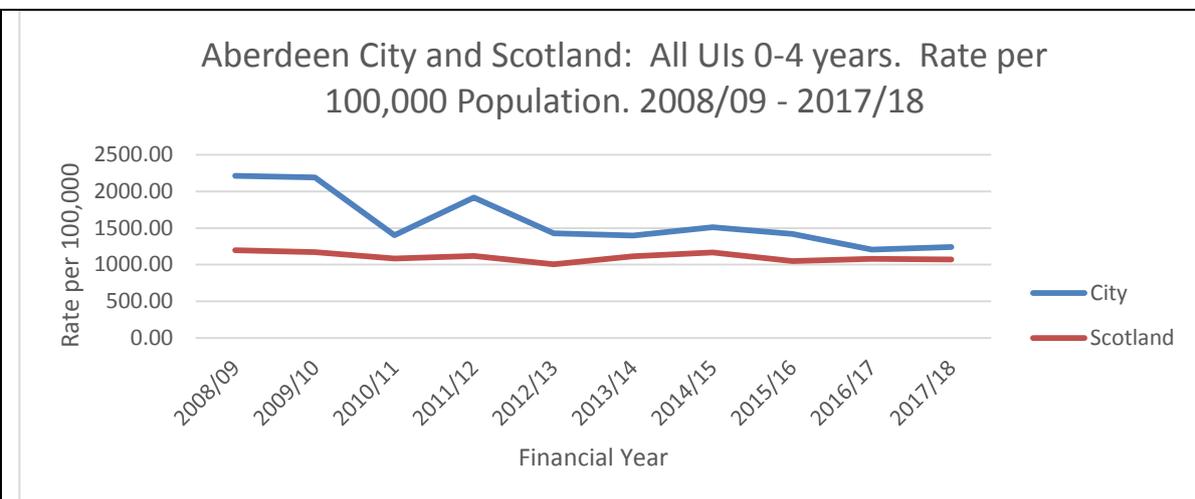
	Gathering information about families in the Middlefield area – what helps them to support child healthy weight and what are the barriers?	
Designing and Testing Changes (Project Score 4-7)	CHW Multi-Agency Group Pilot 1 and 2 of Food Skills and Whole Family Approach Intervention – PDSAs completed Communicate key messages Training of key staff Middlefield Co-production Change ideas developed and testing commenced	September 2020 – April 2021 April 2021 – August 2021
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	CHW Multi-Agency Group Evidence of improvement and clear spread/implementation plans across the city or in targeted areas. Middlefield Co-production Evidence of improvement and clear spread/implementation plans	April 2021 – August 2021 July 2021 – October 2021
Spreading Changes (Project Score 9-10)	CHW Multi-Agency Group Plans spread Middlefield Co-production	December 2021 December 2021

	Plans replicated and spread in other areas of the city (will need to be replication of engagement to give local context)	
--	--	--

This page is intentionally left blank

3.8 Reduce Preventable Injuries

Improvement Project Title: Reduce preventable injuries in the home with children under 5 years old
Executive Sponsor (Chair of Outcome Improvement Group): Rob Polkinghorne (ICS)
Project Lead: Rachel Thompson, Health Improvement Officer Children and Young People and Charmaine Mackenzie (HIO Neighbourhoods)
Aim statement Reduce the number of emergency hospital admissions for unintentional injury to children under 5 years by 3.69%, by 2021
Link to Local Outcome Improvement Plan: Stretch Outcome 3: 3.95% of children (0-5 years) will reach their expected developmental milestones by the time of their child health reviews by 2016
Why is this important The term 'unintentional injury' is used rather than 'accidents' to recognise that injuries are usually 'predictable and preventable' (NICE, 2010). Unintentional injury is one of the main causes of death and a leading cause of attendances at emergency departments in Scotland. It's approximately 5% of deaths in young children are caused by an unintentional injury and the national data tells part of the story. In Scotland in one year alone, there were over 7,500 emergency admissions in children as a result of unintentional injury. However, it is important to say that the majority of injuries do not result in death or hospital admission, but they are a major cause of attendances to GPs and Accident and Emergency departments. Large numbers of children and their families are therefore affected. Aberdeen city has remained an outlier for unintentional injuries for a number of years and to date is still substantially higher than the Scottish average (Aberdeen city 1,239 per 100,00 population). Data below highlights the top 3 injuries for Aberdeen city are Falls, Poisoning and being struck by an inanimate object (not including motorised vehicles)



Unintentional injuries in and around the home are a leading cause of preventable death for children under five years and are a major cause of ill health and serious disability.

The reduction of unintentional injuries in childhood remains an important public health priority. In 2014 Public Health England, with the Royal Society for the Prevention of Accidents and the Child Accident Prevention Trust, published a five year trend analysis of these injuries and deaths in England.

The report highlighted the scale of this public health issue, and the steps local areas can take to reduce casualty rates. The resources have been used extensively by local authorities, and we have taken the opportunity to refresh the original analysis with the most recently available admissions data from 2012/13 – 2016/17 and deaths data from 2012 to 2016. Our analysis of the five years of data shows that each year an average of 55 children under the age of five died due to an unintentional injury, 370,000 children attended accident and emergency (A&E) and 40,000 children were admitted to hospital as an emergency.

There are three action areas for local authorities and their partners that aim to reduce the numbers of children injured and killed. It also describes four steps local partnerships can take to build robust injury prevention strategies.

There are three key action areas.

1. Providing leadership and mobilising existing services prevents injuries

Reducing unintentional injuries requires a whole system approach to address key determinants. Directors of public health and directors of children's services, together with local Clinical Commissioning Groups, members of health and wellbeing boards and Sustainability and Transformation Partnerships (STP), (or Accountable Care Systems where they are in place), are in an ideal position to provide strategic leadership for injury prevention through focused planning, coordination of services and commissioning to support a collaborative approach with effective allocation of resources.

2 . Preventing unintentional injuries cuts across a range of stakeholders working with children and their families;

Much can be achieved by mobilising existing services to develop a local child unintentional injury strategy that builds on strengths and develops capacity. Broader partnership working across the public, social enterprise, private, voluntary and community (VCS) sectors is essential, bringing together a very wide range of services including health, education, social care, housing and fire and rescue. Establishing a multi-agency child unintentional injury group and identifying a lead professional to coordinate this work is likely to improve implementation¹³. NICE PH29 makes recommendations on ways to improve effective coordination of services.

The early years workforce has a central role in helping to reduce unintentional injuries preventing unintentional injuries requires a whole system approach that maximises the contribution of all staff working with the under-fives and their families. Evidence suggests that training all staff to develop confidence and competence in reducing unintentional injuries is 6 important¹⁴. With appropriate training and supervision, voluntary and community organisations will also be able to focus more explicitly on injury prevention in their work with families.

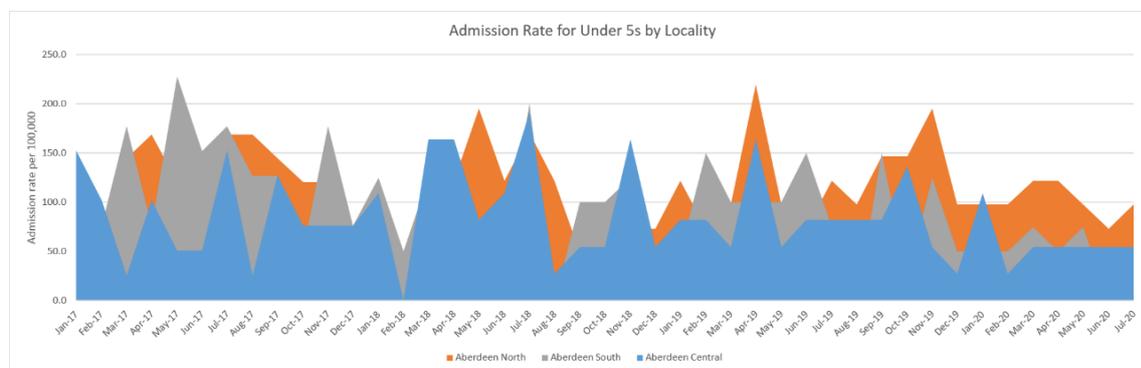
Health visitors provide a universal service to all families and there is a strong economic case for preventing unintentional injuries by incorporating developmentally specific safety advice into universal child health contacts; this could also include contacts following injuries where appropriate. Health visitors have a national framework on which local services can build. The health visiting 4-5-6 model¹⁵ sets out four levels of service from community action to complex needs, five universal health reviews for all children and six high impact areas where health visitors have the greatest impact on child and family health and wellbeing. The Early Years High Impact Area 516 sets out the key contribution of health visitors to manage minor illness and reduce accidents to improve outcomes for all children.

3. Focusing on five kinds of injuries for the under-fives to tackle the leading preventable causes of death and serious harm Five causes account for 90% of unintentional injury hospital Admissions for this age group and are a significant cause of preventable death and serious long-term harm - these are choking, suffocation and strangulation; falls; poisoning; burns and scalds; and drowning; therefore taking action in these areas would make a significant difference. Local injury and other data will provide important local context, but the national data on deaths and injuries provides a powerful call to action.

A broad partnership approach working across the public, private and voluntary and community sectors is essential. Bringing together a wide range of services from diverse settings including health, education, and local authority children's services such as early

years teams, housing, fire services and police would ensure that staff and families are aware and understand the risk posed by unintentional injuries, and consider how they can be avoided.

This work will aim to assist people working with young families to understand the role they play in helping predict and prevent unintentional injuries in and around the home. It will identify opportunities and aim to overcome challenges for approaching families, **raising awareness, provision of tools and signposting**. As well as providing relevant support to help with empowering families with risk assessment in their homes.



The initial focus of the project will be in the North Locality and the associated wider Northfield area. Data on monthly admissions through unintentional injuries and anecdotal feedback from practitioners in area indicate that numbers have been higher than in other locality areas for the past 2 years, as shown in the graph above. Scoping available data sources has revealed it is not possible to share drilled down data publicly due to the small numbers seen in geographical data zones.

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

Outcome measures

Reduced rates of unintentional injuries for under 5's coming through A&E .

Process measures

- Number of staff / volunteers introducing risk assessment tool to families
- Confidence of parents using Risk assessment tool
- Number of staff/ Volunteers introducing Keeping Kids Safe resources to families
- Number of families using the contents of the Keeping Kids Safe resources
- Number of families signing up to SSEN home emergency kit
- Number of staff/ volunteers engaging with/ joining the local network
- Number of those taking up online training (Health Scotland VLE)
- Number of those taking up 'Homecheck' service with families of children under the age of 1 year old
- Number of people engaging with social media posts/tweets.

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

- To develop capacity in staff to support them to consider the impact of UI's and understand the role they play in prevention
 - Online training package promoted to staff/ volunteers to complete
 - Easy accessible risk assessment for the home is co-developed for staff/ volunteers to introduce to families to self-assess their homes

➤ Local child safety online network is developed along with running a child safety campaign using social media.

- Vulnerable Families are provided with RoSPA safety packs via a relevant support services (ie Homestart/ PEEP/ Family Learning) staff will work to ensure parents are empowered to confidently utilise the resources to best effect through face to face discussion with key staff
- A referral process within all services working with expectant parents that links 'Homecheck' service will provide a consistent approach that support parents-to-be to provide appropriate advice and timely provision of recommended safety equipment in anticipation for the new arrival.

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

- Volunteers / staff being in a position to be able to go into family homes (PVG)
- Knowledge/ Attitudes of parents/staff – not seen as a priority or seen as 'accidents happen'
- Many cultures and varying practices which need to be understood and respected – pride/ privacy
- RoSPA safety packs (300 available) not certain on future availability

Project Team:

Homestart	Eleanor McEwan
Peep	Natasha Martens
Family Learning	Pamlea Maclure
Pre Birth team	Jane Trail
Childminding network	Loraine Duncan
Libraries	Margaret Hill
HIO neighbourhoods	Charmaine Makenzie
HIO children & Young people	Rachel Thompson

Further consideration for input or communication:

RoSPA (Royal Society for Prevention of Accidents)
 Fire and rescue Scotland
 Police Scotland
 Homecheck
 FNP

Approached but have indicated no capacity:

Health visiting
 Paediatric professional (Dr Cochrane or intern)

Outline Project Plan

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<ul style="list-style-type: none"> • Identifying key contacts and organisations • Developing charter Group • Identifying baseline data 	Dec 2019 – August 2020

	<ul style="list-style-type: none"> • Progressing with Drafting Charter and PDSA's for change ideas • Identifying key dates in the calendar to communicate/promote safety messages • Planning focussed activity with parents' group • Liaising with RoSPA on resources to be tested • 44th City Questionnaire – data/info from community 	
Designing and Testing Changes (Project Score 4-7)	<ul style="list-style-type: none"> • Facilitate parent focus group(rising stars) as a starting point to identify appropriate risk assessment approaches and RoSPA activity planning • Identifying and adapting examples of risk assessment tools • Progressing with development of a referral pathway to maximise on the benefits of 'Homecheck' service • Group decision made on agencies RoSPA pack distributing and evaluation process / SEN registration 	Sept 2020
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	Network development and activity <ul style="list-style-type: none"> • Awareness raising City wide- Run and evaluate impact of an online child safety campaign in line with Nation child safety week (June 2020) 	April 2021

	<ul style="list-style-type: none"> • Communication and promotion to promote uptake of UI online training module • Work with staff and families - Testing of risk assessment tool with identified partner organisation • Test out 'Homecheck' referral pathway with one partner agency 	<p>June 2021</p> <p>August 2021</p>
<p>Spreading Changes (Project Score 9-10)</p>	<ul style="list-style-type: none"> • Engaging with wider partners to review capacity (HV, FNP etc)for involvement in roll out opportunities for Risk assessment • Engaging with families further roll out • Reviewing and Building on the UI network membership and future safety campaigns (including training module awareness and uptake) 	<p>August 2021</p>

For more information, email: CommunityPlanning@aberdeencity.gov.uk

This page is intentionally left blank

5.4 Trauma Skills and Knowledge

Improvement Project Title: Trauma Skills and <u>ACES Awareness Training</u>
Executive Sponsor: Rob Polkinghorne (ICS Board Chair)
Project Lead: Isabel MacDonnell, ACC, Children's Services Manager (IMcDonnell@aberdeencity.gov.uk)
Increase number of staff, including carers working with care experienced children and young people trained in trauma skills and knowledge, to 80% by 2021; <u>and 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</u>
Link to Local Outcome Improvement Plan: Stretch Outcome 5: 95% of care experienced children and young people will have the same levels of attainment in education, emotional wellbeing, and positive destinations as their peers by 2026
Why is this important The Adverse Childhood Experiences (ACEs) study which was initially published in the USA has recently had a renewed focus both internationally and within Scotland. One of the core messages which has been emphasised within ACE research is the correlation between the number of adverse childhood experiences an individual goes through and poor health and social outcomes in adulthood. It has long been recognised that stressful events occurring in childhood can impact profoundly on children and young people's development and outcomes. One of the key theoretical frameworks which emphasises the importance of early experiences and particularly the bond that an infant has with a caregiver is attachment theory. Attachment theory forms a core part of a nurturing approach and at the heart of a nurturing approach is a focus on wellbeing and relationships and a drive to support the growth and development of children and young people particularly those who may have experienced early adversity or trauma. Trauma informed approaches aim to promote an understanding of adversity and trauma amongst those working with children and young people and the wider population. Developing a workforce that is trained to recognise where people are affected by trauma and adversity, and to be capable of responding in ways that prevent further harm, supports recovery and improves life chances. Having responsive staff and carers mitigates against disruption of care placements and and unplanned endings which impacts on children and young people's physical and mental wellbeing. The Partnership are keen to reduce the number of placement changes that our children and young people can experience. Creating a training programme of trauma informed practice will support increased confidence in staff to recognise what the ongoing child's needs might be and make appropriate placements with carers who have the skill and knowledge to provide appropriate proportionate levels of care.

Measures:**Outcome measures –**

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

Process measures -

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

Balancing measures

- No of placement breakdowns

Change Ideas

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

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

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

Project Team:

Isabel McDonnell, Project Lead
Kelly Hickman, Improvement Adviser
Angela Maitland, Children's Services Manager
Cathy Buchan, Fostering Team Manager
Chris Morton, Adoption Team Manager
Linda Gray, Looked After Nurse
Rep. from Educational Psychology being identified
Rep. from Independent foster agency (SWIIS or Barnardo's)
Max McGlinchey, Team Manager, Marchburn Children's Home

Outline Project Plan - Set out your initial plan about the timeline for your project. (This should be reviewed regularly)		
Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	What initial activities are required to get started? <ul style="list-style-type: none"> • Project team established • Initial baseline data being established • Draft charter developed • Charter submitted to CPA Board 	When do you expect to complete this stage? Complete Oct-19 Complete Oct-19
Designing and Testing Changes (Project Score 4-7)	<ul style="list-style-type: none"> • First 2 change theories to begin PDSA Cycles • Conversations with external fostering agencies to begin with achievable longer-term goals being set • Evaluate initial test cycles • Begin new test cycles • Analyse data with project group to consider progress and barriers • Progress report to CPA Board 	Nov-19 Begin Jan-20 Jan-20 Jan-20 Feb- 20 Jan-21
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	<ul style="list-style-type: none"> • Communication of improvement data across ICFS to begin thinking about how trauma informed practice can be considered in other care settings • Plan for carers to deliver trauma knowledge & skills training in the community 	Jul - 21 July -21
Spreading Changes (Project Score 9-10)	<ul style="list-style-type: none"> • Full review of project to inform spread across ICFS 	Dec- 21

This page is intentionally left blank

6.7 Future Skills

<p>Improvement Project Title: Increase understanding and awareness of pathways and future skills requirements and increase the number of opportunities to discuss and record skills for life, learning and work from S1 by 20%, by 2021.</p>
<p>Executive Sponsor: Rob Polkinghorne (ICS Board Chair)</p>
<p>Project Lead: Nicola Graham</p>
<p>Aim statement: Increase children, young people and families' awareness and understanding of future skill requirements by June 2021; and Increase the number of opportunities to discuss and record skills for life, learning and work from S1 by 20%, by 2021.</p>
<p>Link to Local Outcome Improvement Plan:</p> <p>This project aligns with Stretch Outcome 6:</p> <p><i>95% of children living in our priority localities will sustain a positive destination upon leaving school by 2026;</i></p> <p>Driver 6.3 Ensuring children, young people and families understand the pathways available to them and skills required for future.</p>
<p>Why is this important</p> <p>The impact of Covid-19 shows how vulnerable our economy is. The pandemic has accelerated workplace changes in a speed and manner we could never have envisaged. It is clear that the world of work has fundamentally changed forever. Education and Skills have been placed at the centre of the economic recovery. Skills serve as the bridge between knowledge and performance. As we emerge into the Recovery Phase of Covid-19, we are still waiting for labour market information data to settle and for the picture to become clearer but we know that in addition to job specific skills, we need young people and adults alike to have the ability to learn and update skills throughout their life so that they are able to take their place in an increasingly complex and competitive economic landscape.</p> <p>Nationally, the Scottish Government has identified key sectors that have the potential to make Scotland more economically competitive. These growth sectors are supported by the government with financial investment in creating more pathways into the sector – foundation apprenticeships, college and university courses, graduate apprenticeships and other work-based qualifications. This can create more, and better, opportunities for people working or starting a business in Scotland - better paid, more job opportunities, opportunities at higher professional levels and opportunities for progression. In order to grow, these sectors need to have the right elements in place. A key element is a supply of people with the right skills and qualifications, and ongoing upskilling and future focused leadership within the sectors.</p>

In Aberdeen, *The Regional Economic Strategy* provides a long-term plan for the economic development of the North East to 2035. The Strategy outlines key sectors for the region, including: Energy/Oil and Gas; Food, Drink and primary industries; Tourism, Life Sciences, Digital and Entrepreneurship. Additionally, we know that there are also growth opportunities in Health and Social Care and Early Learning and Childcare. Opportunities within construction are also evident given the infrastructure projects planned within our Economic Strategy.

Pre-Covid-19, across developed countries we are seeing a gradual polarisation in jobs. Overall, we are seeing a decline in mid-skill jobs (such as skilled trades, office, admin etc) mainly as a result of automation and a growing demand for high skill jobs. Those in low skill jobs are being left behind. It's only a matter of time until many low skill jobs can economically be automated. We need to be prepared and equipped for a high skill future.

Skills 4.0 was published by SDS in 2018. It identifies a range of meta skills critical to thrive and flourish within a shifting labour market. The skills identified are similar to those identified by other reports (*Deloitte Insights Report* and *'The Future of Jobs', the World Economic Forum*). All three reports highlight and share three common themes in terms of future skills and are even more relevant in this Covid-19 world:

- The ability to manage yourself
- To build and maintain complex relationships
- To be creative and innovative

It is right to note that the ability to do all of the above in a digital world is even more relevant now.

This also connects to the refreshed narrative on Curriculum for Excellence. It re-emphasises the importance of developing the four capacities as the fundamental purpose of Scottish education and that delivering this includes recognising “the knowledge, **skills and attributes** that children and **young people need to acquire to thrive in our interconnected, digital and rapidly changing world”**.

Education Scotland inspections show that the next priority is for the Career Education Standard to be embedded across all subject areas. This project will therefore initially work with one ASG to test an approach that starts with the delivery of joint career and lifelong professional learning (CLPL) aiming to support the embedding of the Career Education Standard.

This project will initially work with an ASG to build the capacity and confidence of practitioners (teachers and other partners who work in schools) to discuss world of work and future skills needs with children, young people and families.

A key part of this will be sharing and exchanging learning as new tools and techniques are developed by classroom teachers.

Another part of this will be linking in subject staff with employers to bring the work/skills discussions to life. DYW NE will support with this piece.

The final piece will be to close the circle by increasing opportunities for pupils to reflect, to discuss and record the skills they are learning. This will be measured through the SDS Data Hub which provides the % of pupils in each school with My World of Work registrations for all year groups together with information on how this compares with the local authority and national average. The aim of a 20% increase will be recorded against current baseline and is to be achieved through a cumulative effect of all of the change ideas.

More broadly, this project will seek to collaborate and share learning with the improvement charter **Supporting the development of pathways with Parents and Carers**, Project Aim *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*

This charter also links to the following charter:
Increase the number of young people taking up foundation apprenticeships to 142 by 2021.

SOURCES: Skills 4.0: A Skills Model to Drive Scotland's

Future, https://www.skillsdevelopmentscotland.co.uk/media/44684/skills-40_a-skills-model.pdf and **World Economic Forum, To Flourish in the Fourth Industrial Revolution**

We need 3 Things <https://www.weforum.org/agenda/2019/08/fourth-industrial-revolution-education>

NESTA, The Future of Skills: Employment in 2030 <https://www.nesta.org.uk/report/the-future-of-skills-employment-in-2030/>

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

Outcome

- Teachers reporting increased confidence in talking about pathways and future skill requirements as part of classroom delivery
- Increase in awareness of pathways and future skills reported by young people and children in school
- Families reporting increased awareness of pathways and future skills
- Growth sector pathway embedded in curriculum
- Increase in the No. of formal opportunities to discuss and record skills for life, learning and work through the PSE curriculum
- Increase in the % of pupils in each school, by year group, with My World of Work registrations for all year groups

Process

- Number of staff trained in Career Education Standard suite of workshops
- Number of staff who undertake the work based learning module

- Increase in registrations on My World of Work (Secondary Schools) and use of My WoW digital P5-P7 tools
- Increase number of pupils using skills profiling tools on My World of Work and able to articulate their skills
- Number of employers supporting the workshop delivery

Change ideas

- Training package developed as part of a “train the trainer” delivery of Careerlong Professional Learning (CLPL) offer to practitioners on Career Education Standard workshops (Future Skills, Labour market information and Career Management Skills) in Bridge of Don ASG (to include the Secondary and associated Primary Schools)
Practitioners undertaking the workshops will develop and test means to increase awareness and understanding of future skills requirements; it is anticipated that these could include:
 - Defining and agreeing a common skills framework across the ASG and identifying ways that this can be used
 - Incorporating skills into learning outcomes and plenary sessions in lesson plans and encourage recording of these on My WoW profiles
 - Trialling use of new Lesson finishers in identified subject areas
- Develop an employer co-led input to the curriculum. We are proposing to pilot one of the growth sector areas to be decided at the next meeting of the Project Group in August/Sept - Life Sciences / Energy / Care / Digital.
- Data/skills sessions offered to primary and secondary schools
- Engage parents/carers in future skills/labour market information messages through different mediums (such as My WoW Ambassadors)
- Test the use of online CLPL module on Work Based Learning as a means to upskill a range of staff across Bridge of Don ASG

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

- Capacity of school staff and partners - need to ensure that this does not feel like additional work in an already busy workload – ensure that this is built into each School’s Improvement Plan

Project Team: :

Daphne McWilliam, Head Teacher, Bridge of Don Academy
 Mike Jamieson, DHT, Bridge of Don Academy
 Jill Cruickshank, DHT, Bridge of Don Academy
 Doug Haggarty, DHT, Bridge of Don Academy
 Diane Duncan, HT Braehead Primary
 Catriona Hogg, Chair, Parent Teacher Council, Braehead Primary

Balmedie Primary HT/rep Scotstown Primary HT/rep Martin Johnston, DYW NE Lori Manson, City Growth Donna Cuthill, ACC Elizabeth Dumbell, Education Team, SDS Gillian Shand, Careers Adviser, SDS Nicola Graham, SDS Third sector/Health/Community – (one) rep to be confirmed		
Outline Project Plan - Set out your initial plan about the timeline for your project. (This should be reviewed regularly)		
Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	What initial activities are required to get started? Gather project team	February 2020
Designing and Testing Changes (Project Score 4-7)	What activities are required to start testing changes? Team to explore the following: <ul style="list-style-type: none"> • Workshop format • Evaluation processes • Start to gather what potential small tests of change might look like around skills in the classroom • Pull together RSA and data matrix workshop • Map what ASG currently does around this whole agenda to understand and learn from existing practice 	September 2020
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	What actions would be required to implement and sustain the changes that have resulted in improvement?	September 2020 - 2021

	<p>Test/Implement Changes Work with Donna Cuthill and Parents Councils to establish different methods of communicating key messages about pathways and future skills</p>	
<p>Spreading Changes (Project Score 9-10)</p>	<p>What actions are required to reach the full scale of the project?</p> <p>Expand learning to more schools</p>	<p>2021</p>

11.12 Promoting Wellbeing and Good Health Choices

<p>Improvement Project Title Promoting Wellbeing and Good Health Choices</p>
<p>Executive Sponsor Sandra MacLeod, Chief Officer, Aberdeen Health and Social Care Partnership</p>
<p>Project Lead Name: Anna Gale Job Role & Organisation: Public Health Co-ordinator Email Address: annagale@nhs.net</p>
<p>Aim statement Increase number of people in local communities promoting wellbeing and good health choices by 2021.</p>
<p>Link to Local Outcome Improvement Plan 11. Healthy life expectancy (time lived in good health) is five years longer by 2026 – Stretch Outcome 11.2 Building community resilience through a peer supported approach to health literacy distributed amongst social networks – key driver 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 – key driver No. people attending awareness raising sessions for health issues in their community – key improvement measure No of community run groups promoting wellbeing and good health choices (such as Jog Scotland groups, social connections groups, etc.) – key improvement measure No. of frontline staff trained in overall MeOC approach – Key improvement measure</p>
<p>Why this is important</p> <p>Estimated life expectancy at birth in Aberdeen is in line with Scottish averages at 81.2 years for females and 77.1 years for males (81.1 years 77.0 years respectively for Scotland). However, as in Scotland, life expectancy is strongly associated with deprivation, with those in the least affluent areas having a lower life expectancy than those in the most affluent areas. Healthy life expectancy (years lived in good health) is lower at 65 years for males and 67.4 for females. These differences in health outcomes are caused by the fundamental inequity in the distribution of power, money and resource.</p> <p>There is widespread recognition that communities¹ have a vital role in improving health and wellbeing. Reasons including:</p> <ul style="list-style-type: none"> The communities where we live, work and play have a significant influence on our health and wellbeing.² The immediate physical environment, the social networks we belong to, the local economy, our workplace and the accessibility of services are all important. Strong communities are good for health².

¹ A community is defined as “a group of people joined together by a common interest or experience” ² Dahlgren, G. and Whitehead, M. (1993) Tackling health inequalities in health: what we can learn from what has been tried.

² Strong communities, wellbeing and resilience

<https://www.kingsfund.org.uk/projects/improvingpublics-health/strong-communities-wellbeing-and-resilience> <https://communityplanningaberdeen.org.uk/community-planning-aberdeen-board/>



- There are many ‘assets’ within communities, such as skills, experience and knowledge that can be mobilised to promote health and wellbeing.
- Communities have great insight and intelligence on what is needed from services, and on what works in improving health and wellbeing. In addition, directly engaging with people most likely affected by health inequalities is important in addressing these inequalities both through health and social care services and other means.

There are a number of national strategic drivers for change including:

- The Christie Commission (2011)
- The National Public Health priorities
- Public Bodies (Joint Working)(Scotland) Act 2014
- Community Empowerment (Scotland) Act 2015

A number of common themes that cut across all drivers were observed, including reducing inequalities; prevention and early intervention; empowering people and communities; collaboration and engagement; and intelligence, evidence and innovation.

Recent reports from the World Health Organization (WHO) identify preventative programmes that are likely to be cost-effective, effective in reducing health inequalities and have the potential to make savings. These include programmes to change behaviours and programmes addressing the social and environmental determinants of health. The WHO concludes that prevention, on the whole, is cost-effective, with some interventions providing quick returns on investment.

This project will initially test in the Woodside area of Aberdeen. Woodside recently celebrated 125 years since becoming incorporated in the City of Aberdeen yet it still maintains a strong sense of community and identity - people look out for each other. However in general, people living in Woodside – across all age groups – have poorer life outcomes than peers from less deprived areas of the city; academic attainment tends to be lower, earnings potential lower and life expectancy shorter.

Woodside is a neighbourhood that lies to the north of Aberdeen City Centre and is widely regarded as being amongst the most deprived in the city. Life expectancy in both males and females in Woodside is lower than average, at 68.2 years (males) and 74.9 years (females). In addition, within the Tillydrone, Seaton & Woodside locality around 14% of the population are unemployed with the rate of unemployment standing much higher at 24% in parts of Woodside.

An initial scoping workshop with volunteers and staff at Fersands and Fountain community project in Woodside have identified stress, depression and anxiety linked to financial concerns; drug and alcohol use and food insecurity as the main health and wellbeing concerns of people using the community project.

Due to the COVID-19 pandemic, engagement with staff and volunteers at Fersands and Fountain community project has been temporarily paused. However, the socio-economic impact of COVID-19 demonstrates the importance of this work continuing.

Operational definitions:

Health – “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” (WHO)

Wellbeing - Has a wider meaning than “health” (absence of disease). Can be defined as “Doing well, feeling good; doing good, feeling well” (AHSCP Strategic Plan)

Measures

Outcome measures

Increased awareness amongst people in local communities of what is available locally to promote wellbeing and good health choices by 2021.

Process measures

- No. of people working, living and/or volunteering being part of a community wellbeing action group.
- No. of community run groups documented (either physically or digitally) promoting wellbeing and good health choices e.g. health walks or community cafes.
- No of volunteers and staff trained in overall approach to Making Every Opportunity Count (MeOC).
- No. of conversations (i.e. using the Making Every Opportunity Count (MeOC) recorded promoting wellbeing and good health choices.
- No. of people adopting the role of Wellbeing Ambassador.

Balancing measures

- Increased understanding of health and social care needs within local communities to help support locality planning.
- Volunteers and staff feel empowered to make a difference to health and wellbeing in their local community.

Qualitative Measures

- Clear definition of what health and wellbeing means to people living and working in Woodside.
- Feedback from volunteers and staff indicating increased confidence and knowledge of what can support the promotion of wellbeing and good health choices within the local community.

Share experience on the barriers that exist for local people making good health choices.

Change ideas

1. Bring together a community wellbeing action group of local residents, staff and volunteers.
2. Develop a Wellbeing Resource which is local and appropriate based on the 5 steps to Wellbeing.
3. Upskill local people to become Wellbeing Ambassadors to promote wellbeing and good health choices.

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

- **How we involve community members in a meaningful way.**
Use the 'Engagement, Participation and Empowerment Strategy' to guide ways of working. Recognise that meaningful long-term change won't happen overnight and that relationships based on trust need to be established with both community members and those already delivering valuable services and support.
- **Confidence levels of staff and community members to have MeOC style conversations**
Use a training/coaching approach to support individuals.
- **Potential language barriers**
Work with equalities teams within NHS Grampian and Aberdeen City Council as well as third sector organisations such as GREC.
- **How to identify baseline measurements in relation to the number of people promoting wellbeing and good health choices.**
Be clear on target population to aid baseline measurements.
- **Increase membership of project group to be include cross-sector and community representation**
Be clear on target population to ensure appropriate representation of those that understand the needs and opportunities within the community.

Project Team:

Anna Gale, Public Health Co-ordinator, Aberdeen Health and Social Care Partnership
Jayne Boyle, Senior Wellbeing Co-ordinator, Aberdeen Health and Social Care Partnership
Chris Littlejohn, Deputy Director of Public Health, NHS Grampian
Louise Argo, Wellbeing Co-ordinator, Aberdeen Health and Social Care Partnership
Fran Smith, Community Builder, Aberdeen Health and Social Care Partnership
Dave Kilgour, Development Manager, CFine
Dr Emma Whindle, GP and **Sarah Stewart**, community representative– advisors from Aberdeen's first Health and Wellbeing Festival
Mark Lovie, Project Co-ordinator, Fersands and Fountain Community Project
Members of the Fersands and Fountain Community Project Management Committee – local residents

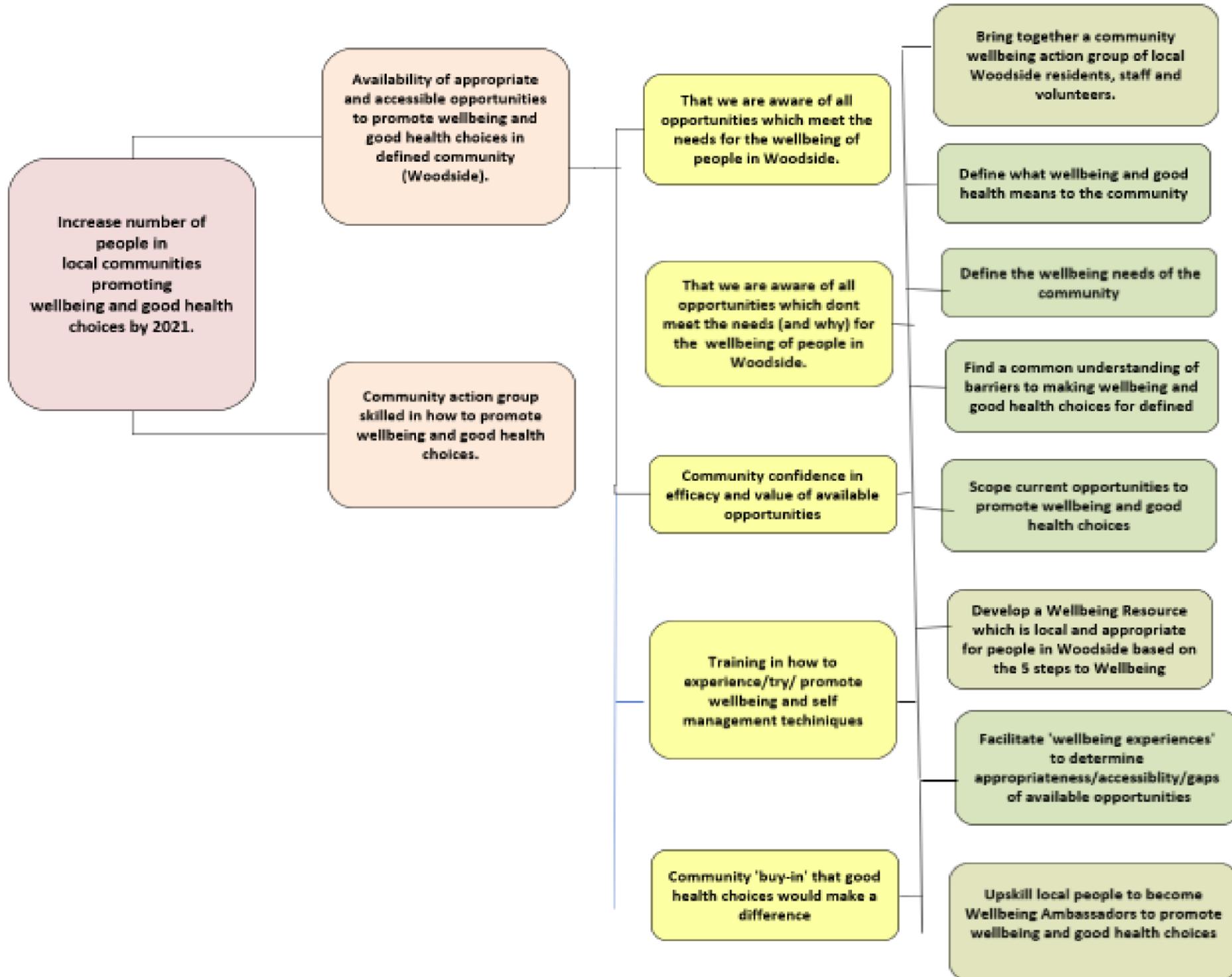
Improvement Advisor: Rosie Cooper

Links have also been made to the Tillydrone, Seaton and Woodside Community Planning Aberdeen group and agreement made to share project charter to capture overall contribution to the LOIP from this area of Aberdeen.

In addition, links have been made across the Community Planning Partnership with ADP LOIP projects around alcohol awareness and Sustainable Cities projects in relation to food insecurity. Connections have also more recently been made to the Connecting Scotland workstream regarding digital accessibility.

Outline Project Plan		
Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<p>Scope out ideas and develop project group</p> <p>Initial project charter drafted, and initial ideas presented via a brief scoping session at the RIS meeting on 7th November</p> <p>Further work to understand the opportunities within Woodside:</p> <p>Initial meeting to be held to further refine change ideas with project co-ordinator and 2 members of the management committee</p> <p>Workshop to be facilitated with HSCP staff; Fersands and Fountain project co-ordinator; management committee; volunteers from community pantry and staff from breakfast club/after school club to explore:</p> <p>-What issues people are coming in to the project with -What support the volunteers and staff know is available in the local area -What data/resources HSCP staff that we are aware of, i.e. link practitioner data</p> <p>Driver diagram created</p> <p>Continue to collaborate with volunteers and staff in Woodside to:</p> <p>-Define what good health and wellbeing choices mean to the community. -Define the wellbeing needs of the community. -Find a common understanding of barriers to making wellbeing and good health choices for defined community -Scope current opportunities to promote wellbeing and good health choices.</p>	<p>September – November 2019</p> <p>November 2019</p> <p>November 2019</p> <p>January 2020</p>
Designing and Testing Changes (Project Score 4-7)	<p>Project charter endorsed by CPA</p> <p>Change ideas developed further, measurement plans established and initial PDSAs are planned.</p> <p>Continue testing</p>	<p>September 2020</p> <p>October to March 2021</p>

Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	Feedback on improvements Plan in place based on initial learning from PDSAs.	March 2021 – June 2021
Spreading Changes (Project Score 9-10)	Review progress and identify areas for continuation of improvements.	July 2021



This page is intentionally left blank

11.13 Health Literacy

<p>Improvement Project Title: Increasing delivery of health literacy advice and support in community-based hubs.</p>		
<p>Executive Sponsor Sandra MacLeod, Chair of Resilient, Included, Supported Group</p>		
<p>Project Manager Neil Carnegie, Communities and Housing Area Manager, ncarnegie@aberdeencity.gov.uk</p>		
<p>Aim statement</p> <p>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.</p>		
<p>Link to Local Outcome Improvement Plan:</p> <p>Stretch Outcome 11. Healthy Life expectancy (time lived in good health) is five years longer by 2026</p>		
Key Drivers	Improvement Project Aim	Key Improvement Measures
11.2 Building community resilience through a peer supported approach to health literacy distributed amongst social networks	Extend link working approach across primary care to support 3,000 people to attain their own identified outcomes by 2021.	No. of referrals to link practitioners
		Positive outcomes reported by people accessing link workers
		% increase in health literacy in Aberdeen City (Baseline to be established by Health literacy measurement tool)
		% of residents reported that feel they have influence and a sense of control (Baseline 2017/18: 50%)
		% of tenancies sustained for 12 months
		No. of people taking up social prescriptions
<p>Why is this important</p> <p>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 the health and social care system.</p> <p>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).</p> <p>Poor outcomes and life expectancy within our most socially deprived communities is partly attributable to health literacy challenges. Our most socially deprived communities have highest concentration of community centres/hubs/projects creating opportunities to develop the capability within these facilities to improve health literacy.</p>		

In 2017 the Scottish Government produced a health literacy action plan. 'Making it Easier' sets out for improving health literacy in Scotland. This plan identifies:

- Improving health literacy levels is crucial for attaining the social, economic and environmental ambitions of the 2030 Agenda for Sustainable Development.
- Harnessing health literacy improves health and reduces health inequities.

Measures:

Outcome measures

- Number of people receiving health literacy support in community-based hubs
- Increase in number of community-based hubs delivering health literacy support
- Increase in number of staff in community-based hubs delivering health literacy support
- Confidence of staff in community-based hubs delivering health literacy support

Process measures

- Number and range of training opportunities (virtual/face to face/group sessions- which method of training has the most impact on staff)
- Number of staff/volunteers trained in health literacy
- Number of community-based hubs with staff/volunteers trained in health literacy.
- Range of community-based hubs delivering health literacy support
- Web views
- Number of referrals from community hubs to specialized providers

Change ideas

- Train staff and volunteers to provide health literacy advice and signposting
- Events (routine and special) arranged to deliver health literacy advice based on local health needs in community based-hubs
- Create community digital channels to deliver health literacy advice
- Publicise availability of local health literacy assistance through local channels including digital
- Develop pathways between community-hubs and more specialized providers of health literacy advice

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

- Willingness and capacity of staff and volunteers to provide advice and support – provide high quality training and information about importance of health literacy.
- Capacity of project team to support the project delivery – on-line collaboration, minimise time requirements to support the project.
- Community do not engage services available – engage local community in design work and reviews.

Project Team:

Neil Carnegie – Communities and Housing Area Manager

Amanda Gould – ACHSP Public Health

Hayley Ross – ACHSCP Wellbeing Coordinator

Nicola Cameron – Reader Development Librarian

Linda Clark – Community Learning and Development

Chris Third – Scottish Health Council

Fergus Thomson – Sport Aberdeen

Representatives – Tillydrone Community Flat Association

Outline Project Plan

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	Approval from CPA to implement project Agree initial community-based hub to undertake initial test	September 20 Timescales are TBC at present as they are dependent on the reopening of the community-based hub post covid-19 restrictions. Once this date is known the timescales will be populated.
Designing and Testing Changes (Project Score 4-7)	Develop change ideas specific to test location Training Implement tests of change Fortnightly meetings with test site to review data and adjust tests as relevant Complete test of change	TBC TBC TBC TBC
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	Test model in different settings – other community based projects, leased community centres, ACC learning centres/hubs	TBC
Spreading Changes (Project Score 9-10)	Identify areas for spread.	TBC

This page is intentionally left blank

15.2 Active Travel Walking Project

Improvement Project Title: Active Travel Walking project
Executive Sponsor: Jillian Evans, NHS Grampian
Project Lead: Kelly Wiltshire, Nestrans Email address: kwiltshire@nestrans.org.uk
Aim statement Increase % of people who walk as main mode of travel to 31% by 2021.
Link to Local Outcome Improvement Plan: Key Driver - Stretch Outcome 15 of the LOIP is directly related to this project charter and is about increasing active travel rates - 38% of people walking and 5% of people cycling as main mode of travel by 2026 15.1 Supporting different ways for active travel in everyday journeys, using partners and volunteers to address safety, infrastructure, fitness, well-being and confidence. Increase % of people who walk as main mode of travel to 38% by 2026. <ul style="list-style-type: none">• Baseline: % of people who walk as main mode of travel (Baseline 2017: 28% – Scottish Household Survey) % of people who cycle as main mode of travel (Baseline 2017: 2.4% – Scottish Household Survey) % of people using active travel for work (Baseline 2017: 26.1% – Scottish Household Survey)• 38% of people walking and 5% of people cycling as main mode of travel by 2026• Reduce? NOx and PM10 levels in areas with greatest air quality issues: PM10 levels: Anderson Drive Wellington Road City Centre Supporting strategies include: <u>National Transport Strategy</u> - Currently being refreshed with strong focus on active travel <u>Regional Transport Strategy</u> – Currently being refreshed with strong focus on active travel <u>Local Transport Strategy</u> <u>Nestrans Active Travel strategy</u> – Currently being refreshed as part of new Regional Transport Strategy. <u>Grampian Health and Transport Action Plan</u> – This plan aims to develop a social prescribing project and/or support for them. <u>Aberdeen City Council - Active Travel Strategy</u> <u>Core Paths Plan</u> <u>Civitas Portis Sustainable Transport EU project</u> <u>SUMP – Sustainable Urban Mobility Plan</u> <u>City Centre Masterplan</u> <u>Health Walks</u> – There are many health walks already happening, so encouragement of more participation <u>City Walking Trails</u> – There are many great City Trails and leaflets for these available, promote these widely and encourage people to try them. Transport Scotland – <u>Transport Transition Plan</u> – outlining the approach to travel and transport during the Covid-19 global pandemic and the easing of lockdown.

Business case

Benefit to community will be a model shift in travel from cars (motorised vehicles) to more active forms of transport such as cycling and walking. This will improve air quality, decrease greenhouse gas emissions, improve public health and make Aberdeen a nicer place to be, due to reduced congestion, reduced pollution and a healthier population. Walking is one of the easiest forms of exercise for those that are able and is a cheap way to travel.

There are many projects, plans and work ongoing to increase the amount of walking in Aberdeen, with lots of good walking routes and health walks available in Aberdeen. Aberdeen already has high walking rates comparable with other European Cities. This improvement project is to encourage walking and promote the large number of resources, health walks and walking trails and routes that are already available to see if it increases the number of people walking and helps overcome the barriers to walking.

During the Covid-19 global pandemic, the number of people walking, particularly for leisure as part of daily exercise, has been much more visible and has increased on the pedestrian counters that are installed at various locations across the city. This project should try to encourage continuing this increase in walking for health and leisure, as well as accessing services such shopping during the easing of lockdown and beyond. Whilst continuing to promote the government guidelines in terms of physical distancing and meeting with people outside of your household. It should also try and help those who have been shielding, to walk for exercise if they are able to.

This project will actively encourage and signpost people to existing resources such as walking routes and health walks available. This will be done through G.P. Surgeries, Health walk co-ordinators, Link workers, as well as other public and third sector organisations, promotional materials and social media.

Aberdeen City Council were successful in their bid for 'Spaces for People' funding to encourage walking and cycling and to encourage Physical Distancing by widening footpaths and creating extra space for walking and cycling. This should allow people to feel safe and encourage walking as a healthy activity.

Below is some research on the barriers to walking.

[National survey of attitudes and barriers to walking in Scotland – Paths for all, 2019](#)

[Barriers and Facilitators to Recreational Walking: An Evidence Review – University of Edinburgh, Physical Activity for Health Research Centre \(PAHRC\) October 2019](#)

The review identified 12 critical factors that can act as barriers and/or facilitators to recreational walking. Organised by the levels of the Ecological framework, these were:

Individual Factors:

Ill-health and poor health status, Awareness of health and well-being benefits, Knowledge of routes and options, Existing negative attitudes to walking, Experience of walking and sense of achievement, and Practicalities and expectations of walking and walking ability.

Social Environment Factors:

Companionship and Social deprivation

Physical Environment Factors:

Scenery and landscapes, Natural environment, Accessibility and access, and Safety

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

Key actions which could help overcome these barriers and address the critical factors above could include; promotional of walking as a healthy activity, good maintenance of path network, ensuring that physical distancing is available on footpaths with high footfall through the ‘Spaces for People’ programme, encouraging walking as part of the ‘build back better’ approach of the Covid-19 pandemic and easing of lockdown, working with GP practices to encourage walking for health, gritting of path network, park benches at regular intervals to allow people to rest if required. Easy to access toilet stops along the routes. Access to water along the routes. Ensure lighting and CCTV where appropriate are installed and maintained.

Measures:

- Increase in number of pedestrians recorded at pedestrian counters installed across the city. Data is being updated regularly as part of Spaces for People project
- Number of GP practices signed up to encouraging walking
- Increase numbers of people taking part in Health Walks (when guidance is given and is safe to do so)
- Number of people accessing the Scarf telephone helpline, receiving advice/signposting for active travel.
- Change in ‘hands up’ survey that happens once a year in schools
- Scottish Household Survey results on travel
- Census data (after next census)
- Increase in number of park benches on key walking routes
- Increase in availability of publicly available toilets
- Increase availability of water bottle refill points

Change ideas

- Promote walking through social media, media releases and paid for advertising (if budget allows) as a good alternative mode of travel during the easing of lock down restrictions. <https://news.aberdeencity.gov.uk/people-asked-to-keep-up-the-fantastic-walking-and-cycling-habits-from-lockdown/>
- Promote the ‘Spaces for People’ projects being put in place to widen foot paths to encourage walking and physical distancing throughout main thoroughfares in the city.
- Sign up (initially one) GP practice in the City that would like to become a ‘Walking’ practice that encourages walking where possible and will actively sign patients to existing opportunities such as health walks and walking trails in the city. GPs and link workers based within GP practices are well placed to encourage walking for health and their participation has been crucial in other successful ‘social prescribing’ projects across the country. <http://www.healthscotland.scot/publications/social-prescribing-resources>

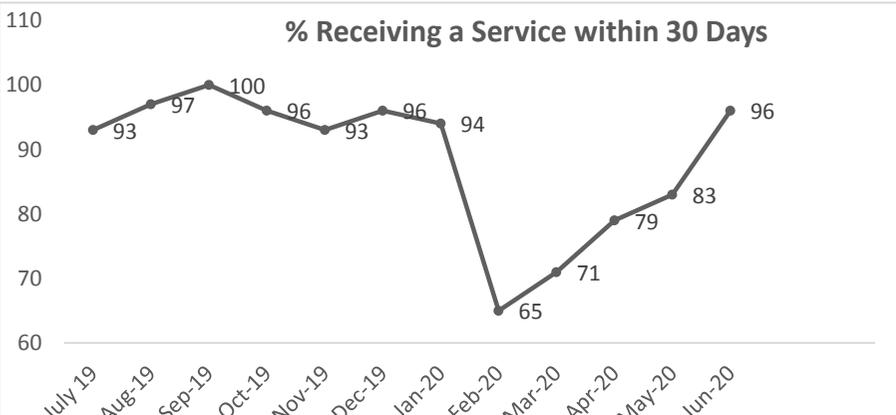
<ul style="list-style-type: none"> • Use the current Scarf/ Energy Saving Trust advice helpline to disseminate information and signposting to active travel and record the number of these interactions. • Work with communities to highlight key walking routes that could have an increase in benches to allow rest stops along a route. Once identified install some low maintenance park benches and publicise these locations. • Work with local businesses and public and third sector organisations to have a publicised range of locations for people to be able to use as toilet stops when out and about. (Similar to Aberdeenshire Council’s comfort partnership). • Work with local businesses and public and third sector organisations to have a publicised range of locations for people to refill water bottles. • Work with existing events to promote walking and walking tours
<p>Potential Barriers:</p> <ul style="list-style-type: none"> • Lack of uptake from GP practices • Lack of community engagement (in provision and uptake) • Difficulty sourcing funds (e.g. benches, promotional material) • Unable to accurately monitor or collect data • Covid-19 restrictions
<p>Project Team:</p> <p>Kelly Wiltshire, Nestrans, Jon Barron, Nestrans, Joanna Murray, Aberdeen City Council, Alan Simpson, Aberdeen City Council, Andrew Stewart (Health and Transport Action Plan Manager), Jillian Evans, NHS Grampian, Joanne Riach, NHS Grampian, Anna Gale, Aberdeen City Health and Social Care Partnership, David Selkirk, Sport Aberdeen and Chris Rae, Scarf. There is no GP representation at present as one of the change idea’s to recruit GP’s and GP’s surgeries to take part.</p>

Outline Project Plan – Active Travel Walking		
Project Stage	Actions	Timescale (may be delayed due to Covid-19 pandemic)
<p>Getting Started (Project Score 1-3)</p>	<ul style="list-style-type: none"> • Sustainable City Group research into Active Travel • Sustainable City group have a workshop to come up with change ideas and complete a driver diagram • A project team is compiled • Project Charter Drafted 	<p>September 2019 to July 2020</p>
<p>Designing and Testing Changes (Project Score 4-7)</p>	<ul style="list-style-type: none"> • Project charter endorsed by CPA • Develop relationships and encourage pilot GP 	<p>August to December 2020</p>

	<p>practices to take part in the project</p> <ul style="list-style-type: none"> • Pull together information on all the current resources such as 'Spaces for People' project, health walks and walking routes • Investigate potential funding to help develop the project 	
<p>Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)</p>	<ul style="list-style-type: none"> • Create case studies of the GP practices that have taken part • Collate and measure using all available data • Promote and publicise walking and walking projects 	<p>January to April 2021</p>
<p>Spreading Changes (Project Score 9-10)</p>	<ul style="list-style-type: none"> • Promote the project further within the current GP Practices • Encourage other GP practices to sign up using the previous examples to promote • Further promote walking, the case studies and all the resources available. 	<p>April to July 2021</p>

This page is intentionally left blank

3.1 Family Support

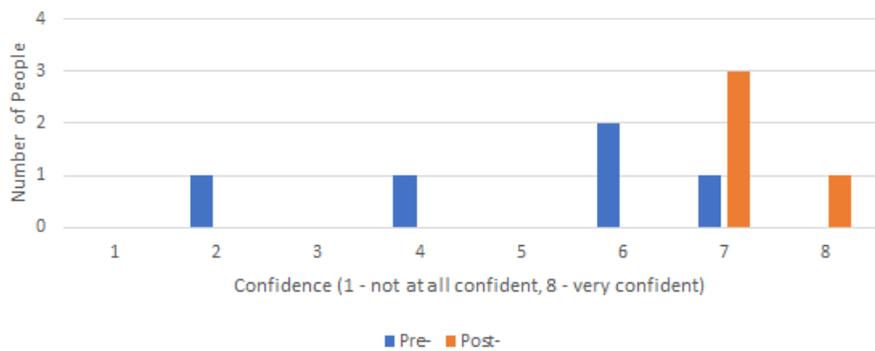
Project Aim	Start Date	Testing End Date	Progress Scale																										
Increase the number of families who request additional support and receive an offer of an appropriate service within 30 days of receipt of the Child’s Plan, to 80%, by 2021 Project Manager: Eleanor McEwan (Homestart) Project Charter Approved July 2019	Jul 2019	Jan 2021	7 – Initial indications of improvement																										
Changes Being Tested (Specify location/ test group)	Are our changes resulting in improvement?																												
<ul style="list-style-type: none"> • Testing how our new data dashboards improves the quality of information shared through the Child’s plan and reduces the variation between services • Peep is increasing contact with families before the start of blocks of the Low Mood group to encourage better uptake of the service- this may include 1-1 services • Testing Family Learning reducing waiting times for families through the introduction of an initial home visit (City wide - the test group includes all referrals to the partner services involved in the project) 	We are already demonstrating improvement in relation to this part of the system with 94% of families receiving a Service within 30 days. The improvement team are monitoring for sustainability with a view to proposing a revised aim through the ICS board. By comparing the data collated by the separate services, we are starting to identify other areas of improvement we can include in a revised aim. Family Learning has identified that an introduction of initial home visits and phone calls to families has proven not helpful. It has caused a false sense of hope that the service will start soon while service capacity issues indicate differently.																												
Improvement Data																													
 <table border="1"> <caption>% Receiving a Service within 30 Days</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>July 19</td><td>93</td></tr> <tr><td>Aug-19</td><td>97</td></tr> <tr><td>Sep-19</td><td>100</td></tr> <tr><td>Oct-19</td><td>96</td></tr> <tr><td>Nov-19</td><td>93</td></tr> <tr><td>Dec-19</td><td>96</td></tr> <tr><td>Jan-20</td><td>94</td></tr> <tr><td>Feb-20</td><td>65</td></tr> <tr><td>Mar-20</td><td>71</td></tr> <tr><td>Apr-20</td><td>79</td></tr> <tr><td>May-20</td><td>83</td></tr> <tr><td>Jun-20</td><td>96</td></tr> </tbody> </table>	Month	Percentage	July 19	93	Aug-19	97	Sep-19	100	Oct-19	96	Nov-19	93	Dec-19	96	Jan-20	94	Feb-20	65	Mar-20	71	Apr-20	79	May-20	83	Jun-20	96			
Month	Percentage																												
July 19	93																												
Aug-19	97																												
Sep-19	100																												
Oct-19	96																												
Nov-19	93																												
Dec-19	96																												
Jan-20	94																												
Feb-20	65																												
Mar-20	71																												
Apr-20	79																												
May-20	83																												
Jun-20	96																												

This page is intentionally left blank

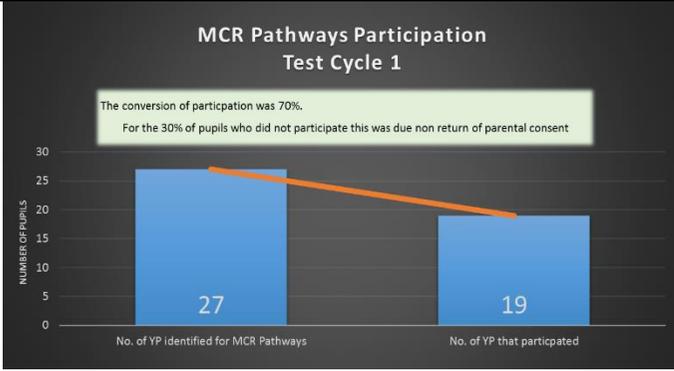
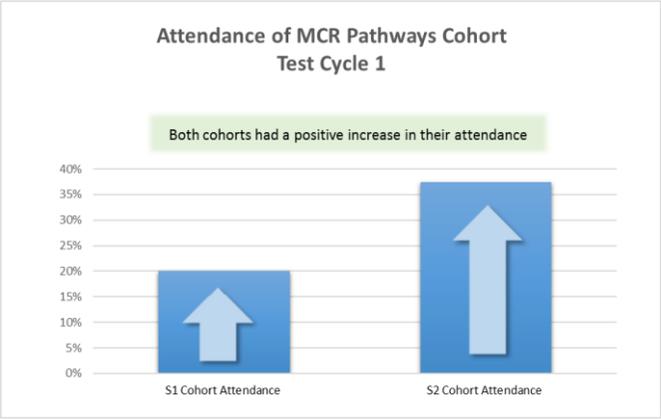
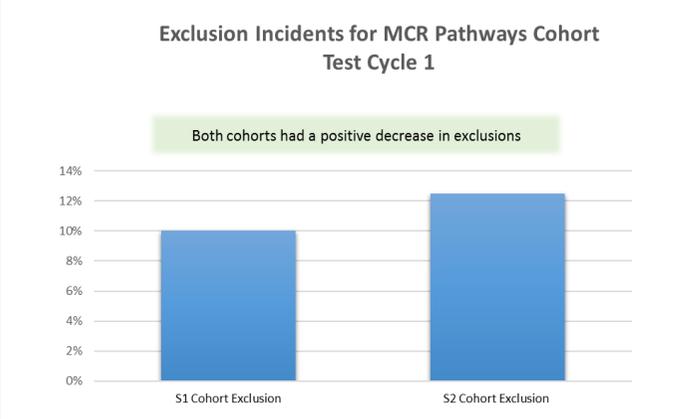
4.1 Children’s Mental Wellbeing

Project Aim	Start Date	Testing End Date	Progress Scale																																																						
<p>Increase the confidence of school-based staff, parents and young people to recognise and respond to deteriorating mental wellbeing by 2022 (See charter for individual aims).</p> <p>Project Manager: Bill O’Hara (ACC), Lauren Mackie (ACHSCP) Project Charter Approved December 2019</p>	Dec 2019	Dec 2022	6 – Testing Changes																																																						
Changes Being Tested (Specify location/ test group)	Are our changes resulting in improvement?																																																								
<p>4 sites have been identified for testing, namely: Aberdeen Grammar; Bridge of Don; Bucksburn; Hazlehead to test the following:</p> <p>Training for school staff 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 – first event will be held by Hazlehead ASG on 19th March 2020.</p>	<p>This project charter was first approved in September, but since then a third project aim was added in December. The revised project charter was approved in December and testing began in January.</p> <p>In January 2020 Bucksburn Academy Mental Health Group have undertaken the SAMH Mental Health e-learning for teachers which resulted in increased confidence (see graphs below). All PSA’s within the school are due to undertake the training in March 2020.</p>																																																								
Improvement Data																																																									
<p>Pre- and post- completion of the SAMH e-learning module - how confident do you feel in leading a conversation about positive mental health?</p> <table border="1"> <caption>Confidence in leading a conversation about positive mental health</caption> <thead> <tr> <th>Confidence Level</th> <th>Pre-Completion</th> <th>Post-Completion</th> </tr> </thead> <tbody> <tr><td>1</td><td>0</td><td>0</td></tr> <tr><td>2</td><td>1</td><td>0</td></tr> <tr><td>3</td><td>0</td><td>0</td></tr> <tr><td>4</td><td>0</td><td>0</td></tr> <tr><td>5</td><td>1</td><td>1</td></tr> <tr><td>6</td><td>1</td><td>0</td></tr> <tr><td>7</td><td>2</td><td>2</td></tr> <tr><td>8</td><td>0</td><td>1</td></tr> </tbody> </table>	Confidence Level	Pre-Completion	Post-Completion	1	0	0	2	1	0	3	0	0	4	0	0	5	1	1	6	1	0	7	2	2	8	0	1	<p>Pre- and post- completion of the SAMH e-learning module - how confident are you in recognising changes in a young person's behaviour that might indicate a mental health problem?</p> <table border="1"> <caption>Confidence in recognizing changes in a young person's behaviour</caption> <thead> <tr> <th>Confidence Level</th> <th>Pre-Completion</th> <th>Post-Completion</th> </tr> </thead> <tbody> <tr><td>1</td><td>0</td><td>0</td></tr> <tr><td>2</td><td>0</td><td>0</td></tr> <tr><td>3</td><td>0</td><td>0</td></tr> <tr><td>4</td><td>2</td><td>0</td></tr> <tr><td>5</td><td>0</td><td>0</td></tr> <tr><td>6</td><td>2</td><td>1</td></tr> <tr><td>7</td><td>1</td><td>1</td></tr> <tr><td>8</td><td>0</td><td>2</td></tr> </tbody> </table>			Confidence Level	Pre-Completion	Post-Completion	1	0	0	2	0	0	3	0	0	4	2	0	5	0	0	6	2	1	7	1	1	8	0	2
Confidence Level	Pre-Completion	Post-Completion																																																							
1	0	0																																																							
2	1	0																																																							
3	0	0																																																							
4	0	0																																																							
5	1	1																																																							
6	1	0																																																							
7	2	2																																																							
8	0	1																																																							
Confidence Level	Pre-Completion	Post-Completion																																																							
1	0	0																																																							
2	0	0																																																							
3	0	0																																																							
4	2	0																																																							
5	0	0																																																							
6	2	1																																																							
7	1	1																																																							
8	0	2																																																							

Pre- and post- completion of the SAMH e-learning module - do you feel confident that you have the skills to start a conversation with a young person who is showing changes in behaviour that might indicate a mental health problem?



5.1 Improving Education Outcomes for Care Experienced Children and Young People

Project Aim	Start Date	Testing End Date	Progress Scale
Increase the number of care experienced young people accessing a positive and sustained destination by 25% by 2022. Project Manager: Larissa Gordon (ACC): Project Charter Approved July 2019	Jul 2019	Dec 2022	6 – Testing underway
Changes Being Tested (Specify location/ test group)	Are our changes resulting in improvement?		
Due to Covid 19, the start date for 2 project co-ordinators was delayed from April until mid-July 2020. The final 2 project co-ordinators have now been appointed and we would hope to have them in school by September 2020. The MCR pathways programme will then be fully implemented in all 6 identified schools.	Pupils engaged with the MCR Pathways co-ordinator and were increasingly able to talk positively about their school experiences. The cohort of S1 pupils have increased their attendance by 20% and decreased their exclusions by 10%. S2 pupils have increased their attendance by 37.5% and decreased their exclusions by 12.5%.		
Improvement Data			
			
			

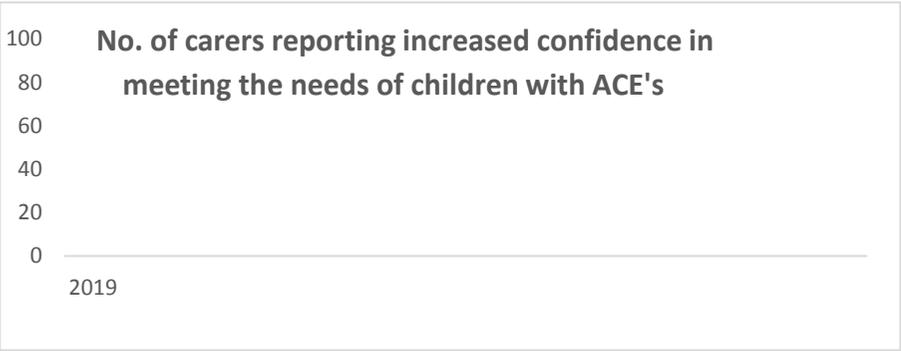
This page is intentionally left blank

5.2 Kinship and Foster Care

Project Aim	Start Date	Testing End Date	Progress Scale						
Increase in the number of inhouse foster and kinship placements by 2021. Project Manager: Isabel McDonnell (ACC) Project Charter Approved July 2019	Jul 2019	Dec 2022	6 – Testing Changes						
Changes Being Tested (Specify location/ test group)	Are our changes resulting in improvement?								
<p>Work has been undertaken to support families over the lockdown through virtual means. Learning from this use of digital tools and a family survey (due to be carried out) on their experience of service through lockdown will help inform future tests of change.</p> <p>Assessments of potential foster carers have continued to be progressed utilising digital technology. Learning from this will continue to be utilised going forward.</p>	<p>There has been an increase in the number of Kinship care placements over the lockdown period</p> <p>There has also been an increase in the number of families expressing an interest in fostering over the past 4 months. These will be progressed as a priority.</p>								
Improvement Data									
 <table border="1"> <caption>No. of CE Young People in Kinship Care Placements</caption> <thead> <tr> <th>Period</th> <th>No. of Placements</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>	Period	No. of Placements	Sep-Dec 2018	177	Sep-Dec 2019	213			
Period	No. of Placements								
Sep-Dec 2018	177								
Sep-Dec 2019	213								

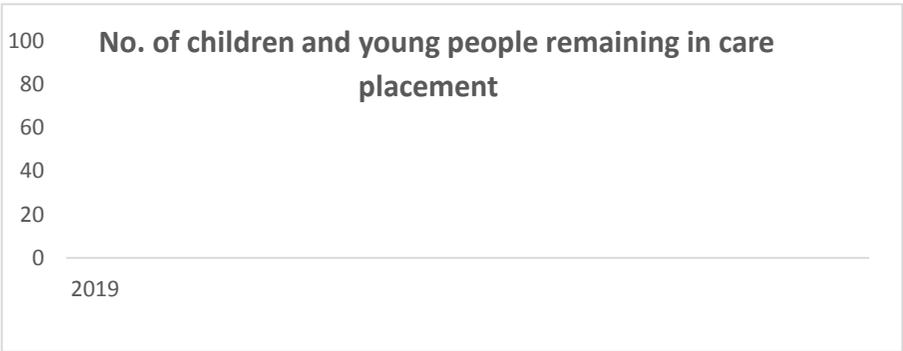
This page is intentionally left blank

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 Project Manager: Isobel MacDonnell (ACC) Project Charter Approved December 2019	Sep 2019	Dec 2021	5 – Designing Changes				
Changes Being Tested (Specify location/ test group)	Are our changes resulting in improvement?						
Coaching and Mentoring of carers and staff via digital platforms. Currently exploring delivery of digital training opportunities to expand continuing support to groups of carers/staff to further embed use of trauma informed practice.	Initial indications from individuals who have undertaken training have been positive, in terms of their confidence to support Care Experienced Children and Young People						
Improvement Data							
 <p>No. of carers reporting increased confidence in meeting the needs of children with ACE's</p> <table border="1"> <thead> <tr> <th>Year</th> <th>No. of carers</th> </tr> </thead> <tbody> <tr> <td>2019</td> <td>10</td> </tr> </tbody> </table>	Year	No. of carers	2019	10			
Year	No. of carers						
2019	10						

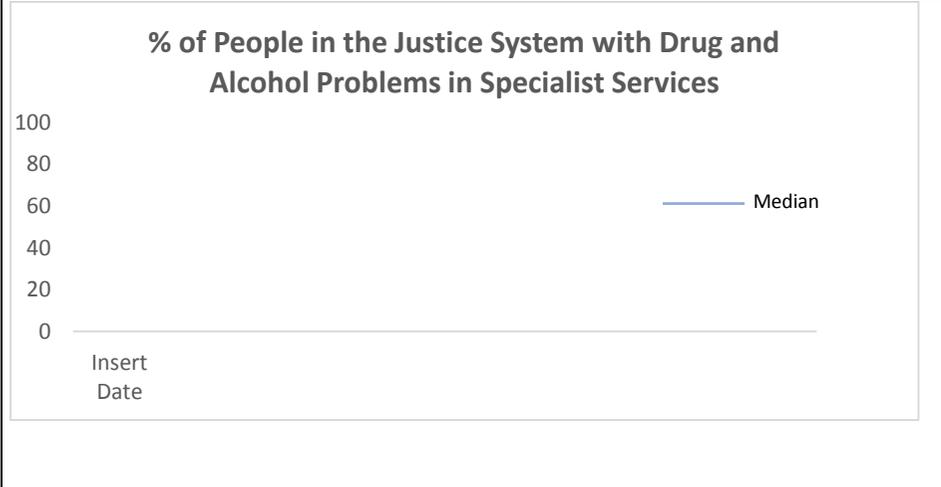
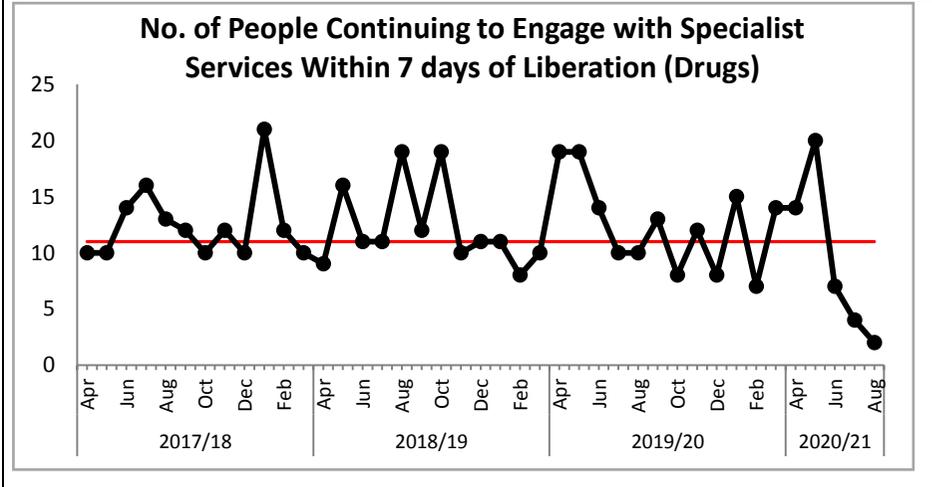
This page is intentionally left blank

5.5 Children and Young People in Care Placements

Project Aim	Start Date	Testing End Date	Progress Scale				
<p>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</p> <p>Project Manager: Isobel MacDonnell (ACC)/Andrea McGill (ACC) Project Charter Approved December 2019</p>	Dec 2019	Dec 2021/22	5 – Designing Changes				
Changes Being Tested (Specify location/ test group)	Are our changes resulting in improvement?						
<p>Work has been undertaken throughout lockdown to support families to enable children to remain in their placement and reduce placement breakdowns. Learning from the use of virtual supports via feedback from children young people and their carers as well as from staff will help inform future tests of change to deliver effective support to enable children to remain within their family network where it is safe to do so.</p>	<p>Feedback from families has indicated that they have felt supported throughout lockdown and relationships with sw staff strengthened. We need to capture this learning to further adapt our support offer. Though there have been a small number of care placements that have broken down through the COVID crisis the majority have remained in placement. Numbers of accommodated children during lockdown have been lower than in previous years.</p>						
Improvement Data							
 <p>No. of children and young people remaining in care placement</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Number of children and young people remaining in care placement</th> </tr> </thead> <tbody> <tr> <td>2019</td> <td>10</td> </tr> </tbody> </table>	Year	Number of children and young people remaining in care placement	2019	10	 <p>Insert Title</p> <p>Insert Date</p>		
Year	Number of children and young people remaining in care placement						
2019	10						

This page is intentionally left blank

10.4 Specialist Substance Misuse Services

Project Aim	Start Date	Testing End Date	Progress Scale
Increase the uptake and retention of people in the Justice System with drug and alcohol problems in specialist services by 100% by 2021. Project Manager: Simon Rayner, ADP Project Charter approved 1 July 19	July 2019	Jan 2021 – May need to extend due to COVID	6– Testing in progress
Changes Being Tested (Specify location/ test group)	Are our changes resulting in improvement?		
<ul style="list-style-type: none"> • Link worker in Custody suite -delayed due to Covid – plans to have in place by end of August • 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. - This has been amended due to COVID as virtual court now taking place from custody settings • Discussions underway between custody nursing/ link working at police custody as to how prescribing can continue in custody training being developed • During COVID weekly meetings taking place with partners to prepare for release 	Change in reviewing releases has identified increased deaths of people released from prison on Medically assisted treatment. Application to IJB in August for support on release for those at risk to help them engage with appropriate services Closer working with partners has identified some people at risk who have not attended SMS or overdosed and support put in place to enable attendance at SMS.		
Improvement Data			
			

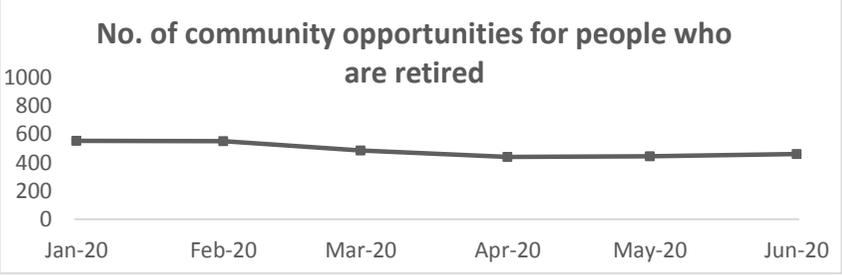
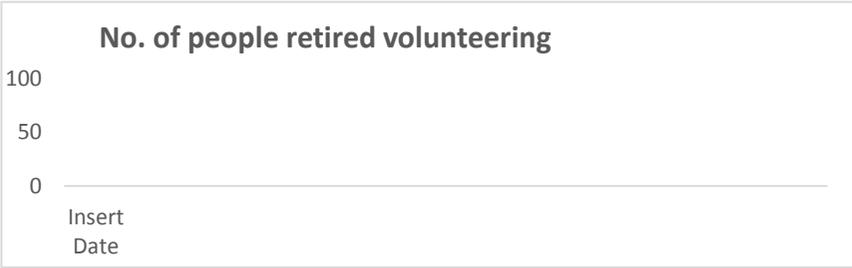
This page is intentionally left blank

11.2 Aberdeen Link Services

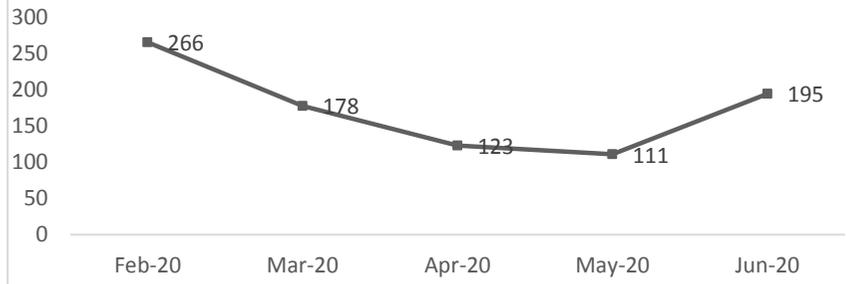
Project Aim	Start Date	Testing End Date	Progress Scale																																																						
Extend the link working approach across primary care to support 3,000 people attain their own identified outcomes by 2021. Project Manager: Chris Smillie, HSCP Project Charter Approved Sep 2019	Sep 2019	January 2020	8. Improvements sustained																																																						
Changes Being Tested (Specify location/ test group)	Are our changes resulting in improvement?																																																								
<ol style="list-style-type: none"> Test Peer Support sessions with Link Practitioner Team on a monthly basis using PDSA over a 3-month period Information sessions to develop the knowledge and understanding about the Links Approach and its benefits among of referrers. 	<ol style="list-style-type: none"> Data shows a continued number of people achieving their personal outcomes and this has been sustained over the testing period and until June 2020. Although referral numbers have decreased in April due to the Covid pandemic the LP have maintained contact with practices to show increases in referrals in May and June. LP have reported Practice staff contacting them for advice on referrals instead of referring which demonstrates some practice staff adopting the Links approach 																																																								
Improvement Data																																																									
<p>Total Number of People with Identified Outcomes Achieved</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number of Outcomes Achieved</th> </tr> </thead> <tbody> <tr><td>Aug-19</td><td>400</td></tr> <tr><td>Sep-19</td><td>500</td></tr> <tr><td>Oct-19</td><td>600</td></tr> <tr><td>Nov-19</td><td>700</td></tr> <tr><td>Dec-19</td><td>800</td></tr> <tr><td>Jan-20</td><td>900</td></tr> <tr><td>Feb-20</td><td>1000</td></tr> <tr><td>Mar-20</td><td>1100</td></tr> <tr><td>Apr-20</td><td>1200</td></tr> <tr><td>May-20</td><td>1300</td></tr> <tr><td>Jun-20</td><td>1400</td></tr> <tr><td>Jul-20</td><td>1500</td></tr> <tr><td>Aug-20</td><td>1600</td></tr> </tbody> </table>	Month	Number of Outcomes Achieved	Aug-19	400	Sep-19	500	Oct-19	600	Nov-19	700	Dec-19	800	Jan-20	900	Feb-20	1000	Mar-20	1100	Apr-20	1200	May-20	1300	Jun-20	1400	Jul-20	1500	Aug-20	1600	<p>Number of referrals to Aberdeen Links Service</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number of Referrals</th> </tr> </thead> <tbody> <tr><td>Aug-19</td><td>200</td></tr> <tr><td>Sep-19</td><td>190</td></tr> <tr><td>Oct-19</td><td>250</td></tr> <tr><td>Nov-19</td><td>200</td></tr> <tr><td>Dec-19</td><td>140</td></tr> <tr><td>Jan-20</td><td>200</td></tr> <tr><td>Feb-20</td><td>220</td></tr> <tr><td>Mar-20</td><td>170</td></tr> <tr><td>Apr-20</td><td>70</td></tr> <tr><td>May-20</td><td>130</td></tr> <tr><td>Jun-20</td><td>100</td></tr> <tr><td>Jul-20</td><td>110</td></tr> <tr><td>Aug-20</td><td>100</td></tr> </tbody> </table>	Month	Number of Referrals	Aug-19	200	Sep-19	190	Oct-19	250	Nov-19	200	Dec-19	140	Jan-20	200	Feb-20	220	Mar-20	170	Apr-20	70	May-20	130	Jun-20	100	Jul-20	110	Aug-20	100
Month	Number of Outcomes Achieved																																																								
Aug-19	400																																																								
Sep-19	500																																																								
Oct-19	600																																																								
Nov-19	700																																																								
Dec-19	800																																																								
Jan-20	900																																																								
Feb-20	1000																																																								
Mar-20	1100																																																								
Apr-20	1200																																																								
May-20	1300																																																								
Jun-20	1400																																																								
Jul-20	1500																																																								
Aug-20	1600																																																								
Month	Number of Referrals																																																								
Aug-19	200																																																								
Sep-19	190																																																								
Oct-19	250																																																								
Nov-19	200																																																								
Dec-19	140																																																								
Jan-20	200																																																								
Feb-20	220																																																								
Mar-20	170																																																								
Apr-20	70																																																								
May-20	130																																																								
Jun-20	100																																																								
Jul-20	110																																																								
Aug-20	100																																																								
<p>Number of peer support sessions held</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number of 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> <tr><td>Jan-20</td><td>1</td></tr> </tbody> </table>	Month	Number of Sessions	Aug-19	1	Sep-19	1	Oct-19	1	Nov-19	1	Dec-19	1	Jan-20	1	<p>Number of people attending peer support sessions</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Number of 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> <tr><td>Jan-20</td><td>14</td></tr> </tbody> </table>	Month	Number of Attendees	Aug-19	10	Sep-19	12	Oct-19	12	Nov-19	12	Dec-19	8	Jan-20	14																												
Month	Number of Sessions																																																								
Aug-19	1																																																								
Sep-19	1																																																								
Oct-19	1																																																								
Nov-19	1																																																								
Dec-19	1																																																								
Jan-20	1																																																								
Month	Number of Attendees																																																								
Aug-19	10																																																								
Sep-19	12																																																								
Oct-19	12																																																								
Nov-19	12																																																								
Dec-19	8																																																								
Jan-20	14																																																								

This page is intentionally left blank

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 Project Manager: Jane Russell, ACVO Project Charter Approved December 2019	Dec 2019	Dec 2021	6																		
Changes Being Tested (Specify location/ test group)	Are our changes resulting in improvement?																				
<p>Development of a co-produced ‘pre-retiral resource’ for employers : Test organisation ACC – currently paused.</p> <p>Recent mail out to people (2000+) who signed up to become a volunteer in response to COVID – 959 opened and engaged with email.</p> <p>Build volunteering opportunities and involvement from older people as part of wider work in partnership including development of Community Resilience strategy.</p> <p>Maintain Silver Volunteers page to ensure ongoing work with older people and volunteering.</p>	<p>- Silver Volunteering Resource developed in Feb 2020. -Testing with ACC paused due to COVID-19. -104.4% increase in people engaging with ACVO’s Volunteer Aberdeen web portal. -8 fold increase in direct volunteer enquiries to ACVO compared to same time last year.</p> <p><u>Community Planning Team Comment</u> Can the Project Team add data on the no. of people retired volunteering</p>																				
Improvement Data																					
 <table border="1"> <caption>No. of community opportunities for people who are retired</caption> <thead> <tr> <th>Month</th> <th>Number of Opportunities</th> </tr> </thead> <tbody> <tr> <td>Jan-20</td> <td>550</td> </tr> <tr> <td>Feb-20</td> <td>550</td> </tr> <tr> <td>Mar-20</td> <td>480</td> </tr> <tr> <td>Apr-20</td> <td>450</td> </tr> <tr> <td>May-20</td> <td>450</td> </tr> <tr> <td>Jun-20</td> <td>480</td> </tr> </tbody> </table>	Month	Number of Opportunities	Jan-20	550	Feb-20	550	Mar-20	480	Apr-20	450	May-20	450	Jun-20	480	 <table border="1"> <caption>No. of people retired volunteering</caption> <thead> <tr> <th>Date</th> <th>Number of People</th> </tr> </thead> <tbody> <tr> <td>Insert Date</td> <td>0</td> </tr> </tbody> </table>			Date	Number of People	Insert Date	0
Month	Number of Opportunities																				
Jan-20	550																				
Feb-20	550																				
Mar-20	480																				
Apr-20	450																				
May-20	450																				
Jun-20	480																				
Date	Number of People																				
Insert Date	0																				

Number of hits on the Silver Volunteering Resource



No of HR staff/orgs engaging with project in Aberdeen



11.8 Teachback

Project Aim	Start Date	Testing End Date	Progress Scale																					
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 Project Manager: Ann Smith, Hayley Ross and Amanda Gould, ACHSCP Project Charter Approved Feb 2020	Feb 2020	Dec 2020	6 – Testing Underway																					
Changes Being Tested (Specify location/ test group)	Are our changes resulting in improvement?																							
Deliver face to face training – on hold due to COVID Virtual Training for Public – Diabetes Support Group – in process of measuring confidence. Online Training for Staff – Podiatry Main focus just now – High-risk podiatry team (self-care)	Pre-COVID we were achieving an increase in numbers trained, due to COVID the focus has moved online. However, issue regarding collecting accurate data of people trained at present and resolving this is being explored.																							
Improvement Data																								
<div data-bbox="190 651 1079 1040"> <p>Number trained in teachback</p> <table border="1"> <caption>Number trained in teachback</caption> <thead> <tr> <th>Month</th> <th>Training</th> <th>Train the trainer</th> </tr> </thead> <tbody> <tr> <td>Jan-20</td> <td>15</td> <td>0</td> </tr> <tr> <td>Feb-20</td> <td>45</td> <td>5</td> </tr> <tr> <td>Mar-20</td> <td>0</td> <td>0</td> </tr> <tr> <td>Apr-20</td> <td>0</td> <td>0</td> </tr> <tr> <td>May-20</td> <td>0</td> <td>0</td> </tr> <tr> <td>Jun-20</td> <td>0</td> <td>0</td> </tr> </tbody> </table> </div>	Month	Training	Train the trainer	Jan-20	15	0	Feb-20	45	5	Mar-20	0	0	Apr-20	0	0	May-20	0	0	Jun-20	0	0	<div data-bbox="1131 651 2020 1040"> <p>Data will be available for next reporting period.</p> <p>% of staff reporting their use of teachback</p> <p>Insert Date</p> </div>		
Month	Training	Train the trainer																						
Jan-20	15	0																						
Feb-20	45	5																						
Mar-20	0	0																						
Apr-20	0	0																						
May-20	0	0																						
Jun-20	0	0																						
<div data-bbox="190 1123 1079 1516"> <p>Data will be available for next reporting period.</p> <p>Confidence of staff when using teachback</p> <p>Insert Date</p> </div>																								

This page is intentionally left blank

11.10 Reduce Tobacco Smoking

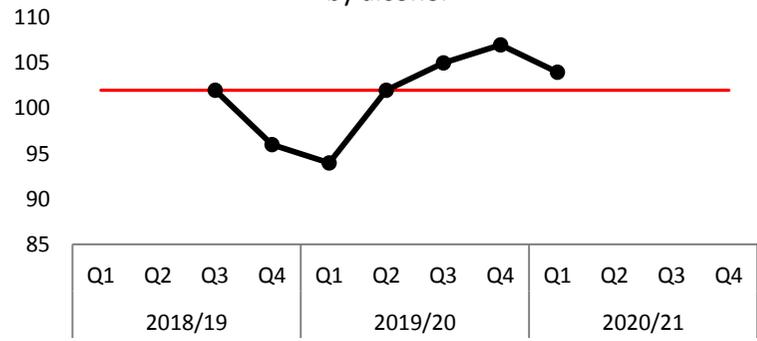
Project Aim		Start Date	Testing End Date	Progress Scale
Reduce tobacco smoking by 5% by 2021 Project Manager: Craig Singer, ACC Project Charter Approved Feb 2020		Feb 2020	Apr 2021	5
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?		
No change ideas have been tested yet. Contact has been made with stakeholders to discuss and plan the implementation of change ideas but due to the current situation this has not been possible.		As we have not been able to test any of our change ideas there is no evidence of improvement.		
Improvement Data				
<p style="text-align: center;">% of people smoking</p>		<p style="text-align: center;">No. of people accessing pharmacy cessation services who live in neighbourhoods within SMID 1 and 2</p>		
<p style="text-align: center;">No. of apprentices smoking tobacco</p>		<p style="text-align: center;">No. of care experienced young people who smoke</p>		

This page is intentionally left blank

12.1 Care Experienced Children Substance Misuse

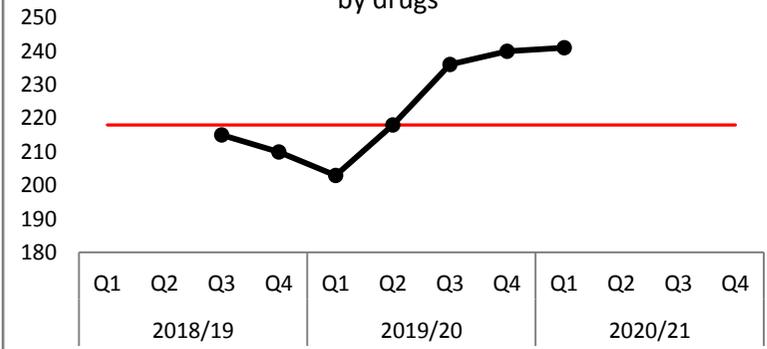
Project Aim		Start Date	Testing End Date	Progress Scale
Increase the % of care experienced children and young people receiving educational support and input on alcohol and drugs issues by 2021 Project Manager: Simon Rayner /Tam Walker(ADP) Project Charter Approved September 2019		Approved Sep 2019 Delayed start to March 2020	July 2021 Dates altered due to COVID restrictions	6 – Testing in Progress
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?		
Introduction of a Single Point of Contact across Multi Agency Partnership partner agencies to improve pathways to support. A new data collection system which will allow us to identify those children most in need (identified through traffic light system)		The Lead officer for Substance Misuse within Child and Family SW - this post started during COVID 19 restrictions and has used this time to establish benchmarks, identify most appropriate data and develop plans		
Improvement Data				
<p>% of Care experienced Children and Young People Receiving Educational Input</p>		<p>No. of Single Points of Contact Identified</p>		

Looked After Children Working with CSW affected by alcohol*



*Affected by alcohol (includes affected by parent/carer and child's own problem)

Looked After Children Working with CSW affected by drugs*

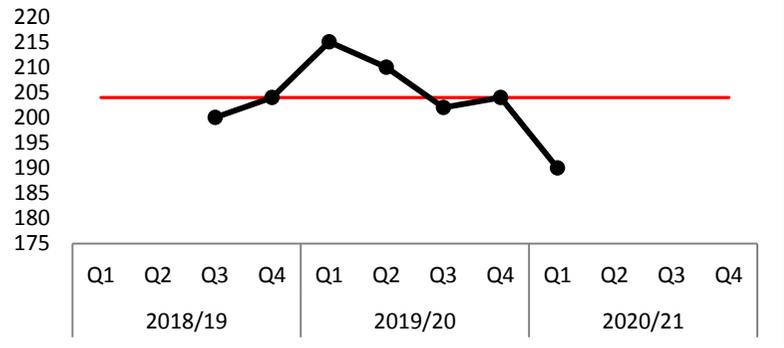


*Affected by drugs (includes affected by parent/carer and child's own problem)

12.2 School Curriculum for Substance Misuse

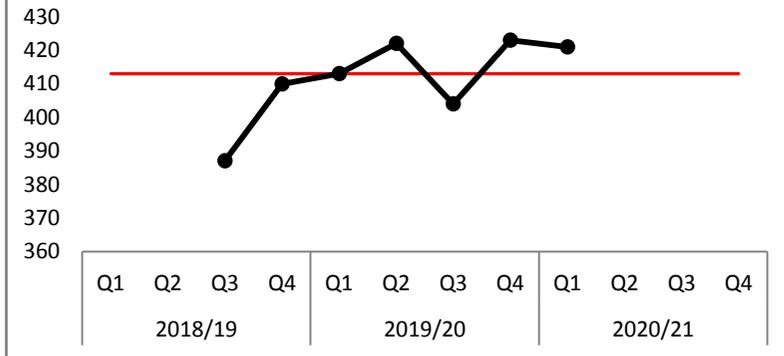
Project Aim		Start Date	Testing End Date	Progress Scale																								
100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021 Project Manager: Simon Rayner (ADP)/ Gavin Morrison (ACC) Project Charter Approved September 2019		Sep 2019	July 2021	6 – Testing Underway																								
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?																										
<ul style="list-style-type: none"> Upskilling parents/carers and wider community to enable them to reinforce messages delivered as part of the substance misuse curriculum Paused due to COVID 19 Amend reporting of school exclusions, near miss reports and police intelligence reporting and establish a partnership group to analyse this information and provide action to support curriculum delivery Develop a clear pathway to support young people to address their substance misuse. Taking account of young people experiencing adverse life challenges to ensure the correct support is in place. Employ a guidance teacher to develop a range of substance misuse resources as part of the curriculum with the aim of educating young people on the hazards of alcohol and drug use and addressing stigma. This will include: <ul style="list-style-type: none"> Development of teaching material Identify appropriate training for school staff 		Due to COVID the ability to engage with parents, teachers and young people has been extremely limited. However this time has been put to good use and a framework for Young people and substance misuse has been developed and awaits final approval to be rolled out. An action planned has been agreed by the ADP and regular meetings established to allow further action once schools start back in August																										
Improvement Data																												
<p>% of schools delivering a progressive, cohesive and relevant substance misuse curriculum</p>		<p>No. of persons participating in events to support the SMS Curriculum Development</p>		<p>No. of Exclusions related to alcohol and SMS</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Category</th> <th>Exclusions</th> <th>Pupils</th> </tr> </thead> <tbody> <tr> <td rowspan="3">2017/18</td> <td>Total exclusions</td> <td>696</td> <td>404</td> </tr> <tr> <td>SMS</td> <td>75</td> <td>29</td> </tr> <tr> <td>Alcohol</td> <td>7</td> <td>3</td> </tr> <tr> <td rowspan="3">2018/19</td> <td>Total exclusions</td> <td>945</td> <td>481</td> </tr> <tr> <td>SMS</td> <td>62</td> <td>56</td> </tr> <tr> <td>Alcohol</td> <td>13</td> <td>13</td> </tr> </tbody> </table>	Year	Category	Exclusions	Pupils	2017/18	Total exclusions	696	404	SMS	75	29	Alcohol	7	3	2018/19	Total exclusions	945	481	SMS	62	56	Alcohol	13	13
Year	Category	Exclusions	Pupils																									
2017/18	Total exclusions	696	404																									
	SMS	75	29																									
	Alcohol	7	3																									
2018/19	Total exclusions	945	481																									
	SMS	62	56																									
	Alcohol	13	13																									

All Children Working with CSW affected by alcohol*



*Affected by alcohol (includes affected by parent/carer and child's own problem)

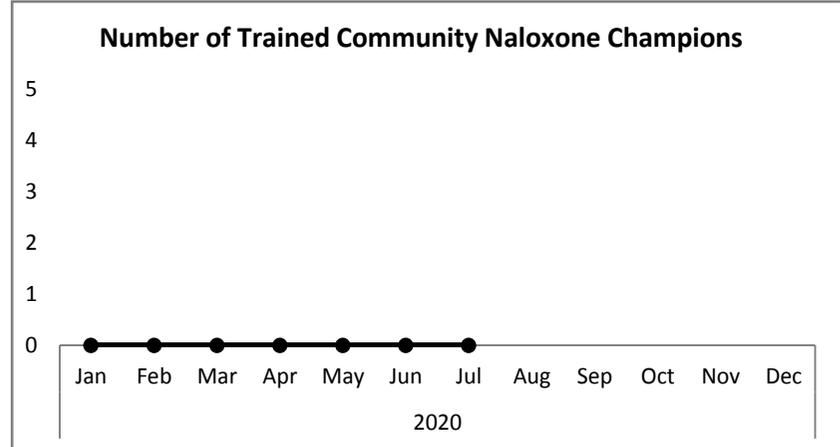
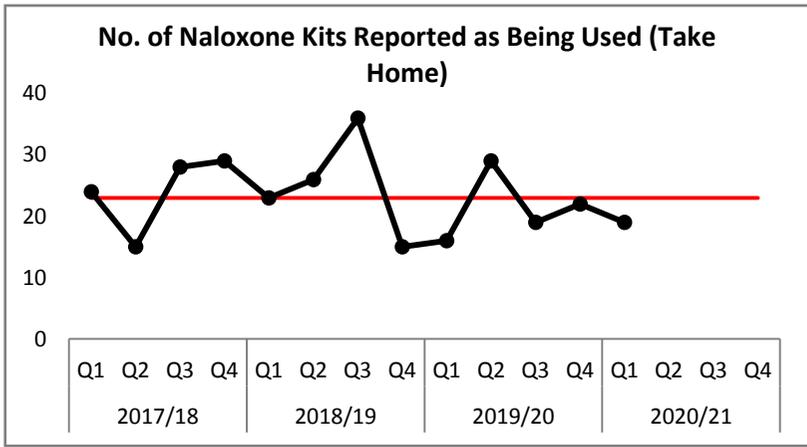
All Children Working with CSW affected by drugs*



* Affected by drugs (includes affected by parent/carer and child's own problem)

12.3 Reduce Fatal Drug Overdose

Project Aim		Start Date	Testing End Date	Progress Scale																																																														
Reduce the incidence of fatal drug overdose by innovative developments and increasing the distribution of naloxone by 10% year on year by 2021 Project Manager: Gillian Robertson / Fiona Raeburn(NHS)/Simon Rayner (ADP) Project Charter Approved September 2019 Our Original project manager has left NHSG and we are progressing this inhouse at the moment until we find a partner to lead on this project		Sep 2019	Dec 2020 – Will review and advise if need more time due to restrictions	6 – Testing Underway																																																														
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?																																																																
<ul style="list-style-type: none"> Introduce and increase the number of community overdose champions Test of change in Torry – Paused due to COVID Media campaign to raise awareness of naloxone to address stigma and provide information on how to become a naloxone trainer - paused due to COVID and training restrictions Outreach approach for issue of naloxone and encourage engagement of services – Paused due to COVID Increase Naloxone supply in services that are not Drug and Alcohol services Increased response to support people who have had a non-fatal overdose through an assertive outreach team. 		Whilst some of these changes have been paused we have progressed with the development of an outreach team to respond to high risk individuals and Scottish Ambulance Service information on people who have experienced a non-fatal overdose. Information sharing agreement is the final step in progressing this and are hopeful this will be in place shortly We have increased Naloxone supplies available through ACC housing support, third sector housing support organisation and are progressing this with local Peer support org and Kittybrewster custody suite.																																																																
Improvement Data																																																																		
<p>No. of Fatal Drug Overdoses</p> <table border="1"> <caption>Data for No. of Fatal Drug Overdoses</caption> <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> <tr><td>2019</td><td>-</td></tr> <tr><td>2020</td><td>-</td></tr> <tr><td>2021</td><td>-</td></tr> </tbody> </table>		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	2019	-	2020	-	2021	-	<p>Total No. of Naloxone Kits Supplied to 'Persons at Risk'</p> <table border="1"> <caption>Data for Total No. of Naloxone Kits Supplied to 'Persons at Risk'</caption> <thead> <tr> <th>Year/Quarter</th> <th>Total No. of Naloxone Kits</th> </tr> </thead> <tbody> <tr><td>2017/18 Q1</td><td>160</td></tr> <tr><td>2017/18 Q2</td><td>80</td></tr> <tr><td>2017/18 Q3</td><td>280</td></tr> <tr><td>2017/18 Q4</td><td>150</td></tr> <tr><td>2018/19 Q1</td><td>140</td></tr> <tr><td>2018/19 Q2</td><td>160</td></tr> <tr><td>2018/19 Q3</td><td>430</td></tr> <tr><td>2018/19 Q4</td><td>140</td></tr> <tr><td>2019/20 Q1</td><td>130</td></tr> <tr><td>2019/20 Q2</td><td>190</td></tr> <tr><td>2019/20 Q3</td><td>310</td></tr> <tr><td>2019/20 Q4</td><td>180</td></tr> <tr><td>2020/21 Q1</td><td>150</td></tr> <tr><td>2020/21 Q2</td><td>-</td></tr> <tr><td>2020/21 Q3</td><td>-</td></tr> <tr><td>2020/21 Q4</td><td>-</td></tr> </tbody> </table>			Year/Quarter	Total No. of Naloxone Kits	2017/18 Q1	160	2017/18 Q2	80	2017/18 Q3	280	2017/18 Q4	150	2018/19 Q1	140	2018/19 Q2	160	2018/19 Q3	430	2018/19 Q4	140	2019/20 Q1	130	2019/20 Q2	190	2019/20 Q3	310	2019/20 Q4	180	2020/21 Q1	150	2020/21 Q2	-	2020/21 Q3	-	2020/21 Q4	-
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																																																																	
2019	-																																																																	
2020	-																																																																	
2021	-																																																																	
Year/Quarter	Total No. of Naloxone Kits																																																																	
2017/18 Q1	160																																																																	
2017/18 Q2	80																																																																	
2017/18 Q3	280																																																																	
2017/18 Q4	150																																																																	
2018/19 Q1	140																																																																	
2018/19 Q2	160																																																																	
2018/19 Q3	430																																																																	
2018/19 Q4	140																																																																	
2019/20 Q1	130																																																																	
2019/20 Q2	190																																																																	
2019/20 Q3	310																																																																	
2019/20 Q4	180																																																																	
2020/21 Q1	150																																																																	
2020/21 Q2	-																																																																	
2020/21 Q3	-																																																																	
2020/21 Q4	-																																																																	

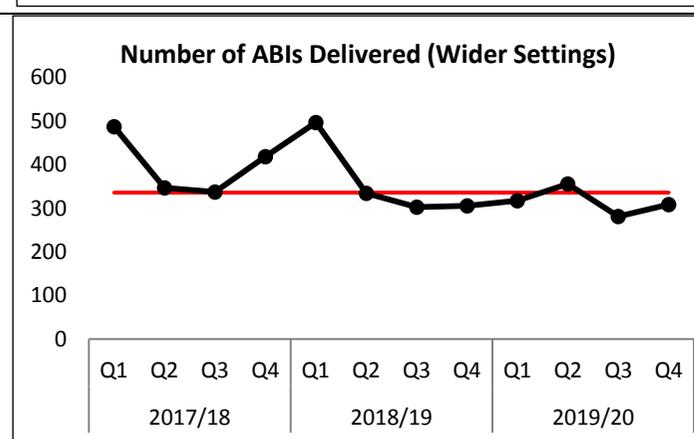
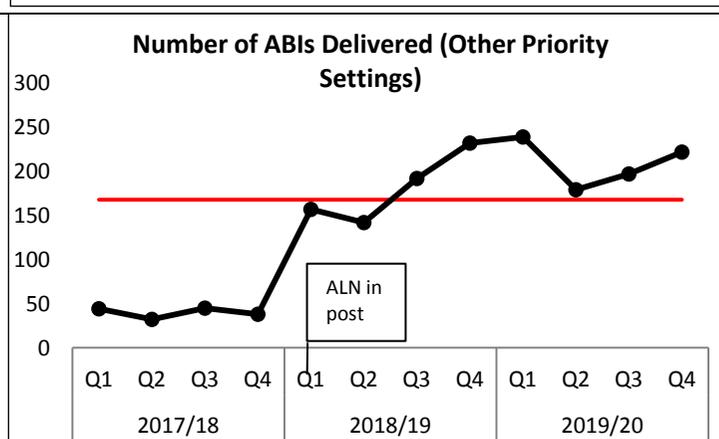
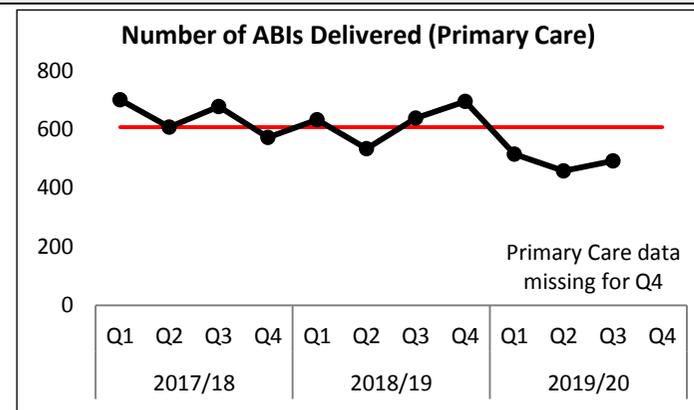
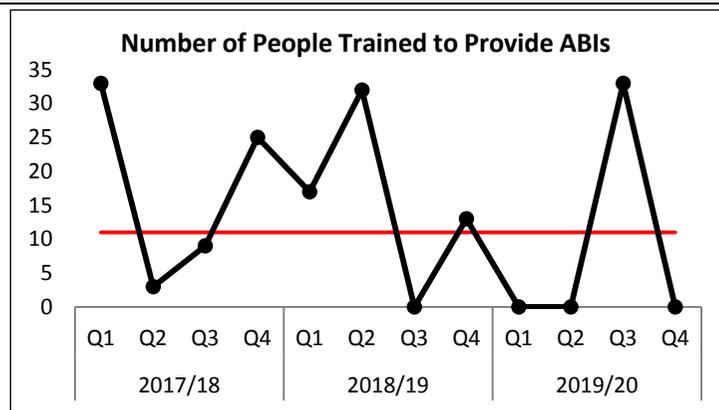


12.5 Alcohol Brief Interventions

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 Project Manager: TBC Project Charter Approved December 2019 The project lead has now left NHSG and we are progressing internally until a new project manager can be identified	Dec 2019	Dec 2021	6 – Testing in progress

Changes Being Tested (Specify location/ test group)	Are our changes resulting in improvement?
<ul style="list-style-type: none"> Link workers - introduction of a section on their assessment and data recording paperwork ABI delivery across the city. - Criminal Justice Social Work - include alcohol screening into the assessment paperwork and create online training resource Police custody health care facilities - Health care teams providing care to people in police custody will screen for alcohol use/ withdrawal. 	We anticipate to see a decrease in the numbers of ABIs conducted due to COVID-19 We have however been progressing discussions with partner organisations including third sector provides and Kittybrewster custody suite and are arranging appropriate training to be delivered in a different way due to current circumstances Data is still not available for Q4 from GPs and looks unlikely to be available for Q1 this year.

Improvement Data



This page is intentionally left blank

12.7 Increase Alcohol Awareness

Project Aim		Start Date	Testing End Date	Progress Scale
Increase % of the population who feel informed about using alcohol responsibly by 2021 Project Manager: Gillian Robertson, ACHSCP Project Charter Approved Feb 2020		Feb 2020	Jun 2021	5 - Designing Changes
Changes Being Tested (Specify location/ test group)		Are our changes resulting in improvement?		
Changes being designed.		<p>As this project was approved just prior to COVID-19 we have been unable to progress changes due to restrictions in being able to seeing people face to face and competing priorities.</p> <p>We have however involved partners in discussions on website development and started discussions on Alcohol awareness and how we can do this in the current circumstances</p>		
Improvement Data				
<p style="text-align: center;">No. of people reporting that they are aware of drinking guidelines of 14 units per week</p>		<p style="text-align: center;">No. of Services promoting drinking guidelines</p>		
<p style="text-align: center;">No. of referrals to alcohol services from community support</p>		<p style="text-align: center;">No. of frontline workers in targeted communities trained</p>		

This page is intentionally left blank

12.8 Increase Uptake of Drug Treatment

Project Aim	Start Date	Testing End Date	Progress Scale
Increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2021. Project Manager: Simon Rayner, ACHSCP Project Charter Approved Feb 2020	Feb 2020	Jun 2021	5 – Designing Changes
Changes Being Tested (Specify location/ test group)	Are our changes resulting in improvement?		
<p>1. Improving direct access into service for those not utilising existing access processes</p> <ul style="list-style-type: none"> • Staff going to rough sleepers and offering services, in partnership with Police and Homeless service • Identification of people at high risk by partner organisations and developing pilot direct access pathways for drug treatment • Outreach service and direct access for those known to have non fatal overdose and supporting engagement with services 	This charter was approved just before COVID-19 restrictions which has delayed development of some of our changes. Staff have been identified to take forward the outreach service and we are awaiting the ISA as this was delayed due to competing priorities in the current circumstances		
Improvement Data			
<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;">No. of people within priority localities engaged in drug treatment</p> <p style="text-align: center;">Insert Date</p> </div>	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;">% of partners with established points of contact</p> <p style="text-align: center;">Insert Date</p> </div>		

No. of people in each locality directly contacted

5
4
3
2
1
0

Insert
Date

No. of outreach support workers recruited

5
4
3
2
1
0

Insert
Date



Community Planning Aberdeen

Progress Report	LOIP Outcome 3, Key Driver 3.2 Increase MMR vaccine uptake
Lead Officer	Susan Webb, Director of Public Health
Report Author	Chris Littlejohn, Public Health Lead, Aberdeen City Health and Social Care Partnership
Date of Report	16 March 2020
Governance Group	CPA Board – 16 September 2020

Purpose of the Report
<p>The LOIP improvement project aim to increase Measles-Mumps-Rubella (MMR) vaccine uptake (Outcome 3, Key Driver 3.2) aligns to developments within the national General Medical Services (GMS) Contract 2018 (“the GP contract”), which transferred responsibility for vaccination programmes from GPs to NHS Boards. As a result, NHS Grampian and Aberdeen City HSCP has convened an <i>Improving Immunisation Programme Board</i> which is working against this improvement aim. A separate CPA project group appears unnecessary.</p>

Summary of Key Information
<p>1 BACKGROUND</p> <p>1.1 Vaccination against infectious disease remains a vital preventive intervention for the population.</p> <p>1.2 MMR is an effective vaccine against Measles, Mumps and Rubella. The intention behind the LOIP improvement project aim is to facilitate achievement of the 95% required for herd immunity (which protects vulnerable groups who cannot receive the MMR vaccination for medical reasons).</p> <p>1.3 Measles is a highly infectious viral infection, which can cause brain damage or death, especially in vulnerable groups. Measles remains an important cause large outbreaks elsewhere in the world, including in Europe. As recently as 2015 there were no cases of measles reported in Scotland, but small numbers of cases do occur (26 in 2016, five in 2017 and two in 2018).</p> <p>1.4 Mumps is a viral infection which causes inflammation of the parotid (salivary) glands, and can cause more serious complications including inflammation of the brain. There are a few hundred cases of mumps a year in Scotland, with outbreaks often involving adolescents in higher education settings.</p>

- 1.5 Rubella ('German measles') is a viral infection which can cause severe congenital effects if acquired during pregnancy. There have been no cases of Rubella in Scotland [since 2017](#).
- 1.6 The national [vaccination transformation programme](#) (VTP) is a staged programme intended to support the transfer of responsibility from GP practices to NHS Boards by April 2021. NHS Grampian is required to have a measles elimination action plan, which was submitted to Health Protection Scotland in January 2020.
- 1.7 To implement the VTP in Aberdeen City, NHS Grampian and Health & Social Care Partnership colleagues convened the *Improving Immunisation Programme Board* to deliver against an agreed project plan. The project plan includes the implementation of a new call-recall system, delivery of vaccinations through new settings with additional 'catch-up' clinics to boost uptake rates, attention to data reporting quality, and a communications strategy.
- 1.8 The *Improving Immunisation Programme Board* will make links with Integrated Children's Services groups as necessary.

2 KEY FINDINGS/ PROPOSALS

- 2.1 The *Improving Immunisation Programme Board* is working towards the same improvement project aim as identified under LOIP Outcome 3, Key Driver 3.2 ("increase Measles-Mumps-Rubella (MMR) vaccine uptake"), city-wide at scale.
- 2.2 A separate project would duplicate, and potentially complicate, the work of the *Improving Immunisation Programme Board*.
- 2.3 The requirement for a project charter should be removed. CPA may wish to request that progress reports from the *Improving Immunisation Programme Board* relevant to LOIP Outcome 3, Key Driver 3.2 are received by an appropriate officer or group within the Partnership.

Recommendations for Action

It is recommended that members of the Board:

- i) recognise the *Improving Immunisation Programme Board* as leading the work which will achieve the improvement project aim under LOIP Outcome 3, Key Driver 3.2 ("increase Measles-Mumps-Rubella (MMR) vaccine uptake"); and
- ii) agree to the removal of the improvement project aim from the LOIP in recognition that this is being taken forward by the Aberdeen City Health and Social Care Partnership and governed by the Integrated Joint Board.

Opportunities and Risks

There is an ongoing risk of an outbreak of measles, mumps or rubella while MMR rates are below that required for herd immunity. The *Improving Immunisation Programme Board* has been convened to oversee delivery of the national Vaccination Transformation Programme, intended to improve vaccination provision across Aberdeen City.

Consultation

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

Michelle Cochlan

Susan Webb, Director of Public Health

Sandra MacLeod, Chief Officer of Aberdeen City Health and Social Care Partnership

Gail Woodcock, Lead Transformation Manager (Chair of the *Improving Immunisation Programme Board*)

CPA management Group – 12 August 2020

Background Papers

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

Audit Scotland (2019) General Medical Services contract in Scotland: A short guide
https://www.audit-scotland.gov.uk/uploads/docs/report/2019/briefing_190516_general_medical_services.pdf

Health Scotland (2020) Vaccination Transformation Programme
www.healthscotland.scot/health-topics/immunisation/vaccination-transformation-programme

Contact details:

Chris Littlejohn
Public Health Lead
Aberdeen City Health and Social Care Partnership
01224 558640
chris.littlejohn@nhs.net

This page is intentionally left blank



Community Planning Aberdeen

Progress Report	Project End Report: Participation Requests and Asset Transfer
Lead Officer	Jonathan Smith, Chair of Community Engagement Group
Report Author	Jonathan Smith
Date of Report	22 July 2020
Governance Group	CPA Board – 16 September 2020

Purpose of the Report
This report presents the results of the Community Planning Aberdeen Participation Request and Asset Transfer Improvement Project and seeks approval to bring the 'Improvement Project' stage of the process to an end, as is now embedded practice.

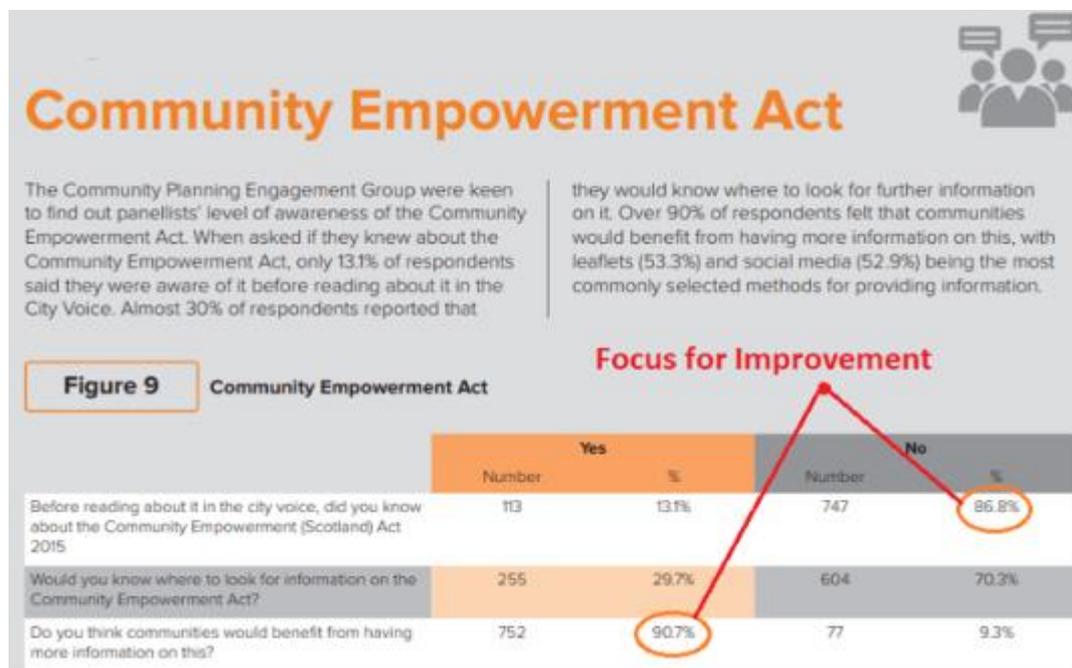
Summary of Key Information	
1	BACKGROUND
1.1	The Community Empowerment (Scotland) Act 2015 establishes the ability of 'Community Groups' to put forward 'Participation Requests' and 'Asset Transfer Requests' to Local Authorities, Community Planning Partnerships and associated Statutory Bodies, as identified and defined. This includes a Statutory obligation for Community Planning Partnerships to produce an Annual Report on Participation Request and Asset Transfer Request activity.
1.2	The Aberdeen City 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.
1.3	This is further supported and outlined in the Engagement, Empowerment and Participation Strategy , on which the CPA Community Engagement Group 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): <i>'A consistent approach by community planning partners will help staff and public develop a shared understanding of participation as the legislation comes into force. Participation requests can be located on the ladder between "collaboration" and "empowerment".'</i> – Pg. 4
1.4	A Research Project (and Resource Appendix) was performed by the Chair of the Community Engagement Group, engaging with Community Planning Partnerships and Local Authorities in all 32 Local Authority areas throughout Scotland, in order to identify best practice and make recommendations for future activity in Aberdeen.

2 IMPROVEMENT PROJECT AIM

2.1 Against this background, in February 2018 the CPA Board approved the [project charter](#) for the initiation of an improvement project which aimed to ensure 100% of all Participation Requests are seen through to a satisfactory conclusion by December 2020.

2.1.1 A key factor toward achieving this was to increase knowledge, awareness, understanding and ability to participate in Asset Transfers and Participation Requests, both in communities and by key colleagues and teams in CPA Partners.

An initial scoping exercise, taking the form of Introductory Meeting with key CPA Partners and Community Questionnaire through the City-Voice identified that there was also an ambition and appetite to receive this information – and that this project would therefore help to meet this aspiration, instead of taking the form of a purely legislative undertaking.



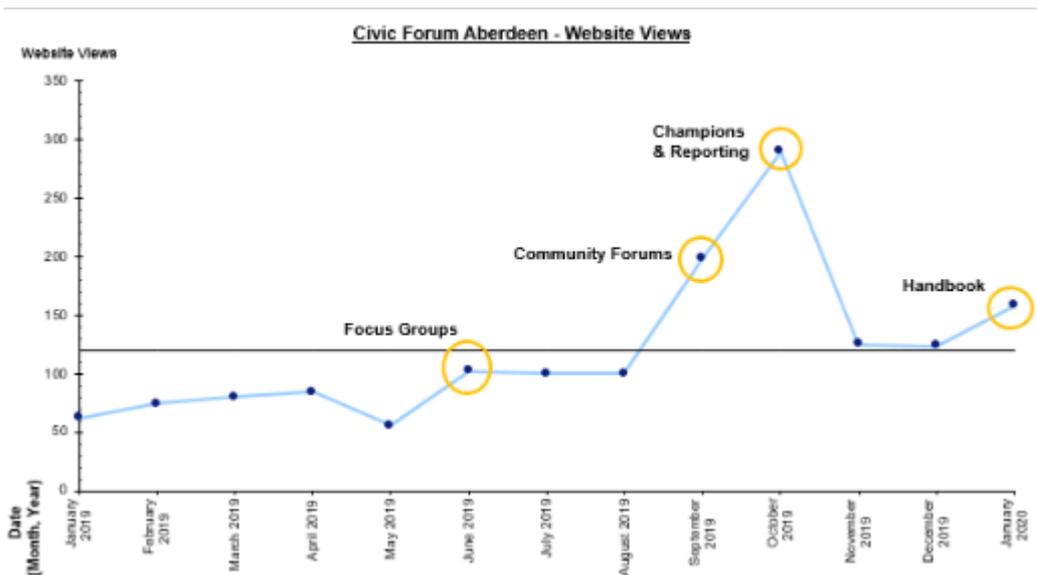
3 WHAT CHANGES DID WE MAKE?

3.1 The Community Engagement Group developed and published an 'Easy-Read' [Community Rights & Information Handbook](#), in co-production with the Community Council Forum, Civic Forum, Community Planning Partners and feedback from community focus-group and community champions, including: Background purpose of Community Empowerment and Collaboration / Co-Production; Community Rights under the Community Empowerment Act; Summary 'Easy-Read' Overview of the LOIP (Local Outcome Improvement Plan). This Handbook has now been delivered, with the support of the Community Council Liaison Officer and Community Planning Manager to all Community Councils in Aberdeen, established and constituted at the time of printing.

3.2 All-new ['Participation Request' Forms](#) and ['Asset Transfer' Request Forms](#) have been developed by the Community Engagement Group in co-production with the Civic Forum, Community Council Forum, community focus-groups and CPA staff feedback, building on the default Draft Version issued by Scottish Government, and including:

- i) More descriptive and supportive language
- ii) Further description of why information is sought, and its use
- iii) Further information, guidance notes and links for supporting resources
- iv) 'Catch All' submission, which can be submitted to CPA as a whole, and is then referred to the relevant partner

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



3.4 A number of 'Community Workshop' and 'Engagement Sessions' have been held to raise awareness, deepen understanding and provide opportunities for shared learning. Including locally focused co-production initiatives – representing a pro-active approach from across CPP Partners, replacing the need for what could otherwise have been a higher volume of requests, specifically Participation Requests. *(Further information, case-studies and examples in Monthly Reports, individual CPA Partner Reports, Civic Forum Updates and Community Council Development Day Report).*

3.5 Reporting channels with all CPP Core Partners on Activity & Inquiries have been established and updates are now scheduled to be provided to the Community Engagement Group each month through a standard purposely-developed [Monthly Report Template](#)

4 HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

4.1 From the beginning of this project it was agreed that the project team was not necessarily seeking an increase in formal participation requests or asset transfer requests, but instead to focus on the quality of experience and opportunity to take part.

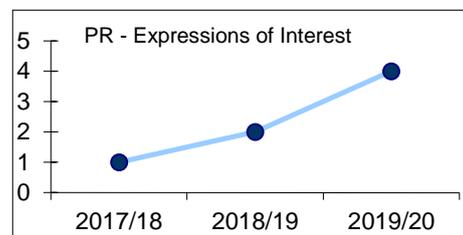
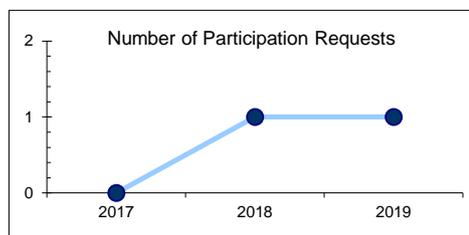
This is in recognition that when we have strong relationships with communities and practice effective community engagement, co-design and co-production, there needn't always be cause for a formal request process. This project aims to support those community members who do go down this route to have they information they need and ensure they have a satisfactory experience.

4.2 To date the Community Planning Partnership has received 2 formal Participation Requests since 2017-18 Annual Reports.

Including: from Torry Community Council to improve the local burn and Tillydrone Flat Association in relation to the location of the Tilly Flat. Feedback from participants has been that they have had a positive experience and that the guidance materials provided have been useful.

Another 6 'Informal Requests' have been received, which have followed through to successful conclusions and to the establishment of public-service and agency joint-delivery projects.

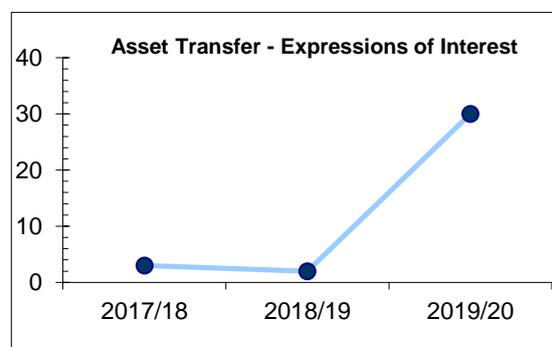
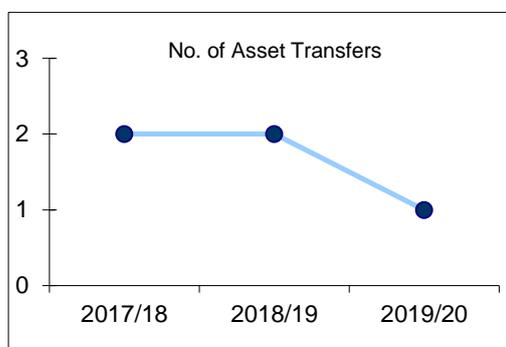
Including: 3rd Year Medical Students taking part in Alcohol Analysis with Public Health and Community Justice, Police Scotland and Aberdeen City Council Licensing. Tillydrone and Seaton communities working with Police Scotland, Aberdeen City Council and local news media to raise awareness of the effects of speeding, and to delivery community-base interventions and preventions.



4.3 To date the Community Planning Partnership has received 4 formal Asset Transfer requests since 2017-18 Annual Reports.

Including: From Fittie Community, Fittie Development Trust and Castlehill & Pittodrie Community Council requesting to convert the former Fittie Gospel Hall & Artist Residence into a Community Centre after falling into disuse. The Culter Men's Shed – seeking to convert the former Scout Hut in the area into an activity base for the Men's Shed Association.

Another 30 'Expressions of Interest' have been received from 18 different Community Groups, many of which have followed through to successful conclusions by way of Lease Agreements and other Operational Arrangements which enable and allow for community usage of the asset and premises.





4.3 Throughout the duration of the Improvement Project, from development through to delivery stages, a higher number than the Scottish Average of Participation Requests and Asset Transfer Requests were identified as being taken through ‘Alternate Channels’ (Such as: Lease Agreement, ‘Community Sale’, Operation & Use Arrangements, etc).

The vast majority of these ‘Alternative Arrangements’ continue to be provided with positive feedback, experiences and ultimate outcomes by both Community Groups and Public Service Partners.

4.4 It is important for the unique circumstances in Aberdeen continue to be monitored, tracked and celebrated as this speaks very strongly to positive progress to the overall empowerment and co-production agenda, even while in most cases following channels outwith the formal legislative process.

5 HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

5.1 The Community Engagement Group will continue to lead on, collaborate with and support the delivery of Participation Request and Asset Transfer processes; continuing to collate data, evidence and examples of effectiveness and best practice in order to provide opportunities for shared learning with CPA Partners and Communities.

5.2 The CEG and Members of relevant CPP Partners will undertake a rolling ‘promotion and publicity’ campaign, utilising corporate communication and social media channels to raise awareness and visibility of these opportunities, and of the support available for making requests.

5.3 The CEG will continue to explore a ‘horizon scanning’ effort of identifying any available funding sources for further printing and delivery of the ‘Easy-Read Handbook’ to Community Groups beyond initial Community Councils and Community Groups. It will also ensure that the ‘Easy-Read Handbook’ remains up to date and relevant, with further revisions of the LOIP and of the evolving legislative landscape in regards to the rights listed.

5.4 The CEG will continue to collate Monthly (and / or Quarterly) Reports from all relevant CPP Partners, in order to track performance and progress of requests made, and to form the basis of the required CPA Annual Report.

6 OPPORTUNITIES FOR SCALE UP AND SPREAD

6.1 The changes made as part of this project have been tested city wide. Whilst the learning and resources developed as part of this project will be of interest to

colleagues and other project teams seeking to engage with communities, it is proposed that due to the specific nature of the aim and changes tested, that a scale up and spread plan is not applicable.

Recommendations for Action

It is recommended that the CPA Board:

- i) Agree that this Improvement Project is brought to an end and testing concluded on the basis that the intended outcomes have been achieved and change ideas have become embedded practice for Community Planning Aberdeen;
- ii) Agree that the Community Engagement Group will continue to have a 'Governance Lead' role for Participation Requests, including continuing collection of Monthly /Quarterly Reports to track performance and progress;
- iii) Agree that Partners will continue to provide the Monthly /Quarterly Reports to the Community Engagement Group to inform the CPA Annual Report and to be updated on the CPA Outcomes Framework and Data Observatory.

Opportunities and Risks

i) Continued learning and identification of areas for improvement will mean that we are able to further embed a shared culture of continuous improvement, even when building on established and embedded good practice. This will strengthen trust, shared understanding, refinement of communication channels and further instil a willingness and ability of Partners and Communities to collaborate positively and constructively.

ii) The publication of data and information at a greater frequency than only once each year will also provide assurance of an operating environment of transparency and peership between the statutory services who receive requests and communities who submit them. The provision, collation and access to this data will also provide timely tracking and assurance of good quality service, experience and outcomes as and when Requests are progressed. It will also ensure that there is a strong and robust evidence base of process and outcomes for Participation Requests and Asset Transfer which will provide certainty for decision making - particularly when weighing value of potential outcomes and affordability in terms of capacity, capital and resource.

iii) In regards to Asset Transfers, the high volume of 'Expressions of Interest' matched with a consistently lower number of formal requests speaks to the significant success of 'Alternate Channels' such as Lease and Operational Agreements.

However, it is also the recommendation of this report that costs and capacity may also present a barrier to some of those expressions who do wish to consider ownership translating into formal requests. This will be particularly important to take into account and mitigate against as many Public Service Partners increase 'Co-Location' opportunities, to ensure that public assets can continue to be used toward providing public goods and services.

iii) The clear focus of tracking the progress of these requests (including those taken through 'Alternate Channels') reinforce the 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, effectiveness and quality.

iv) 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 revert back into discussion, as compared to practical delivery as has now been achieved. In this scenario, 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.

v) There is also a risk that in the absence of consistent, continual monitoring and demonstration of good practice, process and good quality outcomes - what has now become embedded practice will fall into periodic / sporadic activity, rather than continuing to improve upon the now established benchmarks of localised ownership and tailored activity to best suit and proactively meet identified needs and ambitions.

Consultation

Michelle Cochlan – Corporate Strategy & Community Planning Manager
Community Planning Aberdeen Community Engagement Group
Community Planning Management Group – 12 August 2020

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](#)
[Community Empowerment Delivery in Scottish Local Authority Areas - Briefing & Recommendations \(Jan '19\)](#)
[Community Empowerment Delivery in Scottish Local Authority Areas - \(Resource Appendix\) \(Jan '19\)](#)
[Monthly Report Template - PR and AT Requests \(2019 – '21\)](#)
[Community Rights & Information Handbook](#)
[Participation Request Forms \(CPA Version, August '19\)](#)
[Asset Transfer Request Forms \(CPA Version, August '19\)](#)

[CPA – Annual Outcome Improvement Report 16/17](#)

[CPA – Annual Outcome Improvement Report 17/18](#)

[CPA – Annual Outcome Improvement Report 19/20](#)

[CPA – Participation Request and Asset Transfer Annual Report 17/18](#)

CPA Community Engagement Group – *Monthly Reports, from all Partners (19-20)*

Contact details:

Jonathan Smith

E-mail: jonathanamsmith@gmail.com

This page is intentionally left blank



Community Planning Aberdeen

Progress Report	Local Partnership and Initiative Fund Contribution to Community Planning Aberdeen Three Locality Areas
Lead Officer	Angela Scott, Chair of CPA Management Group and Chief Executive of Aberdeen City Council
Report Author	Michelle Cochlan, Community Planning Manager
Date of Report	26 August 2020
Governance Group	CPA Board – 16 September 2020

Purpose of the Report
This report advises of the acceptance of a contribution of £6750 from the Local Policing Divisional Commander’s Local Partnership and Initiative Fund to Community Planning Aberdeen which is to be divided equally between the Community Planning Partnership’s three locality areas.

Summary of Key Information
<p>1 BACKGROUND</p> <p>1.1 On 1 July 2020, Community Planning Aberdeen Board agreed the Community Planning Budget for 2020/21 was 1,752,343.</p> <p>1.2 In December 2019, Police Scotland, North East Division Command Team awarded £8,805 to Community Planning Aberdeen to support collaborative working within priority localities. The money has been carried forward into 2020/21. It will be divided equally between Aberdeen’s three localities and, along with money from Fairer Aberdeen Fund, is being used for participatory budgeting.</p> <p>2 FUNDING FROM LOCAL PARTNERSHIP AND INITIATIVE FUND</p> <p>2.1 The Local Policing Divisional Commander wrote to the Community Planning Partnership on 21 August (Appendix A) to advise that the Chief Constable had agreed to provide each Local Policing Divisional Commander with a Local Partnership and Initiative Fund to use at their discretion. He along with the Command Team in the North East had agreed that the funding of £6750 be used to support partnership activities which will improve the safety and wellbeing of local communities through collaborative working via the Community Planning Partnership, and requested that the monies be divided equally between the three locality areas.</p> <p>2.2 The funding was accepted on behalf of the Partnership by Councillor Laing, Chair of the CPA Board and confirmed to the Chief Superintendent Macdonald in a letter dated 25 August (Appendix B) that this would be divided between the three locality areas of:</p>

- Locality 1: Torry
- Locality 2: Cummings Park, Mastrick, Middlefield, Northfield, Heathryfold
- Locality 3: Woodside, Seaton, Tillydrone

3 NEXT STEPS

- 3.1 The funding will be divided equally between Aberdeen's three priority locality areas.

Recommendations for Action

It is recommended that the CPA Board:

- (a) Note the award of £6750 from the Local Policing Divisional Commander's Local Partnership and Initiative Fund to Community Planning Aberdeen to be divided equally between Aberdeen's three locality areas.

Consultation

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

Chief Superintendent, Divisional Commander, George Macdonald, Police Scotland
Councillor Laing, Chair of the CPA Board

Opportunities and Risks

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

Background Papers

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

[2020/21 Community Planning Budget Proposal to CPA Board on 1 July 2020](#)

Contact details:

Michelle Cochlan
Community Planning Manager
Aberdeen City Council
Email: mcochlan@aberdeencity.gov.uk

**OFFICIAL
OFFICIAL**

21 August 2020

Your Ref:
Our Ref:

Ms Angela Scott
Chief Executive
Aberdeen City Council
Marischal College
Broad Street
Aberdeen



North East Division
Queen Street
ABERDEEN
AB10 1ZA

NorthEastLocalPoliceCommander@scotland.pnn.police.uk

Dear Angela

Local Partnership and Initiative Fund

I write to advise you that the Chief Constable has recently agreed to provide each Local Policing Divisional Commander with a Local Partnership and Initiative Fund to use at their discretion in their respective Divisions.

In North East Division, the Command Team and I have decided that the Fund will be used to support partnership activities which will improve the safety and wellbeing of local communities through collaborative working via the Community Planning Partnership.

It is respectfully requested the funding be directed towards the Community Planning Partnership within the Local Authority for activity in each of the Locality Areas.

As a result Aberdeen City Council Community Planning Partnership will receive the sum of £6,750 to be divided equally between the three Locality Areas.

I will arrange for the funding to be transferred to the Community Planning Partnership via our Finance Department on receipt of your agreement to this proposal.

A response by 14 September would be very much appreciated.

Yours sincerely

George Macdonald
Chief Superintendent
Divisional Commander

OFFICIAL
Page 183

This page is intentionally left blank



Community Planning
in Aberdeen

25 August 2020

Chief Superintendent George Macdonald
Police Scotland
Aberdeen Division
Police Headquarters
Queen Street
Aberdeen
AB10 1ZA

Dear Chief Superintendent Macdonald

Re: Local Partnership and Initiative Fund

I am writing in response to your letter dated 21 August 2020, in which you advise that Community Planning Aberdeen will receive the sum of £6,750 from Police Scotland to contribute to improvement in our three locality areas.

- Locality 1: Torry
- Locality 2: Cummings Park, Mastrick, Middlefield, Northfield, Heathryfold
- Locality 3: Woodside, Seaton, Tillydrone

I am delighted to accept this funding on behalf of Community Planning Aberdeen and our three localities; and confirm that it will be divided equally between each area. I have no doubt that this investment will be greatly received by our Locality Partnerships and put to good use for the benefit of local people, families and communities.

Yours sincerely

Councillor Jenny Laing
Co-Leader of Aberdeen City Council
Chair of Community Planning Aberdeen

This page is intentionally left blank



Community Planning Aberdeen

Community Planning Aberdeen Dates and Deadlines 2021

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

Draft Report Deadline (10am unless otherwise stated)	Pre Meetings (all meetings commence at 2pm)	Report Deadline (10am unless stated)	Meeting Dates (all meetings commence at 2pm)
Community Planning Aberdeen Board (All meetings commence at 2pm)			
9 February	16 February	23 February	4 March (Thurs)
6 April	13 April	20 April	28 April
15 June	22 June	29 June	7 July
24 August	31 August	7 September	15 September
8 November	15 November	22 November	30 November (Tues)
Community Planning Aberdeen Management Group (All meetings commence at 2pm unless otherwise stated)			
5 January	12 January	19 January	27 January
2 March	9 March	16 March	24 March
11 May	18 May	25 May	2 June
20 July	27 July	3 Aug	11 Aug
5 October	12 October	19 October	27 October

This page is intentionally left blank