Community Planning Aberdeen Management Group

Meeting on WEDNESDAY, 1 JUNE 2022 at 2.00 pm

** Virtual - Remote Meeting, Aberdeen **

B U S I N E S S

APOLOGIES

1.1 Appointment of Vice Chair

MINUTES

2.1 Minute of Previous Meeting of 23 March 2022 - for approval (Pages 3 - 22)

2.2 Draft Minute of Meeting of the CPA Board of 20 April 2022 - for information (Pages 23 - 28)

STRATEGIC BUSINESS

3.1 NHSG Plan For The Future - Presentation

3.2 Aberdeen City Health and Social Care Partnership Strategic/Delivery Plan (Pages 29 - 110)

3.3 Draft LOIP Annual Outcome Improvement Report 2021/22 (Pages 111 - 172)

CPA IMPROVEMENT PROGRAMME

4.1 CPA Improvement Programme Quarterly Update and Appendices (Pages 173 - 204)

Appendix 1 – CPA Improvement Programme Overview
Appendix 2 – Case Studies
Appendix 3 – New Charters – charter to follow as an additional circulation

4.2 Project End: 1.1 Increase the number of people using community pantries by 20% by 2023. (Pages 205 - 210)

4.3 Project End: 10.1 Increase by 10% those individuals, aged 21+ and not subject to statutory throughcare arrangements, who access support services upon release from HMP Grampian by 2022. (Pages 211 - 222)

4.4 Project End: 15.1 Increase the number of community run green spaces by a minimum of 8 that are organised and self-managed for both people and nature by 2023. (Pages 223 - 228)

FORWARD BUSINESS PLANNER AND FUNDING TRACKER

5.1 CPA Management Group Forward Planner (Pages 229 - 230)

5.2 Funding Tracker (Pages 231 - 240)

5.3 Date of Next Meeting - 17 August 2022

Should you require any further information about this agenda, please contact Community Planning at CommunityPlanning@aberdeencity.gov.uk

COMMUNITY PLANNING ABERDEEN MANAGEMENT GROUP
23 MARCH 2022

Present:- (Chair), Murray Main (Police Scotland) (Vice Chair), Jamie Bell (Scottish Enterprise), Dave Black (GREC), Allison Carrington (Aberdeen Prospers), Heather Crabb (University of Aberdeen), Andrew Dick (Scottish Fire and Rescue Service), Rab Dickson (Nestrans), Jillian Evans (Sustainable City and NHSG), Robert Laird (NESCOL) Maggie Hepburn (ACVO), Willie Kenyon (as a substitute for Nicola Graham, Skills Development Scotland), Derek McGowan (Anti-Poverty Group and Community Justice Group), Lavina Massie (Civic Forum), Bryan Nelson (as a substitute for Sandra MacLeod) (Resilient, Included and Supported Group), Simon Rayner (Alcohol and Drugs Partnership), Graeme Simpson (Children's Services Board).

Also Present:- Rhona Gunn, Deputy Chief Executive (Moray Council) (observer) .

Michelle Cochlan, Allison Swanson and Graeme Gardner (Aberdeen City Council).

Apologies:- Gale Beatie (Aberdeen City Council), Jill Franks (Sport Aberdeen), Nicola Graham (Skills Development Scotland) and Sandra MacLeod (RIS and Health and Social Care Partnership).

Topic	Discussion/Decision	Action By
1. Welcome	The Vice Chair welcomed everyone to today's meeting and advised that in the absence of the Chair he would take the Chair for today's meeting.	
2. Minute of Previous Meeting of 26 January 2022 for approval	The Management Group had before it the minute of its meeting of 26 January 2022, for approval. **The Management Group resolved:** (i) to agree the minute as a correct record; and (ii) to note all actions had been undertaken.	
3. Minute of Meeting of the CPA Board of 23 February 2022	The Management Group had before it the draft minute of the CPA Board meeting of 23 February 2022, for information. In relation to item 6 of the minute, to note that the "Public Sector Quality review consultation "should read "Public Sector Equality Duty in Scotland: consultation" and that the minute be updated in advance of the CPA Board meeting.	

Topic	Discussion/Decision	Action By
	<u>The Management Group resolved</u>: to note the draft minute and that was be updated as detailed above.	
4. CPA Improvement Programme Update and Appendices	The Management Group had before it a report which provided an update on the progress towards the Stretch Outcomes and improvement projects within the Local Outcome Improvement Plan 2016-26 which had started, or were due to start, to deliver the Partnership's 15 Stretch Outcomes by 2026 on the basis of the Improvement Programme 21-23 approved by the Board on 15 September 2021. The report also included 10 new charters for approval for submission to the CPA Board. **The report recommended:-** that the Management Group (a) consider the overview of progress against the CPA Improvement Programme, as well as the overview for each Stretch Outcome and respective improvement projects as contained at Appendix 1; (b) consider the issues highlighted in the Stretch Outcome overviews and improvement projects with a red (off track) ragging as contained at Appendix 1 and determine any mitigating actions required prior to submission to the CPA Board on 23 February 2022; (c) approve the new charters included at Appendix 2 for submission to the CPA Board on 23 February 2022; (d) recommend to the CPA Board the proposed rescheduling of the seven new charters, as detailed at Appendix 1, which were due to be submitted to CPA Board in February 2022 but have been postponed; and (e) recommend to the CPA Board the proposed rescheduling of the nine revised charters which were due to have been submitted to their respective Outcome Improvement Group but have been postponed, as detailed in Appendix 1. In terms of the new charters, 11 charters were due to this meeting and 7 had been submitted as contained at Appendix 3. Three projects had been postponed with the reasoning contained in Appendix 1 and para 5.3 of the report.	

<table>
<tr><th>Topic</th><th>Discussion/Decision</th><th>Action By</th></tr>
<tr><td>Page 5</td><td>
Four aims had now been achieved and those projects were continuing to ensure the improvement was sustained and working on their project end reports. There were also, case studies for three projects at appendix 2 to show their story in terms of the changes they're testing and outcomes achieved to date.

In terms of the Stretch Outcomes (SOs) and improvement projects there were seven an amber ragging and 16 improvement projects with a red ragging status.

The Management Group then heard from the following Chairs/members of Outcome Improvement Groups who spoke to their Stretch Outcome dashboards highlighting progress; key achievements and outcomes achieved by the projects over the reporting period, as well as any risks and/or issues being experienced which they wished to highlight to CPA Management Group for support to mitigate against those at the earliest opportunity. A new section covering the progress of the workstreams of the community Empowerment Group had also been added to the overview dashboard.
<table>
<tr><th>SO</th><th>Stretch Outcome</th><th>Chair/Rep</th><th>Update</th></tr>
<tr><td>1</td><td>No one will suffer due to poverty by 2026.</td><td>Derek McGowan</td><td>5 of the 6 projects were live and progressing, however testing was yet to commence for project 1.2 and confirmation of timescales awaited.

1.1 had achieved its 20% aim in December 2021 when reached 600 members from April 21 baseline of 487. Total pantry membership was now at 620 as of Jan 22. The project was continuing to report to evidence sustained improvement and thereafter submit a project end report to the next meeting.

In terms of 1.3, in the first 2 weeks of testing the 54 presentations as homeless,</td></tr>
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Topic	Discussion/Decision				Action By
				56% of the 54 presentations as homeless had a benefit check completed, with 5 people completing the check having additional benefit/£ identified to the sum of £16,085.39.	
	2	400 unemployed Aberdeen City residents supported into Fair Work by 2026.	Alison Carrington	2 of the 3 live projects actively testing and showing signs of improvement. Specifically, 2.1 the aim of 5% increase year on year achieved for 2021 & 2022 with 65 employers (as at Feb 22) headquartered in the City now being Real Living Wage accredited, an increase of 33% since January 2021; and 2.2 Start up businesses – 38 referrals of individuals in receipt of universal credits who were investigating starting a business since the start of the programme with 14 individuals starting a business which either took them off universal credits or significantly reduced their universal credits. PM for project 2.3 was absent, however the project team were continuing to progress that project. However, the remaining due charter had postponed for a further meeting due to capacity of PM to progress and also to ensure that a full project team could be identified and meaningful engagement was undertaken with the relevant agencies/communities to support	

Topic	Discussion/Decision				Action By
				identification of change ideas. The Management Group commended Allison Carrington on the outcomes achieved to date in terms of Stretch Outcome 2 especially given the current economic climate.	
	3	500 Aberdeen City residents upskilled/ reskilled to enable them to move into, within and between economic opportunities as they arise by 2026	Alison Carrington	Four of the five projects were now live and the remaining new charter was on today's agenda. However, no progress had been reported in respect of 3.3 & 3.4 for a further reporting period and baseline data for 3.3 on above Level 7 to be confirmed. For project 3.4, it was noted that the Project experiencing difficulties obtaining some baseline data around Modern Apprenticeship (MA) employers and conversions from Foundation Apprenticeships to MAs. The project was also still trying to source a St Machar Academy contact & PM's capacity to progress project impacted. Overall aim data showing a steady/fluctuating trend. In terms of 3.2, clarity on testing activity; locality and impact was currently being gathered and would be reported to next meeting.	Allison Carrington, SDS
	4	95% of children (0-5 years) will reach their expected	Graeme Simpson	Final revised charter for live project 4.1 was due in Dec 21 and had been postponed again to March 22. Despite	

Topic	Discussion/Decision				Action By
		developmental milestones by the time of their child health reviews by 2026.		delay, data was showing a positive trajectory. Good progress being made with the charters (4.3 & 4.4) approved in February 22 and expect testing to commence. However, baseline data for 4.2 and 4.3 was required and 4.2 remained on hold until March 22 due to redirection of the project manager to support refugees.	
	5	90% of Children and young people will report that their experiences of mental health and wellbeing have been listened to by 2026.	Graeme Simpson	The criticality of the Stretch Outcome was discussed and it was noted that it was a challenging time for children and young people, but also staff in terms of capacity and demands for services, however confident that the range of projects under the Stretch Outcome provided the breadth and focus required. Baseline data for the Stretch Outcome & two projects (5.1 had 5.1) was required. Two new charters due but had not been submitted and in this regard, it was proposed that the aim "Increase by 40% the use of the wellbeing scenario on the Mind of my Own app by care experienced children and young people by 2022" was proposed to be taken forward as part of project 5.2 rather than as a separate project. Subject to approval charter 5.2 would be updated to reflect this aim. This proposal was approved and the updated charter would come to the Board.	Graeme Simpson (ACC)

Topic	Discussion/Decision				Action By
Page 9				In relation to "The number of children and young people with an eating disorder who were identified within 3 months of onset is increased by 50% by 2023", it was requested that the charter be postponed to the 14 September 22 Board meeting to enable the results of the SHINE survey to be gathered and change ideas thereafter identified. The SHINE survey had concluded on 18 March 2022 with 5,500 responses and these were currently being analysed. Potential that this would provide the baseline data for the Stretch Outcome also.	Graeme Simpson (ACC)
	6	As corporate parents we will ensure 95% of care experienced children and young people will have the same levels of attainment in education, health and emotional wellbeing, and positive destinations as their peers by 2026.	Graeme Simpson	Both of the live projects were progressing and the linkages with project 2.3 "Support 15 care experienced young people progress to employment through public sector funded employability programmes by 2023" noted. Remaining new charter was on today's agenda.	
	7	95% of children living in our priority localities will sustain a positive destination upon leaving school by 2026.	Graeme Simpson	Good progress being made. The aim had been achieved for 7.1, with an 8% increase in the no. of accredited courses associated with growth sector industries between 2019-20 & 2021-22. Although aim achieved, there was a commitment to look to extend this further in session	

Topic	Discussion/Decision				Action By
				2023-24 through the change ideas in the charter and this also ensuring that the improvement was sustained. Project 7.2 was progressing with 171 students attending courses at the Altens campus have taken part in the Upstream survey (Feb22). 43 students were followed up with immediately prior to the festive holidays - 30 had high risk in more than one category. 10 referrals made to counselling, wellbeing or study skills. 18% at high risk of homelessness. NESCOL were able to follow up with students throughout January. Wellbeing scores were of particular risk with 21% reporting high risk with a further 69% at amber. NESCOL were implementing additional wellbeing initiatives available for all students to mitigate the risk to students' mental wellbeing as well as more on campus learning. Support staff at NESCOL were now able to prioritise and contact each student directly and currently reviewing what supports were in place and/or required. Students identified at risk were not previously on the radar and curriculum teams really saw the value in the process, finding it easy to implement and appreciated the speed at which data was made available for analysis and follow up.	

Topic	Discussion/Decision				Action By
				Remaining new charter on today's agenda.	All Partners
	8	Child friendly city where all decisions which impact on children and young people are informed by them as rights holders by 2026.	Graeme Simpson	Baseline data for all projects required and status of project 8.3 required. In relation to project 9.2, it was noted that the training dates from Unicef had now been published and partners were asked to promote the training throughout their respective OIGs and organisations. Remaining new charter on today's agenda and for CPA Board in Apr 22.	
	9	30% fewer young people (under 18) charged with an offence by 2026.	Graeme Simpson	All projects now approved and live. Project 9.2 had not progressed due to personnel issues & clarity of data for projects 9.1 & 9.4 required to confirm status of progress, however in relation to 9.4 it was highlighted that multi-agency work tested in Northfield was now being rolled out to Kincorth area. In terms of 9.4, it was noted that a new interim Project Manager had been appointed and the City Centre CPT had a new unit focussing on anti-social behaviour and that tests of change would follow.	
	10	25% fewer people receiving a first ever Court conviction and 2% fewer people reconvicted within one	Derek McGowan	Aim achieved for 10.1, with 81% of individuals engaged with support services on release in 2021, an increase of 43% since 201 - separate case study to show all the outcomes, project now working on	

Topic	Discussion/Decision				Action By
		year by 2026 and 2% fewer people reconvicted within one year by 2026		project end report. Remaining new charter on today's agenda. Whilst 7 of the 8 projects were live, progress status on three of the projects (10.2, 10.4 & 10.6) were required – a new PM for 10.4 and 10.6 had been agreed as no, or limited activity since LOIP refresh. In relation to 10.3, whilst there had been an increase in the no. of deliberate fires city wide, the area of focus of the project initially (Torry & Ferryhill) had shown a reduction from 57 (5-year average) to 37 which was a 36% reduction. Secondary fires which had been the project's area of concentration were reduced from the 5-year average of 54 to 28 which was a 49% reduction. The project would now focus on testing its targeted interventions in another locality. A further risk was highlighted in terms of 10.7, where whilst the project was progressing, HMP Grampian had been unable to recruit to the posts which were required to implement the tests of change in that setting. Project progressing change ideas in custody and with community justice in meantime.	
	11	Healthy life expectancy (time lived in good health) is five years longer by 2026.	Bryan Nelson	7 of the 8 projects were live and whilst some had been impacted by redirection of staff, ACHSCP now returning to normal duties & connecting back with projects.	

Topic	Discussion/Decision				Action By
				Progress was being seen in the following projects: 11.1 – Reducing suicide – data showing an improvement. In 2021, 32 Introduction to Suicide Prevention sessions were delivered to 708 staff & volunteers, with an additional 115 people from the City attending our Grampian-wide offering. 11.2 – Volunteer opportunities on volunteer hub increased by 8% since Dec 21 to 475 in Feb 22. 4 community resilience groups initially engaged prior to extending engagement citywide, providing additional opportunities for volunteering. 11.7 – Self-referral process and criteria has been developed for low income families & would be promoted for families to join. 11.5 Upstream Survey follow up with 43 students showed 18% at high risk of homelessness, and support to move towards safe living arrangements provided. Support staff at NESCOL are now able to prioritise and contact each student directly and currently reviewing what supports were in place and/or required. Direct link with ACC Housing has been identified. In terms of issues/risks the following was highlighted: 1. the remaining new charter postponed	

Topic	Discussion/Decision				Action By
				again as new PM identified in Nov 21 & project has been unable to progress due to staff absence and workloads. However, targeted support would be provided to the project team by RIS Lead contact & submitted for next meeting; and 2. 11.6 Unpaid Carer Support – new PM to commence. The Management Group thanked Bryan for his chairing of the Group since the end of 2021 and the refocusing and progress now being seen.	
	12	Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026 and Drug related deaths lower than Scotland	Simon Rayner	Five revised charters approved, three postponed and now due to ADP in March 22, all to be approved in advance of the Board in April 22. Remaining new charter on today's agenda. Some key highlights were as follows: 12.6 91 people were trained in naloxone in 2021, a 102% increase from 2020. Promotional naloxone training & use of campaign commenced in March 22 to further increase no.s with targeted training/promotion in sectors/localities informed by data. At present there were a number non alcohol & drug services able to supply naloxone, most recently the addition of Police Scotland. In final stages for ACC also becoming able to	

Topic	Discussion/Decision				Action By
				supply/administer naloxone. Whilst drug related deaths have increased and focus was on reducing this, naloxone supply has had a positive impact with 74 kits supplied in 20/21. Reported use of naloxone kits up to Q3 for 21/22 was 34, (12% of kits supplied). No. of kits supplied was down 18% compared to the same period in 20/21. In terms of 12.7, Cepheid X-Pert (near patient testing to commence as test of change. As part of the implementation of the MAT Standards alcohol and drug services would be working towards a new Target Operating Model which would seek to improve the access pathways into service and linking in with our localities.	
	13	Addressing climate change by reducing Aberdeen's carbon emissions by at least 61% by 2026 and adapting to the impacts of our changing climate	Jillian Evans	All projects now live. In terms of key outcomes, the aim had been achieved for 15.1 with 14 new groups established as at Feb 22, an increase of 9 since Feb 21. Central Locality has 6 Community Champions and films produced & promoted by champions (link to be added). 1550 people volunteering across green spaces across the city in 21/22. We were evaluating existing groups activity per month to run a change idea looking at whether community run green space volunteers would be willing to volunteer in	
	14	38% of people walking and 5% of people cycling as main mode of travel by 2026.	Jillian Evans		

Topic	Discussion/Decision				Action By
	15	Addressing the nature crisis by protecting/ managing 26% of Aberdeen's area for nature by 2026	Jillian Evans	other areas during months of reduced activity in green spaces. The project would continue to ensure improvement was sustained. Sustainable City Group would now discuss the next steps for that project. Also, for 15.2, 681 members of Aberdeen Growing, online network for food growers in Aberdeen City for sharing ideas, best practice, and resources. The Sustainable City Group had received a presentation on 'Place think piece' by Hugo Van Woerden and this was followed by discussion around potential approaches to the projects. For example, using the approaching living standards crisis as an entry point for promoting green strategies as a support to balance household budgets e.g. walk/cycle far cheaper than running a car and food growing. The Group were going to use its next meeting to think further about the Place approach and how to incorporate a more positive (less problem-focussed) approach in their charters. They would also, for each project, look at what tests of change have been working, evidence for improvement, whether different ideas/tests were needed.	

Topic	Discussion/Decision			Action By
	Community Empowerment Group Workstreams	Michelle Cochlan	In terms of key activity, it was noted that review of City Voice has been conducted to ensure it is a useful and robust source of data and feedback from the public on key issues for the City. The final report and recommendations for improvement would be considered by the Community Empowerment Group at the end of March. The Community Empowerment Strategy was also being revised. An outline draft had been prepared and further consultation and engagement was being planned. In terms of issues/risk, it was highlighted that resource challenges due to displacement of staff to support Covid-19 response and the ongoing review of housing has caused some disruption to joint working between the Integrated Locality Planning Team and the operation of the Locality Empowerment Groups/ Priority Neighbourhood Partnerships. Discussions continue in order to resolve issues and agree next steps. The Priority Neighbourhood Partnerships continue to meet and the Locality Empowerment Groups restarting.	

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<tr><th>Topic</th><th>Discussion/Decision</th><th>Action By</th></tr>
<tr><td>Page 18</td><td>In terms of the 7 new charters contained at Appendix 3, it was agreed that all were ready for submission to the CPA Board on 23 February 2021, with comments on specific charters reflected below for the consideration of the Project Manager in advance of submission to the CPA Board.
<table>
<tr><th>Project Ref</th><th>Project Aim</th><th>Comments</th></tr>
<tr><td>1.6</td><td>Increase the uptake of unclaimed benefits across Aberdeen City by 2023.</td><td>Approved to go to CPA Board.</td></tr>
<tr><td>3.4</td><td>80% of young people will successfully complete their Modern Apprenticeship programme by 2022.</td><td>Approved to go to CPA Board.
Following comments made and PM to confirm position and update charter as required:
Sustainability of the tests, it was noted that the charter advised “Additional resources may be sought if and when the project widens to other industry sectors” and that the test of change in terms of providing hairdressing kits had financial implications and although costs could be covered for the costs of the kit for this year, was that funding sustainable for future years? And would there be funding available if this was to be upscaled to another apprenticeship area in terms of providing the required equipment?
Have names been confirmed for the other project team members which were currently TBC/.</td></tr>
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Topic	Discussion/Decision			Action By
Page 19			There was a suggestion for the project to connect with the Federation of Small Businesses.	
	6.3	Increase the number of care experienced young people by 10% receiving multiagency throughcare/aftercare support by 2023.	Approved to go to CPA Board and alignment with project 2.3 noted.	
	7.3	Increase the number of young people who leave school with a minimum of SVQ 3 in literacy and numeracy and 4 other qualifications to 93% 2023.	Approved to go to CPA Board	
	8.4	By 2023 increase to 100% the number of multiagency governance arrangements which impact on children on young people that include their participation and engagement.	Approved to go to CPA Board, with the following comments raised and responded to: • How the youth forum change idea connected to achieving the aim • What was the baseline? • What was the intention for how the MG would include C&YP's participation? • Where had the aim come from?	
	10.8	Reduce the number of drug related deaths occurring within 6 months of liberation from custody from 10 to zero by 2023.	Approved to go to CPA Board	
	12.9	Increase the number of people undertaking recovery from drug and alcohol issues who are being supported to maintain drug / alcohol free lives in their community by 2023.	Approved to go to CPA Board	

Topic	Discussion/Decision	Action By
	In relation to Appendix 1, it was suggested that it would be benefited for the Stretch outcome overview reports to highlight the latest updates to the Aberdeen Outcomes Framework indicators when new data became available. This proposal was agreed and this information would be included in future reports. **<u>The Management Group resolved</u>:** (i) to approve the recommendations; (ii) to agree that a report on the Promise and additional requirements on Community Planning Partnerships in this regard be submitted to a future meeting of the Management Group; and (iii) to thank Bryan Nelson, for his Chairing of the Resilient, Included and Supported Group and ongoing commitment to the Group as Vice Chair.	Allison Swanson (ACC) Graeme Simpson (ACC)
Child Friendly Cities	The Management Group had before it a report which provided an update on current progress in regard to the Unicef Child Friendly City programme and outlined the next steps. **The report recommended:-** that Management Group – (a) approve the draft Action Plan/Log Frame in principle and that it be submitted to the CPA Board on 20 April 2022; (b) continue to endorse our Child Friendly City work, promoting children's rights and engages with relevant training opportunities; (c) receive future progress reports and monitor actions where necessary; and (d) note the next steps. **<u>The Management Group resolved:</u>** to approve the recommendations.	
6. Draft Community Planning Budget 2022/23	The Management Group had before it a report which set out the proposed contributions from Community Planning Aberdeen Partners to the Community Planning Budget 2022/23 and detailed proposals for how this money would be spent.	

Topic	Discussion/Decision	Action By
	The report recommended:- that Management Group (a) agree to submit the proposed Community Planning Budget 2022/23 to the CPA Board on 23 April 2022 for approval; (b) agree to submit the proposed spend on budget commitments 2022/23 to the CPA Board on 23 April 2022; (c) note the grant funding secured for 2022/23 to date; and (d) agree to propose to the CPA Board on 23 April 2022 that the Community Justice Transition Fund be used to fund the Community Justice Officer post for 2022/23. **<u>The Management Group resolved:</u>** to approve the recommendations.	
Prevention Consultation	The Management Group had before it a report which provided a briefing on the prevention consultation that was due to close on 31 March 2022 and highlighted the opportunity for organisations in Community Planning Aberdeen to consider how we could work together to prevent homelessness in Aberdeen. **The report recommended:-** that Management Group (a) note the report and the ongoing Consultation; and (b) agree to a future report and discussion on how partner agencies could work to ensure the aims of the legislation were met. Graeme Gardner spoke to the report and advised that the Chief Executive of the Centre for Homelessness Impact had met with the Chief Executive of Aberdeen City Council and was also keen to attend a CPA meeting to provide a presentation and discussion around homelessness and the Centre's work. Unfortunately, she was unable to attend the Management Group next meeting and therefore would discuss with the Chair of the Management Group and Board potential attendance at a future meeting of the CPA Board.	

Topic	Discussion/Decision	Action By
	The Management Group resolved: (i) to approve the recommendation; and (ii) to note that offer from Chief Executive of the Centre for Homelessness Impact and to agree that this be discussed with the Chair of the Management Group and board to determine suitable meeting date.	Graeme Gardener (ACC)
8. CPA Forward Planner	The Management Group had before it the CPA Forward Planner. **The Management Group resolved:** to note the CPA Forward Planner.	
9. CPA Funding Tracker	The Management Group had before it the CPA Funding Tracker. **The Management Group resolved:** to note the CPA Funding Tracker.	
10. Date of Next Meeting	The Management Group noted that its next meeting would be held on 1 June 2022 at 2pm.	
11. AOB	Project End/Sustainability The four projects achieving their aims were commended and it was queried as to how those projects would be monitored when they came to an end to ensure that the performance was sustained. In response, it was advised that the project end report asked for the project team to show sustainability and mechanism for monitoring the data going forward.	

COMMUNITY PLANNING ABERDEEN BOARD

20Th APRIL 2022

HYBRID MEETING

Present: - Councillor Laing (Chair) (Aberdeen City Council)
Gale Beattie (Aberdeen City Council)
Duncan Cockburn (Robert Gordon University)
Neil Cowie (North East College)
Professor Pete Edwards (Aberdeen University)
Chay Ewing (Scottish Fire and Rescue Service)
Nicola Graham (Skills Development Scotland) (as substitute for Gordon MacDougall)
Luan Grugeon (Health and Social Care Partnership - Integration Joint Board)
Matthew Lockley (Scottish Enterprise)
Lavina Massie (as substitute for Jonathan Smith) (Civic Forum)
Councillor Alex Nicoll
Paul O' Connor MBE (ACVO)
Angela Scott (Aberdeen City Council)
Kate Stephen (Vice Chair), (Police Scotland)
Susan Webb (NHS Grampian)
Councillor John Wheeler

In Attendance: - Darren Bruce (Police Scotland), Roma Davis (SCRA and COPFS), Mark Jones (Aberdeen City Council), Steven Shaw (Aberdeen City Council) and Eilidh Smith (Scottish Prison Service) (all for Item 8)

Also Present: - Michelle Cochlan, Martin Murchie, Matthew Reid, and Allison Swanson (All Aberdeen City Council)

Apologies: - Gordon MacDougall (Skills Development Scotland), Richard McCallum (Scottish Government), Alastair Robertson (Sport Aberdeen) and Jonathan Smith (Civic Forum).

Topic	Discussion/Decision	Action by
1. Welcome	The Chair welcomed Board members to the meeting and advised that item 3.1 would be brought forward as the first item of business following the minutes to enable the Officer to attend other commitments.	
2. Declarations of Interest	There were no declarations of interest.	
3. Minute of Previous Meeting of 23 February 2022	The Board had before it the minute of its previous meeting of 23 February 2022, for approval. With reference to Item 6 (National Update – Scottish Government), of the previous, it was noted that the Scottish Leaders Forum Action Group document named "Commitment to End Child Poverty from Scottish Government had been circulated following the meeting. **The Board resolved: -** to approve the minute as a correct record.	
4. Draft Minute of the CPA Management Group meeting of 23 March 2022	The Board had before it the draft minute of the CPA Management Group meeting of 23 March 2022, for information. **The Board resolved: -** to note the draft minute.	
5. Child Friendly City Update 2022	The Board had before it a report which provided an update on the current progress in relation to the UNICEF Child Friendly City programme; presented the Action Plan/Log Frame for approval and outlined the next steps. **The report recommended:** - that the Board- a) approves the draft Action Plan/Log Frame; b) continues to endorse our Child Friendly City work, promoting children's rights and c) engages with relevant training opportunities; d) receive future progress reports and monitor actions where necessary; and e) note the next steps.	

Topic	Discussion/Decision	Action by
	Matt Reid - Development Officer, spoke to the report. Mr Reid intimated that it was an update from the previous report and he clarified that the Action Plan/Log Frame were presented for approval for submission to UNICEF. It was acknowledged that there would be some alterations based on the comment from UNICEF. In response to a question on the participation of children and young people, the Board was advised that work would be undertaken to ensure a more child-friendly and accessible version of the template was created. This would be done in collaboration with children and young people, primarily via the "Youth Network". **The Board resolved: -** (i) to approves the Action Plan/Log Frame for submission to UNICEF; and (ii) to otherwise approve recommendations (b) to (e).	Matt Reid, ACC
CPA Board Forward Business Planner	The Board had before it the Forward Business Planner. **The Board resolved: -** to agree the Forward Business Planner.	
7. National Update - Scottish Government	The Board noted that there had been no questions submitted by members and there was no representative from the Scottish Government present. **The Board resolved: -** to note there was no update.	
8. CPA Improvement Programme Quarterly Update and Appendices	The Board had before it a report which provided an update on the progress towards the Stretch Outcomes and improvement projects within the Local Outcome Improvement Plan 2016-26 which had started, or were due to start, to deliver the Partnership's 15 Stretch Outcomes by 2026 on the basis of the Improvement Programme 21-23 approved by the Board on 15 September 2021. The report also included seven new charters and one revised charter for approval for initiation. **The report recommended: -** that the Board –	

Topic	Discussion/Decision	Action by
Page 26	a) consider the overview of progress against the CPA Improvement Programme, as well as the overview for each Stretch Outcome; respective improvement projects and the Community Empowerment Group workstreams as contained at Appendix 1 and determine any mitigating actions required; b) consider the five spotlight case studies contained at Appendix 2; c) that five projects had achieved their aims as detailed at 4.1 and would submit project end reports once sustained improvement was evident; d) approve the seven new charters and revised charter 5.2 as detailed at para 5.1 and 5.2 included at Appendix 3 for initiation; and e) approve the proposed rescheduling of three new charters as detailed at 5.4 and Appendix 1. Allison Swanson - Community Planning Improvement Programme Manager - provided an overview on progress wherein it was highlighted that the following five projects had successfully achieved their aims, however would continue to monitor progress until the next meeting/academic year to ensure the improvement was sustained and thereafter would submit a project end report • 1.1 (Community Food Pantries) • 7.1 (Growth Sector Courses) • 9.3 (Joint Reporting to SCRA and COPFS) • 10.1 (Support on Liberation) • 15.1 (Community Run Green Spaces The Board then heard from the following five Project Managers, who spoke to their respective case studies study as contained at appendix 2; telling the story of the project; the changes they've tested, as well as the outcomes and impact to date. • 7.1 (Growth Sector Courses) – Mark Jones, ACC, Project Manager • 9.3 (Joint Reporting to SCRA and COPFS), Roma Bruce-Davies, SCRA, Project Manager • 10.1 (Support on Liberation) – Eilidh Smith, Scottish Prison Service, Project Manager • 11.1 (Suicide Prevention) – Darren Bruce, Police Scotland, Project Manager • 15.1 (Community Run Green Spaces) – Steven Shaw, ACC.	

Topic	Discussion/Decision	Action by
	Thereafter the Board considered the seven new charters and revised charter as contained at appendix 3. **The Board resolved: -** (i) to approve the recommendations; and (ii) to commend the five Project Managers who presented case studies, and their Project Teams, for their achievements to date ad commitment to the projects.	
9. CPA Budget Setting Report 2022-23	The Board had before it a report which set out the proposed contributions from Community Planning Aberdeen Partners to the Community Planning Budget 2022/23 and detailed proposals for how this money would be spent. **The report recommended**: - that the Board- a) approve the proposed Community Planning Budget 2022/23; b) approve the proposed spend on budget commitments 2022/23; c) note the grant funding secured for 2022/23 to date; and d) agree that the Community Justice Transition Fund is used to fund the Community Justice Officer post for 2022/23. In response to a question regarding external funding opportunities, Michelle Cochlan – Community Planning Manager, advised that the Funding Team produced a funding tracker detailing all available funding opportunities split by LOIP theme and this was considered at each Management Group meeting and was also circulated to Outcome Improvement Groups and other Community Planning contacts by the Community Planning Team. The Chair encouraged the Board and all partners to share the information within their own organisations/communities. **The Board resolved**: - to approve the recommendations	
10. Date of Next Meeting	The Board noted that its next meeting would take place on 6 July 2022, at 2.00pm.	
11. Valedictory	The Chair noted that it was the final meeting of the Community Planning Aberdeen Board prior to the local government elections in May and in advance of her stepping down as a Councillor	

Topic	Discussion/Decision	Action by
	therefore stated that she wished to give her sincere thanks to all Partners for their contribution and support throughout her time as Chair and to thank Kate Stephen, Vice Chair, and her predecessors, for their support. She added her she would like to thank the Director of Commissioning, Community Planning Manager and Clerk for their support during her time as Chair. The Vice Chair, Kate Stephen and Lavina Massie on behalf of the Civic Forum also put their thanks on record, thanking the Chair for her commitment to and leadership of the Partnership during her time in the chair.	

Community Planning Aberdeen

Progress Report	Aberdeen City IJB Strategic Plan 2022-2025
Lead Officer	Sandra MacLeod, Chief Office ACHSCP
Report Author	Alison MacLeod, Lead for Strategy and Transformation
Date of Report	20 May 2022
Governance Group	CPA Management Group – 01 June 2022

Purpose of the Report

The purpose of this report is to share the Aberdeen City Integration Joint Board's Strategic Plan for 2022-2025 which is due to be considered for approval at the IJB meeting on 7th June 2022.

Summary of Key Information

1 BACKGROUND

1.1. Section 29 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to prepare and publish a Strategic Plan. The previous two Strategic Plans have been 3 years in length, 2016 to 2019 and 2019 to 2022. It is proposed that this latest revised Strategic Plan will follow the same pattern. This is in recognition that plans are currently being made for the implementation of a National Care Service (NCS) and it is understood that the timeline for the implementation of that is 2025 so this plan will take the IJB up to that point by which time future strategic direction under the new governance arrangements should be known. A separate delivery plan will be required to support the transition to the NCS, and this will be developed and submitted to the IJB as soon as there is clarity on the requirements in this regard.

1.2. Development work on the revised Strategic Plan for 2022-2025 began with joint working with Community Planning Aberdeen and the Locality Empowerment Groups to refresh the Local Outcome Improvement Plan and develop the Locality Plans, all of which was achieved by July 2021. The output from this work was cross referenced with output from consultation on NHS Grampian's Plan for the Future which is being developed on a similar timeline. This provided common themes that were important to our communities. In addition, a number of specific consultation exercises were undertaken with staff and partners, with five sessions involving the IJB and the Aberdeen city health and Social Care Partnership (ACHSCP) Leadership Team. The ACHSCP Strategic Planning Group, and specifically the Locality Empowerment Group representatives, have monitored the progress of the development work and have been key contributors to the process.

1.3. Various local and national strategies, guidance and reports were reviewed to inform the strategic context within which the revised Strategic Plan should be framed. Data and performance over the last three years was also analysed, in particular, the impact COVID-19 had had, and would continue to have, on patients, clients, carers, staff, and services. Together with the themes from consultation, this enabled a consideration of our challenges, such as increasing demand and the impact of COVID-19, inequalities, and the wider determinants of health, and also identified the required actions over the next 3 years to design and deliver services to meet these.

1.4. A consultation draft of the Strategic Plan 2022-2025 was approved at the IJB meeting on 15th December 2021 and the plan went out for public consultation in January 2022. The draft was a high-level summary incorporating the output of the work undertaken. A number of responses to the consultation requested more detail and, acknowledging that there are a variety of audiences for the Strategic Plan, and that they each have differing needs, it was agreed to work up various versions of the plan including a more detailed one with a three-year Delivery Plan incorporated, a summary one along similar lines to the consultation draft, and an Easy Read version similar to that developed for the Learning Disability strategy. These can be found at appendix A, B, and C to this report. In addition, we are currently developing a two-minute animation as part of the launch material, the aim of which is to get the key intentions of the strategy across quickly and easily to all audiences.

1.5. Throughout the Strategic Plan there is a focus on delivery of ACHSCP services in alignment with the Scottish Government's Guidance on the Principles for Planning and Delivering Integrated Health and Social Care (Integration Principles) with a view to delivering on the National Health and Wellbeing Outcomes. Performance in this regard is measured by the Health and Social Care Integration Core Suite of Indicators (National Indicators).

1.6. In the Strategic Plan 2022-2025, the same vision as previously has been retained "We are a caring partnership working in and with our communities to enable all people to achieve fulfilling, healthy lives". Our Values have been updated in light of consultation, and these are now Honesty, Empathy, Equity, Respect and Transparency. The five enablers – Workforce, Technology, Finance, Relationships, and Infrastructure - which are required to deliver the Strategic Plan have been retained. The Relationships enabler replaces the previous Commissioning enabler which broadens the scope and recognises that the success of service delivery is dependent on a wide range of relationships not just those we have developed with commissioned providers.

1.7. Key partners are Aberdeen City Council and NHS Grampian. The joint community planning arrangements delivered the refreshed Local Outcome Improvement Plan and the development of the Locality Plans. ACHSCP's contribution to these will be reported through the Community Planning Outcomes Framework. Progress against delivery of the Locality Plans will be reported to the IJB and to the Community Planning Board. NHS Grampian have recently revised their Plan for the Future which will be submitted to their June Board for approval. There is also awareness that the regional economic strategy is currently being refreshed and we will ensure that colleagues from the partnership contribute

to the development of the strategy ensuring appropriate cross referencing to the work of the partnership to ensure a healthy working age population in the city.

2 PROPOSAL HEADING

2.1 The plan describes four Strategic Aims

- Caring Together
- Keeping People Safe at Home
- Preventing Ill Health, and
- Achieving Fulfilling, Healthy Lives

Against each of the Strategic Aims and Enablers a number of priorities have been identified. Each of these priorities has programmes of work identified to deliver on them with each programme consisting of a number of projects of varying depth and scope. The programme and projects make up the Delivery Plan which spans the three years of the Strategic plan.

2.2 The Strategic Plan recognises the importance of working collaboratively and innovatively making the best use of new technologies. It confirms that ACHSCP services will be rights-based, accessible and evidence led. The focus will be on prevention in order that future demand can be diverted, and on addressing inequality and the wider determinants of health. All of this will be delivered in the context of recovering from COVID-19 and preparing for the National Care Service. The aim is to create the conditions for partners, staff, clients, patients, and their carers to look after their health and wellbeing and have their say in the way services are designed and delivered whilst also managing expectations in terms of what can be achieved within the resources we have.

2.3 The AHSCP Delivery Plan will be reviewed annually throughout the life span of the Strategic Plan along with the Medium-Term Financial Framework (MTFF). There is high level alignment between MTFF which was agreed in March 2022 and the four strategic aims. Going forward, we will ensure that the annual budget is aligned to the relevant year of delivery within the Delivery Plan. The annual review will consider progress on programmes and projects to date along with any new developments in strategic context which may require the addition, amendment, or deletion of future projects in line with resources available. Progress reports against the Delivery Plan will be made quarterly to the Risk Audit and Performance Committee and Clinical and Care Governance Committees. The IJB will receive the Annual Performance Report which will detail progress against delivery of the Strategic Plan.

NEXT STEPS

3.1 The Strategic Plan 2022-2025 will be submitted to the IJB for approval on 7th June 2022 with regular reporting as described in paragraph 2.3 above.

Recommendations for Action
It is recommended that members of the CPA Management Group: i) Notes the ambitions of the Aberdeen City IJB Strategic Plan 2022-2025; confirms support for its delivery over the next 3 years and agrees to submit the Plan to the CPA Board on 6 July 2022.

Opportunities and Risks
The IJB Strategic Plan presents an opportunity for ACHSCP and its wider partners to contribute to the health and wellbeing of the residents of Aberdeen City delivering innovative services that are bespoke to individual need and sustainable. There is a risk that the pace of transformation of the ACHSCP services is not sufficient to meet the challenge of the anticipated demand and/or that the work will be distracted by the implementation of the National Care Services. The publication of a detailed Delivery Plan with dedicated resource allocation will maintain focus and help mitigate this risk.

Consultation
A wide range of stakeholders including statutory partners, wider partners, staff and communities were consulted over the last 12 months during the development of the IJB Strategic Plan. A Health Inequalities Impact Assessment will be published at the same time as the approved plan which confirms the breadth of consultation undertaken and the impact feedback had on the final plan.

Background Papers
None

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Aberdeen City Health & Social Care Partnership
A caring partnership

Aberdeen City Health and Social Care Partnership

Strategic/Delivery Plan

2022-2025

Contents

Strategic Plan on a Page

Strategic Aims			
Caring Together	**Keeping People safe at home**	**Preventing Ill Health**	**Achieve fulfilling, healthy lives**
Strategic Priorities			
❖ Undertake whole pathway reviews ensuring services are more accessible and coordinated ❖ Empower our communities to be involved in planning and leading services locally ❖ Create capacity for General Practice improving patient experience ❖ Deliver better support to unpaid carers	❖ Maximise independence through rehabilitation ❖ Reduce the impact of unscheduled care on the hospital ❖ Expand the choice of housing options for people requiring care ❖ Deliver intensive family support to keep children with their families	❖ Tackle the top preventable risk factors for poor mental and physical health including: - obesity, smoking, and use of alcohol and drugs ❖ Enable people to look after their own health in a way which is manageable for them	❖ Help people access support to overcome the impact of the wider determinants of health ❖ Ensure services do not stigmatise people ❖ Improve public mental health and wellbeing ❖ Improve opportunities for those requiring complex care ❖ Remobilise services and develop plans to work towards addressing the consequences of deferred care

Strategic Enablers				
Workforce	**Technology**	**Finance**	**Relationships**	**Infrastructure**
❖ Develop a Workforce Plan ❖ Develop and implement a volunteer protocol and pathway ❖ Continue to support initiatives supporting staff health and wellbeing ❖ Train our workforce to be Trauma informed	❖ Support the implementation of appropriate technology-based improvements – digital records, SPOC, D365, EMAR, Morse expansion ❖ Expand the use of Technology Enabled Care throughout Aberdeen. ❖ Explore ways to assist access to digital systems ❖ Develop and deliver Analogue to Digital Implementation Plan	❖ Refresh our Medium-Term Financial Framework annually ❖ Report on financial performance on a regular basis to IJB and the Audit Risk and Performance Committee. ❖ Monitor costings and benefits of Delivery Plan projects ❖ Continually seek to achieve best value in our service delivery	❖ Transform our commissioning approach focusing on social care market stability ❖ Design, deliver and improve services with people around their needs ❖ Develop proactive communications to keep communities informed	❖ Develop an interim and longer-term solution for Countesswells ❖ Review and update the Primary Care Premises Plan

Introduction

We are delighted to present our Strategic Plan for 2022-25 which this year comes with a detailed Delivery Plan in Appendix A. Our key focus continues to be progressing the integration agenda by increasing access to community-based health and social care services, shifting the balance of care from hospital to more homely settings, and supporting our most vulnerable residents.

First and foremost, we need to acknowledge the impact the COVID-19 pandemic had on the health and social care system, our staff and our communities. We are grateful to our health and social care workforce and the people of Aberdeen for working with us in responding to such challenging circumstances. We were all in it together, and together, we were stronger than the sum of our parts. Our forecasting indicates that demand for health and social care services will increase over the coming years, and that, potentially, more and more people could be living with multiple, long terms conditions. If we are to achieve our policy ambition of caring for people in more homely settings, we need to increase the availability and accessibility of high-quality community-based services, particularly those for people with higher levels of need, and find more ways to keep people safe at home. Learning from the pandemic experience, we have recognised that we cannot achieve this all on our own and that we need to foster and develop the "caring together" ethos that was so evident certainly in the early stages of COVID-19.

There are four strands of Covid related legacy that will also impact on demand for services. Firstly, the pandemic has left a legacy of health debt, a consequence of deferred care. Waiting times for all diagnostic services and for cancer treatment have increased. There are also increased referrals to mental health services. Secondly, there is Long Covid which may not always manifest in a way that can be directly linked to Covid and consequently there is very little reliable data to help plan for additional demand. Thirdly, there is the ongoing need for some level of vaccination programme and lastly there is the potential for a resurgence of the virus in either a known or variant form. These impacts require us to work as a whole system to achieve shared goals, to enable agile and flexible responses to be able to plan for the unknown as well as increasing access to community resources which support good health and wellbeing

As well as the direct and indirect impacts of COVID-19, external influences such as climate change, housing and increasing levels of poverty caused by the cost-of-living crisis also exist. These impact on current and future health inequalities and we need to plan to address these and build resilience to prevent ill health and enable people to achieve fulfilling, healthier lives. We need to focus on recovery and renewal, building resilience for the future.

Whilst we have the challenge of this additional demand, we are aware that it is unlikely our resources will increase to match. Finances are already tight, and it continues to be very difficult to recruit and retain staff. Audit Scotland recognised this in a briefing released in January 2022, where they noted that in December 2020, the vacancy rate for social care staff was more than two and a half times the overall vacancy rate across all establishments in Scotland. In 2019, the Scottish Parliament recognised that almost a quarter of GP practices in Scotland were reporting vacancies. We will continue to transform our services to ensure we are able to meet the challenges ahead.

The Independent Review of Adult Social Care in Scotland (the Feeley Report), proposed the creation of a National Care Service (NCS) and we expect a Bill to be laid before parliament in the summer. Whilst the details of these new governance arrangements are being confirmed it is imperative that we are not distracted or diverted from our strategic focus. This is one of the reasons we have developed our Delivery Plan to help ensure we stay on track. We will be mindful of the role that ACHSCP can play in shaping the NCS and will ensure we are fully engaged at a national level, influencing and assisting with the reforms proposed,

using every opportunity to bring the voice, view and opinion of our local system to those important conversations. We anticipate a local transition plan being developed with local partners to enable the local implementation of the National Care Service once the Bill has received Royal Assent. This will be presented to the IJB as a separate delivery plan.

In Aberdeen, to date, we are confident that we have maximised the levers the integration agenda affords us. Our Integration Joint Board (IJB) has made bold and brave decisions resulting in integrated services, positive relationships, and improved outcomes for local communities. It is vital we continue this journey whilst sharing our successes to show what can be achieved when the integration principles are fully embraced.

This Strategic Plan outlines where we have got to so far in realising the overall integration aims, living with and recovering from the impact of the COVID-19 pandemic, and our ambitious approach to transformation and development over the next 3 years. We plan to build on the strong foundations we have already established in terms of partnership working and strong links to both statutory and other partners. Locally we are an engaged partner in Community Planning Aberdeen's Local Outcome Improvement Plan (LOIP) and NHS Grampian's Plan for the Future, our ambitions are completely aligned, and we will use all opportunities to work together to meet shared outcomes. Through these linkages the people of Aberdeen can be assured that we are collaborating and working together for shared objectives to make best use of the limited available resources.

The first step in developing our Strategic Plan was undertaking consultation and listening to what our key stakeholders were telling us. Engagement on the Strategic Plan began with a joint exercise with the Locality Empowerment Groups on the refresh of Community Planning Aberdeen's Local Outcome Improvement Plan at the beginning of 2021. NHS Grampian subsequently undertook engagement sessions on their Plan for the Future and shared with us the overall results of these as well as analysis relating to Aberdeen City residents only. ACHSCP then undertook their own engagement. The outcome of all three engagement activities have informed the development of this plan.

Theme	**Source**
Prevention/Stay Well Stay Connected	NHSG
Access to Services	ACHSCP & NHSG
Quality of Services	NHSG
Whole System, Collaboration, Partnership Working, Relationships	ACHSCP
Sustainability and Recovery from Covid	ACHSCP
Engagement/Involvement	ACHSCP, NHSG
Action on Poverty	LOIP
Support for Mental Health (all ages)	LOIP
Looking After Staff	ACHSCP
Maximising Digital Technology	NHSG

Who We Are

Aberdeen City Health and Social Care Partnership (ACHSCP) delivers community health and social care services, some of which are delivered with partners in other sectors. As well as our internal services such as Social Work, Community Nursing and Allied Health Professionals, the partnership "hosts" Grampian wide services such as those for Mental Health and Learning Disabilities (MHLD), Sexual Health Services, and Specialist Older Adults and Rehabilitation Services (SOARS). The IJB for Aberdeen City governs and directs the work of the partnership.

Our Approach **(Links need checked!)**

Our approach to service delivery follows the national Integration Principles. We aim that our services: -

- *Are joined up and easy for people to access*

  We have already redesigned our Older People's Frailty Pathway, integrating service delivery across Grampian. We will continue to deliver on this principle by reviewing further whole pathways of service delivery and creating a single point of access.

- *Take account of people's individual needs*

  Our services will be person-centred and data led. We have developed Our Guidance for Public Engagement, based on the Scottish Government and COSLA Planning With People Guidance to inform how we engage with our communities and enable people to have their say. We will ensure this approach continues to be embedded across the whole partnership whilst also making best use of data sources to target activity.

- *Take account of the particular characteristics and circumstances of different service users in different parts of the city*

  We have developed our Equality Outcomes and Mainstreaming Framework 2021-25 which aims to make access to services more equitable, respecting and valuing the diversity of our service users in Aberdeen and ensuring they are free from discrimination. Part of these arrangements is undertaking a Health Inequality Impact Assessment in conjunction with people with the relevant protected characteristics when we are planning significant changes to service provision. We will ensure the framework is delivered and that planning to revise the framework by 2025 is undertaken timeously.

- *Respect the rights and dignity of service users*

  The Equality Outcomes and Mainstreaming Framework considers the rights and dignity of service users. We will ensure our service delivery takes a Trauma-Informed and Human Rights based approach by training our staff and encouraging more to become equality ambassadors, i.e. DiversCity Officers.

- *Take account of the participation by service users in the community in which service users live*

  We have developed a joint approach to community engagement and participation along with Community Planning Aberdeen. Each of our three localities has a Locality

Empowerment Group and each Priority Neighbourhood has a Priority Neighbourhood Partnership. Each locality has developed a Locality Plan informed by, and delivered with, people living in these communities. We will report on the progress of these plans by August 2022 and will ensure our focus is on continued delivery.

- *Protect and improve the safety of service users*

  Over the last few years, we have developed robust arrangements to deliver our legal duty around Adult Support and Protection including a new structure for the team within Adult Social Work. We will continue to develop and enhance these arrangements ensuring vulnerable residents of Aberdeen are protected and kept safe. In most instances, the source of a child's vulnerability lies in the family circumstances or the needs or part trauma of their parents. To effect change we need to consider how services delivered to adults, children and families can come together to better consider the needs of the whole family in an early and preventative manner.

- *Improves the quality of the service*

  In 2021 we took out a partnership wide subscription to Care Opinion which is an online tool for patients, clients, and their carers to leave comments on the services they receive. The system is already well established in health settings. We will continue to promote the use of this tool, as an additional feedback mechanism, expanding it into social care settings ensuring the feedback informs service improvements made through our transformation activity detailed in our Delivery Plan.

- *Are planned and led locally for the benefit of service users, people who look after service users and the people who provide health or social care services*

  The aim of our Locality Empowerment Groups is to ensure our services are planned and led locally. One of the aims of our Carers Strategy is that unpaid carers are listened to and involved in planning the services and support which the person they care for receives. Our Providers Network ensures third sector and independent providers delivering care commissioned by ACHSCP are involved in service planning and our in-house staff have opportunities through regular team meetings to influence the way services are delivered. We will ensure these approaches are further developed to enable our service planning and delivery to continue to be led by our communities.

- *Anticipate people's needs and prevent them arising*

  We are aware of the conditions that can impact on people's long-term health. Our Stay Well Stay Connected initiative is a programme of holistic community health interventions which is part of our prevention agenda and is designed to anticipate health issues in certain cohorts of the population. The programme puts in place support and intervention that either prevents conditions developing in the first place or minimises the impact of conditions already present.

- *Make the best use of facilities, people and resources*

  We have identified a number of enablers to this Strategic Plan – Workforce, Technology, Finance, Relationships and Infrastructure – along with a set of priorities for each of these. We will ensure we deliver on these priorities, making the best use of facilities, people and resources.

Review of the last 3 years

Our previous Strategic Plan covered the three-year period from April 2019 to March 2022. The COVID-19 pandemic was a major focus of service delivery for two of these years however, as well as distracting us from some of our planned work, the pandemic also brought opportunities to accelerate some planned innovations and also to identify other new ways of working that will improve our service delivery and our efficiency in the future. In line with our statutory obligations, we publish an Annual Performance Report (APR). Previous reports relevant to our last Strategic Plan can be found here. These will provide enhanced detail in relation to our performance and our APR for 2021/22 will be published in the same location following approval by the IJB at the end of August 2022. In this section we report on just some of the key initiatives that we have implemented in the previous three years.

Learning from Covid

During the pandemic we were able to break the normal rules and avoid the usual bureaucracy, ***empowering our staff*** to just get on and do the job in hand. In addition, many staff whose normal roles were paused, undertook training, and supported our care homes and other areas who were struggling to maintain service delivery due to staff shortages. The dedication and flexibility of our staff was invaluable and going forward we plan to have a pool of fully trained volunteers to be able to step in during times of high demand to support and assist the existing workforce.

Pandemic restrictions also accelerated the city-wide adoption of ***new technology*** such as Near Me, an online consulting tool, and eConsult, an electronic triage system. These technologies assisted GPs and clinicians to continue to see patients during lockdown, and to manage increased demand once restrictions lifted. Not all of our patients are able or want to use new technology, however others welcome it as a flexible option that fits well with busy lives. We will work with our communities and our services to ensure people are supported to be able to use digital technology making options available that mean no-one is disadvantaged.

Public perception of social care began to change during the COVID-19 pandemic. Initially only the NHS was the focus of respect and gratitude for the work they were doing. Gradually, however, the public became more and more aware of the part that social care and carers were playing and social care staff received similar respect and gratitude with the weekly clap for carers and positive articles in the press and media. The momentum created needs to be built on, to ensure social care staff gain ***parity of esteem*** with their NHS colleagues.

Similarly, the public's perception of residential care was altered potentially as a result of the media reports on the impact of the COVID-19 pandemic on care homes. We have seen a reduction in demand for care home places and a resultant reduction in occupancy rates. This may return to normal in future but either way it supports one of our key policies i.e. ***shifting the balance of care*** more towards a person's own home or a homely setting. Whilst Care Homes are deemed to be homely settings, and there will always be individuals who either need or choose the care and support these can offer, there is no substitute for a person's own home if that is where they would prefer to be.

The importance of real time ***data*** influencing decision making was key throughout the pandemic response. Particularly with the pressure of high demand in the hospital and many care homes being closed due to outbreaks, it became imperative that there was an accurate picture of both demand and capacity across the whole system. A dataset was established which was utilised at the Daily System Connect meetings. Within the partnership we

developed a “Surge and Flow” dashboard which captured information in relation to occupancy levels of our various care services as well as the anticipated demand. In addition, a daily Situation Report on staffing availability was made available in order that decision could be made around equalising staff across the system and prioritising areas for support.

Whole System Collaboration

The whole system approach that was already established pre-pandemic across Grampian really gained traction during the pandemic. The challenges COVID-19 brought impacted on every part of the health and social care system in Grampian. We were all dealing with the same issues and managers and staff regularly came together to discuss these and develop common solutions ensuring that one action in one part of the system did not have a negative unintended consequence on another.

We worked with our colleagues in Aberdeen City Council (ACC) and wider community partners to identify and provide relevant support for those who were shielding or isolating during the pandemic. Food and medical supplies were delivered to their doors with often some much needed social contact by means of even just a brief, physically distanced chat. The approach was termed ‘***Aberdeen Together***’ and the learning from that was also used in the delivery model for the mass COVID-19 vaccinations with colleagues with relevant expertise from the Council helping to arrange appointments and clinics and delivering the local contact centre. We will use learning from this to help deliver our wider immunisation agenda going forward.

A good example of a collaborative approach which began prior to the pandemic is the development of ***Rosewell House*** into an integrated intermediate care facility providing much needed step-up and step-down care in a more homely setting, for patients with higher levels of acuity. The facility offers an alternative to hospital admission and helps to accelerate discharge where relevant. The 60 beds which were previously run solely by Bon Accord Care (BAC) (an Arm’s Length External Organisation wholly owned by Aberdeen City Council) for residential care, are now managed by the NHS but care is delivered in partnership with BAC staff.

In December 2020, Aberdeen City IJB and Community Planning Aberdeen agreed to integrate their ***locality planning arrangements***, broadening the scope of the Locality Empowerment Groups (LEGs) to focus not only on health outcomes but also on the full set of stretch outcomes in the Local Outcome Improvement Plan (LOIP) encompassing community planning’s Priority Neighbourhoods. Following significant engagement with the community using a “simulator” approach, teams from ACHSCP and Aberdeen City Council worked together with the LEGs to develop the Locality Plans. Progress against these is due to be reported annually to both the Community Planning Board and the IJB.

In April 2021, NHS Grampian adopted an interim ***Portfolio Management Approach*** which was designed to facilitate further integration between the community, primary and secondary health and social care system across defined patient pathways. The Chief Officer of ACHSCP assumed responsibility for the Medicine and Unscheduled Care departments of Aberdeen Royal Infirmary. The approach affords the Chief Officer of ACHSCP far greater influence over the whole system of health and social care enabling greater impact not only in terms of delivering services but also on the quality of that service provision. The arrangement also ensures greater involvement with the strategic planning for hospital services as delegated to the Chief Officer under the Integration Scheme.

One impact of these new arrangements was the adoption of the ***Navigator Project*** in Grampian in August 2021. This support service, embedded within the Emergency Department aims to help reduce the underlying causes of potential admission / re-admission of people with complex needs (such as those who self-harm, those who experience emotional distress, domestic abuse, use alcohol or drugs to excess, are violent or are rough sleepers) by following up with them in the community and linking them into appropriate services. Many people presenting in this way will have underpinning stressors of social isolation, housing issues, deprivation, financial issues, and relationships. For many, deep rooted trauma will be a key underlying factor. The Navigator model of using professionals and people with Lived Experience creates a potential pathway for people in recovery into volunteering and employment. It sees recovery as an asset rather than a deficit. The project also links to the LOIP around enhanced early intervention and preventions for those at greatest risk of harm from drugs and alcohol.

The things we've done differently

In December 2020 the partnership published a Market Position Statement which confirmed the strategic ambition for Day Care and Day Activities as "to work with you, your carers and our partners to ensure that there is sufficient choice of activity, local to your community (people or place) to support you and your carer to realise your outcomes." The ***Stay Well Stay Connected*** model adopts a whole population approach, with a strong focus on outcomes, whilst at the same time, embracing early intervention and prevention. The scope of the model is our adult population, but there is an enhanced focus on achieving outcomes for people living with disabilities and long-term conditions, people who, for one reason or another have started to "lose their connection" to their community, and adult carers. The outline implementation plan outlined several key markers - the provision of planned respite, including residential respite; the testing of alternative models of support for individuals, reflecting personal choice and the achievement of outcomes; and strengthening the opportunity for the early identification of people at the cusp of losing their physical and emotional resilience and making a shift to early intervention and prevention by growing community connection within our localities. ACHSCP continues to work with providers to develop solutions for this vital service provision.

Throughout 2019 and 2020 extensive review and consultation was undertaken in relation to the delivery of ***care at home*** and supported living. This led to a commitment to move towards a commissioning for outcomes model with the establishment of clear outcomes to be achieved through the commissioning process. The four outcomes were – market stability, efficient and effective delivery, financial sustainability, and social value and cohesion with communities. Following an options appraisal, the IJB agreed to progress with moving towards a three-locality primary provider contract for care at home and a transition to the same arrangements for supported living providers using a block funded contract that gave the provider freedom to manage the total budget in a way that delivered the specified outcomes. Although promoted for some time as the preferred future of commissioning, this move away from the traditional time and task model of payment for service delivered was ground-breaking and relatively unique across Scotland.

The collaborative co-design and co-production approach taken in relation to care at home led to another innovative solution in the form of the ***Granite Care Consortium***. Rather than compete against each other for contracts to provide care at home services, eleven third and independent social care providers came together in a consortium arrangement to bid collectively for the city-wide service. The award of this contract and the challenging transition from the previous arrangements represented significant transformational change and the successful implementation of the new contract is testament to the positive relationships, collaborative working, and innovative vision of everyone involved.

One of the keys to success of the new care at home arrangements arose from the considerable work undertaken since the inception of ACHSCP to build ***relationships and trust*** with third and independent sector care providers. We have worked with umbrella organisations such as Scottish Care and Aberdeen Council for Voluntary Organisations (ACVO) to develop strong relationships with providers organisations. The Aberdeen City Provider Network has been in operation since early 2020 and this proved to be a strong foundation that continued throughout the COVID-19 pandemic. From this we developed our Care Home Support Team which is a multi-disciplinary team including nursing and care management staff. The team work in collaboration with the Health Protection Team to ensure standards are adhered to. The team supported Care Homes throughout the pandemic and is now a permanent feature providing advice and guidance, sharing best practice and helping to find solutions to common problems. This collaborative approach raises the standards of care and improves outcomes for residents.

In August 2021 the IJB approved a new service delivery model for ***Vaccination Services***. The model was designed using learning from the mass COVID-19 vaccination programme. Whilst a central venue helped deliver vaccinations to a large volume of people, it also highlighted the need to deliver services locally and engage with local communities to ensure easier access for diverse and seldom reached groups. The new model uses a combination of a central hub and fixed clinics delivered by locality-based teams as well as more dynamic options such as pop-up clinics and a mobile vaccination unit.

The modernisation of our services which we have achieved

The adoption of various ***digital solutions*** over the last few years is helping to modernise service delivery within ACHSCP. Our social care case management system which also manages payments for commissioned services and statutory reporting requirements is being replaced by a system called Dynamics 365 (D365). ***D365*** is a set of intelligent business applications used to deliver greater results through predictive, Artificial Intelligence (AI) driven insights, across services. For staff, it will transform the way we record, access and share information across the business and with our service users. For service users, it will give them more involvement, more interaction and greater transparency in the service they receive, and for managers it will mean they can better use data to make decisions, allocate resources and deliver services to best meet the needs of the most vulnerable, moving towards predictive rather than reactive care. The system has been in development since early 2020 and we eagerly await its implementation in July 2022/

In September 2019, the IJB approved the procurement and implementation of the ***Morse*** System for the Health Visiting Service. This enabled the digitisation of the way Health Visitors worked allowing them to access and update records whilst being mobile. A project evaluation was completed in May 2021 which indicated substantial efficiencies have been achieved as a direct result due to a reduction in duplication and an increase in face-to-face contact time. Based on the positive experience of the health Visiting Service, the Hospital at Home team received funding from Healthcare Improvement Scotland to implement Morse in their service for one year. In May 2021, further approval was given to enter into a three-year enterprise license agreement which allows for the whole of community nursing to benefit from this digitisation. In advance of the expiry of the license agreement an evaluation will be undertaken of the D365 system to understand whether it could offer the same benefits. If not, further market analysis will be undertaken, and the system will either be recommissioned, or the licence renewed.

Throughout 2021 and into the early part of 2022, we were making preparations for and implementing our redesign of ***2C GP practices***. 2C practices are those managed by the NHS and the redesign now means all GP practices in the city are independent contractors. The objectives of the 2C redesign were to develop the city-wide model of Primary Care

delivery, ensuring the continued delivery of local services, improving sustainability, and ensuring that primary care can continue to deliver safe, effective, person-centred care considering the increasing demands on the service. The model also better aligns with the General Medical Services (GMS) Contract and increases our ability to deliver on our Primary Care Improvement Plan. The redesign involved putting a tender out for the delivery of general medical services from six currently "in-house" practices and the arrangements to transfer these over to independent models will be complete by June 2022.

Key learning points to take forward from our review of the last 3 years

Over the last three years we really put into practice our stated strategic intentions to ***work together*** with our communities and partners and focus on outcomes. The Rosewell House model, the new Care at Home contract delivered by the Granite Care Consortium, the development of the Locality Empowerment Groups and the close working relationships we have with our two statutory partners Aberdeen City Council and NHS Grampian are testament to that. Although the proposed National Care Service may alter our governance arrangements, it is our intention to continue building on these solid foundations and further develop the relationships we have with our key stakeholders to improve our overall service delivery which will ultimately have a positive impact on outcomes for the people we serve.

Our resources, our infrastructure, and the way we do business are other key areas of strength that we will build on over the coming years. Our ***staff*** have always been critical to our achievements, and they were tested to the limit throughout the pandemic. We will repay their service by ensuring that we develop a Workforce Plan that recognises their professionalism, provides flexible yet robust career opportunities, considers their health and wellbeing and seeks parity of esteem for the social care workforce. We acknowledge the benefits of ***new technology***, in service delivery, in supporting our staff to be able to do their job well, and in improving outcomes for the people of Aberdeen. We will maximise the use of technology where appropriate, and where necessary we will plan to support those who, for whatever reason, do not have equity of access. During the pandemic our decision making was strengthened because it was based on ***data***. Whilst accessing and sharing accurate and current data remains a challenge we will build on the systems and processes introduced in the last two years and seek to improve the availability of data, ensuring this is used safely and securely, for the benefit of patients, clients, and staff.

Our Progress Against National Indicators

National Indicator	Title	Performance	RAG Status
1	Percentage of adults able to look after their health very well or quite well	Consistent high scoring at 94% which is slightly above Scottish average of 93%	
2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	Consistent at 82%, slightly above Scottish average of 81%	
3	Percentage of adults supported at home who agreed they had a say in how their help, care or support was provided	Slight downward trend, down to 78% from 79% the previous year, although above the Scottish average of 75%	
4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated	Stable performance at 76% and above the Scottish average of 73%	
5	Total percentage of adults receiving any care or support who rated it as excellent or good	Downward trend, down to 79% from 83% the previous year, and lower than the Scottish average of 80%	
6	Percentage of people with positive experience of the care provided by their GP practice	Downward trend to 77% from 82% and lower than the Scottish average of 79%	
7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	Improving picture at 84%, up from 79% the previous year and above the Scottish average of 80%	
8	Total combined percentage of carers who feel supported to continue in their caring role	Lower than we would like it to be at 34%, and down from 40% the previous year, although 34% is on a par with Scottish average.	
9	Percentage of adults supported at home who agreed they felt safe	Improving picture at 85%, up from 84% the previous year, and above Scottish average of 83%	
11	Premature mortality rate per 100,000	Rate reducing but higher than the Scottish average	
12	Emergency Admission rate per 100,000	Rate reducing and lower than the Scottish average	

National Indicator	Title	Performance	RAG Status
13	Emergency Bed Day Rate per 100,000 population	Rate reducing and lower than the Scottish average	
14	Readmission to hospital within 28 days (per 1,000 population)	Rate increasing and higher than the Scottish average	
15	Proportion of last 6 months of life spent at home or in a community setting	Rate increasing and higher than the Scottish average	
16	Falls rate per 1,000 population aged 65+	Rate reducing but still slightly higher than the Scottish average	
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	Rate has still the same but is higher than the Scottish average	
18	Percentage of adults with intensive care needs receiving care at home	Although the rate has increased it is still lower than we would want it to be and 10% lower than the Scottish average	
19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	Rate has reduced significantly and is also significantly lower than Scottish average	
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	Rate has decreased but is slightly higher than Scottish average	

The data above is based on the latest published data available, the most recent of which is 2019/20 i.e., pre Covid. NB: there is no data available for National Indicator 10 or 21 – 23.

More detailed information on our progress against National and Ministerial Steering Group Indicators is published in our Annual Performance Reports, available here. Actions in this Strategic Plan will seek to improve our performance on all of these indicators but particularly those that are amber and red i.e., ***improving the quality of care and support***, ***enabling people to have their say in how their help, care or support is provided***, and ***supporting unpaid carers to continue in their caring role, premature mortality rate, readmission to hospital after 28 days, falls rate, percentage of adults with intensive care needs receiving care at home and percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency.***

Our Strategic Context

Key Themes from our Strategic Context

The key themes from our strategic context to take into our Strategic Plan are: -

- The need to focus on recovering from COVID-19
- The need to address the wider determinants of health which impact on inequity of access to health and social care services such as housing/homelessness, climate change, and cost of living concerns
- The need to ensure service delivery takes a rights-based approach for both adults and children
- The need to focus on shifting the paradigm of social care
- The need to maximise the use of new technologies and use data to inform our planning.

When integration of health and social care was first legislated for under the Public Bodies (Joint Working) (Scotland) Act 2014, the aim was to improve the quality and consistency of outcomes whilst allowing for local approaches to service delivery. The aim was for health and social care services to focus on the needs of the individual, to promote health and wellbeing, and to enable people to live healthier lives in their community. Key to achieving this aim is that people's experiences of health and social care are positive and that they are able to shape the care and support they receive.

There are nine National Health and Wellbeing Outcomes which apply to integrated health and social care. These are shown below and everything in this Strategic Plan is aimed at achieving these.

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services

As part of striving to achieve these outcomes, we link our development work to current national and local strategies, plans and policies.

Scotland's Public Health Priorities, which inform our areas of focus are –

1. COVID-19 Response, Recovery and Renewal

2. Mental Health
3. Communities and Place
4. Poverty and Children

Good quality, affordable homes which are inexpensive to keep warm and are at the heart of communities is the aim of the Housing to 2040 strategy. There are commitments that all new homes delivered by Registered Social Landlords and Local Authorities will be zero emissions by 2026. This will involve fitting zero emission heating systems ahead of new regulations coming into force in 2024. There is also a stated aim to work with social housing providers to deliver digital connections in new social homes. New building standards will be introduced from 2025/26 to underpin the new Scottish Accessible Homes Standards to future proof new homes for lifelong accessibility. These measures will help our most vulnerable residents mitigate the impact of inequality, ensuring they can afford to heat their homes, maximise the use of new technologies and be able to continue living in their own home despite physical disability or mobility challenges. We will work alongside colleagues in ACC Housing to monitor the delivery of these aims and ensure they benefit those who need them most.

Aberdeen City Council has its own Local Housing Strategy , chapter 5 of which is dedicated to independent living and specialist provision. The local strategy recognises that housing is at the heart of independent living and that good quality housing and support services can significantly improve people's lives, particularly older people and those with complex needs. ACHSCP continues to work alongside colleagues in ACC Housing to ensure the housing needs of those most vulnerable are met. Our Disabled Adaptations Group (DAG) takes a cross sector view of adaptations in the city, planning for people to have housing that best suits their needs and allows them to have independence. The group is currently considering a response to the consultation on Providing Community Equipment and Housing Adaptations.

The Scottish Government is currently consulting on proposals to introduce a statutory duty to prevent homelessness through a housing bill expected in 2023. The proposals include changing existing homelessness legislation to ensure homelessness is prevented at an earlier stage. If the proposals are implemented as they stand, all public sector staff including ACHSCP staff would have a duty to prevent homelessness, particularly by asking and acting on a risk of homelessness. There would also be responsibilities relating to strategic and joint planning. Homelessness can have a negative impact on both physical and mental health and wellbeing and can cause inequity of access to health and social care services. By being alert to the potential of homelessness and taking early action it is hoped that these impacts would be avoided.

The update to the Climate Change Plan 2018-2032 acknowledges that the challenge of meeting statutory targets for Net Zero emissions has become more difficult following the COVID-19 pandemic. This has had an impact on every aspect of life, with job losses, businesses struggling, and a fundamental shift in how people live and work in local communities. The plan recognises climate change as a human rights issue and the transition to net zero as an opportunity to tackle inequalities. ACHSCP must do all that it can to support, particularly vulnerable people through these challenges as well as making every effort to reduce its own carbon footprint and meet its statutory targets on Net Zero emissions.

The principles of Scotland's Digital Strategy include being collaborative, inclusive, ethical and user focused, data driven, and technology enabled. One of the aims is that no one is left behind by ensuring we tackle digital exclusion and reduce inequality. As part of this ACHSCP will use digital technology to transform people's lives where possible. A major barrier to the effective use of data is the inability to share information easily between the

various agencies. We appreciate the importance of data security and building trust with our patients and clients, but we will continue to lobby to make data sharing easier.

The Promise ,Scotland's independent care review for children, outlines that wherever safe to do so, Scotland will make sure children stay with their families and families will be actively supported to stay together. The wider structural and social inequalities that impact families' abilities to stay together and to thrive will be tackled so that no child or family in Scotland is left behind. It will be essential for ACHSCP to continue to work together with partners on these key areas of reform. This is reflected in our whole-system approach to working with partners for the benefit of all people living and working in Aberdeen and ACC's Family Support Model that we are working alongside colleagues to deliver.

The Scottish Government is planning to incorporate the United Nations Convention on the Rights of the Child (UNCRC) into law, having published a Bill. The UNCRC is the 'gold standard' across the world for children's rights. It covers all aspects of a child's life and sets out the civil, political, economic, social and cultural rights that all children everywhere are entitled to. It also explains how adults and governments must work together to make sure all children can enjoy all their rights. Incorporation will mean that ACHSCP must take steps to respect children's rights in their decisions and actions. It will also mean that children, young people and their representatives will be able to use courts in Scotland to enforce their rights.

In February 2021, Derek Feeley delivered a report on an Independent Review of Adult Social Care in Scotland. The report describes a need to shift the paradigm in relation to social care towards it being seen as an investment rather than a burden, to it being consistent and fair, enabling rights and capabilities, a vehicle for supporting independent living, being preventative and anticipatory, and as a result of collaboration and relationships. ACHSCP have already begun making some progress on some of these areas particularly supporting independent living, having a focus on prevention, building relationships and working collaboratively, but there is still more to do. The key themes of the report are around access and design of services, planning and commissioning services, workforce, unpaid carers, and equality, as well as key recommendations around a human rights-based approach and redesigning models of care. Again, ACHSCP have made some progress on these. This Strategic Plan details the actions we will take to continue with our delivery of Feeley's vision for social care services. Last year, the Scottish Government and CoSLA published a statement of intent to progress aspects of the Feeley report which don't require legislative solutions. The statement covers charging for social care services, ethical commissioning ensuring an approach to social care support that is based on human rights and needs; ensuring the voices of those with lived experience are at the heart of policy development, service design and service delivery; and ensuring that unpaid carers are fully supported to have a life alongside caring, in order to protect their health and wellbeing and better sustain caring roles.

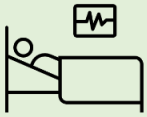
Another consideration for the delivery of health and social care services is the level of funding available. Currently there is no clarity on the distribution of funding as a result of the recent increase in National Insurance or whether adult social care is to be provided free at the point of delivery in the same way as health. Due to restricted funding, Eligibility Criteria for social care is set very high which means meaningful support is only available when people are acutely unwell or in crisis. This is against a backdrop of the increasing cost of living because of fuel and food price increases, which will have a greater impact on the most vulnerable and deprived in our society who are most likely in need of social care services.

Our Data

Our data indicates four key areas that require our focus over the next three years. The data comes from a variety of published sources including Aberdeen City's Population Needs Assessment,. Development of locality level data was interrupted by the COVID-19 pandemic however the Locality Plans for each of our three localities are based on locality specific information and contain priorities based on what the local community told us.

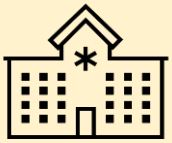
<table>
<tr><th colspan="3">Demand for services will increase</th></tr>
<tr><td>  </td><td>The number of people aged 75 and over living in Aberdeen City will increase by 28.2% by 2033.</td><td rowspan="4">Demand for health and social care services is increasing. People are living longer, and over the next decade there will be a significant increase in the population aged over 75.

This will result in an increased requirement for support from services such as rehabilitation (from an expected increase in falls, periods of immobility etc) and dementia management. Current capacity in these areas is already stretched and we will need to continue our transformation of these services to meet this need.

The projected 25% increase in the prevalence of long-term conditions and rise in multi morbidity will lead to our services supporting patients and clients with more complex needs. This will require the review of current arrangements and planning to ensure future service delivery and staff skill sets are in place to match this demand.</td></tr>
<tr><td>  </td><td>It is estimated that almost half of people over 80 will experience a fall at least once a year, with most falls happening in people's own homes.</td></tr>
<tr><td>75%</td><td>Unmet need for social care has increased by 75% between April 2021 and April 2022.</td></tr>
<tr><td>  </td><td>There has been a 25% increase in people living with Long Term Conditions, by 2035 it is estimated that 66% of adults over 65 will be living with multi-morbidity.</td></tr>
<tr><td>  </td><td>There was an average of 3.6% of operations cancelled in NHS Grampian in 2021</td><td rowspan="3">The pandemic caused the deferment of care. Operations were cancelled, cancer treatment delayed, and there was reduced access to diagnostic services. The consequence of this is a 'health debt' which adds to the pressure on the health and social care system and this will need to be factored into our capacity planning.

We will have a particular focus on Lung Cancer due to the significant increase in referral rates (see below). In addition, we will provide additional support for those diagnosed with Chronic, Obstructive, Pulmonary Disease (COPD) by developing a COPD hotline to enable people to receive support in their own homes.</td></tr>
<tr><td>  </td><td>Waiting times for cancer treatment increased from 42 days in July to September 2020, to 49 days for the same period in 2021 which is the latest data available.</td></tr>
<tr><td>  </td><td>The percentage of people waiting within 6 weeks for diagnostics increased from 39.6% in January 2021 to 51.9% in December 2021.</td></tr>
<tr><td>  </td><td>It is estimated that somewhere between 0.7% and 2% of the population are projected to experience Long Covid (symptoms for 12 weeks or more after their first suspected COVID-19 infection). These figures equate to between 1,603 and 4,581 people in Aberdeen City.</td><td>Although the long-term impact of COVID-19 on health and social care services is unknown, even the lower projections of the incidence of Long Covid represents a potential significant additional demand. In addition, we need to be prepared for the resurgence of Covid whether in a known form or a variant. We will take this into account when considering transformation to improve capacity.</td></tr>
</table>

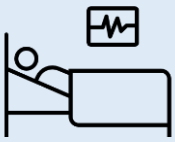
Outcomes in some areas of service delivery need to be a particular focus

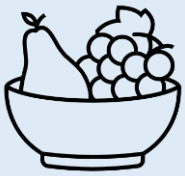
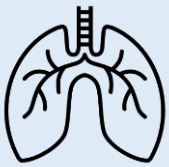
	The number of **unpaid carers** feeling supported in their caring role whilst on par with the Scottish average, at 34%, has decreased for Aberdeen City.	Our data also indicates that we need to have a particular focus on outcomes in certain service areas, particularly support for unpaid carers, substance misuse and mental health. Providing support for unpaid carers was recognised as vital to the health and social care system with the introduction of the Carers (Scotland) Act 2016. Aberdeen City developed their Carers Strategy – A Life Alongside Caring in April 2018 just as the Act was implemented. The COVID-19 pandemic has impacted unpaid carers in Aberdeen City and the full delivery of the strategy and the revision of this were also delayed as a result of the response to the pandemic however this will now be taken forward as part of this strategy. The incidence of drug misuse is on the increase, and colleagues in Aberdeen City Alcohol and Drugs Partnership are working to reduce the use and harm from alcohol and other drugs through their Delivery Framework. Whilst demand for Mental Health services was already on the increase, the impact of the COVID-19 pandemic appears to have exacerbated the rate of this increase over the last two years. We are undertaking a Grampian wide transformation programme in relation to Mental Health and Learning Disability Services which will encompass transformation activity to address these areas. Complex care needs are increasing and although we have made significant progress in delayed discharges those with complex care needs are delayed in hospital. Plans have been put in place in conjunction with our care providers set out within the Market Position Statement 2021 – 2026, to adapt and change to the increase demand across the city for Mental Health and Learning Disability Residential services.
	In 2019/20 **Alcohol Related Admissions** (per 100,00) from the Central locality were 62% higher than the Scottish Average and were 31% higher in 2020/21.	
	**Drug related hospital admissions** increased by 8.7% between 2018 and 2020 with 'overdose' being the most common presentation of Frequent Attenders at the Emergency Department in ARI in 2021.	
	In 2019/20 16.6% of Aberdeen's population were prescribed drugs for anxiety, depression, or psychosis.	
43%	Referrals of Aberdeen City residents to **Mental Health** Services in Grampian increased by 43% from 2019 to 2022.	
30	In 2019 there were 25 probable suicides and in 2020 there were 30 probable suicides.	
	Significant progress has been made in reducing our Delayed Discharges by 52.8% however we have not made the corresponding improvement to those relating to patients requiring more complex care with an increase of 38% in 2020/21 and another 17.6% increase in 2021/22.	
40%	Complex care needs are increasing, current residential and supported living providers claim that 12% of services were not currently suitable and that 40% of services would not be suitable in 5 years' time.	

More needs to be done in terms of prevention

<table>
<tr><td>  </td><td>Emergency Attendances at Aberdeen Royal Infirmary increased by 39% between January 2021 and January 2022.</td><td rowspan="2">One of the key ambitions of the integration of community health and social care services is to enable people to keep as well as possible, which has the positive consequence of avoiding unnecessary admissions to hospital.

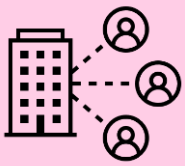
Having sufficient and appropriate health and social care services in the community also means those who are ready to be discharged from hospital can be so promptly, to the most appropriate care setting for them, whether that be an intermediate care facility or straight home with the necessary adaptations, rehabilitation, care, or support in place.

We need to understand future demand for each of the different types of services to help us plan to better manage our capacity going forward. We already know that Rosewell House is working well as an integrated, intermediate care facility, and we will assess what other services and support may be required in addition to this. Our Hospital at Home service has also been hugely successful both in keeping people at home and allowing them to return home from hospital sooner and we will look to increase that capacity.</td></tr>
<tr><td>  </td><td>There has been a 14% increase in Unscheduled Bed Days between January 2021 and January 2022.</td></tr>
<tr><td>  </td><td>Healthy life expectancy is reducing for both males and females in Aberdeen.</td><td rowspan="3">The reduction in healthy life expectancy in both male and females in Aberdeen is potentially due to the increase in incidence of multi morbidity.

Whilst some people are genetically predisposed to a health condition, there are many diseases and long-term conditions that are either preventable or, if they already exist, their impact can be reduced or reversed, by adopting self-care or self-management techniques. An example is Type 2 Diabetes, a major cause of which is obesity combined with a sedentary lifestyle. Without preventative interventions such diseases will create additional demands on the health and social care system in future, so it is important that we do everything we can to help inform people of the risks they may be taking with their health and support them to make healthy life choices. We will do this in a person-centred way taking into account individual and social determinants of health.</td></tr>
<tr><td>  </td><td>In the period 2016-19 it was estimated that 23% of the City's adult population was obese. Fruit and vegetable portion intake consistently around 3 which is below recommended 5.</td></tr>
<tr><td>  </td><td>In the period 2016-19 it was estimated that 70% of adult's physical activity met the recommended guidelines.</td></tr>
<tr><td>  </td><td>Referrals to clinical and medical oncology for Lung Cancers have increased by 171% and 81% respectively between 2019 to present. Smoking prevalence in the 16 to 64 age group increased by 9% between 2018 and 2019 and smoking during pregnancy was almost ten times higher for expectant mothers living in the most deprived areas than those in the least deprived between 2018/19 and 2020/21.</td><td>The top four causes of death in Aberdeen in 2020 were heart disease, lung cancer, Alzheimer's/ Dementia, and respiratory conditions. Whilst the incidence of most of these has remained stable from 2019, the incidence of lung cancer has significantly increased. The primary cause of Lung Cancer is cigarette smoking. We will continue to contribute to the NHS Grampian Tobacco Strategic Plan for the North East of Scotland particularly in relation to encouraging the uptake of Smoking Cessation services.</td></tr>
</table>

There is a worrying trend of increasing deprivation in Aberdeen City

In 2016 Aberdeen City's local share of data zones in the 20% most deprived was 8%. In 2020 that had risen to 10.25%



It is estimated that 800,000 lost employment as a result of the pandemic (as of April 21). Using a rough extrapolation from population estimates this could equate to 2,680 people in Aberdeen

The upward trend of deprivation within the City is a cause for concern, particularly as the latest statistics available are for 2020 which means this is prior to any impact of the pandemic or the recent cost of living crisis.

A loss of employment tends to mean reduced income which may lead to a deterioration of living conditions (possibly even homelessness), an inability to heat the home, having to make a choice between heating or eating, reduced nutrition, reduced opportunity to maintain a healthy active lifestyle and potential impact on education of children and young people within the family. All of this can impact negatively on both mental and physical wellbeing. We are already aware that the Alcohol Admission Rate (per 100,000) differs across the City, with the Central Locality in 2019/20 and 2020/21 having admissions double that of the South locality, these differences likely due to inequalities and lifestyle will continue to become more marked without effective intervention.

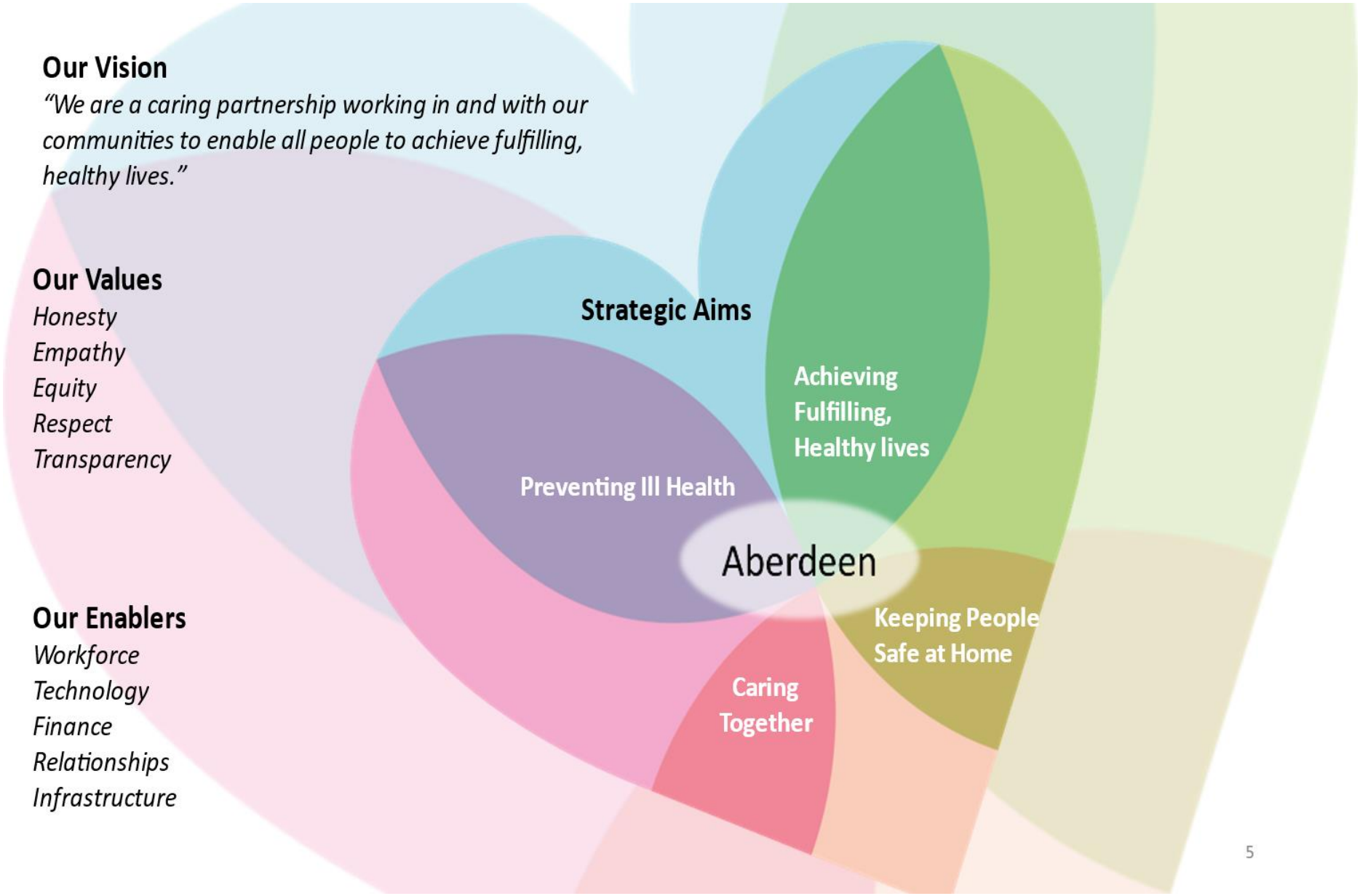
Although ACHSCP cannot resolve an individual's financial situation, we can be alert to it, particularly the risk of homelessness as a result of the forthcoming new duty and help them find ways to mitigate the impact.

Our Vision

"We are a caring partnership working in and with our communities to enable all people to achieve fulfilling, healthy lives."

Our Values

Honesty
Empathy
Equity
Respect
Transparency



Our Enablers

Workforce
Technology
Finance
Relationships
Infrastructure

5

Our Vision Values and Strategic Aims

Our **vision** remains unchanged since the inception of ACHSCP in 2016. It is that we are a caring partnership working in and with our communities to enable all people to achieve fulfilling, healthy lives

Our **values** indicate what is important to us and set the standard for our behaviour. These have been amended slightly after reflecting on the Planning With People Guidance and the Independent Review of Adult Social Care in Scotland. Above all we will be **honest** in everything we do; we will aim to **empathise** with the residents of Aberdeen understanding their needs, listening to their views and involving them in decision making. Providing services that have **equity** of access for all is important to us and we will make every effort to reduce the negative impact of inequality. We will **respect** the views and the rights of the people of Aberdeen and will be **transparent** in our dealings with them.

For 2022-25 we have identified four **strategic aims**. These build on the acceleration of some of the delivery commitments made within the last strategic plan as a result of the two years of the pandemic. We have retained our emphasis on prevention, personalisation and resilience but have refocused our connections and communities aims into a wider encompassing 'Caring Together' aim.

Caring Together – together with our communities, ensure that health and social care services are high quality, accessible, safe, and sustainable; that people have their rights, dignity and diversity respected; and that they have a say in how services are designed and delivered both for themselves and for the people they care for, ensuring they can access the right care, at the right time, in a way that suits them.

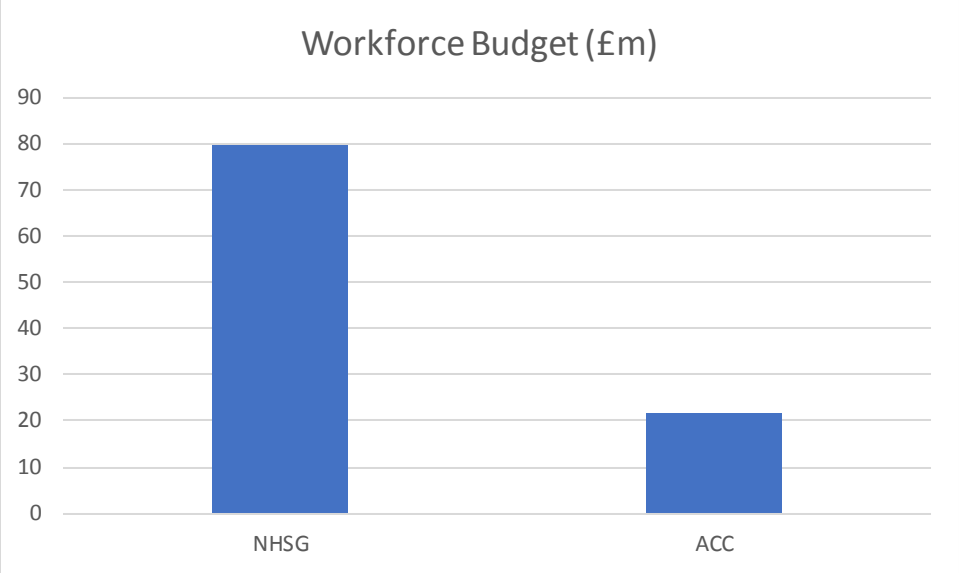
Keeping People Safe at Home – when they need it, people can be cared for safely in their own home or in a homely setting, reducing the number of times they need to be admitted to hospital or reducing the length of stay where admission is unavoidable. This includes a continued focus on improving the circumstances of adults at risk of harm.

Preventing Ill Health – help communities to achieve positive mental and physical health outcomes by providing advice and designing suitable support (which may include utilising existing local assets), to help address the preventable causes of ill-health, ensuring this starts at as early an age as possible.

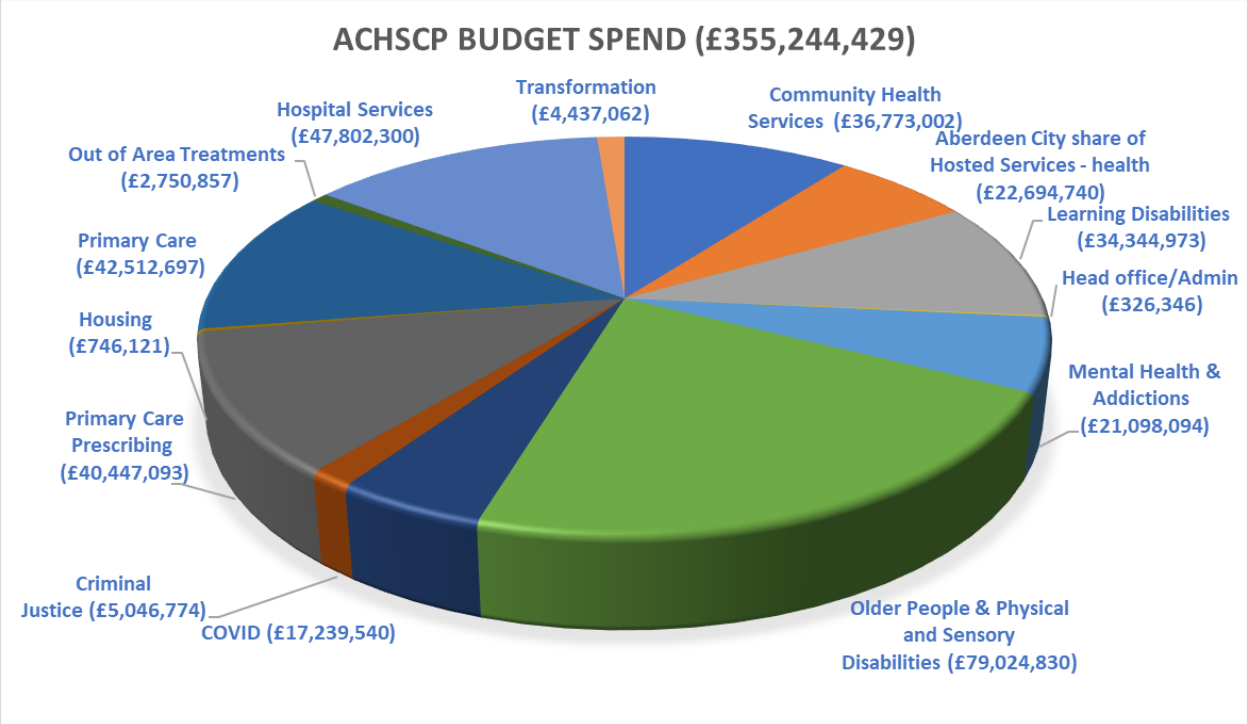
Achieving Fulfilling, Healthy Lives- support people to help overcome the health and wellbeing challenges they may face, particularly in relation to inequality, recovering from COVID-19, and the impact of an unpaid caring role, enabling them to live the life they want, at every stage.

We have identified five **enablers** to help support the delivery of our strategic plan. These are: -

Workforce – our staff, and those of our partners are our biggest asset without whom we could not deliver. We need to overcome our recruitment and retention challenges, nurture skills and expertise and maintain staff health and wellbeing.



Finance – service delivery requires funding. With the breadth of services provided and increasing demand we need to ensure service delivery is as efficient as possible to make the best use of the funding we have. How we use our current annual funding is shown below: -



Relationships – developing and maintaining positive relationships with our partners and our communities is crucial to the successful delivery of this Strategic Plan. One of the key ways we utilise positive relationships to transform community health and social care services is through our approach to Commissioning. Commissioning is the process used to understand, plan, and deliver services. We will also continue to collaborate with people with lived experience, hearing their voices, and designing, delivering, and improving services around their needs and personal goals (known as outcomes) based on what they say.

Our Commissioning Principles: -

- Commissioning is undertaken for outcomes (rather than for services)
- Commissioning decisions are based on evidence and insight and consider sustainability from the outset
- Commissioning adopts a whole-system approach
- Commissioning actively promotes solutions that enable prevention and early intervention
- Commissioning activities balance innovation and risk
- Commissioning decisions are based on a sound methodology and appraisal of options
- Commissioning practice includes solutions co-designed and co-produced with partners and communities

Technology - Data and digital technologies are transforming every element of our lives. They are radically redefining relationships between all organisations and their clients and customers. To most effectively improve outcomes, and to prevent and reduce demand, services and data need to be integrated and have the individual person and their unique circumstances at their core. Delivering our strategic aims relies on the effective use of data and digital technologies to connect people; to understand and meet their needs; to build on the strengths of individuals and communities; and support their independence and resilience. Data and digital services can empower residents and ensure limited resources are targeted to support and protect the most vulnerable in our city. They can also transform how services are designed, broadening and deepening client, patient, and community engagement; and improving outcomes with proactive and preventative decision making

Infrastructure – the physical assets we use for service delivery need to be fit for purpose and not unnecessarily increase our carbon footprint. The built environment impacts on our service delivery with new housing developments increasing demand for services within the communities where they are situated. Transport is also a key enabler for patients and clients to access services.

Our Strategic Priorities for 2022-25

Against each of the Strategic Aims and Enablers we have identified a number of priorities which we will deliver over the three-year lifecycle of the Strategic Plan. Ultimately these are the means by which we aim to deliver on our Strategic Plan, and on the National Health and Wellbeing Outcomes.

Caring Together

Undertake whole pathway reviews ensuring services are more accessible and coordinated

During the consultation process for this Strategic Plan, people told us that access to services needs to be as easy as possible and where people need support from more than one health and social care professional, that should be as co-ordinated and as seamless as possible. In line with the shift to a rights-based service delivery model we need to ensure that those who need it have access to independent advocacy. They also told us that transitioning between services, particularly for children moving into adult services should be managed in a planned way, well in advance of the date of transition. Collaboration and partnership working was also a theme from consultation, so coordination should extend to working jointly with other services that impact on the holistic needs of an individual including housing, education, employment, transport, and place planning. This should include improved data sharing and early identification of preventative interventions. We will undertake a series of pathway reviews to ensure our services are as accessible and as joined up as possible.

Empower our communities to be involved in planning and leading services locally

In order for people to be able to make informed choices about their care they need to have detailed information of the services available to them, what support these services can offer, and how to access these. When we refer to services this includes those available from both statutory and non-statutory providers including community groups. For funded service provision, the information provided should include the promotion of the four Self-directed Support (SDS) options and the flexibility available within these, offering our residents choice and control over the way they receive their care. We are committed to creating a culture of doing with our service users, rather than doing to them. The Locality Empowerment Groups (LEGs) are our key links to our communities, and we intend to build on the work undertaken to create these, growing the membership and particularly developing the diversity of the make-up. The LEGs are not our only link with our communities, however, and we will seek ways to increase our reach into communities through both existing and potential users of our services utilising existing networks and channels.

People told us they want to be involved in decisions about the care that both they and their loved ones receive. We are therefore committed to co-designing and co-producing services with our communities, particularly those people within the community with lived experience of the services we deliver. We want to ensure that people's voices are heard and that they are able to have their say in the types of services made available, and how, where, and when these are delivered. We believe this will not only improve our service delivery, but it will also enhance the experience of our service users and their carers.

Create Capacity for General Practice improving patient experience

A key 'frontline' service in health and social care is General Medical Services (GMS) provided by General Practitioners (GPs) and the range of multi-disciplinary teams that surround them to deliver effective care to the communities they serve. In recent years the service has experienced the combined challenges of increasing workload and issues with recruitment and retention. A number of GP practices have closed, and future sustainability is a concern. An important transformational tool for creating capacity and improving patient experience of GP services is the Primary Care improvement Plan (PCIP) which seeks to add additional capacity in the form of alternative professional roles to support GPs as well as delivering some services in a different way, improving access for patients and improving outcomes.

Deliver better support to unpaid carers

Unpaid carers have told us that they feel undervalued and that the Covid-19 pandemic impacted them significantly. We will listen to the voices of unpaid cares and make sure that all unpaid carers (whether they recognise themselves as such or not) are made aware of their rights, are consulted on the type of support they need, and help co-design it and that they are made aware of the support available to them and how to access it. We will ensure that unpaid carers are able to identify any barriers they may encounter in accessing the services they need and are supported to overcome these. This feedback will be used to inform the development and implementation of our revised Carers Strategy.

Keeping People Safe at Home

The strategic responsibility of the IJB is to shift the balance of care from hospital to be delivered in primary, community, and social care settings so that a patient is seen closer to home. We aim to enable people to remain living independently at home by choice thereby improving outcomes. This means expanding our community health and social care services including those provided in community hubs, Intermediate Care facilities and Hospital at Home services. In line with this agenda, we need to consider whether it remains appropriate for people to receive short periods of rehabilitation within a hospital setting or whether that can be safely delivered along with other support in their own home, reducing the need for bed-based services.

Maximise Independence through Rehabilitation

It is estimated that half of people over 80 will experience a fall at least once a year, with most falls happening in people's own homes. Many experiencing a fall may fracture a bone and require hospitalisation. This can have a life altering affect and most need specialist support to help them recover the strength, mobility, and confidence to return home and look after themselves. Any lengthy stay in hospital for whatever reason, and indeed any period of inactivity can lead to deconditioning which in turn has a range of negative health impacts, including falls, depression, Type 2 diabetes, cardiovascular disease, and musculoskeletal problems. We will seek to find innovative ways to increase strength and balance activity among those who have been most affected by deconditioning, maximising their independence and reducing their risk of falls. We will focus particularly on those living with multi-morbidity or dementia, those living in social care settings, and people from more deprived backgrounds.

Reduce the impact of Unscheduled Care on the Hospital

Shifting the balance of care is also important for unplanned or unscheduled care, reducing the burden on acute hospital-based services. On a daily basis, colleagues in the Grampian health and care system identify patients who are receiving care in a setting that is not necessarily the best place for their particular condition or circumstance. The COVID-19 pandemic saw reduced services for screening/diagnostic services, outpatient follow up appointments and planned surgery. We have accrued a health debt as a result of that deferred care that will require maximum usage and efficiency of the hospital bed base for planned interventions such as surgery and oncology. We need to do all that we can in the community to minimise the impact on the remobilisation of these services of unplanned and emergency attendances and admissions. We will build on the work undertaken prior to, and during, the pandemic, working at pace, to upscale the tests of change and agility that COVID-19 brought us. There is a strong need to work across organisational and professional boundaries to bring about the necessary transformation and modernisation. Delivery models in both primary and secondary care will be blended to share knowledge and expertise to meet identified needs in the most appropriate way.

Expand the choice of housing options for people requiring care

A person's own home is a crucial part of the health and social care system and contribute positively or negatively to their health. We need to do all that we can to ensure people requiring care can, if appropriate, continue to live in their own home safely and independently, whilst receiving the care that they need. We will work with ACC as a planning authority to help shape the housing market, working with the city's social landlords and developers in terms of matching need with supply. A person's home includes a residential care, or nursing home, very sheltered or sheltered housing, extra care housing, supported living accommodation or their own home, specially built or adapted to suit their needs. Adaptations to make properties suitable for people with care needs to live in, can range from widening doors to enable wheelchair access and providing level access showers to installing grab rails, ramps, and handrails. The use of Telecare can also enable people to live in their own homes for longer.

Deliver intensive family support to keep children with their families

Aberdeen City Integrated Children's Services are driving forward the development of a multi-agency Family Support Model that will ensure a data led approach to commissioning services to deliver more effective early and preventative support to families. There are four groups for whom this approach will apply - Children with a disability; Children in conflict with the law; Children who are exposed to the risk of Trauma; and Children on the edge of care. In most instances the reasons for escalating vulnerability/need relates to a child's family circumstances or the needs and past trauma of their parents. Consequently, to truly effect change we need to consider how services delivered to adults, children and families can come together to better consider the needs of the whole family in an early and preventative manner. This has strong alignment to Scottish Government policy in relation to Whole Family Support for those with addictions and mental health needs.

Preventing Ill Health

Tackle the top preventable risk factors for poor physical and mental health including obesity, smoking and use of alcohol and drugs

Whilst some people are genetically predisposed to a health condition, there are many diseases and long-term conditions that are either preventable or, if they already exist, their impact can be reduced or reversed, by adopting self-care or self-management techniques. An example is Type 2 Diabetes, a major cause of which is obesity combined with a sedentary lifestyle. Encouraging people to increase their activity levels and maintain a healthy weight can, not only reduce the incidence of Type 2 Diabetes, but also reduce the health impacts on those already with the condition. Investment in addiction services and smoking cessation programmes can have similar impacts on levels of alcohol, drugs, and tobacco use. Our aim is to give people the knowledge, support and tools, they need to make choices to stay as well as they are able for as long as possible. In this way we hope to support our residents to make informed choices and overcome barriers to prevent the preventable.

Enable people to look after their own health in a way which is manageable for them

Immunisation is one of the most effective public health interventions in the world for saving lives and promoting good health. Immunisation helps protect against serious diseases and once we have been immunised, our bodies are better able to fight these diseases if we encounter them. We have experienced the benefits of immunisations (or vaccinations) during the COVID-19 pandemic. Most vaccinations are normally given in childhood and help protect our health throughout our lives. It is important, however that parents bring their children forward for vaccinations when they are eligible. In August 2021 Aberdeen City Integration Joint Board approved an Immunisation Blueprint which details a hub and spoke model for the delivery of immunisations is the city ensuring easy, local access for those who need them.

ACHSCP host Grampian-wide Sexual Health Services. An individual's sexual health can impact on their physical and mental health and wellbeing. In January 2022 Healthcare Improvement Scotland (HIS) published Sexual Health Standards covering leadership and governance; shared and supported decision-making; education and training; access to sexual health care; sexual wellbeing; prevention detection and management of sexually transmitted diseases and bloodborne viruses; services for young people; reducing sexual health inequalities; reducing unintended pregnancies; and abortion care. We will develop an action plan to deliver on these standards.

Achieve Fulfilling Healthy Lives

Help people access support to overcome the impact of the wider determinants of health

Health and wellbeing are impacted by so much more than physical conditions. Where people are born, their childhood experiences, the quality of home they live in, the standard of education they receive, their family income, their employment status etc. can all impact. ACHSCP, on its own, cannot address all of these wider determinants of health on our own, but we can work with partners to try to influence positive changes. We can also ensure our staff have an awareness of these factors, and deliver services in a person-centred way, targeted to the specific needs of patients and clients, depending on their individual

circumstances. Collaborative working with partners can help ensure people are supported to get the help they need.

Access to open spaces helps to encourage activity and improve health and we will work will partners to promote the inclusion of such spaces in new developments. How people get around the city also has an impact on both their health and the environment. Transport needs to be available and accessible in order for people to be able to get to health-related appointments, but we would also encourage active travel as far as possible to provide opportunities for people to improve their health as they move around the city. We will work with ACC and NESTRANS as the transport authority for the city to achieve these ambitions. Infrastructure has an impact on the environment. Considering the impact of climate change, we need to aim to reduce our carbon footprint in every decision we make.

Ensure services do not stigmatise people

Some of our residents, including our staff, experience inequality, stigma or discrimination due to their age, sex, disability, sexual orientation, gender reassignment, marital status, pregnancy or maternity status, race, religion, or belief. We will ensure service design, delivery and development takes account of the needs of those who are inappropriately stigmatised by ensuring these are considered in the planning process with mitigating adjustments put in place. In May 2021, Aberdeen City IJB updated their Equality Outcomes and Mainstreaming Framework (EOMF) with seven equality related outcomes covering all patients, clients, service users and their carers having access to, and confidence in the services we deliver as well as those delivering services having compassion and respecting the dignity of individuals and involving people in the way those services are delivered. A group of DiversCity officers is being created to champion our equality agenda and drive the delivery of the EOMF. The Equality and Human Rights Sub Group of the Strategic Planning Group comprising of representatives of people and communities with protected characteristics will provide constructive challenge to the DiversCity Officers and monitor progress of delivery of the framework. Part of the arrangements we put in place for our approach to Inequality was to adopt a robust process for undertaking Health Inequality Impact Assessments (HIIA) for every major change to service provisions. The process includes an initial assessment checklist as to whether and HIIA is required and, if one is, a recording proforma to capture who was involved, what feedback they gave and what impact this had on the decision-making process.

Improve public mental health and wellbeing

The pandemic had an additional negative impact on people's mental health and wellbeing. There was widespread concern over the impact of COVID-19 on people's health, or that of their loved ones, coupled with lockdown restrictions removing the opportunities for social interaction and activities that, under normal circumstances, help support positive mental health and wellbeing. In addition, many people experienced life events such as bereavement or loss of employment. Bereavement will normally impact negatively on mental health and wellbeing, but, during the heights of the pandemic, there was the added impact of people not being able to hold the usual funeral arrangements, or to seek comfort from friends and family in the normal way. Losing a job at any time can be stressful, but the pandemic brought greater uncertainty about the future of entire industries brining additional concern over the prospects of returning to certain professions in the future. All of this continues to bring additional demand to our mental health services, in particular those

community-based ones aimed at initial intervention. Providing support at an early stage is key to avoiding lengthy or mor intense episodes of poor mental health.

Improve opportunities for those requiring complex care

We know the reason for people being delayed the longest in hospital is the lack of facilities in the community, not only locally, but nationally, for those requiring complex care. Complex care is often required for people with chronic or long-term health conditions for example, learning disabilities, physical disabilities or those experiencing significant concerns with their mental health, who require extra assistance to manage their symptoms and daily activities to enable the best possible quality of life.

Within Aberdeen City we have limited complex care facilities meaning people often have to be looked after out-of-area, which is not only detrimental to their wellbeing, but it is also a loss to the local economy and can come at significant cost, not only for ACHSCP but for friends and family visiting.

To date we do not have the volume of demand for complex care services to create a robust service or pathway that is viable from a provider perspective. Building on the commissioning model we used which saw the birth of the Granite City Consortium (which delivers our Care at Home in Aberdeen City), we will seek to work with providers to consider a new build or adaptation which could become a complex care village offering local support for not only Aberdeen City residents but also those living in the wider north east. Our vision would be for the village to create a positive environment where people are supported to have quality lives, within a local community, supported and engaged with their families as they choose.

Remobilise services and develop plans to work towards addressing the consequences of deferred care.

During the pandemic all but critical services were paused. In terms of acute services, non-urgent operations were cancelled and waiting times for diagnostic services and cancer treatment increased. In addition, it is estimated that somewhere between 0.7% and 2% of the population are projected to experience symptoms for 12 weeks or more after their first suspected COVID-19 infection. This is known as Long Covid and although the long-term impact on health and social care services is unknown, these figures are equivalent to between 1,603 and 4,581 people in Aberdeen City which represents a potential significant additional demand. Not only do we need to do all that we can to ensure all health and social care services are remobilised as soon as they safely can be, to mitigate any ongoing health debt, but we also need to plan to provide support to the existing health debt and those experiencing ongoing health issues as a result of Long Covid. COVID-19 is here to stay, and we need to learn to live with it and any variant that comes along. Our services need to be able to continue to work as normally as possible without the significant pauses seen in the past.

OUR ENABLING PRIORITIES

Workforce

Our workforce is our biggest asset. During the COVID-19 pandemic we asked a lot of them, and they delivered. A priority for us is to continue to support all staff's health and wellbeing, whether they are working directly for the partnership or in one of our commissioned services or partner organisations. Recruitment and retention of staff is challenging across all sectors. We need to support training to improve skillsets (particularly in the areas of Trauma Informed Care, Complex Care and Self-directed Support) and improve the career structure, ensuring there are clear development opportunities. There is a shortage of clinical staff which is a significant risk for sustainable service delivery. We need to attract more clinicians to work locally through innovative new roles, developing a new workforce, working with NHS Grampian and nationally to improve the pipeline of trainees coming to Grampian. In Social Care we need to ensure training is standardised and that training with one organisation is portable to another. We want to see carers being paid an appropriate wage for the jobs that they do and their terms and conditions being equivalent to employees in the public sector. Not only should this reduce turnover, improve the consistency of care, and reduce absence rates but also achieve parity of esteem with health and make social work and community health and social care a more rewarding career. The National Care Workforce Strategy seeks a workforce that is well-trained and developed, healthy and supported, and sustainable and recognised. During the Pandemic we recognised the contribution of unpaid volunteers to the health and social care system, and this is something we would seek to embed as an integral part of the overall workforce. Our workforce plan will be developed taking cognisance of all of these aspects as well as against the backdrop of the Scottish Government and CoSLA Statement of Intent in relation to the Feeley Report.

Technology

Digital Consulting software such as Near Me and eConsult have enabled GPs and clinicians to manage their capacity to cope with the increase in demand for services. These systems, however, have also brought challenges and we will continue to work with our partners in NHS Grampian to ensure they are used in a way that supports patients.

Technology Enabled Care (TEC) can help people live independently at home and, where appropriate, we would like to extend its use throughout Aberdeen being mindful of the additional associated electricity costs this may bring. Digital devices can help detect a fall, sense movement and even prompt times for medications or meals. This can reduce the need for, potentially intrusive, in-home care provision whilst providing both the individual and their families or carers confidence and peace of mind. A major development is the switchover from analogue to digital telephone systems in 2025. This will impact those who use monitored telecare systems such as Community Alarms, and we are planning now to ensure equipment can continue to be used in a way that supports and benefits clients beyond the change.

Technology can also assist staff to improve the quality of service delivered. The digitisation of patient or client records can help multi-disciplinary teams share information and provide the details required to ensure swift and appropriate care is provided. The necessary security and data sharing protocols need to be in place. Electronic Medication Administration Record (EMAR) used mainly in Care Homes can improve the efficiency of medication administration and reduce the opportunity for errors however this is a costly system for providers to implement.

We are also building technologies that collate and analyse of system wide datasets, not only to help manage the care and support people receive but also to help plan future service transformation. Our use of personal data must be ethical and transparent. People should have greater access to and control over their health and social care information and have a say in how their data is used and shared. This is part of encouraging them to play an active role in looking after their own health and wellbeing. We will work with partners to continue to build standards, policies, systems, and a culture which supports data driven and evidence-based decision making. When gathering data we will ensure, where relevant and proportionate that we capture information on protected characteristics to help us design and deliver services that bring equity across our population.

Finance

Whilst demand is increasing, finances are not necessarily keeping apace, so we need to ensure we make the best use of our restricted budgets through the redesign of services and doing things differently. We can do this by employing robust financial management, exploring options for improvements to systems and processes that achieve efficiencies (perhaps through better coordination of services) and ensuring we maximise any income that is available to us through Contributing to Your Care and Support, our non-residential charging policy. A key priority in managing our finances is that the costing implications and benefits of the actions in our Delivery Plan are monitored in order that our service delivery achieves best value.

Relationships

Developing and maintaining positive relationships is central to achieving the priorities we have set out in this strategic plan. These relationships occur at a strategic level with our partners in the wider Grampian Area, NHS Grampian and Aberdeen City Council as well as on an individual level through the relationships we build with our workforce, independent and third sector partners and the people of Aberdeen. Since the redesign of our GP services all the GP practices in the city are now independent contractors which brings a new dynamic as to how these relationships are managed.

One of the key ways we are aiming to utilise positive relationships to transform community health and social care services is through our approach to the planning, commissioning, and procurement of social care services. All of our commissioning work will be done taking cognisance of our commissioning principles and our focus will be on shaping the delivery of high-quality, person-centred care and support recognising the variety of needs and therefore the differing skill levels and associated costs for some areas of care such as very acute dementia, and stroke and neurological care and rehabilitation.

Aberdeen City IJB outsources almost all of its social care services, so the sustainability of our market and our providers is critical. Longer term contracts that do not require frequent re-commissioning should provide stability. This will help providers recruit and retain staff, providing greater opportunity for social care as an attractive career prospect and giving parity of esteem. We are committed to delivering on Unison's Ethical Care Charter

Underpinning our relationship with the people of Aberdeen is the need to help them understand the challenges that we face, why we need to transform services, and what this means for them. We will develop proactive, repeated, and consistent communications to keep particularly those who only occasionally access community health and social care informed of our strategic direction, our service delivery and any specific changes that may impact them.

Infrastructure

Infrastructure includes physical buildings, places and spaces. Aberdeen City IJB does not in itself own any buildings. Services are delivered from premises owned by one of our statutory partners - Aberdeen City Council or NHS Grampian – or by independent providers or landlords for commissioned services. We need to ensure that assets used to deliver health and social care services are fit for purpose, modernised where appropriate, and managed sustainably. In light of changes to the way we deliver services, we also need to determine our future requirement for building based space and maximise our use of the space available to us, particularly for as long as social distancing measures continue to be in place as a result of the COVID-19 pandemic. We need to determine what, if any, level of investment may be required to achieve aims with regards to infrastructure and identify where that may come from. New housing developments increase demand for services within the communities where they are built. We will monitor new development activity and work with partners to ensure the relevant financial contributions from developers are used to meet these additional needs.

Our Delivery Plan and Measuring Success

Appendix A contains our Delivery Plan which lists the actions we plan to take over the three years to deliver on the priorities within this Strategic Plan. The Delivery Plan provides detail on the programmes of work and individual projects to be undertaken in relation to each priority, who will be responsible for delivery, the timescale within which it will be delivered and the measure which will tell us how we will measure our success. These measures are a mixture of local and national indicators, qualitative and quantitative data.

The Delivery Plan is based on what we know now. It will be reviewed annually with any additional actions which are subsequently deemed to be essential to the delivery of the Strategic Plan added in years two and three following agreement from the IJB. This review will be undertaken at the time we undertake the annual updating of the Medium-Term Financial Framework to ensure the actions can be resourced appropriately.

Progress on this Strategic Plan will be monitored on an ongoing basis using our existing programme and project management and governance arrangements. A member of the Leadership Team is allocated to each priority and will be responsible for reporting to the Leadership Team Meetings on a 6-weekly basis. Additional quarterly reporting will be undertaken via the Executive Programme Board to the Risk Audit and Performance Committee. Our Annual Performance Report will be approved and published annually by the IJB as required under the Public Bodies (Joint Working) (Scotland) Act 2014.

The nine National Wellbeing Outcomes noted in Our Strategic context above are measured using an agreed core suite of 23 National Indicators. It is accepted that a degree of development is required in relation to the core suite however these are what we are measured on at the moment. In our Annual Performance Report, we are required to demonstrate how we are improving the National Health and Wellbeing Outcomes and across Scotland we have agreed that including an Appendix to the APR showing latest performance against the national indicators is currently the best and only way to do this that also allows for benchmarking across the country.

Strategic Delivery Plan

APPENDIX A

Caring Together	Strategic Measures
	NI 3 - Percentage of adults supported at home who agreed they had a say in how their help, care or support was provided NI 4 – Percentage of adults supported at home who agreed that their health and social care services seem to be well coordinated NI 5 - Total percentage of adults receiving any care or support who rated it as excellent or good NI 6 - % of people with positive experience of care at their GP practice NI 8 – total combined percentage of carers who feel supported to continue in their caring role Social Care Unmet Need

Programme/Projects	Lead	Y1	Y2	Y3	Measures
Undertake Pathway Reviews					
Redesign Adult Social Work enhancing the role of Care Managers in playing a guiding role in the promotion of personalised options for care.	Social Work	Sep-22			Redesign implemented
Undertake a strategic review of specific social care pathways and develop an implementation plan for improving accessibility and coordination.	Social Work	Nov-22			Implementation Plan
Map existing universal and social support and work with partners and the community to develop services to meet any identified gaps	Strategy & Transformation		Sep-23		Map developed
Implement the recommendations from the current Adult Support and Protection inspection	Social Work	Mar-23			Action Plan complete
Deliver the Justice Social Work Delivery Plan	Social Work	Mar-23	Mar-24	Dec-24	Percentage of actions complete
Develop and implement a Transition Plan for those transitioning between children and adult social care services	MHLD	Mar-23			Plan developed
Develop cross sector, easily accessible, community hubs where a range of services coalesce, all responding to local need	Primary Care/Social Work/AHPs/Nursing	Mar-23			Hubs operational

Community Empowerment					
Develop the membership and diversity of our Locality Empowerment Groups	Strategy & Transformation	Mar-23			Membership
Increase community involvement through existing networks and channels	Strategy & Transformation		Mar-24	Mar-25	Number of cohorts/groups involved
Deliver our Locality Plans and report on progress	Strategy & Transformation	Aug-22			Progress Report
Train our staff and embed the use of Our Guidance for Public Engagement	Strategy & Transformation	Mar-23			Percentage of Staff Trained
Promote the use of Care Opinion to encourage patients, clients, carers and service users to share experiences of services, further informing choice.	Strategy & Transformation	Mar-23			Number of posts on Care Opinion

Primary Care					
Finalise the arrangements for the closure of Carden Medical Practice and identify an alternative use of the building	Primary Care	Jun-22			Report to IJB
Improve primary care stability by creating capacity for general practice	Primary Care	Mar-23			Report to IJB
Deliver the strategic intent for the Primary Care Improvement Plan (PCIP)	Primary Care	Mar-23	Mar-24	Mar-25	Plan report

Unpaid Carers					
Develop and deliver a revised Carers Strategy with unpaid carers and providers of carers support services in Aberdeen, considering the impact of Covid 19	Strategy & Transformation	Oct-22			Strategy Approved at IJB
Monitor and evaluate the impact of the Carers Strategy on an ongoing basis factoring in early preparations for the next revision	Strategy & Transformation		Oct-23	Oct-24	Reports to Risk Audit and Performance Committee (RAPC)

Keeping People Safe at Home	Strategic Measures
	NI 2 -Percentage of adults supported at home who agree that they are supported to live as independently as possible NI 9 - Percentage of adults supported at home who agree they felt safe NI 12 - Emergency admission rate NI 13 - Emergency bed day rate NI 14 - Readmission to hospital within 28 days NI 15 - Proportion of last 6 months of life spent at home or in a community setting NI 16 - Falls rate per 1,000 population aged 65+ NI 18 – Percentage of adults with intensive care needs receiving care at home NI 19 - Number of days people spend in hospital when they are ready to be discharged, per 1,000 population NI 20 – percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency Numbers of specialist housing new build Adaptation statistics Telecare usage statistics

Programme/Projects	Lead	Y1	Y2	Y3	Measures
Rehabilitation					
Commence strategic review of rehabilitation services across ACHSCP\SOARS\Portfolio and have an implementation plan in place to commence by April 2023	AHP/Rehabilitation	Apr-23			Implementation plan in place
Implementation of outcome of review of rehabilitation services	AHP/Rehabilitation		Apr-24	Apr-25	
Explore how other partners in sports and leisure, can assist in delivering rehabilitation across multiple areas.	AHP/Rehabilitation	Sep-22			Community First
Work with local authority partners to look at how we can coalesce rehabilitation and housing support with social care support, perhaps looking at sheltered housing accommodation as rehabilitation community hubs.	AHP/Rehabilitation		Sep-23		Hubs developed
Increase community capacity to reduce impact on secondary care and increase support for chronic heart failure	AHP/Rehabilitation		Mar-24		Secondary Care Chronic Heart Failure admissions

Grow and embed the COPD hotline to support people in their own home.	AHP/Rehabilitation	Mar-23			COPD Hotline embedded
Undertake a strategic review of the Neuro Rehabilitation Pathway	AHP/Rehabilitation	Oct-22			Report to IJB
Implement findings of the Neuro Rehabilitation Pathway review	AHP/Rehabilitation		Oct-23	Oct-24	Evaluation
Review bed-based services for rehabilitation and consider a delivery model that meets the needs and aspirations of our communities	AHP/Rehabilitation		Mar-24		Model developed
Implement recommendations from bed-based review	AHP/Rehabilitation			Mar-25	Model Implemented

Unscheduled Care					
Build on our intermediate bed-based services to create 20 step-up beds available for our primary care multi-disciplinary teams (MDTs) to access.	Nursing	Sep-22			20 beds created
Increase our hospital at home base with an ultimate ambition of 100 beds. These will be for unscheduled, older people, respiratory and cardiac pathways	Nursing	Sep-22	Mar-24	Mar-25	Number of Beds available
Deliver the second phase of the Frailty pathway	SOARS	Sep-22			Pathway delivered
Review Frailty Pathway and implement any enhancements identified.	SOARS		Sep-23	Sep-24	Evaluation
Develop clear access routes for unscheduled care pathways so that people receive prompt care, from the right person, in the right place, at the right time. .	Social Work/Nursing		Sep-23		Pathways developed
Develop a flexible bed base within the community that can respond, through secondary and primary care support, to surges in pressure particularly in winter, whilst ensuring that our fixed, unscheduled bed base, is protected for those where hospital treatment is the best option	Social Work/Nursing/ Commissioning		Sep-23		Flexible Bed Base Developed
Undertake a strategic review of the data, demographic and demand picture to understand the 'bed base' for unscheduled care across MUSC, SOARS and ACHSCP between 2023-2030	Strategy and Transformation	Sep-22			Review the demand profile produced

Expand Housing Options					
Working with ACC as a planning authority, create incentives for investment in specialist housing influencing new builds and enabling people to have lifetime homes.	Strategy and Transformation	Mar-23			Numbers of specialist housing new build
Help people to ensure their current homes meet their needs including enabling adaptations and encouraging the use of Telecare where appropriate	Strategy and Transformation	Mar-23	Mar-24	Mar-25	Adaptation statistics, Telecare usage statistics
Respond to the national consultation on equipment and adaptations helping to shape future guidance in this area.	Strategy and Transformation	Jun-22			Consultation submitted by deadline
Work with ACC Housing and RSLs to ensure energy efficient, affordable housing is made available to those who need it most	Strategy and Transformation	Mar-23	Mar-24	Mar-25	Housing satisfaction results

Deliver Intensive Family Support					
Work with Integrated Children's Services to support the delivery of the Family Support Model particularly in relation to children with a disability and those who are exposed to the risk of trauma	Nursing	Mar-23	Mar-24	Mar-25	Family Support Model milestones delivered

Preventing Ill Health	Strategic Measures
	NI 11 - Premature mortality rate Healthy Life Expectancy % Physical activity meeting national guidelines % of Adult population considered obese Smoking/Smoking Cessation statistics Drug and Alcohol related admissions Drug and Alcohol related deaths Social Isolation/Connectedness Immunisation Statistics Sexual Health Statistics

Programme/Projects	Lead	Y1	Y2	Y3	Measures
Prevention					
Reduce the use and harm from alcohol and other drugs	Aberdeen City Alcohol and Drugs Partnership	Mar-23	Mar-24	Mar-25	Drug and Alcohol related admissions and deaths, Delivery Framework Milestones
Deliver actions to meet the HIS Sexual Health Standards	Sexual Health	Mar-23	Mar-24	Mar-25	Progress towards meeting standards
Deliver our Immunisations Blueprint.	Nursing	Mar-23	Mar-24	Mar-25	Immunisations Statistics
Continue the promotion of active lives initiatives including encouraging active travel.	Strategy and Transformation	Mar-23	Mar-24	Mar-25	Percentage of population meeting Physical activity national guidelines
Continue to contribute to the NHS Grampian Tobacco Strategic Plan for the North East of Scotland particularly in relation to encouraging the uptake of Smoking Cessation Services	Strategy and Transformation	Mar-23	Mar-24	Mar-25	Smoking/Smoking Cessation statistics
Continue to deliver our Stay Well Stay Connected programme of holistic community health interventions focusing on the prevention agenda around achieving a healthy weight through providing advice and support for positive nutrition and an active lifestyle.	Strategy and Transformation	Mar-23	Mar-24	Mar-25	
Continue to contribute to the Grampian Patient Transport Plan (GPTP) and the Aberdeen Local Transport Strategy (ALTS) encouraging sustainable and active travel.	Strategy and Transformation	Mar-23	Mar-24	Mar-25	ACHSCP requirements reflected GPTP and ALTS

Achieving fulfilling, healthy lives	**Strategic Measures** NI 1 - Percentage of adults able to look after their health very well or quite well NI 7 – Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life Percentage of Equality Outcomes and Mainstream Framework delivered Number of Health Inequality Impact Assessments published Complex Care Statistics

Programme/Projects	Lead	Y1	Y2	Y3	Measures
Address Inequality/Wider Determinants of Health					
Deliver on our Equality Outcomes and Mainstreaming Framework, report on our progress to both the IJB and the Risk, Audit and Performance Committee and plan to revise the EOMF in advance of the 2025 deadline.	Strategy and Transformation	Mar-23	Mar-24	Mar-25	IJB and Committee Reports
Undertake and publish Health Inequality Impact Assessments, where relevant, for major service change, in conjunction with people and communities with the relevant protected characteristics.	Strategy and Transformation	Mar-23	Mar-24	Mar-25	Number of Health Inequality Impact Assessments published
Make Every Opportunity Count by identifying any wider determinant issue and ensuring patients, clients and their carers are signposted to relevant services for help.	Strategy and Transformation				Service Directory developed
Embed consideration of the impact of climate change in health and social care planning and in business continuity arrangements aiming to reduce our carbon footprint and deliver on our Net Zero emissions target.	Business/Strategy & Transformation	Mar-23	Mar-24	Mar-25	Climate Change impacts included in Business Cases, IJB Reports and Business Continuity Plans

Mental Health and Learning Disabilities					
Continue to progress Mental Health and Learning Disabilities (MHLD) transformation to evidence increased community delivery across secondary and primary care with a clear plan for 2022 and 2023 in place by June 2022.	MHLD	Jun-22	Jun-23	Jun-24	Plan developed, Progress Reports
Implement the actions in the MHLD Transformation Plan	MHLD	Jun-22	Jun-23	Jun-24	Progress Reports

Complex Care					
Link in with local authority and third and independent sector providers to bring the Complex Care conversation to the fore and bring a degree of pace to achieving a solution for this area of need.	MHLD	Jun-22			Discussion instigated
Work with neighbouring areas to understand the scale of current service needs for complex care across Grampian.	MHLD	Sep-22			Demand identified
Work with Children's Social Work and health services, to predict future demand for complex care.	MHLD	Sep-22			Future predicted demand identified
Work with providers to understand the core skills required to support complex behaviours and seek to work with them and training providers to create a bespoke workforce that will achieve positive outcomes for this group of clients.	MHLD		Jun-23		Core Skills and training matrix developed

Remobilisation					
Explore opportunities for working with those on waiting lists to help support them while they wait, or divert them from the list	Leadership Team	Mar-23	Mar-24	Mar-25	Numbers supported/diverted
Plan service capacity to include the impact of the consequences of deferred care and Long Covid	Leadership Team	Mar-23	Mar-24	Mar-25	Unmet Need
Remobilise services in line with the Grampian Remobilisation Plan as soon as it is safe to do so	Leadership Team	Mar-23	Mar-24	Mar-25	Percentage Remobilisation
Develop a plan ready to respond to increased demand due to covid variants or vaccinations	Business/Strategy and Transformation	Sep-22			Plan developed

Strategic Enablers

Programme/Projects	Lead	Y1	Y2	Y3	Measures
Workforce					
Develop a Workforce Plan taking cognisance of national and regional agendas	People and Organisation	Jul-22			Plan developed
Develop and implement a volunteer protocol and pathway with a view to growing and valuing volunteering within the health and social care system	People and Organisation		Sep-23		Protocol developed
Continue to support initiatives supporting staff health and wellbeing	People and Organisation	Mar-23	Mar-24	Mar-25	Initiatives delivered
Train our workforce to be Trauma Informed	People and Organisation	Mar-23			Percentage of workforce trained

Technology					
Support the implementation of digital records where possible	Strategy & Transformation	Mar-23	Mar-24	Mar-25	Percentage of records digitised
Support the implementation of Electronic Medication Administration Recording (EMAR) in our care homes.	Strategy & Transformation		Dec-23		Percentage of homes where EMAR is used
Seek to expand the use of Technology Enabled Care (TEC) throughout Aberdeen.	Social Work/Commissioning	Mar-23	Mar-24	Mar-25	TEC usage statistics
Support the implementation of the new D365 system which enables the recording, access and sharing of adult and children's social work information	Social Work/Strategy and Transformation	Jul-22			Successful implementation and use
Deliver a Single Point of Contact for individuals and professionals including a repository of information on health and social care services available, eligibility criteria and ow to access	Strategy & Transformation	Sep-22			Community First Programme Milestones
Review the future use of Morse in Community Nursing and Allied Health Professionals	Strategy and Transformation/Nursing		May-23		Proposal to IJB
Explore ways we can help people access and use digital systems	Strategy and Transformation	Mar-23	Mar-24	Mar-25	Number of people supported
Develop and deliver Analogue to Digital Implementation Plan	Strategy and Transformation			Mar-25	Plan developed and delivered

Finance					
Monitor costing implications and benefits of Delivery Plan actions esuring Best Value is delivered	Chief Finance Officer	Mar-23	Mar-24	Mar-25	Medium Term Financial Framework (MTFF)

Relationships					
Review availability of the range of independent advocacy and implement any recommendations from the review	Commissioning		Jun-23	Jun-24	Report to Integrated Joint Board (IJB) /Implement
Develop proactive, repeated and consistent communications to keep communities informed	Business	Mar-23	Mar-24	Mar-25	Number of proactive communications
Continue to deliver on our commissioning principle that commissioning practice includes solutions co-designed and co-produced with partners and communities	Commissioning				Number of codesigned/ coproduced commissioning
Continue to transform our commissioning approach, building on the work we undertook with our Care at Home contract, developing positive relationships with providers, encouraging collaborative approaches and commissioning for outcomes	Commissioning	Mar-23	Mar-24	Mar-25	Number of commissioning for outcomes arrangements
Focus on long term contracts and more creative commissioning approaches such as direct awards and alliance contracts which will provide greater stability for the social care market	Commissioning	Mar-23	Mar-24	Mar-25	Number of long term and creative contracts
Continue to deliver ethical commissioning in relation to financial transparency and fair working conditions for social care staff as well as progressing implementation of Unisons Ethical Care Charter.	Commissioning	Mar-23	Mar-24	Mar-25	Number of ethical commissioning arrangements and percentage of Unison's Ethical Care Charter implemented

Infrastructure					
Develop an interim solution for the provision of health and social care services within the Countesswells housing development and work on the long-term solution	Primary Care/Strategy and Transformation	Mar-23			Report to AMG/IJB
Continue to review and update the Primary Care Premises Plan (PCPP) on an annual basis.	Primary Care/Strategy and Transformation	Mar-23	Mar-24	Mar-25	PCPP revised every year

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Aberdeen City Health & Social Care Partnership

A caring partnership

Strategic Plan

(Summary Version)

2022-2025

Contents

Introduction

We are delighted to present this Easy Read version of our Strategic Plan for 2022-25. The full version can be found here which also contains our detailed Delivery Plan. Our key focus continues to be progressing the integration agenda by increasing access to community-based health and social care services, shifting the balance of care from hospital to more homely settings, and supporting our most vulnerable citizens.

First and foremost, we need to acknowledge the impact the COVID-19 pandemic had on the health and social care system, our staff and our communities. We are grateful to our health and social care workforce and the people of Aberdeen for working with us in responding to such challenging circumstances. We were all in it together, and together, we were stronger than the sum of our parts. Our forecasting indicates that demand for health and social care services will increase over the coming years, and that, potentially, more and more people could be living with multiple, long terms conditions. If we are to achieve our policy ambition of caring for people in more homely settings, we need to increase the availability and accessibility of high-quality community-based services, particularly those for people with higher levels of need, and find more ways to keep people safe at home. Learning from the pandemic experience, we have recognised that we cannot achieve this all on our own and that we need to foster and develop the "caring together" ethos that was so evident certainly in the early stages of COVID-19.

There are four strands of Covid related legacy that will also impact on demand for services. Firstly, the pandemic has left a legacy of health debt, a consequence of deferred care. Waiting times for cancer treatment and diagnostic services have increased. There are also increased referrals to mental health services. Secondly, there is Long Covid which may not always manifest in a way that can be directly linked to Covid and consequently there is very little reliable data to help plan for additional demand. Thirdly, there is the ongoing need for some level of vaccination programme and lastly there is the potential for a resurgence of the virus in either a known or variant form. These impacts require us to work as a whole system to achieve shared goals, to enable agile and flexible responses to be able to plan for the unknown as well as increasing access to community resources which support good health and wellbeing

As well as the direct and indirect impacts of COVID-19, external influences such as climate change, housing and increasing levels of poverty caused by the cost-of-living crisis also exist. These impact on current and future health inequalities and we need to plan to address these and build resilience to prevent ill health and enable people to achieve fulfilling, healthier lives. We need to focus on recovery and renewal, building resilience for the future.

Whilst we have the challenge of this additional demand, we are aware that it is unlikely our resources will increase to match. Finances are already tight, and it continues to be very difficult to recruit and retain staff. Audit Scotland recognised this in a briefing released in January 2022, where they noted that in December 2020, the vacancy rate for social care staff was more than two and a half times the overall vacancy rate across all establishments in Scotland. In 2019, the Scottish Parliament recognised that almost a quarter of GP practices in Scotland were reporting vacancies. We will continue to transform our services to ensure we are able to meet the challenges ahead.

In Aberdeen, to date, we are confident that we have maximised the levers the integration agenda affords us. Our Integration Joint Board (IJB) has made bold and brave decisions resulting in integrated services, positive relationships, and improved outcomes for local communities. It is vital we continue this journey whilst sharing our successes to show what can be achieved when the integration principles are fully embraced.

This plan briefly outlines who we are, the approach we take, our performance to date, what our data is telling us, and our strategic context, before laying out our vision, values, priorities and enablers. Finally, we confirm how we will measure our performance against this plan and how you will know whether we have delivered what we said we would.

Who We Are

Aberdeen City Health and Social Care Partnership (ACHSCP) delivers community health and social care services, some of which are delivered with partners in other sectors. As well as our internal services such as Social Work, Community Nursing and Allied Health Professionals, the partnership "hosts" Grampian wide services such as those for Mental Health and Learning Disabilities (MHLD), Sexual Health Services, and Specialist Older Adults and Rehabilitation Services (SOARS). The IJB for Aberdeen City governs and directs the work of the partnership.

Our Approach

Our approach to service delivery follows the national Integration Principles.

Principle – Our services: -	How we will achieve this
1. Are joined up and easy for people to access	Pathway Redesign
2. Take account of people's individual needs	Follow our Guidance for Public Engagement based on the Scottish Government and COSLA Planning With People Guidance
3. Take account of the particular characteristics and circumstances of different service users in different parts of the city	Deliver our Equality Outcomes and Mainstreaming Framework 2021-25
4. Respect the rights and dignity of service users	Ensure our service delivery takes a Trauma-Informed and Human Rights based approach by training our staff and encouraging more to become equality ambassadors
5. Take account of the participation by service users in the community in which service users live	Continue our joint approach to community engagement and participation along with Community Planning Aberdeen and deliver our Locality Plans
6. Protect and improve the safety of service users	Deliver our legal duty around Adult Support and Protection
7. Improves the quality of the service	Continue to promote the use of Care Opinion, expanding it into social care settings ensuring the feedback informs service improvements made through our transformation activity
8. Are planned and led locally for the benefit of service users, people who look after service users and the people who provide health or social care services	Continue to work with our Locality Empowerment Groups (LEGs) and increase community involvement through other existing networks and channels.
9. Anticipate people's needs and prevent them arising	Continue to deliver our Stay Well Stay Connected initiative, which is a programme of holistic community health interventions and part of our prevention agenda designed to anticipate health issues in certain cohorts of the population
10. Make the best use of facilities, people and resources	Deliver on our enabling priorities in relation to Workforce, Technology, Finance, Relationships and Infrastructure

Review of the last 3 years – key learning points to take forward

Our review of the last 3 years can be summarised under 3 headings: -

Learning from Covid

- Empowering our staff
- Adopting new technology
- Gaining a degree of parity of esteem for Social Care
- Shifting the balance of care to community based homely settings
- Basing our decisions on data

Whole System Collaboration

- Aberdeen Together
- Rosewell House
- Locality Planning Arrangements
- Portfolio Management Approach
- Navigator Project

Doing Things Differently

- Stay Well Stay Connected
- Care at Home
- Granite Care Consortium
- Relationships and Trust
- Vaccination Programme

Over the last three years we really put into practice our stated strategic intentions to ***work together*** with our communities and partners and focus on outcomes. The Rosewell House model, the new Care at Home contract delivered by the Granite Care Consortium, the development of the Locality Empowerment Groups and the close working relationships we have with our two statutory partners Aberdeen City Council and NHS Grampian are testament to that. Although the proposed National Care Service may alter our governance arrangements, it is our intention to continue building on these solid foundations and further develop the relationships we have with our key stakeholders to improve our overall service delivery which will ultimately have a positive impact on outcomes for the people we serve.

Our resources, our infrastructure, and the way we do business are other key areas of strength that we will build on over the coming years. Our ***staff*** have always been critical to our achievements, and they were tested to the limit throughout the pandemic. We will repay their service by ensuring that we develop a Workforce Plan that recognises their professionalism, provides flexible yet robust career opportunities, considers their health and wellbeing and seeks parity of esteem for the social care workforce. We acknowledge the benefits of ***new technology***, in service delivery, in supporting our staff to be able to do their job well, and in improving outcomes for the people of Aberdeen. We will maximise the use of technology where appropriate, and where necessary we will plan to support those who, for whatever reason, do not have equity of access. During the pandemic our decision making was strengthened because it was based on ***data***. Whilst accessing and sharing accurate and current data remains a challenge we will build on the systems and processes introduced in the last two years and seek to improve the availability of data, ensuring this is used safely and securely, for the benefit of patients, clients, and staff.

Key themes from our Strategic Context

We have undertaken a review of the key, relevant national and local strategies that impact on our service planning and delivery and the themes from these are shown below: -

- The need to focus on recovering from COVID-19
- The need to address the wider determinants of health which impact on inequity of access to health and social care services such as housing/homelessness, climate change, and cost of living concerns
- The need to ensure service delivery takes a rights-based approach for both adults and children
- The need to focus on shifting the paradigm of social care
- The need to maximise the use of new technologies and use data to inform our planning.

The Independent Review of Adult Social Care in Scotland (the Feeley Report), proposed the creation of a National Care Service (NCS) and we expect a Bill to be laid before parliament in the summer. Whilst the details of these new governance arrangements are being confirmed it is imperative that we are not distracted or diverted from our strategic focus. This is one of the reasons we have developed our Delivery Plan to help ensure we stay on track. We will be mindful of the role that ACHSCP can play in shaping the NCS and will ensure we are fully engaged at a national level, influencing and assisting with the reforms proposed, using every opportunity to bring the voice, view and opinion of our local system to those important conversations. We anticipate a local transition plan being developed with local partners to enable the local implementation of the National Care Service once the Bill has received Royal Assent. This will be presented to the IJB as a separate delivery plan.

Key themes from our consultation

The first step in developing our Strategic Plan was undertaking consultation and listening to what our key stakeholders were telling us. Engagement on the Strategic Plan began with a joint exercise with the Locality Empowerment Groups on the refresh of Community Planning Aberdeen's Local Outcome Improvement Plan at the beginning of 2021. NHS Grampian subsequently undertook engagement sessions on their Plan for the Future and shared with us the overall results of these as well as analysis relating to Aberdeen City residents only. ACHSCP then undertook their own engagement. The outcome of all three engagement activities have informed the development of this plan.

Theme	Source
Prevention/Stay Well Stay Connected	NHSG
Access to Services	ACHSCP & NHSG
Quality of Services	NHSG
Whole System, Collaboration, Partnership Working, Relationships	ACHSCP
Sustainability and Recovery from Covid	ACHSCP
Engagement/Involvement	ACHSCP, NHSG
Action on Poverty	LOIP
Support for Mental Health (all ages)	LOIP
Looking After Staff	ACHSCP
Maximising Digital Technology	NHSG

Our Progress Against National Indicators

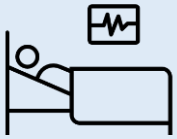
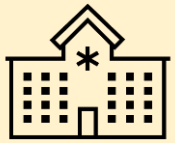
National Indicator	Title	Performance	RAG Status
1	Percentage of adults able to look after their health very well or quite well	Consistent high scoring at 94% which is slightly above Scottish average of 93%	
2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	Consistent at 82%, slightly above Scottish average of 81%	
3	Percentage of adults supported at home who agreed they had a say in how their help, care or support was provided	Slight downward trend, down to 78% from 79% the previous year, although above the Scottish average of 75%	
4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated	Stable performance at 76% and above the Scottish average of 73%	
5	Total percentage of adults receiving any care or support who rated it as excellent or good	Downward trend, down to 79% from 83% the previous year, and lower than the Scottish average of 80%	
	Percentage of people with positive experience of the care provided by their GP practice	Downward trend to 77% from 82% and lower than the Scottish average of 79%	
	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	Improving picture at 84%, up from 79% the previous year and above the Scottish average of 80%	
8	Total combined percentage of carers who feel supported to continue in their caring role	Lower than we would like it to be at 34%, and down from 40% the previous year, although 34% is on a par with Scottish average.	
9	Percentage of adults supported at home who agreed they felt safe	Improving picture at 85%, up from 84% the previous year, and above Scottish average of 83%	
11	Premature mortality rate per 100,000	Rate reducing but higher than the Scottish average	
12	Emergency Admission rate per 100,000	Rate reducing and lower than the Scottish average	

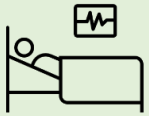
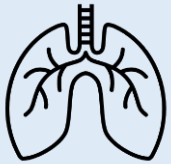
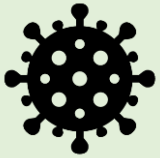
National Indicator	Title	Performance	RAG Status
13	Emergency Bed Day Rate per 100,000 population	Rate reducing and lower than the Scottish average	
14	Readmission to hospital within 28 days (per 1,000 population)	Rate increasing and higher than the Scottish average	
15	Proportion of last 6 months of life spent at home or in a community setting	Rate increasing and higher than the Scottish average	
16	Falls rate per 1,000 population aged 65+	Rate reducing but still slightly higher than the Scottish average	
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	Rate has still the same but is higher than the Scottish average	
18	Percentage of adults with intensive care needs receiving care at home	Although the rate has increased it is still lower than we would want it to be and 10% lower than the Scottish average	
19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	Rate has reduced significantly and is also significantly lower than Scottish average	
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	Rate has decreased but is slightly higher than Scottish average	

The data above is based on the latest published data available, the most recent of which is 2019/20 i.e., pre Covid. NB: there is no data available for National Indicator 10 or 21 – 23.

More detailed information on our progress against National and Ministerial Steering Group Indicators is published in our Annual Performance Reports, available here. Actions in this Strategic Plan will seek to improve our performance on all of these indicators but particularly those that are amber and red i.e., ***improving the quality of care and support***, ***enabling people to have their say in how their help, care or support is provided***, and ***supporting unpaid carers to continue in their caring role, premature mortality rate, readmission to hospital after 28 days, falls rate, percentage of adults with intensive care needs receiving care at home and percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency.***

Our data indicates four key areas that require our focus over the next three years. The data comes from a variety of published sources including Aberdeen City's Population Needs Assessment,. Development of locality level data was interrupted by the COVID-19 pandemic however the Locality Plans for each of our three localities are based on locality specific information and contain priorities based on what the local community told us.

Demand for services will increase		Outcomes in some areas of service delivery need to be a particular focus		More needs to be done in terms of prevention	
	The number of people **aged 75 and over** living in Aberdeen City will increase by 28.2% by 2033.		The number of **unpaid carers** feeling supported in their caring role whilst on par with the Scottish average, at 34%, has decreased for Aberdeen City.		**Emergency Attendances** at Aberdeen Royal Infirmary increased by 39% between January 2021 and January 2022.
	It is estimated that almost half of people over 80 will experience a fall at least once a year, with most falls happening in people's own homes.		In 2019/20 **Alcohol Related Admissions** (per 100,00) from the Central locality were 62% higher than the Scottish Average and were 31% higher in 2020/21.		There has been a 14% increase in **Unscheduled Bed Days** between January 2021 and January 2022.
75%	**Unmet need** for social care has increased by 75% between April 2021 and April 2022.		**Drug related hospital admissions** increased by 8.7% between 2018 and 2020 with 'overdose' being the most common presentation of Frequent Attenders at the Emergency Department in ARI in 2021.		**Healthy life expectancy** is reducing for both males and females in Aberdeen.
	There has been a 25% increase in people living with **Long Term Conditions**, by 2035 it is estimated that 66% of adults over 65 will be living with multi-morbidity.		In 2019/20 16.6% of Aberdeen's population were prescribed drugs for anxiety, depression, or psychosis.		In the period 2016-19 it was estimated that 23% of the City's adult population was **obese.** Fruit and vegetable portion intake consistently around 3 which is below recommended 5.

	There was an average of 3.6% of **operations cancelled** in NHS Grampian in 2021	43%	Referrals of Aberdeen City residents to **Mental Health** Services in Grampian increased by 43% from 2019 to 2022.		In the period 2016-19 it was estimated that 70% of adult's **physical activity** met the recommended guidelines.
	**Waiting times for cancer treatment** increased from 42 days in July to September 2020, to 49 days for the same period in 2021 which is the latest data available.	30	In 2019 there were 25 **probable suicides** and in 2020 there were 30 probable suicides.		Referrals to clinical and medical oncology for **Lung Cancers** have increased. Smoking prevalence in the 16 to 64 age group increased by 9% between 2018 and 2019 and smoking during pregnancy was almost ten times higher for expectant mothers living in the most deprived areas than those in the least deprived between 2018/19 and 2020/21.
	The percentage of people waiting within 6 weeks for **diagnostics** increased from 39.6% in January 2021 to 51.9% in December 2021.		Significant progress has been made in reducing our Delayed Discharges by 52.8% however we have not made the corresponding improvement to those relating to patients requiring more complex care with an increase of 38% in 2020/21 and another 17.6% increase in 2021/22.	**There is a worrying trend of increasing deprivation in Aberdeen City**	
					In 2016 Aberdeen City's local share of data zones in the 20% most deprived was 8%. In 2020 that had risen to 10.25%
	It is estimated that somewhere between 0.7% and 2% of the population are projected to experience **Long Covid** (symptoms for 12 weeks or more after their first suspected COVID-19 infection). These figures equate to between 1,603 and 4,581 people in Aberdeen City.	40%	Complex care needs are increasing, current residential and supported living providers claim that 12% of services were not currently suitable and that 40% of services would not be suitable in 5 years' time.		It is estimated that 800,000 lost employment as a result of the pandemic (as of April 21). Using a rough extrapolation from population estimates this could equate to 2,680 people in Aberdeen

Our Vision

"We are a caring partnership working in and with our communities to enable all people to achieve fulfilling, healthy lives."

Our Values

Honesty
Empathy
Equity
Respect
Transparency

Our Enablers

Workforce
Technology
Finance
Relationships
Infrastructure

Our Vision Values and Strategic Aims

Our **vision** remains unchanged since the inception of ACHSCP in 2016. It is that we are a caring partnership working in and with our communities to enable all people to achieve fulfilling, healthy lives

Our **values** indicate what is important to us and set the standard for our behaviour. These have been amended slightly after reflecting on the Planning With People Guidance and the Independent Review of Adult Social Care in Scotland. Above all we will be **honest** in everything we do; we will aim to **empathise** with the citizens of Aberdeen understanding their needs, listening to their views and involving them in decision making. Providing services that have **equity** of access for all is important to us and we will make every effort to reduce the negative impact of inequality. We will **respect** the views and the rights of the people of Aberdeen and will be **transparent** in our dealings with them.

For 2022-25 we have identified four **strategic aims**. These build on the acceleration of some of the delivery commitments made within the last strategic plan as a result of the two years of the pandemic. We have retained our emphasis on prevention, personalisation and resilience but have refocused our connections and communities aims into a wider encompassing 'Caring Together' aim.

Caring Together – together with our communities, ensure that health and social care services are high quality, accessible, safe, and sustainable; that people have their rights, dignity and diversity respected; and that they have a say in how services are designed and delivered both for themselves and for the people they care for, ensuring they can access the right care, at the right time, in a way that suits them.

Keeping People Safe at Home – when they need it, people can be cared for safely in their own home or in a homely setting, reducing the number of times they need to be admitted to hospital or reducing the length of stay where admission is unavoidable. This includes a continued focus on improving the circumstances of adults at risk of harm.

Preventing Ill Health – help communities to achieve positive mental and physical health outcomes by providing advice and designing suitable support (which may include utilising existing local assets), to help address the preventable causes of ill-health, ensuring this starts at as early an age as possible.

Achieving Fulfilling, Healthy Lives- support people to help overcome the health and wellbeing challenges they may face, particularly in relation to inequality, recovering from COVID-19, and the impact of an unpaid caring role, enabling them to live the life they want, at every stage.

We have identified five **enablers** to help support the delivery of our strategic plan. These are: -

Workforce – our staff, and those of our partners are our biggest asset without whom we could not deliver. We need to overcome our recruitment and retention challenges, nurture skills and expertise and maintain staff health and wellbeing.

Infrastructure – the physical assets we use for service delivery need to be fit for purpose and not unnecessarily increase our carbon footprint. The built environment impacts on our service delivery with new housing developments increasing demand for services within the communities where they are situated. Transport is also a key enabler for patients and clients to access services.

Relationships – developing and maintaining positive relationships with our partners and our communities is crucial to the successful delivery of this Strategic Plan. One of the key ways we utilise positive relationships to transform community health and social care services is through our approach to Commissioning. Commissioning is the process used to understand, plan, and deliver services. We will also continue to collaborate with people with lived

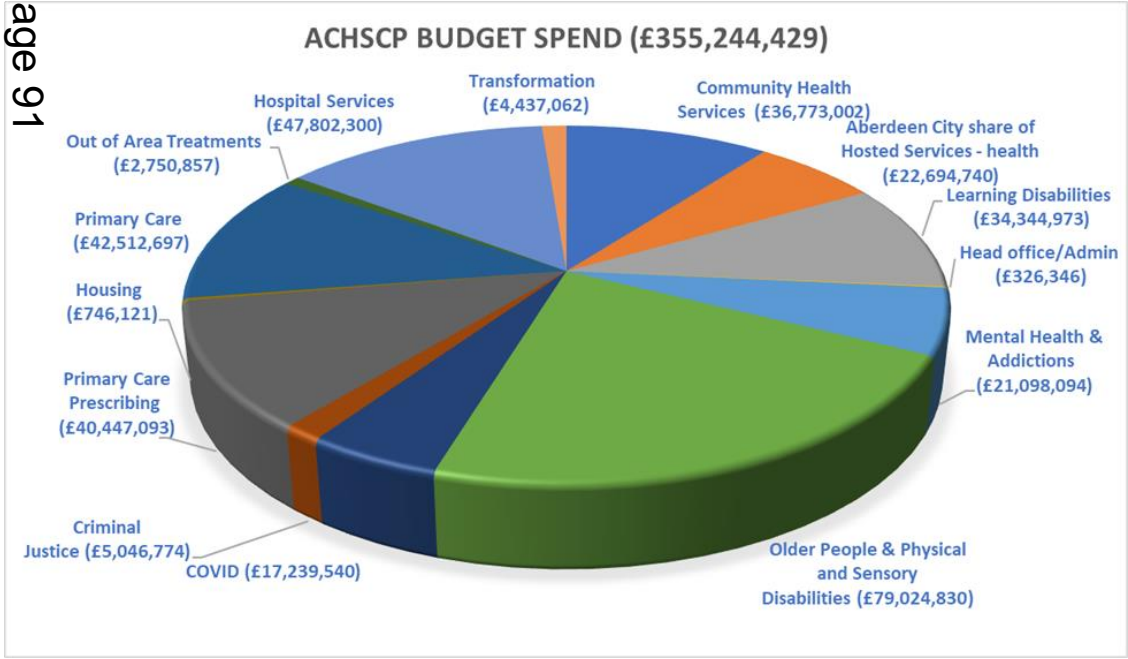
experience, hearing their voices, and designing, delivering, and improving services around their needs and personal goals (known as outcomes) based on what they say.

Our Commissioning Principles: -

- Commissioning is undertaken for outcomes (rather than for services)
- Commissioning decisions are based on evidence and insight and consider sustainability from the outset
- Commissioning adopts a whole-system approach
- Commissioning actively promotes solutions that enable prevention and early intervention
- Commissioning activities balance innovation and risk
- Commissioning decisions are based on a sound methodology and appraisal of options
- Commissioning practice includes solutions co-designed and co-produced with partners and communities

Technology - Scotland's Digital Health & Care Strategy published in November 2021 sets out the intention to make the best use of digital technologies in the design and delivery of services, in a way, place and time that works best for people and that improves the care and wellbeing of people in Scotland. This is something that we will seek to implement locally.

Finance – service delivery requires funding. With the breadth of services provided and increasing demand we need to ensure service delivery is as efficient as possible to make the best use of the funding we have. How we use our current annual funding is shown below: -



Strategic Plan on a Page

Strategic Aims			
Caring Together	**Keeping People safe at home**	**Preventing Ill Health**	**Achieve fulfilling, healthy lives**
Strategic Priorities			
❖ Undertake whole pathway reviews ensuring services are more accessible and coordinated ❖ Empower our communities to be involved in planning and leading services locally ❖ Create capacity for General Practice improving patient experience ❖ Deliver better support to unpaid carers	❖ Maximise independence through rehabilitation ❖ Reduce the impact of unscheduled care on the hospital ❖ Expand the choice of housing options for people requiring care ❖ Deliver intensive family support to keep children with their families	❖ Tackle the top preventable risk factors for poor mental and physical health including: - obesity, smoking, and use of alcohol and drugs ❖ Enable people to look after their own health in a way which is manageable for them	❖ Help people access support to overcome the impact of the wider determinants of health ❖ Ensure services do not stigmatise people ❖ Improve public mental health and wellbeing ❖ Improve opportunities for those requiring complex care ❖ Remobilise services and develop plans to work towards addressing the consequences of deferred care

Strategic Enablers				
Workforce	**Technology**	**Finance**	**Relationships**	**Infrastructure**
❖ Develop a Workforce Plan ❖ Develop and implement a volunteer protocol and pathway ❖ Continue to support initiatives supporting staff health and wellbeing ❖ Train our workforce to be Trauma informed	❖ Support the implementation of appropriate technology-based improvements – digital records, SPOC, D365, EMAR, Morse expansion ❖ Expand the use of Technology Enabled Care throughout Aberdeen. ❖ Explore ways to assist access to digital systems ❖ Develop and deliver Analogue to Digital Implementation Plan	❖ Refresh our Medium-Term Financial Framework annually ❖ Report on financial performance on a regular basis to IJB and the Audit Risk and Performance Committee. ❖ Monitor costings and benefits of Delivery Plan projects ❖ Continually seek to achieve best value in our service delivery	❖ Transform our commissioning approach focusing on social care market stability ❖ Design, deliver and improve services with people around their needs ❖ Develop proactive communications to keep communities informed	❖ Develop an interim and longer-term solution for Countesswells ❖ Review and update the Primary Care Premises Plan

Our Delivery Plan and Measuring Success

Our Delivery Plan which can be found here which lists the actions we plan to take over the three years to deliver on the priorities within this Strategic Plan. The Delivery Plan provides detail on the programmes of work and individual projects to be undertaken in relation to each priority, who will be responsible for delivery, the timescale within which it will be delivered and the measure which will tell us how we will measure our success. These measures are a mixture of local and national indicators, qualitative and quantitative data.

The Delivery Plan is based on what we know now. It will be reviewed annually with any additional actions which are subsequently deemed to be essential to the delivery of the Strategic Plan added in years two and three following agreement from the IJB. This review will be undertaken at the time we undertake the annual updating of the Medium-Term Financial Framework to ensure the actions can be resourced appropriately.

Progress on this Strategic Plan will be monitored on an ongoing basis using our existing programme and project management and governance arrangements. A member of the Leadership Team is allocated to each priority and will be responsible for reporting to the Leadership Team Meetings on a 6-weekly basis. Additional quarterly reporting will be undertaken via the Executive Programme Board to the Risk Audit and Performance Committee. Our Annual Performance Report will be approved and published annually by the IJB as required under the Public Bodies (Joint Working) (Scotland) Act 2014.

The nine National Wellbeing Outcomes noted in Our Strategic context above are measured using an agreed core suite of 23 National Indicators. It is accepted that a degree of development is required in relation to the core suite however these are what we are measured on at the moment. In our Annual Performance Report, we are required to demonstrate how we are improving the National Health and Wellbeing Outcomes and across Scotland we have agreed that including an Appendix to the APR showing latest performance against the national indicators is currently the best and only way to do this that also allows for benchmarking across the country.

Aberdeen City Health and Social Care Services

Strategic Plan

April 2022 - 2025

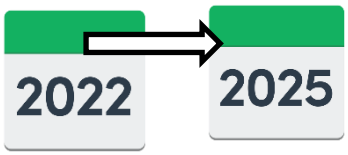
Easy Read

Introduction

This is a plan for the Health and Social Care Services in Aberdeen City.

This plan is about:

- What we will change in our services
- How we will support people
- How we will make our services better to suit people's needs.



Our plan will be for the next 3 years, 2022 – 2025.

Who are we?

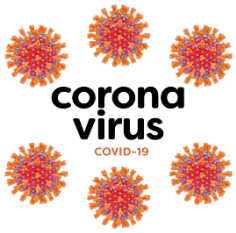
Aberdeen City Health and Social Care Partnership.

We deliver community health and social care services to the people in Aberdeen City.

Why do we need this plan?

There are longer waiting times for cancer treatment and other health services.

More people have mental health problems.



Some people have health problems because of Covid.

We still have to do Covid vaccines.

The number of people that will need care and support will carry on growing over the next years.

This means more people will need our services.

We need to change our services to care for and support more people in home settings.

We need to make sure that people get the right support and service.

What do we want to do?

We want people to have easy access to our services.

We want people to get the right care and support at the right time in the right place.

We want to respect the rights and dignity of our service users.

We want to make sure people are safe and healthy.

We want to make the best use of our facilities, people and resources.

How will we do this?

We have 4 important things that we will work on to help people in Aberdeen city.

What are the 4 important things?

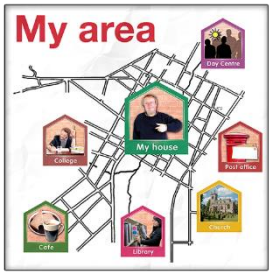
1. Caring Together

We will work together with others to give the best care and support at the right time.

We will work with:

- Other organisations
- Families
- Carers.

We will make it easier for people to access services.



We will involve people in planning and delivering services.

We want it to be easier and better to go to the GP practice.

We will give better support to unpaid carers.

2. Keeping people safe at home

We will support people to have their care at home or in friendly and comfortable settings.

We want to make sure people do not go into hospital unless they need to.

We will support people to live in their own home or community for as long as they are able to.

We will make services better for people that need complex care.

We will have more housing to meet people's needs and help them to stay part of their community.

We will give intensive family support to keep children with their families.

3. Preventing ill health

We will support people to be healthier and support people with:

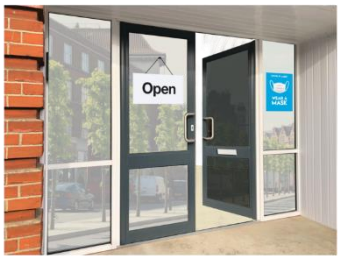
- Mental health
- Physical health and wellbeing
- Obesity
- Smoking
- Alcohol and drugs.

4. Achieving fulfilling, healthy lives

We will support people to live happy, healthy independent lives.

We will support people to maintain or improve their health and well-being.

We will make sure our services do not make people feel embarrassed or shamed.



We will start services again and find ways to catch up on things that we have not been able to do.

Things that will help us to do this are:

We will have the right staff with the right skills.

We will help staff with their health and wellbeing.

We will change our technology to newer technology.

We will offer more care using computers, tablets and mobile phones.

We will use our money in the best way that we can.

We will change the way our services work to suit your needs.

We will work to be more environmentally friendly.

We will support everyone with the changes we need to make in our services.

What next?

We will work to make our services better for people in Aberdeen City.

There will be lots more work going on over the next few years.

We will let you know how this is going.

You can look at the full version of the strategy at:

Put in address

Community Planning Aberdeen

Progress Report	Draft CPA Annual Outcome Improvement Report 2021/22
Lead Officer	Gale Beattie, Chair of CPA Management Group and Aberdeen City Council Director of Commissioning
Report Author	Michelle Cochlan, Community Planning Manager Allison Swanson, Improvement Programme Manager
Date of Report	11 May 2022
Governance Group	CPA Management Group – 1 June 2022

Purpose of the Report

This report presents the draft Annual Outcome Improvement Report 2021/22. This is the sixth 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 July 2021. The report also provides an overview of progress in delivering the CPA Improvement Programme during 2021/22.

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 7 July 2021. Within the refreshed LOIP there remains 15 stretch outcomes to be delivered by 2026 and 75 shorter term improvement aims.

1.2 The CPA Improvement Programme 2021-23 was approved by the Board on 15 September 2021 and set out the timescales for both initiation of the new aims within the refreshed LOIP, as well as the timescales for the continuing project charters being reviewed, over the next two years up until 2023. Of the 75 improvement aims within the refreshed LOIP 2016-2026, 41 projects were already initiated and therefore were classed as continuing, whilst 34 were new projects.

1.3 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. The Board on 15 September approved new outcome reporting interfaces to ensure that the various audiences are being provided with the detail to meet their requirements; and also providing the conditions to support the achievement of the project aims within the two year timeframe of the Improvement Programme, and ensuring that the connection with the community ideas for improvement in the Locality Plan are made and progress reported on. These arrangements include quarterly reporting to the CPA Board on progress made in taking forward the LOIP improvement projects, as well as a commitment to produce an Annual Outcome Improvement Report against the LOIP. This is in line with the Community Empowerment Act (CEA) 2015 which requires Community Planning Aberdeen to report progress against the LOIP annually for the period 1 April to 31 March.

2. DRAFT ANNUAL OUTCOME IMPROVEMENT REPORT 2012/22

2.1 The draft Annual Outcome Improvement Report 2021/22 contained at Appendix 1 is the first progress report against the Aberdeen City Local Outcome Improvement Plan (LOIP) since it was refreshed in July 2021. It provides the Community Planning Partnership and members of the public with an overview of progress made during 2021/22 towards the achievement of the 15 stretch outcomes and improvement project aims within the Local Outcome Improvement Plan 2016-26.

2.2 Drawing on evidence from the latest data available within our outcomes framework, as well as improvement data captured from our improvement projects, the report demonstrates the achievements of the Community Planning Partnership and highlights priority areas for improvement.

2.3 The draft Annual Report is currently out for consultation with Outcome Improvement Groups and Project Managers to address any gaps in information and data. The consultation is to conclude on 10 June 2022, with the report updated thereafter in advance of submission to the CPA Board on 6 July 2022.

3. DEVELOPMENT PLAN

3.1 A Development Plan was produced to support the implementation and delivery of the refreshed LOIP and Locality Plans. It was developed in response to feedback gathered from the CPA Board during a session facilitated by the Improvement Service in April 2021 and from a feedback exercise conducted with Project Leads in March 2021. The plan included five themes for improvement under which actions have been identified to provide cross cutting support to colleagues across the Partnership in the delivery of the LOIP and underpinning Locality Plans. Appendix 2 to the report shows the current progress status of the improvement actions contained in the Plan.

4. NEXT STEPS

4.1 The Annual Outcome Improvement Report 2021/22 allows the Community Planning Partnership to take stock of what has been achieved over the last year to progress the improvement aims within the Local Outcome Improvement Plan 2016- 26.

4.2 Consultation is ongoing with Outcome Improvement Groups and Project Managers to check the accuracy of the data and key messages and address any gaps in the data before submission to the CPA Board on 6 July 2022 and Council's Strategic Commissioning Committee.

Recommendations for Action

It is recommended that the Management Group:

i) Consider the current draft of the Annual Outcome Improvement Report 2021/2022 as contained at Appendix 1;

ii) Note that draft report is out for consultation until 10 June 2022 with Outcome Improvement Groups and Project Managers to address any gaps in information and data;

iii) Agree the submission of the next iteration of the draft Annual Outcome Improvement Report 2021/2022 to the CPA Board on 6 July 2022 and the Council's Strategic Commissioning Committee on 1 September 2022;

iv) Consider the progress against the Development Plan 2021 as contained at Appendix 2 and agree that it be submitted to the CPA Board on 6 July; and

v) Note that an easy read version of the Annual Report will be produced.

Opportunities and Risks
Successful delivery of the revised LOIP 2016-26 requires a robust programme management approach to the delivery of the 75 improvement projects and also requires clear process for alignment to the Locality Plans. The 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. The clear governance arrangements for both continuing and new project charters also ensures that we have effective outcome management arrangements in place to deliver upon the aims in the LOIP in the timescale and supports projects to continue at pace. The annual report provides an opportunity to reflect on progress achieved towards the stretch outcome aims, but also the implementation of the improvement projects.

Consultation
Michelle Cochlan, Community Planning Manager CPA Outcome Improvement Groups CPA Lead Contacts Group

Background Papers
Refreshed Local Outcome Improvement Plan 2016- 26 and CPA Development Plan 2021-2022 Final Draft Integrated Locality Plans 2021-26 – North, South and Central

Contact details:

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LOIP Annual Outcome Improvement Report

2021/2022

Draft 25 May 2022

Community Planning Aberdeen

FOREWORD

By Councillor Alex Nicoll and Chief Superintendent Kate Stephen

To follow

Councillor Alex Nicoll, Co-Leader of Aberdeen City Council and Chair of Community Planning Aberdeen

Chief Superintendent Kate Stephen, Local Commander Police Scotland, Vice Chair of Community Planning Aberdeen

SUMMARY OF PROGRESS

This report provides an overview of improvement activity carried out by Community Planning Aberdeen during 2021-2022 to achieve the 15 stretch outcomes set out within the Local Outcome Improvement Plan by 2026.

Stretch Outcomes we aim to achieve by 2026		**How are we doing?**
1	No one will suffer due to poverty	Progressing
2	400 unemployed Aberdeen City residents supported into Fair Work	Progressing
3	500 residents upskilled/ reskilled to enable them to benefit from economic opportunities	No data yet
4	95% of children (0-5 years) will reach their expected developmental milestones	**ACHIEVED**
5	90% of Children and young people will report that their experiences of mental health and wellbeing are listened to	No data yet
6	95% of care experienced children and young people have the same outcome levels as their peers	Progressing
7	95% of children living in our priority localities will sustain a positive destination upon leaving school	Progressing
8	Child friendly city where all decisions which impact on children and young people are informed by them	No data yet
9	30% fewer young people (under 18) charged with an offence	**ACHIEVED**
10	25% fewer people receiving a first ever Court conviction and 2% fewer people reconvicted within one year	**ACHIEVED**
11	Healthy life expectancy (time lived in good health) is five years longer	CHALLENGES
12	Harmful levels of alcohol consumption reduced by 4%	**ACHIEVED**
	Drug related deaths lower than Scotland	CHALLENGES
13	Addressing climate change by reducing Aberdeen's carbon emissions by at least 61%	Progressing
14	38% of people walking and 5% of people cycling as main mode of travel	Progressing
15	Addressing the nature crisis by protecting/ managing 26% of Aberdeen's area for nature	No data yet

CONTENTS

Prosperous Economy

Our Stretch Outcomes

SO1
No one will suffer due to poverty by 2026.

SO2
400 unemployed Aberdeen City residents supported into Fair Work by 2026.

SO3
500 Aberdeen City residents upskilled/ reskilled to enable them to move into, within and between economic opportunities as they arise by 2026.

Headline achievements during 2021/22

38% increase in community pantry members since April 2021.

564 people had unclaimed benefits identified, to a value of £84,249.26 per week.

64 employers now Real Living Wage accredited, a 32% increase since Jan 2021.

1.5% reduction in homelessness applications since last year and **14%** since 2018.

18 responsible businesses, an increase of **157%** since September 2021.

14 individuals starting a business, taking them off or reducing universal credits.

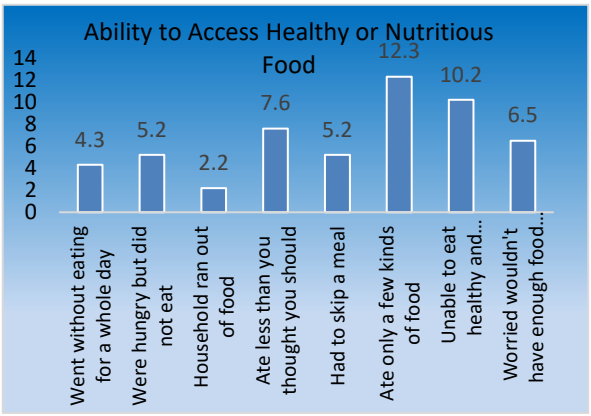
Progress made during 2021/22

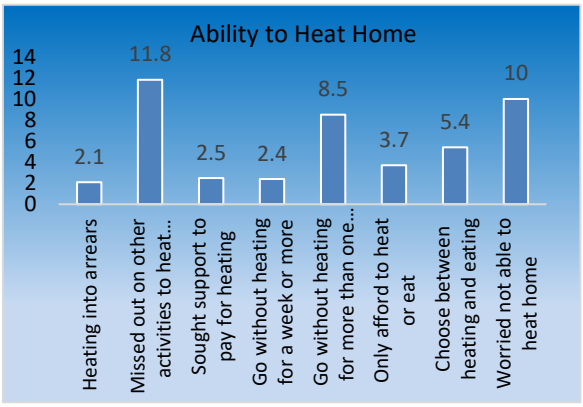
Increased Focus on Addressing Poverty

NO ONE in Aberdeen **will suffer** due to **poverty** by 2026

Central to our Local Outcome Improvement Plan (LOIP) is the ambition to reduce inequalities of outcome which exist across the City as a result of socio-economic disadvantage. However, the coronavirus pandemic has impacted on the City resulting in more people being in immediate and acute poverty. In light of this, the Partnership approved a new stretch outcome 'No one will suffer due to poverty by 2026' to communicate its commitment to supporting the shorter term recovery of the City as well as longer term renewal. This Stretch Outcome seeks to mitigate the causes of immediate and acute poverty through projects which will ensure all people across the City have access to food, fuel, shelter and finance. With the cost of living crisis currently being experienced, it can be expected that more individuals and families across the city will be impacted and our projects to mitigate against immediate and acute poverty even more paramount for the year ahead.

Data from the City Voice in 2021 shows that while 81.6% respondents did not report concerns around their ability to access healthy or nutritious food, there was an increase from the 2020 City Voice in the proportion of respondents reporting that they ate only a few kinds of food (12.3%), that they were unable to eat healthy and nutritious food (10.2%), and that they were worried they would not have enough food to eat due to money or lack of other resources (6.5%). The City Voice also asked about respondents ability to heat their homes, and while 85.2% respondents did not report concerns about their ability to heat their homes, 11.8% reported that paying for heating meant them missing out on other activities, 10% were worried that they would not be able to heat their homes and 8.5% went without heating for more than one day.





For more data go to www.communityplanningaberdeen.org.uk/outcomesframework

Greater Access to Affordable Food

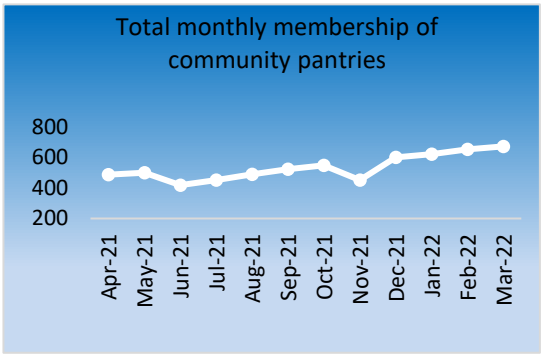
Improvement Achieved Exceeded

38% increase in the number of people using community pantries.

18% over the project's original aim.

Prior to and during the pandemic Aberdeen had experienced increasing use of food banks by people experiencing poverty, with an extensive network of these operating in the city. A key outcome of our improvement work is to increase the number of people using community food pantries to increase access to affordable, fresh healthy food for those who are suffering food insecurity. We are delighted to see that we have **achieved our aim** with the number of people using community pantries having grown by 38% between April 2021 and March 2022. The increase has been supported by the launch of a mobile pantry in September 2021 which prioritises our most disadvantaged and vulnerable communities, by offering flexibility to those not in a position to travel. Informed by research and community connectors for the project, the mobile pantry was initially piloted in Middlefield and Tillydrone. Tillydrone is now proving so popular, the project is looking to extend the slots here. As of March 2022, the mobile pantry had 51 members and was available in 6 neighbourhoods, these are Kincorth, Middlefield, Sheddocksley, Tillydrone, Seaton and Bucksburn. The pantry will be expanding into Hilton and Northfield and the project is also identifying areas of hidden poverty throughout the city to extend into these areas in the future. Work has begun on strengthening partnerships in community hubs so those that need it most have support to access it.

Above, Cfine mobile pantry



The pantries are supported by volunteers with 25 volunteers as at March 2022, an increase of 213% since January 2021. See **Case Study 1** for a spotlight on what we've tested and the outcomes achieved. Feedback from pantry members has been positive with members stating:

"One thing I really love about visiting the pantry is that from day one of visiting I was treated like a person. You are never judged or looked down on and you are always made to feel welcome."- Pantry member

"The Pantry is brilliant, such value for money. You pay £2.50 and leave with over £20 of food. I tell all my friends to join. Even with the new system, it is great, I feel really safe and everything is done so well with the one-way system, but it's a shame we aren't allowed in the coffee bar, I really miss that. ". Pantry member

Uptake of Unclaimed Benefits

Ensuring that household income is maximised is a key aspect to supporting households to come out of poverty and improve their financial security. We are working together to increase financial security through the uptake of unclaimed benefits. Through our new online benefit calculator launched in December 2021, all citizens can now check that they are receiving the benefits they are entitled to. Between 1 December 2021 and 31 March 2022, 564 people have completed the benefit calculator, from which 496 people had unclaimed benefits identified, to a value of £84,249.26 per week. As part of our improvement work we are also focused on providing financial assessments to people presenting as homeless to ensure that they have access to all appropriate benefits. In 2020-21 there was 1,464 homelessness applications in Aberdeen City, a 1.5% reduction since last year and 14% reduction since 2018. Through our initial testing of financial assessment for homeless people we are already seeing the positive impact, within the first two weeks of February 2022, of the 54 people presenting as homeless, 9% had homelessness resolved and 56% of had a full financial assessment completed. The financial assessments undertaken between February and March 2022 has identified £51,662.95 of additional benefits.

Tackling the Unequal Impact of Covid-19

The COVID-19 pandemic has shone a spotlight on, and exacerbated inequalities in society, with national reports evidencing that the impact of Covid-19 has not been evenly spread. It has disproportionately affected certain groups, including women, ethnic minority communities, disabled people, those facing socio-economic disadvantage, younger and older people. In light of this, we are working together to increase support for those who have been most disadvantaged through the pandemic with a focus on employability support for females and ethnic minority people initially. Through the launch of the ABZ Works website in September 2021, as at December 2021, 96 females and 13 ethnic minority people have been referred for support and with the proportion of clients accessing support through ABZ works being 40% female and 7% ethnic minority. We are focused on working together with a range of organisations and community groups to continue to increase access and uptake of available support by those groups most impacted through a co-designed targeted campaign.

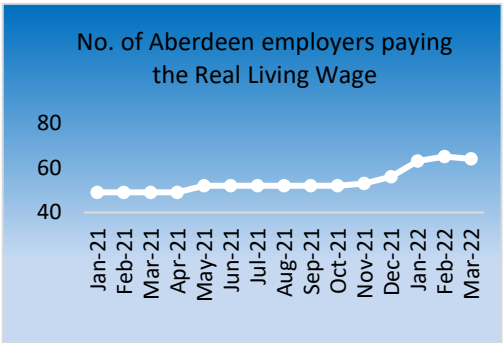
Increase in Employers Paying the Real Living Wage

Improvement Project Aim Achieved

47% increase in Aberdeen employers paying the Real Living Wage

On track to achieve 5% increase year on year by 2026.

We are committed to alleviating in-work poverty by increasing employer sign up to the Real Living Wage (RLW), meaning that low-income employees will benefit from a pay rise. This helps tackle pockets of in-work poverty within the city, with the added effect of increasing average earnings, productivity and boosting the wider economy. Based on data from Living Wage Scotland, there are currently 64 employers headquartered in the City now Real Living Wage accredited – a 47% increase since we started our improvement work to increase employer sign up to the Real Living Wage and a 32% increase since January 2021. 2021 saw the highest number of new accreditations since the establishment of the accreditation scheme. Latest data available at the end of 2021 showed that 86.6% of employees in the city were in living wage employment, a 4.6% increase since 2016. 80% of all Living Wage employers believe it's enhanced the quality of the work of their staff.



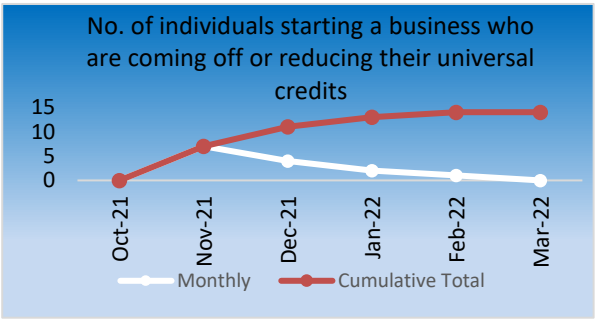
"I spent years working for minimum wage and relying on Working Tax Credits. Financial worries were extremely stressful. Earning a real Living Wage has made a huge impact on my life."- Social care worker

"As an events business, one of the main challenges is recruiting and by becoming accredited I was able to show that a small hospitality business like ours is able to pay a genuine living wage to everyone in the team. Ultimately, becoming an accredited Living Wage employer has helped us to find great talent and it shows we care about the team by paying a fair wage. It has also helped us win business from like-minded clients who understand what it means to be a Living Wage accredited employer. Plus, it shows to suppliers,

Data available at the end of 2021 shows an increase in the median gross weekly pay for Aberdeen from £577.70 in 2020 to £587.40 in 2021, with the weekly wage for females increasing from £532.60 in 2020 to £574.90 in 2021.

Supporting Unemployed People to Start a Business

Business creation is key to both developing new fair work employment opportunities; reducing the number of people in receipt on Universal Credit and to diversifying the economy. We are focussing our improvement activity on supporting people who will be coming off (or significantly reducing) their benefits to start a business. Since the project began in November 2021, we have set up a Young Persons Seed Fund to support young people to start up a business. The fund is also targeted at parents



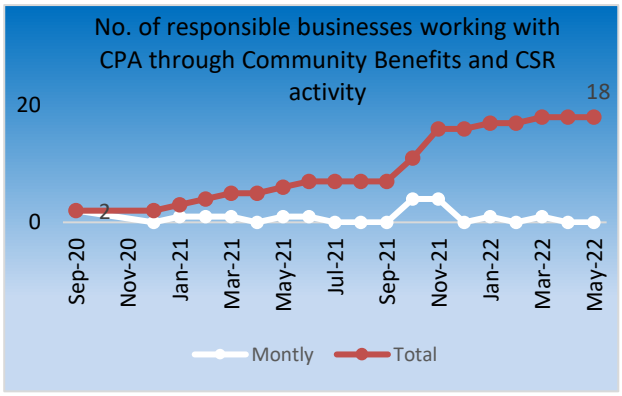
out of work or experiencing in work poverty to support them to get back into work or increase their income through self employment. We also now have dedicated Business Gateway Advisers per locality to help increase the number of direct referrals. As a result of these improvements, since November 2021 we have supported 40 individuals in receipt of universal credits to investigate starting a business, with 14 individuals going on to start a business which has either taken them off universal credits or significantly reduced their universal credits. Latest data, also shows a reduction in the number of business deaths, with 1,070 business deaths in 2020, compared to 1,105 in 2019.

Employability Support for care Experienced Young People

Many care experienced young people face significant barriers to employment and the majority will need additional support and mentoring to help them achieve and sustain employment. The range of barriers faced is broad and can seem overwhelming. Positive and early work experience or employment helps with a smoother transition to life beyond care and minimises the risk of homelessness and offending.

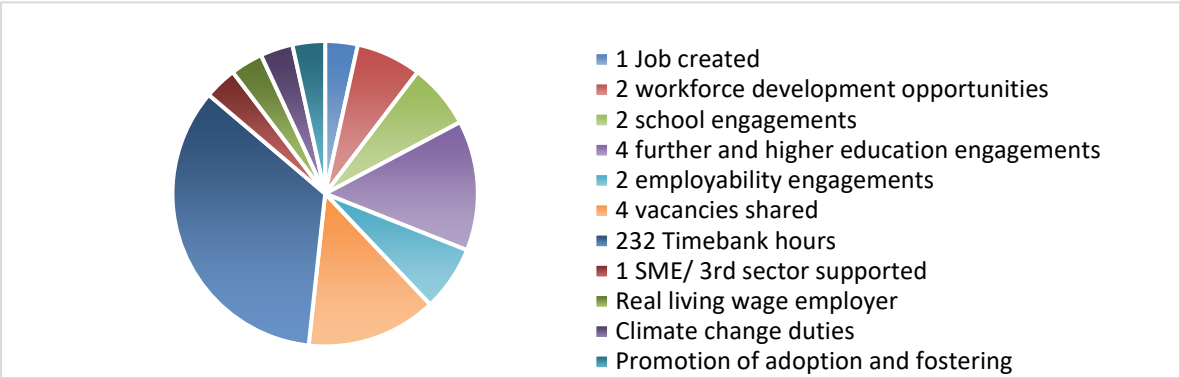
Through our employability support for care experienced young people project we're aiming to remove those barriers and provide support and opportunities to help them feel confident and ready for employment. Latest data available for 21-22 shows that our tailored employability support programme has had 14 participants, including 12 care experienced or currently Looked After young people. Also, 9 of the young people came from a priority neighbourhood (2 South, 5 Central, 2 North). This programme has been very successful to date across a number of outcomes, including: sustained engagement; achieving of qualifications; engaging in work experience; progressing into a positive destination; sustaining that destination. Of the 14 participants, 86% have gone on to achieve a positive destination with 7 gaining employment; 2 enrolled at college; and 3 continuing with programme.

Increasing Collaboration with Aberdeen Responsible Business



We continue to appeal to responsible businesses across the City to harness the power of the collective and make a difference for our communities. Aberdeen Responsible Business want to give back to the people of the City and support the most vulnerable people in communities. As of March 2022 we are working with 18 responsible businesses, an increase of 157% since September 2021. New responsible business partners include Barclays Bank, BP, TAQA, CMS and Wood Group, all contributing to the achievement of our LOIP outcomes – see our responsible business stories for more information about how. Our data shows that the Annual Responsible Business Event has had the biggest impact in attracting new businesses to work with us and in November 2021 attracted double the number of businesses than in 2020. There has been a 180% increase in new enquiries from businesses about working with CPA since September 2021. As well as the Annual Responsible Business Event, having a central point of contact and our online responsible business platform are proving to be effective in supporting this improvement.

An example of how the work of Aberdeen Responsible Businesses are benefitting local communities is the the building the new replacement Riverbank School in Tillydrone by Robertson Limited Construction Company. The business committed to deliver multiple community benefits throughout the build. Outcomes achieved in 2021 include:



Improvement priorities 2022/23

- Raising awareness of support available to communities to reduce energy bills and other ways to increase income.
- Further expansion of the food pantry model, with a commitment to develop four further pantries.
- Capacity building of groups who engage with/support people from ethnic minority communities and women to increase the number referred to and accessing available employment support.
- Supporting people into sustained, good quality employment, with a particular focus on; those from priority neighbourhoods and people over 50.
- Supporting enhanced skills in digital technology by providing practical support, offering routes to qualifications and other learning opportunities for people to access and use digital technology with confidence
- Increasing routes available into modern and graduate apprenticeships through collaboration with a range of partners and testing a number of initiatives to increase completion rates.

Case Study 1. Community Food Pantries

Increasing Access to Affordable Food

What are we trying to achieve?

We are aiming to reduce food poverty and increase access to affordable food by increasing membership of community pantries (by 10%) which provide a more dignified and sustainable alternative to foodbanks.

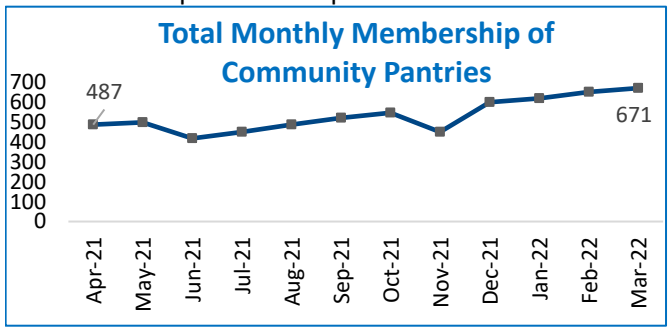
How are we doing this?

Through our multi agency improvement project we are testing the following improvements:

- Targeted support to people receiving emergency food parcels to help them to become pantry members
- A booking system to help remove any barriers from stigma & ensure COVID restriction protocols in place to keep all safe
- A mobile pantry to increase access to affordable food across the city
- Opportunities & support for volunteers to manage the pantries

What have we achieved?

- **Aim achieved** with a **38%** increase in total pantry membership between April 2021 & March 2022.



- **213%** increase in pantry volunteers since Jan 2021.
- Since Dec 2020 total membership of the CFINE pantry has increased each month & is now up to **379** members.
- Since Aug 2021, targeted support has led to **17** beneficiaries move from emergency food parcels to pantry members.
- As of March 2022, the mobile pantry has **51** members and available in **6** neighbourhoods.

What impact have we had?

"The Pantry is brilliant, such value for money. You pay £2.50 and leave with over £20 of food. I tell all my friends to join. Even with the new system, it is great, I feel really safe and everything is done so well with the one way system, but it's a shame we aren't allowed in the coffee bar, I really miss that." *Pantry member*

"I thought I would be embarrassed coming, but I actually really enjoy it. I always get at least 2 meals covered. In the holidays the kids came and was excited at getting veg! They are not enthusiastic about fruit and veg, but they are if it's from the van." *Pantry member*

View our **pantry video** to hear from one of our volunteers

Prosperous People

Children & Young People

Our Stretch Outcomes

SO4
95% of children will reach their expected developmental milestones

SO5
90% of Children and young people will report that their experiences of mental health and wellbeing have been listened to by 2026.

SO6
95% of care experienced children and young people will have the same levels of outcome as their peers

SO7
95% of children living in our priority neighbourhoods will sustain a positive destinatio upon leaving school by 2026.

SO8
Child Friendly City by 2026

SO9
30% fewer young people (under 18) charged with an offence by 2026

Headline achievements during 2021/22

Reduction in number of births affected by maternal use of drugs

93.2% of young people achieving a positive and sustained destination

Increased qualifications for care experienced young people

72% of schools offering counselling

8% increase in growth sectors courses delivered in schools

3500 users of ABZ Works website, shaped by young people

53.5% reduction on number of under 18s identified as accused

62% of 16-17 year olds jointly reported being retained by the reporter & offered alternatives.

Stretch Outcome 4 achieved and exceeded with 96.6% of children reaching expected developmental milestones

96.6%

OF CHILDREN

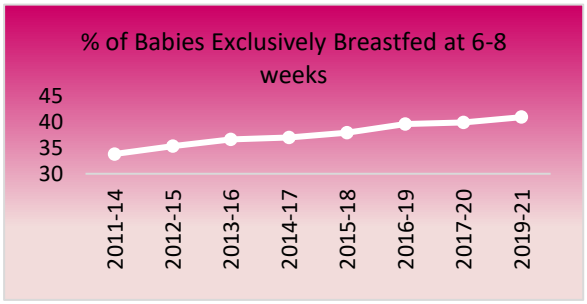
reached

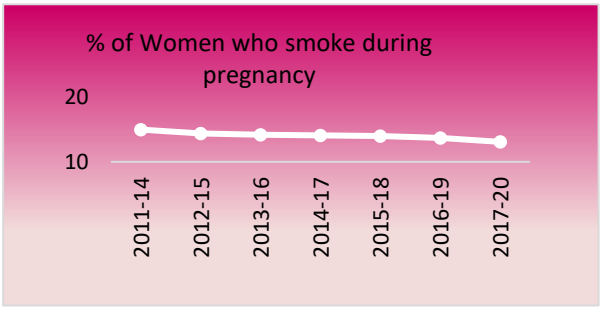
their expected development

milestone on time

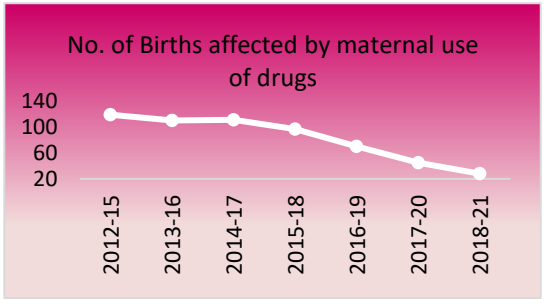
We can report that latest data available at the end of 2019/20 shows that 96.6% of children met their developmental milestones at the time of their 27-30 month review, compared to 85.7% for Scotland and exceeds our stretch outcome set to be achieved by 2026.

Improvement activity carried out by Community Planning Aberdeen to ensure parents understand and address the issues which impact on the health of their children has supported this achievement. For example, work to encourage breast feeding has secured a continuous upward trend to 40.9% of babies being exclusively breastfeed at 6-8 weeks in 2021. This is significantly higher than the Scottish average of 31.8%. Similarly, we have continued to see a reduction in the percentage of women in the City who smoke during pregnancy with latest data showing this to be 13.1% which is again lower than the rates in Scotland of 14.6%.





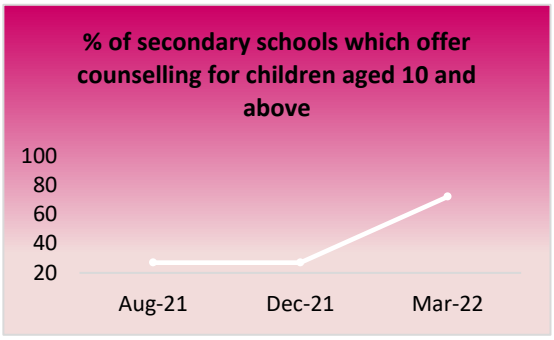
We are not complacent and recognise that although we have achieved improvement in these areas and our stretch outcome has been reached, we need to do more to ensure all children get the best start in life and that all families receive the parenting and family support they need. We recognise that there are times that a family needs extra support and we are working together to increase the uptake of family support available, particularly for our most vulnerable young children and their families. For example, a priority has been to provide targeted support people using substances during pregnancy. All forms of substance use can increase risk of harm to the user and to the unborn child and can affect the health and wellbeing of children as they grow up. Data is showing a positive direction in terms of a reduction in the number of births affected by maternal use of drugs to 25 in the latest data, from 45. Whilst we are seeing improvement in the reduction in number, the rate of maternities recording drug use has increased by 4.4 to 22.04 per 1,000 maternities. Through our improvement work, we are developing a whole system, whole family approach to identify, engage and support individuals and families with multiple complex needs to reduce the number of births affected by drugs.



Counselling and other support to boost mental health

We are committed to addressing the needs of our young people with mental wellbeing concerns and through our improvement activity we are focused on increasing access to mental health and wellbeing supports either in person through the fit like hubs and counsellors in our schools, or digitally so that we're providing different means for children and young people to access the support in the way which suits them.

Counselling support for children and young people allows us to provide early intervention and help individuals develop resilience and coping strategies in relation to a mental health condition. For example, depression, anxiety or an eating disorder; or a difficult life event such as bereavement, a relationship breakdown or stress etc. We have committed to providing sustainable and equitable access to counselling in schools for children aged 10 and above and we are delighted to see that as at March 2022, 72% of schools are offering counselling, an increase of 45% since December 2021. We have also undertaken a pilot with four secondary schools to deliver Distress Brief Interventions (DBI) and focusing on establishing a new children and young people pathway linking CAMHS, schools and existing local DBI level 2 services, with positive outcomes already being shared from some of our settings. 36% of secondary schools are now delivering DBIs.

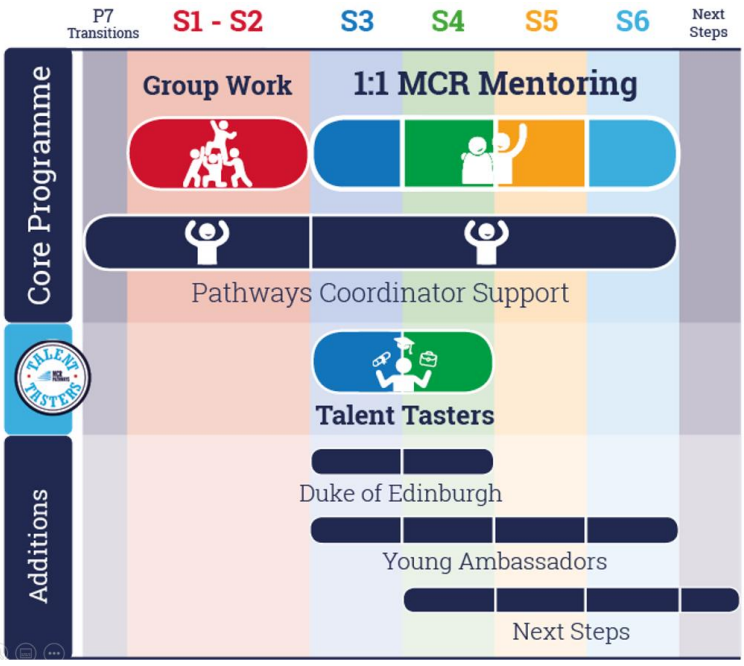


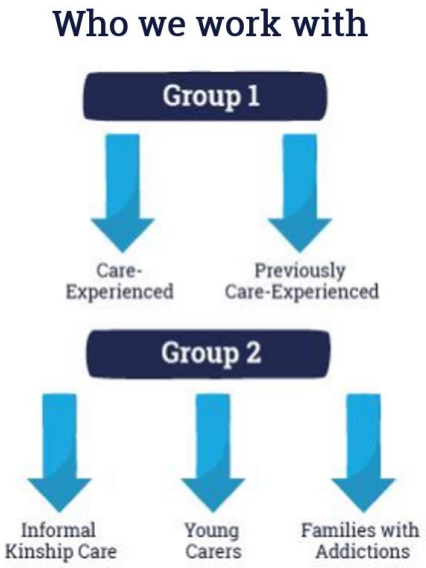
We are ensuring our workforce are supported and have the skills to support our children and young people and knowledge of referral pathways, through training such as Let's Introduce Anxiety Management training which 31 staff have now been trained in.

Regular physical activity also plays an important role in preventing the development of mental health problems and in improving the quality of life of people experiencing mental health problems. Through our free access to physical activity project 100% active schools are now free providing accessible physical activity to children and young people in all school settings across Aberdeen City.

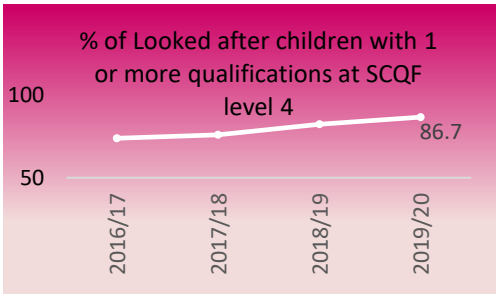
Positive Destinations for Young People from our Priority Neighbourhoods or who are Care Experienced

To ensure all young people have the opportunity to do well in an increasingly complex and competitive economic landscape, we are working together to improve how we identify and meet support needs for young people and their families and carers earlier, improving their capacity to access positive learner pathways. For example, through initiatives like the MCR Pathways programme which offers mentoring support to care experienced and vulnerable young people we are radically improving the staying on rates, educational attaniment and destinations of our care-expereienced and disadvantaged young people while building their confidence, motivation, commitment and resilience. In 20/21 we supported 217 care-experienced and vulnerable young people between S1-S6 in Aberdeen in six schools.





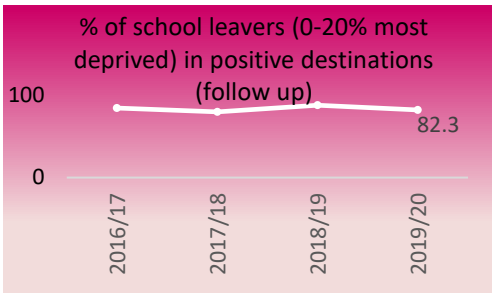
Latest data available at the end of 2021/22 for Aberdeen City shows that the proportion of care experienced young people attaining one or more qualifications at SCQF level 4 has increased from 73.9% in 2016/17 to 86.7% whist sustained positive destinations of the cohort have decreased from 73.9% to 63.3% during the same time period. In 2020/21, 100% of care leavers over 16 years olds had a pathway plan. For the academic year 2019/20, 100% of MCR-mentored young people in Aberdeen stayed on at school. The Pathway Coordinators are tracking the destinations of 29 care experienced or previously care experienced young people, and have been actively supporting applications to college, university and employment and liaising with other agencies to identify those at risk of a negative destination.



Another initiative we have been piloting with a cohort of young people under 18 attending North East Scotland College is the upstream survey. The survey helps identify risks to student's learning to ensure the right support if made available at the right time and enhance these young people's ability to sustain their positive destination in college.

171 students attending courses at the Altens campus have taken part in the upstream survey so far. This site was chosen as students tend to be younger, term time leavers plus there was a significantly low take up of support at the Altens campus. The survey allows each young person to score their level of risk around 4 key areas - resilience, engagement with education, mental wellbeing and housing. Following the first survey, 43 students were followed up with immediately, of which 30 had high risk in more than one category.

- Of those, 10 referrals were made to counselling, wellbeing or study skills.
- 18% were identified at high risk of homelessness, with 1 supported to move towards safe living arrangements.
- Wellbeing scores were of particular risk with 21% reporting high risk with a further 69% at amber. However, the risk of disengagement was low at only 3%.



Students identified at risk were not previously identified as requiring and feedback is being used to review and prioritise what supports are in place and/or required. Additional wellbeing initiatives have been made available for all students to mitigate the risk to students' mental wellbeing as well as more on campus learning.

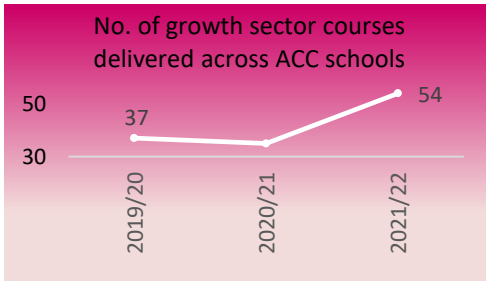
Improving access to the right skills and qualifications for Young People

Improvement Project Aim Exceeded

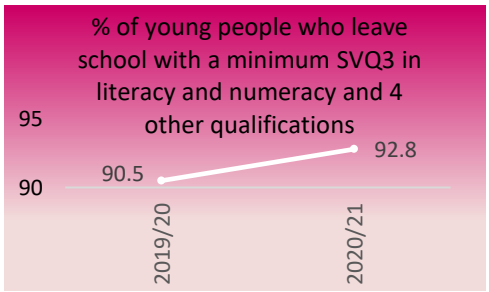
8% increase in growth sector courses delivered across schools in 2021-22.

1% over the project's original aim.

We have seen changes to the world of work and greater employment opportunities in our growth sector industries. To support the growth of these sectors our improvement activity has been focussed on providing opportunities for young to gain the skills and qualifications required for a future within these sectors. Through a variety of improvements, such as a one stop learner pathways website; an annual learner pathway induction event, we are delighted to see that our growth sector courses project has **achieved its aim** with an 8% increase in growth sector courses delivered across schools in 2021-22 with 54 courses now delivered. These changes have now been embedded as business as usual in our multi-agency systems. See **Case Study 2** to read more about the outcomes that have been achieved.



Every young person needs to be literate and numerate. Without the skills of literacy and numeracy, a young person or adult is cut off from full participation in many aspects of life. We know that children who do not learn to read, write and communicate effectively are more likely to have less positive outcomes compared to their peers. In 2020/21 we saw an increase in the % of young people who leave school with a minimum SVQ 3 in literacy and numeracy and 4 other qualifications. However, we know that the current delivery of literacy and numeracy follows a fairly traditional model of service delivery. Through our literacy and numeracy project we are exploring the potential to look beyond the traditional and consider alternative delivery models to complement the work of schools and ensure prevention and early intervention.



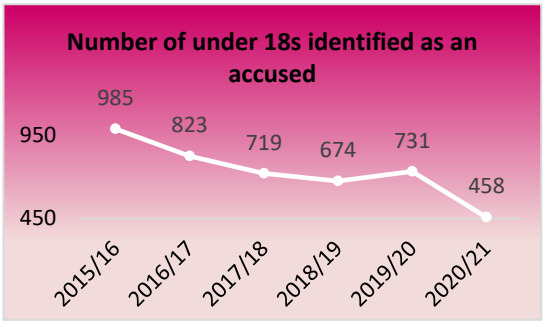
Significant time has also been invested in the development of a citywide data system to aid our work to deliver the Alternative Certification Model in the short term and to raise attainment and improve positive destinations in the longer term. The PowerBI platform has enabled the analysis of whole school data subject by subject historical data, and pivot table analysis with individual pupil data sets.

Progress in Becoming a UNICEF Child Friendly City

Through our ambition to become a Unicef accredited 'Child Friendly City' (CFC), we have worked increasingly closely with children and young people to provide them with a range of opportunities to directly influence and shape the city they live in and the services that they access. As a partnership we agreed to focus on achieving the following six badges that underpin our CFC accreditation programme. Partners have been identified to coordinate and support the delivery of our identified actions for each of the 6 'badge' areas and have now moved from the development to the delivery phase.

Badge	Progress Made 2021/22
Cooperation & Leadership 	• 42 members of partnership staff trained in adopting a Child Rights Based Approach into our daily practice. • Children's rights/CFC training for new and returning elected members included as part of their induction process.
Communication 	• North East Scotland College students have created a video and banner to promote working with children and young people. • Unicef training provided to partnership communication teams staff.
Culture 	• Audit tool being developed to support schools to fully take account of all 54 UNCRC articles. • Ongoing work by Police Scotland to improve relationships between the police and children and young people.
Place 	• Aberdeen to invited to test the new Place Standard Tool for children and young people. Work has been undertaken to adapt the content to a digital platform to increase accessibility and usability for children and young people.
Child Friendly Services 	• Young people are being asked to help design school buildings of the future. • Continuing to embed children's right into the framework for the developing Integrated Family Portfolio.
Participating 	• City Centre Masterplan and Beach transformation as well as provide a new model for broader engagement on civic projects. • Establishment of a pupil Climate Change President and a working group of school climate change champions to help address Climate Change aided by a generous budget of £150,000 awarded at the Council budget meeting.

Stretch Outcome 9 achieved and exceeded with 53.5% fewer young people being charged with an offence since 2016



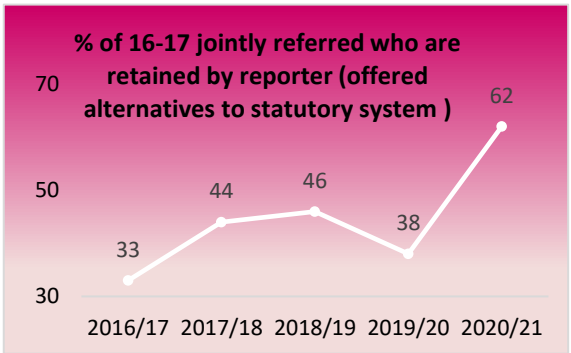
We are taking forward a number of early intervention and prevention initiatives to support the reduction in the number of young people involved in offending behaviour. We are pleased to see latest data showing a reduction in the number of under 18s identified as accused reduced by 37% in 2020/21 and 53.5% overall since the LOIP was first published in 2016. The nationwide and local lockdowns and other measures put in place to limit social contact during COVID-19 are very likely to have had a significant impact on the reduction in youth offending seen in 2020/21. However, as a result of improvement work we can see a positive trend since 2016.

We are hopeful that this improvement is sustained following the easing of covid-19 restrictions by providing opportunities and activities for children and young people that keeps them occupied and engaged. We know this reduces the chances of them becoming involved in negative and antisocial behaviour. Through our anti-social behaviour and youth community activity projects we are providing children and young people, particularly those living in priority neighbourhoods, with further opportunities to take part in activities that are purposeful and allows them to interact positively with adults. For example, following the success our ongoing youth project at Tesco, Woodend which has led to a reduction in offending in that area, activities have commenced in the Lochside Academy area which will hopefully reduce anti-social behaviour in the South of Aberdeen.

Improvement Project Aim Exceeded

62% of 16-17 year olds jointly reported being retained by the reporter and offered alternatives.

27% over the project's original aim.



Through our alternatives to statutory system project we have been focused on reducing re-offending and improving outcomes for 16–17-year-olds who have been jointly reported to Scottish Children's Reporter Administration (SCRA) and Crown Office and Procurator Fiscal Service (COPFS) by increasing the number of young people reported being offered robust alternatives to entering the statutory system by 10%. We have achieved our aim with 62% of 16-17 year olds jointly reported being retained by the reporter and offered alternatives, an increase of 24% since 2019/20. These changes have now been embedded as business as usual in our multi-agency systems. See our **Case Study 3** to read more about the outcomes that have been achieved.

Improvement priorities 2022/23

- Developing a whole system approach to reduce to the rate of maternities recording use of drugs
- Identifying and targeting families, particularly those with multiple complex needs, to provide support at the earliest opportunity.
- Further extending our focus on ensuring young person voice is at the heart of all our improvement development.
- Providing support for mental wellbeing needs of children and young people at all stages through schools, community hubs and online forums.
- Continuing to support young people to reach positive destinations, particularly our most vulnerable groups including care experienced young people and those living in priority localities.
- Develop a menu of family learning support activities to increase levels of engagement with parents and families in their children's learning.
- Training on the new Framework for Risk Assessment, Management and Evaluation (FRAME) guidance, Complex Adult Risk Management (CARM) local policy/process and secure care standards to be delivered to multi agency audience to support whole system approach to reducing offending behaviour of young people.
- In 2021/22, 26% of 8-17 year olds charged with an offence were care experienced young people and supporting these young people will be a focus of our improvement work over the next year.

Case Study 2. Supporting our growth sector and increasing access to courses across our schools

What are we trying to achieve?

We are aiming to increase the number of school courses aligned to growth areas by 7% to enable us to support the growth of these sectors by having young people with the right skills and qualifications for a future within these sectors.

How are we doing this?

Through our multi agency project we are testing the following improvements:

- ABZ Works, a one-stop shop Learner Pathways website.
- An annual Learner Pathway Induction event for senior phase students (Lift Off).
- A representative Curriculum mapping group to coordinate and determine partnership course provision on an annual cycle.
- Review of the City Campus provision with the aim of extending the range of pathways we can offer senior phase young people, e.g. one day integrated courses such as the Level 5 Construction course currently being piloted at St. Machar Academy.
- A coordinated approach to develop and embed Skills 4.0 (life, learning and work) to support alignment of curricular pathways with growth economic sectors.

What have we achieved?

- **Aim achieved** with an **8%** increase in growth sector courses delivered across schools in 2021/22 with **54** courses now delivered.

- **49.5%** of all courses delivered in 2021/22 are growth sector courses, an 8% increase in proportion since 2019-20.
- **50%** of Aberdeen City S5 and S6 students attended the Learner Pathway event (Lift Off 2021), with **60** employers sharing their career pathway story & opportunities for young people.

- **ABZ Works** website, shaped by young people, launched in Sept 22, with **3500** users until March 22.

What impact have we had?

Feedback from young people attending Lift Off 1:

"It was good to gain a sense of the skills that are generally required to work in these industries."

''The event gave an insight into various Universities, companies, as well as individuals presenters who shared their experience"

'The talks helped to motivate me and told me what to strive for in the future"

Read the full evaluation **here**

What are our next steps?

- Continue to develop our improvements, e.g. pathway planning, to ensure the increase in growth sector courses is **sustained** into 2022-23.
- Hold **Lift Off 2** on 1and 2 June 2022 to raise awareness of growth sectors and inspire young people about the range of opportunities available to them.

- Explore how the % increase in growth sector courses feeds into the % increase in course awards (e.g. numbers of students on these new courses).

Case Study 3. Supporting Young People in Conflict with the Law & Reducing Re-offending

What are we trying to achieve?

We are aiming to reduce re-offending and improve outcomes for 16–17-year-olds who have been jointly reported to Scottish Children's Reporter Administration (SCRA) and Crown Office and Procurator Fiscal Service (COPFS) by increasing the number of young people reported being offered robust alternatives to entering the statutory system by 10%.

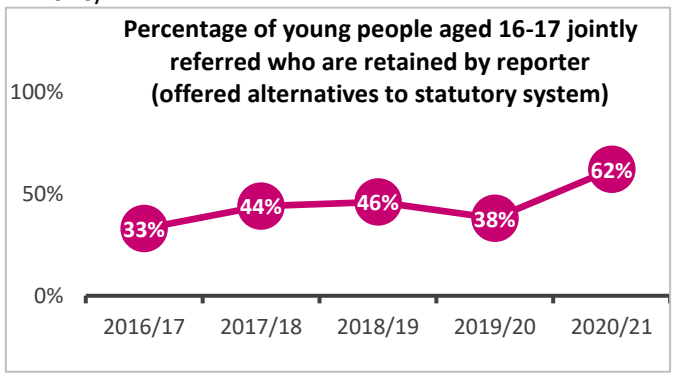
How are we doing this?

Through our multi agency project we are testing the following improvements:

- We have set up a single point of contact in Children's Social Work to ensure awareness of all jointly reported young people and therefore able to offer support and guidance to the lead professional and ensure that information is shared in a timely manner.
- Developed a briefing note and training materials to support workforce development.
- Held multi-agency workforce development learning sessions to ensure that all staff are confident in the process and the information they share.

What have we achieved?

- **Achieved our aim** with **62%** of 16-17 year olds jointly reported being retained by the reporter and offered alternatives, an **increase of 29%** since 2016/17.



- **72%** of staff attending the learning sessions reporting their knowledge had increased a great deal or a lot following session. All attendees indicated an increase in knowledge, of those attending some already had a high level of knowledge and experience.
- **79%** of staff reported that the briefing note on joint referrals was extremely or very helpful.
- **Operational and systems** improvement suggestions captured from the learning sessions, ensuring the whole system was considered and staff connected and progressing the ideas at all levels. These will be progressed as part of an ongoing learning community supported by a Practice Lead role in SCRA.

What impact have we had?

As part of our overall approach to creating participation and engagement opportunities for young people in conflict with the law to have a voice in systems, the Youth Justice Improvement Group has started to design approaches which will reach out to young people at various stages, including those Jointly Reported
The Centre for Youth and Child Justice (CYCJ) Participation and Engagement Strategy is informing our approach to moving from consultation to co-design.

What are our next steps?

- Continue to develop our improvements to ensure the increase is **sustained,** 2021/22 data is awaited.
- Design and test the further improvement suggestions from the learning sessions.
- Meet regularly as a multi-agency improvement group to monitor and support improvements

Prosperous People

Vulnerable Adults

Our Stretch Outcomes

SO10

25% fewer people receiving a first ever Court conviction and 2% fewer people reconvicted within one year by 2026

SO11

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

70-73

SO11

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

Headline achievements during 2021/22

35.6% fewer people receiving a first ever court conviction and 2.2% reconvicted within one year

150 diversions from prosecution commenced

80% of individual's accessing voluntary throughcare support on release from prison

36% reduction in the number of deliberate fires in the Torry & Ferryhill

110 staff completed domestic abuse Safe and Together Overview training

18% reduction in youth homelessness

Decrease in harmful levels of drinking

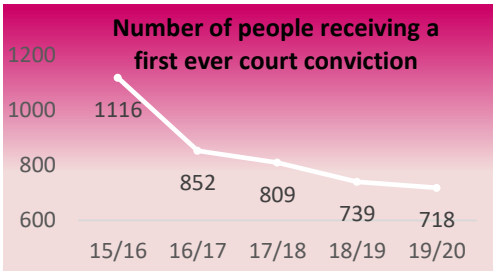
451 people have been trained in naloxone

Progress made during 2021/22

Stretch Outcome 10 achieved and exceeded with 35.6% fewer people receiving a first ever court conviction and since 2016

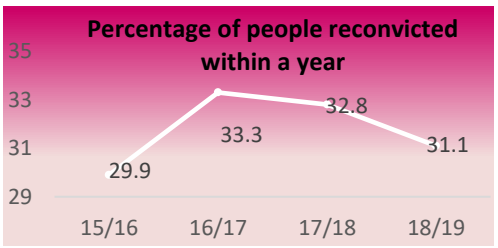
35.6%
FEWER
people
receiving a first ever
court conviction

Latest data available at the end of 2021/22 shows a reduction in first court convictions for the fourth year in a row with 29 individuals aged under 18 and 689 aged 18+, receiving a first court conviction in 2019/20, down from 34 and 725 in 2018-19 respectively. This is a reduction of 35.6% overall since the LOIP was published in 2016, exceeding our aim by an additional 10%.

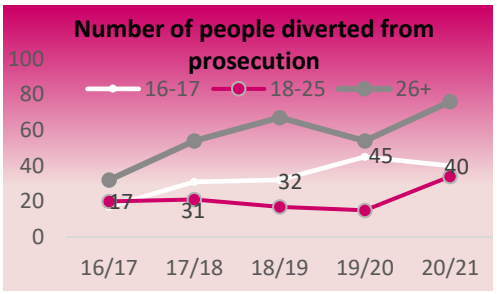


2.2%
FEWER
people
reconvicted
within one year

As well as reduction in first convictions, data has also shown a continued decrease in the number of offenders and reconvictions rate, with a 19% reduction in offenders from the baseline data. Of the 1,597 offenders (all ages) in the 2018-19 cohort, 31.1% were reconvicted, compared to 33.3% in 2016-17.



One of the ways we have been working together to achieve these results is through diversion from prosecution which aims to explore and address the factors underlying someone's offending behaviour. This reduces the likelihood of reoffending, as well as related stigma and therefore improves the life chances of people within a community. Through our Diversion from Prosecution improvement project, we tested and implemented a new multi-agency diversion pathway and appointed a diversion coordinator to oversee delivery and awareness raising across all agencies. Through the changes embedded, data for 2020-21 has shown a 43% increase in the number of referrals from 136 to 194, as well as a 32% increase in the number of diversions commenced, from 114 to 150.

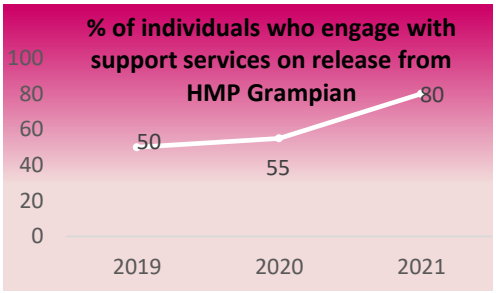


Helping People Back on Track on Release from Prison

Improvement Project Aim Exceeded

80% of individuals accessing voluntary through care support in 2021.
20% over the project's original aim.

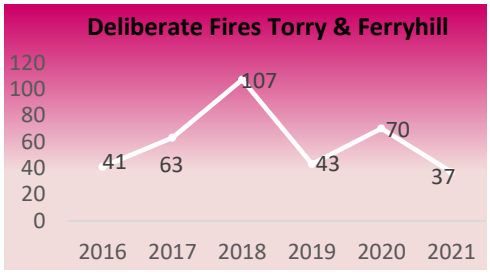
We have been working together to ensure people leaving prison have the best chance of thriving in the community by ensuring they continue to have access to housing, healthcare, financial stability and other practical and emotional support. Through our support on release project we have achieved our aim with 80% of individual's accessing voluntary throughcare support in 2021 compared to 50% who took up the offer in 2019, a 30% increase, 20% over the project's aim.



The project has tested a number of tests to achieve this improvement, such as planning for release earlier (8 weeks' pre-release); providing face to face support meetings prior to release (benefits assessments and mentor meetings); introducing a whole system approach to improve access to all supports on day/week of release (e.g. transport, housing, GP, food, benefits) and introducing the use of 'Making Every Opportunity Count' (MEOC) conversations to encourage engagement. See **Case Study 4** to read more about the outcomes that have been achieved.

Multi-Agency Approach to Tackling Wilful Fires

Wilful, or deliberate, fires account for 10% of all incidents attended by the Scottish Fire and Rescue Service (SFRS) in Aberdeen, demanding considerable resource from partners. The Partnership has introduced a new wilful fire project in Aberdeen. The project aims to reduce wilful fires in the city by 10%, with initial testing in the Torry and Ferryhill area as this was the area where most incidents had occurred over the baseline period of 2015-19. Traditionally referrals to SFRS are for young people who have a conviction for fire-related activity. The new project takes a more preventative approach through engagement and education to encourage more positive behaviour.



We are delighted to report a 36% reduction in the number of deliberate fires in the Torry and Ferryhill area where deliberate fires were reduced from 57 (5 year average) to 37. To support this achievement, the project has reviewed and strengthened engagement and communication and developed a communication plan to promote targeted community safety messages and reached a varied age range of young people through video presentations at schools which have contributed towards spreading the fire safety message and ultimately lowering the number of deliberate fires in the area.

Support for Victims of Domestic Abuse

Through our improvement projects we aim to support domestic abuse victims and decrease incidents of domestic abuse by ensuring that victims receive access to right support and undertaking preventative work. By increasing awareness of domestic abuse and the support available to victims and perpetrators we hope to change attitudes, behaviours and beliefs that normalise and tolerate domestic abuse among the public and prevent men and women from becoming victims or perpetrators of abusive relationships. In 2021, 2322 people reached out to or were referred to specialist support services because of domestic abuse, this accounts for 88% of recorded incidents of domestic abuse by Police, an increase of 4% from the previous year.

Between March 21 and 22, 42 self-referrals for support were received by Aberdeen City Council's Domestic Abuse Team. This data has not previously been collected and we hope that through awareness raising this number will increase. We are currently testing methods of increasing awareness with Council staff and young people from NESCOL. A variety of forms of domestic abuse training is being tested with Council staff with 174 people completing some form of training, including train the trainer, so far. Online information sessions to increase young people's awareness of local support services have also been held and attended by 148 North East Scotland College students. Since October 2021, when our information sessions commenced, we have seen an increase each month in the number of young people accessing domestic abuse support with a high of 30 in March 2022.

Raising Awareness of How we can all support Suicide Prevention

Suicide is of concern to us all and many will have been affected by suicide in some way. In 2021 the rolling 3 year average for probable suicide was 26, a reduction from 27 in 2020. Everyone has a role to play in preventing suicide and through our preventing suicide project we are raising awareness of the supports available to people with suicidal thoughts and of the actions we can all take to support someone at risk.

In 2021/22 a promotional campaign was held providing a video and information explaining what you can do to prevent suicide. One method of accessing support is through our Prevent Suicide App, and as at January 2022 we has 3,992 users in Aberdeen, 56% of all app users. As well as the campaign, we provided suicide prevention training for staff and communities. 32 Introduction to Suicide Prevention sessions were delivered to 708 staff and volunteers from groups and organisations in Aberdeen, with an additional 115 people from the City attending our Grampian-wide offering. Those receiving training have included Teachers, Coastguard, Community Councillors, Housing Officers, Offshore Medics and Bar Staff. 92.7% of people trained agreed that the training has been helpful in their professional practice and 86.6% have agreed that training is helpful in their personal life.

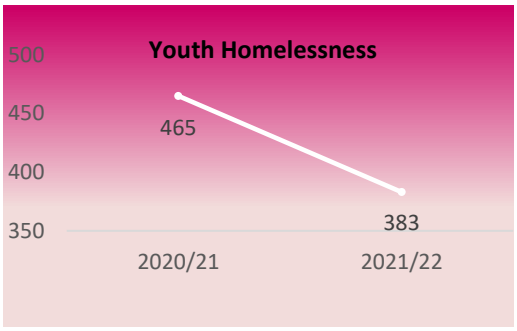
Reduction in Youth Homelessness

Improvement Project Aim Exceeded

18% reduction in youth homelessness.

3 X more than the project's original aim of 6%

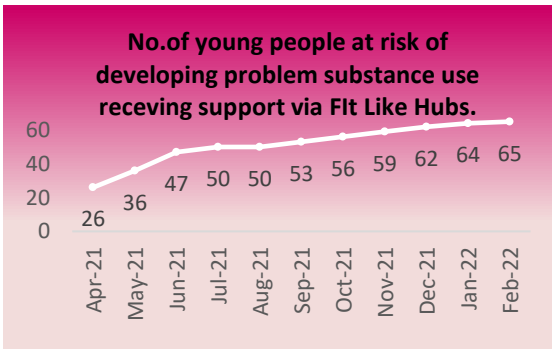
Experiencing homelessness is known to have a damaging impact on people's health. Youth Homelessness is caused by family breakdown, physical and mental health, previous exclusions from school, other education, training and employment. Our data is showing a 18% reduction in youth homelessness for 16-24 year olds from 465 in 2020/21 to 383 in 2021/22, more than 3 times our aim original aim of a 6% reduction. The improvement achieved for 16-17 year olds in particular is more modest. For the year ahead we will be focused on achieving a further 6% reduction from the 2021/22 data through testing a community hosting model to prevent young people from presenting as homeless; whether provision of continued support to 16 and 17 year olds who leave the homeless process without a tenancy or completing their time in supported accommodation to reduce the repeated youth homeless presentations.



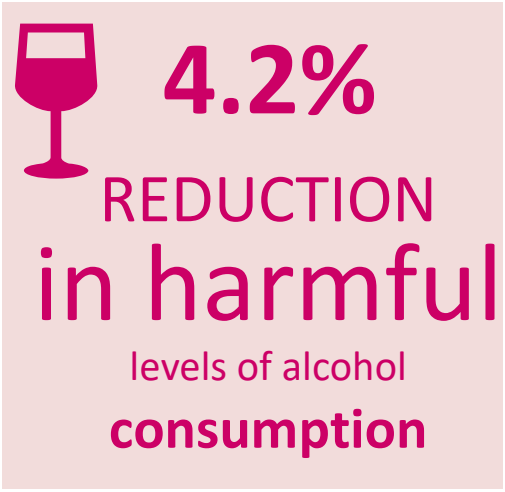
Early intervention approach to alcohol and drugs

We are taking both an early intervention and targeted approach to reducing harm caused by alcohol and drugs. Our substance misuse curriculum aims to encourage responsible behaviour for all children and young people, whilst more targeted support is available for vulnerable young people at risk of substance misuse. For example, children and young people who have had adverse childhood experiences (ACEs) and children and young people looked after at home and in kinship care. We have developed a data set to help identify those children and young people who may considered at-risk of developing problem substance use which has enabled targeted improvement activity to be undertaken.

As at February 22, 65 young people considered vulnerable and at-risk of developing problem substance use have accessed support through our Fit Like Hubs. A Skills and Knowledge Framework for Prevention and Early intervention has been developed with partners support staff to feel confident in supporting young people to address any issues.



Stretch Outcome 12 reduction in harmful levels of alcohol consumption by 4% achieved



Latest data published in September 2020 regarding alcohol has shown that in 2016-19 an estimated 25% of the adult population was drinking to hazardous/harmful levels. This is down from 29% in 2014-17 and similar to the rate for Scotland of 24%. In 2020/21. The rate of alcohol related hospital admissions reduced to 567 per 100,000 population compared to 621 in Scotland.

To sustain and further reduce harmful levels of drinking we are working with communities to support people to understand the drinking guidelines. We are providing alcohol awareness resources and training to customer facing staff to ensure they can identify opportunities for discussion on alcohol and provide information on how to access Alcohol service. We are also continuing to widen the settings for Alcohol Brief Interventions (ABIs) beyond the traditional settings of primary care, accident and emergency and maternity services. Covid-19 has impacted on the delivery of ABIs in primary care settings and therefore our focus on testing in wider settings to ensure that access to support is as accessible as possible and at the heart of our communities is even more paramount.

Partnership approach to naloxone distribution to help save lives

Naloxone is an emergency medication that can reverse the effects of an overdose of opioids like heroin or methadone and can save someone's life. Medical professionals have been using naloxone in emergencies for many years but we have been working together as a partnership to increase distribution and make sure that anyone who needs it has it to hand and knows how to use it. We now have 4 non alcohol and drug services able to supply naloxone, an increase of 2 in this reporting period, most recently the addition of Police Scotland and Aberdeen City Council. In addition, all Scottish Ambulance Service (SAS) vehicles in Aberdeen city are stocked with take home naloxone kits to be supplied to individuals at risk of overdose or witnessing an overdose with 96% of staff trained in take home naloxone providing on average 12 kits per month since January 2021. Since 2020, 451 people have been trained in naloxone, with 291 being trained in 2021 a 102% increase from 2020. 2 supply training sessions are being held per week and promoted with over 200 expressions of interest.

The effects of naloxone don't last long and our priority is to ensure people get the help they need in the immediate aftermath and the longer term. Our projects are testing various ways to ensure that we are taking a an integrated, person centred approach and enabling people to get into the treatment that is best suited for them as quickly as possible. Data shows that on average at least 50% of individuals attending ADA's Duty Drop In service are from three of our priority neighbourhoods (AB11, AB16 & AB24). Establishing strong links with these local communities, advertising and raising awareness about the local support and pathways into treatment that are available and making these as easy to access as possible is a key priority now and in the future.

Improvement priorities 2022/23

- Increasing the awareness and availability of mental health support for adults, with a focus on the most vulnerable individuals
- Establish and deliver Fire Skills courses targeting young people in areas of high deliberate fire activity to attend, to support the reduction of deliberate fires across the city
- Testing the success and benefits of co-delivery of community health programmes to improve health and wellbeing
- Piloting a community host scheme to support further reduction in youth homelessness
- Linking Continuing Care service for care experienced young people (CEYP) to Assertive Outreach to improve pathways and identification of CEYP at risk of drug related mortality
- Providing innovative whole system approaches developments to reduce fatal drug overdoses, including the increased availability of naloxone through our partner organisations
- Increasing opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment through new ways of testing which can be at thew heart of the community, such as a Cepheid Machine, which can be used for rapid Hepatitis C testing.
- Direct Access Prescribing to support individuals access the support they require at the right time and in the right setting
- Supporting people living with COPD or other respiratory conditions into specific PR physical activity and other support programmes delivered in community settings
- Developing an e-learning stigma course for all partner staff and communities to support people undertaking recovery from drug and alcohol issues to maintain drug / alcohol free lives in their community

Case Study 4. Reducing reoffending by providing support on release from prison

What are we trying to achieve?

We are aiming to support people on release from prison to ensure that they have access to housing, healthcare, financial advice and throughcare mentors to support them to positively contribute to their community and reduce the likelihood of reoffending.

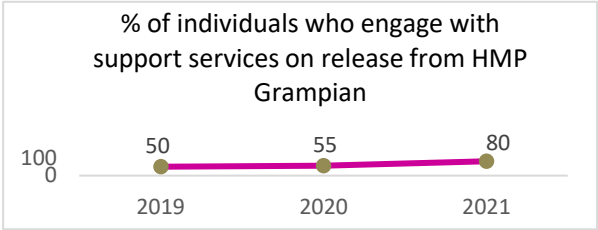
How are we doing this?

Through our multi agency project we are testing the following improvements:

- Planning for release earlier (8 weeks' pre-release)
- Providing face to face support meetings prior to release (benefits assessments and mentor meetings)
- Introducing a whole system approach to improve access to all supports on day/week of release (e.g., housing, GP, food, benefits)
- Introducing the use of 'Making Every Opportunity Count' (MEOC) conversations to encourage engagement

What have we achieved?

- **Aim achieved** with **80%** of individuals have engaged with support services on release in 2021, a **30%** increase since 2019.



- **100%** of individuals have accessed suitable accommodation on day of release throughout 2021, an increase of **13%** since 2019.
- **100%** of individuals have registered with a GP within 1 week of release since July 2021 compared to an average of **66%** in 2019.
- **77%** of individuals have had access to their benefit claim within 7 days of release since July 2021.
- **58%** of individuals have accessed food parcels from CFine since their partnership with the New Routes Mentor team. **1 in 5** of prison releases have gone on to join the CFine Community Pantry accessing affordable food for their families.
- **40%** of individuals have engaged in a MEOC conversation since July 2021.

What impact have we had?

"I just wanted to actually call you for a change and say thank you; my house feels like a home, you sorted my PIP, got me my benefits sorted, you've always been on the end of the phone"
Individual post liberation

What have we learnt?

- Earlier planning and face to face pre-release meetings increase the quality of awareness and likelihood of engagement in the community
- Partnership working has increased access to and uptake of support services on release
- Engagement with one community support service significantly increases the likelihood of engagement with others.

Project Manager: Mike Hebden, Scottish Prison Service
For more information on our reducing reoffending project visit: https://communityplanningaberdeen.org.uk/stretch-outcome-10/

Community Planning Aberdeen

Prosperous Place

Our Stretch Outcomes

SO13
Addressing climate change by reducing carbon emissions 61% and adapting to the impacts of climate changeby 2026

SO15
38% of people walking and 5% of people cycling as main mode of travel by 2026

SO15
Addressing the nature crisis by protecting/ managing 26% of Aberdeen's area for nature by 2026

Headline achievements during 2021/22

168% increase in green champions seeing 83 champs taking forward new initiatives to encourage low carbon behaviour change

Call to communities to form community resilience groups to prepare for future emergencies

People cycling increased by **2%** in 2021

78% of people walking during 2021 and most common choice for travel within the City Centre **(63.2%)**

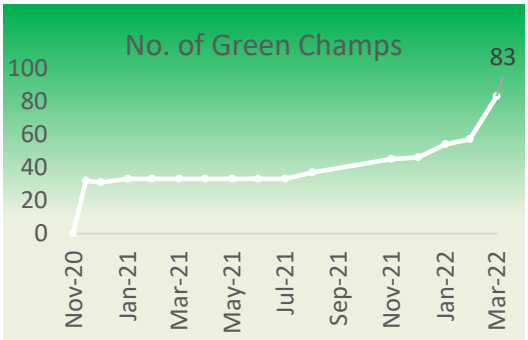
360% increase in community run green spaces

Nature a **top priority** following adoption of UN Sustainable Development Goals

Progress made during 2021/22

Green Champs Driving Change to Help Reduce Aberdeen's Emissions

Green Champions are staff volunteers that help identify areas of improvement and drive change within an organisation to encourage sustainable and resource efficient behaviour. Since 2021 Community Planning Aberdeen has recruited an additional 52 staff volunteers, increasing our total green champions to 83 which is a 168% increase since April 2021. The scheme is currently being tested with partner organisations Aberdeen City Council, NHS Grampian and Police Scotland with staff leading a variety of green initiatives including:



- Work place growing
- Food waste
- Reducing single use coffee cups and other plastics
- Reusable menstrual products
- Upcycling and recycling
- Active travel/step count challenge
- Litter picking
- Volunteering

CPA's Green Champions and the initiatives they are leading are helping to instigate change, provide education, and create a platform for sharing sustainable culture and practice across the Partnership and the City. They are helping reduce Aberdeen's emissions through supporting improved understanding and behaviour change across partner organisations.

Call to Communities to Plan and Prepare for Future Emergencies

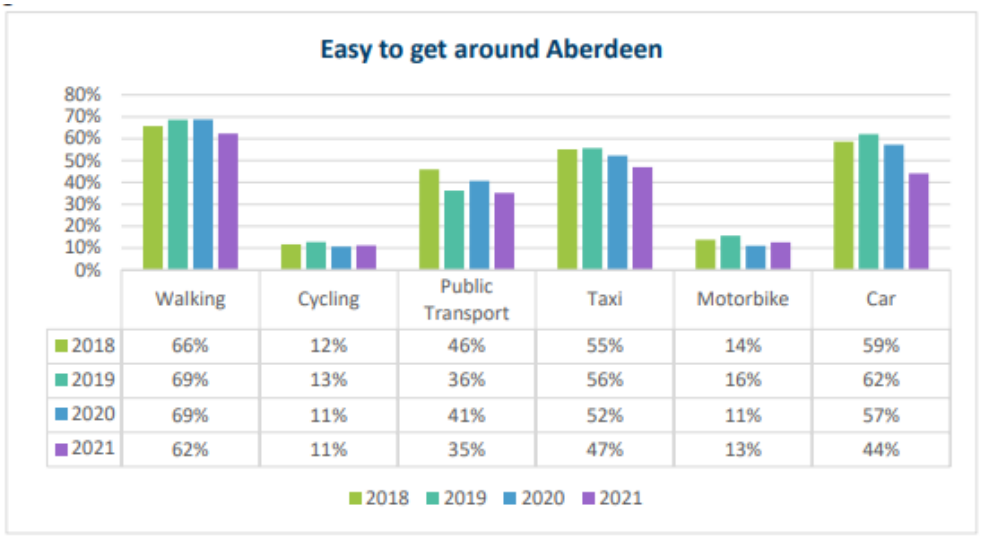
Emergencies happen and in the last few years Aberdeen has experienced a pandemic, severe winter weather, flooding and travel disruption. her emergencies is joint working between the Council, blue light services and communities. Challenges like these affect us all in going about our daily lives, and how communities organise themselves to prepare for emergencies can make a big difference. At the heart of how communities get through emergencies is how 'resilient' they are - this means how well they can use their strengths to prepare for, respond to and recover from emergencies. Over the last year efforts have geared up to create more Community Resilience Groups across the City to capitalise on vast community resources and understanding of local needs to enhance Aberdeen's overall resilience. A campaign is being led by Aberdeen City Council and Scottish Fire and Rescue Services to raise awareness of the need and drive for community resilience groups, explaining what they are and how they could be part of the remit of existing groups, as well as demonstrating the benefits for communities.

Cults, Bieldside and Milltimber Community Council and Culter Community Council - rallied together and put in place a joint Covid-19 resilience programme. The plan provides their communities with information on what to do in emergencies and encourages people to volunteer to carry out tasks such as driving, delivering emergency supplies and checking on vulnerable residents. As part of the resilience plan there is also a household emergency plan which provides important phone numbers and encourages residents to add their own useful information to the document.

There are many examples of successful partnership working with communities during recent incidents such as Storm Arwen and Covid-19. Formalising this new way of working together through community resilience groups and plans is key to making and keeping Aberdeen safe and well prepared for emergencies.

Promoting Walking and Cycling

Community Planning Aberdeen is working together to help Aberdeen retain, promote and enable everyone to walk and cycle for recreation and transport. This will not only deliver significant health benefits for people and communities across the City, but also contribute to developing sustainable transport systems and cleaner air all of which contribute, directly and indirectly our place stretch outcomes.



	Walking	Cycling	Public Transport	Taxi	Motorbike	Car
2018	66%	12%	46%	55%	14%	59%
2019	69%	13%	36%	56%	16%	62%
2020	69%	11%	41%	52%	11%	57%
2021	62%	11%	35%	47%	13%	44%

Data from City Voice in 2021 shows that walking is still the mode of travel most commonly reported as easy or very easy and is the most common choice for travel within the City Centre (63.2%) and the rest of the City (59%). Although, City Voice data also shows that the overall percentage of people walking has reduced from 80.6% in 2020 to 77.8% in 2021. This reduction is not surprising as 2020 was at the height of the pandemic when walking was the one activity that Aberdeen residents were encouraged to partake in. Now that restrictions have eased and things are gradually getting back to normal there is a risk that people do not make the same time for walking. The benefits of walking remain clear and we are testing initiatives that we hope will see a return to 2020 levels and indeed exceed them. Health walks are one way we are encouraging people to be more active and to socialise whilst walking and Community Planning Partner Robert Gordon University has been testing the approach with staff and students in the South Locality, highlighting and promoting the benefits to encourage uptake.

City Voice shows that in 2021 the mode of transport most commonly rated as difficult or very difficult was cycling (30.8%), although it also shows that the percentage of people cycling increased from 15.3% in 2020 to 17.3% in 2021. Panellists selecting difficult or very difficult were invited to provide further information and safety was a common theme for both walkers and cyclists. This highlights the importance of partnership initiatives being tested such as Light for Dark Nights which involves Police Scotland distributing bike lights to cyclists who don't have any, whilst on patrol. This aligns with the 'Be Bright at Night' campaign launched at the end of 2021 by North East road safety partners to encourage those out walking, cycling, or exercising to wear something light-coloured, bright, fluorescent, or reflective.

We have also been working with communities in the Central locality to identify key walking routes that could have an increase in benches to allow rest stops along a route making walking a safer option and more accessible to all.

360% increase in community run green spaces and organisations being encouraged to play their part too

Aberdeen's green spaces have been pivotal during the last two years of the pandemic and have helped people stay connected with family, friends and neighbours, providing access to nature in a time when this has been most needed for health. Community involvement in the development and protection of green spaces is key to the continued successful use of parks and green spaces and ensuring green spaces meet the needs of the people using them. Aberdeen already has may successful friends of parks groups and community run green spaces but our aim is to build on this success and create new spaces that are organised and self-managed by the community, particularly in priority localities where satisfaction and use is low.

Above, Earth and Worms transformed an unused space in Tillydrone littered with rubbish into a community garden. Left, Friends of Seaton Park work hard to maintain and improve the much loved park in the central locality.

Improvement Project Aim Exceeded

360% increase in the number of community run green spaces.

188% over the project's original aim.

Since February 2021 we have seen a 360% increase in the number of new community run green spaces from 5 to 23. This is in addition to the 100 existing groups and 4125 people volunteering to help manage green spaces across the City during 2021/22. See **Case Study 5** for more information.

The response from local communities to our call for action has been inspired and we are now appealing to businesses and organisations across the city to do the same. Food growing has been a focus and, again we aspire build on the good work already taking place in schools and communities to further advance food growing in workplaces. Community Planning partners Aberdeen City Council, NHS Grampian and Scottish Fire and Rescue are testing different tactics to increase food growing in the workplace. Friendly competition to motivate employees and teams aims to see an increase in efforts to be food growing organisations.

Green champions have also been supporting education and awareness raising about biodiversity and how we can all become nature protecting organisations. Protecting and managing nature was included as a priority within the Local Outcome Improvement Plan refreshed in 2021 after being identified as a gap against the United Nations Sustainable Development Goals (SDGs). The SDGs help create a common language between public, private and third sector organisations and our hope is we can appeal to responsible businesses across the City to work with us to achieve progress in this area.

Improvement priorities 2022/23

- Increase number of Green Champions across wider public sector partners to help support reduction in carbon emissions and wider environmental improvement activities
- Reach out to community groups to encourage and support them to develop community resilience plans to prepare for future emergencies
- Pursue funding opportunities for bike recycling/ bike library
- Appeal to businesses and organisations to pledge their support for food growing and managing nature
- Improved communications, online presence and awareness raising to inform and empower communities and businesses to get involved and support sustainable practice

Case Study 5. Increasing the number of community run green spaces

What are we trying to achieve?

We are aiming to build on the existing good partnership work and further expand the number of community run green spaces by a minimum of 8 that are organised and self-managed for both people and nature.

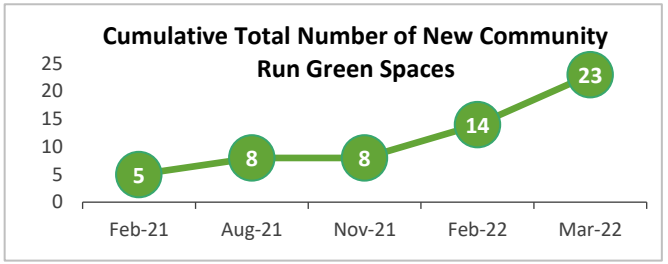
How are we doing this?

Through our multi agency project we are testing the following improvements:

- Built a green spaces network of communities and partnerships that empowers communities to establish; take responsibility and run their local green spaces leading to more local engagement and an increase in volunteering and community pride.
- Introduced and supported visible community champions to raise awareness and change thinking about wider sustainability issues in communities.
- Developed information packs and support tools to help the groups get started and work together to steer the groups / space in the right direction.
- Publicised availability of community green space through all available platforms; how to get started; and ways for communities to identify potential unused land.
- Promoted the benefits of successes of current community run spaces, as well as the wider community benefits such as health and wellbeing.

What have we achieved?

- **Achieved our aim** with **23** new community run green spaces established as at March 2022, an increase of **18** since Feb 2021, of the 18, **4** are in North, **6** in South & **8** in Central Localities.



- **4125** people volunteering across green spaces, across the city in 21/22, an increase of 166% since 2020/21
- **6** Community Champions in the Central Locality with videos produced & promoted by champions.
- **64.5%** of city voice panellists were satisfied or fairly satisfied with the quality of overall green/open spaces in the City.
- **33** community partnerships registered as Its Your Neighbourhood groups with Keep Scotland Beautiful (City wide) in 2021. Aberdeen has significantly more registered groups than anywhere else in Scotland.
- National recognition and awards for our community partnership work ie Aberdeen Gold Medal winner in 2021 Keep Scotland Beautiful.

What impact have we had?

Feedback from a volunteer at one of our green spaces:

"Spending time in the garden opens my eyes to how much is going on all around me, with insects flying around me constantly. Every sunny day I hear crickets chirping, see butterflies flittering around, and of course watching the bees busily finding the flowers."
Sharon Gardener, Springhill Community Garden chairperson

What are our next steps?

- Continue to embed our improvements to ensure the increase is **sustained**.
- Evaluate existing groups activity per month to run a change idea looking at whether community run green space volunteers would be willing to volunteer in other areas during months of reduced activity in green spaces.
- Continue to encourage new groups and partnerships to register with Keep Scotland Beautiful and their Its Your Neighbourhood initiative.

Community Empowerment

Outcome Areas

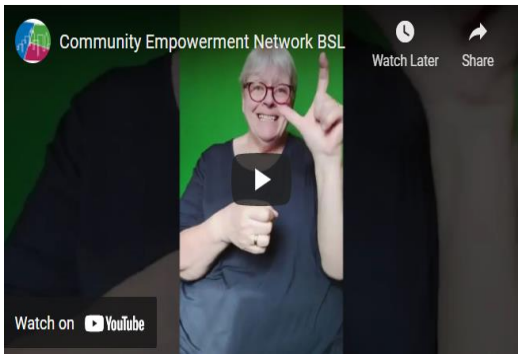
- Community Empowerment Strategy
- Community Empowerment Network
- Locality Empowerment Groups and Priority Neighbourhood Partnerships
- Participation and Asset Transfer Requests
- City Voice - Aberdeen's Citizen's Panel
- Community Learning & Development
- Community funding and participatory Budgeting

Headline achievements during 2021/22

- New Community Empowerment Network bringing together 27 community groups
- 3 New Locality Empowerment Groups and 26 Community Connectors helping drive improvement in localities
- Collaborating with SCDC on training for communities on how to test their ideas for change
- Revised Community Learning & Development Plan and positive HMIE visit
- Review of City Voice and refresh of Citizens Panel members
- 2642 citizens have their say about LOIP priorities using Values Simulator
- £1.6m Fairer Aberdeen Fund to support community groups
- £100k pot available for participatory budgeting and new PB Toolkit developed

Putting the community at the heart of community planning

Community Planning Aberdeen recognises that communities are independently able and often wish to organise themselves and use their inherent assets and resources to improve the lives of those who live within them. While empowerment is not something we can give to people, it is something that we aim to encourage and support communities to achieve. **The Community Empowerment Network** was set up in September 2021 to foster connections between community groups working across the City and provide a space where they can meet to share their knowledge, ask questions and get support for their work. It also raises awareness of the opportunities for community groups to get involved in the work of Community Planning Aberdeen and the 75 improvement projects being taken forward as part of the Local Outcome Improvement Plan.



The Network is OPEN TO ALL!

The network currently has 64 members with 27 community groups and organisations represented. So far we have held two online Community Network Events which have offered a choice of workshops for attendees. Topics have ranged from becoming a community councillor, getting involved in Community Planning Aberdeen improvement projects, funding and resources for community groups and how to do digital storytelling. Feedback from the last two events has been very positive with 100% of respondents saying they are interested in attending future events. ALL community groups and organisations are welcome to join the Network.

This includes representatives of our three **Locality Empowerment Groups** (LEGs) which were set up at the end of 2020 to drive the development and delivery of the North, South and Central Locality Plans. Locality Empowerment Groups are made up of local people interested in improving the quality of life for people living in their community. Members use their own knowledge and experiences to influence priorities and help determine solutions.

Are you enthusiastic about improving your community? We need you!

Do you want to positively influence your community?
Do you want to work in partnership to deliver change?
If the answer is YES, Locality Empowerment Groups could be for you!

The LEGs cover all of the neighbourhoods that sit within the north, south and central locality boundaries which together cover the whole of the City. They discuss local needs and ideas for how to make things better. They also discuss issues that are common citywide e.g. experiences of poverty.

As well as the LEGs we have three Priority Neighbourhood Partnerships (PNPs) which focus on some areas the of the City which experience the greatest disadvantage. These partnerships were set up in 2017 before we had LEGs and continue to meet to discuss local community issues. The LEGs and PNPs work together to take shared priority issues forward. See Table 1 below.

Table 1. Localities, neighbourhoods and priority neighbourhoods

Localities	North	South	Central
Neighbourhoods	1.Dyce 2.Danestone 3.Oldmachar 4.Denmore 5.Balgownie & Donmouth 6.Bucksburn 7.Heathryfold 8.Middlefield 9.Kingswells 10.Northfield 11.Cummings Park 12.Sheddocksley 13.Mastrick 14.Summerhill	1.Culter 2.Cults, Bieldside, Milltimber & Countesswells 3.Hazlehead 4.Braeside, Mannofield, Broomhill & Seafield 5.Garthdee 6.Ferryhill 7.Kincorth, Leggart & Nigg 8.Torry 9.Cove	1.Tillydrone 2.Old Aberdeen 3.Seaton 4.Woodside 5.Hilton 6.Stockethill 7.Ashgrove 8.George Street 9.Froghall, Powis & Sunnybank 10.Midstocket 11.Rosemount 12.City Centre 13.Hanover 14.West End
Priority neighbourhoods (Based SIMD analysis)	7.Heathryfold 8.Middlefield 10.Northfield 11.Cummings Park 13.Mastrick	7.Kincorth 8.Torry	1.Tillydrone 3.Seaton 4.Woodside 6.Stockethill 7.Ashgrove 8.George Street
Locality Empowerment Group			
Priority Neighbourhood Partnership	Torry	Wider Northfield	Seaton, Woodside & Tillydrone
Locality Plans	North Locality Plan	South Locality Plan	Central Locality Plan

Community connectors are members of the Locality Empowerment Groups and Priority Neighbourhood Partnerships that become involved in a LOIP project to help represent their community. They provide a community voice on the project team and help ensure the Community Planning Partnership is listening to community ideas. So far we have 26 community connectors involved in projects ranging from aiming to tackle poverty, support children and young people's mental health, secure positive destinations for vulnerable learners, help people involved in the justice system find employment, increase active travel and support community food growing.

Proactively involving communities in our improvement projects negates the needs for communities to make a formal participation request. Over the last year we have had 0 participation requests which we believe is the result of our strong working relationships with community groups. We are collaborating with SCDC to develop our improvement process training for communities and to promote this way of working nationally.

Community Learning & Development

In November 2021 we published a revised Community Learning and Development Plan which sets out how Community Planning Aberdeen and wider partners will work together to support communities to learn, develop and engage in their communities. CLD empowers people of all ages to work individually or collectively to make positive changes in their lives, and in their communities. Whether someone wants to better their personal situation, or make things better for their family or the wider community, it is about giving people the skills and confidence to be able to go after what they want and to succeed regardless of their background or current circumstances. The revised CLD plan identifies Youth Work, Community Development and Adult Learning as top priorities. It builds on work carried out over the last year to deliver improvement in these areas.


CLD Bulletin

March 2022

The Scottish Youth Parliament Youth Work Team

Community Development

- Support community representatives to engage with Priority Neighbourhood Partnerships and Locality Empowerment Groups to build community involvement post pandemic
- Building relationships in newly identified priority neighbourhoods Kincorth, Stockethill, Ashgrove and George Street
- Working with local community groups and community centres to resume activities as restrictions ease. For example hosting the Come and Network (CAN) week which offers virtual training for community groups and volunteers.

Youth Work

- The Youth Work team has worked with children and young people through the Education Recovery Project. Funding to continue the project has been extended up until July 2023.
- A P6/7 group for children in Kincorth started in March 2022, with 15 regularly attending.
- Youth Workers are supporting the Northfield Community Centre youth group. On any one night up to 40 children and young people attend.
- A new group at Mastrick Community Centre has started up for the young people who engage in the Mastrick Hub Project. Five young people were elected to stand as Members of the Scottish Youth Parliament and represent the constituencies of Aberdeen Donside, Aberdeen Central and Aberdeen South/North Kincardine. Four of the MSYP's have been elected to positions on the SYP committee groups, including Justice, External Affairs and Sports and Leisure.

Adult Learning

- Provision of learning / workshop opportunities for families across the city including one to one support and programmes such as outdoor and alternative learning, supper and science and Geronimo delivering learning activities for targeted families across the City
- The Healthy Minds team provides support to adults in recovery from mental illness
- Power tools is a suite of self-development modules which has been rolled out across the city as part of CLD's employability work.

At the end of 2021 Her Majesty's Inspectors of Education (HMIE) made a revisit to Aberdeen following a previous inspection in 2017 and to explore the impact of the pandemic. HM Inspectors were very positive during the visit, finding that all recommendations for improvement identified as part of the first inspection have now been addressed and as a result, will make no more visits to Aberdeen City in connection with the original inspection. During the visit CLD partners were applauded for their quick response to effectively to support individuals and communities affected by COVID-19.

Citizens invited to have their say via Values Simulator and City Voice

Last year we also sought the views of the general public using a new online simulator to gauge citizens values. Aberdeen City Council and Police Scotland as key members of the Partnership invested in the online software recognising the challenges faced by citizens living in some localities to engage and participate in community planning. While targeted community engagement is undertaken primarily through the Locality Empowerment Groups and Priority Neighbourhood Partnerships, the simulator enabled CPA to gauge more generally the attitude, priorities and values of the people and communities across Aberdeen to inform the development of the refreshed Local Outcome Improvement Plan. The simulator allowed participants to choose from a set of projects and to rank those projects in relation of importance to the participant. With restrictions in place due to the pandemic, the online simulator provided a real opportunity for us to check in with the public to ensure that we are on track, or understand where we need to do more. The simulator was open between 1 – 31 March 2021, during which time a total of **2,642 people took part**. In general, there was broad representation across demographic groups and areas of the City. A summary of the results is available to view at here. The introduction of the values simulator has enabled more citizens to express what is important and of value to them and for their community.

City Voice is the name of our Citizen's panel and another important and well established method of gathering views from communities across the City. At the beginning of 2022 we completed a review of City Voice to increase response rates, improve the usefulness of the questionnaires and enhance the experience of panel members. Engagement with panel member, the Youth Council and wider stakeholder was undertaken as part of the review. Key recommendations following the review include:

- Refreshing the existing panel now and every 3-5 years
- Targeted recruitment to address under-represented groups
- Surveys should be kept short, taking no longer than 15 minutes to complete
- Forward planning to determine number of surveys needed during the year and cut down on production time
- A use panel to help develop good surveys
- Encourage digital participation
- More timely reporting of results and better communications
- Testing of translations services
- Signposting to further opportunities to get involved in the work of the Partnership

Implementation of these recommendations is now underway with the first step being to refresh the existing panel. Current panelists are being asked if they still want to be on the panel and this will be followed by a recruitment exercise to encourage new people to join the panel and give us their views.

Community funding and participatory budgeting

The Fairer Aberdeen Fund is allocated by Aberdeen City Council to tackle poverty and deprivation, contributing to the LOIP Stretch Outcome 1: No one will suffer due to poverty by 2026. The Fund is allocated by a deliberative participatory budgeting approach, with a Board made up of Elected Members, Community Planning Partners, and community representatives with lived experience. The Fund supports initiatives and services in priority areas, as well as vulnerable groups across the city. In 2021-22 £1.6m was made available to support this work. 35,610 people were involved or benefitted from the 38 funded initiatives within the main programme.

The Fairer Aberdeen Board allocated £75,000 to undertake a PB event during February 2022 with an additional £25,000 made available through the ACC Environmental Policy Team. A steering group made up of partners and community representatives prioritised the funding for initiatives to improve the health and wellbeing of young people, recognising the impact the pandemic has had on their mental health and wellbeing, relationships with their peers and their activities and social lives. Improving the mental health of young people by engaging them with the natural environment and tackling climate change was also a priority.

26 applications were received from organisations working across the city. Many groups had innovative ideas on how to improve the natural environment and encourage young people to engage with outdoor spaces. These included community gardens, food growing, coastal learning activities, outdoor cooking facilities, installing fitness and sports equipment in parks and green spaces, event shelters, litter clean ups and native tree planting along the banks of the Rivers Dee and Don. Activities also included dance, theatre, music, singing, street art, outdoor learning, environmental improvements and outdoor activities and sports.

Improvement priorities 2022/23

- Revise and develop our Community Empowerment Strategy and we see engagement with this network as being key to the development of that and to inform how we work going forward. So we will be in touch to discuss how you and your group can best feed into the process.
- Strengthen involvement of communities in community planning city wide and at locality level via development of the Locality Empowerment Groups and Priority Neighbourhood Partnerships
- Continue to recruit and develop community connectors to represent communities as part of Community Planning Aberdeen improvement projects, providing community friendly training on improvement methodology and community learning and development support
- Deliver the revised Community Learning and Development Plan and develop mechanisms for reporting progress to the Community Empowerment Group
- Test changes to City Voice to increase response rate to questionnaires and improve experience of panel members as well as continue to test new ways of engaging the public on important issues
- Adapt the Participatory Budgeting Toolkit developed for ACC to promote and encourage PB across all partner organisations

Who's Who

CPA Board and Management Group Provides strategic leadership and direction.

Chair CPA Board	Vice-Chair of CPA Board	Partners involved
 Councillor Alex Nicoll, ACC	 Kate Stephen, Police Scotland	• Aberdeen City Council • NHS Grampian • Aberdeen City Health and Social Care Partnership • Police Scotland • Robert Gordon University • SFRS • University of Aberdeen • Skills Development Scotland • North East Scotland College • Nestrans • Active Aberdeen Partnership • Scottish Enterprise • Civic Forum • ACVO
Chair Management Group	**Vice-Chair of Management Group**	
 Gale Beattie, ACC	 David Howieson, Police Scotland	

Outcome Improvement Groups

Anti-Poverty Group Preventing suffering due to poverty.

Chair	Vice Chair	Lead Contact	Partners involved
 Derek McGowan, ACC	 Lawrence Johnston, SCARF	 Susan Thoms, ACC	• Aberdeen City Council • Aberdeen Health and Social Care Partnership • ACVO • CFine • Civic Forum • DWP • GREC • NHS Grampian • North East College Scotland • SCARF • University of Aberdeen

Aberdeen Prospers Responsible for improving our economy.

Chair	Vice Chair	Lead Contact	Partners involved
 Allison Carrington, SDS	 Duncan Abernethy, NESCOL	 Arshia Khatir, ACC	• Aberdeen City Council • Skills Development Scotland • North East Scotland College • Nestrans • Robert Gordon University • Scottish Enterprise • Civic Forum • ACVO • DWP

Integrated Children's Services Board Ensuring children are the future.

Chair	Vice Chair	Lead Contact	Partners involved
 Graeme Simpson ACC	 Tracy Davis, NHS Grampian	Lydia Ross, ACC	• Aberdeen City Council • ACVO • Children's Hearings Scotland • NHS Grampian • Police Scotland • Scottish Children's Reporters Association • Scottish Fire and Rescue • ACHSCP • Active Aberdeen Partnership • Skills Development Scotland

Resilient, Included & Supported Group Helping people live independently.

Chair	Vice Chair	Lead Contact	Partners involved
 Bryan Nelson SFRS	 Alison MacLeod, ACH&SCP	 Amy Richart ACHSCP	• Aberdeen City Health and Social Care Partnership • Aberdeen City Council • ACVO • NHS Grampian • Scottish Fire and Rescue Service • Police Scotland • Alcohol and Drugs Partnership • Active Aberdeen Partnership

Community Justice Group Improving outcomes for people involved in the justice system.

Chair	Vice Chair	Lead Contact	Partners involved
 Derek McGowan, ACC	 Darren Bruce, Police Scotland	 Chris Parker ACC	• Aberdeen City Council • Health and Social Care Partnership • Crown Office & Procurator Fiscal • NHS Grampian • Police Scotland • Scottish Courts and Tribunals • Scottish Fire and Rescue • Scottish Prison Service • Skills Development Scotland • ACVO • Alcohol and Drugs Partnership • Civic Forum • Active Aberdeen Partnership • Community Justice Scotland

Alcohol and Drugs Partnership Tackling issues arising from substance misuse.

Chair	Vice Chair	Lead Contact	Partners involved
 Gale Beattie, ACC	 Dermot Craig, TBC	 Simon Rayner, ADP	• Police Scotland • Aberdeen City Health and Social Care Partnership • Aberdeen City Council • NHS Grampian • ACVO • Scottish Fire and Rescue Service • Scottish Prison Service • Active Aberdeen Partnership • Alcohol and Drugs Partnership • Aberdeen in Recovery • Civic Forum • Aberdeen in Recovery

Community Empowerment Group Ensuring community perspective.

Chair	Vice Chair	Vice Chair	Partners involved
 Michelle Cochlan, ACC	 Maggie Hepburn, ACVO	 Jonathan Smith, Civic Forum	• Aberdeen City Council • ACVO • Aberdeen Health and Social Care Partnership • Civic Forum • Grampian Regional Equality Council (GREC) • Police Scotland • Scottish Fire & Rescue Service • NHS Grampian • University of Aberdeen

Community Planning Team Provides strategic support to Partnership colleagues.

Michelle Cochlan, Community Planning Manager, ACC

Allison Swanson, Improvement Programme Manager, ACC

Lydia Ross, Performance and Strategy Development Officer, ACC

Anne McAteer, Research Officer, ACC

Martin Wyllie, Transformation and Improvement Advisor, ACC

Integrated Locality Planning Team Responsible for delivering our three Locality Plans.

South	Central	North
Lauren Mackie, Public Health Coordinator ACHSCP	Chris Smillie, Public Health Coordinator ACHSCP	Andrea Gilmartin, Public Health Coordinator ACHSCP
Torry	**Tillydrone, Seaton, Woodside**	**Northfield, Mastrick, Middlefield Heathryfold, Cummings Park**
 Rachel Harrison Senior Housing Officer, ACC	 Paul Tytler Locality Manager, ACC	 Martin Smith Locality Manager, ACC

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Community Planning Aberdeen

PARTNERSHIP DEVELOPMENT PLAN – PROGRESS STATUS

A Development Plan was produced to support the implementation and delivery of the refreshed LOIP and Locality Plans. It was developed in response to feedback gathered from the CPA Board during a session facilitated by the Improvement Service in April 2021 and from a feedback exercise conducted with Project Leads in March 2021. The plan included five themes for improvement under which actions have been identified to provide cross cutting support to colleagues across the Partnership in the delivery of the LOIP and underpinning Locality Plans. Status of the progress of each of the Improvement Actions is detailed below:

Green: Complete/ongoing
Amber: In development
Red: To be started

Improvement Action	Timescale	Description	Lead	Status:	
Capacity Building					
Resume the Model for Improvement Introductory Bootcamp	Aug 2021	Quality Improvement Foundation Level training aimed all who want to make improvements to their work. Bootcamp provides introduction to the Model for Improvement framework and supports participants to develop confidence and capability in using key quality improvement tools.	Community Planning Team		Delivery of virtual Model for Improvement ongoing, with 6 sessions held since August 2021, and 78 attendees over that period. Sessions for the rest of 2022 have also been scheduled and advertised. Of the 72 live LOIP project aims, 94% of PMs have completed quality improvement training, with the remaining PMs asked to sign up bootcamp.
Introduction of Model for Improvement Course for Community Members	Aug 2021	Sessions to provide an introduction to the plan, do, study, act methodology to our communities to support them testing change ideas included with the Locality Plans and to work with Outcome Improvement Groups to take these forward.	Community Planning Team/ Locality Planning		An introductory course has been developed and tested with community members, with feedback from testing positive. We are collaborating with SCDC on the further development of our improvement process training for communities and to promote this way of working nationally.

Improvement Action	Timescale	Description	Lead	Status:	
Programme of LOIP Refresh Sessions	July/ Aug 2021	Pit Stop sessions to hear the changes to the Local Outcome Improvement Plan (LOIP), the context behind the refresh, the measures it incorporates, and an introduction to how it is informing our practice, in collaboration with our partners.	Community Planning Team		A number of sessions on the refreshed LOIP were held and offered across all partners, with all new members on CPA groups invited to attend introductory LOIP sessions. To complement this a CPA induction video has been produced and is available on CPA's YouTube page.
Rapid Testing Masterclass	Aug/ Sept 2021	Improvement projects are intended to be time limited, using rapid cycle testing to gather data and gain confidence quickly in the efficacy of a change before scaling up. The timeframe for completion of testing and scaling up will vary depending on the complexity of the change and the confidence in the results gathered. The use of rapid cycle testing should ensure that project teams progress towards their improvement aims quickly. Projects should be closed as aims are achieved to allow partners to move on to the next priority. This masterclass will provide project leads with the understanding and confidence to undertake rapid testing.	Community Planning Team		A specific rapid testing masterclass is still in development, however the key messages of rapid testing are covered in the virtual Model for Improvement bootcamp sessions in meantime. 5 LOIP aims have been achieved, showing the importance and benefit of rapid cycle testing.
Advertise and promote opportunities to undertake further Quality Improvement training and build relationships with local and national professionals	Ongoing	Scottish Improvement Leaders Programme has four cohorts commencing each year. Each cohort will be a blend of national and targeted regional places. Promotions and uptake provides a great opportunity for those involved in CPA improvement activity to deepen their knowledge of the methodology and take forward improvement activity.	Community Planning Team		Promotion of all opportunities for further Quality Improvement training has continued across the partnership with 5 individuals, across Partners, completing or starting the Scottish Improvement Leaders Programme over the reporting period. 4 of whom are directly involved in a Lead Contact or Project Manager role and their deeper knowledge of the methodology has

Improvement Action	Timescale	Description	Lead	Status:	
					increased the support available across the partnership to take forward the improvement activity.
Advice, Support and Coaching					
Continue with Lead Contacts for all Outcome Improvement Groups and confirm and support new Lead Contacts where vacancies currently exist	July 2021 - Monthly	The Lead Contacts Group ensures that the OIGs are provided with the direction, advice and support they need, through engagement with lead contacts. Collectively, the Lead Contacts are responsible for ensuring that the CPA groups understand and meet their requirements to report progress to the CPA Board and Management Group in the delivery of the LOIP and Locality Plans. Two Lead Contacts are vacant at present and if approved a Lead Contact will also be required to be identified for the Anti-Poverty Group.	Community Planning Team		Lead Contacts are in place for all Outcome Improvement Groups and a monthly Lead Contacts Meeting continues to be held with both Outcome Improvement Group Leads and Locality Lead Contacts.
Hold general and themed project surgeries	July 2021 - Monthly	Provides those leading projects with a project surgery drop in where they can seek support with their improvement projects. Themed surgeries such as data collection and analysis to provide specific support on issues raised by project leads.	Community Planning Team		Monthly project surgeries continue to be offered. In addition, some Outcome Improvement Group are holding regular meetings of their respective Project Managers to ensure all connected and learning from each other.
Improve collaboration across Project Teams through using the Improvement Community Network as a platform for sharing best and good practices, outcomes	July 2021 - Ongoing	Network to support Outcome Improvement Groups and Project Leads to continue to develop confidence and capability in quality improvement. The Network to be further developed to improve collaboration on improvement projects. Project Leads play a crucial and central role in helping to lead and embed improvements within our	Community Planning Team/Lead Contacts		There are now 235 members of the Improvement Community site, with the site being used actively by the CP Team to share information across the Partnership. Lead Contacts are encouraging Project Managers to share their experience, and any challenges experienced on the site to ensure that all are learning and providing

Improvement Action	Timescale	Description	Lead	Status:	
from tests of change and any challenges experienced		communities. We also know that this will be an ongoing journey of learning and refinement to realise these improvements. This journey is supported by a collaborating and working in a supportive and encouraging environment. Project Leads are to be encouraged to use the Network/site to 'work out loud' in sharing best and good practices and to actively engage in sharing their expertise, change ideas being tested, as well as challenges being experienced.			peer support. Access to the site has been challenging for some members and therefore information still requires to be shared via other means.
Improve the story telling about what we are achieving through our improvement projects and the improvement programme	Sept 2021 - Ongoing	Improve our current communications of the outcomes achieved by improvement projects through storytelling which focuses on the human side of work and engages our audience, both across the Partnership and with our citizens. This will also provide support to other Project Leads and increase their awareness of areas of good practice identified by other projects.	Community Planning Team		We are continuing to develop the way we share information on our LOIP projects, across all audiences. Most recently, we have developed an improvement stories page on the CPA website, with project case studies and videos published to raise awareness of the achievements of our projects, as well as to encourage people to get involved in our improvement activity. The case studies tell the story of the project so far – what they've tested and what impact they've had. A communication help sheet has also been produced for projects to support them in developing communication across all audiences and at all stages of their improvement journey.
Work with project teams to influence and empower teams to think more	Aug 2021 - ongoing	In developing and refreshing project charters, support Project Teams to think more creatively, access available research and	Community Planning Team		A new "departures from the routine" workshop has been launched to help project teams generate new change ideas

Improvement Action	Timescale	Description	Lead	Status:	
creatively, support research and develop innovative practice		develop innovative practice to achieve their improvement aims.			for their projects. Promotion being reviewed to increase uptake.
Data and Research					
Establish a Data Network	Aug 2021	The Data Network has 2 key areas of focus, namely: 1. The foundations of the Partnership's approach to the management of data, including: ▪ Data accessibility ▪ Data infrastructure ▪ Data sharing ▪ Data ethics ▪ Data skills 2. Co-ordination of support to Outcome Improvement Groups and improvement projects when establishing improvement projects and throughout the Quality Improvement cycle. The Network aims to maximise partners' resources whilst accessing and engaging with external support	Data and Insights, ACC		Data leads across our partners are meeting regularly to discuss the partnership's management of data and the establishment of a Data Network. Data support is available to improvement projects, with support being targeted to those projects where new data systems are required to be established.
Establish a Research Forum	Aug 2021	The Partnership Forum oversees the co-ordination and consideration of the evidence base which informs the Partnership's strategic decision making.	Data and Insights, ACC		A bid has been submitted to set up a Health Determinants Research Collaborative (HDRC). The purpose of the HDRC is to enable Community Planning to become more research focused, using evidence to inform its decisions, and undertaking research and evaluation relating to activities. It will support our research led approach to

Improvement Action	Timescale	Description	Lead	Status:	
					improving people's lives ensuring that research will be applied in practice to improve the health of everyone and to reduce inequalities. An outcome of the bid is expected to be announced in July 2022.
Cross Cutting Campaigns					
Supporting community empowerment and participation	Ongoing	Promotion of the opportunities to participate in improvement activity at city wide and locality level, as well as dialogue between partners on the city wide Outcome Improvement Groups delivering the LOIP and members of the Locality Empowerment Groups/ Priority Neighbourhood Partnerships delivering the Locality Plans to ensure a joint and coordinated approach between professionals and local communities to improve outcomes city wide and at a locality level.	Community Empowerment Group		The Community Empowerment Network was set up in September 2021 to foster connections between community groups working across the City and provide a space where they can meet to share their knowledge, ask questions and get support for their work. It also raises awareness of the opportunities for community groups to get involved in the work of Community Planning Aberdeen and the 75 improvement projects being taken forward as part of the Local Outcome Improvement Plan. The network currently has 64 members with 27 community groups and organisations represented. So far two online Community Network Events which have offered a choice of workshops for attendees, including how to get involved in Community Planning Aberdeen improvement projects. The Community Empowerment Strategy is being revised to strengthen community empowerment and participation.

Improvement Action	Timescale	Description	Lead	Status:	
Promotion of how to tackle and reduce the impact of stigma	Aug 2021	Everyone has the right to be treated fairly and with respect, however many still today experience stigma. Stigma has been shown to have a profound effect on a person's sense of self, and diminish their self-esteem and confidence. It can also prevent people from seeking help. To be successful stigma needs to be addressed across all of the LOIP Stretch Outcomes. This campaign will raise awareness and understanding of the impact of stigma across the Partnership, but also to promote ways in which we can embed mechanisms for address stigma and changing attitudes through our improvement activity.	ACH&SCP		An online #AntiStigmaAberdeen campaign was held in August 2021 with a website page created to share knowledge and skills about stigma; its impact and provide practical resources and training opportunities to help all understand how they could play their part in removing stigma. As well as the online campaign and website page, two webinars were held: 1. Understanding the Impact of Stigma and How You Can Remove It - 81 attendees 2. Stigma; Its Impact & Your Role Lecture & Q&A from Dr John Bone, University of Aberdeen - 78 registered to attend The campaign is continuing with a stigma e-learning course for all partners to be developed.
Raising awareness and understanding of the importance of child participation and engagement in decision making	Oct 2021	This campaign will raise awareness and understanding of the importance of child participation and engagement and ensure that the LOIP aims have properly considered how their work will impact on children and their families and that all Outcome Improvement Groups are empowered to consider the extent to which they cover 3 P's re Provision, Protection and Participation. To support this we will develop and share Local and National Good Practice of engagement and participation work and ensure that children and young people are aware of how they can get involved.	Children's Services Board		A range of courses to raise awareness of importance of child participation and how to undertake this have been offered, in particular: • youth work training in Feb 2022 to help build Project Team's skills to deliver team building sessions with young people and explore ways to encourage participation; and • Children's Rights in Practice: An Introduction Delivered by Unicef – ensuring projects are aware the part they have to play in supporting achievement of a Child Friendly City.

Improvement Action	Timescale	Description	Lead	Status:	
Benefits of taking a Whole Family Approach	Dec 2021	The Whole Family Approach is a family led strategy, where families set their own goals, use resources, and support networks while strengthening relationships to achieve their potential to achieve long term change. When services are integrated and working alongside families meeting their whole needs, rather than the individual parts, efficiency is improved, and outcomes are enhanced. The Whole Family Approach should be embedded in all our practice and overarching to all LOIP. This campaign will raise awareness of the importance of working together to offer integrated support with families that promote family led and relational practice with family's voices at the centre of our service developments.	FitLike Hubs, ACC		Campaign highlighting the benefits of taking a whole family approach was held in February 2022. The campaign provided information on the evidence base for the approach and why improvement projects should consider taking a whole family approach and how they could it embed this to their projects. To support this a Whole Family Approach conversation café was also held on 25 February to enable discussion with individual project teams.
Adopting an approach to reducing health inequalities	Feb 2022	Health inequalities are the unfair and unavoidable difference in health across social groups and between different population groups. Reducing health inequalities requires a blend of action to undo the fundamental causes. Everyone has a role to play in reducing health inequalities. This campaign will introduce a range of training, tools and techniques available that can be built into individuals own practice, such as Making Every Opportunity Count; health literacy and Health Inequalities Impact Assessment.	ACH&SCP		A multi-agency group are currently developing the health inequalities campaign with a view to running various sessions in June 2022.

Improvement Action	Timescale	Description	Lead	Status:	
Adopting a trauma informed approach	Ongoing/ Apr 2022	The aim of this ongoing campaign is to promote delivery of services in ways which prevent further harm or re-traumatisation for those who have experienced psychological trauma or adversity at any stage in their lives. People living with domestic abuse; individuals facing poverty/financial hardship and people experiencing severe illness or the loss of family are all among those at greater risk of experiencing trauma. As part of the ongoing campaign, throughout the year a number of existing/future trauma training and tools and Deep Dive initiatives are planned by both local Trauma Champions and the Multi Agency Group and will be promoted across the Partnership to provide Partners with the awareness, tools and training, with an additional focus highlighting local progress/good news stories/examples of good practice as part on an ongoing raising awareness campaign undertaken in April 22.	NHSG		We have 10 Aberdeen Trauma Champions - 3 ACH&SCP; 1 in Aberdeen City Council; 1 Police Scotland; 1 ACVO; 3 NHSG and 1 Coastal Operations. The Champions raise awareness of, encourage and influence action to develop a trauma informed and responsive workforce; encouraging commitment amongst leaders to embed the five key drivers of Trauma Informed Practice across their area of influence. They also have critical oversight in making sure that these drivers are being embedded effectively, responsibly and sustainably wherever possible, by working collaboratively with others to secure cultural and system change. As part of the ongoing campaign, two webinars providing an introduction to National Trauma Training have been offered across the Partnership, along with a Deep Dive session on Developing Trauma Informed Child & Family Services in September 21. In addition, access to the developing your trauma skills practice e-module has been provided, along with a wide range of recent publications/ resources which are circulated on an ongoing basis. Specific targeted training in relation to specific areas of trauma such as bereavement support for young people is

Improvement Action	Timescale	Description	Lead	Status:	
					being provided via individual projects and a further Deep Dive event focused on drug and alcohol is being planned.
Intersectionality for Improvement Projects Training	Ongoing	An online training session to help Project Teams consider how different characteristics affect the people they're working with on their Improvement Project.	GREC		Three online sessions held in 2021, with further sessions to be held in 2022.
Leadership - Creating the Conditions for Change					
Development of a Collective Leadership Programme	Sept 2021	Strong leadership is key to the partnership delivering its improvement ambitions. Through a collective leadership programme, supported by external partners, CPA Board and Management Group members will be encouraged to think differently about their leadership role. We will convene a number of leadership fora to explore different ways of operating, focussing on collaboration and innovation, and reflecting on what we need to do differently.	External Partners e.g. Improvement Service		A range of sessions have been offered as part of our Collective Leadership Programme, including • Illuminating Leadership Festival 2022 • Partnership working, planning your evaluation • Measuring the impact of a partnership approach • Assessing the contribution of individual partners Further development of the Programme is ongoing with all Partner's Organisational Development teams invited to support this area.

Community Planning Aberdeen

Progress Report	CPA Improvement Programme Quarterly Update and Appendices
Lead Officer	Gale Beattie, Chair of CPA Management Group and Aberdeen City Council Director of Commissioning
Report Author	Allison Swanson, Improvement Programme Manager
Date of Report	5 May 2022
Governance Group	CPA Board – 1 June 2022

Purpose of the Report

This report provides an update on the progress towards the Stretch Outcomes and improvement 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 Improvement Programme 21-23 approved by the Board on 15 September 2021. This report also includes new charters for approval for project initiation.

Summary of Key Information

BACKGROUND

1.1 The refreshed Aberdeen City Local Outcome Improvement Plan (LOIP) was approved by Community Planning Aberdeen Board on 7 July 2021. Within the refreshed LOIP there remains 15 stretch outcomes to be delivered by 2026 and 75 shorter term improvement projects.

1.2 The CPA Improvement Programme 2021-23 was approved by the Board on 15 September 2021 and set out the timescales for both initiation of the new aims within the refreshed LOIP, as well as the timescales for the continuing project charters being reviewed, over the next two years up until 2023. Of the 75 improvement aims within the refreshed LOIP 2016-2026, 41 projects were already initiated and therefore were classed as continuing, whilst 34 were new projects. This report provides an overview of progress to date and also shows the connections with the community ideas for improvement as contained in the Locality Plans approved by the CPA Board on 7 July 2021.

1.3 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. The Board on 15 September approved new outcome reporting interfaces to ensure that the various audiences are being provided with the detail to meet their requirements; and also providing the conditions to support the achievement of the project aims within the two year timeframe of the Improvement Programme, and ensuring that the connection with the community ideas for improvement in the Locality Plan are made and progress reported on. These arrangements include quarterly reporting to the CPA Board on progress made in taking forward the LOIP improvement projects.

CPA IMPROVEMENT PROGRAMME 2021-2023 – OVERVIEW OF PROGRESS TO DATE

2.1 Appendix 1 to the report, provides a high level overview of progress across all 15 Stretch Outcomes, as well as a spotlight on each Stretch Outcome, and the underpinning improvement projects.

2.2 The Chairs of the respective Outcome Improvement Groups will speak to their Stretch Outcome dashboards highlighting progress; key achievements and outcomes achieved by the projects for their Stretch Outcomes over the reporting period, as well as any risks and/or issues being experienced and for the CPA Management Group and Board to take appropriate action to address any barriers to progress at the earliest opportunity.

2.3 The overview provides a performance trend against progress towards the overall Stretch Outcome and individual aim(s) on the basis of declining, improving, steady. Where no data or only baseline data is available this has been highlighted. The key for the performance trend is:

Performance Aim Trend	
↑	Improving
→	Steady
↓	Declining
●	Baseline only
●	No data

2.4 The overviews also include a ragging status to ensure that both Outcome Impvement Groups and Project Teams are reflecting on whether the project is on track, at risk, or off track and highlighting any issues/risks and proposed mitigation.

Continuing Improvement Projects/ Project Updates

2.5 For those 41 projects which are continuing projects, it was agreed that it was important that these projects are continuing to progress at pace, but that they also require to take the time to review their charters to make sure connections are made with the community ideas for improvement in the Locality Plans, with the revised project charters being considered and approved by the respective Outcome Improvement Groups Group as per the timescales in the Improvement Programme. This process is complete with 100% of revised charters now approved.

2.6 From the Stretch Outcome dashboard, the Management Group can access the project update reports for projects which have had their charter approved for initiation of testing. Projects updates are a short summary of progress towards achieving the overall project aim, including details of what changes are being tested; within which locality and how it aligns to the Locality Plans and the improvement data which demonstrates whether the changes are making a difference.

2.7 Locality Leads are working with the Locality Empowerment Groups and Priority Neighbourhood Partnerships to identify community connectors to work with the respective LOIP projects to take forward the community ideas in the localities. Opportunities to become a connector are being actively promoted and where a connector is to be identified, the Locality Leads will act as the connector in the meantime.

2.8 The report is designed to focus on the outcomes of the project, rather than a general update on activity. Project team's self evaluate their progress using the Progress Scale below, as well as a project ragging to show whether overall they are on track, at risk, or off track and highlighting any issues/risks and proposed mitigation.

Project Progress Scale	
0	Project on hold
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

2.9 Progress updates for live improvement projects can be accessed from both Appendix 1, but also on the Improvement Project Dashboard on the Community Planning Website. This information will also be used by Locality Empowerment Groups/Priority Neighbourhood Partnerships in respect of progress of their community ideas within the Locality Plans.

3 CASE STUDIES

3.1 This report includes two case studies (see Appendix 2), namely:

- 2.2 (Supporting unemployed people start a business)
- 10.3 (Reducing Wilful Fires)

Each case study tells the story of the project – the changes they've tested, as well as the outcomes and impact to date.

3.2 The Chairs of the Outcome Improvement Groups for each of the case study projects will speak to their respective case studies, with the project manager invited to the CPA Board in July 2022 to speak.

4. PROJECT AIMS ACHIEVED

4.1 Five projects have now achieved their aims, with three project end reports on today's agenda. The other two projects are continuing to monitor progress until the next meeting/academic year to ensure that data is available to evidence that the improvement is sustained and thereafter will submit a project end report:

- 1.1 (Community Food Pantries) – project end report on today's agenda
- 7.1 (Growth Sector Courses)
- 9.3 (Joint Reporting to SCRA and COPFS)
- 10.1 (Support on Liberation) – project end report on today's agenda
- 15.1 (Community Run Green Spaces) – project end report on today's agenda

4.2 Project 3.1 (Real Living Wage) has also achieved its aim for 2021 and 2022 in terms of 5% increase in Real Living Wage employers ear on year and will continue to ensure 5% aim for 2023 achieved and towards the aim of being a Real Living Wage City by 2026.

5 NEW PROJECT CHARTERS

5.1 3 project charters are still due to be submitted, 2 were due to this meeting with the final remaining charter to come on 17 August 2022 as approved by the Board. This report includes 1 (*will come as a late circulation*) project charter which is due to be submitted to the CPA Board, as per the CPA Improvement Programme 2021-23. See Appendix 3 for new project charter. Therefore, subject to this being approved, 73 out of 75 aims will be live following the Board meeting in July 22.

5.2 There are two remaining new charters which are still to be submitted:

Stretch Outcome (SO) and Project Aim	Reason for Delay
5 – "The number of children and young people with an eating disorder who are identified within 3 months of onset is increased by 50% by 2023"	The Board has agreed that this be submitted to the Management Group on 17 August and the CPA Board 14 September 22 to enable the results of the SHINE survey to be gathered and change ideas thereafter identified.
11 – "Refer 20% of people living with COPD or other respiratory conditions into specific PR physical activity and other support programmes delivered in community settings by 2023."	Charter postponed twice. A new PM is in the process of being identified by NHS Grampian. In light of this, it is requested that this be postponed until the Management Group on 17 August and the CPA Board 14 September 22.

6 CHAIR OF RESILIENT, INCLUDED AND SUPPORTED

6.1 Bryan Nelson, Scottish Fire and Rescue Service, is proposed as the new Chair of the Resilient, Included and Supported Outcome Improvement Group, with Alison MacLeod, ACHSP as Vice Chair.

7 NEXT STEPS

7.1 Projects which have charters approved by the CPA Board will proceed to the designing and testing stage.

7.2 Projects with aims achieved will continue to report on progress to ensure improvement is sustained and thereafter submit a project end report.

Recommendations for Action

It is recommended that the Management Group:

i) consider the overview of progress against the CPA Improvement Programme, as well as the overview for each Stretch Outcome; respective improvement projects and the Community Empowerment Group workstreams as contained at Appendix 1;

ii) discuss the status of the improvement aims with a red ragging status, as well as the risks/issues detailed in each of the Stretch Outcome overviews and determine any mitigating actions required;

iii) consider the two spotlight case studies as contained at Appendix 2 and agree that these be submitted to the CPA Board;

iv) note that five aims had now achieved as detailed at 4.1 and three project end reports were on today's agenda, with the further two to be submitted once sustained improvement was evident;

v) approve the one new charter (*to come as a late circulation*) included at Appendix 3 for submission to the CPA Board on 6 July 2022;

vi) approve the proposed rescheduling of the COPD improvement aim as detailed at 5.2 and Appendix 1 to the CPA Board on 23 April 2022;

vii) agree to appoint Bryan Nelson, Scottish Fire and Rescue Service, as the Chair of the Resilient, Included and Support Outcome Improvement Group.

Opportunities and Risks
Successful delivery of the revised LOIP 2016-26 requires a robust programme management approach to the delivery of the 75 improvement projects and also requires clear process for alignment to the Locality Plans. The 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. The clear governance arrangements for both continuing and new project charters also ensures that we have effective outcome management arrangements in place to deliver upon the aims in the LOIP in the timescale and supports projects to continue at pace.

Consultation
Michelle Cochlan, Community Planning Manager CPA Outcome Improvement Groups CPA Lead Contacts Group

Background Papers
Refreshed Local Outcome Improvement Plan 2016- 26 and CPA Development Plan 2021-2022 Final Draft Integrated Locality Plans 2021-26 – North, South and Central

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CPA Improvement Programme 2021-2023

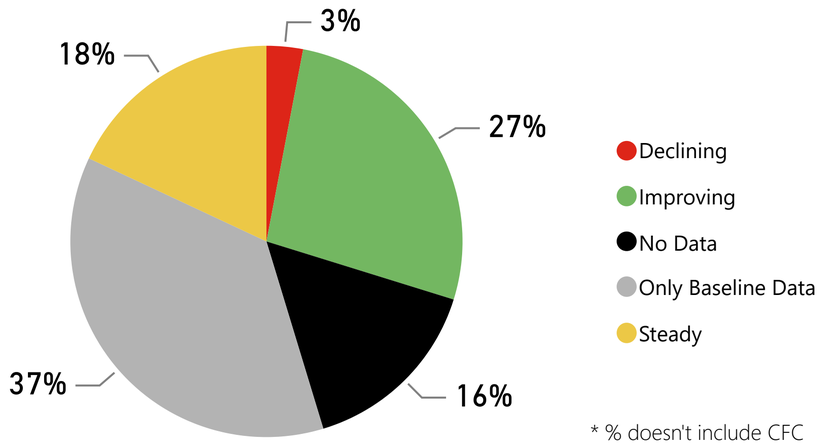
Overview of Progress to Date

No. of LOIP Project Aims	No. of Live Project Aims	No. of New Charters Due	No. of New Charters Received	No. of Aims Achieved	Months Since LOIP Published
75	72	2	0	5	11

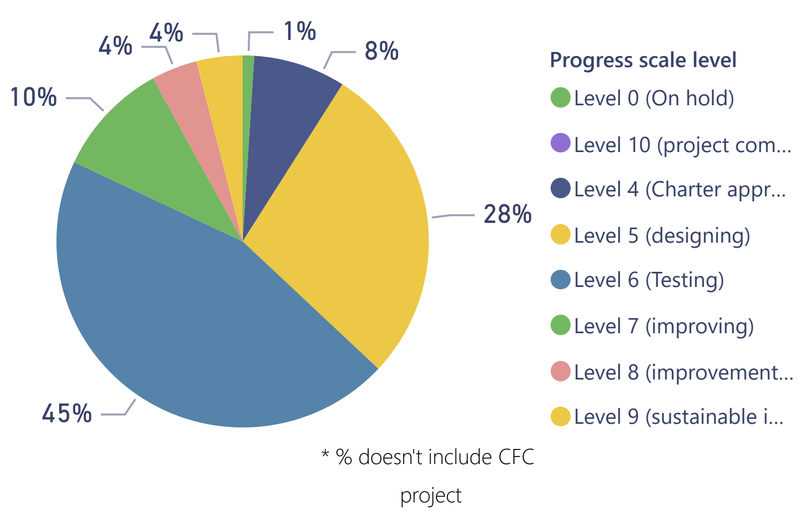
Overview of Progress by Outcome Improvement Group

OIG	No. of Project Aims	No. of Live Project Aims	No. of Charters still to be submitted	No. of Aims Achieved
Aberdeen Prospers	9	8	1	0
Children's Services Board	27	26	1	2
Resilient, Included & Supported	8	7	1	0
Anti-Poverty	6	6	0	1
Community Justice	8	8	0	1
Alcohol and Drugs Partnership	9	9	0	0
Sustainable City	8	8	0	1
Total	**75**	**72**	**3**	**5**

Percentage of Live Projects by Aim Trend



Percentage of Live Projects by Progress Scale



Stretch Outcomes 1-8: Current Status

Overall Rag Key On track | Off track | At risk

SO	Stretch Outcome	SO Trend	No of. LOIP Project Aims	No. of Live Project Aims	% of New Charters Due Submitted	% of Revised Charters Approved	Overall RAG	Summary and reason for Overall Status
1	No one will suffer due to poverty by 2026.	→	6	6	N/A	100		All aims now live, 1.1 has achieved aim & project end is on agenda. No progress of 1.2 & 1.5 provided and both impacted by staff vacancies.
2	400 unemployed Aberdeen City residents supported into Fair Work by 2026.		4	3	0	100		Final new project charter due but not submitted at present, PM working on this being submitted as an additional circualtion in advance of the meeting. Live projects actively testing and showing signs of improvement. See key activity/outcomes.
3	500 Aberdeen City residents upskilled/ reskilled to enable them to move into, within and between economic opportunities as they arise by 2026		5	5	N/A	100		All projects live, however no progress reported in respect of 3.2, 3.3 & 3.4 for a further reporting period. Baseline data for 3.3 to be confirmed.
4	95% of children (0-5 years) will reach their expected developmental milestones by the time of their child health reviews by 2026.	↑	4	4	N/A	100		All projects now live, however baseline data for 4.2 & 4.3 is required and 4.2 remains on hold & progress of 4.1 & 4.4 required.
5	90% of Children and young people will report that their experiences of mental health and wellbeing have been listened to by 2026.		6	5	N/A	N/A		Baseline data for the Stretch Outcome & 5.1 & 5.2 required. Progress status of 5.2 also required. Eating disorders charter postponed to Sept 22 Board to enable results of the SHINE survey to be considered.
6	As corporate parents we will ensure 95% of care experienced children and young people will have the same levels of attainment in education, health and emotional wellbeing, and positive destinations as their peers by 2026.	→	4	4	N/A	100		All projects now live and progressing. For 6.1 there is a single change idea being progressed (MCR pathways) and need to consider if sole idea will achieve the overall aim. Baseline data for the number of children and young people remaining in a placement looked after at home/kinship between 16-18 years old bein gathered.
7	95% of children living in our priority localities will sustain a positive destination upon leaving school by 2026.	→	3	3	N/A	100		All projects now live - aim achieved for 7.1 see key activity/outcomes. 7.2 is testing 1 change idea (Upstream) with NESCOL students, however need to ensure the project are reporting on impact of that change on achievement of the overall aim.
8	Child friendly city where all decisions which impact on children and young people are informed by them as rights holders by 2026.		4	4	N/A	N/A		All projects now live, however baseline data and status of project 8.3 required and a new PM required for 8.4.

Trend Key: ↑ Improving | ↓ Declining | → Steady | Baseline data only | No data

Stretch Outcomes 9-15: Current Status

Overall Rag Key On track | Off track | At risk

SO	Stretch Outcome	SO Trend	No of. LOIP projects	No. of Live projects	% of New Charters Due Submitted	% of Revised Charters Approved	Overall RAG	Summary and reason for Overall Status
9	30% fewer young people (under 18) charged with an offence by 2026.	↑	6	6	N/A	100		All projects now approved and live, with aim achieved for 9.3. Clarity of data & progress for projects 9.1, 9.2 & 9.4 required. PM for 9.4 will change in May
10	25% fewer people receiving a first ever Court conviction and 2% fewer people reconvicted within one year by 2026	↑	8	8	N/A	100		Aim achieved for 10.1 - project end on agenda. All projects are live, however progress of 10.2 has been impacted, but now testing the successful changes from project 10.1. Status of 10.4 required following new PM taking this on.
11	Healthy life expectancy (time lived in good health) is five years longer by 2026.	↓	8	7	0	100		1 remaining new charter (COPD project) postponed due to staff absence and workloads and a new PM remains to be identified. Other projects are live and progressing.
12	Rate of harmful levels of alcohol consumption reduced by 4% and Drug related deaths lower than Scotland	↑ ↓	9	9	N/A	100		All projects now live, however progress of 12.2, 12.4 has been limited.
13	Addressing climate change by reducing Aberdeen's carbon emissions by at least 61% by 2026 and adapting to the impacts of our changing climate	↑	3	3	N/A	100		All project live & progressing , however data/feedback on impact of the changes being tested for 13.2 is not being provided at present.
14	38% of people walking and 5% of people cycling as main mode of travel by 2026.	→	2	2	N/A	100		Both projects live, with a health walk and use of SCARF helpline to disseminate active travel advice being tested for 14.1.Testing at present for 14.2 is limited but is to be progressed following funding to Nestrans for 2 cycle projects - no timescale for these starting. Data on impact of the changes tested towards overall aims required.
15	Addressing the nature crisis by protecting/ managing 26% of Aberdeen's area for nature by 2026	●	3	3	N/A	100		All projects now live & progressing. Aim achieved for 15.1 and project end on today's agenda.

Trend Key: Improving | Declining | Steady | Baseline data only | No data

Stretch Outcome 1: No one will suffer due to poverty by 2026

Overall Progress

SO Trend	No of. LOIP Project Aims	No. of Live Project Aims	No. of New Charters Due	No. of Aims Achieved	Overall RAG
→	6	6	0	1	●

Project Aim Status

Live Project Ref.	Project Aim	Lead Partner, Project Manager	Project Aim Trend	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
1.1	Increase the number of people using community pantries by 20% by 2023.	Cfine, Sam Leys	↑	N, S & C	9	●	20% aim achieved, sustainable improvement evidenced. Project end report on agenda.
1.2	Reduce by 50% the number of homes with an EPC rating of F&G by 2023, leading to 100% by 2026.	ACC, Mel Booth	●	S	5	●	Project progress impacted by staffing vacancies at SCARF. No reported activity since charter approved, or confirmation as to when testing will commence.
1.3	Ensure 100% of people presenting as homeless have a full financial assessment and access to all appropriate benefits by 2023.	ACC, Angela Kazmierzak	↑	None	6	●	Project showing improvement with monthly increase in the value of financial gain identified for people presenting as homeless and completing the financial assessment.
1.4	Increase support for those who have been most disadvantaged through the pandemic by 2023.	GREC, Dave Black	●	N &S	6	●	Targeted social media campaign focused on employability support for minority ethnic communities held in April. See key outcomes/activity.
1.5	Decrease the number of households in extreme fuel poverty in Aberdeen by 4% by 2023; and reduce the rate of socially rented households in fuel poverty in Aberdeen by 8% by 2023.	Scarf, Lawrence Johnston	●	N, S & C	5	●	Project progression impacted by SCARF vacancies. No testing has commenced. A detailed marketing strategy is being drafted in conjunction with Scarf. Work is closely aligned with 1.2 Fuel Poverty but due to changes in personnel and staff vacancies, this cannot proceed until posts have been filled.
1.6	Increase the uptake of unclaimed benefits by 10% across Aberdeen City by 2023.	ACC, Angela Kazmierzak	↑	N, S & C	6	●	Project progressing and reporting on impact of benefit calculator - see kay activity. Data broken down by locality being explored. Between Jan-April 22 90 people started but did not complete the calculator, the project will review the uncompleted calculations to try and understand the reasons this might be and to look to see what can be done to try and reduce this number.

Key Outcomes/Activity

1.1 - 20% aim achieved in December 21 when reached 600 members from April 21 baseline of 487. Total pantry membership has continued to increase and is now at 709 as at Apr 22 - project end report on agenda.
1.3 - Since the project started there has been an increase each month in the value of financial gains identified for people presenting as homeless. In April, £40,631.32 financial gain was identified.
1.4 - Targeted social media campaign focused on employability support for minority ethnic communities held in April. The first, on 8th April, garnered 45 engagements across a reach of 417 individuals; the second, on 15th April, reached 3,866 individuals and received 162 engagements. Both were shared on GREC's main Facebook page to an audience of 1267. The second post was additionally shared to 18 private community Facebook groups. Data on the number of referrals for support during this period is being gathered to evaluate the impact.
1.6 - Early data from Pension credit target take up campaign shows £63,310.76 new financial gains for 22 households. Between 1 December 2021 and 30 April 2022, 712 people have completed the benefit calculator, from which 634 people had unclaimed benefits identified, to a value of £111,216.74 per week.

Key Issues/Risks

1. Progress of projects 1.2 & 1.5
2. Staff vacancies within SCARF impacting progression of 1.2 & 1.5
2. Food supply for food pantries, increased membership requires greater food provision.

Latest Outcomes Framework Data

1. Provisional data for 2020/21 shows there were 5,473 children in Aberdeen City living in relative low income families, down from 6,139 in 2019/20.

Stretch Outcome 2: 400 unemployed Aberdeen City residents supported into Fair Work by 2026

Overall Progress

SO Trend	No of. LOIP Project Aims	No. of Live Project Aims	No. of New Charters Due	No. of New Charters Received	No. of Aims Achieved	Overall RAG
○	4	3	1	0	0	●

Project Aim Status

Live Project Ref.	Project Aim	Project Aim Trend	Lead Partner, Project Manager	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
2.1	Increase employer sign up to the Real Living Wage by 5% year on year to 2023 to achieve Real Living Wage City Status by 2026.	↑	Scottish Enterprise, Martin Barry	N, S & C	8	●	Aim of 5% increase year on year achieved for 2021 & 2022 with 64 employers (as at April 22) headquartered in the City now being Real Living Wage accredited, an increase of 32% since January 2021.
2.2	Supporting 50 people to start a business in Aberdeen who will be coming off the benefits system or significantly reducing their benefits through starting a business by 2023 and 100 by 2026.	↑	Elevator, Roz Taylor/Kirsty McLaughlin	N, S & C	7	●	Project progressing and data showing improvement - see case study & key activity/outcomes section. Breakdown of the 15 who have started a business would be beneficial to show impact of the programmes tested.
2.3	Support 15 care experienced young people progress to employment through public sector funded employability programmes by 2023.	↑	ACC, Angela Taylor	N	7	●	Project progressing a tailored employability support programme. See key outcomes/activity. The pilot to date is considered very successful across a number of outcomes including: sustained engagement; achieving qualifications; engaging in work experience; progressing into a positive destination; sustaining that destination.
	Support 50 people into sustained, good quality employment by 2023, and 100 by 2026, with a particular focus on; those from priority neighbourhoods and people over 50.	○	ACC, Arshia Khatir	N, S & C	3	●	Charter due. New project manager has been appointed. The former PM & new PM are working together to arrange a project meeting. Initial first version of charter drafted, with aim that this be a late circulation for the MG meeting.

Key Outcomes/Activity

2.2 Start up businesses – 42 referrals of individuals in receipt of universal credits who are investigating starting a business since the start of the programme with 15 individuals starting a business which either takes them off universal credits or significantly reduces their universal credits.
2.3 Tailored employability support programme for care experienced young people - data to the end of Q3 21-22 shows 14 participants having registered, with 12 care experienced or currently Looked After, 2 known to social work. 9 of 14 are from a priority locality (2 South, 5 Central, 2 North). To date 7 gained employment; 2 College; 2 negative leavers; 3 continuing with programme.

Key Issues/Risks

1. Delay in project charter and initiation of project
2.2 0 enquiries from North locality – raised at Aberdeen Prospers all partners aware and will raise awareness.

Latest Outcomes Framework Data

1. In February 2022, there were 17,080 people on Universal Credit in Aberdeen City – up from the revised figure of 16,927 in January 2022.
2. In February 2022, there were 6,285 Claimants, down from the revised figure of 6,360 in January 2022.
3. In 2020, Growth Sector Employment was 16,330 – down from 17,890 in 2019.

Stretch Outcome 3: 500 Aberdeen City residents upskilled/reskilled to enable them to move into, within and between economic opportunities as they arise by 2026

Overall Progress

SO Trend	No of. LOIP Project Aims	No. of Live Project Aims	No. of New Charters Due	No. of Aims Achieved	Overall RAG
○	5	5	0	0	●

Project Aim Status

Live Project Ref.	Project Aim	Project Aim Trend	Lead Partner, Project Manager	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
3.1	Increase the number of responsible businesses working with Community Planning Aberdeen (CPA) through Community Benefits and CSR activity by 200% by 2023	↑	ACC, Charlotte Saunders	N, S & C	7	●	Project progressing; 157% increase in responsible business partners since Sep 21, with 18 business now working with CPA through CB and CSR activity.
3.2	By December 2022, increase by 10% the number of people in Aberdeen who: • Have digital access; and • Feel comfortable using digital tools.	○	ACC, Emma Shanks	N, S & C	6	●	No project update provided. Clarity on testing activity; locality and impact required. Chair is meeting PM on 27/5/22.
3.3	Increase the number of people within Aberdeen City qualified with ICT and Digital skills at SCQF Levels 7 and above by 10% by 2023	→	Civic Forum, Bob Farthing	None	5	●	Baseline data on above Level 7 required. No progress of activity or outcomes reported.
3.4	Increase the number of Modern and Graduate Apprenticeships by 5% by 2022.	→	Nescol, Duncan Aberrnethy	N & C	5	●	No project activity, or outcomes reported. Project experiencing difficulties obtaining some baseline data around MA employers and conversions from FAs to MAs. PM's capacity to progress project impacted. In 2020/21 there were 472 MA starts, lower than the figure of 815 in 2019/20. In 2020-21, there were 47 graduate apprenticeships, lower than the figure for 2019-20 of 56 and the same as in 2018-19. Overall aim data showing a steady/fluctuating trend.
3.5	80% of young people will successfully complete their Modern Apprenticeship programme by 2022.	○	Nescol, Ian Runcie	N & S	4	●	New approved by CPA Board on 20/4/22. Project reporting to commence.

Key Outcomes/Activity

3.1 - 18 responsible businesses working with CPA, an increase of 157% since Sep 21.

Key Issues/Risks

1. Pace of progress & progress status of live projects 3.2, 3.3 & 3.4
2. Baseline data for 3.3

Latest Data

1. In 2020-21, 28 people progressed positively through the employability pipeline, down from 356 in 2019-20.

Stretch Outcome 4: 95% of children (0-5 years) will reach their expected developmental milestones by the time of their child health reviews by 2026

Overall Progress

SO Trend	No. of LOIP Project Aims	No. of Live Project Aims	No. of New Charters Due	No. of Aims Achieved	Overall RAG
↑	4	4	0	0	

Project Aim Status

Live Project Ref.	Project Aim	Project Aim Trend	Lead Partner, Project Manager	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
4.1	Reduce the number of births affected by drugs by 0.6% by 2022.	↑	ACHSCP, Simon Rayner	None	5		Project update on activity/outcomes required. Despite no update, data is showing an improving trend.
4.2	Reduce the number of repeat emergency hospital admissions for unintentional injury to children under 5 years by 5% by 2023		ACHSCP, Rachel Thompson	None	0		Baseline data remains an issue, repeat unintentional injuries is not captured. New NHS contact has been suggested which may help with this issue. Team were making progress, but impacted by limited face to face delivery and capacity due to redirection of PM. Project restarted end of April - update will be provided in June.
4.3	Increase uptake of parenting and family support by 10% by 2022.		NHSG, Nicola Dickie	S & C	5		Baseline data being collated via Home Start, Family Learning and Fit Like Hubs. Project designing change ideas.
4.4	Reduce the number of children starting P1 with an identified speech delay by 5% by 2023.		ACHSCP, Nicola Anderson	None	5		Charter approved by CPA Board on 23/2/22, but progress impacted by system wide pressures. Meeting being held on 21/5 to progress.

Key Outcomes/Activity

Key Issues/Risks

1. Pace & progress of projects 4.1 to 4.4
2. Baseline data to show progress towards aim and impact of change ideas for projects 4.2 & 4.3 continues to be unresolved
3. Significant pressures on staff due to redirection of duties

Latest Outcomes Framework Data

1. In 2019/20, 70.1% of P1 children and 75.7% of P7 children had no obvious tooth decay – similar to the figures for 2018/19 of 69.7% and 75.5%.
2. In 2021, there were 83 children on the Child Protection Register, down from 142 in 2020.

Stretch Outcome 5: 90% of children and young people will report that their experiences of mental health and wellbeing have been listened to by 2026. This is reflected in interactions, activities, supports and services.

Overall Progress

SO Trend	No of. LOIP Project Aims	No. of Live Project Aims	No. of New Charters Still to be Submitted	No. of Aims Achieved	Overall RAG
●	6	5	1	0	●

Project Aim Status

Live Project Ref.	Project Aim	Project Aim Trend	Lead Partner, Project Manager	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
5.1	Increase to 80%, the number of staff who feel confident about how to directly support, or refer a child for support, and signpost to appropriate services by 2022.	●	ACC, Lisa Williams	N, S & C	6	●	Baseline data being gathered. Project testing with 'I Matter' project established, starting in Northfield Academy, to develop wellbeing toolkits leading to each pupil having a personalised plan to proactively manage their mental health.
5.2	Increase by 80% the use of digital wellbeing resources for children and young people's mental health and wellbeing by 2022 and Increase by 40% the use of the wellbeing scenario on the Mind of my Own app by care experienced children and young people by 2022.	●	NHSG, Tracy Davis	N & C	5	●	Baseline data to be provided via a survey of current position; workforce capacity to progress project is limited; no changes being tested.
5.3	100% of schools offer sustainable and equitable access to counselling for those children aged 10 and above who require it by 2022.	↑	ACC, Gael Simpson	None	7	●	Project data showing a positive trend, with 72% of schools offering counselling as at Apr 22, an increase of 45% since Dec 21. 36% of secondary schools are delivering Distress Brief Interventions.
5.4	100% of children and young people have free access to physical activity which improves mental health and wellbeing by 2022.	↑	ACC, Gael Simpson	N, S & C	6	●	Project progressing see key activity/outcomes. Aim potentially achieved but further clarity and data required on change ideas which have driven improvement.
	The number of children and young people with an eating disorder who are identified within 3 months of onset is increased by 50% by 2023.	●		None	2	●	Board agreed that the charter be postponed to the 14 September 22 Board meeting to enable the results of the SHINE survey to be gathered and change ideas thereafter identified.

Key Outcomes/Activity

1. 5.3 - 72% of schools offering counselling as at Apr 22, an increase of 45% since Dec 21. 36% of secondary schools are delivering Distress Brief Interventions (DBI) and from the DBI pilot schools, there are positive outcomes being shared from some of our settings but this is still very early days for this project. https://communityplanningaberdeen.org.uk/wp-content/uploads/2022/04/5.3-DBI-pilot.pdf
2. 5.4 - All active schools are now free providing accessible physical activity to children and young people in all school settings across Aberdeen City. Monthly meetings of the Aberdeen PEPAS group have shown a real drive for collaborative approaches to meeting the physical wellbeing needs of all children and young people within the Education Service. With a joined up approach and regular collaboration, targeted planning, delivery and sharing of engagement activities is strengthening. This has been positively received by all partners who have been involved both from local and national partnerships.

Key Issues/Risks

1. Baseline data required for Stretch Outcome and projects 5.1 & 5.2
2. Pace & progress of project 5.2
2. Ongoing challenges with capacity, current vacancy factor impacting on current need in schools
3. Delay in project charter and initiation of project

Latest Outcomes Framework Data

1. At December 2021, 1.5% of CAMHS patients had been waiting longer than 18 weeks, slightly lower than the figure of 1.9% in December 2020.

Stretch Outcome 6: As corporate parents we will ensure 95% of care experienced children and young people will have the same levels of attainment in education, health and emotional wellbeing, and positive destinations as their peers by 2026.

Overall Progress

SO Trend	No of. LOIP Project Aims	No. of Live Project Aims	No. of New Charters Due	No. of Aims Achieved	Overall RAG
→	4	4	0	0	●

Project Aim Status

Live Project Ref.	Project Aim	Project Aim Trend	Lead Partner, Project Manager	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
6.1	Increase the number of care experienced young people accessing a positive and sustained destination by 25% by 2022	→	ACC, Larissa Gordon	S	7	●	Project progressing a single change idea re MCR Pathways, initial leaver destinations showing a positive trend, however follow-up positive destination data still awaited. Consider whether the single change alone will achieve the aim.
6.2	Increase to 43% by 2023 the proportion of children and young people who are supported to live in kinship care or are looked after at home by 2023 and increase by 20% the number of children and young people remaining in a placement looked after at home/kinship between 16-18 years old by 2023.	→	ACC, Angela Maitland	None	6	●	SCRA/SW/CHS learning event held focusing on Child Friendly Hearings - 80 attendees from across the 3 agencies and legal representatives. A number of changes being designed. The number of children 16-18 living in kinship arrangements or Looked After at home has not been centrally recorded and therefore system to gather this has now been put in place and data available from July 22.
6.3	Increase the number of care experienced young people by 10% receiving multiagency throughcare/aftercare support by 2023.	●	ACC, Isabel McDonnell	None	4	●	Charter approved on 20/4/22. Project reporting will now commence

Key Outcomes/Activity

6.1 20/21 initial leaver destinations data shows 76% of all looked after leavers in Aberdeen went on to a positive destination, the highest ever recorded in the city. However this remains below the national % of 88% and the virtual comparator % of 89%. Despite the gap the % for Aberdeen has increased each year since 2015/16. Data on

Key Issues/Risks

1. Pace & progress of project 6.2
2. Disparate nature of funding from Scottish Government in implementing The Promise.
3. Strong collaboration across agencies required to deliver on the ambitions of Plan 21-24.
4. Data collection and routine reporting not where we need it to be yet.

Latest Outcomes Framework Data

1. In 2021 there were 515 Looked After Children, down from 566 in 2020.
2. In 2020/21, 100% of LAC had a pathway plan – same as in 2019/20.
3. In 2021, 14% of LAC were aged 16+ years.

Stretch Outcome 7: 95% of all our children, including those living in our priority neighbourhoods, will sustain a positive destination upon leaving school by 2026

Overall Progress

SO Trend	No of. LOIP Project Aims	No. of Live Project Aims	No. of New Charters Due	No. of Aims Achieved	Overall RAG
→	3	3	0	1	

Project Aim Status

Live Project Ref.	Project Aim	Project Aim Trend	Lead Partner, Project Manager	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
7.1	Increase the number of accredited courses directly associated with growth areas by 7% by 2023.	↑	ACC, Mark Jones	S	8		Aim achieved - project continuing to ensure improvement sustained into the next academic year. Lift Off 2 being held on 1-2 June 22.
7.2	Increase the number of vulnerable learners entering a positive and sustained destination by 7% by 2023.		Aberdeen Foyer, Leona McDermid	N & S	6		Project update required & evidence of impact of upstream towards overall project aim.
7.3	Increase the number of young people who leave school with a minimum of SVQ 3 in literacy and numeracy and 4 other qualifications to 93% 2023.	→	ACC, Caroline Johnstone	None	4		Charter approved on 20/4/22. Project reporting will now commence/changes being designed. In 2020/21, 88% of school leavers achieved literacy and numeracy at SCQF level 4 or better – same as 2019/20.

Key Outcomes/Activity

7.1 - aim achieved, with an 8% increase in the no. of accredited courses associated with growth sector industries between 2019-20 & 2021-22. Although aim achieved there is a commitment to look to extend this further in session 2023-24 through the change ideas in the charter and this also ensuring that the improvement is sustained.

Key Issues/Risks

1. Risks that the provision of resource if not informed by pupil aspiration is being addressed by seeking to better understand the needs of young people.
7.2 - Project to review reporting to show impact of change idea (upstream) on overall aim of positive destinations of target group.

Latest Outcomes Framework Data

1. In 2020/21, 88% of school leavers achieved literacy and numeracy at SCQF level 4 or better – same as 2019/20.
2. In 2020/21, 65% of school leavers achieved literacy and numeracy at SCQF level 5 or better – slightly lower than 66% in 2019/20.

Stretch Outcome 8: Child friendly city where all decisions which impact on children and young people are informed by them by 2026

Overall Progress

SO Trend	No of. LOIP Project Aims	No. of Live Project Aims	No. of New Charters Due	No. of Aims Achieved	Overall RAG
	4	4	0	0	

Project Aim Status

Live Project Ref.	Project Aim	Project Aim Trend	Lead Organisation, Project Manager	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
8.1	Achieve UNICEF badges in: - Cooperation & Leadership - Culture - Communication - Place - Child Friendly Services - Participating		ACC, Matt Reid	S			Progress ongoing
8.2	Increase to 100% of staff working directly and indirectly with children who have recevied child friendly city training by 2023.		ACC, Jade Leyden	None	6		Overall data on ACC staff numbers has now been received. Service Managers being contacted to confirm which roles fit the criteria for training and the number of staff in those roles. Project progressing training session held and further sessions advertised. Exploring the concept of delivering the training through our own trained trainers to speed up delivery.
8.3	Increase by 50% the number of communications which are accessible to children and young people by 2023.		NHSG, Tracy Davis	C	5		No baseline data available or update on project activity since charter approved.
8.4	By 2023 increase to 100% the number of multiagency governance arrangements which impact on children on young people that include their participation and engagement.		Police Scotland, TBC	None	4		Charter approved on 20/4/22, however a new PM is to be identified and therefore no activity reported.

Key Outcomes/Activity

8.2 Children's Rights in Practice training delivered by Unicef being run on 25 April, 26 May & 9 June 2022, with all staff groups identified in the charter encouraged to attend. A tailored version of the same training will be delivered to elected members as part of their induction in May 22. Exploring possibility with UNICEF of training staff/partners in house via a train the trainers version of the CRIP training.

Key Issues/Risks

1. Pace and progress of project 8.3, as well as baseline data.
2. 8.4 - PM has retired and a new PM to be identified.

Stretch Outcome 9: 30% fewer young people (under 18) charged with an offence by 2026

Overall Progress

SO Trend	No of. LOIP Project Aims	No. of Live Project Aims	No. of Aims Achieved	Overall RAG
↑	6	6	1	

Project Aim Status

Live Project Ref.	Project Aim	Project Aim Trend	Lead Partner, Project Manager	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
9.1	Increase number of young people who need support in relation to trauma and bereavement having access to such support by 50% by 2023 and reduce by 5% the number of 16/17 year olds with higher support needs offending by 2022.		ACC, Julia Milne	N	5		Project is now taking forward 2 aims to ensure change ideas and learning aligned. No activity reported to date & testing to be commenced in May 22.
9.2	Reduce by 10% both the number of offences of sexual or criminal exploitation and the number of 'digital' offences by Young People (Under 18) by 2022.		Police Scotland, Lisa Kerr	None	5		Project has still not started yet due to personnel issues, July 2022 now proposed. New PM as of May 22.
9.3	Increase by 10% the number of young people (16-17 year olds) who are jointly reported to SCRA and COPFS who are offered robust alternatives to entering the statutory system by 2022.	↑	SCRA, Emma Scrimger	None	8		Aim achieved, however project continuing until 2021/22 data is available to ensure that improvement has been sustained. If it has a project end report will be prepared.
9.4	Reduce instances of public space youth anti-social behaviour as a result of appropriate and effective interventions in targeted areas by 10% by 2022.	→	Police Scotland, John Webster	N, S & C	6		Data is being revisited. Data on impact of tests at targeted localities required. New PM commenced at beginning of May. The city centre CPT has a new unit focussing on anti-social behaviour & tests of change to follow.
9.5	Increase by 50% the number of 10 to 16 year olds in target areas of the city who access youth community activity by 2023.		ACC, Craig Singer	N, S & C	6		Project testing a new group in Kincorth, at March 15 young people had engaged.

Key Outcomes/Activity

9.3 aim achieved with 62% of 16-17 year olds jointly reported being retained by the reporter and offered alternatives, an increase of 24% since 2019/20. Awaiting 20/21 data.
9.5 A group for 10-12 year olds has been established in Kincorth with 15 young people attending as at the end of March 2022. Data from Community Learning and Development's Management Information System showed no enrolment in any activity from children in Kincorth during 2021.

Key Issues/Risks

1. 9.2 still not commenced due to personnel issues in Police Scotland
2. Pace of progress of projects of 9.1 & 9.4 & data to show current status & impact of changes

Latest Outcomes Framework Data

1. In 2020-21, 40 DP cases were commenced for 16-17 year-olds compared to 45 in 2019-20.

Stretch Outcome 10: 25% fewer people receiving a first Court conviction and 2% fewer people reconvicted within one year by 2026

Overall Progress

SO Trend	No of. LOIP Project Aims	No. of Live Project Aims	No. of New Charters Due	No. of Aims Achieved	Overall RAG
↑	8	8	0	1	

Project Aim Status

Live Project Ref.	Project Aim	Aim Trend	Lead Partner, Project Manager	Locality Link	Current progress scale	Progress RAG	Summary and Reason for RAG
10.1	Increase by 10% those individuals, aged 21+ and not subject to statutory throughcare arrangements, who access support services upon release from HMP Grampian by 2022.	↑	SPS, Mike Hebden	None	9		Aim achieved - project end report on today's agenda.
10.2	Increase to 30 in total, the no. who are on a custodial sentence, CPO with a Supervision Requirement, on Unpaid Work Orders, on Remand or who have been Diverted from Prosecution who are being supported to make progress on the Employability Pipeline by 22.	→	SDS, Nicola Graham	N	6		Project has done a deep dive into the number of referrals and why the individuals are not progressing & have identified a number of reasons. Further to this & including learning from Project 10.1, it has been identified that the point of contact needs to be earlier. Project is now working collaboratively with colleagues at HMP Grampian to modify changes with the aim of increasing engagement and participation.
10.3	Reduce the number of wilful fires by 10% by 2022	→	SFRS, Andrew Dick	None	7		Project showing signs of improvement - see key outcomes/activity & case study. The project will now focus on testing its targeted interventions in another locality - Kincorth.
10.4	100% increase in hate crimes reported to police by 2023.		GREC, Dave Black	C	5		No project activity reported since LOIP refresh, however a new PM has now commenced in Mar 22.
10.5	Decrease the number of incidents of domestic abuse reported to the Police by 15% by 2023.	↓	ACC, Lucy Simpson	N	6		See key outcomes. Data showing a downward trajectory with in 2020-21 there were 2,610 incidents of domestic abuse in Aberdeen City, up from 2,566 in 2019-20.
10.6	Increase by 15% victims of domestic abuse receiving support by 2022.	→	ACC, Lucy Simpson	C	6		Project progressing - see key outcomes.
10.7	Increase by 10% the number of clients who access assessment/support/ treatment/services in relation to mental health issues:- in Police custody; on a community disposal; in HMP Grampian by 2023.		ACHSCP, John Donaghey	None	6		Baseline data for 2 aspects of aim still required. Initial tests re interventions & training are focused on CJSW & custody due to unsuccessful recruitment at HMPG. Staff to receive training have been identified using data to identify where the largest impact is most likely to take place. Penumbra, have been contracted to support test re mental health interventions within Custody & testing to begin. Several Arrest Referral Champions have been identified.
10.8	Reduce the number of drug related deaths occurring within 6 months of liberation from custody from 10 to zero by 2023.		ACHSCP, Simon Rayner	None	4		Charter approved by CPA Board on 20/4/22. Project reporting to commence.

Key Outcomes/Activity

10.1 Aim achieved, with 81% of individuals have engaged with support services on release in 2021, an increase of 43% since 2019. See case study.
10.3 Whilst there has been an increase in the no. of deliberate fires city wide, the area of focus of the project initially (Torry & Ferryhill) has shown a reduction from 57 (5-year average) to 37 which is a 36% reduction. Secondary fires which has been the project's area of concentration were reduced from the 5-year average of 54 to 28 which is a 49% reduction. The project will now focus on testing its targeted interventions in another locality. See case study.
10.5 110 staff undertook Safe and Together Overview training in February and March; 40 staff are in the process of undertaking the Safe and Together Core E-Learning training & Domestic Abuse Awareness Raising Tool has been added to ACC Learn this month. Between March 21 & 22, 42 self referrals for support were received.
10.6 Since October 2021 we have seen an increase each month in the no. of young people accessing domestic abuse support with a high of 30 in March 2022. This is a 50% increase since testing info sessions for young people.

Key Issues/Risks

1. 10.2 - Pace of progress - new changes aligned to successful test from project 10.1 to be taken forward.
2. 10.4 - Pace and progress of project, however new PM appointed to mitigate this issue.
3. 10.7 - HMP Grampian have been unable to recruit to the posts which are required to implement the tests of change. Baseline data for 2 aspects of the aim still required.

Latest Outcomes Framework Data

1. In 2020-21, 150 DP cases were commenced (all ages) compared to 114 in 2019-20.
2. In 2020-21, 67.4% of Community Payback Orders were successfully completed compared to 70.6% in 2019/20.
3. In 2020-21, 195 individuals received statutory throughcare compared to 217 in 2019-20.
4. In 2020-21, 21 individuals received voluntary assistance compared to 47 in 2019-20.

Stretch Outcome 11: Healthy life expectancy (time lived in good health) is five years longer by 2026

Overall Progress

SO Trend	No of. LOIP Project Aims	No. of Live Project Aims	No. of New Charters Due	No. of New Charters Received	No. of Aims Achieved	Overall RAG
↓	8	7	1	0	0	

Project Aim Status

Live Project Ref.	Project Aim	Lead Partner, Project Manager	Project Aim Trend	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
11.1	Reduce the rolling 3-year average number of suicides in Aberdeen to below 26 (2019) by 2023.	Police Scotland, Darren Bruce	→	N, S & C	6		Project progressing & using data to undertake targeted interventions. 3,992 users in Aberdeen of the Prevent Suicide App, as at January 2022, 56% of all app users. Video and advice material launched & can be viewed at https://communityplanningaberdeen.org.uk/improvement-stories/. PM moving post at beginning of June and a new PM to take over.
11.2	Increase opportunities for people to increase their contribution to communities (volunteering) by 10% by 2023.	ACC, Neil Carnegie	↑	N & C	7		Changes being tested. Data showing a positive trend with no. of volunteer opportunities increasing by 41 (9%) to 478 between Dec 21 and April 22. See key outcomes/activity.
11.3	Support 100 people to feel confident to promote wellbeing and good health choices by 2023.	ACHSCP, Chris Smillie		N, S & C	6		Project now back developing changes with team meeting held and testing of health and wellbeing materials to be held with Sport Aberdeen, library staff etc. Testing yet to commence.
11.4	Reduce tobacco smoking by 5% overall by 2023	AHSCP, Chris Smillie	↑	N & C	6		Testing yet to recommence. Prior to the refreshed charter, tests with Homestart on staff & volunteers' confidence to talk to service users about smoking in the home was done. A meeting was held between the PM and ASH Scotland looking to further roll out the approach taken with Homestart. This is being discussed with the Best Start in Life Group.
11.5	Reduce youth homelessness by 6% by 2023.	ACC, Graeme Gardner	↑	None	6		Data on overall aim showing a positive trend, with 18% reduction, 3 times greater than aim. Project now testing with the Community Hosting Contract commenced & Business Case for Housing Options role approved & recruitment underway - upstream actively testing, in order to achieve a further 6% reduction from the 2021/22 . See key activity/outcomes.
11.6	Increase the number of unpaid carers feeling supported by 10% by 2023.	ACHSCP, Stuart Lamberton		N & S	5		Meetings of the Team have now been scheduled monthly & change ideas reviewed in Mar 22. Work has been progressing outwith and progress will be reviewed and updated at the next meeting on 13/04/22. Data for 21/22 shows 440 adult carers accessed support.
11.7	To support 50 low income families in priority neighbourhood to improve eating behaviours and adopt positive lifestyle choices to help towards a healthy weight by 2023.	NHSG, Tracy Davis		N, S & C	5		Group continues to meet 4 weekly and preparatory progress feels robust. 3 Masters students will be contributing to the work of the project from mid-May. Potential 'launch' dates for testing change ideas discussed and expect this to be during the summer (likely July).
	Refer 20% of people living with COPD or other respiratory conditions into specific PR physical activity and other support programmes delivered in community settings by 2023.	TBC		N & C	2		Charter postponed - a new PM is currently being identified.

Key Outcomes/Activity

11.1 Suicide prevention video and advice material launched & can be viewed at https://communityplanningaberdeen.org.uk/improvement-stories/
11.2 - Volunteer opportunities on volunteer hub increased from 437 in Dec 21 to 478 in April 2022, a 9% increase. New volunteer opportunities have been offered by ACC to support Ukrainian welcome and resettlement work. Volunteers are preparing homes for 50 Ukrainian households. Approximately 30 volunteers based prepared 32 flats with c200 volunteer hours. Currently there have been 14 volunteers in painting 4 flats making a total of 42 hours. We have 9 volunteers from subsea 7 going in to paint 3 flats making up an additional 27hrs. Around 10 different groups/companies involved.
11.5 - Data is showing a reduction in youth homelessness from is 465 in 2020/21 to 383 in 2021/22, an 18% reduction, more than 3 times the aim of a 6% reduction. Within this data we have not seen a decrease in the number of 16 and 17 year olds presenting as homeless, suggesting this an area that further work will need focused on. With the change ideas now being tested the project aims to achieve a 6% reduction from the 2021/22 data. Learning event for Upstream being held on Friday 22nd of April.
11.6 The number of young carers accessing support has increased each year since 19/20 and as at Dec 21 there was a 55% increase from 20/21 with 96 young carers accessing support.

Key Issues/Risks

11.1 - PM moving post and new PM to commence - project could be impacted by transition period.
11.8 – COPD aim – Charter overdue due to staff absence and workloads, new PM to be appointed. Targeted support will be provided by RIS Lead contact & submitted for next meeting.
11.6 - Unpaid Carer Support - potential new PM being explored.

Stretch Outcome 12: Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026

Overall Progress

No of. LOIP Project Aims	No. of Live Project Aims	%. of Revised Charters Approved	No. of Aims Achieved	Overall RAG
9	9	100	0	

Project Aim Status

Live Project Ref.	Project Aim	Project Aim Trend	Lead Partner, Project Manager	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
12.1	100% of vulnerable young people, who are at-risk of developing problem substance use, have access to evidence-based Prevention & Early Intervention (incl Universal, Selective & Indicated Prevention support) by 23.		ACC, Steve McConnachie	None	6		Project showing improvement in the delivery of a service targeting young people with increasing vulnerability, prior to need for formal statutory intervention.
12.2	To decrease the number of 13 and 15 year olds who have reported using substances in Aberdeen to below the national average by 2023, through curriculum delivery and a whole population approach.		ACC, Gael Simpson	None	5		Progress impacted by PM capacity, but Team has now met to progress changes including the work required to reissue the substance misuse guidance within schools, however work is required to consider how we capture the relevant information across partners when an incident takes place. Baseline data gathered by a survey and now reported.
12.3	Increase % of the population who feel informed about using alcohol responsibly and Increase by 10% the percentage of adults in Aberdeen City who are non drinkers or drink alcohol in a low risk way by 2023.		ACC, Lucy Simpson	N	5		Project designing changes, with a view to testing commencing in May 22.
12.4	Increase the number of alcohol brief interventions delivered by Primary Care providers and other professionals to above levels achieved in 17/18 by 2023	↓	NHS, John Mooney	None	5		Discussions ongoing regarding ABI delivery in primary care setting recommencing and in meantime efforts are being re-doubled to pursue alternative settings for ABIs detailed in the update to mitigate for primary care factor.
12.5	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 2023.		Fraser Hoggan, ADA	N & C	6		Change to Alcohol Aberdeen website (AUDIT tool) to allow follow up of individuals requiring further support being tested.
12.6	Reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2022.	↓	ACHSCP, Simon Rayner	S	6		Data showing a declining trend. Project progressing naloxone training and looking at ways to increase the number of non alcohol and drug services that can supply nalaxone - 4 at present. Community Naloxone Champions also being sought.
12.7	Increase opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment by 2023.		NHS, John Mooney	C	6		Project designing a no. of change ideas as detailed in the update. Cepheid Machine testing commenced. Data to show all testing done, then split into type of test, tested for etc being gathered.
12.8	Increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2023.		Simon Pringle, ADA	N & C	6		Actively testing improving direct access. Having a clear pathway for people who have had a near fatal overdose has allowed discussion with partners and assertive approach to encourage engagement with services. Whilst still early days indication is that this support in helping people re engage with services.
12.9	Increase the number of people undertaking recovery from drug and alcohol issues who are being supported to maintain drug / alcohol free lives in their community by 2023.		ACHSCP, Simon Rayner	N & C	4		Charter approved by CPA Board on 20/4/22. Project reporting to commence.

Key Outcomes/Activity

12.1 Data set exploring A.C.Es and Educational Experiences has been created for C&YP Looked-After at Home and in Kinship care and provides significant insight into no. of considered at-risk of developing problem substance use. Report to be submitted to ADP in May 22.
12.5 Referrals to IAS are increasing and recovering. Increases in referrals from the newly established ARI Drug & Alcohol Community Team (DACT) are a factor in recent increase.
12.6 - There are a number non alcohol & drug services able to supply naloxone, most recently the addition of Police Scotland. ACC have also now become a naloxone supplier/administrator and training with ACC staff will now be rolled out. Promotional naloxone campaign to commence with targeted training/promotion in sectors/localities informed by data.
12.7 Cepheid Machine purchased and will allow us to test for Hepatitis C Infection. The machine allows a test result to be produced within 1 hour and if someone is positive, treatment can be arranged to start within the same appointment. Testing for HIV and Hepatitis B will also be offered. The machine is mobile and will allow us to develop testing in different ways and in different venues. Initially the machine will be in our drug services and at the Timmermarket. Previously patients had to wait 1-2 weeks for a blood test result or up to 4 weeks for a Dry Blood Spot test result before treatment could be discussed and then arranged. This led to a significant number of patients lost to follow up due to change of address or telephone contact.
12.8 104 people were referred to the prevention team for discussion between Jan & Mar 22, 21% higher than the same period in 2021. Total active clients at IDS was at a low 1222 in Nov 21 and has increased each month since and was 1230 as at Mar 22.

Key Issues/Risks

1. 12.4 - ABI data and the delivery of ABIs in primary care setting - efforts will be re-doubled to pursue the alternative settings detailed in the update to mitigate this issue.
2. Data issue for projects 12.5 & 12.8 re collating citywide treament data and broken down by locality - being actively explored.
3. 12.7 - Availability of local and national data. A system is required to capture data on all testing locally & discontinuation of national BBV notification and monitoring data sources over the pandemic period is an additional information gap, this provided reliable regional data and national comparisons prior to 2020.
4. Pace/status of progress - all projects to start testing.

Stretch Outcome 13: Addressing climate change by reducing Aberdeen's carbon emissions by at least 61% by 2026 and adapting to the impacts of our changing climate

Overall Progress

SO Trend	No of. LOIP Project Aims	No. of Live Project Aims	No. of Aims Achieved	Overall RAG
↑	3	3	0	

Project Aim Status

Live Project Ref.	Project Aim	Project Aim Trend	Lead Partner, Project Manager	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
13.1	Reduce public sector carbon emissions by at least 7% by 2023.		ACC, Kat Ramsay	None	6		Project actively testing with 83 Green Champions in ACC and NHSG. 1 initiative being run in May 22.
13.2	Reduce the generation of waste in Aberdeen by 8% by 2023.	→	ACC, Pam Walker/Kris Hultman	C	6		Project to show impact of the change ideas - how much waste saved as a result of changes tested and which localities are we testing in?
13.3	Community led resilience plans in place for areas most vulnerable to flooding by 2023, leading to resilience plans in place across all areas of Aberdeen by 2026.		SFRS, Richard Finlay ACC, Fiona Mann	N & C	6		1 of the 5 areas vulnerable to flooding have a plan. Successful meeting with Mens Shed and Kings Church regarding the setting up of a Bridge of Don Community Resilience group. Session held with the wider Community Empowerment Group.

Key Outcomes/Activity

13.1 83 Green Champions now in place, an 80% increase since Jan 22 and 8 inititaives held/planned with a total of 164.504 KgC02e saved. 1 initiative, Kicked off Step Challenge being held in May, 6 teams taking part including 1 team from the Police.
13.2 58 reusable menstrual product libraries now across the city. 875 washable towels and 942 menstrual cups given out in 21/22 to date, an increase of 151% and 68% respectively.

Key Issues/Risks

1. Pace of testing & reporting of data on the impact of the change ideas tested and how it is supporting achievement of the overall aim.

Stretch Outcome 14: Increase sustainable travel: 38% of people walking and 5% of people cycling as main mode of travel by 2026

Overall Progress

SO Trend	No of. LOIP Project Aims	No. of Live Project Aims	No. of Aims Achieved	Overall RAG
→	2	2	0	

Project Aim Status

Live Project Ref.	Project Aim	Project Aim Trend	Lead Partner, Project Manager	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
14.1	Increase % of people who walk as one mode of travel by 10% by 2023.	→	Nestrans, Kelly Wiltshire	N & C	6		Project progressing a single health walk with RGU students and active travel helpline.
14.2	Increase % of people who cycle as one mode of travel by 2% by 2023.	→	Nestrans, Kelly Wiltshire	N, S & C	6		Project not actively testing anything at present, awaiting commencement of tests re adult Cycle Training (Building on the initial adult cycle classes tested with NHSG staff) and a Bike Recycling Project.

Key Outcomes/Activity

14.2 Nestrans have been award £500,000 by Transport Scotland, in additional funding for five active travel projects. Two of the projects will be taken forward to support this project namely: Adult Cycle Training (Building on the adult cycle classes tested with NHSG staff) and a Bike Recycling Project.

Key Issues/Risks

1. Pace of testing & reporting of data on the impact of the change ideas tested

Stretch Outcome 15: Addressing the nature crisis by protecting/managing 26% of Aberdeen's area for nature by 2026

Overall Progress

SO Trend	No of. LOIP Project Aims	No. of Live Project Aims	No. of Aims Achieved	Overall RAG
	3	3	1	

Project Aim Status

Live Project Ref.	Project Aim	Project Aim Trend	Lead Partner, Project Manager	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
15.1	Increase the number of community run green spaces by a minimum of 8 that are organised and self-managed for both people and nature by 2023.		ACC, Steven Shaw	N, S & C	9		Aim of a minimum of 8 new community green groups has been achieved with 23 new groups established as at March 22, an increase of 18 since Feb 21. Project end report on today's agenda.
15.2	Increase community food growing in schools, communities and workplaces by 12 2023.		ACC, Steven Shaw	N, S & C	6		9 schools, communities, workplaces have signed up for food growing. See key outcomes/activity. Also, early discussion have been had with Library Services about a partnership to grow plants at all city libraries.
15.3	At least 23 organisations across all sectors in Aberdeen pledging to manage at least 10% of their land for nature by 2023 (23BY23) and at least 26% by 2026 (26BY26).		ACC, Steven Shaw	S	5		Charter approved by CPA Board on 23/2/22. No progress to date, however project has started to bring Team together to take this forward.

Key Outcomes/Activity

15.1 - Aim achieved. 30 new groups established as at April 22, an increase of 25 since Feb 21. Project end report on agenda. Central Locality has 6 Community Champions and films produced & promoted by champions. We are evaluating existing groups activity per month to run a change idea looking at whether community run green space volunteers would be willing to volunteer in other areas during months of reduced activity in green spaces.
15.2 681 members of Aberdeen Growing, online network for food growers in Aberdeen City for sharing ideas, best practice, and resources. Workplace growing collaboration kicked off with ACC. 13 Green Champions involved. Seeds distributed in April 22.
Early Years Child Minders across the city have worked on two projects with Environmental Services, with food growing and Pollinators projects agreed and the child minders will be 'growing' with their children. Also, planters have been allocated to Bon Accord Care Sheltered Housing blocks, this is to encourage the residents to get involved in food growing.

Key Issues/Risks

COMMUNITY EMPOWERMENT GROUP

Workstream Status

Ref	Workstream	Lead Organisation, Project Manager	Timescale	Progress RAG	Summary and Reason for RAG
CE.1	Community Empowerment Strategy	ACC, Michelle Cochlan ACC, Margaret Stewart GREC, Dave Black ACVO, Maggie Hepburn	Sep 22		Revision of Community Empowerment Strategy underway. Consultation stage with stakeholders and communities being planned.
CE.2	Community Learning and Development Plan	ACC, Colin Wright	Nov 21		Revised CLD Plan approved by CPA Board in Nov 2021. Positive report following HMIE visit to consider progress made since the last inspection which highlighted concerns with governance of CLD.
CE.3	City Voice	ACC, Anne McAteer	Apr 22		A review of City Voice was carried out Dec 21-Mar 22. Implementation of recommendations now underway.
CE.4	Community Stories	ACC, Martin Wyllie ACVO, TBC	Ongoing		Developing approach with Outcome Improvement Groups to improve storytelling around the impact and outcome of our improvement work through the medium of video and other modern communications.
CE.5	Locality Empowerment Groups/ Priority Neighbourhood Partnerships	ACHSCP, Stuart Lamberton ACC, Paul Tytler	July 21		New Transformation Programme Manager in place with AHSCP to co-lead joint locality planning arrangements with Aberdeen City Council. A review is currently ongoing to examine Council structures to manage locality planning which is expected to be concluded at the end of June. Locality Empowerment Groups are beginning to meet again following a break at the beginning of the year.
CE.6	Participation and Asset Transfer Requests	Civic Forum, Jonathan Smith	Ongoing		Collaborating with SCDC to encourage a consistent approach to outcome improvement process across Scotland whether through a formal participation request or proactive involvement of communities in improvement projects.
CE.7	Aberdeen Responsible Business	ACC, Michelle Cochlan ACVO, Maggie Hepburn	Jan 23		See improvement project 3.1 for overview of progress. Work underway to join up with ACVO affiliates scheme.
CE.8	Community funding/ participatory budgeting	ACVO, Maggie Hepburn ACC, Susan Thoms	Sep 22		The scope of this workstream will be confirmed within the new Community Empowerment Strategy. The Council is currently progressing a PB toolkit which has potential to be developed for a CPP wide audience.
CE.9	Community Empowerment Network	ACC, Michelle Cochlan ACVO, Maggie Hepburn	Sep 21		The second Community Empowerment Network took place on 28 April 2022 via zoom.

Key Outcomes/Activity

The Community Empowerment Group approved the final report on the review of City Voice in March 2022 and implementation of improvement recommendations is now underway. This includes a refresh of panel members which is due to be completed in June. The Community Empowerment Strategy is currently being revised to reflect developments in community empowerment since the strategy was published in 2017 and to further build on current strengths. A second Community Empowerment Network event was held in April 2022.

Key Issues/Risks

Improvement Project Key

Overall Rag Key — On track; Off Track; At Risk

Trend Key: — Improving; Declining; Steady; Baseline data only; No data

Project Progress Scale	Description
0	Project on hold
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

Business Start Ups: Supporting Unemployed People to Start a Business

What are we trying to achieve?

Our aim is to support individuals, in Aberdeen City, who are currently in receipt of Universal Credits, to either come off or significantly reduce their benefits by starting up a new business. In delivering this support we aim to have a minimum of 50 individuals launching their new business by 2023.

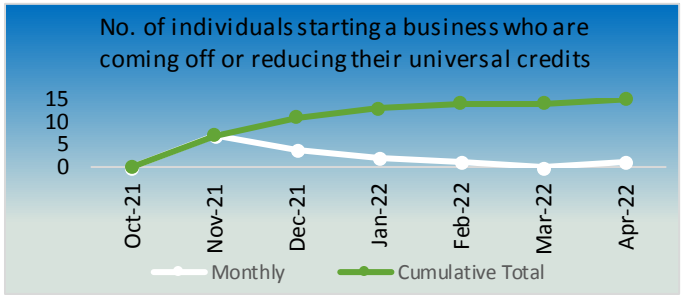
How are we doing this?

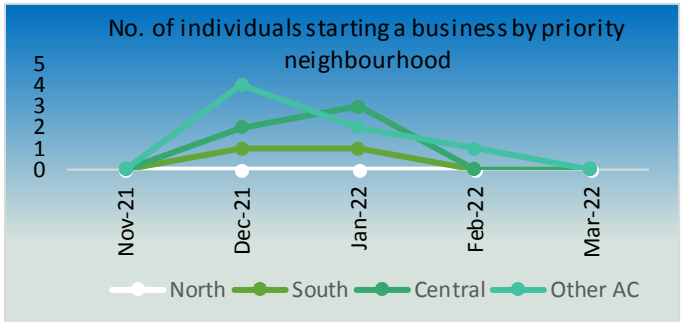
Through our multi agency improvement project we are testing the following improvements:

- A Young Persons Seed Fund to support young people to start up a business
- A Start Up Fund targeted at parents out of work or in work poverty to support parents looking to get back into working through self employment. We have successfully supported 1 person through this fund
- Dedicated Community Business Adviser based within each locality twice a month to increase the number of direct referrals
- Regular Team to Team sessions to understand both what is happening in the Job Centre & Business Gateway to increase engagement and working between teams

What have we achieved so far?

- **15** individuals starting a business which either takes them off universal credits or significantly reduces their universal credits since Nov 2021





- **42** referrals of individuals in receipt of universal credits who are investigating starting a business since Nov 2021
- Community Business Adviser now in place and present in locality areas twice a month – Adviser will be present on the 1st and 3rd weeks of the month as below:
  - Tuesday – Torry
  - Wednesday – Mastrick
  - Thursday - Seaton

What impact have we had?

During the Covid-19 pandemic, Carly Stewart, qualified beauty therapist, became unemployed. While relying on Universal Credit, she reached out for 'Expert Support' from Business Gateway in starting up a business of her own. Through Business Gateway services, Carly was connected with Aberdeen City Council & successfully applied for start-up funding through the Parental Support Fund. This enabled her to purchase the commercial equipment needed to start & develop her skin specialist business, Karma Beauty.

Carly said, describing her 1-1 adviser support, "My adviser Gillian, was brilliant, and helped me throughout the whole process, advising me on how to plan and prepare my business, to supporting me with funding opportunities."

Over the past 6 months, Carly has continued to develop her business. Now working in the medical aesthetics field with a focus on non-surgical injectable procedures. With Gillian's encouragement Carly "has worked incredibly hard to get to where she is, from being unemployed to launching a business in the height of the pandemic. It is fantastic to see how well Karma Beauty is doing and to have been able to support her."

Project Manager: Roz Taylor, Elevator
For more information on our project visit: https://communityplanningaberdeen.org.uk/stretch-outcome-2/

Community Planning Aberdeen

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Reducing wilful fires in Torry and Ferryhill: Targeted Engagement and Early Intervention

What are we trying to achieve?

We are aiming to reduce the number of wilful fires across the city by 10% by 2022, starting in Torry and Ferryhill initially as the area of the city where the most incidents occurred over the baseline period.

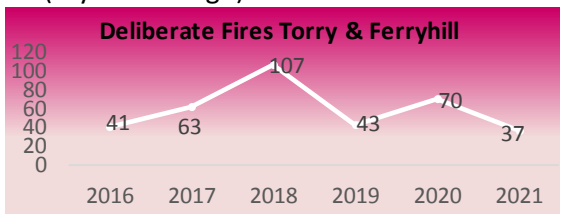
How are we doing this?

Through our multi agency project we are testing the following improvements:

- Early intervention and prevention through a "virtual" community fire safety programme provided to schools and youth community groups at a time when direct engagement activity such as 'walk and talks' was curtailed to equip them with the tools and knowledge to stay say and provide insight into the potentially devastating consequences of deliberate fires.
- Raising awareness and changing behaviours through regular joint and targeted messaging and communication advising of the risk in leaving refuse and refuse containers for prolonged periods.
- Strengthened annual targeted Gramps engagement activity, working with collaboratively with ACC park rangers and Police Scotland to deliver holistic community safety messaging. The main bulk of the work has been carried out in 2022 so we look forward to seeing results throughout the year.

What have we achieved?

- **36%** reduction in deliberate fires our initial are of testing, Torry & Ferryhill where deliberate fires were reduced from 57 (5-year average) to 37.



- **49%** reduction in secondary deliberate fires in Torry and Ferryhill reduced from the 5-year average of 54 to 28.
- A **72%** reduction in refuse fires within the Torry and Ferryhill areas over the last 5 years linking into the overall Aberdeen reduction of **31.5%.**
- **7** young offenders from the Aberdeen city area were referred to and completed a fire setters' intervention and re-education scheme and to date no one has reoffended.
- Video presentation, along with leaflets and posters, delivered to **four** schools in Torry and Ferryhill in 2021
- **84** direct 'walk and talks' throughout Aberdeen by SFRS/Police/SAS and city rangers scheduled with 13 schools in 2022. **70** of these are already completed and 1,666 pupils engaged with.

What impact have we had?

We've had the following positive feedback from schools on our multi-agency virtual programme:

"Good at challenging the pupils on their understanding of wilful fire raising."

"The follow up conversations the teachers had with the pupils showed the pupils had really been paying attention."

"Overall, a really positive experience enjoyed by the pupils and teachers alike."

What have we learnt?

Testing our changes in one area has shown the impact of our improvements with a reduction in fires in this area, whilst the city-wide figure increased. This has given us confidence to test these improvements in another area of the city and we hope to see the same success.

What are our next steps?

Following the successful testing of our improvements in the Torry and Ferryhill, the project will now scale up and test the existing improvements, as well as those below, in Kincorth area where an increase was seen in the last year to help us achieve the 10% reduction city wide.

With the easing of covid19 restrictions, the project will now establish and deliver Fire Skills courses targeting young people in areas of high deliberate fire activity to attend, supported through strong referral pathways with Police Scotland, local schools and Sport Aberdeen.

Project Manager: Andrew Dick, Scottish Fire Service

For more information on our reducing deliberate fires project visit: https://communityplanningaberdeen.org.uk/stretch-outcome-

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Appendix 3 - List of New Charters for Consideration

Project Ref	Project Aim	Charter Status	OIG Chair
Economy Project Charters			
2.4	Support 50 people into sustained, good quality employment by 2023, and 100 by 2026, with a particular focus on; those from priority neighbourhoods and people over 50.	To be issued as an additional circulation	Allison Carrington (SDS)

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Community Planning Aberdeen

Progress Report	1.1 Project End Report: Increase the number of people using community pantries by 20% by 2023
Lead Officer	Derek McGowan, Chair of Anti-Poverty Group
Report Author	Samantha Leys, CFine
Date of Report	6th May 2022
Governance Group	CPA Management Group – 1 June 2022

Purpose of the Report

This report presents the results of the LOIP Improvement Project Aim to increase community pantry use by 20% by 2023 and seeks approval to end the project as the aim has been achieved.

Summary of Key Information

1 BACKGROUND

1.1 A new stretch outcome was introduced into the LOIP 'No one will suffer due to poverty by 2026' to communicate the Partnership's commitment to reduce inequalities in the city and to mitigate the causes of immediate and acute poverty through projects which will ensure all people across the City have access to food, fuel, shelter and finance.

1.2 Food poverty has become an increasing issue across the country in the last few years, and it is estimated that 21.5% of children in Aberdeen City are living in poverty 'Making sure no-one goes without food due to poverty' was the second highest ranking issue in the CPA Values Simulator exercise carried out in March 2021 and food poverty features in all 3 Locality Plans.

1.3 There are several mitigating factors that have contributed to food poverty including the COVID 19 pandemic, the rise in the cost of living and the war in Ukraine.

2 IMPROVEMENT PROJECT AIM

2.1 Against this background, in December 2019 the CPA Board approved the project charter for the initiation of an improvement project which aimed to increase community pantry use. Following the refresh of the LOIP in July 2021, the aim was updated for a 20% increase in membership of the community pantries to be achieved by 2023. The charter was revised in January 2022.

2.2 Mitigating food poverty through increased memberships of community pantries was highlighted as an area where people could be offered dignity and choice rather than the foodbank offer of crisis provision. While food banks provide vital support to those suffering financial hardship, they do not represent a sustainable means of accessing

food. Pantries offer those on low incomes to set up a yearly membership and pay a minimal weekly fee. Beneficiaries are also offered wrap around support whilst visiting the pantry which includes financial and budgeting support too. This also encourages community engagement.

3 WHAT CHANGES DID WE MAKE?

3.1 Several change ideas were tested throughout the project, and these have been adapted to fit around the COVID 19 restrictions response. The ideas tested are listed below.

1. Test a call & collect food bank system for beneficiaries to become pantry members, to provide a more dignified, sustainable way of accessing food.

Foodbank / call and collect users encouraged to sign up for the CFINE pantry. The benefit and advantages of being a pantry member have been consistently communicated to those who come to CFINE for an emergency food parcel. This not only encourages a more dignified way to access food but also encourages engagement with other members of the community as well as pantry volunteers. We have seen a steady number of beneficiaries become pantry members or at least enquire about being a pantry member and this number continues to rise.

2. Test supporting volunteers to run pantry, to extend the concept of community ownership.

Recruiting new and supporting existing volunteers has been key to the success of all CFINE pantries. The pantry based at CFINE's main office in Poynernook is primarily run by volunteers who take care of everything from organising rota's, stock control, booking slots for beneficiaries to shop as well as assisting on pantry days. Volunteers within the mobile pantry are also steadily increasing and eventually it is hoped that the mobile pantry will be run solely by volunteers. Having volunteers at the heart of the pantries have created a community feel where beneficiaries feel welcomed and supported.

3. Test a booking system used to book slots for pantry shop to ensure people feel safe using the pantry and to remove stigma

This was set up as a direct result of restrictions put in place due to the pandemic. By having a booking system with set times, we were able to ensure that beneficiaries, volunteers, and staff adhered to national safeguarding procedures such as social distancing, cleaning, and hand sanitising. This new way of accessing the pantry has also meant that the shopping experience is much more dignified as beneficiaries can shop at their allotted time without the stigma of having to wait their turn. Feedback received tells us that this is something that will continue long after all restrictions end.

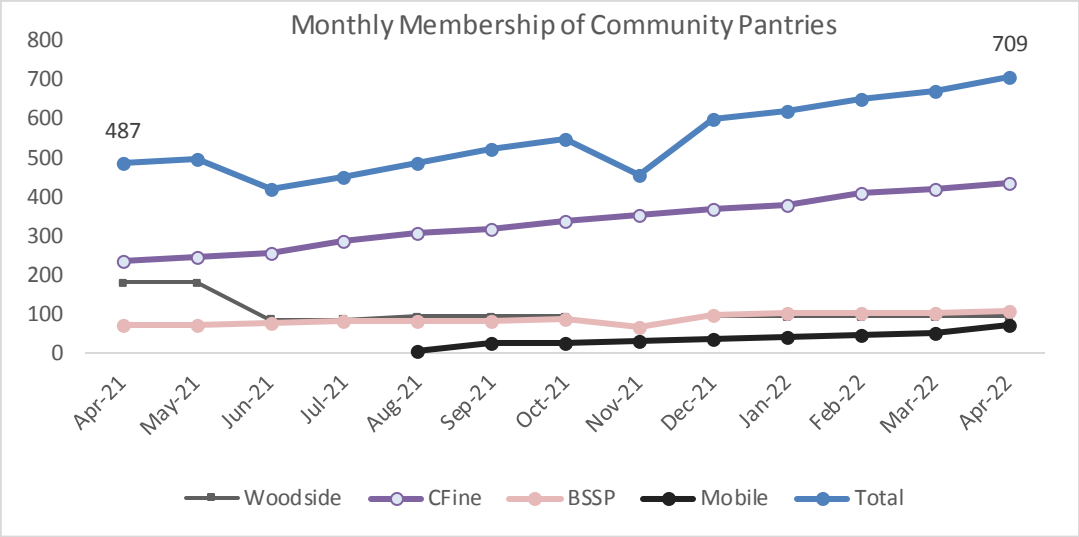
4. Test a mobile pantry to increase access to pantries across priority areas

The mobile pantry was launched back in September 2021 with Middlefield and Tillydrone were identified as pilot areas. This was on the back of research and liaison with community connectors who identified a need for such a service in these locations. Tillydrone is now proving so popular that we are looking to extend to two pantry slots here. The pantry is now servicing many communities fortnightly across Aberdeen including priority areas. These are Kincorth, Middlefield, Sheddocksley, Tillydrone, Seaton and Bucksburn. Hilton and Northfield have just recently been added. We are also identifying areas of hidden poverty throughout the city and are looking to extend

into these areas in the future also. The mobile pantry offers flexibility to those not in a position to travel and work has begun on strengthening partnerships in community hubs so those that need it most have support to access it.

4 HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

4.1 Our multi-disciplinary project group has surpassed its aim of a 20% increase with a 46% increase in total pantry membership between April 2021 & April 2022 as evidenced in the chart below. The changes tested have made significant improvements in how beneficiaries' access the community pantry, and this has enabled us to surpass our aim. Whilst the pandemic has impacted greatly on the day to day lives of people this has also been used as an opportunity to look at current services and practises. Some of the changes tested have now been adopted as usual practise due to their success.



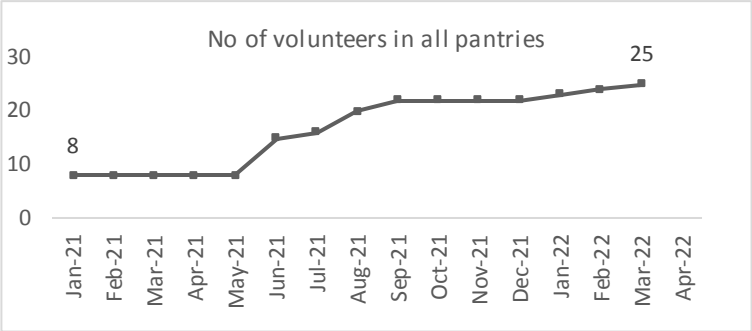
4.2 Ensuring that the pantry membership is active and up to date is key to ensuring that the numbers are sustained and truly reflective. As such, part of our ongoing work within the pantry was to contact members who had not attended for a few weeks. This allowed us to check in with beneficiaries as well as free up spaces for new members.

4.3 Positive outcomes for each of the changes tested were achieved as evidenced below:

1. **Test a call & collect food bank system for beneficiaries to become pantry members, to provide a more dignified, sustainable way of accessing food.**

   From starting testing the change idea in August we have seen that through our targeted support 25 beneficiaries move from emergency food parcels to pantry members

2. Test supporting volunteers to run pantry, to extend the concept of community ownership.



We have seen a 188% increase in pantry volunteers since Jan 2021 with 25 volunteers across all pantries.

3. Test a booking system used to book slots for pantry shop to ensure people feel safe using the pantry and to remove stigma

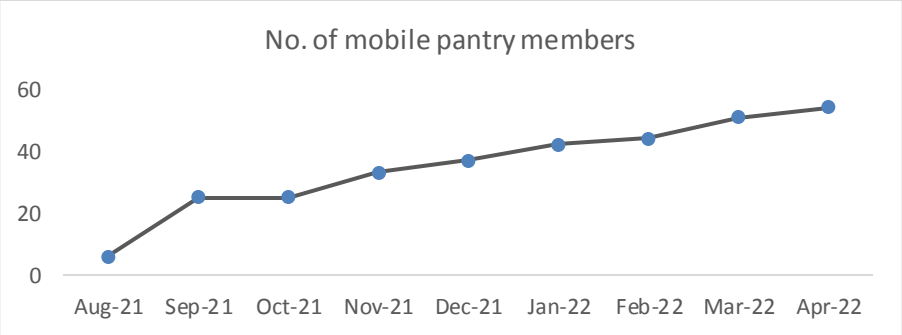
Feedback from our pantries members has been positive about the booking slots, with feedback stating:

"*One thing I really love about visiting the pantry is that from day one of visiting I was treated like a person. You are never judged or looked down on and you are always made to feel welcome."*

"The Pantry is brilliant, such value for money. You pay £2.50 and leave with over £20 of food. I tell all my friends to join. Even with the new system, it is great, I feel really safe and everything is done so well with the one-way system, but it's a shame we aren't allowed in the coffee bar, I really miss that. "

"Less worry and stress about where the £ is coming from for our next shop!!"

4. Test a mobile pantry to increase access to pantries across priority areas



As of April 2022, the mobile pantry had 54 members and is available in 8 neighbourhoods, namely: Kincorth, Middlefield, Sheddocksley, Tillydrone, Seaton and Bucksburn, with Hilton and Northfield having been recently added.

Feedback from one mobile pantry member was:
"I thought I would be embarrassed coming, but I actually really enjoy it. I always get at least 2 meals covered. In the holidays the kids came and was excited at getting veg! They are not enthusiastic about fruit and veg, but they are if it's from the van."

4.4 Finally, working with LOIP project 10.1 (Support on Liberation) led by Scottish Prison Service, provided a direct pathway for individual's accessing the voluntary throughcare support to receive food parcels on their day of liberation, and provided them with access to a community pantry. This has allowed for the development of close partnership working between the New Routes throughcare team run by SACRO and the Shine throughcare team run by Turning Point and has led to 58% of individuals having accessed food parcels from CFine. Since August 2021 20 liberations have gone on to join the CFINE Community Pantry accessing affordable food for their families.

5 HOW WILL WE SUSTAIN AND MONITOR THESE IMPROVEMENTS?

5.1 The data shows that the increase in pantry membership has been sustained with membership increasing each month since November 2021.

5.2 The changes implemented have been adopted as business as usual and will continue as they have proved successful as evidenced above. CFINE continues to collect and analyse all data regarding pantry membership uptake and has identified escalation pathways with local partners should performance levels decline. Continual review and reflection of current processes is Imperative for the smooth running of pantry operations. Regular catch up with volunteers and development team will ensure consistency of service as well of any improvements needed. The Project team members will continue to use and build on the learning and identify opportunities to develop and implement future improvements.

5.3 Should it be agreed that the project is ended, the data recorded will continue to be monitored and reported to the Anti-Poverty Group, as well as added to the Outcomes Framework to ensure that performance continues.

6 OPPORTUNITIES FOR SCALE UP AND SPREAD

6.1 With the current cost of living crisis, demand, and requirement for access to affordable food has increased. To meet this demand, the increase of pantry members (whether this be community based permanent pantries or community mobiles) will continue to be encouraged and further development out in the community will strengthen the wrap around support that beneficiaries receive.

6.2 CFINE has a commitment to launch a further four pantries out in the community and development is underway to make sure this happens. Development and progression of this will be informed by the community and reported to the Anti-Poverty Group.

Recommendations for Action
It is recommended that the CPA Management Group: i) Agree to recommend to the CPA Board on 6 July 2022 that testing is concluded and that this Improvement Project is brought to an end on the basis that the project aim has been achieved and the changes tested will continue with business as usual and that the Anti-Poverty Group will continue to monitor the data; ii) Note that the dataset for the overall aim will be added to the Outcomes Framework to ensure progress is monitored; and iii) Note that the pantry model will be scaled up through the development of a further four pantries in Aberdeen and that development and progression of this will be reported to the Anti-Poverty Group.

Opportunities and Risks
Opportunities Continue to grow pantries with support from community groups and partners. Opportunities for beneficiaries to become volunteers increasing self-confidence and the possibility of gaining wider employment in the future Risks Food supply due to external factors People

Consultation
Anti-Poverty Improvement Group Project Team

Background Papers
LOIP Project Charter – Community Pantries

Contact details:

Sam Leys, Cfine

Community Planning Aberdeen

Progress Report	Improvement Project: 10.1 Increase by 10% those individuals, aged 21+ and not subject to statutory throughcare arrangements, who access support services upon release from HMP Grampian by 2022: Project End Report
Lead Officer	Derek McGowan, Chair of Community Justice Outcome Improvement Group
Report Author	Mike Hebden & Eilidh Smith, Scottish Prison Service
Date of Report	22.03.2022
Governance Group	CPA Management Group – Meeting 1.06.2022

Purpose of the Report

This report presents the outcomes of Improvement Project 10.1 which aimed to increase by 10% those individuals, aged 21+ and not subject to statutory throughcare arrangements, who access support services upon release from HMP YOI Grampian by 2022 and seeks approval to end the project.

The project was delivered between February 2020 and March 2022.

Summary of Key Information

1 BACKGROUND

1.1 Research evidence shows that maintaining and building upon protective factors such as access to housing, healthcare, financial stability and professional support assists in improving desistance, which prevents the associated financial and human costs caused by a return to custody.

1.2 Whilst there already was a throughcare support process in place to manage the transition from custody to the community locally, it was recognised that better uptake of the service would likely contribute to reducing the number of people and communities affected or harmed by crime. This would support the goals of ensuring that people within Aberdeen feel safe and protected from harm, are appropriately supported, and fully engaged as active, participating citizens.

1.3 The original process for informing and offering access to voluntary support reported that a high percentage of people were 'aware' of what support was available, however the subsequent take-up levels for accessing services would suggest that the quality, timing and motivational support of these interactions could be improved.

1.4 In February 2020 the Community Planning Aberdeen Board (CPA) approved the initial project charter using the Model for Improvement and then in July 2021 agreed a revised aim of achieving a 10% increase in individuals aged 21+ and not subject to statutory throughcare arrangements accessing support services upon release from HMP Grampian by 2022.

1.5 The charter was updated and amended in the second quarter of 2021 due to changes brought on by the COVID 19 pandemic, and was approved by the Community Justice Group in September 2021. The current charter can be viewed here

2 WHAT WERE WE TRYING TO ACCOMPLISH?

2.1 The project team's aim was to achieve a 10% increase of individuals accessing voluntary support services upon release from HMP Grampian by 2022. Based on the existing literatures on the desistance model mentioned above the project targeted professional support access, healthcare provision, housing, financial stability and motivation levels of the subject group. As well as the overall aim, the project aimed to achieve the following outcomes in each of these areas as a result of the specific changes ideas tested;

1) A 10% increase in those engaging with voluntary throughcare support services upon release
2) A 15% increase in those registered with a GP upon release
3) A 10% increase in those accessing suitable accommodation on the day of release
4) A 10% increase in those receiving a benefit payment within one week of release
5) A 50% increase in those having had a 'Making every opportunity count' conversation.

3. WHAT CHANGE IDEAS DID WE TEST?

3.1 In order to best develop change ideas the project team arranged focus groups with those in custody who were nearing their liberation dates, individuals who were in the community having recently transitioned from custody, and those in custody who had made the transition on numerous occasions and had personal experience of working with throughcare providers. We asked these individuals what supports they had found beneficial and if there was anything further that could be done to support their successful reintegration back in to the community. This user voice led approach highlighted 5 commonly agreed areas of essential support provision;

- Building a relationship and knowing the support provider prior to liberation dates, Having somewhere safe to stay the day you are released
- Having someone do a 'gate liberation' and remain with you on day 1 to support in all the various appointments.
- Knowing where to find food and how to get money sorted out
- Someone to motivate, encourage and 'check in' with you.

3.2 In order to improve the provision of the supports highlighted above the project team tested the following change ideas;

- We brought forward commencement of engagement pre-release from 6 weeks to 8 weeks prior to liberation dates. We established a multi-agency virtual Case Management Board which ensured that plans were in place to support all of those being released throughout the pandemic.
- We developed a comprehensive preparation for release information pack including information on local services, COVID regulations and vital contact details
- We developed a joined up coordinated approach to supporting individuals to reach their destination using public transport.
- We reintroduced face to face meetings with throughcare mentor's pre-release to increase the uptake of support.
- We provided training for throughcare mentors to deliver MEOC conversations in order to increase individual motivation to engage
- We reintroduced face to face pre-release benefit eligibility assessments
- We introduced all those in the service to the CFine food pantry on their day of liberation
- We developed our partnership working with community NHS partners, DWP and housing to ensure all those being released from prison were allocated a GP practice, benefits and accommodation.

Factors impacting change ideas

3.3 The change ideas listed that could be instigated during Covid-19 lockdowns were, namely: the preparation for release information pack was developed, liberation plans were developed and discussed at virtual CMB 8 weeks prior to release, throughcare mentors were trained in delivering MEOC conversations, and we developed an information sharing process with NHS community partners and the DWP to allow all liberations to be registered with their local GP surgery and to track those who were able to gain access to their benefit payment within 7 days of release.

3.4 The change ideas listed that could be instigated during Covid-19 lockdowns were, namely: the preparation for release information pack was developed, liberation plans were developed and discussed at virtual CMB 8 weeks prior to release, throughcare mentors were trained in delivering MEOC conversations, and we developed an information sharing process with NHS community partners and the DWP to allow all liberations to be registered with their local GP surgery and to track those who were able to gain access to their benefit payment within 7 days of release.

3.5 In light of covid-19 restrictions, change ideas were adapted quickly to mitigate the effects of the loss of face to face supports; for example, the following was introduced:

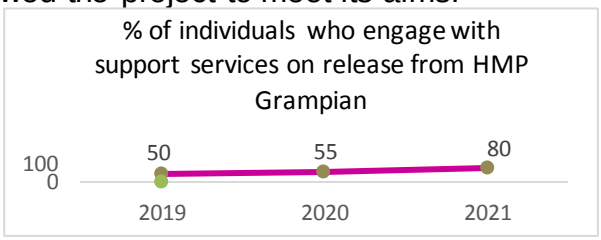
- An "email a prisoner" scheme was introduced to make contact and allow two way confidential correspondence with service providers,
- Mobile phones were issued at release to allow mentors to keep in touch with liberations,
- Housing was assigned prior to leaving the establishment

- Communication between agencies was increased significantly to ensure supports were in place.
- As lockdown's eased the project team reinstated face to face pre-release meetings with mentors and the DWP which in turn increased engagement levels with voluntary throughcare, and increased the percentage of those who gained access to their benefits in the community.

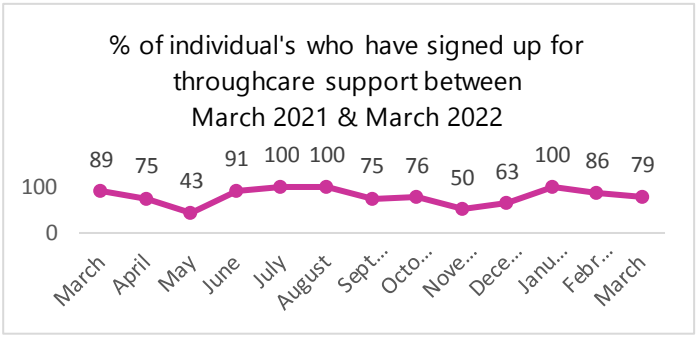
4 HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

Have we achieved our aim?

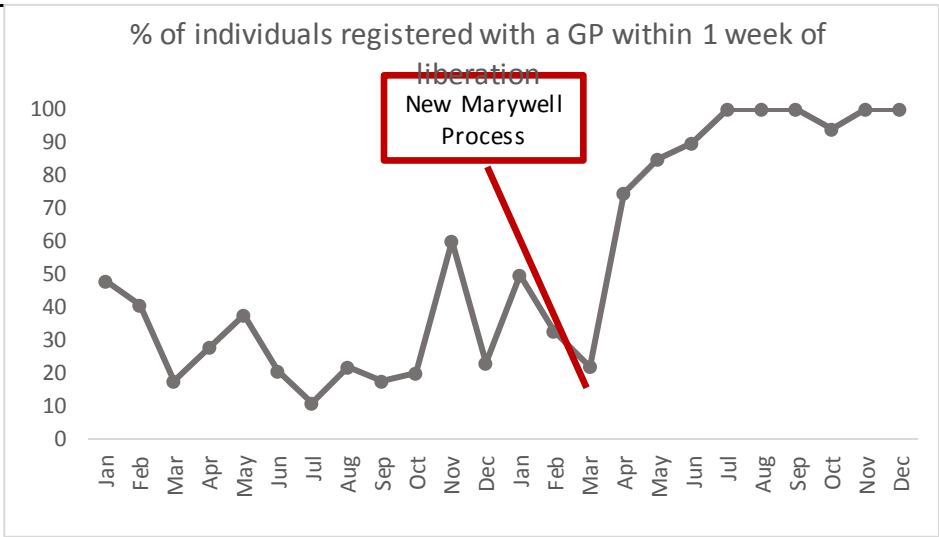
4.1 Our multi -disciplinary project group has achieved its aim with 80% of individual's accessing voluntary throughcare support in 2021 compared to 50% who took up the offer in 2019, a 30% increase, 20% over the project's aim – see graph below. Supporting new throughcare providers to establish contact with those nearing release and encouraging the return to face to face meetings when it was safe to do so increased the uptake of voluntary support provision and allowed the project to meet its aims.



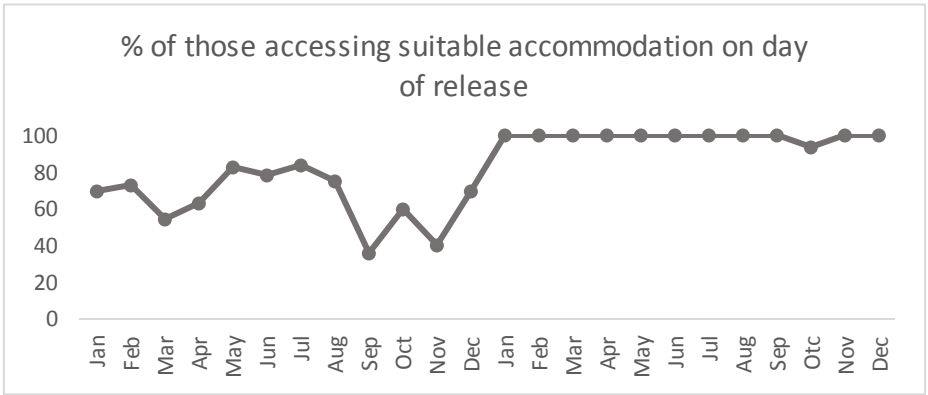
4.2 You can see from the chart below that this improvement has been sustained throughout 2021 and into 2022.



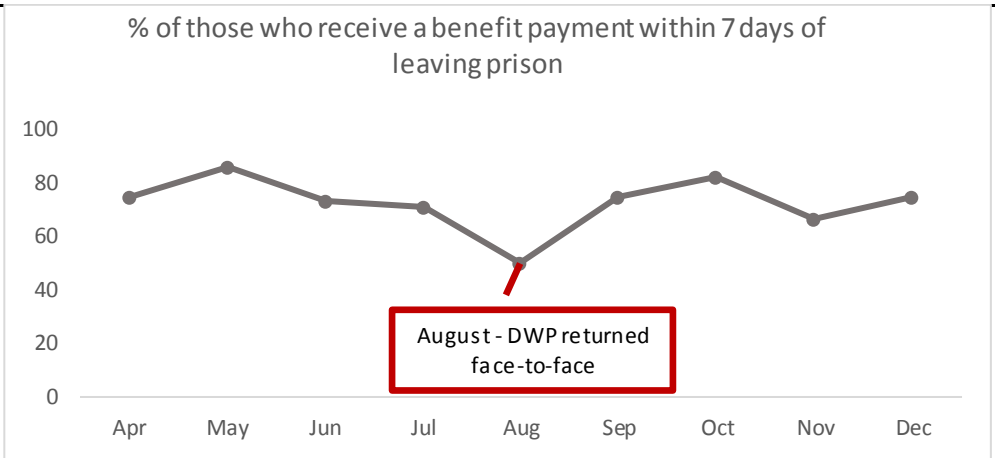
4.3 100% of individuals were registered with a GP upon release since August 2021 compared to an average of 66% in 2019. The introduction of a new information sharing process with NHS primary care community partners has been particularly effective and has allowed 100% of those released to be registered with a GP, a fundamental element of successful community integration. Having access to healthcare as soon as individuals are released will help prevent deterioration in mental health and will provide a support avenue for those experiencing problematic substance use as well as dealing with physical health care needs.



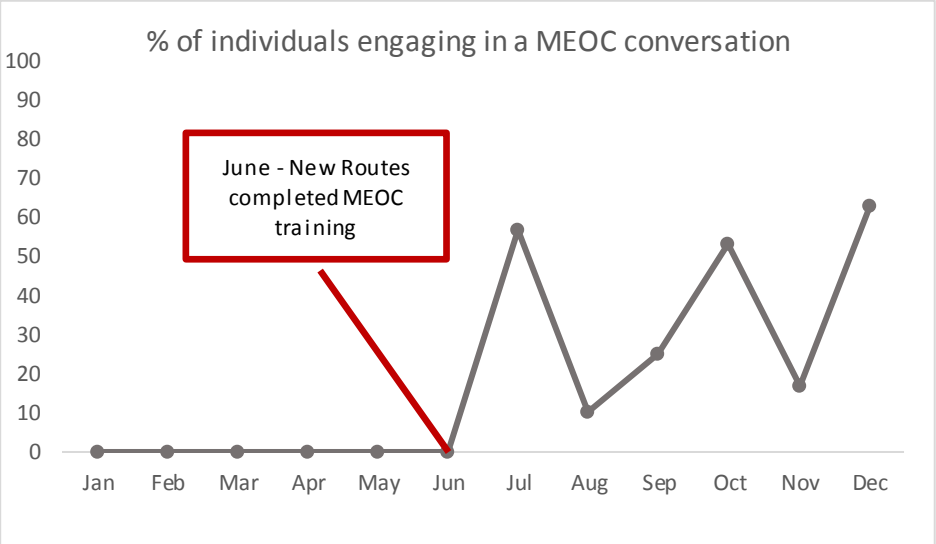
4.4 100% of individual's have accessed suitable accommodation upon release throughout 2021, an increase of 13% since 2019. Achieving 100% of liberations accessing suitable accommodation on the day of release has been hugely impactful, particularly in light of the ongoing COVID situation. Many of those released throughout the project were in custody prior to the onset of the pandemic meaning they had little real understanding of the changes that had taken place in the community during that time. Much as these were well documented in the media, seeing the effects of the restrictions on the television was very different to experiencing them in the community. The development of the pre-release pack and the engagement that took place by the prison pre-release team and the mentors helped to ensure as much information on the new community rules and regulations were explained prior to liberation days. With the significant reduction in public transport during the first lockdown, the support given by the Aberdeen City Housing team ensuring that all liberations had identified addresses to go to prior to leaving the prison ensured that transport arrangements, food parcels, medications and PPE could all be provided in time.



4.5 77% of individual's have had access to their benefit claim within 7 days of release



4.6 40% of individual's have been engaged in a 'Making every opportunity count' conversation since July 2021



4.7 In addition to the above, the flexibility of different agencies to work together to find solutions has created an improvement in support levels on the day of liberation, a well know high risk time. For example, when faced with the inability to transport individuals to their allocated accommodations on their day of release, all agencies agreed to work together to identify one mentor to be based in the prison and support all liberations from the vestibule on to the correct bus/taxi regardless of which agency they had been signed up to. By identifying another mentor who was based in Aberdeen this allowed liberations to be met from the bus and supported to find their accommodation, collect a food parcel, medication and any other essential requirements they had on that day. It is widely recognised that this support is fundamentally important in reducing the chances of an individual being immediately returned to custody.

4.8 Finally, joining this project with LOIP project 1.1 (Community Food Pantries) led by CFine allowed the individual's accessing the voluntary throughcare support to receive food parcels on their day of liberation, and provided them with access to a community pantry and the many elements of personal, financial and practical support provided by the CFine team. This has allowed for the development of close partnership working between the New Routes

throughcare team run by SACRO and the Shine throughcare team run by Turning Point and has led to 58% of individuals having accessed food parcels from CFine. 1 in 5 of prison releases have gone on to join the CFine Community Pantry accessing affordable food for their families.

5 HOW WILL WE SUSTAIN AND MONITOR THESE IMPROVEMENTS?

5.1 To ensure that these improvements are sustained, the project will continue to use the virtual case management board platform to enable all partners to share information, highlight concerns, signpost to assertive outreach teams and make the best use of limited support service resources.

5.2 The prison continues to collect and analyse all data regarding throughcare uptake and has identified escalation pathways with local partners and nationally contracted services should performance levels decline.

5.3 Project team members will continue to use and build on the learning from each individual scenario and use the opportunity to identify and implement future improvements. The pre-release information packs will be updated at regular intervals ensuring they contain up to date relevant information and contact details.

5 OPPORTUNITIES FOR SCALE UP AND SPREAD

5.1 The project focused on liberations defined as non-statutory convicted over 21 year olds returning to Aberdeen City. The project recognised the potential for the changes tested as part of this project to be scaled up for testing with a broader range of users;

- HMP YOI Grampian houses individuals returning to all local authorities across Scotland. The return to face to face pre liberation meetings with throughcare service providers and the DWP, as well as the earlier commencement of pre-release planning has been rolled out to all prison liberations.
- Remands - Due to the court backlogs caused by the pandemic the number of individuals in our care on remand has increased by 50% over this reporting period. The knock on effect of this backlog is a universal increase in time spent on remand awaiting trial. This has led to a new challenge that we need to address collectively; There is now a significant number of individuals being released as soon as they are convicted due to sentences being back dated and time already being served. As many of these individuals are being released from the virtual court in Peterhead they do not have access to the Aberdeen City Court social work team that would have supported them if they had attended the physical court setting. Prison staff encourage these individuals to contact support services prior to leaving the establishment, but the reality is many choose not to do so.

  The majority of voluntary throughcare support services are funded to work with convicted persons only, and do not have the resource to meet with the remand population. This study has shown the effectiveness of pre-

release face to face meetings in establishing relationships and increasing the chances of post release engagement. If the National Public Sector Partnership agreement currently in place that provides the voluntary throughcare to convicted persons were to be expanded to include working with remands prior to court dates, and subsequently continuing this support when they are transitioning back in to the community this could increase the likelihood of aiding a successful return to the community for this ever increasing group of liberations.

5.2 The learning from this project may also be of interest to other Outcome Improvement Groups, in particular projects 10.2 (May Way to Employment) and 10.8 (Reduce the number of drug related deaths within 6 months of liberation from custody from 10 to zero by 2023). The ethos of good information sharing, joined up working; earlier planning and reintroduction of face to face meetings will likely resound across all improvement groups, particularly in light of the difficulties faced in relationship building due to the COVID 19 pandemic. From the successful tests from this project, project 10.2 (My Way To Employment) is now going to test the earlier support pathway and face to face meetings to support liberations with employment opportunities. This is an area that was not tested by this project. The Project team is also represented on project 10.8 (Reduce Drug Related Deaths) to ensure that connections are made and learning is shared.

6 NEXT STEPS

6.1 Subject to approval of the recommendations within this report, the next step is to continue to work with local third sector organisations and voluntary throughcare providers to consider how this level of support can be provided to those on remand.

6.2 The National PSP contract for voluntary throughcare is soon to be put out for tender. It is anticipated the contract may be expanded to include support for those on remand.

Recommendations for Action

a) Agree to recommend to the CPA Board on 6 July 2022, that testing is concluded and that this Improvement Project is brought to an end on the basis that the aim of 10% increase has been achieved and exceeded; that the improvement has been sustained and that the improvements tested have now been adopted as business as usual for the liberations defined as non-statutory convicted over 21 year olds returning to Aberdeen City;

b) Note that through the continued use of the virtual case management board platform will enable all partners to share information, highlight concerns, signpost assertive outreach teams and make the best use of limited support service resources by sharing the gate liberation process across agencies will enable data to be monitored and should there be any decline in outcomes for these to be raised and discussed at the earliest opportunity with partners;

c) Note the effectiveness of earlier release and face to face meetings and that project 10.2 (My Way to Employment) will test the earlier support pathway and face to face meetings to support liberations with employment opportunities;

d) Note that the change ideas detailed in section 3 of the report have been scaled up as detailed in section 5 to HMP YOI Grampian liberations to other local authorities and those on remand;

e) Agree that the Project Manager report the outcomes of the project to the National Public Sector Partnership agreement currently in place that provides the voluntary throughcare to convicted persons and highlight that if this agreement were to be expanded to include working with remands prior to court dates, and subsequently continuing this support when they are transitioning back in to the community could increase the likelihood of aiding a successful return to the community for this ever increasing group of liberations; and

f) Note that the dataset for the overall aim will be added to the Outcomes Framework to ensure progress is monitored.

Opportunities and Risks

Opportunities

- To rollout the information sharing processes developed to partners in other local authorities which should lead to better healthcare and financial stability outcomes for those liberated from our care (DWP/NHS)
- To expand the benefits of the throughcare services for those on remand
- To reconsider the allocation of resources and focus on the new landscape of sentences and transitions back in to the community
- To continue to develop the relationship with CFine community pantry and support them to continue to exceed their LOIP aim of increasing the number of people using community pantries by 20% in 2023.
- To use the learning from this project (face to face engagement prior to release and the successful GP registration processes) to support LOIP Project 10.8's aim to reduce the number of drug related deaths within 6 months of liberation from custody from 10 to zero by 2023.
- To continue to use the learning from this project to support LOIP Charter 10, specifically "To support the number of individuals who are on a custodial sentence to make progress on the employability pipeline by September 2022".

Risks

- As the voluntary throughcare service relies upon Government funding there is a risk this could be amended or altered in the future.
- The increasing population being released from remand may 'fall through the cracks' of support services
- Drug related deaths post liberation have increased during the pandemic, however this is the focus of project 10.8 (Reduce Drug Related Deaths) and our project team are represented on that project to ensure that connections are made and learning is shared.

Consultation

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

Mike Hebden, Governor in Charge, HMPYOI Grampian
Allison Swanson,
Maryrose Peteranna
Graeme Gardner
Martin Morley
Pat Szydlowska
Steve McMaster
Karen Watson
Gavin Phillip
Cameron Smith
Andrew Phelan
Community Justice Outcome Improvement Group

Case Study and Client Feedback

Case study

'Linda' was referred to Shine via the prison-based champion.

Although originally from the shire, Linda wished to relocate to Aberdeen city on her liberation as she was deemed to be in danger from previous drug associates in her past neighbourhood. Linda stated that she had a long history of drug use and association with the drug using community.

Linda faced particular challenges on her release due to her physical disabilities, she also suffered from psoriatic osteo arthritis all of which was exacerbated by fragile mental health.

It was important, therefore, to ensure her return into the community was well supported. Prior to her release, a representative of Aberdeen City Council's homeless department ensured that she has suitable temporary accommodation for her release whilst an agent from Job Centre Plus ensured that all her benefits would be in place for her. This helped Linda and me plan for her release, ensuring she had everything in place prior to liberation.

As her mentor, I was on annual leave on the day of her release but it was arranged that my Shine colleague would conduct a gate pick up with Linda and, to this end, we had three-way meetings with her to sort out the details and reassure her that everything was in place. On her liberation the shine mentor took her to CFine where she was given a well-stocked food parcel.

Once she was settled in her temporary accommodation, I had weekly visits and phone conversations with Linda. It was good to see her confidence in her own abilities grow and also to see that she was motivated to change her lifestyle and was willing to accept support.

By the end of my time with Linda, she had very much taken control of her own existence, developed new habits and evolved to adapt to her changed lifestyle.

New Route's (throughcare service) feedback

Client 1 "thank you for your help today, I appreciate you taking the time to sort out my benefits and be with me today , and yes I started taking it cause I had nothing else to do, your actually the first person to ever sit in front of me look me in the eye and say it like it is"

Client 2 "you were the first person I asked for when I got put back in, I will listen to you this time and I want to work with you as I knew from even just talking to you on the phone you gave a xxx"

Client 3 "Thank you for everything today, they listen to you, and you have a way to talk to them" (referencing advocating to the bank and JCP)

Client 4 "I am not meaning to be angry this is just how I am at least you know that and shut me up, nobody has actually said to me that this comes across as intimidating"

Client 5 "I appreciated you coming here and sorting this bank account out for me, have been trying to do this for years".

Client 6 "XXX sake you actually do what you say, I told the guys down at Cfine this boy went above and beyond, he helped me we my college application. Met me for breakfast and listened to what I was saying.

Client 7 "is there no way you can keep my case open you have sorted out my housing got me an appointment we somebody cares through CFINE introduced me to NA and always been therefore me. I want to thank you and wish you the best, I never actually had someone who had my back "

Client 8 "Mr XXX just wanted to actually call you for a change and say thank you, my house feels like a home, you sorted my PIP, got me my benefits sorted, you've always been on the end of the phone. I canny believe you got that washing machine sorted out in two days, I want to say sorry for the state I was in the other day when you came up, n still you sat there and helped me and the Mrs we that forms, now we have carpets. I will make it to NA one day mate I swear"

Client 9 "you'd done a lot more for me than anyone else has"

Contact details:

Project Lead; Mike.Hebden@prisons.gov.scot Governor, HMPYOI Grampian;
Project Manager; Eilidh.Smith@prisons.gov.scot Head of Offender Outcomes, HMPYOI Grampian;

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Community Planning Aberdeen

Progress Report	Project End Report: 15.1 Community Run Green Spaces. Increase the number of community run green spaces by a minimum of 8 that are organised and self-managed for both people and nature by 2023.
Lead Officer	Jillian Evans, Chair of Sustainable City Group
Report Author	Steven Shaw
Date of Report	6 May 2022
Governance Group	CPA Management Group – 1 June 2022

Purpose of the Report

This report presents the results of the LOIP Improvement Project Aim, Improving Access to Green Spaces: Increasing the number of community run green spaces, and seeks approval to end the project as the aim has been achieved.

Summary of Key Information

1 BACKGROUND

1.1 Through our LOIP we are committed to supporting green economic and environmental recovery, with a focus on harnessing the levels of community volunteering and collective ownership seen throughout the pandemic to further build community resilience to respond to social and environmental challenges. A key priority creating and managing more land for people and nature, not just for people at the exclusion of nature, but also for our sustaining our health and wellbeing. As such we have added a new Stretch Outcome focussed on addressing the nature crisis while increasing the quality of our open spaces by groups and organisations to manage more land for people and nature. To build back the integrity of nature, this requires an essential interconnected approach from all stakeholders, a single landowner approach will not deliver the outcomes required. We need to work in partnership with all landowners to achieve a balance of more nature friendly and natural spaces with green space that is safe and accessible for people to enjoy.

1.2 There are many benefits of community run green spaces, such as:

- Improved health & well-being
- Enabling a sustainable culture that leads to an increased number of community champions, volunteers and community led green spaces.
- Improved access and use of accessible and safe green spaces
- Green space cared for and protected
- Developing skills and confidence around green space, volunteering, health, environment, gardening etc
- Improved community relationships
- Increased interaction and engagement within community

- Building / strengthening connections between council and communities
- Gives the community a voice

1.3 Our project charter set out to include working with established staff and contacts to increase partnership working across Aberdeen's communities and to encourage members of the community to take the lead in running green spaces to ensure that all of our citizens regardless of their locality and circumstances have access to community green spaces and the benefits that come from those. The project is about communities – getting people involved, caring, and collaborating in looking after themselves, their neighbours, and their environment.

2 IMPROVEMENT PROJECT AIM

2.1 The CPA Board approved the project charter initially in December 2020 and refreshed in September 2021. The project aimed to increase the number of community run green spaces by a minimum of 8 that are organised and self-managed for both people and nature by 2023. The charter can be viewed here

2.2 The project aimed to build on the existing good partnership work already taking place with regards to community run green spaces, community engagement, community gardens and volunteering. This included partnership work in schools and communities and with businesses. The project looked to further expand the number of community run green spaces by a minimum of 8 that are organised and self-managed for both people and nature, particularly in priority localities where satisfaction and use is low.

2.3 The city has successful links with Keep Scotland Beautiful and RHS and has many groups who successfully participate IN Beautiful Scotland, It's Your Neighbourhood and Britain In Bloom. Aberdeen has had more success than any other Scottish Local Authority with regards to these initiatives and this is down to the number of community partnerships in place. The project sought to build on this success and create new community run green spaces that are organised and self-managed, particularly in priority localities where satisfaction and use is low. The project looked to bring together groups of interested local people to come together to improve the appearance, facilities, conservation value and safety of a local green space.

2.4 Priority neighbourhoods were a priority and the project team worked closely with Locality leads to identify and engage with key groups in these areas. The Central locality, Tillydrone, Seaton, Woodside, were a focus for the project team.

2.5 The project aimed to focus attention specifically on new community green space where in addition to the well-being benefits for those involved, it will help to change attitudes towards local green space and create positive role models for communities, helping to get broader sustainability measures in place to protect green space long term.

3 WHAT CHANGES DID WE MAKE?

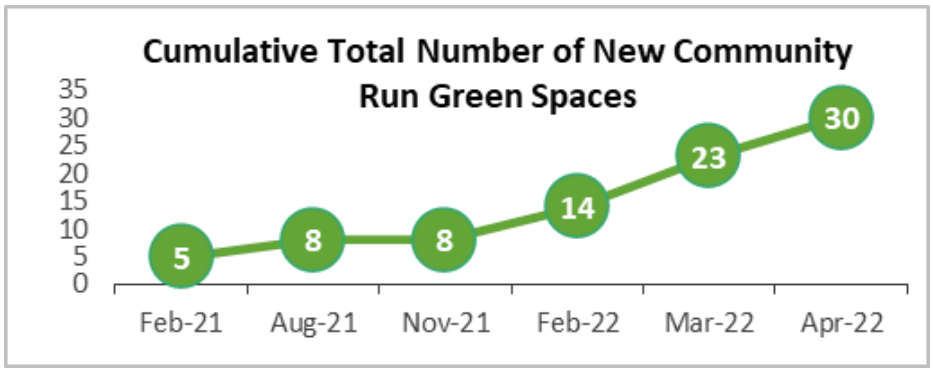
3.1 Our change ideas are focused on the promoting the availability of community green space and the opportunities for communities to run such spaces, as well as the wider benefits from this and introducing mechanisms to support and enable communities to feel confident and empowered in running their local green spaces knowing that there is a network of support, guidance available to them and being able to capture/promote the benefits they are delivering for their area and share this with others.

3.2 Several changes have been tested throughout the course of the charter project, namely:

- Built a green space network of communities and partnerships that empowers communities to establish, take responsibility and run their local green spaces leading to more local engagement and an increase in volunteering and community pride.
- Introduced and supported visible community champions to raise awareness and change thinking about wider sustainability issues in communities.
- Shared information on initiatives, projects, and funding with community partners. This included linking groups up with each other.
- Publicised availability of community green space through all available platforms, how to get started and ways for communities to identify potential unused land.
- Promoted the benefits of successes of current community run spaces, as well as the wider community benefits such as health and wellbeing.

4 HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

4.1 The changes have resulted in improvement. We achieved our aim with 30 new community run green spaces established as at April 2022, an increase of 25 (500% increase) since Feb 2021, 8 in North, 9 in South & 13 in Central Localities. This is in addition to the 100 existing groups and 4125 people volunteering to help manage green spaces across the city during 2021/22.



4.2 Aberdeen's green spaces have been pivotal during the last two years of the pandemic and have helped people stay connected with family, friends, and neighbours, providing access to nature in a time when this has been most needed for health. Community involvement in the development and protection of green spaces is key to the continued successful use of parks and green spaces and ensuring green spaces meet the needs of the people using them.

4.3 Communities running and using the new green spaces have provided the following positive feedback:
'At the hub its become a great way of chatting with different blocks abs residents. It helps me get outside. It is a reward. Seeing some colour, hope and possibility'. Sam, FRESH.

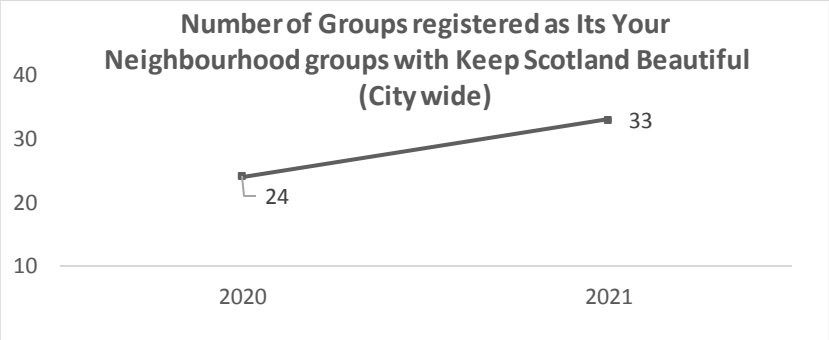
4.4 We had 4125 people volunteering across green spaces, across the city in 21/22, an increase of 166% since 2020/21. The increase in volunteers has been vital in helping to care for and invest in local green spaces. We are evaluating existing groups activity per month to run a change idea looking at whether community run green space volunteers

would be willing to volunteer in other areas during months of reduced activity in green spaces. Our volunteers are all active participants of our green network, providing support and connecting with each to overcome when appropriate.

4.5 In addition to our success in supporting and increasing volunteers and green network, through our changes and support to empower communities to establish, take responsibility and run their local green spaces leading to more local engagement and an increase in volunteering and community pride, we also now have community champions s who as well as promoting green spaces, they are also promoting wider sustainability issues in their communities, for example – arranging litter picks, food growing.

4.6 64.5% of City Voice panellists were satisfied or fairly satisfied with the quality of overall green/open spaces in the City. In particular in the Central Locality where we have seen the greatest increase in community run green spaces, as well as the establishment of community champions we have seen a 7.9% increase in 2021 City Voice panellists from the Central Locality reporting that they are satisfied or fairly satisfied with the quality of overall green/open spaces in their local green spaces. This increase has not been seen in the North and South Localities and these will be a focus over the next year, with champions to be established.

4.7 33 community partnerships registered as Its Your Neighbourhood groups with Keep Scotland Beautiful (City wide) in 2021, a 38% increase since 2020. 7 in North, 14 in South & 12 in Central Localities. Aberdeen has significantly more registered groups than anywhere else in Scotland.



4.8 Through the quarterly publishing of the Green Times we have promoted the successes of our green spaces and highlighted available green space and support for other Our volunteers are active contributors to the Green Times, providing articles/tips etc.

4.9 National recognition and awards for our community partnership work ie Aberdeen Gold Medal winner in 2021 Keep Scotland Beautiful.

5 HOW WILL WE SUSTAIN AND MONITOR THESE IMPROVEMENTS?

5.1 We have continued to show sustained improvement with the number of new community run green spaces continuing to grow per month. As well as establishing new groups, we are also focused on sustaining the level of participation and engagement of our existing groups. We will continue to encourage and work with partnerships looking to take more responsibility and ownership of their local green spaces through our developed green network; community champions and volunteers we will continue with the following improvement activity:

- Further developing the green space network of communities and partnerships to further empower communities to establish, take responsibility and run their local green spaces.
- Introducing and supporting visible community champions in the North and South Localities to raise awareness and change thinking about wider sustainability issues in communities.
- Using the network and champions to share information on initiatives, projects, and funding with community partners.
- Continuing promotion of available community green space through all available platforms, how to get started and ways for communities to identify potential unused land.
- Promote the benefits of successes of current community run spaces, as well as the wider community benefits such as health and wellbeing.

5.2 The team will continue to encourage new groups and partnerships to register with Keep Scotland Beautiful and their Its Your Neighbourhood initiative to ensure they are getting the recognition for their work and have something to work towards.

5.3 Project team members will continue to use and build on the learning from the project and use their experience and lesson learned when working through other similar project charters.

5.4 Should it be agreed that the project is ended, the data recorded will continue to be recorded and reported to the Sustainable City Group, as well as added to the Outcomes Framework to ensure that performance continues.

6 OPPORTUNITIES FOR SCALE UP AND SPREAD

6.1 The change ideas tested have been embedded as business as usual, however there remains areas of unused land across the city that could be utilised. The project will continue to encourage and support new community groups and partnerships and will use the connections/improvements to take forward project "Increase community food growing in schools, communities and workplaces by 12 2023".

6.2 The initiative will continue to seek support from the relevant agencies and be mindful of new opportunities where they present themselves.

6.3 Enabling a sustainable culture that leads to an increased number of community champions, volunteers and community led green spaces. We recognise the vital contribution of our volunteers to our community run green spaces, but we also recognise that the during the winter period we have reduced activity and we want to ensure that we are supporting and not losing volunteers during this period. To support this, we are engaging with volunteers are present to evaluate existing groups activity per month to run a change idea looking at whether community run green space volunteers would be willing to volunteer in other areas during months of reduced activity in green spaces. This could help support the achievement of other LOIP projects such as 11.2 "Increase opportunities for people to increase their contribution to communities (volunteering) by 10% by 2023." The COVID-19 pandemic has highlighted the importance of being outdoors to people's mental and physical health, as well as the inequality of access to green space. Ensuring our groups are sustained is paramount. As well as through the existing improvements, to sustain the existing groups the team has taken early steps to explore social prescribing. Conversation is being held with NHS in early June.

Recommendations for Action

It is recommended that the CPA Management Group:

i) Agree to recommend to the CPA Board on 6 July 2022 that testing is concluded and that this Improvement Project is ended on the basis that the aim set has been achieved and that the change ideas have been embedded and that the report be submitted to the CPA Board on 6 July for approval;

ii) Agree that the green space data / improvement activity will be reported periodically to the Sustainable City Group to ensure improvement and alignment to the other improvement aims continues and that the dataset will also be added to the Outcomes Framework; and

iii) Note the steps proposed to sustain the improvement detailed at section 5 and 6.3 of the report, in particular that to support sustaining the existing groups, as well as the mental wellbeing of citizens, the team has taken early steps to explore social prescribing, with a conversation being held with NHS in early June; and

Opportunities and Risks

Include a summary of the key opportunities and risks highlighted by this report.

- Getting the timing right for promoting project and encouraging community involvement.
- Slow uptake or lack of interest from communities.
- Securing community and volunteer attendance / participation in the process.
- Aligning the aims and contributions of different project partners.
- Getting the right skills in place to support projects.
- Funding for site specific projects.
- Identifying / getting buy in from a suitable Champions.
- Wintertime sees the group's activities and projects reduce.

Consultation

Community Run Green Space Project Team
Sustainable City Outcome Improvement Group
Environmental Services
Community Planning Team

Background Papers

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

Aberdeen City Council Local Outcome Improvement Plan
Improvement Project Charter – 15.1 Community Run Green Spaces

Contact details:
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Mobile: 07786976381

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: 1 June 22/ CPA Board 6 July 22	
CPA Improvement Programme Quarterly Update	Allison Swanson (ACC)
UoA/CPA Synergies Presentation (Board only)	Pete Edwards (UoA)
NHSG Plan For The Future	Lorraine Finn (NHS)
CPA Annual Outcome Improvement Report	Michelle Cochlan (ACC)
ACHSCP Strategic/Delivery Plan	Alison MacLeod (HSCP)
Project End: 1.1 Increase the number of people using community pantries by 20% by 2023	Derek McGowan (ACC)
Project End: 10.1 Increase by 10% those individuals, aged 21+ and not subject to statutory throughcare arrangements, who access support services upon release from HMP Grampian by 2022.	Derek McGowan (ACC)
Project End: 15.1 Increase the number of community run green spaces by a minimum of 8 that are organised and self-managed for both people and nature by 2023.	Jillian Evans (NHSG)
Economy Project Charters	
Support 50 people into sustained, good quality employment by 2023, and 100 by 2026, with a particular focus on; those from priority neighbourhoods and people over 50.	Allison Carrington (SDS)
CPA Management Group: 17 August 22/ CPA Board 14 September 22	
CPA Quarterly Budget Monitoring Report (Management Group only)	Michelle Cochlan (ACC)
The Promise	Graeme Simpson (ACC)
Homelessness & Multi-agency Services & Dashboard	Derek McGowan (ACC)
North East College Regional Outcome Agreement	Robert Laird (NEScol)
Child Friendly City Update	Matt Reid (ACC)
Project End: 9.3 Increase by 10% the number of young people (16-17 year olds) who are jointly reported to SCRA and COPFS who are offered robust alternatives to entering the statutory system by 2022.	Derek McGowan (ACC)
Locality Plan Annual Reports	Derek McGowan (ACC) Sandra McLeod (ACHSCP)
People (Children & Young People) Project Charters	
The number of children and young people with an eating disorder who are identified within 3 months of onset is increased by 50% by 2023.	Graeme Simpson (ACC)
People (Vulnerable Adults) Project Charters	
Refer 20% of people living with COPD or other respiratory conditions into specific PR physical activity and other support programmes delivered in community settings by 2023.	Bryan Nelson (SFRS)
CPA Management Group: 26 October 22/ CPA Board 30 November 22	
CPA Improvement Programme Quarterly Update	Allison Swanson (ACC)
CPA Quarterly Budget Monitoring Report (Management Group only)	Michelle Cochlan (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
UoA	University of Aberdeen

APPENDIX 1 Community Planning Aberdeen Funding Tracker

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

Title	Description	Amount	Deadline for applications	Relevant CPA Group
Economy				
Local Authority COVID Economy Recovery fund **https://www.gov.scot/news/covid-economic-recovery-fund/**	Supporting local economic recovery and cost of living impacts on low-income households. It can be used for appropriate interventions over the course of 22/23 Financial Year. Only eligible for a revenue expenditure. ***Principle 1***: All interventions should be based on a clear economic recovery and/or low-income household support rationale. ***Principle 2***: A collaborative approach towards sharing of best practice and learnings from different interventions should be adopted to maximise benefits and positive effects while minimising risk and unintended consequences ***Principle 3***: These funds can be used on interventions that support local economic recovery and enable businesses to move from surviving the period of trading restrictions towards recovery, growth, adaptation and building resilience ***Principle 4***: These funds can be used on projects that can rebuild consumer confidence and stimulate demand and economic activity in their specific context ***Principle 5***: These funds can be used to support the low-income households, that are disproportionately impacted by the pandemic and the current cost of living crisis, become more economically active	£2.8 million for Aberdeen to allocate	Please contact Agata at AKowal@aberdeencity.gov.uk	Local Authority

Community Ownership Fund – Scottish Government **https://www.gov.uk/government/publications/community-ownership-fund-prospectus**	Community groups to bid for up to £250,000 matched-funding to help them buy or take over local community assets at risk of being lost, to run as community-owned businesses. In exceptional cases, up to £1 million matched-funding will be available to help establish a community-owned sports club or help buy a sports grounds at risk of being lost without community intervention.	Up to £1 million Scottish based projects are guaranteed a minimum of £12.3m over the lifetime of the fund.	They will launch the updated prospectus and assessment criteria guidance in the week commencing 23 May 2022 with a view to open the first bidding window in the week commencing 6 June 2022. The Fund will run until 2024/25 and there will be at least 8 bidding rounds in total.	Community and voluntary organisations
National Recycling Awards **https://nra.mrw.co.uk/nra/en/page/home**	The National Recycling Awards are widely recognised as a stamp of excellence in the UK's recycling industry. Entry is open to all involved in recycling and waste management, from local authorities, to waste producers, waste management companies, manufacturers, energy producers, retailers, construction and corporate companies. The categories are listed on the programme website.	Prestige and recognition.	24/06/2022	Local authority.
People				
Paths for All - Walking for Health Fund **https://www.pathsforall.org.uk/walking-for-health/wfh-grants/wfh-fund**	Grants are available for projects and activities that significantly increase the number of people becoming active through walking. In 2022/23, the main aims of the Fund are to: -Diversify and increase the number of new walkers taking part in Health Walks in Scotland.	Up to £15,000 Eligible cost: -Staff time. -Volunteer expenses. -Promotional materials and equipment.	24/06/2022	constituted group, registered charity, community interest company, public sector or

	-Increase the amount of physical activity undertaken by people in Scotland (especially those experiencing inequality). -Improve wellbeing and/or reduce ill-health. Applicants can apply for the cost of initiatives that encourage people at any stage of life to walk more but the proposal must include the delivery of at least one weekly Health Walk.	-Training courses provided by Paths for All. -Working with Health and Social Care Professionals to raise local awareness of health walks. -Strength and Balance exercises. Projects must commence from 1 September 2022.		statutory body, health and social care partnership, health board, private sector organisation, school, university or college.
National Lottery Community Fund - Grants for Improving Lives (Scotland) **https://www.tnlcommunityfund.org.uk/funding/programmes/grants-for-improving-lives**	The funding is intended for activities that mean people: -Are better able to identify ways to take control over their lives and build resilience. -Are able to shape the activities and services they use to better meet their needs. -Have more access to support and opportunities to improve their lives. The grants should mainly be used to cover revenue costs (including staff, equipment, premises costs and overheads). However, organisations can also include up to £50,000 of minor capital costs as part of their application, for items such as building refurbishment, adaptations or landscaping.	Up to £200,000 for up to 3 years Applications 'may have a better chance' if they can show some level of match funding. However, the grant can cover 100% of the costs of the activity if necessary.	30/09/2022	Voluntary and community organisations, as well as public sector organisations can apply.
Thomas Wall Trust - Grants for Registered Charities **https://www.thomaswalltrust.org.uk/**	The funding will support a project or running costs for a charity that equips disadvantaged people (aged 18 and over) with the communication skills ready for employment. Priority will be given to: -Match funded projects. -Charities that can provide compelling evidence of impact. -Charities working with collaborative networks.	£5000	19/09/2022	Registered charity

	-Self-sustainable projects, with a view to becoming less reliant on grants in the future. Proposals are particularly welcome which target people experiencing multiple deprivation or other groups demonstrably facing major hurdles to employment, such as women, people with physical, mental, or learning disabilities, refugees and asylum seekers.			
Ash Scotland – Small Grants **https://www.ashscotland.org.uk/what-you-can-do/scotlands-charter-for-a-tobacco-free-generation/charter-small-grants/**	Grants are available to support projects and activities that address smoking. Funding can be used for costs associated with delivering projects and activities that address smoking in local communities, such as: -Salary costs to cover time spent on the project. -Travel expenses, planned activities, and sustenance to support people engaging with the project. -Equipment, materials, and resources to support the project. Grants must be spent within six months of being awarded.	£500	23 May for a decision by 13 June. 29 August for a decision by 26 September. 28 November for a decision by 23 December. 20 February for 2023 a decision by 14 March 2023	Registered charity; Constituted charity group
7stars Foundation **https://the7starsfoundation.co.uk/apply**	Support for young people challenged by abuse and addiction, those who are young carers, and those who are homeless or without a safe place to call home. Funding is offered across four streams: ***Project grants*** to cover the costs of projects to enable young people to have the best start in life and aim high; Have a direct impact and respond to a need in an immediate manner; Are hosted in geographical areas of deprivation and socioeconomic disadvantage. ***Shine Bright*** funding for regional charities during the Covid-19 pandemic to purchase wellbeing, emotional and mental health support items or educational, creative resources for the young	Up to £2500	1 June - 31 July for consideration at the September funding review. 1 September - 31 October for consideration at the December Funding review. 1 December - 31 January 2023 for consideration at the February 2023 funding review.	Organisations must have a turnover of under £1.5 million and be supporting young people aged 16 years and under.

	people they support to promote happiness in a time of worry and anxiety. ***Direct grants*** funding to individuals affected by the themes they priorities, supported by outreach/social/care workers or legal professionals. ***Star Start*** funding to tackle child food poverty escalated by the Covid-19 pandemic. Support for breakfast clubs for young people aged 16 years and under, living in urban cities within the UK.			
Youth Scotland Spring Fund Home | Youth Scotland	This fund aims to support children, young people, and families in Scotland who are affected by poverty and experiencing hardship by providing food, clothing, fuel, and other essentials that meet immediate and pressing needs. Funding can be used to meet the immediate material needs like: Food; Clothes; Fuel; Toiletries; Other basic household essentials. Funding can also be used to provide meals and activity packs with an applicant's youth centre/setting, as well as offering further support through other methods, such as Cash payments; Supermarket vouchers; Food parcels; Fuel-card top-ups; Assisted shopping; Phone top ups.	£1000	None specified.	Community based youth groups and organisations
Place				
LGA Behavioural Insights Programme **https://www.local.gov.uk/our-support/financial-resilience-and-economic-recovery/behavioural-insights**	Funding available to contribute towards the delivery of a behavioural insights project aimed at managing service demand and achieving efficiencies. The programme is seeking applications from a group of local authorities who will work together to run a behavioural insights trial to address a behavioural challenge in their local area.	For the 2021/22 programme grants of £20,000 were available. Funding amounts have not yet been released for the current round of the programme. Match funding is required.	**Short deadline 23/05/2022**	Local Authority

	Each consortium should consist of at least six councils.			
Aldi Scottish Sport Fund **https://www.aldi.co.uk/scottishsportfund**	One-off grants are available through a random regional draw for local sports clubs in Scotland to support work in their local community. The funding can be used for a number of different things, including: The purchase of new team strips. The purchase of equipment. Subsidising transport costs.	One grant of £2,500 Two grants of £1,000 One grant of £500	Northeast, Highlands, and Islands - 25 April to 12 June.	Applications will be considered from clubs which run sporting activities for the benefit of a range of participants from the local community.
Arnold Clark Community Fund **https://www.arnoldclark.com/community-fund**	Grants are available for organisations who need financial assistance due to the coronavirus/COVID-19 pandemic.	£1000	30/06/2022	Registered charities, non-for-profit organisations
National Lottery Community Fund - Community-led Activity (Scotland) **https://www.tnlcommunityfund.org.uk/funding/programmes/grants-for-community-led-activity**	Grants are available for projects in local communities that bring real improvement to the places where people live and to the wellbeing of those most in need. The grants should mainly be used to cover revenue costs (including staff, equipment, premises costs and overheads). However, organisations can also include up to £50,000 of minor capital costs as part of their application, for items such as building refurbishment, adaptations or landscaping.	Up to £150,000 Funding is available for up to three years.	30/09/2022	Voluntary and community organisations
Historic Environment Scotland - Heritage and Place Fund	This fund is an area-based programme that aims to contribute to the development of vibrant and sustainable places in Scotland through community-led regeneration of the historic environment.	Discretionary, it is anticipated that grants will typically range between £750,000 and £1.5 million.	31/07/2022	Not-for-profit organisations, local authorities

https://www.historicenvironment.scot/	Funding can be used to cover a combination of activities, including: -Repair and resilience capital projects which may involve the reuse of historic environment assets. These will be facilitated through the awarding of third-party grants to the asset owners or long-term leaseholders, and will only provide funding support for repairs using appropriate techniques and materials. -Traditional skills training and materials activities which target local needs. -Community heritage activities. -A management and maintenance strategy to include activities which will help to build capacity within communities to value and look after the historic environment for the longer term.			and national parks.
Sports Facilities Fund **https://sportscotland.org.uk/funding/sport-facilities-fund/**	Grant aims to support capital projects that provide opportunities for people to get involved in and participate in sport and physical activity in Scotland. Support is available to projects that demonstrate the greatest impact on: ***Progression*** - providing opportunities for people to develop, progress and achieve success at their chosen level of sport. ***Participation*** - providing opportunities for people to get involved and participate in sport and stay involved throughout their life with a particular focus on increasing participation within those groups who are under-represented in sport: young people; women and girls; disabled people or those from deprived communities.	Small Projects with a total project value between £20,000 and £250,000 (including VAT). Larger Projects with a total project value over £250,000 (including VAT). Maximum awards can fund up to 50% of the eligible project costs, or 75% in areas of deprivation, as identified within the bottom 20% of The Scottish Index of Multiple Deprivation (SIMD).	01/09/2022	Local authority and any non-profit distributing, constituted organisations whose membership is open to all sections of society.

Technology				
Net Zero Hydrogen Fund IUK Competitions **https://apply-for-innovation-funding.service.gov.uk/competition/1150/overview** **https://apply-for-innovation-funding.service.gov.uk/competition/1151/overview**	Providing capital and development expenditure to support the commercial deployment of new low carbon hydrogen production projects during the 2020s. The aim is to ensure the UK has a diverse and secure decarbonised energy system, fit for meeting the ambition of 10GW low carbon hydrogen production by 2030, and the Government's commitment to reach net zero by 2050. The NZHF will deliver up to £240 million via four strands as follows: Strand 1: Development Expenditure (DEVEX) Strand 2: Capital expenditure (CAPEX) Strand 3: CAPEX for projects that require a hydrogen business model (HBM) and sit outside of the Phase 2 cluster sequencing process. Strand 4: CAPEX for carbon capture usage and storage (CCUS) enabled projects that require a hydrogen specific business model and are part of the Phase 2 cluster sequencing process.	Strand 1 Development Expenditure (DEVEX): A project's total grant request must be between £80,000 and £15 million. Strand 2 Capital expenditure (CAPEX): A project's total grant request must be between £200,000 and £30 million. Projects must start by 1 January 2023. Match funding is required.	22/06/2022	This competition is open to single applicants and collaborations, in the UK. To lead a project or work alone the organisation must be a UK registered business of any size. To collaborate with the lead, applicants must be a UK registered business of any size, academic institution, research and technology organisation (RTO), charity, not for profit or public sector organisation. Academic institutions, research organisations and public sector organisations cannot lead or work alone.

Industrial Hydrogen Accelerator (IHA) Programme **https://www.gov.uk/government/publications/industrial-hydrogen-accelerator-programme**	This programme will provide funding for UK business-led innovation projects that can demonstrate end-to-end industrial fuel switching to hydrogen. ***Stream 1***: Demonstration Projects Grants. Up to £17 million is available, with up to £10 million in grant funding per project. ***Stream 2A***: Feasibility Studies (SBRI). Up to £2 million is available, with up to £400,000 in grant funding per project. ***Stream 2B***: Demonstration / FEED Projects Grants. Up to £7 million will be available. This strand is likely to open in December 2022. It follows on from Stream 2A and will only be open to projects that have completed feasibility studies in Stream 2A.	The programme has an overall budget of £26 million	Registration deadline for Stream 1: 7 July 2022 (14:00 BST). Registration deadline for Stream 2A: 9 June 2022 (14:00 BST).	Local authority, but not as a lead partner. UK businesses undertaking projects focused on industrial fuel switching to hydrogen can be a lead partner for a consortium
Innovate UK Smart Grants **https://apply-for-innovation-funding.service.gov.uk/competition/1159/overview**	Funding is available for organisations to support business-focused, commercially viable R&D innovation that can significantly impact the UK economy. Applications can come from any area of technology and be applied to any part of the economy such as, but not exclusively, net zero, the arts, design and media. They will fund innovative research and development projects across a variety of technologies, markets and research categories, including feasibility projects, industrial research projects, and experimental development projects.	Projects of 6 to 18 months must have total eligible project costs between £100,000 and £500,000 and can be single or collaborative. Projects of 19 to 36 months must have total eligible project costs between £100,000 and £2 million and must be collaborative. Projects must start by 1 January 2023 and end by 31 December 2025. Match funding required.	27/07/2022	Collaborators can be UK based businesses, academic organisations, charities, public sector organisations or RTOs.

Heat Network Fund – Scottish Government **https://www.gov.scot/publications/heat-network-fund-application-guidance/**	Homes and commercial properties across Scotland are set to benefit from the establishment of a new fund supporting the large scale development and roll out of zero emission heat networks. The new fund takes over from the Low Carbon Infrastructure Transition Programme and is part of an overall £1.8 billion committed over the course of the current Scottish Parliament to decarbonise how buildings are heated. Proposed zero emission heat network projects must have a project location, proof of technology concept, and end user for output identified. Projects must be of a large scale and must be based in Scotland. Objective of the Fund: ✓ delivers affordable clean heat supporting delivery of emission reduction and fuel poverty targets ✓ develops local supply chains and attracts new public and private investment ✓ contributes to the development, and operation, of an integrated resilient energy system.	Discretionary. Grant funding will be awarded to projects up to a maximum of 50% of the eligible capital expenditure of the project. Projects as part of their application will be required to demonstrate the additionality of support through the fund, including the level of intervention required to deliver an investable project.	Proposals can be submitted at any time. This fund will remain open to proposals with quarterly reports to be provided with committed spend against the allocated budget.	Applications are open to all public and private sector organisations. Proposals will be welcomed from consortia of organisations.